Insatsområden	Livsområden									
	Lärande	Företa uppgift, hantera krav, egen aktivitetsnivå	Språk, kommunikation	Personlig vård, hälsa, välmående	Boend e, hushåll , hemliv	Rörelse, förflyttning	Relationer, interaktioner	Arbete, sysselsättning	Samhälls- gemenskap, rättigheter	Personligt stöd
Arbete, syssel- sättning, fritids- inriktade		1 [4]	1 [4]				1 [4]	3 [4-6]	1 [7]	
Autonomi- relaterade										1 [8]
Beteende- inriktade		6 [9-12, 14-15]		4 [9,11,15,16]			2 [10,11]	2 [10,15]		
Boende- relaterade				1 [17]	2 [17,18]		1 [17]	1 [17]	1 [17]	
Delaktighets, socialt främjande		3 [4,10,19]	1 [4]	2 [20,21]			3 [10,19,20]	2 [4,10]		
Fysiska		3 [4,22,23]	1 [4]	3 [23-25]		2 [23,25]	1 [4]	1 [4]	1 [23]	
Föräldraförmåga- främjande		2 [26,27]			2 [26,27]		2 [26,27]			
Kognitiva		2 [10,11]	1 [28]	1 [11]			3 [10,11,28]	1 [10]		
				delhög eller hög metoo og eller hög metodolog			ndes.			
Pedagogiska	1 [29]	2 [29,30]	3 [4,28,30]	2 [21,31]		1 [29]	4 [4,28-30]	1 [4]		
Personlig assistans	6 [32-37]	6 [32-37]	6 [32-37]	6 [32-37]]	6 [32-37]	6 [32-37]	6 [32-37]	6 [32-37]	6 [32-37]	6 [32-37]
Psykosociala		7 [9,10,15,38-41]	1 [40]	7 [9,15,21,39,41-43]			3 [38,40,41]	2 [10,15]		2 [41,42]
			ed medelhög eller hög	metodologisk kvalitet	identifiera	ndes			1	1
Stöd från anhöriga eller andra närstående	1 [45]	5 [4,11,38,44,45]	1 [4]	1 [44]			3 [4,11,38]	1 [4]		1 [8]
•	e Inga systen		rsikter med medelhög	g eller hög metodologis	sk kvalitet i	dentifierandes	<u>.</u>			
Hälsorelaterade		2 [9,16]		2 [9,16]						

Tabell 4.1 Personer med funktionsnedsättning. Identifierade relevanta systematiska översikter med medelhög eller hög metodologisk kvalitet fördelade per livs och insatsområde.

Tabell 4.2 Vetenskaplig kunskap och vetenskapliga kunskapsluckor för identifierade relevanta systematiska översikter (SÖ) av medelhög eller hög metodologisk kvalitet för gruppen personer med funktionsnedsättning.

Författare År Land Referens	Population Intervention Design/Antal inkluderade primärstudier	Författarnas slutsats	Viss vetenskaplig kunskap finns (VVK) Vetenskaplig kunskapslucka (VKL)	Åtgärd vid vetenskaplig kunskapslucka
Ali et al 2015 Storbritannien [9]	Personer med intellektuell funktions-nedsättning (IFN). Beteende- och kognitivt inriktade insatser (Behavioural modification interventions, e.g. differential reinforcement of other behaviour, applied behavioural analysis, positive behavioural analysis, positive- behaviour support. Cognitive- behavioural treatment, e.g. anger management, problem-solving skills training, relaxation, and meditation or 'mindfulness'). RCT/6 st.	"At present, there is some evidence that cognitive- behavioural treatments are effective in the short-term management of outwardly directed aggression. Five of the included studies reported significant improvement immediately after treatment was completed, but the effect was imprecise. Unfortunately, we were not able to include behavioural interventions, such as Applied Behavioural Analysis or Positive Behavioural Support, as published studies did not report specific data on aggression. Despite the methodological limitations, there is some indication that mindfulness	VKL: (Beteende-inriktade insatser, mindfullness, personer med IFN). VVK: (Kognitiva - insatser, personer med IFN).	Fler primärstudier behövs

may be of some help in
reducing aggression.
Cognitive-behavioural
interventions are relatively
resource-intensive, but it
can be argued that they are
preferable to the use of
psychotropic drugs, which
have significant side-
effects. Given that
behavioural treatments are
often used as first-line or
adjunctive treatment in
clinical practice for
problem behaviours,
including outwardly-
directed aggression, it is
important that their
efficacy is further
investigated. In addition,
no information yet exists
on the best way in which
they should be
implemented, for example,
alone or in combination
with other approaches.
Finally, access to
psychological therapies for
people with intellectual
disabilities is an important
issue, and therefore lay
therapists delivering such
interventions could make

		psychological therapies		
		more accessible to this		
		population group."		
Bjornstad et al	Barn och ungdomar med ADHD.	"Further research	VKL:	Uppdaterad SÖ
2005		examining the	(Familjeterapi,	behövs
Storbritannien	Familjeterapi (E.g. behavioural	effectiveness of family	barn/ungdomar, ADHD).	
[38]	parent training, child self-control	therapy versus a no-		
	training, school-based	treatment control		
	intervention.	condition is needed to		
		determine whether family		
	RCT/2 st.	therapy is an effective		
		intervention for children		
		with ADHD. There were no		
		results available from		
		studies investigating forms		
		of family therapy other		
		than behavioural family		
		therapy."		
Cerrillo-Urbina et al	Barn och ungdomar med ADHD.	"Physical Exercise	VKL:	Fler primärstudier
2015		programmes (aerobic and	(Fysisk träning,	behövs
Spanien och Chile	Fysisk träning (Aerobic exercise,	yoga) weakly reduce	barn/ungdomar, ADHD.	
[22]	yoga).	several symptoms in		
		children with ADHD.		
	RCT/8 st. med totalt 249	However, there is less		
	deltagare, varav 19 deltog i yoga.	evidence about the		
		benefits of the yoga		
		programs. The meta-		
		analysis suggests that		
		short-term aerobic		
		exercises (6-I0 weeks),		
		based on several aerobic		
		intervention's formats,		
		reported a moderate to		

hilvers et al Personer med omfattande poof psykisk funktions-nedsättning. torbritannien L8] Stödboende (I. e. a number of people with severe mental disorder/s living in self-containe accommodation on one site. Professional support staff are or site and available during office hours at least for either individu or group social support with a minimum aim of maintenance or the tenancy. Social support may involve counselling, emotional support, information, instructior and tangible assistance.)	- al f	VKL: (Stödboende, personer med omfattande psykisk funktions-nedsättning).	Uppdaterad SÖ behövs
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	RCT, kvasi-RCT/Inga studier inkluderades			
Coren et al 2010 Storbritannien och Sverige [26]	Föräldrar/vårdnads-havare med intellektuell funktions- nedsättning och ett eller flera barn mellan 0-18 år Föräldra-förmåga-främjande insatser RCT, CT/ 3 st. med sammanlagt 125 deltagare	"While the evidence presented here does seem promising with regard to the ability of such interventions to improve parenting knowledge and skill in this population, there is a need for larger RCTs of interventions before conclusions can be drawn about the effectiveness of parent training in this group of parents."	VKL: (Föräldra-förmåga- främjande insatser, föräldrar/vårdnads- havare med intellektuell funktionsnedsättning och ett eller flera barn mellan 0-18 år).	Uppdaterad SÖ behövs
Crowther et al 2001 Storbritannien och USA [5]	Personer med omfattande psykisk funktions- nedsättning/sjukdom. Arbetsträning/ praktik (Prevocational training) och Supported Employment. RCT/11 st.	"The included trials of prevocational training compared with standard community care were of limited quality, and none met the criteria for the sensitivity analysis. The data available from these trials were insufficient to make judgments on the effectiveness of prevocational training over standard community care."	VVK: (Arbetsträning/ praktik/Supported Employment, personer med omfattande psykisk funktions-nedsättning/ sjukdom).	Uppdaterad SÖ kan behövas då litteratur- sökningen omfattade referenser fram till 1998. Det vetenskapliga kunskapsläget kan vara förändrat.
		supported employment		

		with standard community care. Although this trial suggested that supported employment was superior to standard community care, its findings are difficult to interpret as the group receiving supported employment also received assertive community treatment." "Supported employment is more effective than prevocational training at helping people with severe mental illness to obtain and keep competitive employment".		
Daley et al 2014	Barn och ungdomar med ADHD.	"In summary, although more evidence is	VVK: (Beteende-inriktade	Uppdaterad SÖ kan behövas då
Storbritannien, Belgien,	Beteendeinriktade insatser (E. g.	required before behavioral	insatser, barn och	litteratursökningen
Nederländerna, Spanien,	behavioral training, social skills	interventions can be	ungdomar, ADHD).	omfattade referenser
Tyskland och Danmark [10]	training, CBT, behavioral and self- control training, organizational	supported as a front-line treatment for core ADHD		fram till 2012. Det vetenskapliga
	skills training, daily report card).	symptoms, the authors		kunskapsläget kan
		found evidence that they		vara förändrat.
	RCT/32 st.	do have beneficial effects		
		on parenting and parents'		
		sense of empowerment		
		and independently		
		corroborated effects on		

2014 USA [11]Psykosociala insatser I form av beteende-inriktad föräldra- utbildning, beteenderiktad insats i skolan, beteendeinriktade/socialt inriktade insatser för vänskapsrelationer, en kombination av de tre ovanstående insatserna, kognitiv träning, neurofeedback, träning i att organisatoriska och sociala färdigheter (eng. behavioral parent training, behavioral classroom management, behavioral peer interventions, combined behavioral treatment studies; cognitive training, neurofeedback training, neurofeedback training, met criteria for Level 3 (Prosably Efficacious), a cognitive training, met criteria for Level 4 (Experimental Treatments)."results of the previous review we concluded t behavioral parent train behavioral peer interventions, combined behavioral parent training, neurofeedback training, neurofeedback training, met criteria for Level 3 (Possibly Efficacious), a cognitive training)Empiriska studier/21 st.Färel st.	ng, ungdomar, ADHD. Beteenderiktad insats i skolan, barn ADHD. In Beteende- inriktade/socialt inriktade for insatser för vänskapsrelationer, barn, ADHD. Kombination av de tre ovanstående insatserna, barn, ADHD.
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			Kognitiv träning, barn och ungdomar, ADHD Neurofeedback, barn och ungdomar, ADHD)	
Fletcher-Watson et al 2014 Storbritannien [28]	Personer med autismspektrumtillstånd Insatser baserade på den modellen Theory of mind (förståelsen för andras tankar och känslor). RCT/22 st.	"While there is some evidence that ToM, or a precursor skill, can be taught to people with ASD, there is little evidence of maintenance of that skill, generalisation to other settings, or developmental effects on related skills. Furthermore, inconsistency in findings and measurement means that evidence has been graded of 'very low' or 'low' quality and we cannot be confident that suggestions of positive effects will be sustained as high-quality evidence accumulates. Further longitudinal designs and larger samples are needed to help elucidate both the efficacy of ToM-linked interventions and the explanatory value of the ToM mode! itself. It is	ungdomar, ADHD) VKL: (Insatser baserade på den modellen Theory of mind, personer med autism- spektrum-tillstånd).	Uppdaterad SÖ behövs

		continuing refinement of		
		the ToM mode! will lead to		
		better interventions which		
		have a greater impact on		
		development than chose		
		investigated to date."		
Furlong et al	Föräldrar/vårdnads-havare till	"Behavioural and cognitive-	VVK:	Uppdaterad SÖ kan
2012	barn mellan 3-12 år med problem	behavioural group-based	(Beteende- och kognitivt	behövas då
Irland och Storbritannien	avseende uppförande.	parenting interventions are	inriktade samt grupp-	litteratursökningen
[44]		effective and cost-effective	baserade föräldrastöd-	omfattade referenser
	Beteende- och kognitivt inriktade	for improving child conduct	program,	fram till 2011. Det
	samt gruppbaserade	problems, parental mental	föräldrar/vårdnads-	vetenskapliga
	föräldrastöd-program (E. g.	health and parenting skills	havare till barn mellan 3-	kunskapsläget kan
	Incredible Years BASIC Parenting	in the short term."	12 år med problem	vara förändrat.
	Programme, Barkley's Parent		avseende uppförande).	
	Training programme, Parenting		, , , , , , , , , , , , , , , , , , , ,	
	Management Training (PMT),			
	Comet Parent Management			
	Training, Work Place Triple P			
	Parenting Programme).			
	RCT/10 st.; kvasi-RCT/3 st.			
Hardee et al	Personer med Downs syndrom	"This systematic review	VKL:	Fler primärstudier
2017	(DS).	does contain data that	(Tränings-program,	behövs.
USA		supports a positive impact	personer, Downs	
[23]	Tränings-program.	of exercise intervention on	syndrom).	
		daily life activities and		
	Kohortstudier, fallstudie, RCT,	participation for people		
	inte RCT/19 st.	with DS; however, this is a		
		preliminary conclusion.		
		More rigorous research is		
		needed with individuals		
		with DS of all ages using		

		objective outcome measures for ICF domains of Activity and Participation. Specifically, MCPDM Level I RCTs with high internal validity should be conducted."	
Harris et al	Personer mellan 16-24 år med	"This review has illustrated	VVK:
2015	intellektuell	the lack of evidence of	(Fysisk aktivitet, personer
Storbritannien	funktionsnedsättning.	physical activity	mellan 16-24 år med
[24]		interventions specifically	intellektuell funktions-
	Fysisk aktivitet.	designed for young adults with intellectual	nedsättning).
	RCT/6 st.	disabilities. The meta- analysis found that physical activity interventions in young adults with intellectual disabilities did not prevent weight gain or improve body composition. This is due to limitations of the published studies, implementing inadequate duration and dose of the interventions. Although there was no significant effect of physical activity on body weight, physical activity interventions improved health risk factors, which is important for this population group to	

		in later life. Future high- quality, adequately powered randomised controlled trials, with a long-term intervention and follow-up period are required to elucidate the effects of physical activity interventions on the prevention of weight gain and body composition in young adults with intellectual disabilities."		
Jones et al 2015 Australien [31]	Vuxna med förvärvad hjärnskada. Program för att öka fysisk aktivitet. RCT, kvasi-RCT/5 st.	"Based on the results of this review, the efficacy of self-management programs in increasing physical activity levels in community dwelling adults following ABI is still unknown. Moreover, the efficacy and acceptability of remotely delivered self- management programs for increasing physical activity levels after ABI is also unknown. Further research into physical activity following self-management interventions for community-dwelling adults with ABI is required in order to properly establish	VKL: (Program för att öka fysisk aktivitet, vuxna, förvärvad hjärnskada).	Fler primärstudier behövs.

		efficacy and implications		
		for practice."		
Karkhaneh et al	Barn och ungdomar med autism-	"This systematic review of	VVK:	Uppdaterad SÖ kan
2010	spektrum-tillstånd.	controlled trials evaluating	(Sociala berättelser, barn	behövas då
Kanada		Social Stories [™] for children	och ungdomar,	litteratursökningen
[30]	Sociala berättelser.	with ASD complements	autismspektrum-	omfattade referenser
		previous reviews that	tillstånd).	fram till 2006. Det
	RCT/4 st., CCT/2 st.	highlight the positive		vetenskapliga
		effects of this modality for		kunskapsläget kan
		higher functioning children		vara förändrat.
		with autism. This rigorous		
		systematic review of six		
		controlled trials		
		demonstrates that Social		
		Stories™ may be beneficial		
		in terms of modifying		
		target behaviours among		
		high functioning children		
		with ASD. Long-term		
		maintenance, effectiveness		
		of the intervention in		
		other, less-controlled		
		settings, and the optimal		
		dose/frequency is		
		unknown and requires		
		further research."		
Kok et al	Barn, ungdomar och unga vuxna	"The vast majority of the	VVK:	Uppdaterad SÖ kan
2016	(0-22 år) med lindrig intellektuell	included studies	(Psykosociala insatser,	behövas då
Nederländerna	och samtidig psykisk	investigated the	barn, ungdomar och unga	litteratursökningen
[39]	funktionsnedsättning (psychiatric	effectiveness of a parent	vuxna (0-22 år), lindrig	omfattade referenser
	disorder).	training intervention	intellektuell och samtidig	fram till 2010. Det
		compared to care as usual.	psykisk funktions-	vetenskapliga
		The remaining studies		

	Psykosociala insatser (E. g. parent	focused on psychosocial	nedsättning (psychiatric	kunskapsläget kan
	, , , , , , , , , , , , , , , , , , , ,	• •		vara förändrat.
	training, social competence	training programs for the	disorder).	vara forandrat.
	training, cognitive behavior	children and adolescents.		
	therapy).	Parent training programs		
		focus on improving parent-		
	RCT/12 st.	child interactions,		
		increasing parents'		
		understanding of their		
		child's behavior, and the		
		application of behavioral		
		techniques to reduce		
		problem behavior. In this		
		systematic review, seven		
		different parent training		
		programs were assessed in		
		a total of 243 participants		
		with varying degrees of		
		psychopathology. The		
		overall results appear to		
		show a tendency toward		
		reduced problem behavior		
		and an increase in child		
		positive behavior."		
Lorenc et al	Vuxna med autism-	"Evidence from three RCTs	VKL:	Fler primärstudier
2016	spektrumtillstånd (high-	suggests that job interview	(Stöd till	behövs.
Storbritannien	functioning autism).	training was effective in	universitetsstudenter/säk	
[4]	, , , , , , , , , , , , , , , , , , ,	improving interview	erhetsrelaterade insatser,	
	Stödjande insatser inom olika	performance (total number	vuxna, fysisk aktivitet,	
	områden (E. g. Job interview	of participants 76).	autism-spektrum-	
	training, employment support,	Evidence on other	tillstånd).	
	social skills training,	outcomes is inconclusive.		
	psychoeducation, music, dance,	Evidence from two RCTs,	VVK:	
	university student support &	one nRCT and two one-		
	anitersity stadent support d		1	

SBU-rapport 305, Tabell 4.1•-4.3 och Bilaga 8

montori	ng, safety general	group studies suggests that	(Träning i anställnings-	
	, peer support groups,	supported employment	intervju/ Supported	
	t multi-disciplinary	was effective in increasing	Employment /social	
teams).		employment rates and	färdighetsträning, vuxna,	
	/	earnings (N=174). Evidence	autism spektrum-	
	., non-RCT/5 st., en-	on other outcomes is	tillstånd).	
	tudier/13 st./kvalitativa	inconclusive. One		
	7 st./ekonomiska	economic study found		
studier/	3 st.	supported employment to		
		be cost-effective. Evidence		
		from four RCTs, two nRCTs		
		and eight one-group		
		studies suggests that social		
		skills training was effective		
		in improving self-rated		
		social skills and autism		
		symptoms (N=372).		
		Evidence on other		
		outcomes is inconclusive.		
		Evidence from one nRCT		
		suggests that movement		
		therapy was effective in		
		improving social skills and		
		wellbeing (N=31). Evidence		
		on mentoring and support		
		for university students is		
		inconclusive. Evidence on		
		safety interventions is		
		inconclusive. Evidence		
		from one economic study		
		suggests that specialist		
		multi-disciplinary support		

		was cost-saving from a public sector perspective."		
Mayo-Wilson et al	Barn och ungdomar (0-18 år) med	"Existing evidence suggests	VVK:	Uppdaterad SÖ
2008	intellektuell funktions-	that personal	(Personlig assistans, barn	behövs eftersom
Storbritannien	nedsättning.	assistance is generally	och ungdomar,	litteratursökningen
[32]		preferred over other	intellektuell funktions-	omfattar referenser
	RCT/ 1 st.	services by people who	nedsättning).	fram till 2005. Det
		agree to participate in		vetenskapliga
		research; however, some		kunskapsläget kan
		people prefer other models		vara förändrat.
		of care. This review		
		indicates that personal		
		assistance may have some		
		benefits for some		
		recipients; however, the		
		relative total costs to		
		recipients and society are		
		unknown.		
		This review does not		
		indicate that personal		
		assistance would be		
		superior to other services		
		for people who are already		
		satisfied with the		
		assistance they receive."		
		"further studies are		
		required to determine (i)		
		what marginal benefits are		
		gained from personal		
		assistance (i.e. the added		
		value compared to other		

			1	
		services that exist today),		
		(ii) at what total relative		
		cost and (iii) which models		
		of personal assistance are		
		most effective and efficient		
		for particular people."		
Mayo-Wilson et al	Barn och ungdomar (0-18 år) med	"No randomised, quasi-	VKL:	Uppdaterad SÖ
2008	fysisk funktions-nedsättning.	randomised, or controlled	(Personlig assistans, barn	behövs
Storbritannien		prospective studies were	och ungdomar, fysisk	
[33]	Personlig assistans.	found. Consequently, no	funktions-nedsättning).	
		studies could be included		
	RCT, kvasi-RCT, CT/ Inga studier	in this review. Several		
	inkluderades.	related reviews found		
		evidence about the		
		effectiveness of personal		
		assistance for other		
		groups. There is no reliable		
		evidence about the		
		effectiveness of personal		
		assistance for children		
		and adolescents with		
		physical impairments."		
Mayo-Wilson et al	Barn och ungdomar (0-18 år) med	"No randomised, quasi-	VKL:	Uppdaterad SÖ
2008	både fysisk och intellektuell	randomised, or controlled	(Personlig assistans, barn	behövs.
Storbritannien	funktions-nedsättning.	prospective studies were	och ungdomar, både	
[34]	_	found. Consequently, no	fysisk och intellektuell	
	Personlig assistans.	studies could be included	funktions-nedsättning).	
		in this review. Several		
	RCT, kvasi-RCT, CT/ Inga studier	related reviews found		
	inkluderades.	evidence about the		
		effectiveness of personal		
		assistance for other		
		groups. There is no reliable		

evidence about the
effectiveness of personal
assistance for children and
adolescents with both
physical and intellectual
impairments, though the
results from a review of
children and adolescents
with intellectual
impairments might be
relevant to users and
policymakers.
"There have been few
controlled studies of
personal assistance for
children who require a
great deal of assistance for
any reason and none for
children who require
assistance due to both
physical and intellectual
impairments. Decisions to
provide or not to provide
and to take-up or not to
take-up personal assistance
will be informed by
personal values and
preferences in addition to
evidence of its
effectiveness. Some users
may wish to consider
evidence from other

		populations and discuss their options with family and friends."		
Mayo-Wilson et al 2008 Storbritannien [35]	Vuxna (19-64 år) med fysisk funktions-nedsättning. Personlig assistans. RCT/1 st.	"Existing evidence suggests that personal assistance is generally preferred over other services by consumers and their representatives who agree to participate in research; however, some people prefer other models of care. This review indicates that personal assistance probably has some benefits for some recipients, their friends and families; however, the relative total costs to recipients and society are unknown.	VVK: (Personlig assistans, vuxna, fysisk funktions- nedsättning).	Uppdaterad SÖ behövs eftersom litteratursökningen omfattar referenser fram till 2005. Det vetenskapliga kunskapsläget kan vara förändrat.
		This review does not indicate that personal assistance would be superior to other services for people who are already satisfied with the assistance they receive." "further studies are required to determine (i) what marginal benefits		

		are gained from personal		
		assistance (i.e. the added		
		value compared to other		
		services		
		that exist today), (ii) at		
		what total relative cost and		
		(iii) which models of		
		personal		
		assistance are most		
		effective and efficient for		
		particular people."		
Mayo-Wilson et al	Vuxna (19-64 år) med både fysisk	"Existing evidence suggests	VVK:	Uppdaterad SÖ
2008	och intellektuell funktions-	that personal assistance	(Personlig assistans,	behövs eftersom
Storbritannien	nedsättning.	may be preferred over	vuxna, både fysisk och	litteratursökningen
[36]	neusattinig.	other services by	intellektuell funktions-	omfattar referenser
[50]	Personlig assistans.	consumers and their	nedsättning).	fram till 2005. Det
		representatives who agree	neusattinig).	vetenskapliga
	RCT/1 st., kvasi-RCT, CT/1 st.	to participate in research;		kunskapsläget kan
		however, some people		vara förändrat.
		prefer other models of		vara foranarat.
		care. This review indicates		
		that personal assistance		
		may have some benefits		
		for some recipients, their		
		friends and families;		
		however, the relative total		
		costs to recipients and		
		society are unknown.		
		This review does not		
		indicate that personal		
		assistance would be		
		superior to other services		
		superior to other services		

Montgomery et al 2008 Storbritannien [37]	Äldre vuxna (65 år och äldre) utan demens. Personlig assistans. RCT/1 st., kvasi-RCT, CT/1 st.	for people who are already satisfied with the assistance they receive." "further studies are required to determine (i) what marginal benefits are gained from personal assistance (i.e. the added value compared to other services that exist today), (ii) at what total relative cost and (iii) which models of personal assistance are most effective and efficient for particular people." Existing evidence suggests that personal assistance is generally preferred over other services by consumers and their representatives who agree to participate in research; however, some people prefer other models of care. This review indicates that personal assistance probably has some benefits for some recipients, their friends and families. Paid assistance probably substitutes for informal	VVK: (Personlig assistans, äldre vuxna utan demens).	Uppdaterad SÖ behövs eftersom litteratursökningen omfattar referenser fram till 2005. Det vetenskapliga kunskapsläget kan vara förändrat.
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government more than
alternative arrangements;
however, the relative <i>total</i>
costs to recipients and
society are unknown.
Decisions to provide or not
to provide and to take-up
or not to take-up personal
assistance will be informed
by personal values and
preferences in addition to
evidence of its
effectiveness."
"This review indicates that
personal assistance is safe
for older adults, though it
may be difficult to manage.
People who choose to
receive personal assistance
may prefer it to other
services, particularly
services over which users
have little control.
However, this review does
not indicate that personal
assistance would be
superior to other services
for people who are already
satisfied with the
assistance they receive.
Personal assistance
appears to benefit informal

		caregivers as well. Individuals considering personal assistance may wish to discuss their options with family and friends." "further studies are required to determine (i) what marginal benefits are gained from personal assistance (i.e. the added value compared to other services that exist today),		
		(ii) at what total relative cost and (iii) which models		
		of personal assistance are		
		most effective and efficient		
		for particular people."		
Reichow et al	Barn, ungdomar och unga vuxna	"The results of the meta-	VKL:	Uppdaterad SÖ
2012	(6-21 år) med autismspektrum-	analyses in this review	(Social färdighets-träning	behövs.
USA	tillstånd.	suggest that participants in	i grupp, barn och	
[20]		social skills groups may	ungdomar under 7 och	
	Social färdighetsträning i grupp.	make modest gains in	över 13 år,	
		social competence, have	autismspektrum-	
	RCT/5 st.	better friendships, and	tillstånd).	
		experience less loneliness.		
		To put these gains in more	VVK:	
		concrete terms, if	(Social färdighets-träning	
		measuring everyday social	i grupp, barn och	
		skills using the Vineland	ungdomar 7-13 år,	
		(Sparrow 2005), for	autism-spektrum-	
		example, an average	tillstånd).	

participant from these
studies would increase
their repertoire of social
skills from 123 to 147 after
participating in the social
skills group, which is a
clinically significant
increase."
Increase.
"This review is not without
limitations, however. It
includes only five studies
with relatively small
sample sizes that evaluated
different social skills group
curricula and assessed
effects using different
measures of social
competence and a narrow
range of additional
outcomes. Given these
limitations, we cannot
formulate specific practice
guidelines on the
characteristics of the most
successful social skills
groups."
Broups.
"The results of this review
suggest much work
remains to be done in
establishing the efficacy of
social skills group

interventions. Although
many quasi-experimental
studies of social skills group
interventions have been
conducted (for example,
pre-/post-treatment
comparison, non-
randomised group
comparison), we located
only five RCTs. Future
research should be
conducted using true
experimental designs with
adequate power to detect
clinically important effects.
Research should also focus
on expanding the
participant age range (that
is, also including
participants under 7 years
of age and participants
above 13 years of age) and
cognitive functioning levels
(that is, including
individuals with below
average cognitive abilities)
to increase the
generalizability of findings.
Finally, although non-
randomised studies have
been conducted outside of
the US, well designed RCTs
are needed in settings

		outside of the US to		
		evaluate how well social		
		skills group interventions		
		work in different social and		
		cultural contexts."		
Schrank et al	Personer med omfattande	"This review establishes	VKL:	Fler primärstudier
2015	psykisk	the evidence base and	(Föräldra-förmåga-	behövs.
Storbritannien och	funktionsnedsättning/sjukdom	identifies areas for	stödjande insatser,	
Österrike	(SMI) som är föräldrar till barn	development. Based on the	personer med SMI som är	
[27]	över 1 år.	heterogeneity of the	föräldrar till barn över 1	
		interventions and their	år).	
	Föräldraförmåga-stödjande	findings, future		
	insatser.	interventions might offer a		
		combination of different		
	The most frequent intervention	strategies covering a wide		
	components were:	range of areas, such as		
		online and face-to-face		
	(1) Parenting skills training,	techniques or a		
	mainly focusing on managing	combination of trans-		
	child behaviour and	diagnostic and more		
		diagnosis specific aspects.		
	(2) Educating parents on the	Flexible application of		
	impact of SMI on parenting,	these strategies will		
	Home based programmes,	accommodate the complex		
	complex community-based	and varying needs of		
	programmes, online	parents with SMI. Rigorous		
	programmes.	trials should include a		
		direct assessment of both		
	RCT/4 st., kohortstudier utan	parents and children,		
	kontrollgrupp/7 st.	relevant public health		
	interventionsstudier/3 st.,	outcomes, and establish		
	retrospektiv studie/1 st.	long-term effects ideally		
		until children have reached		

		18 years of age. More		
		understanding is also		
		needed about intervention		
		components and the		
		processes underlying the		
		interventions. Integrating		
		qualitative and quantitative		
		evidence on processes and		
		outcomes will improve our		
		understanding on the		
		effectiveness of complex		
		interventions for parents		
		with SMI."		
Sharp et al	Personer med Parkinson's	"Dance demonstrates short	VVK:	
2014	sjukdom.	term clinically meaningful	(Dans, Parkinson´s	
Storbritannien		benefits in Parkinson's	sjukdom).	
[25]	Dans.	disease. Future RCT's		
		should be well designed		
	RCT/8 studier kvalitativ syntes; 5	and determine the long-		
	studier kvantitativ syntes.	term effects of dance,		
		which dose and type of		
		dance is most effective and		
		how dance compares to		
		other exercise therapies."		
Spain et al	Familjer som har minst en	"In spite of uncertainty	VKL:	Fler primärstudier
2017	person; barn, ungdom eller	about effects, it may be	(Familjeterapi, familjer	behövs.
Storbritannien	vuxen, med diagnosen autism-	that family therapy is	som har minst en person;	
[40]	spektrum-tillstånd.	deemed clinically	barn, ungdom eller	
		appropriate, either in	vuxen, med diagnosen	
	Familjeterapi (E. g. systemic	conjunction with other	autism-spektrum-	
	therapy; structural family	prescribed treatments or	tillstånd).	
	therapy; strategic family therapy;	as a stand-alone		
	Milan approaches; solution-	intervention. Decisions to		

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	focused therapy; narrative therapy; and behavioural family therapy). RCT, kvasi-RCT/ Inga studier inkluderade.	use family therapy should be made in consultation with suitably qualified multi-disciplinary professionals. Also, the use of family or systemic therapies should be informed by best practice guidance for clinical work with this population"		
Storebo et al 2011 Danmark [19]	Barn och ungdomar mellan 5-18 år med diagnosen ADHD. Social färdighets-träning. RCT/11 st.	"It is not possible to recommend or refuse social skills training for children with ADHD at the moment. Parent and participant satisfaction with the treatment is raced as high and most teachers would recommend the treatment to others, but in two trials there was no difference in this outcome between the social skills training groups and the control group." "This review highlights the need for more standardised treatment interventions that can be investigated in more high quality trials, with low risk of bias and with sufficient	VKL: (Social färdighets-träning, barn och ungdomar 5-18 år, ADHD).	Uppdaterad SÖ behövs.

		numbers of participants, investigating the effects of social skills training versus no training for children as well as adolescents with ADHD. There is a need for pre published protocols, which could help with the problem with multiple outcomes and the difficulty of identifying the primary outcomes and the secondary outcomes."		
Sukhodolsky et al 2013 USA [43]	Barn med diagnosen autism- spektrumtillstånd (high- functioning). Kognitiv beteende-terapi. RCT/8st.	"Eight randomised controlled studies of CBT for anxiety in children and adolescents with ASD were located and yielded significant effects of CBT relative to waitlist or TAU control conditions. Parent ratings and clinician assessments of anxiety but not child self-reports of anxiety were sensitive to treatment change. Future studies should evaluate CBT for anxiety against attention control conditions in samples of children with ASD that are well characterized with regard to ASD diagnosis	VVK: (Kognitiv beteendeterapi, barn med diagnosen autismspektrum-tillstånd (high-functioning)).	

		and co-occurring anxiety symptoms."		
Tate et al	Vuxna med förvärvad (traumatic)	"In summary, this	VVK:	
2014	hjärnskada.	systematic review	(Socialt- och	
Australien		identified nine studies	fritidsinriktade aktivitets-	
[27]	Socialt- och fritidsinriktade	evaluating interventions to	program, vuxna med	
	aktivitetsprogram (E. g. door	increase leisure/social	förvärvad (traumatic)	
	fitness/adventure programmes,	activity in people with TBI.	hjärnskada).	
	leisure education, contingency	But only two studies (one		
	management, individually	RCT and one controlled but		
	brokered leisure services).	nonrandomised clinical		
		trial) had sufficient		
	RCT 2 st, non-RCT 1 st,	scientific rigour to provide		
	Fallseriestudie 5 st, single case	a valid evaluation of the		
	design 1 st.	intervention. Although the		
		studies evaluated different		
		interventions (Tai Chi		
		Qigong vs. outdoor		
		adventure experience and		
		goal setting), both studies		
		showed significant		
		between-group differences		
		in mood (Tai Chi Qigong)		
		and quality of life (outdoor		
		adventure and goal setting)		
		favouring the experimental		
		group. They therefore		
		provide support for the		
		conclusion that active		
		leisure programmes		
		improve psychological		
		wellbeing in people with		
		TBI. In spite of these		

Tsang et al 2016 Hong Kong [21]Personer med om psykisk funktionsn sättning/sjukdom.[21]Terapeutiska insat education approad inclusion of a com other components social skills trainin attainment progra narrative therapy)RCT 7 st, CT 3 st, C studier 4 st.	ed- ed- er (Psycho- n with ination of such as CBT, , goal n, and et (Psycho- n with ination of such as CBT, , goal n, and et (Psycho- n with ination of such as CBT, , goal n, and et (Psycho- n with ination of such as CBT, nurse, social worker, and non-professionals who are	
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standard outcome measure standard outcome measure should be conducted so should be conducted so that meta-analysis could be conducted, and effects of the intervention could be compared. All of the above adds to evidence-based practice in internalized practice in internalized stigma reduction." Westbrook et al Ungdomar och unga vuxna 14-22 "This review intended to VKL: Uppdaterad SČ	
Westbrook et alUngdomar och unga vuxna 14-22that meta-analysis could be conducted, and effects of the intervention could be compared. All of the above adds to evidence-based practice in internalized stigma reduction."VKL:Uppdaterad SC	
Westbrook et al Ungdomar och unga vuxna 14-22 "This review intended to VKL: Uppdaterad SÖ	
Westbrook et al Ungdomar och unga vuxna 14-22 "This review intended to VKL: Uppdaterad SC	
Westbrook et al Ungdomar och unga vuxna 14-22 "This review intended to VKL: Uppdaterad SÖ	
westbrook et al Ungdomar och unga vuxna 14-22 "This review intended to VKL: Uppdaterad SC	
Practice in internalized stigma reduction." Practice in internalized Westbrook et al Ungdomar och unga vuxna 14-22 "This review intended to VKL: Uppdaterad SÖ	
Westbrook et al Ungdomar och unga vuxna 14-22 "This review intended to VKL: Uppdaterad SC	
Westbrook et al Ungdomar och unga vuxna 14-22 "This review intended to VKL: Uppdaterad SÖ	
2015 år med diagnosen identify elements of a (Insatser avseende behövs	
USA autismspektrum-tillstånd. school-to-work transition övergång mellan skola till	
[6] program that implemented arbetsliv, ungdomar och	
Insatser avseende övergång interventions designed to unga vuxna 14-22 år,	
mellan skola och arbetsliv. meet the specific transition autism-spektrum-	
needs of individuals with tillstånd).	
RCT, kvasi-RCT, single-subject ASD. The available data for	
experimental design. drawing a "what works"	
conclusion did not serve as	
Inga (0) studier identifierades. a foundation for the	
authors to determine the	
effectiveness of	
interventions in	
approaching job searching,	
job placement, or on-the-	
job supports such as job	
coaching to achieve	
successful employment	
outcomes for transition	
program participants with	
ASD. The scientific quality	
of the available studies is	
weak and generally do not	

Weston et al 2016 Storbritannien [41]	Barn, ungdomar och vuxna med diagnosen autismspektrum- tillstånd. Individuell eller gruppbaserade kognitiv beteendeterapi (KBT). RCT, qvasi-RCT. 48 studier.	utilize comparison group study designs. In addition, as stated earlier, studies do not link transition interventions to successful employment outcomes for subjects." "The results of the meta- analysis indicated that cognitive behavioural therapy (CBT) is associated with a small to medium effect size when used to treat co-morbid affective disorders with children, adolescents, or adults who have ASDs, but this varied according to whether the outcome data was taken from self-report,	VVK: (Individuell eller gruppbaserad KBT, barn, ungdomar och vuxna, autism-spektrum- tillstånd).	
		outcome data was taken from self-report, informant-report, clinician- report, or task-based measures." "Turning to consider CBT for symptoms associated with ASDs, the findings from the meta-analysis were very similar to that found for CBT when used to treat co-morbid affective disorders."		

Virues-Ortega et al	Barn, ungdomar och vuxna med	"In summary, the present	VVK:
2013	diagnosen autismspektrum-	meta-analysis suggests	(TEACCH, barn, ungdomar
Kanada och Spanien	tillstånd.	that:	och vuxna med diagnosen
[29]		(a) TEACCH effects over	autism-spektrum-
	Tydliggörande pedagogik/	perceptual, motor, verbal	tillstånd).
	TEACCH (Treatment and	and cognitive skills may be	,
	Education of Autistic and Related	of small magnitude,	
	Communication Handicapped	(b) effects over adaptive	
	Children).	behavioral repertoires	
		including communi-cation,	
	Jämförande studier med före-	and activities of daily living	
	och eftermätning.	may be within the	
		negligible to small range;	
	13 studier.	(c) effects over social	
		behavior and maladaptive	
		behavior may be moderate	
		to large; (d) the evidence	
		base currently available	
		does not allow to identify	
		specific characteristics of	
		the intervention (duration,	
		intensity, and setting) and	
		the target population	
		(developmental age) that	
		could be driving the	
		magnitude of effects; and	
		(e) effects are, in general,	
		replicated across age	
		groups, although the	
		magnitude and consistency	
		of intervention effects are	
		greater among school-age	
		children and adults."	

	Barn och ungdomar (0-15 år) som	"it is important to acknowledge that these preliminary conclusions are grounded in very limited data." " our conclusions should be considered preliminary."		
2012 Australien [15]	 inte bor med förälder/vårdnadshavare (placerade barn och ungdomar): Med en komplex problembild av psykologisk och/eller beteendemässig karaktär Med funktions-nedsättning Fostering Individualized Assistance Program (FIAP) Beteendeinriktad träning i liten grupp (Small group training on challenging behaviour management) Parent-child interaction therapy (PCIT). 	aimed to review studies of CYP with behaviour issues related to, or secondary to, disability, in out-of-home care. As no studies of CYP with disabilities were identified, and given the additional support needs of these CYP, research pertaining to this group would be highly beneficial."	(FIAP, beteende-inriktad träning i liten grupp, PCIT, placerade barn och ungdomar med en komplex problembild av psykologisk och/eller beteendemässig karaktär med funktions- nedsättning).	behövs
	RCT, CT, kohortstudier. 4 studier, men ingen av dem omfattade barn med funktions- nedsättning.			

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Zwi et al	Föräldrar till barn (5-18 år) med	"There is some indication	VKL:	Uppdaterad SÖ
2011	diagnos avseende hyperaktivitet,	that parent training may	(Beteende- och kognitivt	behövs
Storbritannien	ADHD eller ADD.	have a positive effect on	inriktad	
och Danmark		difficulties experienced by	föräldrautbildning	
[45]	Beteende- och kognitivt inriktad	children with ADHD,	genomförd i grupp,	
	föräldrautbildning genomförd i	particularly in terms of	individuellt eller inom	
	grupp, individuellt eller inom	general behaviour."	ramen för parrelation.,	
	ramen för parrelation.		beteende relaterat till	
	RCT, kvasi-RCT.	"However, data concerning	ADHD, barn, ADHD).	
		ADHD specific behaviour		
	5 studier.	are more ambiguous."	VVK:	
		"Overall, data from this	(Beteende- och kognitivt	
		review do not provide	inriktad	
		sufficiently strong evidence	föräldrautbildning	
		on which to base	genomförd i grupp,	
		recommendations for	individuellt eller inom	
		practice."	ramen för parrelation.,	
			generellt beteende hos	
			barn, ADHD).	

Tabell 4.3 Sammanfattande tabell med vetenskapliga kunskap och de vetenskapliga kunskapsluckor som identifierats i Tabell 4.2, samt vetenskapliga kunskapsluckor för de insatsområden och funktionsnedsättningsgrupper där inga systematiska översikter av medelhög eller hög metodologisk kvalitet identifierats.

Insatsområde	Psykisk funktions- nedsättning	Neuropsykiatrisk funktions- nedsättning	Intellektuell funktions- nedsättning	Sensorisk funktions- nedsättning	Fysisk funktions- nedsättning	Dyslexi, dyskalkyli, språkned- sättning	Flera olika funktions- nedsättningar
Arbete, syssel- sättning, fritids- inriktade insatser	VVK [5] (a) (uppdaterad SÖ) VVK [7]	VVK [4] VKL [6] (uppdaterad SÖ)	VKL (nya SÖ)	VKL (nya SÖ)	VKL (nya SÖ)	Fastställs inte	Fastställs inte
Autonomi- relaterade insatser	VKL (nya SÖ)	VKL (nya SÖ) [8] (b)	VKL (nya SÖ)	VKL (nya SÖ)	VKL (nya SÖ)	Fastställs inte	Fastställs inte
Beteende- inriktade insatser	VKL [15] (uppdaterad SÖ)	VVK [10] VVK [11] (uppdaterad SÖ) VKL [15]	VKL [9] (fler primärstudier) VKL [15] (uppdaterad SÖ)	Fastställs inte	Fastställs inte	Fastställs inte	Fastställs inte

		(uppdaterad SÖ)					
			[16]				
		[12]	(c)				
		(c)					
		[14]					
		(c)					
Boende-	VKL	VKL	VKL	VKL	VKL	Fastställs inte	Fastställs inte
relaterade	[18]	(nya SÖ)	(nya SÖ)	(nya SÖ)	(nya SÖ)		
insatser	(uppdaterad SÖ)		[17] (b)				
Delaktighets,	VVK	VVK	VKL	VKL	VKL	Fastställs inte	Fastställs inte
socialt främjande	[21]	[4]	(nya SÖ)	(nya SÖ)	(nya SÖ)		
insatser							
		VVK [10]					
		[10]					
		VVK					
		[20]					
		VKL					
		[19]					
		(uppdaterad SÖ)					
		VKL					
		[20] (uppdaterad SÖ)					
Fysiska insatser	VKL	VKL	ννκ	VKL	VVK	Fastställs inte	Fastställs inte
	(nya SÖ)	[4]	[24]	(nya SÖ)	[25]		
		(fler					
		primärstudier)	VKL				
			[23]				

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		VKL [22] (fler primärstudier)	(fler primärstudier)				
Föräldra- förmåga- främjande insatser	VKL [27] (fler primärstudier)	VKL (nya SÖ)	VKL [26] (uppdaterad SÖ)	VKL (nya SÖ)	VKL (nya SÖ)	Fastställs inte	Fastställs inte
Kognitiva insatser	VKL (nya SÖ)	VVK [10] VVK [11] (uppdaterad SÖ) VKL [28] (uppdaterad SÖ)	VKL (nya SÖ)	Fastställs inte	Fastställs inte	Fastställs inte	Fastställs inte
Kommunika- tionsinriktade insatser	Fastställs inte	VKL (nya SÖ)	VKL (nya SÖ)	VKL (nya SÖ)	Fastställs inte	VKL (nya SÖ)	Fastställs inte
Motivations- inriktade insatser	VKL (nya SÖ)	VKL (nya SÖ)	VKL (nya SÖ)	VKL (nya SÖ)	VKL (nya SÖ)	Fastställs inte	Fastställs inte
Pedagogiska insatser	VVK [21] VKL [31]	VVK [29] VVK [30]	VKL (nya SÖ)	VKL (nya SÖ)	VKL (nya SÖ)	VKL (nya SÖ)	Fastställs inte

	(fler	VKL					
	primärstudier)	[28]					
		(uppdaterad SÖ)					
Personlig	VKL	VVK	VVK	VKL	VVK	VKL	VVK
assistans	(nya SÖ)	[32]	[32]	(nya SÖ)	[35]	(nya SÖ)	[36]
		(barn och	(barn och		(vuxna)		(vuxna med
		ungdomar)	ungdomar)		(a)		både fysisk
		(uppdaterad SÖ)	(a)		(uppdaterad		och
			(uppdaterad		SÖ)		intellektuell
		VKL	SÖ)				funktions-
		(vuxna) (ny SÖ)			VKL		nedsättning)
			VKL		[33]		(a)
			(vuxna) (ny		(barn och		(uppdaterad
			SÖ)		ungdomar)		SÖ)
					(uppdaterad		
					SÖ)		VVK
							[37]
							(äldre vuxna)
							(a)
							(uppdaterad
							SÖ)
							VKL
							[34]
							(barn och
							ungdom med
							både fysisk
							och
							intellektuell
							funktions-
							nedsättning)
							(uppdaterad
							SÖ)

Psykosociala	VVK	VVK	VVK	VKL	VKL	Fastställs inte	Fastställs inte
insatser	[21]	[10]	[11]	(nya SÖ)	(nya SÖ)		
	VKL	VVK	VVK				
	[15]	[39]	[36]				
	(uppdaterad						
	SÖ)	VVK	VKL				
		[41]	[6]				
	[42]		(uppdaterad				
	(d)	VVK	SÖ)				
		[43]					
		VKL					
		[15]					
		(uppdaterad SÖ)					
		VKL					
		[38]					
		(uppdaterad SÖ)					
		VKL					
		[40]					
		(fler					
		primärstudier)					
Sensoriska	Fastställs inte	VKL (nya SÖ)	VKL (nya SÖ)	VKL (nya SÖ)	Fastställs inte	Fastställs inte	Fastställs inte
insatser							
Stöd från	VKL	VVK	VKL	VKL	VKL	Fastställs inte	Fastställs inte
anhöriga eller	(nya SÖ)	[11]	(nya SÖ)	(nya SÖ)	(nya SÖ)		
andra närstående		(uppdaterad SÖ)					
		ννκ					
		[44]					

		(uppdaterad SÖ)					
		VVK [45]					
		VKL [4] (fler primärstudier)					
		VKL [38] (uppdaterad SÖ)					
		VKL [45] (uppdaterad SÖ)					
		[8] (b)					
Transport- relaterade insatser	VKL (nya SÖ)	VKL (nya SÖ)	VKL (nya SÖ)	VKL (nya SÖ)	VKL (nya SÖ)	Fastställs inte	Fastställs inte
Hälso-relaterade insatser	VKL (nya SÖ)	VKL (nya SÖ)	VVK [9]	VKL (nya SÖ)	VKL (nya SÖ)	Fastställs inte	Fastställs inte
			[16] (c)				
		a (åtgärd). Åtgärd = upp itgärd i de fall litteratur					

[referens]

(a) = Uppdaterad systematisk översikt (SÖ) kan behövas då litteratursökningen är äldre än 2014. Kunskapsläget kan vara förändrat.

(b) = För systematisk översikt (SÖ) baserad på kvalitativa data fastställs inte VVK/VKL.

(c) = För systematisk översikt (SÖ) baserad på originalstudier med studiedesign före- och efterstudie med en eller ett fåtal studiedeltagare (single case studies) fastställs inte VVK/VKL.

(d) = VVK/VKL fastställs inte då resultaten är deskriptiva till viss del.



Bilaga till rapport:

Funktionstillstånd och funktionshinder – kunskapsläget för arbetsmetoder och insatser Identifiering av vetenskaplig kunskap och kunskapsluckor utifrån systematiska översikter SBU Kartlägger • Rapport 305/2019

Bilaga 8 Sammanfattning av innehållet i identifierade relevanta systematiska översikter med medelhög och hög kvalitet.

Author	Objectives of the	Inclusion criteria for	Characteristics of the	The conclusions of
Year	systematic review	the systematic	studies included in the	the systematic
Country		review	systematic review	review's author
Reference				
Ali et al	Objectives:	Population:	Characteristics of	"The existing
2015	To evaluate the	Children and adults	included studies:	evidence on the
UK	efficacy of	with intellectual	6 studies.	effectiveness of
[1]	behavioural and	disabilities (mild-to-		behavioural and
	cognitive-	severe/ profound)	Country of origin:	cognitive-
	behavioural	who exhibit	Four studies were	behavioural
	interventions on	aggressive	conducted in the	interventions on
	outwardly directed	behaviour. We	United Kingdom (UK),	outwardly-directed
	aggressive behaviour	considered studies of	and the remaining two	aggression in
	in people with	participants with	in the United States of	children and adults
	intellectual	pervasive	America (USA).	with intellectual
	disabilities when	developmental		disabilities is limited.
	compared to	disorders, such as	Participants:	There is a paucity of
	standard	autism, if they stated	One study included	methodologically
	intervention or wait-	that the participants	only men and, in all	sound clinical trials
	list controls.	also met criteria for	studies, apart from	and a lack of long-
		intellectual	one, the majority of	term follow-up data.
		disabilities by some	participants were	Given the impact of
		standardised	men. All studies	such behaviours on
		measure or were	focused on adults,	the individual and his
		recorded as having	only one study	or her support
		been assessed in the	included participants	workers, effective
		past. We also include	aged 17 years.	interventions are
		studies where		essential. We
		participants had	The mean ages were	recommend that
		other comorbid	23.1 and 23.4 for	randomised
		conditions in	control and treatment	controlled trials of
		addition to	arms respectively in	sufficient power are
		intellectual	two studies. One study	carried out using
		disabilities and	reported a median age	primary outcomes

Table 1 Main characteristics of included systematic reviews with high or moderate study quality.

aggressive behaviour	of 38 years. Ethnicity	that include
if it was possible to	was only available for	reduction in
extract data on	two studies, with both	outward-directed
aggressive behaviour	reporting a majority of	aggressive
as distinct from	white participants.	behaviour,
	white participants.	improvement in
other symptoms. We exclude studies	DCM/ICD/Dissbility	•
where the	DSM/ICD/Disability:	quality of life, and
	The majority of	cost effectiveness."
participants had an	included studies	
adult-onset organic	focused on	
brain disorder such	participants with mild	
as dementia. In this	intellectual disabilities.	
updated version of		
the review, we	Comorbidity or	
include syndromes	factors that may	
associated with an	affect the outcome:	
aggressive	Not reported.	
behavioural		
phenotype such as	Intervention:	
Prader-Willi	One study compared	
syndrome, Williams	modified relaxation	
syndrome, fragile X	training, four studies	
syndrome, and	compared cognitive-	
tuberous sclerosis, as	behavioural	
studies of	treatment, one study	
interventions	compared a	
targeting these	mindfulness-based	
behaviours may have	approach.	
been completed and		
published in the	Outcome:	
interim. We decided	Reduction in	
to include these	aggressive behaviour	
syndromes in this	(frequency/severity of,	
update as people	improved ability to	
with aggressive	control anger,	
behavioural	improvement in	
phenotypes are	adaptive functioning,	
often the most	improvement of	
difficult to treat, and	mental state,	
the evidence base	improvement in	
for the management	quality of life,	
of aggressive	frequency of service	
behaviour in these	utilization (and costs).	
people is limited.		
Including these	Study design:	
participants in the	RCT	
review would		
therefore increase	Follow-up time:	
the generalisability	Follow-up data for	
of the results and	both control and	

 <u> </u>	1
help clinicians to	treatment groups
make better	were available for only
decisions about the	two studies: One
treatment of people	study followed up
with aggressive	participants for four
behaviour and	months and the other
intellectual	provided follow-up
disabilities, including	data at 10 months.
those with	
behavioural	Number of
phenotypes.	participants:
	The total number of
Intervention:	participants from the
1. Behavioural	six included studies
modification	was 309. The number
interventions, e.g.	of participants in each
differential	study ranged from 12
reinforcement of	to 179.
other behaviour,	
applied behavioural	
analysis (ABA),	
positive behaviour	
support (PBS).	
2. Cognitive-	
behavioural	
treatment, e.g. anger	
management,	
problem-solving	
skills training,	
relaxation, and	
meditation or	
'mindfulness'.	
Composison/	
Comparison/ control:	
Standard	
intervention or wait-	
list controls.	
Outcome:	
Primary outcomes:	
1. Education in	
aggressive behaviour	
(frequency/sever-ity	
of incidents).	
2. Improved ability	
to control anger.	
1	

3. Improvement in
adaptive functioning.
4. Adverse effects,
such as death, or
side effects from
treatment.
Secondary outcomes:
1. Improvement of
mental state.
2. Reduction in
(additional)
medication.
3. Reduction in care
needs.
4. Improvement in
quality of life.
5. Frequency of
service utilisation
(and costs if
available).
Study design:
Randomised
controlled trials
(RCTs) or quasi-
randomised
controlled trials (q-
RCTs).
Settings:
We did not restrict
interventions to
specific settings but
covered hospitals,
community day
centers, and
individuals' own
homes.
nomes.
Other criteria:
We did not examine
interventions
provided to carers
(e.g. parent training),
unless carers were

				1
		involved in the		
		delivery of the		
		intervention to		
		individuals with		
		intellectual		
		disabilities.		
		Studies published:		
		Up to 2014.		
Bee et al	Objectives:	Population:	Characteristics of	Conclusions:
2014	To provide a	Children or	included studies:	"Evidence for
UK [2]	systematic and	adolescents aged ≤ 18 years of age	57 studies included in	community-based interventions to
[2]	descriptive overview	and/or the parents	one or more syntheses.	enhance QoL in
	of all the evidence	of these children. To	syntheses.	children of SMI
	for community-	be eligible for	<u>Synthesis 1 (> 50%</u>	parents is lacking.
	based interventions	inclusion, \geq 50% of	SMI) 11 studies:	The capacity to
	for improving quality	the sample had to	Clinical effectiveness:	recommend
	of life (QoL) in	have a serious	3 RCTs, 4 non-RCTs, 4	evidence-based
	children and	parental mental	uncontrolled.	approaches is
		illness (SMI) as	Cost-effectiveness:	limited. Rigorous
	adolescents of	defined by a current	0	development work is
	parents with severe	or lifetime clinical	Acceptability:	needed to establish
	mental illness (SMI),	diagnosis or	10	feasible and
	with specific	comparable		acceptable child- and
	reference to	symptom profile.	<u>Synthesis 2 (> 50%</u>	family-based
	intervention format		severe depression) 41	interventions, prior
	and content,	SMI was defined to	studies:	to evaluating clinical
	participant	include	Clinical effectiveness:	effectiveness and
	characteristics, study	schizophrenia and	26 RCTs, 4 non-RCTs,	cost-effectiveness
		schizoaffective	11 uncontrolled	via a randomised
	validity and QoL	disorder, puerperal	Cost-effectiveness:	controlled trial (RCT).
	outcomes measured	and non-puerperal	1 nRCT.	A substantial
	To examine the	psychosis, borderline	Acceptability:	programme of pilot
		personality disorder	37	work is
	clinical effectiveness	and personality	Country of a dist	recommended to
	of community-based	disorder, with or	Country of origin:	underpin the
	interventions in	without substance	Synthesis 1 (> 50%	development of feasible and
	terms of their impact	misuse and other	<u>SMI) 11 studies:</u>	
	on a range of	mental health to morbidities. Severe	(Clinical effectiveness: 3 RCTs, 4 non-RCTs, 4	acceptable interventions for this
	predetermined	unipolar depression	uncontrolled)	population.
	outcomes,	and severe postnatal	5 studies were	Evaluations should
	particularly those	depression were also	conducted in the USA,	incorporate
	likely to be	included.	4 studies were	validated, child-
			conducted in	centred QoL
	associated with QoL	Intervention:	Australia, 1 in UK, and	outcome measures,
	for children and	Any community-	1 in Canada.	high-quality cost
		based (i.e. non-		data and nested, in-
		residential)		depth acceptability

adolescents of	nsychological or	Synthesis 2 /> E0%	studios. Now ago
	psychological or psychosocial	<u>Synthesis 2 (> 50%</u> severe depression) 26	studies. New age-
parents with SMI.	intervention that	studies:	appropriate instruments that
To ovamina when	involved	(Clinical effectiveness:	better reflect the life
To examine, when	professionals or	26 RCTs)	priorities and unique
possible, potential	paraprofessionals	11 studies were	challenges faced by
associations	and parents or	conducted in the USA,	children of parents
between	children, for the	4 studies were	with SMI may need
intervention effect	purposes of changing	conducted in	to be developed."
and delivery	knowledge,	Australia, 4 in UK, 3 in	
including	attitudes, beliefs,	Canada and 1 in	
intervention format	emotions, skills or	France, Pakistan, Chile	
and content,	behaviours related	and Sweden	
prioritisation of child	to health and well-	respectively.	
•	being.		
outcomes, child age	-	Participants (n of	
group, parental	Comparison/	studies):	
mental health	control:	<u>Synthesis 1 (> 50%</u>	
condition, family	Comparisons of two	SMI) 11 studies:	
structure and	or more active	(Clinical effectiveness:	
residency.	interventions or of	3 RCTs, 4 non-RCTs, 4	
	an active treatment	uncontrolled)	
To explore all	with a 'no treatment'	All mothers (4),	
available data	comparator were	fathers (0), Mixed (60-	
relating to the	included. The 'no	75 % female) (3), Not	
acceptability of	treatment' category	reported (4).	
community-based	extended to include	Child ago rangos O E	
interventions	waiting list controls, delayed treatment	Child age range: 0-5 years (4), 6-12 years	
	and usual care	(8), 13-16 years (4).	
intended to improve	management.	(0), 10 10 years (4).	
QoL for children and	management.	Child gender:	
adolescents of	Outcomes:	<75 % female (6),	
parents with SMI,	Primary outcomes:	Not reported (5).	
with specific	Validated measures		
reference to	of children's:	<u>Synthesis 2 (> 50%</u>	
intervention uptake,	1. Quality of life	severe depression) 26	
adherence and	(QoL)	studies:	
patient satisfaction	and/or	(Clinical effectiveness:	
(data on the		26 RCTs).	
·	2. Emotional well-	All mothers (21),	
acceptability studies	being	Mixed (>50 % female)	
not reported in this		(4), Unclear, not	
table).	Secondary outcomes:	reported (1).	
Te energy last for t	Children's		
To assess key factors	1. Physical health.	Child age range: 0-5	
influencing the	2. Safety.	years (4), 6-12 years	
acceptability of and	3. Social function.	(8), 13-16 years (4).	
barriers to the	4. Self-esteem.		
	5. Mental health.		

al a literature and al	C. Literen er		
delivery and	6. Literacy.	Child gender:	
implementation of	 Coping skills. Family function. 	<75 % female (6), Not reported (5).	
community-based	9. Parental mental	reported (5).	
interventions for	health symptoms.	DSM/ICD/Disability (n	
improving QoL in	nearth symptoms	of studies):	
children and	Study design:	<u>Synthesis 1 (> 50%</u>	
adolescents of	Priority was given by	SMI) 11 studies:	
parents with SMI	the authors to the	(Clinical effectiveness:	
(data on the	systematic review to	3 RCTs, 4 non-RCTs, 4	
acceptability studies	those designs in	uncontrolled)	
not reported in this	which a comparator	Parent diagnosis	
table).	or control group was	Psychosis/psychotic	
,	present, i.e. RCTs,	Symptoms (5),	
To provide a	quasi-RCTs and controlled	Schizophrenia and related (5), Bipolar	
systematic and	observational studies	disorder (6),	
descriptive overview	(e.g. case–control	Personality disorder	
of all the economic	studies).	and Related (5).	
evidence for			
community-based	Settings:	<u>Synthesis 2 (> 50%</u>	
interventions for	Not stated.	severe depression) 26	
improving QoL in		studies:	
children and	Other criteria:	(Clinical effectiveness:	
adolescents of	No.	26 RCTs)	
	Studies published:	Severe depression diagnosis 100 % (17),	
parents with SMI,	Up to 2012.	>=75 %-99 % (5),	
with specific	00 10 2012.	>=50%-74 % (2),	
reference to		Unclear, judged on	
intervention		symptom scores (2).	
resources, cost			
burden, study		Comorbidity or	
validity, method of		factors that may	
economic evaluation		affect the outcome:	
and economic		Synthesis 1 (> 50%	
outcomes measured.		SMI) 11 studies:	
_		(Clinical effectiveness: 3 RCTs, 4 non-RCTs, 4	
To examine the cost-		uncontrolled)	
effectiveness of		Other diagnosis in the	
community-based		sample:	
interventions in		MDD (2), Postnatal	
improving QoL for		depression (1),	
children and		Depression (3),	
adolescents of		Depression/Anxiety	
parents with SMI		(2), Depression/PTSD	
		1).	

using a decision-	<u>Synthesis 2 (> 50%</u>
analytic model.	severe depression) 26
	studies:
To identify, from the	(Clinical effectiveness:
perspective of the	26 RCTs).
	Other diagnosis in the
UK NHS and personal	sample, Minor
social services,	
research priorities	affective disorders (7),
and the potential	Bipolar (1),
-	Schizophrenia-
value of future	affective disorder (1).
research into	
interventions for	Intervention (n of
improved QoL in this	studies):
-	Synthesis 1 (> 50%
population.	SMI) 11 studies:
	(Clinical effectiveness:
	3 RCTs, 4 non-RCTs, 4
	uncontrolled).
	Model:
	Psychoeducation (6),
	Psychotherapy (5),
	Extended care (4).
	Delivery:
	Face-to-face (15),
	Individual (6),
	Group (11).
	Session duration:
	Up to one hour (5), 1-2
	hours (3), > 2 hours to
	1 day (4), Not
	reported/Not
	-
	applicable (3).
	Session frequency:
	Two or more times a
	week (4), Weekly (7),
	Fortnightly (1), Not
	reported/Not
	applicable (3).
	Total duration: Up to 8
	weeks (4), 9-16 weeks
	(6), Up to 1 year (3), >
	1 year (1), Unclear/not
	reported (1).

	Total scheduled	
	contact: 11-15 hours	
	(2), 16-20 hours (5),	
	> 26 hours (4), Not	
	reported/not	
	applicable (4).	
	<u>Synthesis 2 (> 50%</u>	
	severe depression) 26	
	<u>studies:</u>	
	(Clinical effectiveness:	
	26 RCTs)	
	2011010)	
	Model:	
	Psychoeducation (6),	
	Psychotherapy (30),	
	Extended care (1),	
	Psychosocial (1).	
	Delivery:	
	Face-to-face (37),	
	Non-face to face (1),	
	Individual (1),	
	Group (13).	
	Session duration:	
	Up to one hour (14),	
	1-2 hours (11),	
	Not reported/Not	
	applicable (15).	
	Session frequency:	
	Weekly (22),	
	Variable (5),	
	Not reported/Not	
	applicable (11).	
	opprice (11).	
	Total duration:	
	Up to 8 weeks (11),	
	9-20 weeks (19),	
	6 months to 1 year (5),	
	1 year (1),	
	Unclear/not reported	
	(3).	
	Total scheduled	
	contact:	
	0-11 hours (11),	
	12-20 hours (7),	
	> 20 hours (5),	

· · · · · · · · · · · · · · · · · · ·
Not reported/not
applicable (15).
Comparison/control
(n of studies):
<u>Synthesis 1 (> 50%</u>
SMI) 11 studies:
(Clinical effectiveness:
3 RCTs, 4 non-RCTs, 4
uncontrolled)
Waiting list (2),
Standard care (3),
Active intervention
(3).
(5).
<u>Synthesis 2 (> 50%</u>
severe depression) 26
studies:
(Clinical effectiveness:
26 RCTs)
Waiting list (5),
Standard care (16),
Active intervention
(9).
Outcome (n of
-
studies):
studies): Synthesis 1 (> 50%
studies): <u>Synthesis 1 (> 50%</u> <u>SMI) 11 studies:</u>
studies):Synthesis 1 (> 50%SMI) 11 studies:(Clinical effectiveness:
studies): <u>Synthesis 1 (> 50%</u> <u>SMI) 11 studies:</u>
studies):Synthesis 1 (> 50%SMI) 11 studies:(Clinical effectiveness:
studies): Synthesis 1 (> 50% SMI) 11 studies: (Clinical effectiveness: 3 RCTs, 4 non-RCTs, 4 uncontrolled)
studies):Synthesis 1 (> 50%SMI) 11 studies:(Clinical effectiveness:3 RCTs, 4 non-RCTs, 4uncontrolled)Parent well-being (1),
studies):Synthesis 1 (> 50%SMI) 11 studies:(Clinical effectiveness:3 RCTs, 4 non-RCTs, 4uncontrolled)Parent well-being (1),Parent relationship
studies):Synthesis 1 (> 50%SMI) 11 studies:(Clinical effectiveness:3 RCTs, 4 non-RCTs, 4uncontrolled)Parent well-being (1),Parent relationship(3),
studies):Synthesis 1 (> 50%SMI) 11 studies:(Clinical effectiveness:3 RCTs, 4 non-RCTs, 4uncontrolled)Parent well-being (1),Parent relationship(3),Children well-being
studies):Synthesis 1 (> 50%SMI) 11 studies:(Clinical effectiveness:3 RCTs, 4 non-RCTs, 4uncontrolled)Parent well-being (1),Parent relationship(3),
studies):Synthesis 1 (> 50%SMI) 11 studies:(Clinical effectiveness:3 RCTs, 4 non-RCTs, 4uncontrolled)Parent well-being (1),Parent relationship(3),Children well-being(7),
studies):Synthesis 1 (> 50%SMI) 11 studies:(Clinical effectiveness:3 RCTs, 4 non-RCTs, 4uncontrolled)Parent well-being (1),Parent relationship(3),Children well-being
studies): Synthesis 1 (> 50% SMI) 11 studies: (Clinical effectiveness: 3 RCTs, 4 non-RCTs, 4 uncontrolled) Parent well-being (1), Parent relationship (3), Children well-being (7), Hybrid/dual focus (4).
studies):Synthesis 1 (> 50%SMI) 11 studies:(Clinical effectiveness:3 RCTs, 4 non-RCTs, 4uncontrolled)Parent well-being (1),Parent relationship(3),Children well-being(7),Hybrid/dual focus (4).Primary outcomes:
studies):Synthesis 1 (> 50%SMI) 11 studies:(Clinical effectiveness:3 RCTs, 4 non-RCTs, 4uncontrolled)Parent well-being (1),Parent relationship(3),Children well-being(7),Hybrid/dual focus (4).Primary outcomes:Synthesis 1 (> 50%
studies):Synthesis 1 (> 50%SMI) 11 studies:(Clinical effectiveness:3 RCTs, 4 non-RCTs, 4uncontrolled)Parent well-being (1),Parent relationship(3),Children well-being(7),Hybrid/dual focus (4).Primary outcomes:
studies):Synthesis 1 (> 50%SMI) 11 studies:(Clinical effectiveness:3 RCTs, 4 non-RCTs, 4uncontrolled)Parent well-being (1),Parent relationship(3),Children well-being(7),Hybrid/dual focus (4).Primary outcomes:Synthesis 1 (> 50%SMI) 7 studies:
studies):Synthesis 1 (> 50%SMI) 11 studies:(Clinical effectiveness:3 RCTs, 4 non-RCTs, 4uncontrolled)Parent well-being (1),Parent relationship(3),Children well-being(7),Hybrid/dual focus (4).Primary outcomes:Synthesis 1 (> 50%SMI) 7 studies:(Clinical effectiveness:
studies):Synthesis 1 (> 50%SMI) 11 studies:(Clinical effectiveness:3 RCTs, 4 non-RCTs, 4uncontrolled)Parent well-being (1),Parent relationship(3),Children well-being(7),Hybrid/dual focus (4).Primary outcomes:Synthesis 1 (> 50%SMI) 7 studies:(Clinical effectiveness:3 RCTs, 4 non-RCTs)
studies):Synthesis 1 (> 50%SMI) 11 studies:(Clinical effectiveness:3 RCTs, 4 non-RCTs, 4uncontrolled)Parent well-being (1),Parent relationship(3),Children well-being(7),Hybrid/dual focus (4).Primary outcomes:Synthesis 1 (> 50%SMI) 7 studies:(Clinical effectiveness:3 RCTs, 4 non-RCTs)Quality of Life (1),
studies):Synthesis 1 (> 50%SMI) 11 studies:(Clinical effectiveness:3 RCTs, 4 non-RCTs, 4uncontrolled)Parent well-being (1),Parent relationship(3),Children well-being(7),Hybrid/dual focus (4).Primary outcomes:Synthesis 1 (> 50%SMI) 7 studies:(Clinical effectiveness:3 RCTs, 4 non-RCTs)
studies):Synthesis 1 (> 50%SMI) 11 studies:(Clinical effectiveness:3 RCTs, 4 non-RCTs, 4uncontrolled)Parent well-being (1),Parent relationship(3),Children well-being(7),Hybrid/dual focus (4).Primary outcomes:Synthesis 1 (> 50%SMI) 7 studies:(Clinical effectiveness:3 RCTs, 4 non-RCTs)Quality of Life (1),Emotional well-being
studies):Synthesis 1 (> 50%SMI) 11 studies:(Clinical effectiveness:3 RCTs, 4 non-RCTs, 4uncontrolled)Parent well-being (1),Parent relationship(3),Children well-being(7),Hybrid/dual focus (4).Primary outcomes:Synthesis 1 (> 50%SMI) 7 studies:(Clinical effectiveness:3 RCTs, 4 non-RCTs)Quality of Life (1),
studies):Synthesis 1 (> 50%SMI) 11 studies:(Clinical effectiveness:3 RCTs, 4 non-RCTs, 4uncontrolled)Parent well-being (1),Parent relationship(3),Children well-being(7),Hybrid/dual focus (4).Primary outcomes:Synthesis 1 (> 50%SMI) 7 studies:(Clinical effectiveness:3 RCTs, 4 non-RCTs)Quality of Life (1),Emotional well-being

Г — Т	
	<u>Synthesis 1 (> 50%</u>
	<u>SMI) 7 studies:</u>
	(Clinical effectiveness:
	3 RCTs, 4 non-RCTs)
	Physical health (0),
	Safety (0),
	Social
	function/behaviour
	(5),
	Social relationship
	quality (2),
	Recreational
	engagement (1),
	Family function (2),
	Parent-child
	relationship (4),
	Parent mental health
	symptoms (2),
	Cognitive function (4),
	Problem-based coping
	(3),
	Mental health literacy
	(1),
	Self-esteem (2).
	<u>Synthesis 2 (> 50%</u>
	severe depression) 26
	<u>studies:</u>
	(Clinical effectiveness:
	26 RCTs).
	Primary outcomes:
	QoL
	Emotional well-being.
	Secondary outcomes:
	Physical health (1)
	Safety (0)
	Social
	function/behaviour
	(12)
	Social relationship
	quality (1),
	Recreational
	engagement (1),
	Family function (2),
	Parent–child
	relationship (8),
	Parent mental health
	symptoms (19),

[]	
	Cognitive function (5),
	Problem-based coping
	(0),
	Mental health literacy
	(1),
	Self-esteem (2).
	Study design:
	, .
	<u>Synthesis 1 (> 50%</u>
	SMI) 11 studies:
	Clinical effectiveness:
	3 RCTs, 4 non-RCTs, 4
	uncontrolled.
	uncontrolled.
	<u>Synthesis 2 (> 50%</u>
	severe depression) 26
	studies):
	Clinical effectiveness:
	26 RCTs.
	Follow-up time (n of
	studies):
	<u>Synthesis 1 (> 50%</u>
	<u>SMI) 7 studies:</u>
	(Clinical effectiveness:
	3 RCTs, 4 non-RCTs)
	0–6 months (4)
	7–12 months (2)
	> 12 months (2).
	<u>Synthesis 2 (> 50%</u>
	severe depression) 26
	studies:
	(Clinical effectiveness:
	26 RCTs)
	0–6 months (23)
	7–12 months (6)
	> 12 months (5).
	Settings (n studies) 7
	studies:
	Synthesis 1 (> 50%
	<u>SMI):</u>
	(Clinical effectiveness:
	3 RCTs, 4 non-RCTs)
	Home (2),
	Community (4),
	Clinic (5),
	Unclear/not reported
	(4).

	Synthesis 2 /> E00/	
	Synthesis 2 (> 50%	
	severe depression) 26	
	studies:	
	(Clinical effectiveness:	
	26 RCTs)	
	Home (9) <i>,</i>	
	Community/Clinic	
	(18),	
	Mixed (5),	
	Unclear/not reported	
	(6).	
	Number of	
	participants (n	
	studies):	
	<u>Synthesis 1 (> 50%</u>	
	<u>SMI) 7 studies:</u>	
	(Clinical effectiveness:	
	-	
	3 RCTs, 4 non-RCTs)	
	Sample size at	
	baseline: n=0-25 (2),	
	n=26-50 (4), n=50+ (2).	
	<u>Synthesis 2 (> 50%</u>	
	severe depression) 26	
	<u>studies:</u>	
	(Clinical effectiveness:	
	26 RCTs)	
	Sample size at	
	baseline: n < 50 (9),	
	n=50-100 (8), n=100+	
	(6), n=200+ (3).	
	Economic evaluation:	
	<u>Synthesis 2 (> 50%</u>	
	severe depression) 1	
	<u>study:</u>	
	The study was a cost-	
	effectiveness analysis	
	of psychiatric day	
	hospital compared	
	with routine primary	
	care for the treatment	
	of postnatal	
	depression, carried	
	out as part of a non-	
	randomised	
	prospective cohort	
	study.	
	study.	

Bjornstad et al	Objectives:	Population:	Characteristics of	Conclusions:
2005	To determine	Children or	included studies:	"Further research
UK		adolescents as	2 studies.	examining the
	whether family		z studies.	effectiveness of
[3]	therapy will reduce	defined by triallists,	Country of origin.	family therapy
	symptoms of	with diagnoses of ADHD or ADD as	Country of origin:	
	inattention,		Not stated	versus a no-
	impulsivity and	determined by DSM-		treatment control
		Ill or DSM-IV criteria,		condition is needed
	hyperactivity for	diagnoses of	Participants:	to determine
	children with ADHD	Hyperkinetic	Study 1:	whether family
	or ADD when	Disorder as	Age: M=8.27 years	therapy is an
	compared to no	determined by ICD-9	(SD= 1.37)	effective
	treatment or	or ICD-10 criteria, or		intervention for
	standard treatment.	a cut-off score on a	Study 2:	children with ADHD.
		well-validated	Ages 7-9.9 years.	There were no
		assessment measure	465 Males,	results available
		(e.g. Conners' Parent	114 Females.	from studies
		Raring Scale).		investigating forms
		Diagnoses must have	DSM/ICD/Disability:	of family therapy
		been based on	Study 1:	other than
		symptoms from at	Diagnosed with ADHD	behavioural family
		least two settings.	using standard teacher	therapy."
		Definition of 'child'	and parent report	
		or 'adolescent' was	measures and a	
		left up to the	clinical interview plus	
		triallists to account	psychometric testing.	
		for cultural		
		differences in these	Study 2:	
		definitions.	Meeting DSM-IV	
		Participants may	criteria for ADHD	
		have had comorbid	Combined Type.	
		diagnoses, given the		
		substantial	Comorbidity or	
		prevalence of	factors that may	
		comorbid diagnoses	affect the outcome:	
		which ADHD such as	Chudu 1.	
		Oppositional Defiant	<u>Study 1:</u>	
		Disorder or Conduct	Eight participants	
		Disorder. Children	were also diagnosed	
		must not be taking	with comorbid	
		medication for their	conduct disorder and	
		symptoms during the	46 were also	
		trials.	diagnosed with	
			comorbid oppositional	
			defiant disorder.	
		Intomontions	Study 2.	
		Interventions:	Study 2:	
		Family therapy	Not excluded for	
		interventions which	comorbid diagnoses.	
		include functional		

cognitive- behavioural family therapy, or behavioural family therapy, all of whita least one parent the child participating in some therapy sessions with therapist were included.Intervention: Study 1: Behavioural parent Behavioural parent eatment: Behavioural parent including participating in some therapy sessions with therapist were included.Intervention: Study 1: Behavioural parent Behavioural parent enting plus child self- control training including at-home preceived high or low doses of stimulant controls received high or low doses of stimulant (N=). Controls received medication placebo only (N=).Outcomes: Primary outcomes: 1. Incidence or sevently of symptoms of inattention, impulsive, and thome or at school, or both.Study 2: Behavioural treatment: parent training, child-focused treatment; parent training, child-focused treatment; and school- treatment groups not received various treatment groups not reserved various treatment and teacher reports of symptoms using standard measures.	for with the second		
behavioural family therapy, or behavioural family therapy, all of which must includeIntervention: Study 1: Behavioural treatment: components with at least one parent and the child participating in some therapy sessions with therapist were included.Intervention: Study 1: Behavioural treatment: treatment: including at-home practice and received high or low doses of stimulant received high or low doses of stimulant received high or low doses of stimulant received migh or low doses of stimulant received might berapy standard treatment. study 2: severity of severity	family therapy,		
therapy, or behavioural family therapy, all of which must include components with at least one parent and the child participating in some therapy sessions with therapist were included.Intervention: Study 1: Behavioural training plus child self- control training including at-home practice and reinforcement of skills (N=). Other groups received high or low does of stimulant medication with or without family therapy (N=). Controls received medication placebo only (N=).Outcomes: Primary outcomes: 1. Incidence or severity of myulsivity, and tratment; antention, inattention, or both.Study 2: Behavioural Behavioural medication placebo only (N=).Secondary outcomes: 1. Attentional problems and impulsive behaviour at home or at school, or juvenile offending were also considered.Control: Sudy 2: Behavioural <td></td> <td></td> <td></td>			
behavioural family therapy, all of which must include teast one parent and 			
therapy, all of which must includeBehavioural treatment:components with at least one parent and the child participating in some therapy sessions with therapist were included.Behavioural parent training plus child self- control training practice and reinforcement of skills (N=). Other groups received high or low doses of stimulant medication with or without family therapy (N=). Other groups received medication placebo only (N=).Outcomes: Primary outcomes: 1. Incidence or severity of symptoms of impulsivity, and hyperactivity.Study 2: Behavioural training, child focused treatment, and school- based intervention (N= 144).Secondary outcomes: 1. Attentional problems and impulsive or disruptive behaviour at home or at school, or both.Control: Community care group received various treatment sin their communities, often including medication (N= 144).Secondary outcomes: 1. Attentional problems and impulsive or juvenile offending were also considered.Control: Comtrol: Community care group received various treatment in their communities, often including medication (N= 144).S. School expulsions, grades in school, or juvenile offending were also considered.Outcome: Study 1: Parent and teacher reports of symptoms using standard measures.			
must include components with at least one parent and the childtreatment: Behavioural parent taining plus child self- control training including at-home participating in some included.treatment and tonto training including at-home partice and received high or low doses of stimulant medication with or without family therapy standard treatment.treatmentse servise high or low doses of stimulant medication with or without family therapy standard treatment.Outcomes: primary outcomes: 1. Incidence or severity of symptoms of timpulsivity, and thyperactivity.Study 2: Behavioural Treatment parent training, child-focused treatmention (N= 144).Secondary outcomes: 1. Attentional bryberactivity.Control: C			
components with at least one parent and the child participating in some therapy sessions with therapist were included.Behavioural parent training plus child self- training plus child self- including at-home practice and received high or low does of stimulant medication with or without family therapy (N=). Other groups received high or low does of stimulant medication with or without family therapy (N=). Controls received medication placebo only (N=).Outcomes: Primary outcomes: 1. Incidence or severity of symptoms of inattention, training, child-focused training,			
least one parent and the child participating in some therapy sessions with therapist were included.training plus child self- control training pratice and reinforcement of skills (N=). Other groups received high or low doses of stimulant medication with or without family therapy lacebo only (N=).Outcomes: Primary outcomes: 1. Incidence or severity of severity of symptoms of symptoms of symptoms of symptoms of symptoms of trainal, child-focused training, child-focused <td></td> <td></td> <td></td>			
the child participating in some therapy sessions with therapist were 	•		
participating in some therapy sessions with therapist were included.including at-home practice and received high or low does of stimulant medication with or without family therapy (N=). Controls received medication placebo only (N=).Outcomes: Primary outcomes: 1. Incidence or symptoms of inattention, triating, child-focused timpulsivity, and hyperactivity.including at-home practice and received high or low does of stimulant medication with or without family therapy (N=). Controls received medication placebo only (N=).Outcomes: Primary outcomes: 1. Incidence or symptoms of impulsivity, and hyperactivity.Study 2: Behavioural Treatment; parent treatment, and school- based intervention (N= 144).Secondary outcomes: 1. Attentional problems and disruptive behaviour at home or at school, or both.Control: Control: Control: (N= 144).2. School expulsions, grades in school, or juvenile offending were also considered.Outcome: Study 1: Parent and teacher reports of symptoms using standard3. Any assessments of participant satisfaction with treatment andOutcome: Study 1: Parent and teacher reports of symptoms using standard			
therapy sessions with therapist were included.practice and reinforcement of skills (N=). Other groups received high or low doses of stimulant medication with or without family therapy standard treatment.Comparison/ control:Comparison/ medication with or without family therapy standard treatment.Outcomes: Primary outcomes:Yudy 2: Behavioural symptoms of inattention, impulsivity, and hyperactivity.Secondary outcomes: impulsivity, and treatment at home or at school, or both.Study 2: Behavioural Treatment: parent training, child-focused treatment, and school- based intervention (N= 144).Secondary outcomes: 1. Attentional problems and impulsive or disruptive behaviour at home or at school, or both.Control: Treatment in their community care group received various treatments in their community care group received various treatments in their community care group received various treatment to this review (N=289).J. Any assessments of participant satiafaction with treatment andOutcome: Study 1: Parent and teacher reports of symptoms using standard		-	
with therapist were included.reinforcement of skills (N=). Other groups received high or low doses of stimulant medication with or without family therapy standard treatment.Outcomes: Primary outcomes: 1. Incidence or severity of symptoms of inattention, timulsivity, and hyperactivity.reinforcement of skills (N=). Other groups received medication placebo only (N=).Outcomes: Primary outcomes: 1. Attentional impulsivity, and hyperactivity.Study 2: Behavioural Treatment: parent training, child-focused treatment, and school- based intervention (N= 144).Secondary outcomes: 1. Attentional problems and impulsive or disruptive behaviour at home or at school, or both.Control: Treatment in their community care group received various treatments in their communities, often including medication (N= 146). Other treatment groups not relevant to this review (N=289).Outcome: Study 1: Parent and teacher reports of symptoms using standard measures.Outcome: Study 1: Parent and teacher reports of symptoms using standard		-	
included.(N=). Other groups received high or low doess of stimulant medication with or without family therapy (N=). Controls received medication placebo only (N=).Outcomes: Primary outcomes:Study 2: Severity of severity of symptoms of inattention, training, child-focused impulsivity, and treatment, and school- bysea intervention (N= 144).Secondary outcomes: impulsive or to both.Control: Community care group received various treatments in their treatments in their treatments in their treatments in their communities, often including medication (N= 145). Other treatment props not relevant to this review (N=289). were also considered.Outcome: Study 1: Parent and teacher reports of symptoms using standard measures.			
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Comparison/ control:doses of stimulant medication with or without family therapy standard treatment.No treatment or standard treatment.(N=). Controls received medication placebo only (N=).Dutcomes: Primary outcomes:1. Incidence or severity of severity of imattention, training, child-focused impulsivity, and treatment, and school- based intervention (N= 144).Secondary outcomes: 1. Attentional problems and disruptive behaviour disruptive behaviour at home or at school, or both.Control: communities, often including medication (N= 146). Other treatment groups not relevant to this review (N=289). were also considered.2. School expulsions, grades in school, or juvenile offending were also considered.Outcome: Study 1: Parent and teacher reports of symptoms3. Any assessments of participant astisfaction with treatment andParent and teacher reports of symptoms	included.		
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Outcomes: Primary outcomes:received medication placebo only (N=).1. Incidence or severity of severity of inattention,Study 2: Behavioural Treatment: parent training, child-focused treatment, and school- based intervention (N= 144).Secondary outcomes:1. Attentional problems and impulsive or disruptive behaviour at home or at school, or both.Control: Community care group received various treatments in their communities, often including medication (N= 146). Other treatment groups not relevant to this review (N=289).2. School expulsions, grades in school, or juvenile offending were also considered.Outcome: Study 1: Parent and teacher reports of symptoms using standard measures.	No treatment or	without family therapy	
Outcomes: Primary outcomes:placebo only (N=).Primary outcomes:1. Incidence or severity of symptoms of inattention, impulsivity, and hyperactivity.Study 2: Behavioural treatment: parent training, child-focused intervention (N= 144).Secondary outcomes:1. Attentional problems and impulsive or disruptive behaviour at home or at school, or both.Control: communities, often including medication (N= 146). Other treatment groups not relevant to this review (N=289).2. School expulsions, grades in school, or juvenile offending were also considered.Outcome: Study 1: Parent and teacher reports of symptoms using standard measures.	standard treatment.	(N=). Controls	
Primary outcomes:1. Incidence orStudy 2:severity ofBehaviouralsymptoms ofTreatment: parentinattention,training, child-focusedimpulsivity, andtreatment, and school-hyperactivity.based intervention(N= 144).Secondary outcomes:1. AttentionalControl:problems andCommunity care groupimpulsive orreceived variousdisruptive behaviourtreatments in theirat home or at school,or both.(N= 146). Othertreatment groups notgrades in school, orguvenile offendingwere alsoconsidered.Outcome:Study 1:3. Any assessmentsof participantsatisfaction withtreatment andwestautattagetparent andusing standard		received medication	
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severity of symptoms of inattention, impulsivity, and hyperactivity. Secondary outcomes: 1. Attentional problems and impulsive or disruptive behaviour at home or at school, or both. 2. School expulsions, grades in school, or juvenile offending were also considered. 3. Any assessments of participant satisfaction with treatment and measures.	Primary outcomes:		
symptoms of inattention, impulsivity, and hyperactivity. Secondary outcomes: 1. Attentional problems and impulsive or disruptive behaviour at home or at school, or both. 2. School expulsions, grades in school, or juvenile offending were also considered. 3. Any assessments of participant satisfaction with treatment and	1. Incidence or	Study 2:	
Inattention, impulsivity, and hyperactivity.training, child-focused treatment, and school- based intervention (N= 144).Secondary outcomes: 1. Attentional problems and disruptive behaviour at home or at school, or both.Control: Community care group received various treatments in their communities, often including medication (N= 146). Other treatment groups not relevant to this review (N=289).Question (N=289).Outcome: Study 1: Parent and teacher reports of symptoms using standard measures.	severity of	Behavioural	
impulsivity, and hyperactivity.treatment, and school- based intervention (N= 144).Secondary outcomes:.1. Attentional problems and disruptive behaviour at home or at school, or both.Control: Community care group received various treatments in their communities, often including medication (N= 146). Other2. School expulsions, grades in school, or juvenile offending were also considered.Outcome: Study 1: Parent and teacher reports of symptoms using standard measures.	symptoms of	Treatment: parent	
hyperactivity.based intervention (N= 144).Secondary outcomes:I. Attentional problems and impulsive or disruptive behaviour at home or at school, or both.Control: Community care group received various treatments in their communities, often including medication (N= 146). Other2. School expulsions, grades in school, or juvenile offending were also considered.Treatment groups not relevant to this review (N=289).3. Any assessments of participant satisfaction with treatment andOutcome: Study 1: Parent and teacher reports of symptoms using standard measures.	inattention,	training, child-focused	
Secondary outcomes:(N= 144).1. Attentional problems and impulsive or disruptive behaviour at home or at school, or both.Control: Community care group received various treatments in their communities, often including medication (N= 146). Other treatment groups not relevant to this review (N=289).2. School expulsions, grades in school, or juvenile offending were also considered.treatment groups not relevant to this review (N=289).3. Any assessments of participant satisfaction with treatment andOutcome: Study 1: Parent and teacher reports of symptoms using standard measures.	impulsivity, and	treatment, and school-	
Secondary outcomes:1. AttentionalControl:problems andCommunity care groupimpulsive orreceived variousdisruptive behaviourtreatments in theirat home or at school,communities, oftenor both.including medication(N= 1 46). Othertreatment groups notgrades in school, orjuvenile offendingwere alsoconsidered.Outcome:Study 1:3. Any assessmentsParent and teacherof participantreports of symptomssatisfaction withusing standardtreatment andmeasures.	hyperactivity.	based intervention	
1. Attentional problems and impulsive or disruptive behaviour at home or at school, or both.Community care group received various treatments in their communities, often including medication (N=1 46). Other2. School expulsions, grades in school, or juvenile offending were also considered.treatment groups not relevant to this review (N=289).3. Any assessments of participant satisfaction with treatment andOutcome: Study 1:3. Any assessments of participant satisfaction with treatment andParent and teacher reports of symptoms		(N= 144).	
problems and impulsive or disruptive behaviour at home or at school, or both.Community care group received various treatments in their communities, often including medication (N= 1 46). Other2. School expulsions, grades in school, or juvenile offending were also considered.treatment groups not relevant to this review (N=289).3. Any assessments of participant satisfaction with treatment andOutcome: standard reports of symptoms using standard measures.	Secondary outcomes:		
impulsive or disruptive behaviour at home or at school, or both.received various treatments in their communities, often including medication (N= 1 46). Other2. School expulsions, grades in school, or juvenile offending were also considered.treatment groups not relevant to this review (N=289).3. Any assessments of participant satisfaction with treatment andOutcome: Study 1:3. Any assessments of participant satisfaction with treatment andParent and teacher measures.	1. Attentional	Control:	
disruptive behaviour at home or at school, or both. 2. School expulsions, grades in school, or juvenile offending were also considered. 3. Any assessments of participant satisfaction with treatment and treatment and treatment and treatment sin their communities, often including medication (N= 1 46). Other treatments in their communities, often including medication (N= 1 46). Other treatment sin their communities, often including medication (N= 1 46). Other treatment groups not relevant to this review (N=289). Dutcome: Study 1: Parent and teacher reports of symptoms using standard measures.	problems and	Community care group	
at home or at school, or both.communities, often including medication (N= I 46). Other2. School expulsions, grades in school, or juvenile offending were also considered.treatment groups not relevant to this review (N=289).0utcome: Study 1: Parent and teacher reports of symptoms using standard measures.Study 1: Parent and teacher	impulsive or	received various	
or both.including medication (N= 1 46). Other2. School expulsions, grades in school, or juvenile offending were also considered.treatment groups not relevant to this review (N=289).0utcome: Study 1:Study 1:3. Any assessments of participant satisfaction with treatment andParent and teacher reports of symptoms using standard measures.	disruptive behaviour	treatments in their	
Image: Construct of the sector of the sect	at home or at school,	communities, often	
2. School expulsions, grades in school, or juvenile offending were also considered.treatment groups not relevant to this review (N=289).0utcome: Study 1: Parent and teacher of participant satisfaction with treatment andDutcome: Study 1: reports of symptoms using standard measures.	or both.	including medication	
grades in school, or juvenile offending were also considered.relevant to this review (N=289).Outcome: Study 1:Outcome: Study 1:3. Any assessments of participant satisfaction with treatment andParent and teacher using standard measures.		(N= I 46). Other	
juvenile offending were also considered. 3. Any assessments of participant satisfaction with treatment and measures. (N=289). Outcome: Study 1: Parent and teacher reports of symptoms	2. School expulsions,	treatment groups not	
were also considered.Outcome: Study 1:3. Any assessments of participant satisfaction with treatment andParent and teacher reports of symptoms using standard measures.	grades in school, or	relevant to this review	
considered.Outcome: Study 1:3. Any assessmentsParent and teacherof participantreports of symptomssatisfaction withusing standardtreatment andmeasures.	juvenile offending	(N=289).	
Study 1:3. Any assessmentsof participantsatisfaction withtreatment andmeasures.	were also		
3. Any assessmentsParent and teacherof participantreports of symptomssatisfaction withusing standardtreatment andmeasures.	considered.	Outcome:	
3. Any assessmentsParent and teacherof participantreports of symptomssatisfaction withusing standardtreatment andmeasures.		Study 1:	
satisfaction with using standard treatment and measures.	3. Any assessments	Parent and teacher	
satisfaction with using standard treatment and measures.	of participant	reports of symptoms	
treatment and measures.			
	treatment and	-	
	adverse effects were	Independent	
included when observations of motor			
available. activity and			

1	
	inattention. Consumer
Study design:	Satisfaction
Randomised	Questionnaire for
controlled trials.	parent training only.
	parent training only.
Cattinger	Church 2
Settings:	Study 2
Not clearly stated.	Parent and teacher
	report of ADHD
Other criteria:	symptoms,
No	oppositional and
-	aggressive symptoms,
Studies published:	and social skills on
Up to 2004	standardised
	measures, parent,
	teacher, and child
	reports of internalising
	symptoms on a
	standardised measure,
	parent-child relations
	on a questionnaire,
	and academic
	achievement on a
	standardised measure.
	Observational data
	was also collected to
	enhance data from
	measures.
	Follow-up time:
	Study 1:
	Follow-up measures
	given nine months
	after termination of
	treatment.
	Study 2:
	Study 2:
	Not stated.
	Number of
	participants:
	Study 1:
	N = 196 (N =32 in
	treatment conditions
	relevant to this
	review).
	Study 2:
	N=579 (N=290 in
	treatment conditions

			relevant to this	
			review).	
Boshoff et al	Objectives:	Population:	Characteristics of	Conclusion:
2016	To consolidate the	Parents to children	included studies:	"The findings from
Australia & UK	literature focusing	with ASD raising a	24 studies, Qualitative	24 studies were
[4]	on parents'	child 1-10 years.	interview.	integrated to form a
[7]	experiences of	Parents own		more comprehensive
	advocating for their	experiences of	Country of origin:	in-depth
	child with ASD.	advocacy as per	12 studies were	understanding of the
	cinia with Abb.	operational	conducted in USA, 8 in	experience of 532
	A meta-synthesis of	definition. Parents,	Canada, 1 in China, 1	parents regarding
	qualitative research	mother, father, carer	in Cyprus 1 in Israel,	advocating for their
	was undertaken to	or caregiver.	and 1 in Australia	child with ASD. The
	address the	Children diagnosed		advocacy role is
	following review	with ASD, including	Participants:	described by parents
	question: How do	Asperger's syndrome	Parents to children	as complex and
	parents of children	and pervasive	with ASD raising a	intensive, with
	with ASD describe	developmental	child 1-10 y	personal and societal
	their experience of	disorder according to		benefits while being
	advocating for their	the American	DSM/ICD/Disability:	a challenge. At the
	children?	Psychiatric	Not reported.	same time, parents
		Association's	Not reported.	also articulated the
		Diagnostic and	Comorbidity or that	enabling role of
		Statistical Manual of	may affect the	social support and
		Mental Disorders	outcome:	also barriers to
		criteria.	Not reported.	advocating for their
		In studies with mixed		children (such as
		diagnoses	Intervention:	being from a lower
		population groups,	No.	socioeconomic
		the majority of the		background, as well
		population (50 % or	Outcome:	as from a different
		more) needed to	Parents experiences.	cultural background
		include children with		as the service
		ASD to ensure that	Follow-up time:	provider and being
		the study findings	No.	less articulate).
		were relevant to our		Several practice
		population of	Number of	implications arise
		interest	participants:	from this review,
			532	empha-sizing the
		Intervention:		need for service
		Not applicable.		providers to have an
				understanding of the
		Comparison/		advocating role of
		control:		parents and making
		Not applicable.		opportunity for
				parents' voices to be
		Outcomes:		heard during service
		Parents experiences.		delivery.
				Encouraging parents
		Study design:		to obtain social

		Primary research		support will assist
		studies with		parents with their
		qualitative design.		advocacy role.
				Service providers
		The Johanna Briggs		need to be sensitive
		Institute (JBI)		to parents from
		approach to		different cultural and
		systematic reviews,		language
		which supports the		backgrounds, low
		review,		socio-economic
		meta-aggregation,		areas and less
		integration and		articulate parents in
		interpretation of		order to promote
		evidence from		advocacy.
		qualitative sources		Incorporating the
		to synthesize		child's, the parents'
		findings, was used.		and the family's
				needs in intervention
		Settings:		will promote well-
		Not stated.		being and a balanced
				family life.
		Other criteria:		
		Peer-reviewed		
		publications.		
		Studies published:		
		Up to 2015.		
Brown et al	Objectives:	Population:	Characteristics of	Conclusions: "Given
2013	To evaluate the	Parents of children	included studies:	the important role
Australia	efficacy of parenting	(up to 18 years old)	8 articles.	parents play in child
[5]	interventions on	with TBI.		outcome and the
	child and parent		Country of origin:	effectiveness of
	behavioural and	Intervention:	USA.	parent implemented
				parent implemented
	emotional outcomes	Parenting		rehabilitation
	emotional outcomes for parents of	Parenting intervention, which	Participants:	
		-		rehabilitation
	for parents of	intervention, which	Participants:	rehabilitation programs for other
	for parents of children with	intervention, which could include any	Participants: The age range of the	rehabilitation programs for other skills, parenting
	for parents of children with traumatic brain	intervention, which could include any program (group or	Participants: The age range of the children varied across	rehabilitation programs for other skills, parenting interventions may be
	for parents of children with traumatic brain	intervention, which could include any program (group or individual) that	Participants: The age range of the children varied across studies, with 1 study	rehabilitation programs for other skills, parenting interventions may be a powerful tool for
	for parents of children with traumatic brain	intervention, which could include any program (group or individual) that taught parenting	Participants: The age range of the children varied across studies, with 1 study focusing specifically on	rehabilitation programs for other skills, parenting interventions may be a powerful tool for reducing child
	for parents of children with traumatic brain	intervention, which could include any program (group or individual) that taught parenting skills such as	Participants: The age range of the children varied across studies, with 1 study focusing specifically on younger children and	rehabilitation programs for other skills, parenting interventions may be a powerful tool for reducing child behavioural and
	for parents of children with traumatic brain	intervention, which could include any program (group or individual) that taught parenting skills such as improving parenting	Participants: The age range of the children varied across studies, with 1 study focusing specifically on younger children and 2 focusing specifically	rehabilitation programs for other skills, parenting interventions may be a powerful tool for reducing child behavioural and emotional problems
	for parents of children with traumatic brain	intervention, which could include any program (group or individual) that taught parenting skills such as improving parenting style or managing	Participants: The age range of the children varied across studies, with 1 study focusing specifically on younger children and 2 focusing specifically on adolescents. Time	rehabilitation programs for other skills, parenting interventions may be a powerful tool for reducing child behavioural and emotional problems after TBI and
	for parents of children with traumatic brain	intervention, which could include any program (group or individual) that taught parenting skills such as improving parenting style or managing child behaviour	Participants: The age range of the children varied across studies, with 1 study focusing specifically on younger children and 2 focusing specifically on adolescents. Time since injury also varied	rehabilitation programs for other skills, parenting interventions may be a powerful tool for reducing child behavioural and emotional problems after TBI and improving long-term
	for parents of children with traumatic brain	intervention, which could include any program (group or individual) that taught parenting skills such as improving parenting style or managing child behaviour and/or emotions.	Participants: The age range of the children varied across studies, with 1 study focusing specifically on younger children and 2 focusing specifically on adolescents. Time since injury also varied across studies, the	rehabilitation programs for other skills, parenting interventions may be a powerful tool for reducing child behavioural and emotional problems after TBI and improving long-term outcomes for child
	for parents of children with traumatic brain	intervention, which could include any program (group or individual) that taught parenting skills such as improving parenting style or managing child behaviour and/or emotions. Studies were not	Participants: The age range of the children varied across studies, with 1 study focusing specifically on younger children and 2 focusing specifically on adolescents. Time since injury also varied across studies, the majority required that	rehabilitation programs for other skills, parenting interventions may be a powerful tool for reducing child behavioural and emotional problems after TBI and improving long-term outcomes for child and family. This
	for parents of children with traumatic brain	intervention, which could include any program (group or individual) that taught parenting skills such as improving parenting style or managing child behaviour and/or emotions. Studies were not excluded if the	Participants: The age range of the children varied across studies, with 1 study focusing specifically on younger children and 2 focusing specifically on adolescents. Time since injury also varied across studies, the majority required that the injury had	rehabilitation programs for other skills, parenting interventions may be a powerful tool for reducing child behavioural and emotional problems after TBI and improving long-term outcomes for child and family. This systematic review
	for parents of children with traumatic brain	intervention, which could include any program (group or individual) that taught parenting skills such as improving parenting style or managing child behaviour and/or emotions. Studies were not excluded if the intervention	Participants: The age range of the children varied across studies, with 1 study focusing specifically on younger children and 2 focusing specifically on adolescents. Time since injury also varied across studies, the majority required that the injury had occurred within the	rehabilitation programs for other skills, parenting interventions may be a powerful tool for reducing child behavioural and emotional problems after TBI and improving long-term outcomes for child and family. This systematic review has identified a

ГГ	the second s	Devente - C-1-1-1	and a state of the
	involved the child's	Parents of children	suggest the potential
	participation as well.	with moderate to	usefulness and
		severe TBI.	feasibility of such
	Comparison/		programs in this
	control:	Comorbidity or	population, further
	Not reported.	factors that may	studies involving
		affect the outcome:	high-quality
	Outcomes:	All included studies	randomized trials
	Primary outcomes:	had the same first	that isolate the
	Child behavioural or	author.	unique effects of
	emotional outcome		parenting
	and/or the study	Intervention:	interventions are
	assessed parenting	Online parenting	required to
	style or skill and/or	intervention and	specifically validate
	parental coping and	problem-solving	their use in this
	adjustment, and the	interventions. All	population."
	tools of assessment	interventions included	-
	were either direct	a component of	
	observation of	training parents in	
	frequency of	behaviour	
	behaviour or	management (i. e. a	
	standardized parent-	component of	
	or child-report	parenting	
	measures.	intervention),	
		although in the	
	Secondary outcomes:	problem-solving	
	Not stated.	interventions, this was	
		not the primary focus.	
	Study design:	All interventions were	
	RCT, pre-post design.	conducted by clinical	
		psychologists or	
	Setting:	graduate students in	
	Not stated.	clinical psychology.	
	Other criteria:	Comparison/control:	
	No.	Not reported.	
	140.		
	Studies published:	Outcome:	
	Up to 2011.	All studies used	
	ομιο 2011.	standardised parent-	
		•	
		reported measures of	
		aspects of child	
		behaviour, global	
		measures of	
		behaviour, specific	
		aspects of cognition	
		and behavioural and	
		emotional adjustment	
1 1	1	Llog doproccion	
		(e.g. depression, executive functioning,	

F	ſ	Ι	1]
			and antisocial	
			behaviour). Some	
			studies included child-	
			reported measures of	
			depression and	
			executive functioning.	
			Several studies also	
			investigated the	
			effects of the	
			intervention on parent	
			adjustment by using	
			standardized	
			measures, parenting	
			skill through blinded	
			observers.	
			Study design:	
			Four articles detailed 3	
			RCTs, and 4 articles	
			described 3 pre-post	
			studies.	
			Follow-up time:	
			Not clear.	
			Number of	
			participants:	
			Sample sizes ranged	
			from 5 to 40 families.	
Cerrillo-Urbina	Objectives:	Population:	Characteristics of	Conclusions
et al	To examine the	Children and/or	included studies:	"Physical Exercise
2015	evidence for the	adolescents aged 6-	8 RCT-studies, 7	programmes
Spain & Chile	effectiveness of	18 years diagnosed	evaluated Aerobic	(aerobic and yoga)
[6]	Physical Exercise	with ADHD and	programs and 1 Yoga	weakly reduce
	interventions on	regular medication.	exercise.	several symptoms in
	symptoms such as	Type of study (RCT,		children with ADHD.
	inattention,	in which the control	Country of origin:	However, there is
	hyperactivity/impulsi	group received no PE	Not reported.	less evidence about
	vity, anxiety and	intervention).		the benefits of the
	cognitive functions		Participants:	yoga programs. The
	in children and	Type of intervention	Children and/or	meta-analysis
	adolescents with	(PE programmes).	adolescents aged 6-18	suggests that short-
	ADH		years diagnosed with	term aerobic
		Main outcome (we	ADHD and 249	exercises (6-I0
		selected those	children diagnosed	weeks), based on
		studies evaluating	with ADHD. Subjects	several aerobic
		ADHD symptoms,	were diagnosed with	intervention's
		taking into account	ADHD by psychiatrists	formats, reported a
		primary outcomes,	or psychologists by	moderate to large
	1	printing outcomes,	or psychologists by	moderate to large

Ι		
such as inattention,	clinical or using	effect on inattention,
hyperactivity and	standardized	hyperactivity,
impulsivity, and	instruments such as	impulsivity, anxiety,
secondary outcomes	DSM III-R and DSM-IV	executive function
that include related	230 children	and social disorders
ADHD symptoms	participated in aerobic	in children with
such as anxiety,	exercise and 19 in	ADHD. However, the
executive function,	yoga	results of this
social disorders and		systematic review
cognitive	DSM/ICD:	and metanalysis
performance),	Not reported.	should be
		understood with
Diagnostic criteria	Comorbidity or	caution because of
(Conners or DSM in	factors that may	the small number of
any of its editions),	affect the outcome:	studies and the
and	Not reported.	heterogeneity of
		their outcome
Language (all	Intervention:	measures. For this
languages were	Seven studies	reason, more studies
accepted). Because	evaluated the effect of	are required to
of the intensity and	aerobic exercise in	obtain consistent
type of exercises,	children with ADHD	clinically relevant
programmes were	the mean duration of	conclusions."
categorized in	the interventions was	
aerobic and yoga	around 5 weeks, the	
(considered as	mean duration of	
complementary and	sessions was 50 min,	
alternative medicine)	with an average	
no restrictions on	frequency of two to	
frequency or	three times per week.	
duration of training	Intensity was	
were imposed. The	monitored in the	
exclusion criteria	aerobic exercise by a	
were as follows:	heart rate monitor in	
	five studies and by	
(i) Interventions in	V02peak in one study,	
which exercise was	one study did not	
part of a	report intensity.	
multicomponent	- sport interiorcy.	
therapy involving a	Outcome:	
combination of	The benefits,	
exercise and	symptoms or	
alternative therapy.	problems that have	
and manye inclupy.	been studied were (in	
(ii) Studies with a	frequency order)	
low quality (four or	attention,	
more high-risk bias		
points), and	impulsiveness,	
	hyperactivity, anxiety,	
	executive function,	
1	social disorders,	

(***) T he second second		
(iii) Those studies	behaviour disorders,	
that were limited to	cognitive	
testing the effect of	performance,	
exercise on	emotional disorders,	
improving physical	somatic disorders,	
ability or aerobic or	aggressiveness,	
gross motor. The	depression and sleep.	
search was		
conducted between	Primary outcomes:	
20 and 30 November	Which one of the	
2014	outcomes above	
	considered primary	
Intervention:	not clearly stated.	
Physical Exercise (PE)		
	Secondary outcomes:	
program.	Which one of the	
Comparison/	outcomes above	
•		
control:	considered secondary	
No treatment in 6	not clearly stated.	
studies and		
Education program	Follow-up time:	
in 2 studies.	Not specified.	
Outcomes:	Number of	
Studies evaluating	participants:	
ADHD symptoms,	249	
ADID Symptoms,	249	
taking into account	249	
taking into account	249	
taking into account primary outcomes,	249	
taking into account primary outcomes, such as inattention,	249	
taking into account primary outcomes, such as inattention, hyperactivity and	249	
taking into account primary outcomes, such as inattention, hyperactivity and impulsivity, and	249	
taking into account primary outcomes, such as inattention, hyperactivity and impulsivity, and secondary outcomes	249	
taking into account primary outcomes, such as inattention, hyperactivity and impulsivity, and secondary outcomes that include related	249	
taking into account primary outcomes, such as inattention, hyperactivity and impulsivity, and secondary outcomes that include related ADHD symptoms	249	
taking into account primary outcomes, such as inattention, hyperactivity and impulsivity, and secondary outcomes that include related ADHD symptoms such as anxiety,	249	
taking into account primary outcomes, such as inattention, hyperactivity and impulsivity, and secondary outcomes that include related ADHD symptoms such as anxiety, executive function,	249	
taking into account primary outcomes, such as inattention, hyperactivity and impulsivity, and secondary outcomes that include related ADHD symptoms such as anxiety, executive function, social disorders and	249	
taking into account primary outcomes, such as inattention, hyperactivity and impulsivity, and secondary outcomes that include related ADHD symptoms such as anxiety, executive function, social disorders and cognitive	249	
taking into account primary outcomes, such as inattention, hyperactivity and impulsivity, and secondary outcomes that include related ADHD symptoms such as anxiety, executive function, social disorders and	249	
taking into account primary outcomes, such as inattention, hyperactivity and impulsivity, and secondary outcomes that include related ADHD symptoms such as anxiety, executive function, social disorders and cognitive performance. <i>Primary outcomes:</i>	249	
taking into account primary outcomes, such as inattention, hyperactivity and impulsivity, and secondary outcomes that include related ADHD symptoms such as anxiety, executive function, social disorders and cognitive performance.	249	
taking into account primary outcomes, such as inattention, hyperactivity and impulsivity, and secondary outcomes that include related ADHD symptoms such as anxiety, executive function, social disorders and cognitive performance. <i>Primary outcomes:</i>	249	
taking into account primary outcomes, such as inattention, hyperactivity and impulsivity, and secondary outcomes that include related ADHD symptoms such as anxiety, executive function, social disorders and cognitive performance. <i>Primary outcomes:</i> Which one of the	249	
taking into account primary outcomes, such as inattention, hyperactivity and impulsivity, and secondary outcomes that include related ADHD symptoms such as anxiety, executive function, social disorders and cognitive performance. <i>Primary outcomes:</i> Which one of the outcomes above	249	
taking into account primary outcomes, such as inattention, hyperactivity and impulsivity, and secondary outcomes that include related ADHD symptoms such as anxiety, executive function, social disorders and cognitive performance. <i>Primary outcomes:</i> Which one of the outcomes above considered primary not clearly stated.	249	
taking into account primary outcomes, such as inattention, hyperactivity and impulsivity, and secondary outcomes that include related ADHD symptoms such as anxiety, executive function, social disorders and cognitive performance. <i>Primary outcomes:</i> Which one of the outcomes above considered primary not clearly stated. <i>Secondary outcomes:</i>		
taking into account primary outcomes, such as inattention, hyperactivity and impulsivity, and secondary outcomes that include related ADHD symptoms such as anxiety, executive function, social disorders and cognitive performance. <i>Primary outcomes:</i> Which one of the outcomes above considered primary not clearly stated. <i>Secondary outcomes:</i> Which one of the		
taking into account primary outcomes, such as inattention, hyperactivity and impulsivity, and secondary outcomes that include related ADHD symptoms such as anxiety, executive function, social disorders and cognitive performance. <i>Primary outcomes:</i> Which one of the outcomes above considered primary not clearly stated. <i>Secondary outcomes:</i>		

		secondary not clearly stated. Study design: Randomised controlled trials with ADHD and regular medication): (ii) Type of study (RCT, in which the control group received no PE intervention. Settings: No stated. Other criteria: No Studies published:		
Chilvers et al 2006	Objectives: Primary objective: To	Population: Adults with 'severe	Characteristics of included studies:	Conclusions: "Dedicated schemes
UK	determine the	mental disorder/s'	No studies met the	whereby people with
[7]	effects of supported	however diagnosed,	inclusion criteria.	severe mental illness
	housing schemes	including those with		are located within
	versus outreach	multiple diagnoses.		one site or building
	support schemes for	They had to be living		with assistance from
	people with severe	alone or with a partner and/or child,		professional workers have potential for
	mental disorder/s	but not living with		great benefit as they
	living in the	their parents or		provide a 'safe
	community.	extended family, and		haven' for people in
		of an age where		need of stability and
	Secondary objective:	assistance other		support. This,
	To determine the	than that for the mental disorder was		however, may be at the risk of increasing
	effects of supported	not likely to be		dependence on
	housing schemes	needed."		professionals and
	versus 'standard			prolonging exclusion
	care' for people with	Substance abuse was		from the community.
	severe mental	not considered a		Whether or not the
	disorder/s living in	severe mental disorder in its own		benefits outweigh the risks can only be
	the community.	right, but		a matter of opinion
		participants were		in the absence of
		eligible for inclusion		reliable evidence.
		if they had a		There is an urgent
		problem with		need to investigate

substance abuse in	the effects of
addition to a mental	supported housing
disorder. Learning	on people with
disability was not	severe mental illness
considered a severe	within a randomised
mental disorder and	trial."
trials were excluded	
where the majority	"For people with
of clients were	severe mental
suffering from a	illness. At present,
learning disability.	the choice between
Trials where included	dedicated supported
where the clients	housing schemes and
had a physical	outreach services is
disorder that was	based on a
identified as the	combination of
main reason for	per-sonal
entry into the	preference,
supported housing	professional
scheme.	judgement and
Interventions:	availability of
1.Supported housing	re-sources. Decisions
schemes. These	of this nature should
schemes involve a	be made with the full
number of people	understanding that
with severe mental	no one intervention
disorder/s living in	has been shown to
self-contained	be more effective
accommodation on	than another in
one site. Professional	making a difference
support staff are on-	to symptoms, future
site and available	use of services,
during office hours	quality of life or
at least for either	other measures of
individual or group	importance.
social support with a	Furthermore, the
minimum aim of	efficacy of supported
maintenance of the	housing remains
tenancy. Social	untested.
support may involve	Participating in trials
counselling,	that test the
emotional support,	effectiveness of such
information,	services should be
instruction and	encouraged.
tangible assistance.	
	2. For practitioners
Comparison/	In the absence of
control:	evidence of their
1." Outreach support	relative efficacy,
schemes. In these	decisions on the
schemes. In these	decisions on the

schemes people with	provision of
severe mental	alternative forms of
disorder/s also live in	accommodation and
self-contained	continued support
accommodation but	for people with
	mental illness can
they do not share a site with other	
	only be based on a combination of
people with severe	
mental disorder/s.	professional
These people are not	judgement, patient
part of a specialised	preference and
housing scheme but	availability. This
do receive regular	should be made clear
(at least fortnightly)	to the patient or
home visits by	client who has to
professional	make this important
outreach workers for	decision.
individual social	Practitioners may
support with the	wish to actively
minimum aim of	support or
maintenance of the	participate in trials
tenancy."	to test the
	effectiveness of
2. "Standard care	supported housing
For the purposes of	schemes for people
the review we	with severe mental
defined this as the	illness.
normal level of	
psychiatric care	3. For managers and
provided in the area	policymakers
where the trial was	Policies in favour of
conducted."	dedicated supported
	housing schemes
Outcomes:	should be viewed
Primary outcomes:	with some caution
"1. Service	and should not be
utilization.	implemented
1.1 Eviction from	without plans for
tenancy.	evaluation using
1.2 Hospitalisation.	rigorous methods or
1.3 Imprisonment.	should be delayed
1.4 Psychiatric	pending further
service contact.	evidence of their
2. Medical/mental	effectiveness.
stare changes.	Forming alliances
2.1 Death (including	with researchers
suicide).	within this field may
2.2 General mental	result in a fruitful
state.	collaboration that
2.3 Self-esteem.	would not only

2.4 Specifie	inform local policies
2.4 Specific	inform local policies
symptoms including	on this issue, bur
well-being.	would also provide
3.Satisfaction.	much needed
3.1 Professional	evidence base on its
support workers'	effectiveness."
satisfaction.	
3.2 Tenant or	
respondent	
satisfaction.	
4. Social functioning.	
4.1 Employment	
status.	
4.2 General social	
function.	
5. Quality of life.	
5.1 General quality	
of life.	
6. Economic.	
6.1 Capital	
expenditure.	
6.2 Total cost of care	
per tenant or	
respondent.	
6.3 Total health costs	
per tenant or	
respondent.	
When feasible, we	
would have grouped	
the outcomes into	
time periods - short	
term (less than six	
months), medium	
term (six months -	
one year) and long	
term (over one	
year)."	
,	
Secondary outcomes:	
Not stated.	
Study design:	
Randomised	
controlled trials or	
quasi-randomised	
trials, where	
allocation to	
intervention was	
determined by, for	
example, day of	

week, or
alphabetical order.
Settings:
The review focuses
on two types of
supported housing
for people with
severe mental
disorder/s who are
living alone or with a
partner and/or child:
dedicated supported
housing schemes
and tenancies with
outreach support schemes.
schemes.
Dedicated supported
housing schemes
involve having self-
contained
apartments located
in one building or
site, specifically for
tenants with severe
mental illness.
Office-based
professional workers
are available on site,
usually during office
hours, to support
tenants, to maintain
the tenancy, and to
prevent
homelessness.
Independent
tenancies with
outreach support
schemes are
'ordinary', private,
local authority or
housing association
tenancies with
regular visits from
professional
outreach workers to
support tenants with
severe mental illness

		in order to maintain		
		the tenancy and		
		prevent		
		homelessness.		
		Other criteria:		
		No.		
		Studies published : Up to 2006 (second		
		update).		
Coren et al	Objectives:	Population:	Characteristics of	Conclusions:
2010	To assess the	Parents or primary	included studies:	"While the evidence
UK & Sweden [8]	effectiveness of parent training	care givers with intellectual disability.	Three (3) studies.	presented here does seem promising with
[0]	interventions to	and independent or	Country of origin:	regard to the ability
		shared care of one or		of such interventions
	support the parenting of parents	more children aged	<u>Study 1:</u> Canada.	to improve parenting
	with intellectual	0-18 years	Callaua.	knowledge and skill
	disabilities.	0-10 years		in this population,
	uisabilities.	Intervention:	Study 2:	there is a need for
		Parenting	USA	larger RCTs of
		intervention with	UJA	interventions before
		any theoretical	Study 3:	conclusions can be
		background.	Australia.	drawn about the
			Australia.	effectiveness of
		Comparison/	Participants:	parent training in
		control:	Study 1:	this group of
		Usual care or control	Mean age intervention	parents."
		group.	group 25, 2 years,	parents.
		group.	control group 26, 6	
		Outcomes:	years.	
		Primary outcomes:	years.	
		The attainment of	Study 2:	
		parenting skills	Maternal age range	
		specific to	was 16-43 years, with	
		intervention, safe	a mean of 25,4 years	
		home practices and	in the intervention	
		understanding of	group and 22,6 years	
		child health.	in the control group.	
			in the control group.	
		Secondary outcomes:	Study 3:	
		Parent-child	Parents were aged 22-	
		interaction, parents'	45 years with a mean	
		retention of	age of 32 years. The	
		child/return to	mean age in the	
		independence care	control group was	
		of the child, lifting of	22,6 years.	
		any child-related	40 were women and 5	

Study design:	DSM/ICD/Disability <u>:</u>
RCT, quasi-	Study 1:
randomised studies.	Mental retardation
Sotting	(WAIS-R IQ test).
Setting:	Study 2:
Not stated.	Study 2:
Other with the	IQ less than 85.
Other criteria:	Church 2
No.	Study 3:
Churchen and the later	Intellectual disability.
Studies published:	
Up to 2009.	
	Comorbidity or
	factors that may
	affect the outcome:
	Intervention:
	Study 1:
	Home based individual
	training program
	focused on teaching
	infant and childcare
	skills.
	Study 2:
	Support to Access
	Rural Services (STARS).
	Small groups of
	mothers met weekly
	in the community in
	spaces provided by
	local churches, with a
	family service worker.
	Study 3:
	Home Learning
	Program (HLP) to
	equip parents with
	knowledge and skills
	to manage home
	dangers, accidents and
	child illness. Ten one-
	to-one sessions.
	Comparison/
	control:
	Study 1:
	Waiting list.

Study 2: A support intervention – monthly contacted by telephone for 12 months.
<u>Study 3:</u> Treatment as usual.
Outcomes: <u>Study 1:</u> Observation of daily childcare routines in the home using a childcare and safety skills checklists.
Study 2: Maternal-child interaction using NCATS (Nursing Child Assessment Teaching Scale).
<u>Study 3:</u> Measures of child health and home safety.
Study design: RCT/CT.
Setting: Home.
Follow-up time: Not clear.
Number of participants: Study 1: 22 mothers of children aged 1- 23 months.
<u>Study 2:</u> 40 mothers of children aged 12-36 months.
Study 3:

			62 parante of whom	
			63 parents of whom	
			45 completed the	
Creative an et al.	Ohiostives	Denvelations	study.	((The size duals of this la
Crowther et al	Objectives:	Population:	Characteristics of	"The included trials
2001	To determine the	People with severe	included studies:	of prevocational
UK & USA	most effective way	mental illness.	11 studies.	training compared
[9]	of helping people			with standard
	with severe mental	Interventions:	Country of origin:	community care
	illness to obtain	Prevocational	9 studies were	were of limited
	competitive	training and	conducted in the USA,	quality, and none
	•	supported	1 in UK and 1 was not	met the criteria for
	employment—that	employment. They	stated.	the sensitivity
	is, a job paid at the	are different ways of		analysis. The data
	market rate, and for	helping people with	Participants:	available from these
	which anyone can	severe mental illness	Most subjects were	trials were
	apply.	return to work.	aged 18 to 65.	insufficient to make
				judgments on the
	It is unclear how far	Prevocational	DSM/ICD/Disability:	effectiveness of
	prevocational	training assumes	Schizophrenia, bipolar	prevocational
	training and	that people with	disorder, or	training over
	-	severe mental illness	depression with	standard community
	supported	require a period of	psychotic features.	care."
	employment are	preparation before		" 2 1 1 1
	effective at helping	entering into	Comorbidity or	"Only one trial
	people with severe	competitive	factors that may	compared supported
	mental illness to	employment—that	affect the outcome:	employment with
	obtain competitive	is, a job paid at the	Supported	standard community
	employment. We	market rate, and for	employment versus	care. Although this
	aimed to evaluate	which anyone can	standard care (one	trial suggested that
		apply. This includes	trial):	supported
	the effectiveness of	sheltered	The intervention	employment was
	the two approaches.	workshops,	combined supported	superior to standard
		transitional	employment with	community care, its
		employment	assertive community	findings are difficult
		(working in a job that	treatment.	to interpret as the
		is "owned" by a	Cupported	group receiving
		rehabilitation	Supported	supported
		agency), work crews,	employment versus	employment also
		skills training, and	prevocational training	received assertive
		other preparatory	(Five trials):	community
		activities.	In one trial the	treatment."
		Supported	intervention combined	"Supported
		Supported employment places	supported	"Supported
		clients in	employment with	employment is more effective than
			assertive community	prevocational
		competitive jobs without extended	treatment, whereas the control was	•
		preparation and	standard community	training at helping people with severe
		provides on the job		mental illness to
			care.	
		support from trained		obtain and keep

"job coaches" or	Funding:	competitive
employment	The research was	employment"
specialists. The core	supported by the NHS	chiployment
principles of	Health Technology	
supported	Assessment Program	
employment are	(grant number	
that:	96/41/3). The views	
(a) The goal is	expressed in this	
competitive	paper are not	
employment in work	necessarily those of	
settings integrated	this programme.	
into a community's	this programme.	
economy.	"Competing interests:	
(b) Clients are	GRB has a close	
expected to obtain	collaborative	
jobs directly, rather	relationship with Bob	
than after lengthy	Drake and Debbie	
pre-employment	Becker, developers of	
training.	the individual	
(c) Rehabilitation is	placement and	
an integral	support model."	
component of		
treatment of mental	Intervention:	
health rather than a	Prevocational training	
separate service.	versus standard care	
(d) Services are	(Five trials).	
based on client's		
preferences and	Supported	
choices.	employment versus	
(e) Assessment is	standard care (One	
continuous and	trial).	
based on real work		
experiences, and (f)	Supported	
Follow on support is	employment versus	
continued	prevocational training	
indefinitely.	(Five trials).	
Comparison/		
control:		
Prevocational		
training and		
standard community		
care.	Outcome:	
Outeenses	Prevocational training	
Outcomes:	versus standard care	
Primary outcomes:	(Five trials):	
1. The number of	Two trials provided	
subjects in	data on the primary	
competitive	outcome of number of	
employment - that	subjects in	

T		
is, a job paid at the	competitive	
market rate, and for	employment, three	
which anyone can	trials reported data on	
apply.	number of subjects in	
	any form of	
Secondary outcomes:	employment.	
1. Other		
employment	Supported	
outcomes, clinical	employment versus	
outcomes, and costs.	standard care (One	
	trial):	
Study design:	Competitive	
Randomised	employment, any form	
controlled trials.	of employment,	
	participation rates and	
Settings:	number of hospital	
Work.	admissions, mean	
	monthly healthcare	
Other criteria:	costs	
No.		
	Supported	
Studies published:	employment versus	
Up to 1998.	prevocational training	
	(Five trials):	
	Competitive	
	employment (five	
	trials), any form of	
	employment (one	
	trial), more hours per	
	month in competitive	
	employment (three	
	trials), mean monthly	
	earnings (four trials),	
	self-esteem, quality of	
	life, and severity of	
	symptoms (two trials),	
	programme costs and	
	overall healthcare	
	costs (two trials).	
	Follow-up time:	
	Prevocational training	
	versus standard care:	
	3-18 months.	
	Supported	
	employment versus	
	standard care:	
	12-36 months.	

		1		
			Supported	
			employment versus	
			prevocational training:	
			4-28 months.	
			Number of	
			participants:	
			Prevocational training	
			versus standard care:	
			1204 subjects.	
			1204 500 500 500 500 500 500 500 500 500 5	
			Supported	
			employment versus	
			standard care:	
			256 subjects.	
			Supported	
			employment versus	
			prevocational training:	
			491 subjects.	
Daley et al	Objectives:	Population:	Characteristics of	Conclusion:
2014	In this article, the	Children and	included studies:	" although more
UK, Belgium,	authors build on the	adolescents with	32 studies. 31 studies	evidence is required
The	previous meta-	ADHD, 3-18 years old	had a parent-based	before behavioural
Netherlands,	analysis to address	and have an ADHD	•	interventions can be
			component	
Spain,	the broader impact of behavioural	diagnosis (any	implemented at home. 4 had an	supported as a front-
Germany &		subtype) or have		line treatment for
Denmark	interventions for	met accepted cutoffs	additional school-	core ADHD
[10]	children with	on validated ADHD	based, teacher-	symptoms, the authors found
	ADHD.	rating scales.	focused element. 14	
	The successful was as the s	1	included direct	evidence that they
	They address the	Intervention:	intervention with the	do have beneficial
	related questions:	Behavioural	child	effects on parenting
	1.Given that most,	interventions were		and parents' sense of
	although not all,	defined as those	Country of origin:	empowerment and
	interventions are	interventions	Not reported.	independently
	implemented by	directed at changing	Denulation	corroborated effects
	changes in the	behaviours	Population:	on conduct problems
	behaviour of	(increasing desired	Persons with ADHD 3-	in children with
	responsible adults	and decreasing	18 years old.	ADHD. Initial
	(typically parents or	undesired	DSM/ICD/Dischiller	evidence from
	teachers).	behaviours). They	DSM/ICD/Disability:	proximal outcomes
	2 Do bohoviernal	encompass classic	Not reported.	relating to academic
	2. Do behavioural	contingency	Comorhidity or	achievement and
	interventions	management,	Comorbidity or	social skills needs to
	improve adult	behaviour therapy	factors that may	be confirmed by
	responses	(mainly through	affect the outcome:	probably blinded
	to children with	mediators such as	ODD	analyses, and greater
	ADHD?	parents or teachers),	Intoniontica	exploration is
		and cognitive	Intervention:	needed on the

3. Do they improve	behaviour therapy	Behavioural training,	moderating impact
the sense of efficacy	(such as verbal self-	social skills training,	of child age on
and competence and	instruction, problem	CBT, behavioural and	intervention
decrease	solving strategies, or	self-control training,	outcome.
the mental health	social skills training).	organizational skills	
problems of adults	The treatment	training, daily report	
working with	search terms	card. Some in	
children with ADHD.	covered a wide	combination with	
	variety of	medical treatment.	
4.Do they decrease	intervention types		
levels of child	with the aim of	Outcome:	
oppositional	including trials	Lots of different rating	
behaviour and other	involving any form of	scales.	
comorbidities and	behaviourally based		
other aspects of	therapies,	Follow-up time:	
impairment such	implemented in any	Not specified.	
as social skills and	setting (home or		
academic	school), and	Number of	
performance?	indirectly by an adult	participants:	
	or directly to the	Not stated.	
	child (see protocol).		
		Setting:	
	Comparison/	Not stated.	
	control:		
	control conditions		
	were "treatment as		
	usual," "wait list," or		
	"active" controls.		
	Outcomes:		
	-Pre- to		
	posttreatment		
	changes in positive		
	and negative		
	parenting,		
	-Parent mental		
	health (e.g., anxiety,		
	depression)		
	- Parenting self-		
	concept (e.g., sense		
	of competence and		
	efficacy),		
	Child ADHD, conduct		
	problems (i.e.,		
	negative and		
	noncompliant		
	behaviour including		
	symptoms of		
	oppositional		
	defiance (ODD) and		

	-			•
		conduct disorders		
		(CD), social skills, and		
		academic		
		achievement.		
		Primary outcomes:		
		Which one of the		
		outcomes above		
		considered primary		
		not clearly stated.		
		not cleany stated.		
		Secondary outcome:		
		Which one of the		
		outcomes above		
		considered primary		
		not clearly stated.		
		Study design:		
		RCTs		
		Ner5		
		Settings:		
		Not stated.		
		Other criteria:		
		Trials involving only		
		rare comorbid		
		disorders (e.g.,		
		fragile X syndrome)		
		were excluded.		
		were excluded.		
		Studies published:		
		1989-2012		
Evans et al	Objectives:	Population:	Characteristics of	Conclusion:
2014	Objectives: to	Children and	included studies:	"Consistent with the
USA	critically	adolescents (< 18	21 studies	results of the
[11]	evaluate the	years) with ADHD.		previous review we
[]	empirical literature	,	Country of origin: Not	concluded that
	of treatment studies	Intervention:	reported	behavioural parent
	published during the	Psychosocial		training, behavioural
	last five years and	interventions.	Participants:	classroom
	incorporate the		Children 4-12 years	management and
	findings with those	Comparison/	old.	behavioural peer
	in the Pelham and	Control:		interventions were
	Fabiano (2008)	Another treatment.	DSM/ICD/Disability:	well established
	review to:		Not reported	treatments. In
	1. Determine current	Outcomes:		addition,
	levels of evidence for	Not clearly stated.	Comorhidity or	organization training
	psychosocial	NOT CIEdity Stateu.	Comorbidity or factors that may	met the criteria for a
	interventions for	Study design:	affect the outcome:	well-established
		Empirical studies.	Not reported.	treatment.
			Not reported.	u calinelli.

children with ADH			Combined training
	D,	Intervention:	-
and	Cattingen		programs met criteria for Level 2
2. Depart and revi	Settings:	Psychosocial interventions:	
2. Report and revi	ew Not reported.		(Probably
characteristics of	Other eriteries	Behavioural parent	Efficacious), neurofeedback
interventions,	Other criteria:	training, Behavioural	
participants, and	No.	classroom	training met criteria
measures that ma	·	management,	for Level 3 (Possibly
influence the	Studies published:	Behavioural peer	Efficacious), and
outcomes of	October 2008 up to	interventions,	cognitive training
psychosocial	August 2013.	Combined behavioural	met criteria for Level
treatment researc	h.	treatment studies	4 (Experimental
		Training Interventions:	Treatments)."
		Cognitive training,	
		Neurofeedback	"This review
		training, Organization	provides an update
		Training, Combined	on the state of the
		Training	science for
			psychosocial
		Comparison/	interventions for
		control:	youth with ADHD. It
		Waitlist, self-	highlights the
		monitoring, parent-	innovations that
		monitoring, routine	have occurred in the
		care, no treatment	last five years
		etc.	including innovations
			to existing well-
		Outcome:	established
		ADHD symptoms,	treatments to reach
		academic functioning,	new populations, an
		peer relations, family	increase in research
		functioning,	on adolescents and
		behavioural	preschool children
		functioning,	with ADHD, and the
		neurological or	development of a
		physiological	new category of
		performance.	interventions (i.e.,
			Training
		Follow-up time:	Interventions). We
		Not specified.	also highlighted
			several critical issues
		Number of	to be incorporated
		participants:	into the next
		Not specified.	generation of
			research, such as
			attention to
			characteristics of
			participants,
			diagnostic
			procedures,

				outcome measures,
				and the system
				classifying levels of
				evidence."
Fisher et al	Objectives:	Population:	Characteristics of	Conclusions:
2015	Examine the	Family members	included studies:	"There is limited
Australia	evidence	who choose to not	10 studies.	research and lack of
[12]	underpinning family	be caregiver to a		high evidence
	involvement in the	person with ABI but	Country of origin:	studies evaluating
	managing of	find themselves in	US (n=6), Australia	family involvement
	behavioural	this position without	(n=3), UK (n=1).	in behaviour
	problems following	skills and support		management
	ABI in the	needed to effectively	Participants:	following ABI
	community.	manage behavioural	112 participants, 77	therefore, no
		problems. Individuals	males and 35 females	conclusions can be
		with ABI who were	with mild to severe	drawn regarding its
		16 years or older and	ABI. Family members	efficacy. More
		sustained an ABI at	involved in studies	research is needed,
		15 years or above.	predominately included parents and	with larger sample sizes and more
		Intervention:	spouses and were also	rigorous design,
		Not specified more	identified as	including proper
		than family	'relatives', adult	comparison groups."
		involvement.	children and 'other'.	companison groups.
			Information on all care	
			givers are not	
			available.	
		Comparison/		
		control:		
		No.		
			DSM/ICD/Disability:	
		Outcomes:	Three studies	
		Effects of family	specifically concerned	
		involvement.	participants with	
			traumatic brain injury	
		Study design:	(TBI), and the	
		Inclusion limits were	remaining studies	
		not placed on study	consisted more	
		design.	broadly of participants	
		Cottinger	with acquired brain	
		Settings: Home and	injury (ABI). The cause	
		community settings.	of brain injury varied significantly, with TBI	
		community settings.	resulting from motor	
		Other criteria:	vehicle accidents, falls,	
		No.	construction related	
			accidents and assaults	
		Studies published:	and ABIs resulting	
		Up to 2013	from meningitis,	
		-1, 10 -0-0	anoxia, stroke,	

arteriovenous
malformations,
encephalopathy,
electrocution,
aneurysm and brain
tumors. Five articles
did not specify the
cause of brain injury.
Comorbidity or
factors that may
affect the outcome:
Overall, the studies
included in this review
were of poor quality.
The highest quality
studies consisted of
two level II evidence
randomized controlled
studies. All remaining
studies consisted of
level III-3 evidence
studies. The inclusion
of two of the studies
should be viewed with
caution as it was
inferred that
caregivers were
included in the
'caregiver system',
even though it was not
explicitly stated that
they were included in
the family. The
relationship of the
caregiver to the
individual with ABI
was not specified in
two studies and in one
study no detail was
provided regarding
the involvement of
paid vs. unpaid
caregivers in the
intervention.
Intervention:
1. A natural setting behavioural
management

programme (NSBM) (2
studies). 3-week
education phase for
persons with ABI and
their caregivers.
2. Web-based
interventions (3
studies). Two studies
evaluated the
outcome of Teen
Online Problem-
Solving intervention
(TOPS). 16 self-
directed sessions to
family members.
A web-based
intervention: Six
video-based
conferences providing
education and
interactive problem
solving for family
members, evaluating
their levels of
perceived burden and
satisfaction rating.
Community based
interventions (n=6)
were family members
were supported by
professionals to
develop individualized
treatment plans in
managing behavioural
problems in their
relatives with ABI. One
study evaluated the
outcome of a half day
group workshop for
family members of
individuals with
primary brain tumor.
Commentions (combined)
Comparison/control:
No.
Outcome:

The target behaviours
varied significantly
across the studies,
including,
aggressive/in-
appropriate behaviour
(damaging property
and verbal
aggression),
elopement,
disinhibited and
potentially dangerous
behaviour while
driving, routine
behaviours such as
maintaining
cleanliness of
bathroom,
independently
collecting belongings
required for day's
activity and putting
them away on return,
communication with
spouse regarding
payment of bills and
telephone messages,
independence carrying
out morning routine
(including preparing
breakfast, sitting at
dining table and eating
breakfast) and
'temper outbursts'. Six
studies did not
provide details
regarding problem
behaviours exhibited
by participants.
Outcomes measured
included: observed
change in targeted
Behaviours, levels of
burden, stress and
depression
experienced by family
members, levels of
family functioning,
improved knowledge

regarding ABI and
compensatory
strategies to manage
behavioural/cognitive
change following ABI,
and satisfaction with
interventions among
family
members/caregivers.
The outcome
measures varied
between studies with
those most utilized
including:
Observation of target
behaviours using
structure checklists,
sub-scales of the
Questionnaire on
Resources and Stress
for Families with
Chronically III of
Handicapped
Members (QRS), an
adapted version of the
Maslach Burnout
Inventory (MBI),
attitudinal and
satisfaction surveys,
purpose designed
questionnaires, and
interviews.
Study design:
Two RCT studies, six
single case designs,
one single case design
with a concurrent
control group and one
pre-post-test mixed-
method study.
, ,
Follow-up time:
There was a lack of
rigorous follow-up
data specific to the
improvement of target
behaviours. The most
reliable follow-up data
was recorded

			C 11 - 11 - 5-7	
			following the RCT	
			(Carnevale et al.) at 30	
			weeks post-baseline.	
			Carnevale also	
			collected follow-up	
			data at 12 months	
			post-baseline,	
			however, the validity	
			of these results is	
			limited due to weak	
			study design and data	
			collection methods. Of	
			the remaining four	
			studies that collected	
			follow-up data only	
			one study reported on	
			the frequency of	
			target behaviours with	
			data collected at 1-	
			month post-	
			intervention.	
			Number of	
			participants:	
			The numbers of	
			caregivers are only	
			available in some of	
			the studies. The	
			number of persons	
			with ABI: 112.	
			Setting:	
			Home-based,	
			community settings,	
			Home-based	
			videoconferences,	
			Training session based	
			on knowledge of	
			homebased	
		De la lart	interactions	
Fletcher-	Objectives:	Population:	Characteristics of	Conclusions:
Watson et al	To assess the effect	Participants of any	included studies:	"While there is some
2014	of interventions,	age with a diagnosis	22 studies.	evidence that ToM,
UK	based on the Theory	of ASD, including	Country of antatas	or a precursor skill,
[13]	of Mind (ToM)	autism, atypical	Country of origin:	can be taught to
	model, for autism	autism, Asperger's	2 studies were	people with ASD,
	spectrum disorders	syndrome, and PDD-	conducted in	there is little
	(ASD), on symptoms	NOS, according to	Scandinavia, 2 in	evidence of
	in the core	either ICD-10	mainland Europe, and	maintenance of that
	diagnostic domains	(International		skill, generalisation

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	of social and	Classification of	5 in UK and Ireland, 2	to other settings, or
	communication	Diseases), DSM-IV or	in far east, 9 in USA.	developmental
	impairments in	DSM-V (Diagnostic	Participants:	effects on related
	autism, and on	Statistical Manual of	Participants varied	skills. Furthermore,
	language and ToM	Mental Disorders)	widely in age-range	inconsistency in
	skills. In addition, in	criteria. Participants	from preschoolers to	findings and
	so doing, to test the	must have received a	adolescents and	measurement means
	applied value of the	'best estimate'	adults, but a majority	that evidence has
	ToM model of	clinical diagnosis,	focused on either pre-	been graded of 'very
	autism.	confirmed by the	school or primary-	low' or 'low' quality
		study authors. That	school aged children.	and we cannot be
		is, at a minimum,		confident that
		diagnosis by a	Studies with young	suggestions of
		multidisciplinary	children and	positive effects will
		clinical team using	preschoolers largely	be sustained as high-
		standard procedures	described participants	quality evidence
		with reference to the	as having 'core'	accumulates. Further
		international	autism, or ASD.	longitudinal designs
		classification		and larger samples
		systems. Use of a	Studies recruiting	are needed to help
		particular diagnostic	participants with	elucidate both the
		tool, such as the	high-functioning	efficacy of ToM-
		Autism Diagnostic	autism and/or	linked interventions
		Observation	Asperger's syndrome	and the explanatory
		Schedule (ADOS) or	had participants in the	value of the ToM
		the Autism	adolescent and adult	mode! itself. It is
		Diagnostic Interview	age-range or late	possible that the
		(ADI-R), was	childhood.	continuing
		desirable but not		refinement of the
		required.	Almost all studies	ToM mode! will lead
			included both boys	to better
		Co-morbid cases	and girls, though the	interventions which
		were also eligible for	proportion of male	have a greater
		inclusion since these	participants was much	impact on
		individuals are just	higher than females,	development than
		as needful of	corresponding to the	chose investigated to
		intervention for their	known greater	date."
		specifically autistic	prevalence of	
		difficulties.	diagnosed ASD in	
		Interventions:	males. Four studies	
		Interventions eligible	reported an all-male	
		for inclusion in this	sample.	
		review		
		1. Explicitly state	Sample sizes varied	
		that they are	from n = 10 to n= 61.	
		designed to teach		
		ToM or		
1				
			DSM/ICD/Disability:	
		2. Explicitly state they are designed to	DSM/ICD/Disability: Participants were reported as having a	

[]			
	reach precursor skills	range of ASD	
	of ToM, or	diagnoses, including	
		autism, autism	
	3. Explicitly state	spectrum disorder,	
	that they are based	pervasive	
	on or inspired by	developmental	
	ToM models of	disorder - not	
	autism or	otherwise specified	
		(PDD-NOS),	
	4. Explicitly state	high-functioning	
	that they aim to rest	autism (HFA), and	
	the ToM model of	Asperger's syndrome	
	autism.	(AS).	
	ToM describes the	All studies reported	
	ability to understand	some measure of	
	another's thoughts,	general intellectual	
	beliefs, and other	ability such as verbal	
	internal states and is	mental age. Almost	
	encapsulated in a	half of the included	
	rest of false belief.	studies included a	
	Prior to the	sample in the normal	
	development of false	intellectual range and	
	belief understanding	the rest reported on a	
	(at about four years	sample with	
	old in typical	intellectual disability.	
	development),	One study split the	
	associated precursor	participant group into	
	skills are in evidence	those with and	
	such as joint	without associated	
	attention, imitation,	intellectual delay.	
	and emotion		
	recognition. Relevant	-	
	interventions include	factors that may	
	those which	affect the outcome:	
	explicitly teach	On the whole, very	
	children to	small proportions of	
	understand others'	participants failed to	
	mental stares (e.g.	complete the	
	using visual	interventions. The	
	representations of	maximum drop-out	
	mental states) and	rate was 27 % from a	
	those which use	small sample, but	
	naturalistic teaching	many studies reported	
	to develop imitation	no drop-out at all.	
	skills.		
		Intervention:	
	All 'doses' (that is the	1. Interventions that	
	number and length	explicitly state that	
	of treatment	, ,	
	er a cadificite		

sessions per week),	they are designed to	
durations, and	teach ToM.	
methods were		
eligible for inclusion.	2. Interventions that	
	explicitly state that	
Comparison/	they are designed to	
control:	teach precursor skills	
1. Treatment-as-	of ToM.	
usual/wait-list		
control.	The vast majority of	
	studies stated that	
2. 'Placebo'	they were designed to	
interventions, for	teach precursor skills	
example a 'contact	of ToM. Within this	
control' such as	category we could also	
	identify some	
watching Thomas	common intervention	
the Tank Engine		
DVDs.	targets including	
	emotion recognition,	
3. Intervention with	joint attention and	
no therapeutic	social communication,	
content, (e.g. group	and imitation skills.	
leisure activities.		
	Three studies reported	
Outcomes:	on the use of a	
Primary outcomes:	computer program to	
Primary outcomes at	deliver the	
a participant	intervention and all of	
symptom level:	these studies had	
1. Communication:	emotion recognition	
overall level of non-	as the target skill.	
echoed language	Three studies	
stereotyped or	investigated the effect	
stereotyped of	-	
idiosyncratic use of	of a set of specially	
	-	
idiosyncratic use of	of a set of specially	
idiosyncratic use of words or phrases,	of a set of specially designed cartoons on	
idiosyncratic use of words or phrases, pointing, gestures,	of a set of specially designed cartoons on emotion recognition.	
idiosyncratic use of words or phrases, pointing, gestures,	of a set of specially designed cartoons on emotion recognition. Eight studies	
idiosyncratic use of words or phrases, pointing, gestures, conversation.	of a set of specially designed cartoons on emotion recognition. Eight studies investigated the	
 idiosyncratic use of words or phrases, pointing, gestures, conversation. 2. Social function: unusual eye-contact, 	of a set of specially designed cartoons on emotion recognition. Eight studies investigated the effects of one-to-one	
idiosyncratic use of words or phrases, pointing, gestures, conversation. 2. Social function:	of a set of specially designed cartoons on emotion recognition. Eight studies investigated the effects of one-to-one therapist-led	
 idiosyncratic use of words or phrases, pointing, gestures, conversation. 2. Social function: unusual eye-contact, facial expressions directed to others, 	of a set of specially designed cartoons on emotion recognition. Eight studies investigated the effects of one-to-one therapist-led interventions and two	
 idiosyncratic use of words or phrases, pointing, gestures, conversation. 2. Social function: unusual eye-contact, facial expressions directed to others, spontaneous 	of a set of specially designed cartoons on emotion recognition. Eight studies investigated the effects of one-to-one therapist-led interventions and two of these used the same manualised	
 idiosyncratic use of words or phrases, pointing, gestures, conversation. 2. Social function: unusual eye-contact, facial expressions directed to others, spontaneous initiation of joint 	of a set of specially designed cartoons on emotion recognition. Eight studies investigated the effects of one-to-one therapist-led interventions and two of these used the same manualised treatment program	
 idiosyncratic use of words or phrases, pointing, gestures, conversation. 2. Social function: unusual eye-contact, facial expressions directed to others, spontaneous initiation of joint attention, shared 	of a set of specially designed cartoons on emotion recognition. Eight studies investigated the effects of one-to-one therapist-led interventions and two of these used the same manualised treatment program and one was a group	
idiosyncratic use of words or phrases, pointing, gestures, conversation. 2. Social function: unusual eye-contact, facial expressions directed to others, spontaneous initiation of joint attention, shared enjoyment in	of a set of specially designed cartoons on emotion recognition. Eight studies investigated the effects of one-to-one therapist-led interventions and two of these used the same manualised treatment program and one was a group music therapy	
 idiosyncratic use of words or phrases, pointing, gestures, conversation. 2. Social function: unusual eye-contact, facial expressions directed to others, spontaneous initiation of joint attention, shared enjoyment in interaction, quality 	of a set of specially designed cartoons on emotion recognition. Eight studies investigated the effects of one-to-one therapist-led interventions and two of these used the same manualised treatment program and one was a group music therapy approach. Non-expert	
idiosyncratic use of words or phrases, pointing, gestures, conversation. 2. Social function: unusual eye-contact, facial expressions directed to others, spontaneous initiation of joint attention, shared enjoyment in	of a set of specially designed cartoons on emotion recognition. Eight studies investigated the effects of one-to-one therapist-led interventions and two of these used the same manualised treatment program and one was a group music therapy approach. Non-expert intervention delivery	
 idiosyncratic use of words or phrases, pointing, gestures, conversation. 2. Social function: unusual eye-contact, facial expressions directed to others, spontaneous initiation of joint attention, shared enjoyment in interaction, quality 	of a set of specially designed cartoons on emotion recognition. Eight studies investigated the effects of one-to-one therapist-led interventions and two of these used the same manualised treatment program and one was a group music therapy approach. Non-expert	

The diagnostic	a parent-training	
domain of Restricted	element and one	
and Repetitive	study reporting on	
Behaviours	teacher-training for	
(imaginative play or	intervention delivery	
creativity, unusual	in the classroom.	
sensory interests,		
unusually repetitive	Intervention durations	
interests or	varied widely from	
stereotyped	two or three to six	
behaviours,	months.	
compulsions or		
rituals) is not	Dose was more	
included as an	consistent, with most	
expected primary	falling within a range	
outcome.	of 30 minutes per	
	week to 3.5 hours per	
Secondary outcomes:	week, and one	
Participant, direct	outlying intervention	
measurement	which reported	
1. Intervention-	therapist contact time	
specific:	of 2.5 hours per day.	
Change in targeted		
cognitive skill such as	Most studies had	
false-belief	waitlist or treatment-	
understanding.	as-usual control	
	conditions.	
2. Change in		
participant	Six studies included	
behaviour or quality	control conditions,	
of interpersonal	which were not	
interaction, or both,	expected to have an	
measured by direct	impact on intervention	
observation parent,	outcome but were	
teacher (or other	included as a contact	
individual in caring	control only. These	
or educational	included toy play, non-	
relationship to the	synchronous one-to-	
participant) report.	one time, using art	
	software, group	
3. Change in	leisure activities, and	
participant	watching a Thomas	
behaviour and skills	the Tank Engine DVD.	
or deficits such as:		
adaptive skills,	Outcome:	
school success,	On the whole, studies	
challenging	rarely identified a	
behaviours, social	single primary	
participation	outcome measure.	
measured by parent,	The outcome	
measured by parent,		

 · · · · · · · · · · · · · · · · · · ·	
teacher or other	measures used most
report.	commonly included:
	1. Recognition of
4. Acceptability of	emotion from a
intervention (time,	variety of stimuli,
cost).	including static images
,	of faces, static images
Other:	of the eyes, film clips,
5. Intervention	short stories, and
process measures	cartoons.
•	cartoons.
e.g. race of drop-out.	2 laint attention and
	2. Joint attention and
6. Economic data e.g.	joint engagement
financial cost of	behaviours, often
intervention, time	measured using video
commitment	coding of parent-child
required.	or teacher-child
	interactions.
The following	
outcomes measures	3. Direct assessment
are specified for a	of ToM abilities.
'Summary of	
findings' table:	4. Imitation skills.
1. Symptom level,	
communication	5. Diagnostic outcome.
domain.	
2. Symptom level,	
social interaction	Also, the following
domain.	additional outcome
	measures were
3. General	reported:
communication	
ability (e.g.	6. Caregiver measures
vocabulary).	such as quality of
vocabulai yj.	involvement,
4. 'Theory of Mind'	adherence to
-	
ability (e.g. false-	treatment, mental health or satisfaction
belief test score).	
	surveys.
Study docign:	7. General social skills
Study design: Randomised and	
	measures, including
quasi-randomised	rating scales and
trials (defined as	observation.
trials in which	
allocation was made	8. Symbolic play
by, for example,	measures or
alternate allocation	assessments of play
	variety.

		or allocation by date		
		of birth).	9. Language and	
		e	conversational skills.	
		Settings:		
		Not clearly stated.	10. fMRI (functional	
			magnetic resonance	
		Other criteria:	imaging – assessment	
		No.	of brain activity in	
			facial recognition	
		Studies published:	areas).	
		Up to 2013 (apart		
		from ASSIA which	11. Adaptive function	
		was no longer	and general	
		available to us.)	intellectual abilities.	
			Follow-up time:	
			Follow-up periods	
			ranged from six weeks	
			to five years.	
			Number of	
			participants:	
			695 participants.	
Furlong et al	Objectives:	Population:	Characteristics of	Conclusions:
2012	To examine the	Parents or primary	included studies:	"Behavioural and
Ireland & UK	effectiveness of	caregivers of	13 trials (10 RCTs and	cognitive-
[14]		children aged 3 to 12	three quasi-	behavioural group-
[]	behavioural and	years who	randomised trials).	based parenting
	cognitive-	manifested either:		interventions appear
	behavioural group-	(a) Conduct	Country of origin:	to be effective in
	based parenting	problems, as	Five studies were	improving clinically
	programmes for	identified by a score	conducted in the USA,	significant conduct
	children with early-	above the clinical	one of which was	problems, parental
	onset conduct	cut-off point on an	located in	mental health and
		outcome measure,	Massachussetts and	parenting practices,
	problems in	such as the Eyberg	four in Seattle. Seven	with most outcomes
	improving:	Child Behaviour	studies were	achieving a
		Inventory (ECBI), or	conducted in Europe,	moderate effect
	a) Child behaviour	(b) A clinical or	three in various	size".
	outcomes, and	psychiatric diagnosis	locations in the UK,	"Although there
	b) Parenting skills	of Conduct Disorder	one in Ireland one in	were only two
		(CD) or Oppositional	Belgium, one in	included costs
	and parental mental	Defiant Disorder	Norway and one in	studies, they showed
		(ODD), or both, as	Sweden. One study	that the Incredible
1	health.			
		classified by the	was conducted in	Years Parenting
	To critically appraise	classified by the Diagnostic and		Years Parenting programmes can
	To critically appraise and summarise	classified by the Diagnostic and Statistical Manual of	was conducted in	Years Parenting programmes can reduce clinical levels
	To critically appraise	classified by the Diagnostic and Statistical Manual of mental disorders	was conducted in Australia. Participants:	Years Parenting programmes can reduce clinical levels of conduct problems
	To critically appraise and summarise	classified by the Diagnostic and Statistical Manual of	was conducted in Australia.	Years Parenting programmes can reduce clinical levels

	, costs Statistical	Caucasian (80 % to	indicated above.
resource use	Classification of	Caucasian (80 % to 100 % across studies)	These costs are
and cost-		,	
effectiveness	0		modest, especially when juxtaposed
behavioural a	and Health Problems,	primary caregiver-	· ·
cognitive-	10th Revision (WHO	index child pairs. Within three studies	with the potenrial economic benefits
behavioural g	2009). group-		
based parent		the primary caregiver	relating to savings of
	- , 0	was the mother In six studies the	\$118.350 to
programmes			\$355.100 per case in
compared to		primary caregiver was	offsetting the long-
treatment as	usual. single parents or	predominantly the	term health, social,
	two-parent families.	mother but also	educational and legal
	Studies involving	involved the father in	costs associated with
	parents of children	between 3 % to 17 %	CD and conduct
	older than 12 years	of the sample. Four	problems."
	or younger than 3	studies obtained	"D
	years were only	separate reports from	"Parenting
	included if more	both parents in cases	programmes appear
	than 90 % of the	where both parents	effective for parents
	sample fell within	were involved in	regardless of
	the age range	parenting. Parents	socioeconomic
	specified above.	ranged in age from 18	status, trial setting
		to 57 years, with a	and severity of
	Interventions:	mean age of 33 years.	conduct problems at
	The review	Four of the studies	baseline (that is
	evaluated structured		diagnosed with CD or
	behavioural and	participants, two	ODD, or scored
	cognitive-	involved professionally	above the clinical
	behavioural group-	referred participants,	cut-off point on a
	based parenting	whilst the samples in	validated measure of
	programmes	the remaining seven	conduct problems).
	provided on a	studies included a mix	However,
	regular basis (for	of self- and	practitioners should
	example, weekly or	professionally-	note that faithful
	fortnightly) for at	referred participants,	implementation of
	least three sessions	approximately one	the programme
	of between one and	half to two thirds of	appears to be an
	two hours.	whom were referred	important
		by professionals.	component of
	Comparison/	The gender	clinical effectiveness
	control:	distribution of	and, thus, they
	Control conditions or	f children, which was	should consider
	a waiting list,	reported in all but one	whether their
	treatment as usual	of the studies showed	organisation is
	or no treatment.	that 68.3% were boys	willing to provide
		(n = 707 boys, n = 325	sufficient resources
	Outcomes:	girls).	so that they can
	Primary outcomes:		deliver the
	Primary outcomes: (A) Child outcomes:	The mean age of the	deliver the intervention with

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	1. Conduct	studies was 64 months	"D
	problems.	(five years and four	"Practitioners should
		months), children	also note that this
	(B) Parent outcomes:	were aged between	review could not find
	1. Mental health (for	three and nine years	any long-term
	example, stress,	in all but three of the	measures of
	depression, anxiety	studies where a small	outcomes which
	levels, sense of	number of children	compared the
	confidence).	(less than 10% of the	intervention and
		samples) were just	control groups
	2. Appropriate	under three years old.	within studies, all
	parenting skills and		outcomes were
	knowledge (self-	DSM/ICD/Disability:	measured either
	report and	The severity of	immediately post-
	direct observation).	conduce problems	treatment or up to
	(a). Positive	varied considerably	three months pose-
	parenting practices	between studies. In	treatment. The lack
	(for example, praise,	seven trials, all	of long-term
	positive affect,	children at pre-	assessment
	physical positive,	treatment	compromises the
	play, talk, proactive	scored above the	likelihood of finding
	discipline).	clinical cut-off point	an improvement in
		on a validated	educational abilities,
	(b). Negative	measure	as these outcomes
	parenting practices	for conduct problems,	typically emerge in
	(for example,	whereas six studies	the longer term
	criticism, yell,	reported that at pre-	whilst this also
	threaten, physical	treatment all or most	means that we
	negative, laxness).	of the children were	cannot be sure that
		diagnosed with either	the benefits did not
	Secondary outcomes:	Conduct Disorder	fade significantly
	(A) Child outcomes	(CD) or Oppositional	after the three-
	1. Emotional	Defiant Disorder	month follow-up
	problems (for	(ODD) as well as	period. In relation to
	example, depression	scoring above the	this last point, some
	and anxiety).	clinical cut-off point	long-term research
		on a validated	has been conducted
	2. Educational and	questionnaire.	on group-based
	cognitive ability.		parenting
		Comorbidity or	programmes for the
	3. Long-term	factors that may	intervention group
	outcomes in	affect the outcome:	alone, which
	adolescence and	Five studies reported a	indicates the
	adulthood.	low level of	maintenance of
	(a) Criminal justice	comorbidity with	treatment gains at
	system involvement	Attention Deficit	12- and 18-month
	(police contacts,	Hyperative Disorder	follow-ups and up to
	court appearances,	(ADHD).	eight to 12 years
	imprisonment).		later However,
	(b) Unemployment.		other research has
	 (A) Child outcomes 1. Emotional problems (for example, depression and anxiety). 2. Educational and cognitive ability. 3. Long-term outcomes in adolescence and adulthood. (a) Criminal justice system involvement (police contacts, court appearances, imprisonment). 	(CD) or Oppositional Defiant Disorder (ODD) as well as scoring above the clinical cut-off point on a validated questionnaire. Comorbidity or factors that may affect the outcome: Five studies reported a low level of comorbidity with Attention Deficit Hyperative Disorder	after the three- month follow-up period. In relation to this last point, some long-term research has been conducted on group-based parenting programmes for the intervention group alone, which indicates the maintenance of treatment gains at 12- and 18-month follow-ups and up to eight to 12 years later However,

	Course at a discourse	farmalization
	Seven studies were	found poor
(B) Parent outcomes	based on population	maintenance of
1. Increased level of	samples characterised	outcomes for a
social support.	by high levels of	substantial number
	socioeconomic	of treatment
	disadvantage. All but	completers at one-
	one of the remainders	year follow-up.
(C) Adverse	included samples	These findings are
outcomes:	whose socioeconomic	useful, although it is
1. Financial and	status was comparable	difficult to draw
psychological burden	to population norms	conclusions, at this
to family in	one study did not	stage, in the absence
, attending and	, provide any	of control groups
accessing course (for	information in this	against which to
example, childcare	respect.	compare the
issues).		results."
1330637.	Intervention:	results.
2. Conflict within	Nine studies involved	"Finally, these results
family in relation to	an evaluation of the	are only
introduction of new	Incredible Years BASIC	generalisable to
		-
parenting	Parenting Programme,	group-based
techniques.	five of which were	parenting
	independent	interventions, based
(D) Economic data:	replications. This	on social learning
1. Costs per parent	programme consisted	theory, and to
of running	of brief videotaped	children aged 3 to 12
programme:	vignettes of typical	years with a clinical
(a) Non-recurrent	parent-child	level of conduct
costs: materials	interactions, group	problems at
(programme kit),	discussions, role-plays	baseline."
training for	and homework to	
deliverers of	promote positive	
programme.	parenting skills. Most	
(b) Recurrent costs:	of the studies of	
staff coses (salary	Incredible Years	
per hour) in	Parenting	
delivering	interventions	
programme,	comprised 9 to 16	
including delivering	weekly 2 to 2.5-hour	
session, preparation,	sessions, although two	
travel and	studies provided 22 to	
supervision.	24 weekly two-hour	
(c) Recurrent costs:	sessions.	
facilities provided for		
parents (for	One study devised and	
example, transport,	evaluated the	
creche, money for	effectiveness of the	
babysitting,	Barkley's Parent	
refreshments	-	
	Training programme,	
provided).	which taught positive	

[]	()) D	
	(d) Recurrent costs:	parenting skills and
	managerial	consisted of 10 weekly
	overheads (for	sessions followed by
	example, venue	five monthly booster
	rental).	sessions.
	(e) Utilisation of	
	health, social care	One study devised and
	and special	evaluated a Parenting
	education services	Management Training
	by children and	(PMT) derived from
	parents at different	the behavioural
	time-points (for	principles of the
	example, at six-	Parent Management
	month follow-up,	Training, Oregon and
	one-year follow-up).	the Incredible Years
	(f) Number and costs	Parenting
	of visits to primary	interventions. The
	care and hospital (for	programme involved
	example, doctor,	11 two-hour
	nurse, hospital,	fortnightly sessions
	speech therapists,	and taught positive
	paediatrician).	parenting skills as well
	(g) Number and	as providing material
	costs of visits to	on dealing with
	social services.	parent-related stress
	(h) Number and	factors, social support,
	costs of visits to	and other risk or
	special education	protective factors.
	services (for	
	example, resource	One study devised and
	hours, special needs	evaluated Comet
	assistant).	Parent Management
		Training, Practitioner-
	3. Incremental cost-	assisted training (PMT-
	effectiveness ratios	P), which included
	(ICER) at different	behavioural parent-
	follow-up time-	training components
	points. An ICER point	based on the work of
	estimate compares	Barkley, Webster-
	the coses and	Stratton, Bloomquist
	consequences of	and Schnell. The
	running a	intervention, which
	behavioural or	involved 11 weekly
	cognitive-	2.5-hour sessions,
	behavioural	consisted of video-
	parenting	clips, roleplay,
	intervention relative	discussions and
	to the costs and	homework in teaching
	consequences of a	positive parenting
	specified alternative,	skills.
	specificu alternative,	JIMIJi

which is most		
	One study deviced and	
commonly chosen to	One study devised and	
be the status quo.	evaluated the Work	
ICERs are a central	Place Triple P	
component of full	Parenting Programme,	
economic	which taught 17 core	
evaluations. We also	positive parenting and	
searched for	child management	
economic studies	strategies using video	
accompanying	modelling, practice,	
eligible RCT studies	homework, feedback	
that included costs	and goal setting. The	
data.	intervention involved	
	four weekly two-hour	
Study design:	sessions followed by	
Randomised	four weekly 15-minute	
controlled trials	telephone calls. Group	
(RCTs), with or	sizes across studies	
without cluster	ranged from 5 to 15	
randomisation,	parents, although	
and quasi-	most had 8 to 12	
randomised studies	parents per group. The	
(that is where	number of sessions	
allocation	attended by	
is by a quasi-random	participants in each	
method such as	study also varied quite	
alternate days, date	considerably, from	
of birth etc.)	35 % to 94 %, hence,	
conducted in either	seven studies had	
research or service	83 % to 94 %	
settings.	attendance, five	
	studies had 64 % to	
Cattleran	77 % attendance	
Settings:	(and one study	
Samples were drawn	reported only a 35 %	
from community,	session attendance.	
clinical or research	Most studies reported	
settings.	a reasonably high level	
Other anitonia	of implementation	
Other criteria:	fidelity, to the extent	
Studies that	that adherence to	
reported on conduct	treatment protocols	
problems comorbid	and checklists, quality	
with ADD and ADHD	of delivery, training of	
if they reported	leaders and	
outcomes for	supervision were	
conduct problems	adequately covered.	
separately from ADD	However, treatment	
and ADHD outcomes	integrity was	
were included.	compromised in two	

	1		
		studies due to the very	
	Studies involving	low levels of parental	
	children with	attendance in one	
	comorbid physical	study and the	
	and intellectual	relatively low	
	impairments, such as	coverage of	
		_	
	autism spectrum	programme content	
	disorders, Down	(76 %) in another.	
	Syndrome, tic		
	disorders, significant	Comparison/control:	
	language delay and	All group-based	
	learning problems	parenting	
	were excluded.	programmes were	
		compared to a	
	Studios published		
	Studies published:	waiting-list control	
	Up to 2011.	condition.	
		Outcome:	
		Child conduct	
		problems (all studies).	
		Parental mental health	
		(8 studies).	
		Parenting practices (7	
		studies).	
		•	
		Child emotional	
		problems (3 studies).	
		Child educational and	
		cognitive abilities (4	
		studies).	
		Parental social support	
		(1 study).	
		Follow-up time:	
		All outcomes were	
		measured either	
		immediately post-	
		treatment or up to	
		three months post-	
		treatment.	
		Number of	
		participants:	
		1 078 participants	
1		(646 in the	
		intervention group,	
		intervention group, 432 in the control	
		432 in the control	
		432 in the control group).	
		432 in the control	

in sample size
between studies. The
number of
participants (parent
and index child pair)
initially randomised
per study ranged from
28 to 153, three
studies included over
100 participants,
seven involved 50 to
100 participants, and
three studies were
based on sample sizes
of less than 50.
Settings:
Six of the studies were
conducted in urban,
university-based
research clinics. Seven
studies were
conducted
within both urban and
rural community-
based agencies: a
medical centre in
Massachusetts, in
various Family
Nurturing Network
clinics in Oxford city
and county, in 11 Sure
Start Service areas
within predominantly
rural areas of North
and Mid Wales,
routine social services
in Stockholm, two
child psychiatric
outpatient clinics in
Trondheim and
Tromsö, in various
community-based
family support and
psychology services in
Dublin and Eastern
Ireland and in a range
of Child and
Adolescent Mental
Health Services

(CAMHS) within
London and West
Sussex.
Economic evaluation:
Two cost-effectiveness
studies met the
eligibility criteria for
inclusion. Economic
data were available in
one study for 116
parents (73 families in
the intervention
group, 43 families in
the control group). In
the other study
economic data were
available for 112
parents (74 families in
the parent training, 38
families in the control
group.) Within both
costs' studies, the
families not included
in the economic
analyses were shown
to be comparable at
baseline to those who
were included, in
terms of their
demographic
characteristics and
scores on the ECBI
intensity scale. Both
studies compared the
cost-effectiveness of
receiving the
Incredible Years
Parenting intervention
in community-based
settings versus a
waiting-list control
(WLC) of receiving
services as usual (that
is health, social and
special educational
services within their
respective countries).

The outcomes
measured in both
studies included:
(i) Costs of programme
per parent.
(ii) A comparison of
service utilisation for
the intervention and
control conditions,
and
(iii) The calculation of
an incremental cost-
effectiveness ratio
(ICER) to give the cost
of obtaining a one unit
decrease on the
clinical outcome
measure employed in
the RCTs (that is the
ECBI) when using the
intervention versus an
alternative. One of the
studies also conducted
a long-term cost-
benefit analysis based
on the assumption
that the intervention
will have a differential
impact on later costs,
such as generating
savings in relation to
reduction in crime,
unemployment and
improvement in
education.
Both economic
evaluations adopted a
multiagency, public
sector, analytic
perspective, including
health, social and
special educational
services within their
respective countries.
One of the studies
reported results using
2003 to 2004 GBP (£)
prices whilst the
results in the other

	1			I
			study were based on	
			2009 Ireland EUR	
			(EURO) prices. Both	
			currencies were	
			converted to 2011	
			international dollar (\$)	
			values within the text	
			of the review in order	
			to facilitate like-with-	
			like comparisons	
			between the studies.	
			The time horizons of	
			costs and effects	
			adopted in these two	
			studies were within	
			one year.	
Gallagher et al	Objectives:	Separate inclusion	Characteristics of	Conclusions: "Much
2016	To synthesis	criteria were created	included studies:	remains to be
Scotland	published	for review articles	8 review articles	learned about the
[15]	recommendations	and intervention	(2001-2013).	diverse nature of
	for therapy	studies.	16 interventions	helping people
	modification		studies (1991-2013).	recover from
		Population:		emotional
	following brain injury	Review studies:	Country of origin:	dysregulation and
	from non-	People with brain	Not reported.	poor adaptation
	progressive	injury.		following brain
	traumatic, vascular		Participants:	injury. Progress in
	or metabolic causes	Intervention studies:	Interventions studies	this field will be
	and to determine	Participants aged 16	Adult persons with	accelerated if the
		years or older	brain injury.	quality and clarity of
	how often such	diagnosed with brain		required specific
	modifications have	injury, either	DSM/ICD/Disability:	therapy adaptations
	been applied to	traumatic or non-	Brain injury.	is improved. The
	cognitive	traumatic, including		modification
	behavioural therapy	stroke, hypoxia,	Comorbidity or	checklist developed
	.,	ruptured aneurysm	factors that may	as part of this review
	for post injury	or metabolic	affect the outcome:	could improve the
	emotional	encephalopathy.	Considerable	capacity of future
	adjustment		variability was found	research to report
	problems	Intervention:	between studies on all	intervention
		Review studies:	other levels of the	protocols. Such
		Alterations to CBT.	quality-measurement	improvements in
		Intervention studies:	scale (n = 16 studies,	precision should lead
		CBT in one- to-one	median quality rating	to more effective
		format.	= 4, range $= 1-5$,).	and focused
			Single-case studies	interventions that
		Comparison/	showed a higher	are well suited to the
		comparison/ control: Not	-	specific needs of
			median quality rating $rating = 4$, $p = 11$	
		reported.	(rating = 4; n = 11	people who are
			studies) than	struggling to

Outcomes:	randomised controlled	overcome the
Intervention studies:	trials (rating = 3; n = 5	challenges that
Primary outcomes	studies). Only two out	com-monly emerge
were measure of	of the 16 studies	in the aftermath of
depression, "low	measured adherence	brain injury."
mood", or anxiety,	to treatment.	Srann nijury.
described as:	to treatment.	
"anxiety", obsessive	Five studies, from 16,	
compulsive disorder	indicated that a	
(OCD), post-	treatment manual was	
traumatic stress	used in the study, and	
disorder (PTSD),	was available. Each of	
panic disorder,	the five intervention	
generalized anxiety	trial authors were	
disorder (GAD), or	contacted twice to	
social anxiety	request manuals with	
	the aim of	
Study design:	determining whether	
Review studies were	the adaptations	
required to:	extracted from the	
Be a narrative	inter-vention study	
review, systematic	descriptions reflected	
review, or other type	the true state of the	
of review.	adaptations. Five	
	authors were	
	contacted, and none	
Settings:	provided the manual	
Not stated.	(two authors did not	
	reply, one manual was	
Other criteria:	not available in	
No	English, one manual	
	was currently being	
Studies published:	used in another	
Up to 2014.	research trial, and one	
	author was unable to	
	locate the manual).	
	Obtaining the original	
	intervention manuals	
	would have helped to	
	determine whether all	
	of the modification-	
	related themes had	
	emerged, and thus	
	reached the saturation	
	recommended within	
	narrative synthesis	
	guidance. The	
	difficulty obtaining	
	manuals points to	
	another area that	

needs to improve in
order to advance the
development of
suitably targeted
interventions for post-
brain injury
adjustment.
Intervention:
Education, memory
aids, modelling
homework completion
and generalizing
home-work as
adaptations,
therapists used
concrete examples
and helped clients to
generate alternative
solutions, motivational
interviewing, modified
diary forms, using
personalised
metaphors and
discussed clients'
personal role models,
Frequent, mid-week
prompting to
complete homework
through telephone
calls, Specific,
Measurable, Realistic,
Achievable, and Time
Limited (SMARD
goals).
Comparison/control:
Intervention studies
Wait list, matched
pairs.
Outcome:
Modifications of CBT
for brain injury.
Study design:
Intervention studies
Randomised
controlled trials and
single-case studies.

			Follow-up time:	
			Not reported.	
			Not reported.	
			Number of	
			participants:	
			Intervention studies	
			208.	
			200.	
			Setting:	
			Not reported.	
Gjermestad et	Objectives:	Population:	Characteristics of	Conclusions:
al	To gain a deeper	Adults with	included studies:	"Although the
2017	understanding of the	intellectual disability,	12 studies.	reviewed studies
Norway	multidimensional	their everyday life as	12 3100103.	revealed that staff
[16]	aspects and	viewed from their	Country of origin:	attitudes and
	complexity of the	own perspective.	3 articles from the	relational skills as
	lived everyday life of	The study's	United Kingdom, 2	well as different
	people with	informants or	articles from Australia	aspects of service
	intellectual disability	participants are	and 1 article each	organization and
	intellectual disability	adult people with	from Iceland, Ireland,	delivery were crucial
		intellectual disability	Malta, the	for individualization
		living independently	Netherlands, Norway,	and agency, the
		or in community	Sweden and the USA	findings also
		housing.	Sweden and the OSA	highlighted the role
		Studies were not	Participants:	of family, friends and
		included if the	Persons with	neighbours as the
		theoretical focus was	intellectual disability	most important
		not empirical, they	living alone or in	factor for social
		focused on other	community housing.	participation and
		types of disability or	Age, and gender are	participation and participants' feelings
		they reported the	not reported in all	of belonging. Studies
		staff and family's	studies	from nine countries
		perspective	studies	were included in the
		perspective	DSM/ICD/Disability:	review. The
		Intervention:	Not reported	differences between
		Not applicable.		the countries in
			Comorbidity or	terms of culture,
		Comparison/	factors that may	values,
		control:	affect the outcome:	accommodation and
		Not applicable.	Not reported.	service delivery
				systems and
		Outcomes:	Intervention:	practices may imply
		Everyday life of	Not applicable.	that concepts which
		people with		emerged from the
		intellectual disability	Outcome:	analysis were biased.
		viewed from their	Participation, self-	However, the articles
		own perspective.	determination, choice	corresponded in
			and control in	terms of themes and
		Study design:	everyday life.	concepts, which may
	1	Judy design.	everyddy me.	concepts, which hay

		Qualitatius		turneli i alemante e se este
		Qualitative		imply that everyday
		interpretive	Follow-up time:	life today has many
		synthesis, eight	Not applicable.	common dimensions
		studies are individual		that are valued
		semi-structured	Number of	across countries and
		interviews, and in	participants:	regions."
		three of these eight	348 + 1 group with not	
		interviews are	specified number of	
		supplemented by	participants	
		other methods such		
		as group discussions,		
		ethnographic		
		observation and art		
		methodology. Three		
		of the studies		
		employed focus		
		group interviews.		
		Four studies used		
		inclusive research		
		strategies that		
		included persons		
		with intellectual		
		disability.		
		Settings:		
		The participants own		
		apartment or		
		community housing		
		, 0		
		Other criteria:		
		User perspective		
		FF		
		Studies published:		
		Up to 2014.		
Hardee et al	Objectives:	Population:	Characteristics of	Conclusions:
2017	To evaluate the	Child participants (18	included studies:	"This systematic
USA	effectiveness of	years and younger)	19 studies.	review does contain
[17]	exercise intervention	and adult		data that supports a
r=.1	on daily life activities	participants (18	Country of origin:	positive impact of
	and social	years and older)	Not reported.	exercise intervention
	participation in	diagnosed with DS		on daily life activities
	individuals with	(trisomy 21,	Participants:	and participation for
	down syndrome (DS)	translocation or	525 individuals (428	people with DS,
	using all study	mosaicism).	children and adults	however, this is a
	designs in published		with DS and 97	preliminary
	literature.	Intervention:	participants without	conclusion. More
		All type of exercise	DS). Age of those with	rigorous research is
		interventions.	DS: range from 3-65.5.	needed with
			11 of the studies and	individuals with DS
		Composies /		
	1	Comparison/	55 % of the subjects	of all ages using

I	-		
	control:	under the age of 18.	objective outcome
	Not reported.	One study did not	measures for ICF
		report the age but	domains of Activity
	Outcomes:	specified that	and Participation.
	Activity limitation	participants were	Specifically, MCPDM
	and societal	children. 56 % of the	Level I RCTs with
	participation using	participants were	high internal validity
	an objective	male.	should be
	measure.		conducted. Possible
		Of the studies that	objective Activity
	Study design:	contained both male	and Participation
	All group of study	and female	outcome measures
	designs.	participants, no	based on the result
		studies reported a	of this study include
	Settings:	significant proportion	amount of activity
	Not stated.	difference in gender.	measured with
		The case studies each	accelerometers,
	Other criteria:	contained a female	quantita-tive
	No.	participant, and 2	horizontal/vertical
		studies contained just	distance of jump,
	Studies published:	male participants.	GMFM-88, TUG, the
	Up to 2016.		Cognitive Emotional
		DSM/ICD/Disability:	Barriers to Exercise
		Down syndrome.	Scale, The Exercise
			Perceptions Scale,
		Comorbidity or	the Life Satisfaction
		factors that may	Scale, and the Self-
		affect the outcome:	efficacy Measure
		A limitation of the	(adopted from Self
		study is the inability to	Efficacy to Exercise
		complete a meta-	Regu-larly Scale).
		analysis for further	Furthermore, the use
		analyses of data.	of common outcome
			measures across
		Intervention:	studies would enable
		Participants younger	an easier comparison
		than 18.	across studies and
		Traditional exercise	allow for an eventual
		programs (n=3).	systematic review
		Non-traditional	with a meta-analysis.
		interventions, bike	This would afford a
		riding, dance, rhythm	more complete
		and music, jumping	analysis and greater
		(n=8).	inter-disciplinary
		Individual and group	applicability of the
		training were	evidence on the
		represented.	impact of exercise
			intervention on daily
			life activities and
	1		

	Participants older than <u>18.</u> Traditional exercise	social participation in individuals with DS."
	programs (n=6). Non-traditional interventions, swimming and judo	
	(n=2).	
	Individual and group training were represented.	
	Comparison/control: Not clear.	
	Outcome:	
	The International	
	Classification of Functioning, Disability,	
	and Health (ICF)	
	mode! was used to	
	categorize	
	intervention and	
	outcome measures for	
	each study.	
	The following	
	outcome measure	
	data were extracted	
	from the studies:	
	Children younger than	
	<u>18 (11 studies):</u>	
	9 studies reported a	
	total of 47 outcome	
	measures. 11 of the 47	
	outcome measures	
	were common across studies.	
	Participants older than	
	<u>18 years:</u>	
	Seven of the 8 studies	
	(reported a total of 33	
	outcome measures.	

			Study design: Studies represented in	
			the paper were	
			designed as cohort	
			study, case study,	
			randomized controlled	
			trial, non-randomized	
			controlled trial.	
			Follow-up time: Not reported.	
			Not reported.	
			Number of	
			participants:	
			525 individuals (428	
			children and adults with DS and 97	
			participants without	
			DS).	
			- /	
			Setting:	
			Not reported	
Harris et al	Objectives:	Population:	Characteristics of	Conclusions:" This
2015	Systematically assess	Participants	included studies:	review has
UK	the literature on	diagnosed with intellectual	6 studies.	illustrated the lack of
[18]	randomized	disabilities across the	Country of origin:	evidence of physical activity interventions
	controlled trials on	age range 16–24	Three studies were	specifically designed
	the effects of	years.	conducted in	for young adults with
	physical activity	,	Spain, two studies in	intellectual
	interventions to	Interventions:	Belgium, and one in	disabilities. The
	prevent weight gain	Physical activity as a	Portugal.	meta-analysis found
	in young adults with	single component		that physical activity
	intellectual	intervention.	Participants:	interventions in
	disabilities.	Comparison	Participants' ages	young adults with
		Comparison/ control:	ranged from 10 to 30 years and	intellectual disabilities did not
	Specific objectives	Not stated.	were classified as	prevent weight gain
	include the	Outcomes:	normal weight to	or improve body
	evaluation of the	Primary outcomes:	overweight and obese	composition. This is
	effect of physical	Studies had to report	across studies.	due to limitations of
	activity interventions	a specific objective		the published
	on body composition	measure of body	DSM/ICD/Disability:	studies,
	outcomes (body	weight and could	Participants were	implementing
	mass index [BMI],	include measures of	diagnosed with mild to	inadequate duration
	waist circumference,	body composition	moderate level of	and dose of the
	percentage body fat,	(i.e. BMI, waist	intellectual disabilities.	interventions.
	fat mass and lean	circumference, percentage body fat	Four studies included participants with	Although there was no significant effect
	mass) in young	percentage bouy rat	Down syndrome only.	of physical activity
				or physical activity

Not stated.participants in the study were diagnose.factors, which is important for this population group t prevent health inequalities in later affect the outcome: no.factors that may affect the outcome: not stated.factors, which is important for this population group t prevent health inequalities in later powered randomized controlled trial study design.factors, which is important for this population group t prevent health inequalities in later outlies in later affect the outcome: no.factors, which is important for this population group t prevent health inequalities in later outlies in later affect the outcome: no.factors, which is important for this population group t prevent health inequalities in later outlies in later affect the outcome: not stated.factors, which is important for this population group t prevent health inequalities in later outlies in later affect the outcome: not stated.Other criteria: No.Not stated.Intervention: states published: included studies, including a bicycle ergometer intervention and an aerobic training whole body vibration, which included isometric exercise, an aerobic treadmill ergometer intervention.factors, which is intervention and an aerobic rowing ergometer intervention.The mean duration of intervention.The mean duration of intervention.factors, which is intervention and an aerobic rowing ergometer intervention.The mean duration of intervention programs was 15.3 weeks (range 10–21 weeks).The frequency of	adults with	at baseline and	Two studies did not	on body weight,
Unsabilities.Secondary outcomes: Not stated.but none of the participants in the study were diagnosed with Down syndrome. population group t prevent health inequalities in lated more design.improved health ri factors, which is imported to find population group t prevent health inequalities in lated to transmithe settings: Not stated.but none of the participants in the study were diagnosed with Down syndrome.improved health ri factors, which is imported to function group the prevent health interventionOther criteria: No.Other criteria: Studies published: Up to 2014.Comorbidity or factors that may affect the outcome: seven types of intervention swere prescribed in the included studies, included studies, included studies, included studies, intervention and an aerobic training intervention, conditioning and plyometric jumps training, whole body vibration, which included stometric exercise, an aerobic treadmill ergometer intervention.intervention interventionThe mean duration of intervention, co-21 weeks).The frequency ofisabilities."	intellectual	follow-up).		
Not stated.participants in the study were diagnosed with Down syndromefactors, which is important for this population group t prevent health inequalities in later affect the outcome: Not stated.factors, which is important for this population group t prevent health inequalities in later outlies in later powered randomized affect the outcome: Not stated.factors, which is important for this population group t prevent health inequalities in later outlies in later outlies on later interventionsOther criteria: No.Not reported.controlled trials, w along-term intervention swere prescribed in the included studies, including a bicycle ergometer intervention and an aerobic training whole body vibration, which included isometric exercise, an aerobic treadmill ergometer intervention.factors, which is important for this population group t prevent health included studies, including a bicycle ergometer intervention and an aerobic training whole body vibration, which included isometric exercise, an aerobic treadmill ergometer intervention.factors, which is important for this population group t along-term intervention and an aerobic treadmill ergometer intervention.The mean duration of interventionThe frequency of	disabilities.			
Study design: Randomized controlled trial study design.study were diagnosed with Down syndrome.important for this population group to prevent health inequalities in late life. Future high- quality, adequately powered randomizedSettings: Not stated.Comorbidity or factors that may affect the outcome: Not stated.important for this population group to affect the outcome: Not stated.Other criteria: No.Seven types of intervention swere prescribed in the included studies, including a bicycle ergometer intervention and an aerobic training program, strength and endurance training program, strength and endurance training, whole body vibration, woung adults with included isometric exercise, an aerobic treadmill ergometer intervention and an aerobic rowing ergometer intervention.The mean duration of intervention programs was 15.3 weeks (range 10–21 weeks).The frequency of				improved health risk
Study design: Randomized controlled trial study design.with Down syndrome.population group t prevent health inequalities in later ifactors that may affect the outcome: Not stated.population group t prevent health inequalities in later ifactors that may affect the outcome: Not stated.population group t prevent health inequalities in later ifactors that may affect the outcome: Not stated.population group t prevent health inequalities in later ifactors that may affect the outcome: Not stated.population group t prevent health inequalities in later ifactors that may affect the outcome: Not stated.Other criteria: No.Seven types of interventions were prescribed in the included studies, up to 2014.included studies, required to elucide ergometer intervention and an aerobic training program, strength and endurance training intervention, composition in young adults with included isometric exercise, an aerobic treadmill ergometer intervention.isabilities."The mean duration of intervention programs was 15.3 weeks (range 10–21 weeks).The frequency ofintervention		Not stated.		
Randomized controlled trial study design.Comorbidity or factors that may affect the outcome: Not stated.prevent health inequalities in later quality, adequately powered randomized controlled trials two affect the outcome: Not treported.prevent health inequalities in later quality, adequately powered randomized controlled trials, wa a long-term interventions were prescribed in the follow-up period a required to elucida tinetwention and an aerobic training program, strengthand endurance training intervention, which included sometric exercise, an aerobic treadmill ergometer intervention.prevent health incervation and along-term intervention and an aerobic training program, strengthand endurance training intervention, which included isometric exercise, an aerobic readmill ergometer intervention.The mean duration of intervention programs was 15.3 weeks (range 10-21 weeks).The frequency of				
controlled trial study design.Comorbidity or factors that may affect the outcome: quality, adequately powered randomizedSettings: Not stated.Not reported.Intervention: seven types of interventions were prescribed in the included studies, included studies, included studies, included studies, intervention and a aerobic training program, strength and endurance training intervention, conditioning and plyometric jumps training, whole body vibration, which intervention.inequalities in later ifect the outcome: a long-term intervention and follow-up period a included studies, included studies, included studies, included studies, included studies, included studies, intervention and an aerobic training grain and body composition in young adults with intelectual disabilities."Image: the second studies in			with Down syndrome.	population group to
design.factors that may affect the outcome: Not reported.life. Future high- quality, adequately powered randomizedNot stated.Intervention: interventions were interventions were interventions were interventions were interventions were intervention and an aerobic training intervention, conditioning and plysical activity intervention, conditioning and plysical activity intervention, conditioning and plysical activity intervention, conditioning and plysical activity intervention and an aerobic training intervention, conditioning and plysical activity intervention and an aerobic training woung adults with intellectual disabilities."life. Future high- quality, adequately powered randomized10Other criteria: No.Seven types of intervention and an aerobic training intervention, conditioning and plyometric jumps training, whole body vibration, which included isometric exercise, an aerobic treadmill ergometer intervention.life. Future high- quality, adequately powered intervention and an aerobic rowing ergormeter intervention and an aerobic rowing ergometer intervention.life. Future high- quality, adequately along term intervention and an aerobic rowing ergometer intervention programs was 15.3 weeks (range 10–21 weeks).life. Future high- quality, adequately along term intervention programs was 15.3 weeks (range 10–21 weeks).The frequency ofThe frequency of				•
Settings: Not stated.affect the outcome: Not reported.quality, adequately powered randomizedOther criteria: No.Seven types of interventions were prescribed in the follow-up period a follow-up period a included studies, required to elucide the effects of program, strength and endurance training young adults with intellectual disabilities."quality, adequately powered randomized controlled trials, w a long-term intervention and follow-up period a included studies, required to elucide the effects of program, strength and endurance training young adults with intellectual disabilities."Vibration, which included isometric exercise, an aerobic treadmill ergometer intervention.quality, adequately powered randomized to elucide to elucide the effects of program, strength and endurance training wound adults with included isometric exercise, an aerobic treadmill ergometer intervention and an aerobic rowing ergometer intervention.The mean duration of intervention programs was 15.3 weeks (range 10–21 weeks).The frequency of			•	inequalities in later
Settings: Not stated.Not reported.powered randomizedOther criteria: No.Intervention: interventions were prescribed in the included studies, including a bicyclea long-term intervention and follow-up period a required to elucidaStudies published: Up to 2014.included studies, including a bicyclerequired to elucida the effects of prevention and an aerobic training intervention, composition in young adults with included isometric exercise, an aerobic treadmill ergometer interventionVibration, which included isometric exercise, an aerobic treadmill ergometer intervention.young adults with intellectual disabilities."The mean duration of intervention.The mean duration of intervention.The frequency of		design.	-	Ũ
Not stated.Intervention: Seven types of interventions were prescribed in the included studies, included studies, including a bicycle ergometar intervention, strength and endurance training program, strength and endurance training, whole body vibration, which included isometric exercise, an aerobic training, whole body vibration, which included isometric exercise, an aerobic treadmill ergometer intervention.randomized controlled trials, w a long-term intervention and an aerobic training program, strength and endurance training wong adults with included isometric exercise, an aerobic treadmill ergometer intervention.randomized controlled trials, w a long-term intervention and an aerobic training was 15.3 weeks (range 10–21 weeks).The frequency ofThe frequency of				
Other criteria: No.Intervention: Seven types of interventions were prescribed in the included studies, included studies, included studies, included studies, required to elucide the effects of physical activity intervention of weig gain and body composition in young adults with included isometric exercise, an aerobic treadmill ergometer intervention.controlled trials, w a long-term intervention and an aerobic training grogram, strength and plyometric jumps training, whole body vibration, which included isometric exercise, an aerobic treadmill ergometer intervention.conditioning adults with intellectual disabilities."The mean duration of intervention programs was 15.3 weeks (range 10–21 weeks).The frequency of		-	Not reported.	
Other criteria: No.Seven types of interventions were prescribed in the included studies, including a bicycle ergometer intervention and an aerobic training program, strength and endurance training, whole body vibration, which included isometric exercise, an aerobic treadmill ergometer intervention.a long-term intervention and follow-up period a required to elucida the effects of physical activity interventions on th program, strength and endurance training woung adults with intellectual disabilities."Image: the training intervention, voung adults with included isometric exercise, an aerobic treadmill ergometer intervention.a long-term intervention and an aerobic training young adults with intellectual disabilities."Image: the the type output action of intervention, conditioning and plyometric jumps training, whole body vibration, which included isometric exercise, an aerobic treadmill ergometer intervention.a long-term intervention of intervention of intervention and an aerobic rowing ergometer intervention.Image: the the type treadmill ergometer intervention.The mean duration of intervention programs was 15.3 weeks (range 10-21 weeks).Image: the type the type treadmill ergometer interventionThe frequency of		Not stated.		
No.interventions were prescribed in the included studies, including a bicycle ergometer intervention and an aerobic training program, strength and endurance training, whole body vibration, which included isometric exercise, an aerobic treadmill ergometer intervention.intervention and follow-up period a required to elucida the effects of physical activity interventions on th aerobic training young adults with iconditioning and plyometric jumps training, whole body vibration, which included isometric ergometer intervention.intervention and a intellectual disabilities."No.No.intervention and an aerobic rowing ergometer intervention.intervention and an aerobic rowing ergometer intervention.The mean duration of intervention programs was 15.3 weeks (range 10–21 weeks).intervention				controlled trials, with
Studies published: Up to 2014.prescribed in the included studies, including a bicycle ergometer intervention and an aerobic training program, strength and endurance training, whole body vibration, which included isometric exercise, an aerobic treadmill ergometer intervention.follow-up period a required to elucida the effects of physical activity interventions on th young adults with included isometric exercise, an aerobic treadmill ergometer intervention.The mean duration of intervention programs was 15.3 weeks (range 10–21 weeks).The frequency of				-
Studies published: Up to 2014.included studies, including a bicycle ergometer intervention and an aerobic training program, strength and endurace training intervention, strength and endurace training intervention, conditioning and plyometric jumps training, whole body vibration, which included isometric exercise, an aerobic treadmill ergometer intervention.required to elucida the effects of physical activity interventions on th aerobic training gain and body composition in young adults with included isometric exercise, an aerobic treadmill ergometer intervention.required to elucida the effects of physical activity intervention of weig gain and body composition in young adults with included isometric exercise, an aerobic treadmill ergometer intervention.stread aerobic treadmill ergometer intervention.The mean duration of intervention, programs was 15.3 weeks (range 10–21 weeks).The frequency of		No.		
Up to 2014.including a bicycle ergometer intervention and an aerobic training program, strength and endurance training intervention, conditioning and plyometric jumps training, whole body vibration, which included isometric exercise, an aerobic treadmill ergometer intervention.the effects of physical activity interventions on th prevention of weig gain and body composition in young adults with intellectual disabilities."Image: Description of the second			•	follow-up period are
ergometer intervention and an aerobic training program, strength and endurance training intervention, composition in young adults with conditioning and plyometric jumps training, whole body vibration, which included isometric exercise, an aerobic treadmill ergometer intervention and an aerobic rowing ergometer intervention. The mean duration of intervention programs was 15.3 weeks (range 10–21 weeks). The frequency of				required to elucidate
intervention and an aerobic training program, strength and endurance training intervention, conditioning and plyometric jumps training, whole body vibration, which included isometric exercise, an aerobic treadmill ergometer intervention and an aerobic rowing ergometer intervention. The mean duration of intervention programs was 15.3 weeks (range 10–21 weeks). The frequency of		Up to 2014.	e ,	
aerobic training program, strength and endurance training intervention, conditioning and plyometric jumps training, whole body vibration, which included isometric exercise, an aerobic treadmill ergometer intervention and an aerobic rowing ergometer intervention. The mean duration of intervention programs was 15.3 weeks (range 10–21 weeks). The frequency of			-	
gain and body composition in young adults with intellectual disabilities."				
endurance training intervention, conditioning and plyometric jumps training, whole body vibration, which included isometric exercise, an aerobic treadmill ergometer intervention and an aerobic rowing ergometer intervention. The mean duration of intervention programs was 15.3 weeks (range 10–21 weeks). The frequency of			-	
intervention, conditioning and plyometric jumps training, whole body vibration, which included isometric exercise, an aerobic treadmill ergometer intervention and an aerobic rowing ergometer intervention. The mean duration of intervention programs was 15.3 weeks (range 10–21 weeks). The frequency of				
conditioning and plyometric jumps training, whole body vibration, which included isometric exercise, an aerobic treadmill ergometer intervention and an aerobic rowing ergometer intervention.intellectual disabilities."The mean duration of intervention programs was 15.3 weeks (range 10–21 weeks).The frequency of			-	
plyometric jumps training, whole body vibration, which included isometric exercise, an aerobic treadmill ergometer intervention and an aerobic rowing ergometer intervention.disabilities."The mean duration of intervention programs was 15.3 weeks (range 10-21 weeks).The frequency of				
training, whole body vibration, which included isometric exercise, an aerobic treadmill ergometer intervention and an aerobic rowing ergometer intervention. The mean duration of intervention programs was 15.3 weeks (range 10–21 weeks). The frequency of			-	
vibration, which included isometric exercise, an aerobic treadmill ergometer intervention and an aerobic rowing ergometer intervention. The mean duration of intervention programs was 15.3 weeks (range 10–21 weeks). The frequency of				disabilities."
included isometric exercise, an aerobic treadmill ergometer intervention and an aerobic rowing ergometer intervention. The mean duration of intervention programs was 15.3 weeks (range 10–21 weeks). The frequency of				
exercise, an aerobic treadmill ergometer intervention and an aerobic rowing ergometer intervention. The mean duration of intervention programs was 15.3 weeks (range 10–21 weeks). The frequency of			-	
treadmill ergometer intervention and an aerobic rowing ergometer intervention. The mean duration of intervention programs was 15.3 weeks (range 10-21 weeks). The frequency of				
intervention and an aerobic rowing ergometer intervention. The mean duration of intervention programs was 15.3 weeks (range 10–21 weeks). The frequency of				
aerobic rowing ergometer intervention. The mean duration of intervention programs was 15.3 weeks (range 10–21 weeks). The frequency of			-	
ergometer intervention. The mean duration of intervention programs was 15.3 weeks (range 10–21 weeks). The frequency of				
intervention. The mean duration of intervention programs was 15.3 weeks (range 10–21 weeks). The frequency of			-	
The mean duration of intervention programs was 15.3 weeks (range 10–21 weeks). The frequency of			-	
intervention programs was 15.3 weeks (range 10–21 weeks). The frequency of				
intervention programs was 15.3 weeks (range 10–21 weeks). The frequency of			The mean duration of	
was 15.3 weeks (range 10–21 weeks). The frequency of				
10–21 weeks). The frequency of				
The frequency of				
			10-21 WEEKSJ.	
			The frequency of	
physical activity				
sessions was two to				
three sessions per				
week for a duration				
range of 5–65 min				
across studies. The			-	
aerobic training				

component of the
interventions was
predominately
performed at
moderate to vigorous
intensities (55–75 %
heart rate reserve or
peak heart rate).
Strength/conditioning-
based exercise was
performed only in two
studies. The intensity
varied between
individuals based on a
participant's capacity
(29), to a set intensity
of 60–80 % of 1RM for
three sets of 10
repetitions.
Comparison/control:
Participation in usual
everyday scholar
activities without
supervised exercise
training (1 study).
training (1 Study).
Douticipation in the
Participation in the
daily school activities,
including physical
education lessons (1
study).
No training (4 studies).
Outcome:
All studies assessed
the effect of physical
activity on body
weight.
Four studies
investigated BMI as an
outcome.
Measures of body
composition reported
in the included studies
were waist
circumference,

		I		
			percentage body fat,	
			fat mass and lean	
			mass.	
			Follow-up time:	
			Not reported.	
			Number of	
			participants:	
			A total of 178	
			participants were	
			recruited across the	
			six studies. The mean	
			total sample size was	
			30 (range 16–54)	
			participants.	
Hartling et al	Objectives:	Population:	Characteristics of	Conclusions:
2014	To evaluate the	The study population	included studies:	"Study findings
Canada	effectiveness of	was children	14 studies.	highlight the
[19]	sibling-oriented	(younger than 18)	Controlled trials (n=5)	potential for
	programs	who were well	Uncontrolled studies	enhancing the care
	interventions and	siblings of children	(n=9).	and outcomes of
	delivery models that	with a chronic illness	(well siblings,
	aims to improve	or disability.		however, the
	behavioural and		Country of origin:	findings were
	emotional outcomes	Intervention:	Not reported.	inconsistent across
	in well siblings of	The study evaluates	Not reported.	studies in terms of
	children with chronic	a program, support	Participants:	outcomes and
	illness or disability.	service, or therapy	Well siblings of	differences
	initess of disdonity.	for well siblings.	children with chronic	observed.
		for wen sionings.	illness or disability.	Methodological rigor
		Comparison/	CT: 398 siblings	is required in future
		control:	UCT: 309 siblings, 47	research to avoid
		Not reported.	parents.	bias resulting from a
		Not reported.	parents.	number of sources
		Outcomes:	DSM/ICD/Disability:	including lack of
		The study reported	Siblings with children	appropriate controls.
		quantitative data for	of different	and blinding of
		at least on well	disabilities.	researchers and
		sibling outcome.	uisabiiities.	study participants.
			Comorbidity or	Innovative methods
		Study design:	factors that may	to address the
		First the design was	affect the outcome:	methodological
		randomized or non-	CT: Risk of bias was	imitations in this
		controlled trial, an	unclear in three	topic area are
		interrupted time	studies and high in	required in order to
		series or controlled	one for sequence	provide accurate estimates of effect.
		before and after. A	generation, unclear in	
		post hoc decision	three studies or high	Careful
		was made to include	in two studies for	consideration of

	allegation	intomontion
uncontrolled before-	allocation	intervention
alter studies to	concealment, high for	outcomes and well
provide a	blinding (in all	siblings at high risk
comprehensive	studies), unclear in	of negative
description of	two or high in two	out-comes may yield
sibling-oriented care	studies for missing	more consistent and
and impact and to	outcome data, low for	applicable results."
generate	selective outcome	om ((a), b), b)
recommendations	responding (all	CT: "Study results
for future study.	studies), and, unclear	should be
	in two or high in two	interpreted in light
Settings:	for other sources of	of the potential risk
Not stated.	bias.	of bias, particularly
Other criteria:		due to lack of
No.	UCT: Results should be	blinding of study
	interpreted cautiously	person-nel,
Studies published:	due to the potential	participants, and
Up to 2008.	for bias that results	outcome
	from the lack of a	assessments. Such
	comparison group.	bias may have
		resulted in an over-
	Intervention:	estimation of
	All studies included	intervention impact
	psychoeducation or	on well sibling
	social, but	outcomes.
	interventions differed	
	by where they were	UCT: "Study findings
	conducted, intensity	cannot be directly
	and content.	attributed to the
		intervention and
	Comparison/control:	may result from
	CT: One used a	other factors such as
	concurrent control	regression to the
	group matched for age	mean, confounders
	and sex, one non-	or the Hawthorne
	equivalent control	effect."
	group.	
	Outcome:	
	CT: Sibling outcomes	
	measured in the CT	
	included behaviours,	
	attitudes and effect,	
	knowledge, social	
	adjustment and	
	support. In four	
	studies, the sibling-	
	oriented intervention	
	under evaluation was	
	associated with an	

improvement in
sibling behavioural
and/or emotional
health, but these
improvements were
not consistently
demonstrated across
studies.
UCT: Reduced anxiety,
depression and
increased self-esteem
and self-concept,
increased involvement
with siblings,
increased knowledge,
and improved mood
state, feelings and
attitudes, change in
siblings' perceptions of
the impact of their
brother/sister's illness,
increase in medical
knowledge,
improvement in
intrapersonal
perceptions of cancer
and fear of disease,
and positive influence
on self-reported and
parent-reported
mood.
mood.
Study design:
CT: Two trials were
randomized, one used
a concurrent control
group matched for age
and sex, and two used
a non-equivalent
control group.
control group.
All nine uncontrolled
studies used a before-
and-after design.
Follow we three
Follow-up time:
CT: Length of follow-
up ranged from
immediately to 12

			months post-	
			intervention.	
			UCT: Four studies	
			assessed outcomes	
			immediately after the	
			intervention. Five	
			studies conducted	
			long-term evaluations	
			that occurred at: 6 to	
			8 weeks, 3 months,	
			'0·" 6 months and 12	
			months post-	
			intervention. In one	
			study, the timing of	
			outcome assessment	
			was not specified.	
			was not specified.	
			Number of	
			participants:	
			707 siblings.	
			Setting:	
			Three of the CT	
			studies were hospital-	
			based and two were	
			community-based.	
			The UCT seven studies	
			evaluated hospital-	
			based, support	
			groups, two studies	
			evaluated community	
			based, residential	
			camps	
Heyvaert et al	Objectives:	Population:	Characteristics of	Conclusions:
2014	Effectiveness of	Persons with	included studies:	"The analyses of the
Belgium	restraint	intellectual	59 studies.	59 SCE articles show
[20]	interventions (RIs)	disabilities (ID).		that RIs were on
[20]	for reducing		Country of origin:	average highly
	challenging	Intervention:	Not reported	effective in reducing
	00			-
	behaviour (CB)	Studies focusing on	Deuticinenter	CB for people with
	among persons with	restraint	Participants:	intellectual
	intellectual	interventions (RIs)	94 participants mean	disabilities and that
	disabilities (ID).	for reducing	age 24.38 (range 3-	this reduction in CB
		challenging	58). 46 male and 48	was statistically
		behaviour (CB) and	females. 82	significant. From the
		studies reporting on	participants reported	seven coded
		effectiveness of RIs	on a level for	participant and study
		for the population.	intellectual disability	characteristics, the
				multilevel model
	1	1		manuevermouer

	DSM/ICD/Dischilite	only showed a
	DSM/ICD/Disability:	only showed a
Commenter	Persons with	statistically
Comparison/	intellectual disabilities	significant
control:	(ID).	moderating effect
No restraint		for the variable
condition.	For 82 participants,	Gender: the Ris on
	the specific	average were more
Outcomes:	intellectual disabilities	effective for female
Reduction of CB.	level was reported:	than for male
	there were two	participants. We
Study design:	participants with mild,	conducted a
Single case	four with moderate,	sensitivity analysis to
experiments (SCE).	21 with severe and 55	study the influence
	with profound	of an outlying case
Settings:	intellectual disabilities.	on our results and
Not stated.		conclusions: the
	Comorbidity or	conclusions
Other criteria:	factors that may	regarding the main
No.	affect the outcome:	statistical analysis
	No.	and the moderator
Studies published:		analysis are the
Up to 2011.	Intervention:	same for the full
	Personal restraint (52	data set as for the
	participants)	data set without the
	Mechanical restrain	one outlier.
	(32 participants),	
	Environmental	The intervention
	restrains (6	effects varied
	participants)	significantly over the
	Combinations of Ris (4	participants, with an
	participants).	estimated variance
		of 12.21 (SO = 2.50; Z
	Comparison/control:	= 4.89, P < 0.0001).
	No-restrains	When Gender, Age,
	conditions.	CB type, intellectual
		disabilities level,
	Outcome:	Restraint type,
	Reduction of CB, e.g.	Publication year and
	aggression,	Study quality were
	destructive behaviour,	taken into account,
	self-injurious	the intervention
	behaviour,	effects still varied
	stereotyped	significantly over the
	behaviour.	participants, with the
	-	estimated variance
		reduced to 9.82 (SO
		= 2.07; Z = 4.73,
	Study design:	P < 0.0001).
	Single-case	Accordingly, there
	experiments (SCEs).	remain important
	experiments (SCES).	

			Follow-up time : Not reported.	inter-individual differences that cannot be explained
			Number of participants: 94 participants	by the seven coded variables. Further research is warranted to study
			Setting: Not reported	this remaining between- participants variance."
Jones et al 2015 Australia [21]	Objectives: 1. How effective are self-management programs in improving physical activity in community-dwelling adults with Acquired brain injury (ABI)?	Population: Adults (18 years and over) with a non- degenerative acquired brain injury (ABI). Currently living in the community. Are not undergoing significant medical or surgical intervention.	Characteristics of included studies: 5 studies. Country of origin: 2 studies were conducted in the USA, 1 in Australia, 1 in Korea, and 1 in Hong- Kong.	Conclusions: "The field of self- management of chronic health conditions is rapidly growing, and successes have been demonstrated in a range of conditions, such as depression and chronic nain
	 2. How effective and acceptable is remote delivery of self-management programs aimed at improving physical activity in community-dwelling adults with ABI? 3. Which features of self-management programs for community-dwelling adults with ABI are associated with the best clinical outcomes and client satisfaction? 	Interventions: Self-management program which includes at least one of the following components: Problem-solving, goal-setting, decision-making, self-monitoring, coping strategies, or another approach to facilitate behaviour change. Has at least a component of the program focusing on increasing physical activity. Self-management reflects an individual's responsibility for the day-to-day management of their disease including decisions regarding	Participants: The mean age of all stroke participants (n = 336) was 64.42 (SD = 10.81) years, while the TBI participants (n = 74) had a mean age of 43.83 (SD = 15.34) years. Study 1: Gender: Male: Intervention group (IG) = 29 (78.4%) Control group (CG) = 32 (86.5%) Female: IG = 8 (21.6%) CG = 5 (13.5%). Study 2: Gender: Male: IG = 30 (100%) CG = 32 (97.0%) Female: IG = 0 (0%) CG = 1 (3.0%). Study 3:	and chronic pain. The application of this approach for individuals with ABI is emerging. To date, there are a limited number of trials that have specifically investigated the efficacy of self- management to improve physical activity in this population. However, the risk of bias of these studies is generally high, and analysis is limited by heterogeneity in study interventions, methodology, measures, and diversity of the ABI population. Based on the results of this review, the efficacy of self-management programs in increasing physical

Г — Т		Candan	
	engagement in	Gender:	activity levels in
	healthy behaviours.	Male: $IG = 5 (35.7\%)$	community dwelling
		CG = 6 (75%)	adults following ABI
	Comparison/	Female: $IG = 9 (64.3\%)$	is still unknown.
	control:	CG = 2 (25%).	Moreover, the
	Review Question 1:		efficacy and
	Usual care, waiting	Study 4:	acceptability of
	list control, no	Gender:	remotely delivered
	treatment, written	Male: IG = 19 (59.4%)	self-management
	information only,	CG = 19 (65.5%)	programs for
	education and advice	Female: IG =	increasing physical
	only, or an	13(40.6%)	activity levels after
	alternative	CG = 10 (34.5%).	ABI is also unknown.
	treatment that is not	Church - Er	Fronth and store and the
	considered to be	Study 5:	Further research into
	self-management.	Gender:	physical activity
	Deview Overstitut 2	Male: $IG = 55 (51.4\%)$	following self-
	Review Question 2:	CG = 50 (60.2%)	management
	Those papers that	Female: $IG = 52$	interventions for
	met all the inclusion	(48.6%)	community-dwelling
	criteria for review	CG = 33 (39.80%).	adults with ABI is
	question 1, and		required in order to
	delivered the self-		properly establish
	management	DSM/ICD/Disability:	efficacy and
	program via face-to-	ABI was defined as	implications for
	face delivery.	damage to brain	practice. This research should be
	Outcomos	occurring after birth.	
	Outcomes:	However, for the purpose of this review,	designed, undertaken, and
	<i>Primary outcomes:</i> Must include at least	studies examining	reported on in a
		individuals with	manner that reduces
	one of the following: 1. A measure of	degenerative ABI (for	the potential for bias
		example Parkinson's	and allows for
	physical activity: either from a	disease or multiple	establishment of
	physical activity	sclerosis), cerebral	efficacy. Remote
	monitoring device	palsy, developmental	delivery methods
	(for example,	delay, fetal alcohol	also warrant further
	accelerometer,	spectrum disorder	research given the
	pedometer) or a self-	(FASD), concussion, or	potential they offer
	report measure	transient ischaemic	in regard to
		attacks (TIA) were not	improving access,
	And/or	included.	overcoming barriers,
			and changing health
	2. A study outcome	Four of the studies	behaviours."
	associated	examined participants	Dellaviours.
	specifically with	following stroke, while	
	physical activity, for	one studied	
	example, physical	participants with	
	activity self-efficacy,	traumatic brain injury	
	physical self-	• •	
	physical self-	(TBI).	

concept, or stages of	
change in relation to	Measure of severity of
physical activity.	ABI was reported in
	two of the five studies.
Secondary outcomes:	Four out of the five
1. Self-efficacy	studies reported
(general).	eligibility criteria that
	required cognitive and
2. Participation	communication skills
measures.	to be adequate for
	participation in a self-
3. Activity measures.	management
	program, however,
4. Impairments.	assessment of this
	criterion differed in
5. Quality of Life	each study.
measures.	
	Comorbidity or
6. Participant	factors that may
satisfaction.	affect the outcome:
	No study collected
7. Cost-effectiveness.	objective measures of
	physical activity such
Study design:	as from accel the
Randomized	common diversity
controlled trial (RCT),	seen in an ABI
Quasi-randomized	population.
controlled trial	population
(QRCT) - for	Studies examining
example, allocation	both individuals with
by date of birth,	stroke and those with
location, medical	TBI were included in
record number	this review. There are
	obvious differences
Settings:	between these
A variety of settings,	populations, for
such as private	example, etiology and
home, a hospital or	average age. There
community center.	was also limited
The participants	information regarding
must be community-	the specific mobility or
dwelling and studies	
-	physical activity status of the included
of people residing in	
nursing homes or	participants
other non-	ergometers or other
independent care	devices.
facilities, or who are	
inpatients in a	Intervention:
hospital or other	Most of the
	interventions were

 1 1.1 A	
health care facility	delivered during an 8-
will be excluded.	to 12-week time
	frame. All the
Other criteria:	interventions included
People less than 18	at least some element
years of age and	of face-to-face
pregnant women	delivery, however, two
were excluded	studies delivered the
because the	majority of their
pharmacological	intervention remotely
treatments for these	via telephone. The
people are often	three studies that
different from those	utilized only face-to-
offered to the	face delivery all did
general population.	this via group sessions.
No restrictions for	Standardized manuals
people with physical	or workbooks to assist
or psychological	in the delivery of the
illness	intervention were
	utilized in three
Studies published:	studies. All
Up to 2014	interventions were
00 10 2014	facilitated by health
	professionals,
	including a
	-
	multidisciplinary team
	facilitating sessions in two of the five studies.
	Nurses were most
	commonly engaged in
	the role of facilitator.
	Comparison (control)
	Comparison/control: Wait-list control
	(Study 1), written
	patient educational materials on stroke
	warning signs and
	pamphlets from the
	American Stroke
	Association on
	prevention of
	secondary strokes.
	Telephone calls were
	also made by the case
	manager on the same
	schedule as IG to
	discuss how
	participant felt that
1	day (Study 2), no

	intervention (Study 3),
	control received the 1
	× face-face session but
	no ongoing telephone
	coaching (Study 4),
	Conventional medical
	treatment and health
	promotion pamphlets
	on stroke and stroke
	prevention (Study 5).
	Outcome:
	Three studies
	measured physical
	activity specifically,
	self-reported time
	spent in aerobic
	activity each week,
	weekly metabolic
	equivalent of task
	(MET) minutes by
	using self-reported
	information from a
	translated version of
	the International
	Physical Activity
	Questionnaire (IPAQ),
	physical activity data
	as the proportion of
	the group that
	participated in walking
	exercise. The
	remaining two studies
	utilized different
	validated
	questionnaires
	regarding physical
	activity, including the
	Health Promoting
	Lifestyle Profile – II
	(HPLP-II) Physical
	Activity subscale, the
	Self-Rated Abilities for
	Health Practices
	(SRAHP) Exercise
	subscale, and the
	Cerebrovascular
	Attitudes and Beliefs
	Scale - Revised (CABS-
	R) Exercise subscale.

	I		[[]
			In addition to these	
			specific physical	
			activity measures, a	
			wide variety of	
			secondary outcome	
			measures were used	
			by the authors to	
			examine other factors	
			associated with self-	
			management of	
			acquired brain injury,	
			such as self-efficacy	
			for communicating	
			with physicians or	
			smoking and alcohol	
			behaviour and Parti	
			Diener Satisfaction	
			with Life Scale,	
			Participation	
			Assessment, Stroke-	
			Specific Health-	
			Related Quality of Life	
			-	
			(SSQOL)	
			Study design:	
			RCT or QRCT.	
			ner or quer.	
			Follow-up time:	
			Three months and 6	
			months (study 1),	
			three months and 6	
			months (study 2),	
			three weeks (study 3),	
			eight weeks (study 4),	
			one week and three	
			months (study 5).	
			Number of	
			participants:	
			n=74, n=66, n=26,	
			n=61, and n=190 in	
			the studies 1-5	
			respectively (417 in	
		De la lati	total).	
Karkhaneh et	Objectives:	Population:	Characteristics of	Conclusion:
al	To identify and	Children with autism.	included studies:	"This systematic
2010	synthesize all		6 studies: 4 RCT, and 2	review of controlled
Canada [22]	available controlled trials evaluating	Intervention: Social stories.	CCT.	trials evaluating Social Stories™ for

	Social Stories [™] for		Country of origin:	children with ASD
	ASD.	Comparison/	USA.	complements
		control:		previous reviews
			Deutisinenter	'
		Any other	Participants:	that highlight the
		intervention in	Children with ASD 4-	positive effects of
		individuals with ASD.	14 years.	this modality for
				higher functioning
		Outcomes:	DSM/ICD/Disability:	children with autism.
		Social skills.	DSMIV-TR.	This rigorous
				systematic review of
		Study design:	Comorbidity or	six controlled trials
		RCT or CCT.	factors that may	demonstrates that
			affect the outcome:	Social Stories [™] may
		Settings:	The comparison	be beneficial in
		Not reported.	groups varied across	terms of modifying
			studies.	target behaviours
		Other criteria:		among high
		No.	Intervention:	functioning children
			Social stories.	with ASD. Long-term
		Studies published:		maintenance,
		2002-2006.	Comparison/control:	effectiveness of the
		2002 2000.	Regular school	intervention in
			instruction, no	other, less-controlled
			intervention, regular	settings, and the
			stories.	optimal
			stones.	
			0.1	dose/frequency is
			Outcome:	unknown and
			Game playing skills,	requires further
			reading	research."
			comprehension, story	
			compression and	
			social skills	
			comprehension,	
			aggressive beaviour.	
			Follow-up time:	
			Not specified	
			Number of	
			participants:	
			135	
Kenyon et al	Objectives:	Population:	Characteristics of	Conclusion:
2013	Bring together	Adults and children	included studies:	"Pedometers are
Australia	evidence regarding	with physical	7 studies	useful tools for
[23]	the validity of	disabilities.		measuring
[]	pedometers in		Country of origin:	ambulatory physical
	populations with	Physical disability	Not reported.	activity. This
	physical disabilities.	was defined as a		systematic review
	How valid are	disability with	Participants:	identified 7 studies
			raiticipalits.	identified / studies

	pedometers	primarily neurologic	Adults and children	investigating the
	compared to direct	or physical origins	with physical	validity of
	observation in	that affected	disabilities.	pedometers in a
	counting the steps of	mobility. Disabilities		variety of
	adults and children	of primarily medical	DSM/ICD/Disability:	populations with
	with physical	origin (e.g.,	A variety of	physical disabilities,
	disabilities?	cardiovascular	participants with	including stroke,
		disease),	physical disabilities,	multiple sclerosis,
		intellectual/mental	including stroke,	Parkinson's disease,
		origin (e.g., Down	multiple sclerosis,	transtibial
		syndrome or autism	Parkinson's disease,	amputation, and
		spectrum disorder),	transtibial	children and adults
		or defined by the	amputation,	with mixed
		presence of pain	developmental	neurologic
		(e.g., chronic back	disabilities and	disabilities. While
		pain) were excluded	children and adults	the validity of
		from this definition	with mixed neurologic	pedometers
		of physical disability,	disabilities.	appeared to be
		to produce a		somewhat lower in
		reasonably	Comorbidity or	populations with
		homogenous	factors that may	physical disabilities
		population, which in	affect the outcome:	compared with
		turn would allow the	Suppliers:	populations without
		results of the review	(a) DWSW-200;	disabilities, the
		to be meaningful and	Yamasa Tokei Keiki Co,	validity was still
		reproducible.	Ltd, 1-5-7, Chuo-cho,	moderate to high.
			Meguro-ku, Tokyo	These findings
			152-8691 Japan.	provide preliminary
		Interventions:	(b) W4L Duo;	evidence that
		Validation of a	Walk4Life, 1981	pedometers may be
		measurement	Weisbrook Dr, Unit D,	used in clinical and
		method, there was	Oswego, IL 60543.	research settings in
		no intervention.	c. International	populations with
			Microtech, 9960 Bell	disabilities. Further
		Comparison/	Ranch Dr, Unit 103,	research examining
		control:	Santa Fe Springs, CA	the validity of
		The comparison	90670.	pedometers in less
		between pedometer		heterogeneous
		step counts and step	Five different models	populations of
		counts from direct	of pedometer were	people with
		observation.	used in the 7 studies.	disabilities, and
			The Yamax Digi-	particularly children,
		Outcomes:	Walker SW-200a was	is warranted to
		Primary outcomes:	used in 4 studies,18-	determine validity
		1. Validity data	20,23 and 4 other	for specific disability
		-,,,	models Yamax Digi-	populations. In
		Secondary outcomes:	Walker SW-401, a	addition, future
		Not reported.	Yamax Digi-Walker	research should
			SW-700, a Walk4Life	investigate
		Study design:	Duo, b and Elexis	pedometer reliability
L			,	, see a star and sincy

Quasi-experimental	Trainer FM-180cd	and optimal
or observational.	were each used in a	placement of
of observational.		placement of pedometers with
Cattinga	single study.	regard to dominant
Settings: Not clearly stated.	All studies reported	and nondominant
Not clearly stated.	different durations of	sides and affected
Othen exiteries		
Other criteria:	testing, some were	and nonaffected
No.	restricted by a time	sides in populations
	limit and others by	with disabilities."
Studies published:	distance. The shortest	((Theorem in the sec
Up to 2011.	distance covered in a	"There is no
	single test was 3m,	universally accepted
	and the longest 160m,	cut off for what is
	while time limits	considered to
	ranged from 1 to 6	constitute
	minutes.	acceptable
		pedometer validity.
	It appears that the	However, Schneider
	presence of a physical	et al. proposed that
	disability affects the	a pedometer model
	validity of	can be considered to
	pedometers. This	have acceptable
	poorer validity may be	validity for use in
	explained by the gait	clinical settings if the
	abnormalities	percentage error is
	associated with	less than 20 % for
	physical disabilities.	self-selected walking
	The altered gait	speeds in adults
	patterns associated	without disabilities,
	with physical	and that for research
	disabilities may mean	purposes, the
	that hip acceleration	percentage error
	thresholds that the	should be less than
	pedometers require to	3 %. With the use of
	count a step are not	these cut offs, all the
	consistently reached	studies in this review
	in individuals with	satisfied the 20 %
	physical disabilities,	error cut off for use
	resulting in poorer	in a clinical setting,
	validity.	but only 1 study
		found validity high
	Intervention:	enough to justify
	Validation of a	pedometer use in a
	measurement method	research setting
	(pedometers), there	(Yamax Digi-Walker
	was no intervention.	SW-200 and Yamax
		Digi-Walker SW-401,
	Comparison/control:	in adults with
	The comparison	multiple sclerosis)."
	between pedometer	

			· · ·	
			step counts and step	"We propose that
			counts from direct	pedometers with
			observation via hand	10 %
			tally count and video	to 15 % error when
			recording.	used in populations
				with disabilities may
			Outcome:	be suitable for
			Step counts.	research purposes,
				provided the
			Follow-up time:	researchers are
			After walking.	cognizant of their
				limitations."
			Number of	
			participants:	"The results of this
			n=197 (18 were	review are unable to
			children), sample sizes	inform recommend-
			varied between 16-45.	dations for use of a
				particular pedometer
				model in populations
				with physical
				disabilities, as only 1
				study examined the
				validity of more than
				1 model."
Kok et al	Objectives:	Population:	Characteristics of	Conclusion:
2016	To evaluate the	Children with MBID	included studies:	"The vast majority of
The	currently available,	younger than 22	12 studies where only	the included studies
Netherlands	qualitatively sound	years. IQ scores	10 could be included	investigated the
[24]	research concerning	between 50-85,	in a quantitative	effectiveness of a
	the effectiveness of	diagnosed with any	synthesis (meta-	parent training
	psychosocial	psychiatric disorder.	analysis).	intervention
	interventions,			compared to care as
	specifically directed	Intervention:	Country of origin:	usual. The remaining
	at psychiatric	Psychosocial	Not reported.	studies focused on
	disorders in children	interventions: Parent		psychosocial training
	with mild to	training, Cognitive	Participants:	programs for the
	borderline	behaviour therapy.	Children with MBID	children and
	intellectual disability	Comparison/	younger than 22 years.	adolescents. Parent
	(MBID)?	control:		training programs
		Wait-list control		focus on improving
	Research questions:	group.	DSM/ICD/Disability:	parent-child
	1. What is the quality		DSM-III-R, DSM-IV	interactions,
	of research with	Outcomes:		increasing parents'
	respect to the	Not clear.	Comorbidity or	understanding of
	effectiveness of		factors that may	their child's
	psychosocial	Study design:	affect the outcome:	behaviour, and the
	interventions for	RCT	ODD, ASD.	application of
	psychiatric disorders			behavioural
	in children with	Settings:	Intervention:	techniques to reduce
	MBID?	Not reported.		problem behaviour.

	2. What can be concluded from these studies with regard to effect sizes when compared to a control condition?	Other criteria: No. Studies published: Up to 2010.	Psychosocialinterventions:Parent training, Socialcompetence training,Cognitive behaviourtherapy.Outcome:Antisocial anddisruptive behaviour,child autismsymptoms, pre-schoolbehaviour, parentalstress.Follow-up time:Not specified.Number ofparticipants:456.	In this systematic review, seven different parent training programs were assessed in a total of 243 participants with varying degrees of psychopathology. The overall results appear to show a tendency toward reduced problem behaviour and an increase in child positive behaviour."
Lorenc et al 2016 UK [25]	Objectives: To do a systematic review of international research evidence on the effectiveness and cost- effectiveness of low- level support services for adults with high- functioning autism (HFA). <u>Review question</u> : What is known about the effectiveness, cost-effectiveness, and barriers and facilitators of low- level support services for adults with HFA?	Population: Participants with HFA aged 18 years or over, or their families or carers. Included were any autism spectrum disorder (ASD), including Asperger's Syndrome (AS), without learning disability, participants without a formal diagnosis if the intervention was mainly aimed at ASD at abstract stage if population was reported as ASD but not further specified (i.e. if it is unclear whether participants are high- or low functioning), but excluded at full text if there was no information on	Characteristics of included studies: 37 studies. Country of origin: Most studies were carried out in the USA. Participants: Effectiveness studies: Mean age between 18-36 years in the 27 effectiveness studies respectively. Qualitative studies: Not summarized by the authors of the systematic review. Economic studies: Not summarized by the authors of the systematic review. DSM/ICD/Disability:	Conclusions: "Evidence from three RCTs suggests that job interview training was effective in improving interview performance (total number of participants N=76). Evidence on other outcomes is inconclusive. Evidence from two RCTs, one nRCT and two one-group studies suggests that supported employment was effective in increasing employment rates and earnings (N=174). Evidence on other outcomes is inconclusive. One economic study found supported employment to be

	10 or loarning	Vanving not	cost-effective.
	IQ or learning	Varying, not	
	disability. Included	summarized by the	Evidence from four
	as high-functioning	authors of the	RCTs, two non-RCTs
	participants with	systematic review.	and eight one-group
	reported IQ≥70,	Course which the series	studies suggests that
	'normal' or 'average'	Comorbidity or	social skills training
	cognitive level,	factors that may	was effective in
	and/or with a	affect the outcome:	improving self-rated
	diagnosis of	Not stated.	social skills and
	Asperger's	1	autism symptoms
	Syndrome.	Intervention:	(N=372). Evidence on
		Job interview training,	other outcomes is
	Included were:	Employment support,	inconclusive.
	Studies of mixed	Social skills training &	Evidence from one
	populations	psychoeducation,	nRCT suggests that
	including HFA along	Music/dance,	movement therapy
	with other	University student	was effective in
	populations (either	support & mentoring,	improving social
	non-autistic and/or	Safety General	skills and wellbeing
	learning-disabled) if	support, Peer support	(N=31).
	people with HFA	groups, Specialist	Fuidance en
	represent ≥50% of	multi-disciplinary	Evidence on
	the sample, otherwise	teams.	mentoring and support for
	excluded.	Composicon/control	
	excluded.	Comparison/control: Varying, not	university students is inconclusive.
	Included were:	summarized by the	Evidence on safety
	Studies where the	authors of the	interventions is
	mean age of the	systematic review.	inconclusive.
	sample was ≥18	systematic review.	Evidence from one
	years. At abstract	Outcome:	economic study
	stage abstracts were	A wide range of	suggests that
	excluded if	outcome measures	specialist multi-
	describing	was used in the	disciplinary support
	population as	studies.	was cost-saving from
	'children' or		a public sector
	'schoolchildren' but	Effectiveness studies:	perspective."
	included were those	Autism symptoms/	perspective.
	describing them as	Empathy etc.	
	'young people' or	Quality of	
	'adolescents' or	life/wellbeing	
	focusing on	Mental health	
	transitions to	Social support/quality	
	adulthood (also	of social life	
	excluded were non-	Social skills	
	ASD parents of	(questionnaire)	
	young children with	Service use	
	ASD).	Other employment.	
	Interventions:	Qualitative studies	
I			1

	Low level support	Not summarized by
	interventions.	the authors of the
		systematic review.
	Included were:	
	Any service designed	Economic studies
	to support	Not summarized by
	individuals in their	the authors of the
	daily lives, including:	systematic review.
	the provision of	
	advice, information,	Study design:
	or advocacy services,	Effectiveness studies:
	assistance in	RCT, randomised
	accessing services,	controlled trials (n=9),
	peer support or	nRCT, non-randomised
	support groups,	controlled trials (n=5),
	supported	1-G, one-group studies
	employment,	(n=13).
	support with social	
	interaction or	Qualitative studies:
	participation.	(n=7), not summarized
		by the authors of the
	Excluded were:	systematic review.
	Clinical interventions	Economic studies:
	including individual	(n=3), not summarized
	psychotherapy and	by the authors of the
	cognitive-	systematic review.
	behavioural therapy,	
	any intervention	Follow-up time:
	mainly focused on	Varying, not
	reducing specific	summarized by the
	psychological	authors of the
	morbidity (e.g.	systematic review.
	anxiety, sensory	
	disorders, repetitive	Settings:
	behaviour), and	Varying, not
	facilitated	summarized by the
	communication.	authors of the
		systematic review.
	Comparison/	
	control:	Number of
	Any	participants:
		Between 3-68
	Outcomes:	participants in the 27
	Excluded were: Tests	effectiveness studies
	of purely cognitive or	respectively.
	knowledge	
	outcomes, for	
1		
	example: tests of	
	example: tests of recognition of facial affect (e.g. Face	

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	Emotion
	Identification Test),
	tests of
	emotional cognition
	(e.g. Cambridge
	Mind Reading
	battery, Hinting
	Task), tests of
	knowledge about
	social skills (e.g. Test
	of Young Adult Social
	Skills Knowledge),
	tests of cognitive
	skills or memory,
	correct task
	performance or rule-
	following.
	Included were:
	All other outcomes,
	either self-rated or
	observer rated. For
	example: social
	behaviour, including
	questionnaire
	instruments (e.g.
	Social
	Responsiveness
	Scale) or ratings of
	observed behaviour,
	participation in social
	situations, quality of
	social relationships
	(e.g. Index of Peer
	Relations), any
	outcome relating to
	attitudes or
	perceptions, quality
	of life or wellbeing,
	autism symptoms,
	job performance,
	employment or
	wages earned, any
	mental health
	outcome (e.g.
	depression, anxiety),
	independence or
	activities of daily
	living, etc.

Γ	
	Primary outcomes:
	Which one of the
	outcomes above
	considered primary
	not clearly stated.
	Secondary outcomes:
	Which one of the
	outcomes above
	considered
	secondary not clearly
	stated.
	Study design:
	Any evaluation study
	reporting pre-post
	data or random
	allocation, including
	trials, one-group
	studies and
	retrospective studies
	with pre-post data,
	process evaluations
	and qualitative
	research which
	reports substantive
	data on an
	intervention, any
	economic analyses
	(cost-effectiveness
	or cost benefit
	analyses) of
	interventions.
	Excluded were:
	Observational or
	qualitative studies
	which may include
	data on services
	generally, but do not relate to:
	(a) Specific
	intervention(s), case studies without
	primary qualitative
	or quantitative data,
	studies with minimal
	qualitative data (i.e.
	one or two quotes
	only) at full-text

		stage, cost-only studies, non- systematic reviews, retain systematic reviews whose scope may overlap with this review for reference checking. Settings: Any Other criteria: No. Studies published: Up to 2015		
Mayo-Wilson et al 2008 UK [26]	Objectives: To assess the effectiveness of personal assistance for children and adolescents (0-18) with intellectual impairments, and the impacts of personal assistance on others, compared to other interventions.	Population: Children and adolescents (0-18) living in the community who require assistance to perform tasks of daily living (bathing, eating, getting around, etc.) and to participate in normal activities due to permanent intellectual impairments. Intellectual impairments include 'learning impairments', 'learning disabilities', 'intellectual disabilities', 'mental retardation', and impairments resulting from acquired brain injuries or 'traumatic brain injury'. Young people living in institutions for people with	Characteristics of included studies: 1 study. Country of origin: The study (1) were conducted in the USA. Participants: At baseline, most participants were under 13 years old. DSM/ICD/Disability: Children and adolescents qualified if they had sufficient need, low intelligence quotient, and a diagnosis of mental retardation, autism, spina bifida, cerebral palsy or Prader Willi syndrome. Comorbidity or factors that may affect the outcome: The intervention enrolment process was described as complex and	Conclusions: "There have been relatively few controlled studies of personal assistance for children who require a great deal of assistance. Existing evidence suggests that personal assistance is generally preferred over other services by people who agree to participate in research, however some people prefer other models of care. This review indicates that personal assistance may have some benefits for some recipients, however the relative total costs to recipients and society are unknown. This review does not indicate that personal assistance would be superior to other services for

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impairments are	discouraging, only	people who are
excluded.	22 % of participants	already satisfied with
	received cash	the assistance they
Children and	assistance within 3	receive."
adolescents with	months, 29 % never	
physical impairments	received assistance,	"In 1986, Ratzka
are excluded	and 20 % disenrolled	noted that 'there has
because these	during the following	been surprisingly
impairments affect	year (of whom, 88 %	little in the way of
activities and	withdrew before the	policy evaluation.
participation	assistance started).	The work that has
differently.		been done in this
	The average monthly	area is restricted to
Interventions:	payment at enrolment	gathering descriptive
Personal assistance,	was \$1108. Of those	statistics on number
defined as	still living in the	of hours provided by
individualised	community, 69 % of	one type of service,
support for people	the personal	number of
living in the	assistance group was	consumers, staff,
community by a paid	receiving cash at 9-	and expenditures'.
assistant other than	month follow-up. At 9	While several studies
a healthcare	months, 79 % and	have been
professional for at	65 % of participants in	conducted since the
least 20 hours per	the personal	1980s, few studies
week, which is	assistance and control	have compared
provided for an	groups reported	directly personal
indefinite period of	receiving paid care in	assistance and other
time (i.e., not	the previous two	services and further
rehabilitation or	weeks (p<0.01). They	evaluations are
respite care).	received 237 hours	required to
	and 247 hours in total	determine the
Personal assistance	(p=0.23) <i>,</i> 40 and 30 of	relative merits of
is paid support given	which was paid	different ways of
children and	(p<0.01). Of those	, organising
adolescents with	who hired a worker in	assistance. It would
impairments in	the first 9 months,	be possible to
various settings to	41 % hired a worker	compare personal
enable them to	who lived with them.	assistance to other
participate in		services or to
mainstream	The review was	different forms of
activities. Assistants	funded by a grant	personal assistance
might help with	from the Swedish	in locations
bathing, dressing,	government, the Unit	implementing new
moving around	for Disabilities Issues	programmes.
during the day,	and the Institute for	Similarly, new users
shopping, etc.	Evidence-Based Social	might be assigned to
Personal assistance	Work Practice, the	different models of
may aim to improve	Swedish National	personal assistance
		•
mental and physical	Board of Health and	in locations with
health, but it differs	Welfare	long-standing

from services by	(Socialstyrelsen). The	personal assistance
professional	reviewers have no	services."
healthcare providers	known conflicts of	
(e.g., nurses) with	interest.	"Services for children
whom users have		and adolescents with
very different	Intervention:	impairments are
relationships.	Eligible Medicaid	organised differently
Personal assistance	beneficiaries were	around the world.
is designed for	randomly assigned to	While advocates may
people with	receive a monthly	support personal
permanent	payment (personal	assistance for myriad
impairments and	assistance) in lieu of	reasons, this review
differs from	other Medicaid	demonstrates that
rehabilitative	services or to receive	further studies are
services and from	usual care from 1999	required to
services provided for	to 2003.	determine:
fixed periods of time		(i) What marginal
in that it is indefinite	Participants in the	benefits are gained
and ongoing.	intervention group	from personal
	were contacted by a	assistance (i.e. the
Twenty hours of	counsellor who helped	added value
assistance is the	them develop	compared to other
minimum required	spending plans,	services that exist
to qualify a person	provided advice and	today), (ii) At what
for personal	monitored services.	total relative cost
assistance in several	They received more	and (iii) Which
countries with	paid care than control	models of personal
national schemes.	participants, who	assistance are most
	often paid for care out	effective and
Comparison/	of pocket (20 versus	efficient for
control:	15 hours per week).	particular people."
Other forms of		
support or to 'no	Outcome:	
intervention' (which	Primary outcomes:	
may include unpaid	Quality of life	
care).	User satisfaction	
	The study measured	
Comparisons could	participation, but	
have included, either	these data were not	
singly or in	reported.	
combination,		
informal care (which	Secondary outcomes:	
might be delivered	Unmet needs	
by parents or other	Physical health	
family members),	Mortality	
institutional-isation,	Morbidity and Medical	
service housing	Care	
(cluster housing), on-	Impact on others	
demand services,	Abuse and Neglect	
night patrols,	Costs	

transportation		
services, and other	Study design:	
alternatives to	RCT.	
personal assistance.		
'No-treatment' and	Follow-up time:	
'waiting list' groups	9 months.	
were eligible even if		
other services	Number of	
received were not	participants:	
described. Studies	1 002 participants. 501	
examining different	in each the	
forms of personal	intervention and	
assistance (e.g.,	control group.	
assistance organised		
by users compared		
to assistance		
organised by others)		
were included. These		
were treated as		
separate		
comparisons.		
Outcomes:		
Primary outcomes:		
1. Global quality of		
life, both:		
(a) Generic measures		
and		
(b) Specific measures		
designed for children		
with particular		
impairments.		
Though well-		
validated measures		
for the general		
population were		
considered, a review		
of global health		
measures found that		
'very few measures		
have been validated		
specifically for		
cognitively impaired		
respondents.		
Other measures		
were included.		
2. User satisfaction.		
Direct reports were		
Direct reports were		

Г	
	preferred, though
	proxies were used if
	users were unable to
	communicate.
	3. Participation,
	including social
	activities, ability to
	participate in
	spontaneous
	activities, time
	outside the home,
	and mobility.
	Secondary outcomes:
	1. Unmet needs,
	particularly the
	inability to perform
	activities of daily
	living.
	2. Developmental
	outcomes, including
	cognitive milestones
	and acquisition of
	skills.
	5605
	3. Health outcomes,
	including direct
	measures of muscle
	strength, disease,
	injuries, abuse or
	pain and indirect
	measures such as
	nutrition, emergency
	room visits or need
	for hospitalisation or
	institutionalisation
	4. Psychiatric
	outcomes, including
	self-harm, pica
	(eating non-food
	substances), and
	outwardly directed
	challenging
	behaviour. Measures
	might have included
	items from the
	externalising scale of

1	
	the Behaviour
	Problem Inventory.
	5. Impact on others,
	including parental
	(maternal)
	employment,
	satisfaction, and
	quality of family life.
	For example,
	measures might
	have included the
	Short-Form Health
	Survey or General
	Health
	Questionnaire.
	6. Direct and indirect
	costs, both
	immediate and long-
	term.
	Study design:
	Randomised
	controlled trials,
	quasi randomised
	controlled trials and
	nonrandomised
	controlled studies of
	personal assistance
	in which participants
	are prospectively
	assigned to study
	groups and in which
	control group
	outcomes were
	measured
	concurrently with
	intervention group
	outcomes.
	Settings:
	Community.
	Other criteria:
	Outcomes were
	grouped by length of
	follow-up.

	Ι	1	Γ	T
		No language		
		restrictions were		
		imposed on any		
		results from any		
		search attempts,		
		although most		
		databases were		
		searched in English.		
		Latin American and		
		Caribbean Health		
		Sciences Literature		
		(LILACs) were		
		searched using		
		Spanish and		
		Portuguese terms		
		and Scandinavian		
		databases were		
		searched in		
		appropriate		
		languages.		
		languages.		
		No filters based on		
		methodology were		
		applied because test		
		searches indicated		
		that such filters		
		might eliminate		
		relevant studies.		
		Studies published:		
		Up to 2005.		
Mayo-Wilson	Objectives:	Population:	Characteristics of	Conclusions:
et al	To assess the	Children and	included studies:	"No randomised,
2008	effectiveness of	adolescents (0-18)	No eligible studies	quasi-randomised, or
UK	personal assistance	living in the	were found.	controlled
[27]	for children and	community who		prospective studies
	adolescents (0-18)	require assistance to		were found.
	with physical	perform tasks of		Consequently, no
	impairments, and	daily living (bathing,		studies could be
	the impacts of	eating, getting		included in this
	personal assistance	around, etc.) and to		review. Several
	on families and	participate in normal		related reviews
	carers, compared to	activities due to		found evidence
	other interventions.	permanent physical		about the
		impairments.		effectiveness of
				personal assistance
		Intervention:		for other groups.
		Twenty hours of		There is no reliable
		assistance is the		evidence about the
		minimum required		effectiveness of
		i i i i i i i i i i i i i i i i i i i		enectiveness of

to qualify a porcen	porconal assistance
to qualify a person	personal assistance for children and
for personal	
assistance in several	adolescents with
countries with	physical
national schemes.	impairments."
This review defines	
personal assistance	
as individualised	
support for people	
living in the	
community by a paid	
assistant other than	
a healthcare	
professional for at	
least 20 hours per	
week.	
Studios overninis-	
Studies examining	
different forms of	
personal assistance	
(e.g., assistance	
organised by users	
compared to	
assistance organised	
by others) were	
included. These were	
treated as separate	
comparisons.	
Comparison/	
control:	
Comparisons could	
have included, either	
singly or in	
combination,	
informal care (which	
might be delivered	
by parents or other	
family members),	
institutionalisation,	
service housing	
_	
(cluster housing), on-	
demand services,	
night patrols,	
transportation	
services, and other	
alternatives to	
personal assistance.	

Outcomes:
Primary outcomes: 1. Global quality of
life, both
(a) Generic measures
and
(b) Specific measures designed
for people with
particular impairments. For
example, measures
might have included
the Child Health
Questionnaire or the
Pediatric Quality of
Life Inventory.
2. User satisfaction.
For example, measures might
have included the
Client Satisfaction
Inventory.
3. Participation,
including sense of
control, school
attendance, social
life, ability to
participate in
spontaneous
activities, time
outside the home,
and mobility. For
example, measures
might have included
the Lifestyle
Assessment
Questionnaire.
Secondary
outcomes:
1. Health outcomes,
including direct
measures of muscle
strength, disease,
injuries, abuse or
pain and indirect
measures such as

hospitalisation,
emergency room
visits or need for
institutional-isation.
2. Developmental
outcomes, including
educational
achievement and
attainment,
university
attendance, and
cognitive milestones.
3. Psychiatric
outcomes, including
psychological
disorders (e.g.,
anxiety and
depression), self-
harm, suicide and
substance abuse. For
example, measures
might have included
the Strengths and
Difficulties
Questionnaire.
Questionnaire.
4. Impact on others,
including parental
(maternal)
employment,
satisfaction, and
quality of family life.
For example,
measures might
have included the
Short-Form Health
Survey or the
Euroqol.
5. Direct and indirect
costs, both
immediate and long-
term.
Study design:
Study design.

			1	1
		Randomised		
		controlled trials,		
		quasi-randomised		
		controlled trials and		
		nonrandomised		
		controlled studies of		
		personal assistance		
		compared to other		
		forms of support or		
		to 'no-intervention'		
		(which may include		
		unpaid family care)		
		in which participants		
		were prospectively		
		assigned to study		
		groups and in which		
		control group		
		outcomes were		
		measured		
		concurrently with		
		intervention group		
		outcomes.		
		oucomes.		
		Settings:		
		Not stated.		
		Not Stated.		
		Other criteria:		
		No.		
		110.		
		Studies published:		
		Up to 2005.		
Mayo-Wilson	Objectives:	Population:	Characteristics of	Conclusions:
et al	To assess the	Children and	included studies:	"No randomised,
2008		adolescents (0-18)	No eligible studies	quasi-randomised, or
2008 UK	effectiveness of		were found for this	controlled
	personal assistance	living in the community who	review.	prospective studies
[28]	for children and	community who	Teview.	
1	for children and	roquiro accistanco to		wore found
	adolescents (0-18)	require assistance to		were found.
	adolescents (0-18)	perform tasks of		Consequently, no
	adolescents (0-18) with both physical	perform tasks of daily living (bathing,		Consequently, no studies could be
	adolescents (0-18) with both physical and intellectual	perform tasks of daily living (bathing, eating, getting		Consequently, no studies could be included in this
	adolescents (0-18) with both physical and intellectual impairments, and	perform tasks of daily living (bathing, eating, getting around, etc.) and to		Consequently, no studies could be included in this review. Several
	adolescents (0-18) with both physical and intellectual	perform tasks of daily living (bathing, eating, getting around, etc.) and to participate in normal		Consequently, no studies could be included in this review. Several related reviews
	adolescents (0-18) with both physical and intellectual impairments, and	perform tasks of daily living (bathing, eating, getting around, etc.) and to participate in normal activities due to		Consequently, no studies could be included in this review. Several related reviews found evidence
	adolescents (0-18) with both physical and intellectual impairments, and the impacts of	perform tasks of daily living (bathing, eating, getting around, etc.) and to participate in normal activities due to permanent physical		Consequently, no studies could be included in this review. Several related reviews found evidence about the
	adolescents (0-18) with both physical and intellectual impairments, and the impacts of personal assistance on families and	perform tasks of daily living (bathing, eating, getting around, etc.) and to participate in normal activities due to permanent physical and intellectual		Consequently, no studies could be included in this review. Several related reviews found evidence about the effectiveness of
	adolescents (0-18) with both physical and intellectual impairments, and the impacts of personal assistance on families and carers, compared to	perform tasks of daily living (bathing, eating, getting around, etc.) and to participate in normal activities due to permanent physical		Consequently, no studies could be included in this review. Several related reviews found evidence about the effectiveness of personal assistance
	adolescents (0-18) with both physical and intellectual impairments, and the impacts of personal assistance on families and	perform tasks of daily living (bathing, eating, getting around, etc.) and to participate in normal activities due to permanent physical and intellectual impairments.		Consequently, no studies could be included in this review. Several related reviews found evidence about the effectiveness of personal assistance for other groups.
	adolescents (0-18) with both physical and intellectual impairments, and the impacts of personal assistance on families and carers, compared to	perform tasks of daily living (bathing, eating, getting around, etc.) and to participate in normal activities due to permanent physical and intellectual impairments. With the exception		Consequently, no studies could be included in this review. Several related reviews found evidence about the effectiveness of personal assistance for other groups. There is no reliable
	adolescents (0-18) with both physical and intellectual impairments, and the impacts of personal assistance on families and carers, compared to	perform tasks of daily living (bathing, eating, getting around, etc.) and to participate in normal activities due to permanent physical and intellectual impairments.		Consequently, no studies could be included in this review. Several related reviews found evidence about the effectiveness of personal assistance for other groups.

accommodation (e.g.	personal assistance
residential schools),	for children and
young people living	adolescents with
in institutions for	both physical and
people with	intellectual
impairments were	impairments, though
excluded. Children	the results from a
and adolescents with	review of children
physical impairments	and adolescents with
only and intellectual	intellectual
impairments only	impairments might
were excluded	be relevant to users
because these	and policymakers.
impairments affect	<i>"</i> , , , ,
activities and	"There have been
participation	few controlled
differently.	studies of personal
	assistance for
Interventions:	children who require
Personal assistance	a great deal of
as individualised	assistance for any
support for people	reason and none for
living in the	children who require
community by a paid	assistance due to
assistant other than	both physical and
a healthcare	intellectual
professional for at	impairments.
least 20 hours per	Decisions to provide
week, which is	or not to provide and
provided for an	to take-up or not to
indefinite period of	take-up personal
time (i.e. <i>, not</i>	assistance will be
rehabilitation or	informed by
respite care).	personal values and
	preferences in
Personal assistance	addition to evidence
is paid support given	of its effectiveness.
children and	Some users may
adolescents with	wish to consider
impairments in	evidence from other
various settings to	populations and
enable them to	discuss their options
participate in	with family and
mainstream	friends."
activities. Assistants	
might help with	"In 1986, Ratzka
bathing, dressing,	noted that 'there has
moving around	been surprisingly
during the day,	little in the way of
shopping, etc.	policy evaluation.

Personal assistance	The work that has
may aim to improve	been done in this
mental and physical	area is restricted to
health, but it differs	gathering descriptive
from services by	statistics on number
professional	of hours provided by
healthcare providers	one type of service,
(e.g., nurses) with	number of
whom users have	consumers, staff,
very different	and expenditures'.
relationships.	While one study was
Personal assistance	included in a related
is designed for	review, few studies
people with	have compared
permanent	directly personal
impairments and	assistance and other
differs from	services and further
rehabilitative	evaluations are
services and from	required to
services provided for	determine the
fixed periods of time	relative merits of
in that it is indefinite	different ways of
and ongoing.	organising assistance
	for children and
Twenty hours of	adolescents with
assistance is the	both physical and
minimum required	intellectual
to qualify a person	impairments. It
for personal	would be possible to
assistance in several	compare personal
countries with	assistance to other
national schemes.	services or to
	different forms of
Comparison/	personal assistance
control:	in locations
Other forms of	implementing new
support or to 'no-	programmes.
intervention' (which	Similarly, new users
may include unpaid	might be assigned to
care).	different models of
	personal assistance
Comparisons could	in locations with
have included, either	long-standing
singly or in	personal assistance
combination,	services.
informal care (which	
might be delivered	Services for children
by parents or other	and adolescents with
family members),	impairments are
institutionalisation,	organised differently
instructionalisation,	organised differently

	المالية من معامل المرابع
service housing	around the world.
(cluster housing), on-	While advocates may
demand services,	support personal
night patrols,	assistance for myriad
transportation	reasons, this review
services, and other	demonstrates that
alternatives to	further studies are
personal assistance.	required to
'No-treatment' and	determine:
'waiting list' groups	(i) What marginal
were eligible even if	benefits are gained
other services	from personal
received were not	assistance (i.e. the
described.	added value compared to other
Studies examining	services that exist
different forms of	today?) (ii) At what
personal assistance	total relative cost?
(e.g., assistance	And
organised by users	(iii) Which models of
compared to	personal assistance
assistance organised	are most effective
by others) were	and efficient for
included. These were	particular people?"
treated as separate	
comparisons.	
Outcomes:	
Primary outcomes:	
1. Global quality of	
life, both	
(a) Generic measures	
(e.g., the Pediatric	
Quality of Life	
Inventory and	
(b) Specific measures	
designed for people	
with particular	
impairments.	
Though well-	
validated measures	
for the general	
population were	
considered, a review	
of global health	
measures found that	
'verv few measures	
'very few measures have been validated	
have been validated	
-	

respondents' or for
people with both
physical and
intellectual
impairments. Other
measures were
included.
2. User satisfaction.
Direct reports were
preferred, though
proxies might have
been used if users
were unable to
communicate.
3. Participation,
including social
activities, ability to
participate in
spontaneous
activities, time
outside the home,
and mobility.
Secondary outcomes:
1. Unmet needs,
particularly the
inability to perform
activities of daily
living.
2. Developmental
outcomes, including
cognitive milestones,
acquisition of skills,
and school
attendance.
3. Health outcomes,
including direct
measures of muscle
strength, disease,
injuries, abuse or
pain and indirect
measures such as
nutrition, emergency
room visits or need
for hospitalisation or
institution-alisation.

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	4. Psychiatric
	outcomes, including
	self-harm, pica
	(eating non-food
	substances), and
	outwardly directed
	challenging
	behaviour. Measures
	might have included
	items from the
	externalising scale of
	the Behaviour
	Problem Inventory.
	5. Impact on others,
	including parental
	(maternal)
	employment,
	satisfaction, and
	quality of family life.
	For example,
	measures might
	have included the
	Short-Form Health
	Survey or General
	Health
	Questionnaire.
	6. Direct and indirect
	costs, both
	immediate and long-
	term.
	Study design:
	Randomised
	controlled trials,
	quasi-randomised
	controlled trials and
	nonrandomised
	controlled studies of
	personal assistance
	in which participants
	were prospectively
	assigned to study
	groups and in which
	control group
	outcomes were
	measured
	concurrently with

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		intervention group		
		outcomes.		
		Settings:		
		Community.		
		Other criteria:		
		Outcome intervals,		
		outcomes are		
		planned to be		
		grouped by length of		
		follow-up.		
		Nelenguage		
		No language		
		restrictions were		
		imposed on any		
		results from any		
		search attempts,		
		although most		
		databases were		
		searched in English.		
		No. filtono ha codo u		
		No filters based on		
		methodology were		
		applied because test		
		searches indicated		
		that such filters		
		might eliminate		
		relevant studies.		
		Studies published:		
		Up to 2005.		
Mayo-Wilson	Objectives:	Population:	Characteristics of	Conclusions:
et al	To assess the	Adults (19-64) living	included studies:	"This review
2008	effectiveness of	in the community	1 study.	identifies some
UK	personal assistance	who require		evidence that
[29]	•	assistance to	Country of origin:	personal assistance
	for adults (19-64)	perform tasks of	USA.	recipients may
	with physical	daily living (bathing,		express greater
	impairments, and	eating, getting	Participants:	satisfaction and
	the impacts of	around, etc.) due to	Participants had to be	fewer unmet needs
	personal assistance	permanent physical	current users of the	than participants
	•	impairments.	state's personal care	receiving other
	on partners, families		benefit.	services, with
	and carers,	With the exception		possible benefits in
	compared to other	of people living in	Overall 66 % wore	physical health.
	interventions.	student	Overall, 66 % were	Further data would
			female, 50 % white	
		accommodation (e.g.	and 30 % hispanic	be required to draw
		residential schools or	(regardless of race).	conclusions about
		dormitories), adults	Few had attended	

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	living in institutions	college (17 %) and	mental health and
	for people with	many (43 %) were in	cost.
	impairments were	poor health. The	
	excluded.	majority (65 %) lived	The substantial
		with at least one other	amount of paid
	Adults with	person and few (10 %)	assistance received
	intellectual	lived in a rural area.	by participants in the
	impairments were	Most participants	control group
	excluded because	were dependent in	underscores the fact
	these impairments	several ADLs: 66 %,	that people receive
	affect activities and	69 % and 86 % were	both unpaid and paid
	participation	not independent in	assistance without
	differently.	transferring, toileting	external
		and bathing and 74 %	intervention. These
	Interventions:	expressed a need for	data suggest that
	Personal assistance	more help with	providing personal
	as individualised	personal care.	assistance is likely to
	support for people		raise government or
	living in the	DSM/ICD/Disability:	insurance costs by
	community by a paid	Physical impairments.	paying for work that
	assistant other than		users would
	a healthcare	Comorbidity or	otherwise hire
	professional for at	factors that may	themselves and by
	least 20 hours per	affect the outcome:	paying for time that
	week, which is	After assignment, the	people would
	provided for an	intervention	otherwise spend
	indefinite period of	enrolment process	providing assistance
	time (i.e., not	was described as	for free."
	rehabilitation or	complex and	<i>"_</i> ,
	respite care).	discouraging, only	"This review
		31 % of participants	included 817
	Personal assistance	received cash	participants in one
	is paid support given	assistance within 3	U.S. state (Carlson,
	adults with	months, 30 % never	2007). More trials
	impairments in	received assistance,	would be required to
	various settings to	and 33 % disenrolled	demonstrate if these
	enable them to	during the following	results generalise to
	participate in	year (of whom, 70 %	other countries and
	mainstream	withdrew before the	populations.
	activities. Assistants	assistance started).	Furthermore, the
	might help with		follow-up period was
	bathing, dressing,	Of those participants	short and this review
	moving around	who dropped out of	does not provide
	during the day,	the intervention, the	information about
	shopping, etc.	most common reasons	the long term
	Personal assistance	for leaving were	impacts of personal
	may aim to improve	dissatisfaction with	assistance. The study
	mental and physical	the amount of cash	compared a very
	health, but it differs	assistance, difficulty	large amount of
	from services by	acting as an employer,	personal assistance

		(
professional	and satisfaction with	(e.g., 90 hours per
healthcare providers	traditional agency	week) to another
(e.g., nurses) with	care.	form of service.
whom users have		Large amounts
very different		of assistance are
relationships.	Intervention:	increasingly common
Personal assistance	The included study	in Europe,
is designed for	randomised	particularly in
people with	participants to	Scandinavia. As a
permanent	personal assistance or	result, the
impairments and	usual care.	conclusions of this
differs from		review may not
rehabilitative	Eligible Medicaid	extend to users with
services and from	beneficiaries were	very severe
services provided for	randomly assigned to	impairments or to
fixed periods of time	receive a monthly	more intense models
in that it is indefinite	payment (personal	of personal
and ongoing.	assistance) in lieu of	assistance. Cost data
	other Medicaid	have limited
Comparison/	services or to receive	generalisability. Data
control:	usual care from 1999	from Carlson 2007
Other forms of	to 2003.	are not
support or to 'no-		comprehensive and
intervention' (which	Participants in the	implications for
may include unpaid	intervention group or	different
care).	their representatives	stakeholders may be
	were contacted by a	quite different, the
Comparisons could	counsellor who helped	relative costs of
have included, either	them develop	personal assistance
singly or in	spending plans,	and other services
combination,	provided advice and	may be contextually
informal care (which	monitored services.	dependent, varying
might be delivered		from country to
by partners or other	Participants received a	, country."
family members),	monthly allowance	
institution-alisation,	that could be used to	"Carlson 2007 has
service housing	hire caregivers.	high internal validity,
(cluster housing), on-	Intervention	but low uptake and
demand services,	participants received	nonresponse raise
night patrols,	approximately 19	questions about the
transportation	hours of paid care per	external validity of
services, and other	week compared to 17	these results.
alternatives to	hours of paid care per	Dropout may suggest
personal assistance.	week in the control	that some people
	group.	who wish to try
'No-treatment' and		personal assistance
'waiting list' groups	Personal assistance	eventually
were eligible even if	participants received	determine they
other services	more paid care than	prefer other services
	control participants,	or it may indicate
	control participants,	of it may indicate

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	received were not	who often paid for	that they become
	described.	care out of pocket	unable to manage
		(38.8 versus 33.2	personal assistance.
	Studies examining	hours over two	For this reason,
	different forms of	weeks).	Nosek suggests that
	personal assistance	· · ·	personal assistance
	(e.g., assistance	The average monthly	be offered to some
	organised by users	payment at enrolment	individuals on a trial
	compared to	was \$1069. Of those	basis for a limited
	assistance organised	still living in the	time so that 'both
	by others) were	community, 61% of	consumers and
	included. These were	the personal	providers of services
	treated as separate	assistance group was	could assess the
	comparisons.	receiving cash at 9-	feasibility of
		month follow-up. At 9	management
	Outcomes:	months, 92% and 78%	arrangements and
	Primary outcomes:	of participants in the	mutually define the
	1. Global quality of	personal assistance	parameters of
	life, both	and control groups	management
	(a) Generic measures	reported receiving	responsibilities'.
	(e.g., the Short-	paid care in the	When intervention
	Form Health Survey	previous two weeks	participants can
	and	(p<0.01). They	choose to return to
	(b) Impairment	received 145 hours	other models of
	specific measures.	and 150 hours in total	support rather than
	Generic QoL	(p=0.28), 39 and 31 of	receive personal
	measures are often	which was paid	assistance, it may
	appropriate for	(p<.01).	not be surprising
	people with physical		that consumers
	impairments.	Comparison/control:	select the option
		Usual care.	that leads to the best
	2. User satisfaction.		outcomes for them.
	For example,	Outcome:	Consequently, it is
	measures might	Primary outcomes:	difficult to separate
	have included the	Quality of life	the benefits of
	Client Satisfaction	User satisfaction	personal assistance
	Inventory.	The study measured	per se and the
		participation, but	benefits of consumer
	3. Participation,	these data are not yet	choice."
	including sense of	reported.	
	control,		"There have been
	employment, social	Secondary outcomes:	relatively few
	life, sexual	Unmet needs	controlled studies of
	participation, ability	Physical health	personal assistance
	to engage in	Mortality	for adults who
	spontaneous	Morbidity and Medical	require a great deal
	activities, time	Care	of assistance.
	outside the home,	Impact on others	Existing evidence
	and mobility. For	Abuse and Neglect	suggests that
	example, measures	Costs	personal assistance

might have included		is generally preferred
might have included	Study design.	
the Craig Handicap	Study design:	over other services
Assessment and	RCT	by consumers and
Reporting	Fallow we time.	their representatives
Technique.	Follow-up time:	who agree to
Coordentestormos	9 months.	participate in
Secondary outcomes:	Number of	research, however
1. Unmet needs,		some people prefer other models of
particularly the	participants:	care. This review
inability to perform	817 participants. 404 in the intervention	indicates that
activities of daily		personal assistance
living.	group and 413 in the	•
2 Health autoomac	control group.	probably has some benefits for some
2. Health outcomes,		
including direct measures of muscle		recipients, their friends and families
strength, disease,		friends and families, however the relative
injuries, abuse or		total costs to
pain and indirect		recipients and
measures such as		society are unknown.
hospitalisation,		society are unknown.
emergency room		This review does not
visits or need for		indicate that
institution-alisation.		personal assistance
		would be superior to
3. Functional status		other services for
measured using		people who are
either generic or		already satisfied with
impairment specific		the assistance they
tools. Measures		receive."
might have included		
the Functional		"While several
Independence		studies have been
Measure.		conducted since the
		1980s, few studies
4. Psychological		have compared
outcomes, including		directly personal
psychological		assistance and other
disorders (e.g.,		services and further
anxiety and		evaluations are
depression), self-		required to
harm, suicide and		determine the
substance abuse.		relative merits of
Generic measures		different ways of
are likely to be		organising
appropriate for		assistance. It would
adults with physical		be possible to
impairments and		compare personal
might have included		assistance to other
the Beck Depression		services or to

Inventory or the	different forms of
Inventory or the	
State Trait Anxiety	personal assistance
Inventory.	in locations
5. Impact on others,	implementing new
including family	programmes.
(spousal and	Similarly, new users
parental)	might be assigned to
employment,	different models of
satisfaction, and	personal assistance
quality of family life.	in locations with
	long-standing
6. Direct and indirect	personal assistance
costs, both	services. Services for
immediate and long-	adults with
term.	impairments are
	organised differently
Study design:	around the world.
Randomised	While advocates may
controlled trials,	support personal
quasi-randomised	assistance for myriad
controlled trials and	reasons, this review
nonrandomised	demonstrates that
controlled studies of	further studies are
personal assistance	required to
compared to other	determine
forms of support or	(i) What marginal
to 'no-intervention'	benefits are gained
(which may include	from personal
unpaid care) in	assistance (i.e. the
which participants	added value
were prospectively	compared to
assigned to study	other services that
groups and in which	exist today), (ii) At
control group	what total relative
outcomes were	cost and (iii) Which
measured	models of personal
concurrently with	assistance are most
intervention group	effective and
outcomes.	efficient for
	particular people."
Settings:	
Community	
Other criteria:	
Outcomes were	
grouped by length of	
follow-up.	
No language	
restrictions were	

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		imposed on any		
		results from any		
		search attempts,		
		although most		
		databases were		
		searched in English.		
		Latin American and		
		Caribbean Health		
		Sciences Literature		
		(LILACs) were		
		searched using		
		Spanish and		
		Portuguese terms		
		and Scandinavian		
		databases were		
		searched in		
		appropriate		
		languages.		
		No filters based on		
		methodology were		
		applied because test		
		searches indicated		
		that such filters		
		might eliminate		
		relevant studies.		
		relevant studies.		
		Studios publishod		
		Studies published : Up to 2005.		
Maya Wilcon	Objectives:		Characteristics of	Conclusions:
Mayo-Wilson	To assess the	Population:	included studies:	"There have been
et al		Adults (19-64) with		
2008	effectiveness of	both physical and	2 studies.	relatively few
UK	personal assistance	intellectual	Country of antata	controlled studies of
[30]	for adults (19-64)	impairments living in	Country of origin:	personal assistance
	with both physical	the community who	2 studies were	for adults with both
	and intellectual	require assistance to	conducted in the USA.	physical and
		perform tasks of	Participants:	intellectual
	impairments, and	daily living (bathing,	In the first study:	impairments who
	the impacts of	eating, getting	Participants had to be	require a great deal
	personal assistance	around, etc.) due to	current users of the	of assistance.
	on partners, families	varying levels of	state's personal care	Existing evidence
	and carers,	permanent physical	benefit.	suggests that
	compared to other	and intellectual		personal assistance
		impairments	Overall, 45 % were	may be preferred
	interventions.	(learning disability or	female, 78 % white	over other services
		(learning disability or acquired brain	and 21 % hispanic	over other services by consumers and
		(learning disability or acquired brain injury). With the		
		(learning disability or acquired brain	and 21 % hispanic	by consumers and
		(learning disability or acquired brain injury). With the	and 21 % hispanic	by consumers and their representatives

residential schools or		some people prefer
dormitories), adults	Most participants	other models of
living in institutions	were dependent in	care. This review
for people with	several ADLs: 52 %,	indicates that
impairments were	64 % and 78 % were	personal assistance
excluded. People	not independent in	may have some
with physical	transferring, toileting	benefits for some
impairments only	and bathing and 54 %	recipients, their
and people with	expressed a need for	friends and families
intellectual	more help with	however the relative
impairments only	personal care.	total costs to
will be excluded		recipients and
because these	In the second study:	society are unknown.
impairments affect	There were 44 adults	This review does not
activities and	in each group. Few	indicate that
participation	details were provided	personal assistance
differently.	about their	would be superior to
	characteristics. Most	other services for
Interventions:	participants and	people who are
Personal assistance	assistants were white.	already satisfied with
as individualised	13 % of program	the assistance they
support for people	applicants and 30 % of	receive."
living in the	assistants were black	"In 1986, Ratzka
community by a paid		noted that 'there has
assistant other than	DSM/ICD/Disability:	been surprisingly
a healthcare	Participants with both	little in the way of
professional for at	physical and	policy evaluation.
least 20 hours per	intellectual	The work that has
week, which is	impairments.	been done in this
provided for an		area is restricted to
indefinite period of	Comorbidity or	gathering descriptive
time (i.e. <i>, not</i>	factors that may	statistics on number
rehabilitation or	affect the outcome:	of hours provided by
respite care).	In the first study the	one type of service,
	intervention	number of
Personal assistance	enrolment process	consumers, staff,
is paid support given	was described as	and expenditures'.
adults with	complex and	While several studies
impairments in	discouraging. Only	have been
various settings to	14 % of participants	conducted since the
enable them to	received cash	1980s, few studies
participate in	assistance within 3	have compared
mainstream	months, 42 % never	personal assistance
activities. Assistants	received assistance,	and other services
might help with	and 34 % disenrolled	directly, and further
bathing, dressing,	during the following	evaluations are
moving around	year (of whom,	required to
during the day,	91 % withdrew before	determine the
shopping, etc.	the assistance	relative merits of
Personal assistance	started). The average	different ways of

may aim to improve	monthly payment at	organising
mental and physical	enrolment was \$1641.	assistance. It would
health, but it differs	Of those still living in	be possible to
from services by	the community, 54 %	compare personal
professional	of the personal	assistance to other
healthcare providers	assistance group was	services or to
(e.g., nurses) with	receiving cash	different forms of
whom users have	at 9-month follow-up.	personal assistance
very different	At 9 months, 76 % and	in locations
relationships.	64 % of participants in	implementing new
Personal assistance	the personal	programmes.
is designed for	assistance and control	Similarly, new users
people with	groups reported	might be assigned to
permanent	receiving paid care in	new models of
impairments and	the previous two	personal assistance
differs from	weeks (p<0.01). They	in places with long-
rehabilitative	received 188 hours	standing personal
services and from	and 189 hours in total	assistance services.
services provided for	(p=0.88), 39 and 29 of	Services for adults
fixed periods of time	which was paid	with impairments
in that it is indefinite	(p<.01). Of those who	are organised
and ongoing.	hired a worker in the	differently around
	first 9 months, 42 %	the world. While
Comparison/	hired a worker who	advocates may
control:	lived with them.	support personal
Other forms of	No language	assistance for myriad
support or to 'no-	restrictions were	reasons, this review
intervention' (which	imposed on any	demonstrates that
may include unpaid	results from any	further studies are
care).	search attempts,	required to
	although most	determine:
Comparisons could	databases were	(i) What marginal
have included, either	searched in English.	benefits are gained
singly or in	Latin American and	from personal
combination,	Caribbean Health	assistance (i.e. the
informal care (which	Sciences Literature	added value
might be delivered	(LILACs) were	compared to other
by partners or other	searched using	services that exist
family members),	Spanish and	today), (ii) At what
institutionali-sation,	Portuguese terms and	total relative cost
service housing	Scandinavian	and (iii) Which
(cluster housing), on-	databases were	models of personal
demand services,	searched in	assistance are most
night patrols,	appropriate	effective and
	languages. No filters	efficient for
transportation	languages. No filters based on	
transportation services, and other	based on	efficient for particular people."
transportation services, and other alternatives to	based on methodology were	
transportation services, and other alternatives to personal assistance.	based on methodology were applied because test	
transportation services, and other alternatives to	based on methodology were	

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	were eligible even if	eliminate relevant
	other services	studies.
	received were not	
	described. Studies	Intervention:
	examining different	In the first study:
	forms of personal	Participants received a
	assistance (e.g.,	monthly allowance
	assistance organised	that could be used to
	by users compared	hire caregivers.
	to assistance	Eligible Medicaid
	organised by others)	beneficiaries
	were included. These	were randomly
	were treated as	assigned to receive a
	separate	monthly payment
	comparisons.	(personal assistance)
		in lieu of other
	Outcomes:	Medicaid services or
	Primary outcomes:	to receive usual care
	1. Global quality of	from 1999 to 2003.
	life, both	1011 1999 to 2003.
	(a) Generic measures	Intervention
	(e.g., the Short-	participants received
	Form Health Survey)	approximately 20
	and	hours of paid care per
	(b) Specific measures	week compared to 14
	designed for people	hours of paid care per
	with particular	week in the control
	impairments.	group.
	Though well-	De altri e a la ta lla a
	validated measures	Participants in the
	for the general	intervention group or
	population were	their representatives
	sought, a review of	were contacted by a
	global health	counsellor who helped
	measures found that	them develop
	'very few measures	spending plans,
	have been validated	provided advice and
	specifically, for	monitored services.
	cognitively impaired	Personal assistance
	respondents' or for	participants received
	people with both	more paid care than
	physical and	control participants,
	intellectual	who often paid for
	impairments. Other	care out of pocket (39
	measures were	versus 29 hours over
	included.	two weeks).
	2. User satisfaction.	After assignment, the
	Direct reports will be	authors describe the
	preferred, though	intervention

proxies were eligible	enrolment process as	
if users were unable	complex and	
to communicate.	discouraging.; Only	
	14 % of participants	
3. Participation,	received cash	
including social life,	assistance within	
employment, sexual	3 months, 42 % never	
participation, ability	received assistance,	
to engage in	and 34 % disenrolled	
spontaneous	during the following	
activities, time	year (of whom,	
outside the home,	91 % withdrew before	
and mobility.	the assistance	
	started). The average	
Secondary outcomes:	monthly payment at	
1. Unmet needs,	enrolment was \$1641.	
particularly the	Of those still living in	
inability to perform	the community,	
activities of daily	54 % of the personal	
living.	assistance group was	
	receiving cash	
2. Health outcomes,	at 9-month follow-up.	
including direct	At 9 months, 76 % and	
measures of muscle	64 % of participants in	
strength, disease,	the personal	
injuries, nutrition,	assistance and control	
abuse or pain and	groups reported	
indirect measures	receiving paid care in	
such as	the previous two	
hospitalisation,	weeks (p<0.01). They	
emergency room	received 188 hours	
visits or need for	and 189 hours in total	
institutionalisation.	(p=0.88), 39 and 29 of	
Measures might	which was paid	
include the Health of	(p<.01). Of those who	
the Nation Outcome	hired a worker in the	
Scales for People	first 9 months, 42 %	
with Learning	hired a worker who	
Disabilities.	lived with them.	
3. Functional status	In the second study	
measured using	participants in the	
either generic or	intervention group	
impairment specific	lived with an assistant,	
tools. Measures	41 % of whom spent	
might have included	more than 8 hours per	
the FIM Instrument	day giving assistance	
or the Patient	in household tasks,	
Evaluation and	activities of daily living	
Conference System.	and participating in	

		activities. Assistants
	4. Outwardly	provided help with
	directed challenging	laundry (97 %),
	behaviour. Measures	personal shopping
	might include items	(83 %), cleaning
	from the	clients' rooms (80 %),
	externalising scale of	transportation to
	the Behaviour	social activities (77 %),
	Problem Inventory.	handling money
		(65 %), grooming
	5. Psychological	(49 %), bathing (37 %),
	outcomes, including	dressing (26%), and
	psychological	preparing special diets
	disorders (e.g.	(21 %). Most did not
	depression), self-	work outside the
	harm, pica (eating	home, they typically
	non-food	earned \$6000
	substances), suicide	to \$7000 excluding
	and substance	program payments.
	abuse. For example,	
	measures might	Comparison/control:
	have included the	Usual care.
	PAS-ADD.	
		Outcome:
	6. Impact on others,	Study 1:
	including family (e.g.	Primary outcomes:
	parental)	Quality of life
	employment,	User satisfaction
	satisfaction, and	Participation were
	quality of family life.	measured, though
		these data were not
	7. Direct and indirect	reported
	costs, both	
	immediate and long-	Secondary outcomes:
	term.	Unmet needs
		Physical health
	Study design:	Impact on others
	Randomised	Abuse and neglect
	controlled trials,	Costs
	quasi-randomised	Churcher De
	controlled trials and	Study 2:
	nonrandomised	Primary outcomes:
	controlled studies of	User satisfaction
	personal assistance	Participation
	in which participants	
	were prospectively	Secondary outcomes:
	assigned to study	Unmet needs
	groups and in which	Physical health
I	control group	Functional status
	outcomes were	Mental health

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		measured	Impact on others	
		concurrently with	Costs	
		intervention group		
		outcomes.		
			Study design:	
		Settings:	Study one was	
		-	-	
		Community	randomised.	
		Other criteria:	Follow-up time:	
		Outcomes were	In study one most	
		grouped by length of	follow-up occurred	
		follow-up.	nine months later.	
		No language	Number of	
		restrictions were	participants:	
		imposed on any	The included studies	
		results from any	involved 1 002	
		search attempts,	participants. 456 in	
		although most		
		-	the personal	
		databases were	assistance group and	
		searched in English.	458 in the control	
		Latin American and	group.	
		Caribbean Health		
		Sciences Literature		
		(LILACs) were		
		searched using		
		Spanish and		
		Portuguese terms		
		and Scandinavian		
		databases were		
		searched in		
		appropriate		
		languages.		
		No filters based on		
		methodology were		
		applied because test		
		searches indicated		
		that such filters		
		might eliminate		
		relevant studies.		
		Studies published:		
		Up to 2005.		
Montgomery	Objectives:	Population:	Characteristics of	Conclusions:
et al	To assess the	Older adults (65+)	included studies:	"There have been
2008		living in the	4 studies.	relatively few
UK	effectiveness of	-		controlled studies of
[31]	personal assistance	community who require assistance to	Country of origin:	personal assistance
		L LEOUILE ASSISTANCE TO	LOUNTRY OF ORIGIN:	L DEISODALASSISTANCE

programmes for	perform tasks of	USA.	for older adults who
older adults with	daily living (bathing,	054.	require a great deal
	eating, getting	Participants:	of assistance.
impairments, and	around, etc.) and to	Study 1:	Existing evidence
the impacts of	participate in normal	Participants had to be	suggests that
personal assistance	activities due to	current users of the	personal assistance
on partners, families	permanent	state's personal care	is generally preferred
and carers,	•	benefit.	over other services
	impairments. Older	benent.	
compared to other	adults living outside		by consumers and
interventions.	their own homes	Overall, 45 % were	their representatives
	(e.g., in nursing	female, 78 % white	who agree to
	homes) were	and 21 % Hispanic	participate in
	excluded. Studies in	(regardless of race).	research, however,
	which the majority		some people prefer
	(51 % or more) of	Few (11 %) lived in a	other models of
	participants had	rural area.	care. This review
	been diagnosed as		indicates that
	suffering from	Most participants	personal assistance
	dementia at baseline	were dependent in	probably has some
	were excluded as	several ADLs: 52 %,	benefits for some
	their reasons for	64 % and 78 % were	recipients, their
	receiving assistance	not independent in	friends and families.
	and goals might	transferring, toileting	Paid assistance
	differ from other	and bathing and 54 %	probably substitutes
	older adults.	expressed a need for	for informal care and
		more help with	may cost
	Interventions:	personal care.	government more
	Personal assistance		than alternative
	as individualised	Study 2:	arrangements,
	support for people	There were 44 adults	however the relative
	living in the	in each group. Few	total costs to
	community by a paid	details were provided	recipients and
	assistant other than	about their	society are unknown.
	a healthcare	characteristics. Most	Decisions to provide
	professional for at	participants and	or not to provide and
	least 20 hours per	assistants were white.	to take-up or not to
	week, which is	13 % of program	take-up personal
	provided for an	applicants and 30 % of	assistance will be
	indefinite period of	assistants were black.	informed by
	time (i.e., not		personal values and
	rehabilitation or	DSM/ICD/Disability:	preferences in
	respite care).	Not reported.	addition to evidence
			of its effectiveness.
	Personal assistance	Comorbidity or	This review indicates
	is paid support given	factors that may	that personal
	adults with	affect the outcome:	assistance is safe for
	impairments in	In the first study the	older adults, though
	various settings to	intervention	it may be difficult to
	-		
	enable them to	enrolment process	manage. People who
	participate in	was described as	choose to receive

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mainstream	complex and	personal assistance
activities. Assistants	discouraging. Only	may prefer it to
might help with	14 % of participants	other services,
bathing, dressing,	received cash	particularly services
moving around	assistance within 3	over which users
during the day,	months, 42 % never	have little control.
shopping, etc.	received assistance,	However, this review
Personal assistance	and 34 % disenrolled	does not indicate
may aim to improve	during the following	that personal
mental and physical	year (of whom, 91 %	assistance would be
health, but it differs	withdrew before the	superior to other
from services by	assistance started).	services for people
professional	The average monthly	who are already
healthcare providers	payment at enrolment	satisfied with the
(e.g., nurses) with	was \$1641. Of those	assistance they
whom users have	still living in the	receive. Personal
very different	community, 54 % of	assistance appears to
relationships.	the personal	benefit informal
Personal assistance	assistance group was	caregivers as well.
is designed for	receiving cash at 9-	Individuals
people with	month follow-up. At 9	considering personal
permanent	months, 76 % and	assistance may wish
impairments and	64 % of participants in	to discuss their
differs from	the personal	options with family
rehabilitative	assistance and control	and friends."
services and from	groups reported	
services provided for	receiving paid care in	"In 1986, Ratzka
fixed periods of time	the previous two	noted that 'there has
in that it is indefinite	weeks (p<0.01). They	been surprisingly
and ongoing.	received 188 hours	little in the way of
	and 189 hours in total	policy evaluation.
Comparison/	(p=0.88), 39 and 29 of	The work that has
control:	which was paid	been done in this
Comparisons could	(p<.01). Of those who	area is restricted to
have included, either	hired a worker in the	gathering descriptive
singly or in	first 9 months, 42 %	statistics on number
combination,	hired a worker who	of hours provided by
informal care (which	lived with them.	one type of service,
might be delivered	No language	number of
by partners or other	restrictions were	consumers, staff,
family members),	imposed on any	and expenditures'.
institutionalisation,	results from any	While several studies
service housing	search attempts,	have been
(cluster housing), on-	although most	conducted since the
demand services,	databases were	1980s, few studies
night patrols,	searched in English.	have compared
transportation	Latin American and	directly personal
services, and other	Caribbean Health	assistance and other
alternatives to	Sciences Literature	services and further
personal assistance.	(LILACs) were	evaluations are

/No i	treatment' and	searched using	required to
	treatment and ting list' groups	searched using	determine the
		Spanish and	relative merits of
	e eligible even if r services	Portuguese terms and Scandinavian	
	r services ived were not	databases were	different ways of
			organising
	ribed. Studies	searched in	assistance.
	nining different	appropriate	Personal assistance
	s of personal	languages. No filters	is expensive and
	tance (e.g.,	based on	difficult to organise,
	tance organised	methodology were	especially in places
	sers compared	applied because test	that do not have
	sistance	searches indicated	such services in place
	nised by others)	that such filters might	already. In locations
	included. These	eliminate relevant	with personal
	e treated as	studies.	assistance, recipients
sepa			may resist being
com	parisons.	Intervention:	assigned to other
		In the first study	services.
	comes:	participants received a	Nonetheless, it
	ary outcomes:	monthly allowance	would be possible to
	obal quality of	that could be used to	compare personal
life, t		hire caregivers.	assistance to other
	eneric measures	Eligible Medicaid	services or to
	, the Short-	beneficiaries were	different forms of
	n Health Survey	randomly assigned to	personal assistance
and		receive a monthly	in locations
	npairment	payment (personal	implementing new
	ific measures.	assistance) in lieu of	programmes.
	igh well-	other Medicaid	Similarly, new users
	ated measures	services or to receive	might be assigned to
	he general	usual care from 1999	new models of
	ulation were	to 2003.	personal assistance
	idered, a review		in places with long-
-	obal health	Intervention	standing personal
	sures found that	participants received	assistance services."
	few measures	approximately 20	
	been validated	hours of paid care per	"Services for older
	ifically for	week compared to 14	adults with
_	itively impaired	hours of paid care per	impairments are
respo	ondents'.	week in the control	organised differently
		group.	around the world.
2. Us	ser satisfaction.		While advocates may
Direc	ct reports were	Participants in the	support personal
prefe	erred, though	intervention group or	assistance for myriad
prox	ies were eligible	their representatives	reasons, this review
if use	ers were unable	were contacted by a	demonstrates that
to co	ommunicate.	counsellor who helped	further studies are
		them develop	required to
l l		an an alta a mhana	d a t a masim a
3. Pa	rticipation,	spending plans,	determine

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	membership in	monitored services.	(i) What marginal
	community groups,	Personal assistance	benefits are gained
	sexual participation,	participants received	from personal
	ability to engage in	more paid care than	assistance (i.e. the
	spontaneous	control participants,	added value
	activities, time	who often paid for	compared to other
	outside the home,	care out of pocket (39	services that exist
	and mobility.	versus 29 hours over	today), (ii) At what
		two weeks).	total relative cost
	Secondary outcomes:	_	and (iii) Which
	1. Unmet needs,	After assignment, the	models of personal
	particularly the	authors describe the	assistance are most
	inability to perform	intervention	effective and
	activities of daily	enrolment process as	efficient."
	living.	complex and	
		discouraging. Only	
	2. Health outcomes,	14 % of participants	
	including direct	received cash	
	measures of muscle	assistance within 3	
	strength, disease,	months, 42 % never	
	injuries, nutrition,	received assistance,	
	abuse or pain and	and 34 % disenrolled	
	indirect measures	during the following	
	such as	year (of whom, 91 %	
	hospitalisation,	withdrew before the	
	emergency room	assistance started).	
	visits or need for	The average monthly	
	institutional-isation.	payment at enrolment	
		was \$1641. Of those	
	3. Functional status	still living in the	
	measured using	community, 54 % of	
	either generic or	the personal	
	impairment specific	assistance group was	
	tools. Measures	receiving cash at 9-	
	might have included	month follow-up. At 9	
	the FIM Instrument	months, 76 % and	
	or an index of	64 % of participants in	
	activities of daily	the personal	
	, living.	assistance and control	
	-	groups reported	
	4. Outwardly	receiving paid care in	
	directed challenging	the previous two	
	behaviour (e.g., the	weeks (p<0.01). They	
	Cohen- Mansfield	received 188 hours	
	Agitation Inventory.)	and 189 hours in total	
		(p=0.88), 39 and 29 of	
	5. Psychological	which was paid	
	outcomes, including	(p<.01). Of those who	
	dementia,	hired a worker in the	
	psychological	first 9 months, 42 %	
	Psychological	11131 3 111011(113, 42 70	

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	disorders (e.g.,	hired a worker who	
	anxiety and	lived with them.	
	depression),		
	challenging	In the second study	
	behaviour, self-	participants in the	
	harm, suicide and	intervention group	
	substance abuse. For	lived with an assistant,	
	example, measures	41 % of whom spent	
	might have included	more than 8 hours per	
	the Geriatric	day giving assistance	
	Depression Scale,	in household tasks,	
	the Mini-Mental	activities of daily living	
	State questionnaire,	and participating in	
	or the PAS-ADD.	activities. Assistants	
		provided help with	
	6. Impact on others,	laundry (97 %) <i>,</i>	
	including family	personal shopping	
	(spouse and child)	(83 %), cleaning	
	employment,	clients' rooms (80 %),	
	satisfaction, and	transportation to	
	quality of family life.	social activities (77 %),	ľ
	For example,	handling money	
	measures might	(65 %), grooming	
	have included the	(49 %), bathing (37 %),	
	Dysfunctional	dressing (26 %), and	
	Behaviour Rating	preparing special diets	
	Instrument, the	(21 %). Most did not	
	Short-Form Health	work outside the	
	Survey or the	home, they typically	
	General Health	earned \$6,000 to	
	Questionnaire.	\$7,000 excluding	
		program payments.	
	7. Direct and indirect		
	costs, both	Comparison/control	ľ
	immediate and long-	(n studies):	I
	term.	Usual care (2),	
		Nursing homes (1),	
	Study design:	Cluster care (1).	
	Randomised		
	controlled trials,	Outcome:	
	quasi-randomised		
	controlled trials and	<u>First study:</u>	
	nonrandomised	Primary outcomes:	
	controlled studies of	Quality of life	
	personal assistance	User satisfaction	
	compared to other	Participation were	
	forms of support or	measured, though	
	to 'no intervention'	these data were not	
	(which may include	reported.	I
	unpaid care) in		

which participants	Secondary outcomes:
were prospectively	Unmet needs
assigned to study	Physical health
groups and in which	Impact on others
control group	Abuse and neglect
outcomes were	Costs
measured	
concurrently with	Second study:
intervention group	Primary outcomes
outcomes.	User satisfaction
	Participation
Settings:	
Community.	Secondary outcomes:
	Unmet needs
Other criteria:	Physical health
Outcomes were	Functional status
grouped by length of	Mental health
follow-up.	Impact on others
	Costs
No language	
restrictions were	Study design:
imposed on any	One study was an RCT,
results from any	three studies were
	non-randomised.
search attempts, although most	non-randomised.
databases were	
	Follow-up time:
searched in English.	In study one most
Latin American and Caribbean Health	follow-up occurred nine months later.
Sciences Literature	
	Number of
(LILACs) were	
searched using	participants:
Spanish and	The four studies
Portuguese terms	involved 1642
and Scandinavian	participants.
databases were	
searched in	
appropriate	
languages.	
No filtors been a su	
No filters based on	
methodology were	
applied because test	
searches indicated	
that such filters	
might eliminate	
might eliminate relevant studies.	
might eliminate	

Patterson et al	Objectives:	Population:	Characteristics of	Conclusions:
2012	Examine research	Children diagnosed	included studies:	"Different degree of
USA & Canada	utilizing single	with autistic	11 studies	positive effects on
[32]	subject research	disorders, pervasive		both parents and
[02]	designs (SSRD) to	development	Country of origin:	children's' outcomes
	explore the	disorders or	Not clear.	were demonstrated
	effectiveness of	Asperger syndrome		for a variety of
	interventions designs	including comorbid	Participants:	interventions.
	to increase parents'	diagnose.	Preschool children	Overall the studies
	ability to support	uldgriose.	(n=26), age range 10-	were of moderate
	communication and	Intervention:	112 months (median	quality. The studies
	social development	Training programs	43 months).	reveal that parents
	on children with	for parents of	Primary care givers	can learn to
	autism spectrum	children with autism	were seldom	accurately
	disorders (ASD).	to increase their	described, usually the	implement the
		ability to support	mother.	program strategies
		their child with ASD.	DSM/ICD/Disability:	for a short period of
			ASD (n=44). Mental	time. The parent's
		Comparison/	retardation, Down	ability to use the
		control:	syndrome or 'autistic	skills in their
		No.	like symptoms' (n=3).	everyday life as their
		NO.	like symptoms (n=5).	child develops is not
		Outcomes:	Intervention:	well understood."
		Primary outcomes:	Interventions	well understood.
		Children's social and	designed to increase	
		/or vocational	the social and/or	
		communication skills	communication skills	
			of children with ASD.	
		as primary outcome. At least one measure	of children with ASD.	
		of parental	Manualized programs	
		behaviour. Numeric	Manualized programs used in four studies:	
		graphical data that	Pivotal Response	
		could be used to calculate the	Treatment (PRT), Natural Language	
			00	
		improvement rate	paradigm (NLP), Early	
		differences (IRD) for at least one child and	Denver Model (ESDM). Not manualized	
		one adult		
			programs were used in 9 studies.	
		participant.	3 studies.	
		Secondary outcomes:	Comorbidity or	
		If any of the	factors that may	
		outcomes above	affect the outcome:	
		considered	No comparisons.	
		secondary not clearly		
		stated.	Comparison/control:	
			No.	
		Study design:		
		Studies that utilized	Outcome:	
		an SSRD.		
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			Several parent and	
		Settings:	child outcomes.	
		Not stated.		
			Study design:	
			SSRD.	
		Other criteria:		
		No	Follow-up time:	
		-	Not reported.	
		Studies published:		
		Up to 2009.		
		op to 2009.		
			Number of	
			Number of	
			participants:	
			47 children and their	
			primary care giver.	
			The data from the 44	
			children with ASD and	
			at least one primary	
			care giver is analyzed	
			in the review.	
			Setting:	
			Not reported.	
Patterson et al	Objectives:	Population:	Characteristics of	Conclusions:
2010	To examine the	Participants of any	included studies:	"The 17 participants
Canada	quality of conduct of	age diagnosed with	10 studies (9 peer	involved in these
			reviewed articles and	studies
[33]	experimental studies	autistic disorders,		
	contributing to our	pervasive	1 dissertation).	demonstrated high
	experimental	development		baseline levels of
	understanding of	disorders or	Country of origin:	SRBs. These high
	functional based	Asperger syndrome	USA.	frequencies,
	behavioural	including comorbid		along-side the
	interventions for	diagnose.	Participants:	teacher and parent
	stereotypic and		17 participants	reports, indicated
	repetitive behaviours	Intervention:	(median n=1),	that these
	(SRB) in individuals	Behavioural	Male (n=13) School	behaviours were
	with autism spectra	interventions.	age (n=10), toddler	interfering with the
	disorders (ASD).		(n=1), adolescents	individuals' ability to
		Comparison/	(n=2) and adults $(n=4)$.	engage appropriately
		control:		in their environment.
		No.	DSM/ICD/Disability:	Overall, positive
			Autism (n=15),	effects were
		Outcomes:	pervasive	reported for
			development (n=1),	behavioural
		Reduce stereotypic		
		and repetitive	high function autism	interventions to
		behaviours (SRBs) in	(n=1). Comorbid	reduce SRBs
		individuals with ASD.	diagnosis of mental	maintained by a
			retardation (n=5) and	variety of identified
		Study design:		functions displayed

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	perimental design	chronic conditions	by individuals with
	luding RCT, quasi-	(n=2).	ASDs, however,
-	oup designs, or		there are several
	gle participants	Comorbidity or	limitations to these
des	signs.	factors that may	findings. This
		affect the outcome:	evidence is
Set	ttings:	All of the intervention	preliminary in nature
No	ot stated.	studies included in the	because of the small
		review were single-	number of
Oti	her criteria:	participant research	participants in the 10
No).	designs. "Although	studies and the
		single-case research is	heterogeneity of
Stu	udies published:	a rigorous, scientific	both the population
Up	to 2008.	methodology used to	and the
		define basic principles	inter-ventions
		of behaviour and	themselves. Caution
		establish evidence-	should be used in
		based practices, it is	choosing and
		often seen as a	implementing
		starting point for	interventions to
		formulating and	ameliorate SRBs in
		understanding how to	order to reduce the
		apply new	use of ineffective
		interventions	treatment, thus
		systematically."	wasting valuable
			resources. Further
		Intervention:	research is required
		Response interruption	to examine the array
		and redirection, NCR	of Sens01Y,
		and prompting	pharmaceutical, and
		procedures, NCR and	developmental,
		response blocking,	interventions for
		NCR and response	SRBs based upon the
		interruption,	function of the
		Antecedent-based	behaviour."
		visual cue card	
		strategy, Functional	
		communication	
		training, Matched	
		stimulation and NCR,	
		Differential	
		reinforcement and	
		extinction, Non-	
		contingent access,	
		Schedule thinning of	
		response blocking.	
		Comparison/control:	
		No.	

			Outcome: Decreases in SRB: s such as stereo-typed movements, repetitive object manipulation, circumscribed interests.	
			Study design: Single-case research designs.	
			Follow-up time: Not reported.	
			Number of participants: 17 participants.	
			Setting: Not reported.	
Reichow et al	Objectives:	Population:	Characteristics of	Conclusions:
2012	To systematically	Children and young	included studies:	"The results of the
USA	review the evidence	adults aged 6 to 21	5 studies.	meta-analyses in this
[34]	for the effectiveness	with ASD (that is,		review suggest that
	of social skills groups	autistic disorder,	Country of origin:	participants in social
	for improving social	Asperger's disorder,	All studies were	skills groups may
	competence, social	PDD-NOS, Rett's	conducted in the USA.	make modest gains
	communication, and	syndrome, childhood	Deuticiacates	in social
		disintegrative disorder), defined by	Participants: Four of the five	competence, have better friendships,
	quality of life in	diagnosis according	studies examined	and experience less
	individuals with ASD.	to DSM-IV-TR or ICD-	social skills groups in	loneliness. To put
	To identify the	10.	children between the	these gains in more
	characteristics of the		ages of eight to 11	concrete terms, if
	social skills training	Interventions:	years, one study	measuring everyday
	that are most	Social skills groups,	examined social skills	social skills using the
	effective.	delivered by	groups in adolescents	Vineland, for
		professional	between the ages of	example, an average
	To identify those	personnel in groups	11 and 17 years. 86 %	participant from these studies would
	subsample(s) of	of at least two individuals, in any	were male.	increase their
	children with ASD for	setting at any	DSM/ICD/Disability:	repertoire of social
	whom social skills	frequency and for	All studies had an	skills from 123 to
	groups are most	any duration.	inclusion criterion that	147 after
	• •	Participants may or	the participants have	participating in the
	successful.	i di cicipanto inay or	the participants have	participating in the

 	· · · · ·	
received standard	the cut-off for	which is a clinically
treatment in	intellectual disability,	significant increase."
addition to the social	which was typically	
skills group	the only inclusion	"This review is not
intervention. We did	criteria. Across	without limitations,
not include studies	studies, all samples	however. It includes
evaluating support	reported mean full	only five studies with
group and	scale IQ to be in the	relatively small
psychodynamic	average range	sample sizes that
group therapies in	(range of mean full	evaluated different
this review.	scale IQ 84.8 to 106.9).	social skills group
		curricula and
Comparison/	Comorbidity or	assessed effects
control:	factors that may	using different
Eligible comparison	affect the outcome:	measures of social
groups were	No adverse events	competence and a
standard treatment	were reported as a	narrow range of
groups or wait list	result of treatment in	additional outcomes.
control groups.	any study.	Given these
		limitations, we
Outcomes:	Intervention:	cannot formulate
Primary outcomes:	The duration of the	specific practice
1. Social	social skills groups	guidelines on the
Competence	across studies was five	characteristics of the
This outcome was	to 20 weeks or 12 to	most successful
typically measured	125 sessions. Four of	social skills groups."
through parent	the five studies had	
report on a	one session per week	"The results of this
standardized	with a duration of 60	review suggest much
assessment scale, for	or 90 minutes, one	work remains to be
example, Vineland	study had 25 weekly	done in establishing
Adaptive Behaviour	sessions that were 70	the efficacy of social
Scale or the Social	minutes each.	skills group
Skills Rating System.	Multiple social skills	interventions.
	group curricula were	Although many
	used across studies, all	quasi-experimental
	of which focused on a	studies of social skills
Secondary outcomes:	broad array of social	group interventions
1. Social	skills that were taught	have been
communication.	and rehearsed during	conducted (for
	the sessions. Four of	example, pre-/post-
2. Quality of life.	five studies included a	treatment
	parent component to	comparison, non-
3. Emotion	the social skills group.	randomized group
recognition.		comparison), we
-	Comparison/control:	located only five
4. Individual specific	Four of the five	RCTs. Future
behaviours.	studies used a	research should be
	randomized wait list	conducted using true
5. Adverse effects.	control trial. Method,	experimental designs

		11
Control .	one study used a	with adequate
Social	randomized controlled	power to detect
communication,	trial design with a no	clinically important
quality of life, and	treatment control. All	effects. Research
emotion recognition	five studies compared	should also focus on
were measured	the treatment group	expanding the
using standardized	with a group not	participant age range
assessments and/or	partaking in a social	(that is, also
parent- or teacher-	skills group.	including
rated scales.	Individuals with	participants under 7
	autism typically	years of age and
Study design:	receive many	participants above
Randomized	treatments, thus we	13 years of age) and
controlled trials of	did not have an	cognitive functioning
social skills groups.	included study in	levels (that is,
	which participants	including individuals
Settings:	were receiving no	with below average
Not reported.	treatment.	cognitive abilities) to
		increase the
	Outcome:	generalizability of
Other criteria:	Social competence,	findings. Finally,
No.	Social communication,	although non-
	Emotion recognition,	randomized studies
Studies published:	Quality of life	have been
Up to 2011.		conducted outside of
	Follow-up time:	the US, well
	If data had permitted,	designed RCTs are
	the plan was to group	needed in settings
		needed in settings
	outcome time points	outside of the US to
	outcome time points as follows:	•
	-	outside of the US to
	as follows:	outside of the US to evaluate how well
	as follows: immediately post-	outside of the US to evaluate how well social skills group
	as follows: immediately post- intervention, one to	outside of the US to evaluate how well social skills group interventions work in
	as follows: immediately post- intervention, one to five months	outside of the US to evaluate how well social skills group interventions work in different social and
	as follows: immediately post- intervention, one to five months postintervention, six	outside of the US to evaluate how well social skills group interventions work in different social and
	as follows: immediately post- intervention, one to five months postintervention, six to 11 months post-	outside of the US to evaluate how well social skills group interventions work in different social and
	as follows: immediately post- intervention, one to five months postintervention, six to 11 months post- intervention, 12 to 23	outside of the US to evaluate how well social skills group interventions work in different social and
	as follows: immediately post- intervention, one to five months postintervention, six to 11 months post- intervention, 12 to 23 months post-	outside of the US to evaluate how well social skills group interventions work in different social and
	as follows: immediately post- intervention, one to five months postintervention, six to 11 months post- intervention, 12 to 23 months post- intervention, 24 to 35	outside of the US to evaluate how well social skills group interventions work in different social and
	as follows: immediately post- intervention, one to five months postintervention, six to 11 months post- intervention, 12 to 23 months post- intervention, 24 to 35 months post	outside of the US to evaluate how well social skills group interventions work in different social and
	as follows: immediately post- intervention, one to five months postintervention, six to 11 months post- intervention, 12 to 23 months post- intervention, 24 to 35 months post	outside of the US to evaluate how well social skills group interventions work in different social and
	as follows: immediately post- intervention, one to five months postintervention, six to 11 months post- intervention, 12 to 23 months post- intervention, 24 to 35 months post intervention, etc.	outside of the US to evaluate how well social skills group interventions work in different social and
	as follows: immediately post- intervention, one to five months postintervention, six to 11 months post- intervention, 12 to 23 months post- intervention, 24 to 35 months post intervention, etc.	outside of the US to evaluate how well social skills group interventions work in different social and
	as follows: immediately post- intervention, one to five months postintervention, six to 11 months post- intervention, 12 to 23 months post- intervention, 24 to 35 months post intervention, etc.	outside of the US to evaluate how well social skills group interventions work in different social and
	as follows: immediately post- intervention, one to five months postintervention, six to 11 months post- intervention, 12 to 23 months post- intervention, 24 to 35 months post intervention, etc. Only post-intervention scores were reported, and this is the time	outside of the US to evaluate how well social skills group interventions work in different social and
	as follows: immediately post- intervention, one to five months postintervention, six to 11 months post- intervention, 12 to 23 months post- intervention, 24 to 35 months post intervention, etc. Only post-intervention scores were reported, and this is the time point included in this	outside of the US to evaluate how well social skills group interventions work in different social and
	as follows: immediately post- intervention, one to five months postintervention, six to 11 months post- intervention, 12 to 23 months post- intervention, 24 to 35 months post intervention, etc. Only post-intervention scores were reported, and this is the time point included in this	outside of the US to evaluate how well social skills group interventions work in different social and
	as follows: immediately post- intervention, one to five months postintervention, six to 11 months post- intervention, 12 to 23 months post- intervention, 24 to 35 months post intervention, etc. Only post-intervention scores were reported, and this is the time point included in this review.	outside of the US to evaluate how well social skills group interventions work in different social and
	as follows: immediately post- intervention, one to five months postintervention, six to 11 months post- intervention, 12 to 23 months post- intervention, 24 to 35 months post intervention, etc. Only post-intervention scores were reported, and this is the time point included in this review. Outcome measures	outside of the US to evaluate how well social skills group interventions work in different social and

			treatment, no long-	
			term outcome data	
			were reported	
			Number of	
			participants:	
			199 participants.	
Schrank et al	Objectives:	Population:	Characteristics of	Conclusions:
2015	To systematically	Parents (16-65 years	included studies:	"This review
UK & Austria	establish:	old) with severe	18 publications	establishes the
	1. What			evidence base and
[35]		mental illness, past	reporting on 15 intervention studies.	identifies areas for
	interventions, for	or present diagnosis	intervention studies.	
	parents with SMI	of a psychotic or	Country of outside	development. Based
	after the post-	bipolar disorder	Country of origin:	on the heterogeneity
	partum period, have	based on ICD or	10 articles from USA, 2	of the interventions
	been evaluated in	DSM, who had at	from Australia 1 each	and their findings,
	the scientific	least one dependent	in Germany,	future interventions
	literature, and	child aged over 1	Netherlands and UK.	might offer a
		year and below 18		combination of
	2. What is known on	years of age.	Participants:	different strategies
	their effectiveness. It		Parents 16-65 years	covering a wide
	focuses on	Intervention:	with severe mental	range of areas, such
	interventions for	A range of	illness with children	as online and face-
	parents with	interventions for	between 1 to 18 years.	to-face techniques or
	psychotic or bipolar	parents with SMI,		a combination of
	disorders and	after the post-natal	DSM/ICD/Disability:	trans-diagnostic and
	includes all available	period (child over 1	Not reported.	more diagnosis
	outcomes reported	year).		specific aspects.
	for both parents and		Comorbidity or	Flexible application
	their children.	Comparison/	factors that may	of these strategies
		control:	affect the outcome:	will accommodate
		With or without	Not reported.	the complex and
		control.		varying needs of
			Intervention:	parents with SMI.
		Outcomes:	The most frequent	Rigorous trials
		Not reported.	intervention	should include a
			components were	direct assessment of
		Study design:	1. Parenting skills	both parents and
		RCT, experimental	training, mainly	children, relevant
		cohort studies with	focusing on managing	public health
		or without control	child behaviour and	outcomes, and
		group, intervention		establish long-term
		studies.	2. Educating parents	effects ideally until
			on the impact of SMI	, children have
		Settings:	on parenting.	reached 18 years of
		Home, community	Home based	age. More
		residential homes.	programmes, complex	understanding is also
			community-based	needed about
		Other criteria:	programmes, online	intervention
		No.	programmes.	components and the
	1	110.	Programmes.	components and the

		Studies published: Up to 2014.	Outcome: Different outcomes	processes underlying the interventions. Integrating
			which were either child related, parents	qualitative and quantitative evidence on
			related, family related, or intervention	processes and
			related.	outcomes will
			Study design: 4 RCT, 2 experimental cohort studies,5 simple cohort studies without a control group, 1 retrospective chart review, 3 intervention with outcomes without specifying the methods of data collection. Three articles were publications of different stages of a single trial.	improve our understanding on the effectiveness of complex interventions for parents with SMI."
			Follow-up time:	
			Differed from 6	
			months to 1-2 years.	
			Number of	
			participants:	
			Reported in different	
			ways: Parents, families .	
Sharp et al	Objectives:	Population:	Characteristics of	Conclusions: "Dance
2014 UK	Evaluate the effectiveness of	Participants of any age or gender with a	included studies: 8 studies (10 articles)	demonstrates short
[36]	dance in comparison	diagnosis (as defined	included in qualitative	term clinically
[00]	to other exercise	by the study	synthesis, 5 studies (7	meaningful benefits
	interventions and no	author's) of PD.	articles) included in	in Parkinson's
	intervention for		quantitative synthesis.	disease. Future RCT's
	people with	Intervention:		should be well
	Parkinson's disease	Any form of dance.	Country of origin:	designed and
	(PD).	Comparison	Not reported.	determine the long-
		Comparison/ control:	Participants:	term effects of dance, which dose
		No intervention and	The mean age was	and type of dance is
		other exercise	between 63.3 years	most effective and
		interventions.	,	how dance compares

	and 71 years in four of	to other eversion
Outcomos	and 71 years in four of the studies	to other exercise
Outcomes:	the studies	therapies."
Primary outcomes:		
Motor disability,	DSM/ICD/Disability:	
physical function,	Participants of any age	
gait, balance and	or gender with a	
quality of life.	diagnosis, as defined	
	by the study author's,	
Secondary outcomes:	of PD were included in	
Not specified.	the analysis regardless	
	of duration of PD, type	
Study design:	of drug or surgical	
RCT.	therapy, duration of	
	treatment or level of	
Setting:	impairment.	
Not reported.		
Other criteria:		
No.		
Studies published:	Comorbidity or	
Up to 2014.	factors that may	
•	affect the outcome:	
	Not reported.	
	Intervention:	
	Dance.	
	Comparison/control:	
	No intervention,	
	exercise.	
	Outcome:	
	Balance, gait, velocity,	
	6MWT, PDQ-39.	
	Study design:	
	RCT.	
	NCI.	
	Follow-up time:	
	Baseline and final	
	outcome week 10-13,	
	3 months and 6	
	months.	
	N	
	Number of	
	participants:	
	Dance vs. no	
	intervention, 100	
	participants.	

<u>г</u>				
			Dance vs. exercise, 38-	
			43 participants.	
			Two studies	
			contributed 68	
			participants regarding	
			PDQ-39.	
Shilling et al	Objectives:	Population:	Characteristics of	Conclusions:
	The review	Parents and	included studies:	"The qualitative
	addressed the	caregivers of	17 studies.	synthesis highlights
[27]		children with chronic		important
	following research	disabling conditions	Country of origin:	characteristics of
	questions:	including disabled,	11 studies were	
		-		peer support that
:	1. Is peer support for	chronically, or	conducted in the USA,	appear to be generic
	parents of children	seriously ill children	3 in UK and 3 in	across different
	with disabling	and young people.	Canada.	types of support and
	•			medical conditions.
	conditions perceived	Interventions:	Participants:	These include the
6	as beneficial to their	Informal or formal	Parents of children	benefits of finding a
	health, well-being,	support offered to	with mixed conditions,	shared social
	and family	parents by parents in	parents of children	identity, the
	, functioning?	the form of one-to-	with specific	opportunity to learn
	ranetioning.	one or group	conditions including	practical information
	2. Are these effects	meetings.	dyslexia, limb	and be inspired by
	measurable and		deficiency, and	others, going
		Internet or	diabetes.	through a process of
	long-lasting?	telephone support		personal growth, and
		was excluded, as	DSM/ICD/Disability:	finally, finding the
	3. What are the	were professionally	Not applicable.	ability to support
	economic	led or parenting skills		others. The
i	implications of this	training	Comorbidity or	chronology to these
	support, and how	interventions.	factors that may	stages of support is
	does it affect service	interventions.	affect the outcome:	an overriding theme,
		Comparison/	The systematic review	thus an important
	use and relationships	control:	is part of a pilot	feature of peer
\ \	with health care	Studies comparing		support would seem
	professionals?		programme evaluation of a one-to-one peer	
		peer support with no		to be its potential for
		peer support, those	support service	self-sustainability.
		comparing between	offered to parents by	The qualitative
		different types of	Face 2 Face,11 a UK	findings are
		support, and those	organization that	consistent with the
		with no comparator	provides peer support	growing awareness
		group at all were	for parents of children	of the positive and
		eligible for inclusion.	with disabling	'protective'
			conditions.	psychological and
		Outcomes:		physical health
		Psychological health	Intervention:	effects of sharing a
		of parents.	Peer-support.	social identity with
		Experience of the		others, and the
		person offering or	Outcomes/Themes:	benefits derived by a

		· · ·		 .
		receiving peer	Qualitative data	person being able to
		support, Economic	(themes):	offer support, known
		implications of peer	Social identity	as the helper-
		support	Learning from the	therapy principle.
		programmes, Family	experience of others	However,
		functioning,	Personal growth	quantitative studies
		Accessing services	Supporting others	did not substantiate
		and information,	When peer support	these perceived
		Relationships with	does not work	benefits. Although
		health professionals,	Quantitative data	the general trend on
		Long-term impact of	(outcomes):	measures of
		peer support.	Psychological health	psychological health
			Family function	favoured peer
		Primary outcomes:	The experience of	support, few studies
		Which one of the	parents receiving	reported strong
		outcomes above	support	evidence and, in the
		considered primary	Accessing services and	only study to
		not clearly stated.	information	measure it, no
		_		difference in the use
		Secondary outcomes:	Study design:	of community or
		Which one of the	Seven randomized	health care
		outcomes above	controlled trials, nine	resources was
		considered	qualitative studies,	observed."
		secondary not clearly	and one mixed-	
		stated.	methods evaluation.	"Overall it was not
				possible to answer
		Study design:	Follow-up time:	the review questions
		The authors did not	Not reported.	fully."
		limit study inclusion		
		by study design.	Number of	"This review has
			participants:	identified the need
		Settings:	680 participants in the	for more robust
		The authors did not	intervention groups	evaluation
		limit study inclusion	(17 studies) and 341	of peer support
		by setting.	participants in the	services and
			control groups (7	identified several
		Other criteria:	studies).	methodological
		The authors did not		challenges. More
		limit study inclusion		rigorous evaluation
		by language, date, or		is necessary to help
		child's condition.		parents and service
				commissioners make
		Studies published:		informed decisions
		Up to 2011.		about the potential
				benefits and costs of
				poor support
				peer support
				services."
Spain et al	Objectives:	Population:	Characteristics of	
Spain et al 2017	Objectives: To evaluate the	Population: Families that have at	Characteristics of included studies:	services."
•	-	•		services." Conclusions:

[20]	and accortability of	Child or adalassant	No studies met the	offorts it may be
[38]	and acceptability of	Child or adolescent (aged 17 years and	inclusion criteria for	effects, it may be that family therapy is
	family therapy as a	under) or adult (aged	this review.	deemed clinically
	treatment to	18 years and over) –		appropriate, either
	enhance	diagnosed with an		in conjunction with
	communication or	ASD.		other prescribed
	coping for individuals	A30.		treatments or as a
	with Autism	ASD was defined		stand-alone
	spectrum disorders	according to clinical		intervention.
		criteria of either the		Decisions to use
	(ASD) and their	International		family therapy
	family members. If	Classification of		should be made in
	possible, we will also	Diseases, WHO or		consultation with
	seek to establish the	the Diagnostic and		suitably qualified
	economic costs	Statistical Manual of		multidisciplinary
	associated with	Mental Disorders,		professionals. Also,
	family therapy for	and ideally (but not		the use of family or
	this clinical	necessarily)		systemic therapies
		diagnosed using		should be informed
	population.	standardised		by best practice
		methods of		guidance for clinical
		assessment (e.g. the		work with this
		Autism Diagnostic		population".
		Interview-Revised, or		
		the Autism		"There are several
		Diagnostic		implications for
		Observation		research. Building on
		Schedule).		the literature to
		Family members		date, there is a need
		were defined as		for further
		individuals from		intervention studies
		multi-generations		that employ
		(parents,		methodologically
		grandparents,		rigorous trial designs
		siblings, children, or		(i.e. RCTs). This
		spouses), either		may include studies
		biologically related		that examine the
		to the individual with		clinical utility and
		ASD or related		effectiveness of
		through marriage or		psychoeducation for
		cohabitation.		family members,
		Also included were		couples' therapy to
		non-professional		strengthen relationships and
		carers (e.g.		coping when one
		individuals providing		parent has ASD, and
		foster or respite		family or systemic
		care) and significant		therapy for parents,
		others such as		siblings,
		friends.		
		menus.		grandparents and

	children of people
Studies that	with ASD, and dyads
described	(e.g. members of
interventions	two generations and
delivered to	young people or
participants residing	adults with ASD and
in the same dwelling,	members of the
or interventions	immediate and
offered to family	extended family).
members living	Whether particular
separately were	systemic approaches
included.	glean more
	favourable outcomes
Interventions:	is yet to be
Family therapy	established, but this
interventions	warrants further
delivered by at least	investigation.
one suitably	Similarly,
qualified clinician,	consideration of
derived from	treatment mediators
systemic theories,	and moderators
and specifically	would prove
focusing on	beneficial. As a
understanding,	secondary objective,
enhancing and	intervention studies
improving aspects of	should undertake
relationships	process evaluations
between individuals	to establish
with ASD and at least	satisfaction and
one family member,	acceptability of these
or between two or	interventions for
more members of	family members."
the family of an	
individual with ASD	
(e.g. parents, or	
parents and siblings).	
Following modalities	
of family therapy	
were included:	
Systemic therapy,	
structural family	
therapy, strategic	
family therapy, Milan	
approaches,	
solution-focused	
therapy, narrative	
therapy, and	
behavioural family	
therapy.	

The intervention had
to have been offered
either face-to-face or
via web-based real-
time sessions.
Comparison/
control:
1. No treatment.
2. Provision of
standard clinical care
(i.e. treatment as
usual).
3. A wait-list control
(e.g. a delayed-start
intervention).
4. An active
comparator (e.g. an
alternative
psychological
intervention such as
applied behavioural
analysis or cognitive
behavioural
therapy).
Outcomes:
Primary outcomes:
1. Quality or quantity
of social interaction
and communication
(e.g. Social
Responsiveness
Scale by Constantino
2003; Autism
Diagnostic
Observation
Schedule by Lord
2000).
2. Mental health
morbidity, including
stress, anxiety or
depression (e.g.
Hospital Anxiety and

ГГ	
	Depression Scale by
	Zigmond 1983).
	3. Quality of life (e.g.
	EQ-5D by Szenda
	2007), including
	quality of
	relationships with
	family members (e.g.
	Family Questionnaire
	by Wiedemann
	2002).
	4. Adverse effects or
	events (e.g.
	increased mental
	health morbidities,
	as measured by the
	Hospital Anxiety and
	Depression Scale
	(Zigmond 1983); or
	an increase in
	challenging
	behaviour).
	Secondary outcomes:
	1. Confidence in, or
	attributions about,
	coping (e.g.
	Attributional Style
	Questionnaire by
	Seligman 1984).
	2. Satisfaction with
	treatment (e.g.
	Client Satisfaction
	Questionnaire by
	Attkisson 1982).
	3. Dropout from
	treatment.
	4. Health economic
	outcomes, including
	direct costs (e.g.
	treatment costs) and
	indirect costs (e.g.
	use of clinical
	services or work
	services or work

				
		absence due to		
		stress).		
		Study design:		
		Randomised		
		controlled trials		
		(RCTs) and quasi-		
		RCTs (in which		
		participants were		
		allocated by		
		alternate allocation,		
		for example		
		according to days of		
		the week).		
		C. I.I.		
		Settings:		
		Not reported.		
		Other criteria:		
		We included studies		
		in which participants		
		had a comorbidity or		
		were receiving other		
		treatments		
		concurrently to the		
		family therapy,		
		although the		
		intention was to		
		clarify this level of		
		detail from reports		
		or by contacting trial		
		authors.		
		Studies published:		
		Up to 2017.		
Storebo et al	Objectives:	Population:	Characteristics of	Conclusions:
2011	To assess the effects	Children and	included studies:	"It is not possible to
Denmark	of social skills	adolescents between	11 studies.	recommend or
[39]	training in children	five and 18 years		refuse social skills
	and adolescents with	diagnosed with	Country of origin:	training for children
	Attention Deficit	ADHD according to	Eight of the 11 studies	with ADHD at the
		DSM-IV or	were carried out in the	moment. Parent and
	Hyperactivity	hyper-kinetic	USA, one in Canada,	participant
	Disorder (ADHD).	disorders from ICD-	one in the	satisfaction with the
		10, WHO. The main	Netherlands, and one	treatment is raced as
		term in DSM-IV is	in Hong Kong (China).	high and most
		ADHD 314, which is		teachers would
		divided into three	Participants:	recommend the
		sub diagnoses:		treatment to others,
		. .	L	,

predominantly	Children between five	but in two trials
inattentive type	and 12 years old.	there was no
(314.00),		difference in this
predominantly	In four of the studies,	outcome between
hyperactive/impul-	the number of girls	the social skills
sive type (314.01),	compared to boys was	training groups and
and combined type	1:3 or 1:4, and in three	the control group."
(314.02). The DSM-IV	studies, the number of	
diagnosis ADHD	girls compared to boys	"This review
unspecified (314.9)	was nearly 1:2. In	highlights the need
may also be used, as	three trials, the	for more
well as diagnostic	number of girls	standardised
categories from	compared to boys was	treatment
earlier DSM systems	as low as between 1:7	interventions that
(DSM- 111 and DSM-	and 1:10.	can be investigated
III-R) and from		in more high-quality
hyperkinetic	In seven of the	trials, with low risk of
disorders in ICD-9. In	studies, the	bias and with
addition, we	participants were	sufficient numbers of
included participants	between 80 % and	participants,
with a diagnosis of	90 % caucasians. In	investigating the
ADHD based on a		effects of social skills
	two studies, the	
cut-off score from a	ethnicity was more	training versus no
validated diagnostic	mixed, with 49 % to	training for children
assessment	61 % caucasians and	as well as
instrument, for	the majority being of	adolescents with
example, Conners'	another ethnicity, i.e.,	ADHD. There is a
parent raring scales.	4 % to 20 % Afro-	need for pre
We also included	American and 5 % to	published protocols,
participants with	16 % Asian. In one	which could help
different kinds of	study, the participants	with the problem
co-morbidity such as	were all Chinese.	with multiple
conduct or		outcomes and the
oppositional	DSM/ICD/Disability:	difficulty of
disorders,	All participants were	identifying the
depression,	diagnosed with ADHD	primary outcomes
attachment disorder,	using tools that had	and the secondary
or anxiety disorders.	been accepted for	outcomes."
	inclusion in this	
Interventions:	review. All these	
All forms of social	diagnostic tools were	
skills training where	based on the	
training focused on	international DSM or	
behavioural and	ICD diagnostic	
cognitive-	systems, or a cue-off	
behavioural efforts	score from the	
to improve social	Conners' Racing Scale.	
skills and emotional		
competence. This		
means behavioural		
	1	1

and cognitive	Comorhidituror
and cognitive	Comorbidity or
treatments focusing	factors that may
on reaching the	affect the outcome:
children how to	In 10 studies, the
'read' the subtle cues	children had different
in social interaction,	types of comorbidities,
such as learning to	for example,
wait for their turn,	oppositional defiant
knowing when to	disorder, conduct
shift topics during a	disorder, anxiety
conversation, and	disorder, in ad-dition
being able to	to the ADHD
recognise the	diagnosis.
emotional	
expressions of	Intervention:
others, social 'rules',	The 11 studies had
and expectations of	comparable treatment
others.	interventions. The
	interventions were
Comparison/	named social skills
control:	training, cognitive
No intervention or	behavioural
wait list control.	intervention,
These control groups	multimodal
were considered	behavioural/psychoso
equal, and therefore	cial therapy,
did not distinguish	behavioural
between the control	therapy/treatment,
groups, but analysed	behavioural and social
the trials with	skills treatment, and
relevant outcomes	psychosocial
together in the same	treatment.
comparison.	
,	Five studies had child
Comorbidity or	social skills training
factors that may	and parent training
affect the outcome:	plus medical
Trials with	treatment in the
concurrent medical	experimental
treatment were	treatment versus
included if the	medical treatment
medication was	alone. Another one of
administered equally	these studies also
in both groups.	administrated
	academic
Outcomes:	organisational skills
Primary outcomes:	training and individual
1. Social skills and	psychotherapy. Two
emotional	studies had child social
competences in	skills training, parent

	school or at home,	training, and teacher	
	measured at post-	consultations in the	
	treatment and	experimental	
	longest follow-up, by	treatment. The MTA	
	well-established and	study used child social	
	validated	skills training, parent	
	instruments, for	training, teacher	
	example, Social Skills	consultations, and	
	Rating System (SSRS)	classroom behavioural	
	or Conners' CBRS.	intervention in the	
		experimental	
	2. General behaviour	treatment. Two	
	in school or at home,	studies used child	
	measured at	social skills training	
	post-treatment and	and parent training	
	longest follow-up, by	plus teacher	
	well-established and	consultation in the	
	validated	experimental	
	instruments, for	treatment. All of the	
	example, the	interventions in the	
	Achenbach Child	studies were group	
	Behaviour Checklist.	interventions except	
		one.	
	Secondary outcomes:		
	1. Core ADHD	Comparison/control:	
	symptoms of	Eight studies used	
	inattention,	medications in both	
	impulsivity, and	the experimental	
	hyperactivity,	treatment and as the	
	measured at post-	only treatment in the	
	treatment and	control treatment and	
	longest follow-up, by	therefore it is	
	well-established and	comparable with a no	
	validated	treatment control	
•			
	instruments, for		
	instruments, for example, Conners'	group. One of these	
	example, Conners'	group. One of these studies also included a	
	example, Conners' parents' rating	group. One of these studies also included a no treatment control	
	example, Conners'	group. One of these studies also included a	
	example, Conners' parents' rating scales.	group. One of these studies also included a no treatment control group.	
	example, Conners' parents' rating scales. 2. Performance and	group. One of these studies also included a no treatment control group. Three trials used a	
	example, Conners' parents' rating scales. 2. Performance and grades in school,	group. One of these studies also included a no treatment control group. Three trials used a wait list control group,	
	example, Conners' parents' rating scales. 2. Performance and grades in school, measured at	group. One of these studies also included a no treatment control group. Three trials used a wait list control group, without medication in	
	example, Conners' parents' rating scales. 2. Performance and grades in school, measured at post-treatment and	group. One of these studies also included a no treatment control group. Three trials used a wait list control group,	
	example, Conners' parents' rating scales. 2. Performance and grades in school, measured at	group. One of these studies also included a no treatment control group. Three trials used a wait list control group, without medication in any of the groups.	
	example, Conners' parents' rating scales. 2. Performance and grades in school, measured at post-treatment and longest follow-up.	group. One of these studies also included a no treatment control group. Three trials used a wait list control group, without medication in any of the groups. The duration of the	
	example, Conners' parents' rating scales. 2. Performance and grades in school, measured at post-treatment and longest follow-up. 3. Participant and/or	group. One of these studies also included a no treatment control group. Three trials used a wait list control group, without medication in any of the groups. The duration of the intervention was	
	 example, Conners' parents' rating scales. 2. Performance and grades in school, measured at post-treatment and longest follow-up. 3. Participant and/or parent satisfaction 	group. One of these studies also included a no treatment control group. Three trials used a wait list control group, without medication in any of the groups. The duration of the intervention was comparable in eight of	
	example, Conners' parents' rating scales. 2. Performance and grades in school, measured at post-treatment and longest follow-up. 3. Participant and/or parent satisfaction with the treatment,	group. One of these studies also included a no treatment control group. Three trials used a wait list control group, without medication in any of the groups. The duration of the intervention was comparable in eight of the included studies	
	 example, Conners' parents' rating scales. 2. Performance and grades in school, measured at post-treatment and longest follow-up. 3. Participant and/or parent satisfaction 	group. One of these studies also included a no treatment control group. Three trials used a wait list control group, without medication in any of the groups. The duration of the intervention was comparable in eight of	

outcomes by	weeks. In one study,
psychometrically	the intervention lasted
validated	for 24 weeks; in one
instruments such as	trial for 14 months,
the Client	and in one trial the
Satisfaction	intervention lasted for
Questionnaire.	two years.
4. Adverse events: a)	Outcome:
Severe and	Primary outcomes:
	Social skills
b) non-severe. The	competences
severity was	General behaviour.
assessed according	
to the International	
Committee of	
Harmonization	Secondary outcomes:
guidelines (ICH I	ADHD symptoms
996). Serious	Performance in school
adverse events are	Satisfaction with the
defined as any event	treatment. Adverse
that leads to death,	events (none of the
is life threatening,	studies reported on
requires inpatient	this outcome).
hospitalisation or	
prolongation of	Study design:
existing	11 randomised trials.
hospitalisation,	
	Follow-up time:
results in persistent	-
or significant	Not clear.
or significant disability, and any	Not clear.
or significant disability, and any important medical	Not clear. Number of
or significant disability, and any important medical event that may have	Not clear. Number of participants:
or significant disability, and any important medical event that may have jeopardised the	Not clear. Number of participants: The 11 randomised
or significant disability, and any important medical event that may have jeopardised the patient's health or	Not clear. Number of participants: The 11 randomised studies included a
or significant disability, and any important medical event that may have jeopardised the patient's health or requires intervention	Not clear. Number of participants: The 11 randomised studies included a total of 747
or significant disability, and any important medical event that may have jeopardised the patient's health or requires intervention to prevent it. All	Not clear. Number of participants: The 11 randomised studies included a total of 747 participants. The
or significant disability, and any important medical event that may have jeopardised the patient's health or requires intervention to prevent it. All other adverse events	Not clear. Number of participants: The 11 randomised studies included a total of 747 participants. The number of
or significant disability, and any important medical event that may have jeopardised the patient's health or requires intervention to prevent it. All other adverse events will be considered	Not clear. Number of participants: The 11 randomised studies included a total of 747 participants. The number of participants
or significant disability, and any important medical event that may have jeopardised the patient's health or requires intervention to prevent it. All other adverse events	Not clear. Number of participants: The 11 randomised studies included a total of 747 participants. The number of participants randomised per study
or significant disability, and any important medical event that may have jeopardised the patient's health or requires intervention to prevent it. All other adverse events will be considered non-serious.	Not clear. Number of participants: The 11 randomised studies included a total of 747 participants. The number of participants randomised per study ranged from 27 to 576
or significant disability, and any important medical event that may have jeopardised the patient's health or requires intervention to prevent it. All other adverse events will be considered non-serious. Study design:	Not clear. Number of participants: The 11 randomised studies included a total of 747 participants. The number of participants randomised per study
or significant disability, and any important medical event that may have jeopardised the patient's health or requires intervention to prevent it. All other adverse events will be considered non-serious. Study design: Randomised	Not clear. Number of participants: The 11 randomised studies included a total of 747 participants. The number of participants randomised per study ranged from 27 to 576
or significant disability, and any important medical event that may have jeopardised the patient's health or requires intervention to prevent it. All other adverse events will be considered non-serious. Study design: Randomised controlled trials	Not clear. Number of participants: The 11 randomised studies included a total of 747 participants. The number of participants randomised per study ranged from 27 to 576
or significant disability, and any important medical event that may have jeopardised the patient's health or requires intervention to prevent it. All other adverse events will be considered non-serious. Study design: Randomised controlled trials investigating social	Not clear. Number of participants: The 11 randomised studies included a total of 747 participants. The number of participants randomised per study ranged from 27 to 576
or significant disability, and any important medical event that may have jeopardised the patient's health or requires intervention to prevent it. All other adverse events will be considered non-serious. Study design: Randomised controlled trials investigating social skills training alone	Not clear. Number of participants: The 11 randomised studies included a total of 747 participants. The number of participants randomised per study ranged from 27 to 576
or significant disability, and any important medical event that may have jeopardised the patient's health or requires intervention to prevent it. All other adverse events will be considered non-serious. Study design: Randomised controlled trials investigating social skills training alone or as an adjunct to	Not clear. Number of participants: The 11 randomised studies included a total of 747 participants. The number of participants randomised per study ranged from 27 to 576
or significant disability, and any important medical event that may have jeopardised the patient's health or requires intervention to prevent it. All other adverse events will be considered non-serious. Study design: Randomised controlled trials investigating social skills training alone or as an adjunct to pharmacological	Not clear. Number of participants: The 11 randomised studies included a total of 747 participants. The number of participants randomised per study ranged from 27 to 576
or significant disability, and any important medical event that may have jeopardised the patient's health or requires intervention to prevent it. All other adverse events will be considered non-serious. Study design: Randomised controlled trials investigating social skills training alone or as an adjunct to	Not clear. Number of participants: The 11 randomised studies included a total of 747 participants. The number of participants randomised per study ranged from 27 to 576

(CBT) to t in childre adolescer	Studies	s published:		
	natically the swith for using rral therapy treat anxiety an and swith inctioning bectrum (ASD). Heres interact arousa distort avoida behavi compo include emotic skills ai reducin arousa malada thinkin system to fear to elim avoida	ation: t population primaryCharac include 8 studieprimary poiss of an ASD.8 studieentions:Countr Particip Childre adolese binnings of sume that ogic anxiety is sult of an ction between ince our. The core our. The core our. The core our. The core our. The core our. The core our. The core our regulation imed at ng physiologic age = 1 age in range 7 on regulation inded at ng physiologic age in addition imed at ng physiologic age in addition inate et asituations inate nt behaviour.N = 40, age = 9 range 7 out age = 1 y, range 9 range 9 range 9 range 9 range 9 range 9 range 1no addition imed at inate no the behaviour.N = 22, age = 1 y, range 9 range 9	CBT for an children at adolescen with ASD with adolescen with adolescen with adolescen with adolescen with adolescen adolescen with adolescen with adolescen with adolescen with adolescen with adolescen with adolescen with adolescen with adolescen adolescen adolescen with adolescen with adolescen anxiety bu addlescen adolescen anxiety with adolescen a	domized I studies of exiety in and ts were ad gnificant CBT waitlist or of s. Parent d clinician ats of ut not child ts of ere so change. dies CBT for gainst control s in f <i>i</i> th ASD rell zed with ASD

control:	y, range 7–14 y	occurring anxiety
No treatment	,,	symptoms."
control group or	N = 45, 36 boys, mean	- /
waitlist control	age = 8.9 y , SD = 1.3 y ,	
group.	range 7–11 y	
0.246.		
Comorbidity or	N = 30, 23 boys, mean	
factors that may	age = 14.6 y, SD = 1.5	
affect the outcome:	y, range 12–17 y	
Comparison groups		
in which patients	DSM/ICD/Disability:	
receive an	ASD.	
alternative		
treatment will not be	No inclusion criterion	
included.	for the children's level	
	of cognitive	
Outcomes:	functioning, but all	
Primary outcomes:	studies included in the	
Anxiety.	meta-analysis were	
	conducted with	
Secondary outcomes:	subjects who had high	
None.	functioning ASD,	
	defined as IQ above	
Study design:	70. No published	
Randomized	studies to the authors	
controlled trials.	knowledge have	
	evaluated CBT in	
Case studies, single	children with ASD and	
case designs, and	IQ below 70.	
qualitative case		
reports were not	Comorbidity or	
considered for the	factors that may	
meta-analysis.	affect the outcome:	
	Most children with	
Settings:	ASD receive	
Not stated.	psychoeducational	
	services or	
Other criteria:	pharmacotherapy	
No.	(according to the	
	authors), therefore	
Studies published:	subjects randomized	
Up to 2012.	to waitlist (as well as	
	subjects randomized	
	to CBT) were allowed	
	to continue their	
	ongoing treatments.	
	Thus, the waitlist-	
	controlled studies	
	were combined with	
	studies that used TAU-	

	controlled conditions
	because these 2 types
	of control conditions
	in studies of children
	with autism appear to
	be essentially the
	same. There was
	considerable
	heterogeneity among
	the studies in
	describing
	concomitant
	treatments including
	providing no
	information, reporting
	a number of subjects
	receiving concomitant
	medication, and
	reporting medication,
	psychological, and
	school-based services.
	School-based services.
	Intervention:
	CBT.
	Study 1-8
	6, two-hours group
	sessions of CBT with
	child only or with child
	and parent.
	12, two-hours group
	sessions using the
	Cool Kids manual.
	15 and and a half
	15, one-and-a-half
	hour individual
	sessions using
	modular format.
	16, one-and-a-half
	hour group sessions
	using in-house
	curriculum.
	16, one-and-a-half
	hour individual
1	
	sessions using the
	sessions using the
	sessions using the Coping Cat manual.

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	12, one-and-a-half
	hour group sessions
	using Face Your Fears
	curriculum.
	16, one to one-and-a-
	half hour sessions
	using the Behavioural
	Intervention for
	Anxiety in Children
	with Autism Program.
	13, one hour and
	fifteen minutes to-
	one-and-a-half hour
	sessions of individual
	CBT plus 7 group
	sessions of social skills
	training.
	Ŭ Ŭ
	Comparison/control:
	5 studies compared
	CBT for anxiety with
	waitlist, 2 with TAU,
	and 1 with an
	attention control
	condition.
	Subjects randomized
	to waitlist (as well as
	subjects randomized
	to CBT) were allowed
	to continue their
	ongoing treatments.
	Thus, waitlist-
	controlled studies
	were combined with
	studies that used TAU-
	controlled conditions
	because these 2 types
	of control conditions
	in studies of children
	with autism appeared
	to be essentially the
	same.
	Sume.
	Outcome:
	Parent-Rated Anxiety,
	Clinician-Rated
	Anxiety,
	πιλιέτε,

	I			
			Child-Reported	
			Anxiety	
			Follow-up time:	
			Not reported.	
			Number of	
			participants:	
			469 participants (252	
			treatment, 217	
			comparison).	
Tate et al	Objectives:	Population:	Characteristics of	"In summary, this
2014	Community-based,	Adults with TBI.	included studies: 9	systematic review
Australia	leisure/social activity		studies	identified nine
[41]	intervention	Intervention:		studies evaluating
	programmes for	Community-based,	Country of origin:	interventions to
	people with TBI and	leisure-specific	4 articles from	increase
	the efficacy of such	(including social	Australia. 1 from UK, 2	leisure/social activity
	interventions.	activity) intervention	from USA, 2 from	in people with TBI.
		programme	Canada.	But only two studies
	Results of the	community-based,		(one RCT and one
	searches	leisure-specific	Participants:	controlled but
	and other literature	(including social	Adults with TBI, 19-63	nonrandomised
	to provide detailed	activity) intervention	years.	clinical trial) had
	description of a	programme.		sufficient scientific
	varied selection of		DSM/ICD/Disability:	rigour to provide a
	pertinent	Comparison/	Not reported.	valid evaluation of
	programmes that	control:		the intervention.
	aim to increase	Not reported.	Comorbidity or	Although the studies
	leisure/social activity		factors that may	evaluated different
	after TBI with a view	Outcomes:	affect the outcome:	interventions (Tai Chi
	to highlighting future	Meaningful activity.	Not reported.	Qigong vs. outdoor
	research	, o ,		adventure
	directions.	Study design:	Intervention:	experience and goal
		All research	Active leisure	setting), both studies
		methodologies	programmes, social	showed significant
		involving primary	peer mentoring,	between-group
		research studies,	individually brokered	differences in mood
		including	leisure services,	(Tai Chi Qigong) and
		uncontrolled studies	therapeutic recreation	quality of life
		as well as single-case	model, leisure	(outdoor adventure
		studies. Review	education	and goal setting)
		articles excluded.	programmes in the	favouring the
			stroke population, The	experimental group.
		Settings:	Clubhouse model.	They therefore
		Not clear.		provide support for
				the conclusion that
		Other criteria:		active leisure
		Peer-reviewed	Comparison/	programmes
		articles.	control:	improve
	L	מונוכובז.		mprove

			Alternative	psychological
		Studios published.		
		Studies published:	intervention or no	wellbeing in people
		1994-2014.	intervention.	with TBI. In spite of
				these positive
			Outcome:	studies, the evidence
			Mood, quality of life,	base is limited and
			community	there is a need for a
			integration etc.	larger number of
				better-designed
			Study design:	studies.
			Four were controlled	
			studies.	
			Settings:	
			Community day	
			setting, research clinic,	
			community, group	
			home.	
			Follow-up time:	
			None, or 1-3 months.	
			,	
			Number of	
			participants:	
			126 with TBI.	
Tsang et al	Objectives:	Population:	Characteristics of	Conclusions:
2016	Objectives: Unraveling the	People with SMI,	Characteristics of included studies:	"Most programs we
2016 Hong Kong	•	People with SMI, defined as mental	Characteristics of included studies: 14 studies included in	"Most programs we reviewed showed
2016	Unraveling the	People with SMI, defined as mental illness having a	Characteristics of included studies:	"Most programs we
2016 Hong Kong	Unraveling the existence of different therapeutic	People with SMI, defined as mental illness having a chronic course and	Characteristics of included studies: 14 studies included in	"Most programs we reviewed showed significant effects in reducing internalized
2016 Hong Kong	Unraveling the existence of different therapeutic interventions and	People with SMI, defined as mental illness having a chronic course and leading to significant	Characteristics of included studies: 14 studies included in the review and 5 in the meta-analysis.	"Most programs we reviewed showed significant effects in reducing internalized stigma. As an
2016 Hong Kong	Unraveling the existence of different therapeutic interventions and the effectiveness	People with SMI, defined as mental illness having a chronic course and	Characteristics of included studies: 14 studies included in the review and 5 in the meta-analysis. Country of origin:	"Most programs we reviewed showed significant effects in reducing internalized
2016 Hong Kong	Unraveling the existence of different therapeutic interventions and the effectiveness internalized stigma	People with SMI, defined as mental illness having a chronic course and leading to significant	Characteristics of included studies: 14 studies included in the review and 5 in the meta-analysis.	"Most programs we reviewed showed significant effects in reducing internalized stigma. As an
2016 Hong Kong	Unraveling the existence of different therapeutic interventions and the effectiveness	People with SMI, defined as mental illness having a chronic course and leading to significant social and	Characteristics of included studies: 14 studies included in the review and 5 in the meta-analysis. Country of origin:	"Most programs we reviewed showed significant effects in reducing internalized stigma. As an emerging area,
2016 Hong Kong	Unraveling the existence of different therapeutic interventions and the effectiveness internalized stigma	People with SMI, defined as mental illness having a chronic course and leading to significant social and occupational dysfunction such as Schizophrenia,	Characteristics of included studies: 14 studies included in the review and 5 in the meta-analysis. Country of origin: The studies originated	"Most programs we reviewed showed significant effects in reducing internalized stigma. As an emerging area, studies were still
2016 Hong Kong	Unraveling the existence of different therapeutic interventions and the effectiveness internalized stigma reduction in people with severe mental	People with SMI, defined as mental illness having a chronic course and leading to significant social and occupational dysfunction such as	Characteristics of included studies: 14 studies included in the review and 5 in the meta-analysis. Country of origin: The studies originated from nine countries	"Most programs we reviewed showed significant effects in reducing internalized stigma. As an emerging area, studies were still limited. The
2016 Hong Kong	Unraveling the existence of different therapeutic interventions and the effectiveness internalized stigma reduction in people	People with SMI, defined as mental illness having a chronic course and leading to significant social and occupational dysfunction such as Schizophrenia, Psychotic disorder, Psychosis, Delusional	Characteristics of included studies: 14 studies included in the review and 5 in the meta-analysis. Country of origin: The studies originated from nine countries across Americas,	"Most programs we reviewed showed significant effects in reducing internalized stigma. As an emerging area, studies were still limited. The programs are implemented by professionals
2016 Hong Kong	Unraveling the existence of different therapeutic interventions and the effectiveness internalized stigma reduction in people with severe mental	People with SMI, defined as mental illness having a chronic course and leading to significant social and occupational dysfunction such as Schizophrenia, Psychotic disorder, Psychosis, Delusional disorder,	Characteristics of included studies: 14 studies included in the review and 5 in the meta-analysis. Country of origin: The studies originated from nine countries across Americas, Europe, and Asia. Participants:	"Most programs we reviewed showed significant effects in reducing internalized stigma. As an emerging area, studies were still limited. The programs are implemented by professionals including clinicians,
2016 Hong Kong	Unraveling the existence of different therapeutic interventions and the effectiveness internalized stigma reduction in people with severe mental	People with SMI, defined as mental illness having a chronic course and leading to significant social and occupational dysfunction such as Schizophrenia, Psychotic disorder, Psychosis, Delusional disorder, Schizoaffective,	Characteristics of included studies: 14 studies included in the review and 5 in the meta-analysis. Country of origin: The studies originated from nine countries across Americas, Europe, and Asia.	"Most programs we reviewed showed significant effects in reducing internalized stigma. As an emerging area, studies were still limited. The programs are implemented by professionals including clinicians, psychiatric nurse,
2016 Hong Kong	Unraveling the existence of different therapeutic interventions and the effectiveness internalized stigma reduction in people with severe mental	People with SMI, defined as mental illness having a chronic course and leading to significant social and occupational dysfunction such as Schizophrenia, Psychotic disorder, Psychosis, Delusional disorder, Schizoaffective, Bipolar disorder and	Characteristics of included studies: 14 studies included in the review and 5 in the meta-analysis. Country of origin: The studies originated from nine countries across Americas, Europe, and Asia. Participants: Not reported.	"Most programs we reviewed showed significant effects in reducing internalized stigma. As an emerging area, studies were still limited. The programs are implemented by professionals including clinicians, psychiatric nurse, social worker, and
2016 Hong Kong	Unraveling the existence of different therapeutic interventions and the effectiveness internalized stigma reduction in people with severe mental	People with SMI, defined as mental illness having a chronic course and leading to significant social and occupational dysfunction such as Schizophrenia, Psychotic disorder, Psychosis, Delusional disorder, Schizoaffective, Bipolar disorder and Personality disorder.	Characteristics of included studies: 14 studies included in the review and 5 in the meta-analysis. Country of origin: The studies originated from nine countries across Americas, Europe, and Asia. Participants: Not reported. DSM/ICD/Disability:	"Most programs we reviewed showed significant effects in reducing internalized stigma. As an emerging area, studies were still limited. The programs are implemented by professionals including clinicians, psychiatric nurse, social worker, and non-professionals
2016 Hong Kong	Unraveling the existence of different therapeutic interventions and the effectiveness internalized stigma reduction in people with severe mental	People with SMI, defined as mental illness having a chronic course and leading to significant social and occupational dysfunction such as Schizophrenia, Psychotic disorder, Psychosis, Delusional disorder, Schizoaffective, Bipolar disorder and Personality disorder. Interventions:	Characteristics of included studies: 14 studies included in the review and 5 in the meta-analysis. Country of origin: The studies originated from nine countries across Americas, Europe, and Asia. Participants: Not reported. DSM/ICD/Disability: Participants were	"Most programs we reviewed showed significant effects in reducing internalized stigma. As an emerging area, studies were still limited. The programs are implemented by professionals including clinicians, psychiatric nurse, social worker, and non-professionals who are trained
2016 Hong Kong	Unraveling the existence of different therapeutic interventions and the effectiveness internalized stigma reduction in people with severe mental	People with SMI, defined as mental illness having a chronic course and leading to significant social and occupational dysfunction such as Schizophrenia, Psychotic disorder, Psychosis, Delusional disorder, Schizoaffective, Bipolar disorder and Personality disorder. Interventions: Community or	Characteristics of included studies: 14 studies included in the review and 5 in the meta-analysis. Country of origin: The studies originated from nine countries across Americas, Europe, and Asia. Participants: Not reported. DSM/ICD/Disability: Participants were given a diagnosis of	"Most programs we reviewed showed significant effects in reducing internalized stigma. As an emerging area, studies were still limited. The programs are implemented by professionals including clinicians, psychiatric nurse, social worker, and non-professionals who are trained according to the
2016 Hong Kong	Unraveling the existence of different therapeutic interventions and the effectiveness internalized stigma reduction in people with severe mental	People with SMI, defined as mental illness having a chronic course and leading to significant social and occupational dysfunction such as Schizophrenia, Psychotic disorder, Psychosis, Delusional disorder, Schizoaffective, Bipolar disorder and Personality disorder. Interventions: Community or hospital based	Characteristics of included studies: 14 studies included in the review and 5 in the meta-analysis. Country of origin: The studies originated from nine countries across Americas, Europe, and Asia. Participants: Not reported. DSM/ICD/Disability: Participants were given a diagnosis of schizophrenia,	"Most programs we reviewed showed significant effects in reducing internalized stigma. As an emerging area, studies were still limited. The programs are implemented by professionals including clinicians, psychiatric nurse, social worker, and non-professionals who are trained according to the program manuals.
2016 Hong Kong	Unraveling the existence of different therapeutic interventions and the effectiveness internalized stigma reduction in people with severe mental	People with SMI, defined as mental illness having a chronic course and leading to significant social and occupational dysfunction such as Schizophrenia, Psychotic disorder, Psychosis, Delusional disorder, Schizoaffective, Bipolar disorder and Personality disorder. Interventions: Community or hospital based therapeutic	Characteristics of included studies: 14 studies included in the review and 5 in the meta-analysis. Country of origin: The studies originated from nine countries across Americas, Europe, and Asia. Participants: Not reported. DSM/ICD/Disability: Participants were given a diagnosis of schizophrenia, schizophrenia	"Most programs we reviewed showed significant effects in reducing internalized stigma. As an emerging area, studies were still limited. The programs are implemented by professionals including clinicians, psychiatric nurse, social worker, and non-professionals who are trained according to the program manuals. Among different
2016 Hong Kong	Unraveling the existence of different therapeutic interventions and the effectiveness internalized stigma reduction in people with severe mental	People with SMI, defined as mental illness having a chronic course and leading to significant social and occupational dysfunction such as Schizophrenia, Psychotic disorder, Psychosis, Delusional disorder, Schizoaffective, Bipolar disorder and Personality disorder. Interventions: Community or hospital based	Characteristics of included studies: 14 studies included in the review and 5 in the meta-analysis. Country of origin: The studies originated from nine countries across Americas, Europe, and Asia. Participants: Not reported. DSM/ICD/Disability: Participants were given a diagnosis of schizophrenia, schizophrenia spectrum disorder,	"Most programs we reviewed showed significant effects in reducing internalized stigma. As an emerging area, studies were still limited. The programs are implemented by professionals including clinicians, psychiatric nurse, social worker, and non-professionals who are trained according to the program manuals. Among different intervention
2016 Hong Kong	Unraveling the existence of different therapeutic interventions and the effectiveness internalized stigma reduction in people with severe mental	People with SMI, defined as mental illness having a chronic course and leading to significant social and occupational dysfunction such as Schizophrenia, Psychotic disorder, Psychotic disorder, Psychosis, Delusional disorder, Schizoaffective, Bipolar disorder and Personality disorder. Interventions: Community or hospital based therapeutic interventions.	Characteristics of included studies: 14 studies included in the review and 5 in the meta-analysis. Country of origin: The studies originated from nine countries across Americas, Europe, and Asia. Participants: Not reported. DSM/ICD/Disability: Participants were given a diagnosis of schizophrenia, schizophrenia spectrum disorder, bipolar disorder, or	"Most programs we reviewed showed significant effects in reducing internalized stigma. As an emerging area, studies were still limited. The programs are implemented by professionals including clinicians, psychiatric nurse, social worker, and non-professionals who are trained according to the program manuals. Among different intervention approaches,
2016 Hong Kong	Unraveling the existence of different therapeutic interventions and the effectiveness internalized stigma reduction in people with severe mental	People with SMI, defined as mental illness having a chronic course and leading to significant social and occupational dysfunction such as Schizophrenia, Psychotic disorder, Psychotic disorder, Schizoaffective, Bipolar disorder and Personality disorder. Interventions: Community or hospital based therapeutic interventions.	Characteristics of included studies: 14 studies included in the review and 5 in the meta-analysis. Country of origin: The studies originated from nine countries across Americas, Europe, and Asia. Participants: Not reported. DSM/ICD/Disability: Participants were given a diagnosis of schizophrenia, schizophrenia spectrum disorder, bipolar disorder, or major mood disorder.	"Most programs we reviewed showed significant effects in reducing internalized stigma. As an emerging area, studies were still limited. The programs are implemented by professionals including clinicians, psychiatric nurse, social worker, and non-professionals who are trained according to the program manuals. Among different intervention approaches, psychoeducation
2016 Hong Kong	Unraveling the existence of different therapeutic interventions and the effectiveness internalized stigma reduction in people with severe mental	People with SMI, defined as mental illness having a chronic course and leading to significant social and occupational dysfunction such as Schizophrenia, Psychotic disorder, Psychotic disorder, Psychosis, Delusional disorder, Schizoaffective, Bipolar disorder and Personality disorder. Interventions: Community or hospital based therapeutic interventions.	Characteristics of included studies: 14 studies included in the review and 5 in the meta-analysis. Country of origin: The studies originated from nine countries across Americas, Europe, and Asia. Participants: Not reported. DSM/ICD/Disability: Participants were given a diagnosis of schizophrenia, schizophrenia spectrum disorder, bipolar disorder, or	"Most programs we reviewed showed significant effects in reducing internalized stigma. As an emerging area, studies were still limited. The programs are implemented by professionals including clinicians, psychiatric nurse, social worker, and non-professionals who are trained according to the program manuals. Among different intervention approaches,

Conventional	diagnosis by	novel techniques
treatment.	psychiatrists according	(i.e., coming out
	to DSM IV or ICD-10.	proud and
Outcomes:	Two studies recruited	photovoice) deserve
Validated	participants according	more attention. In
instruments for	to their self-reported	future, more
screening and	diagnosis. One study	innovative
assessing the	reported the use of	approaches to
severity of	the structured	reducing internalized
internalized stigma.	interview procedure in	stigma should be
	verifying the diagnosis	developed and more
Primary outcomes:	of the research	RCTs on particular
Not clearly stated.	participants.	intervention
		components using
Secondary outcomes:	Comorbidity or	standard outcome
Not clearly stated.	factors that may	measure should be
	affect the outcome:	conducted so that
Study design:	Not reported.	meta-analysis could
Randomized clinical		be conducted, and
trials, clinical trials,	Intervention:	effects of the
and experimental	Psychoeducation	intervention could
studies.	approach with	be compared. All of
	inclusion of a	the above adds to
Qualitative studies	combination of other	evidence-based
and literature	components such as	practice in
reviews were	CBT, social skills	internalized stigma
excluded.	training, goal	reduction."
	attainment program,	
Settings:	and narrative therapy.	
Community or	The duration of these	
hospital-based	programs ranged	
interventions.	from10 to 40 sessions.	
	Coming Out Proud, a	
Other criteria:	group discussion	
There were no	focusing on topics of	
limitations in the	secrecy and disclosure	
follow-up period.	of own mental illness.	
	Photovoice:	
Studies published:	individuals	
Up to 2014.	photograph objects or	
	events in their daily	
	lives were used to	
	generate narratives	
	for group discussion.	
	Comparison/control:	
	Controlled group	
	design was employed	
	in ten studies.	

Treatment as usual
(TAU)was applied in
seven studies,
conventional
treatment group (i.e.,
newspaper reading) in
one study, no active
treatment in one
study, and waitlist
control in one study.
control in one study.
Outcome:
Internalised stigma
was assessed as the
primary outcome in all
the included studies
except one which
treated internalized
stigma as a mediator
-
of dysfunctional
beliefs.
The internalized
stigma scales applied
in the studies
included Internalized
Stigma of Mental
Illness (ISMI), short
form of Self-stigma of
Mental Illness Scale
(SSMIS), Chinese
Selfstigma of Mental
Illness Scale (CSSMIS),
Link Perceived Stigma
Questionnaire (LPSQ),
and Japanese version
of Social Distance
Scale (SDS-J). Other
outcome
measurements were
also applied to assess
the intervention
effect, for examples,
the Positive and
Negative Syndrome
Scale (PANSS) and the
Rosenberg Self-
Esteem Scale (RSES).
These outcome
measures varied

			substantially across	
			studies.	
			Study design:	
			Seven RCTs, three	
			controlled clinical	
			trials and four	
			uncontrolled studies	
			without a control	
			group.	
			.	
			Follow-up time:	
			Thirteen studies	
			examined the effect of	
			internalized stigma	
			reduction and one	
			examined the effect of	
			negative symptoms	
			immediately following	
			the internalized	
			stigma reduction	
			intervention. In	
			addition, seven	
			studies examined the	
			sustainability of	
			intervention effect	
			after follow-up	
			periods ranging from	
			three weeks to six	
			months.	
			monuis.	
			Number of	
			participants:	
			Sample size of the	
			studies varied from 21	
			to 205 participants,	
			with a total of 1 131	
			participants including	
			879 participants in the	
			experimental groups	
			and 452 participants in	
			the control groups.	
Vanderkerken	Objectives:	Population:	Characteristics of	Conclusions:
et al	To perform a meta-	Individuals with	included studies:	"We conclude that
2013	analysis of single-	autistic disorder	52 studies.	the psychosocial
Belgium	case experiments	exhibiting VCB.		interventions
[43]	(SCEs) on the		Country of origin:	reported in the
		Interventions:	Not clearly reported.	included SCEs were
	effectiveness of			
	effectiveness of psychosocial	Psychosocial interventions	Participants:	on average highly effective in reducing

interventions for	directed to the	Age:	VCB in individuals
vocal challenging	individual and/or the	M = 10.1; SD = 7.80;	with autistic
behaviour (VCB) in	environment.	range = 4–52	disorder. These
individuals with			results confirm our
autistic disorder.	Comparison/	<u>Gender:</u>	hypothesis regarding
autistic disorder.	control:	N (men) = 53;	the overall effect."
The aim was to	No.	n (women) = 20	
answer four	Outrouver		
questions:	Outcomes:	DSM/ICD/Disability: Autistic disorder.	
questions.	Not stated.	ID (level)	
1. What is the overall	Study design:	0 = average	
effect of	Single-case	intelligence	
psychosocial	experiments (SCE).	1 = High functioning	
interventions for	Studies had to offer	2 = Borderline	
VCB in individuals	repeated baseline	intelligence	
with autistic	and treatment data	3 = Mental retardation	
disorder?	points and had to	4 = Mild mental	
	present raw data for	retardation	
2. Are there	each participant	5 = Moderate mental	
differences in	separately (i.e.,	retardation	
intervention effects	neither mean scores,	6 = severe mental	
between studies?	nor aggregated data for multiple	retardation 7 = profound mental	
	subjects). Both	retardation:	
3. Are there	baseline and	n0 = 4; n1 = 3; n2 = 2;	
differences in	treatment condition	n3 = 2; n4 = 3; n5 = 4;	
intervention effects	had to contain at	n6 = 4; n7 = 1	
between	least two data		
participants?	points.	Comorbidity or	
participanto:		factors that may	
4. What	Settings:	affect the outcome:	
characteristics at the	Not stated.	Additional language	
level of the	Other ariteria	problem:	
participant, at the	Other criteria:	0 = no additional	
level of the	No.	language problem 1 = additional	
intervention and the	Studies published:	language problem:	
intervention context,	Up to 2011.	n0 = 6; n1 = 33	
and at the level of			
		Additional diagnosis:	
the study have a		0 = normal hearing	
moderating effect on		and vision according	
the intervention		to school records	
effect?		1 = not any known	
		sensory or physical	
		deficits	
		2 = Down syndrome 3 = Tourette's	
		syndrome	

4 = Developmental
delays
5 = Emotional
disturbances and
normal hearing and
vision according to
school records
6 = Major depression
7 = Pervasive
developmental
disorder
8 = Pervasive
developmental
disorder not otherwise
specified and
obsessive-compulsive
disorder
9 = Schizophrenia,
developmental
disabilities, non-
organic psychosis
10 = Waardenburg
syndrome and severe
hearing impairment
11 = Seizures
12 = Hypotonia,
chronic otitis media,
and congenital
scoliosis:
n0 = 3, n1 = 4
n2 = 1, n3 = 2
$n^{-1} = 1, n^{-1} = 2$ $n^{-1} = 1$
n6 = 1, n7 = 1 n8 = 1, n9 = 1
n10 = 1, n11 = 1 n12 = 1
Interver ⁴ iere
Intervention:
Duration of treatment
(in weeks): $M = 6.815 \text{ P} = 11.741$
M = 6.8; SD = 11.74;
range = 1–84.
Frequency of
treatment
(sessions/week):
M = 7.2; SD = 9.41;
range = 1.5–53.63
Comparison/control:

			No.	
			110.	
			Outcome:	
			Reducing VCB.	
			Study design:	
			1 = AB-design	
			2 = Reversal design	
			3 = Multiple baseline	
			design	
			4 = Alternating	
			treatments design.	
			Follow-up time:	
			Treatment data	
			points:	
			M = 37.6; SD = 48.59;	
			range = 3–280.	
			Settings:	
			1 = Community	
			environment or	
			treatment facility	
			2 = Home	
			3 = School:	
			n1 = 21, n2 = 14	
			n3 = 36	
			Number of	
			participants:	
			75	
Westbrook et	Objectives:	Population:	Characteristics of	Conclusion:
al	To identify and	Adolescents with	included studies:	"This review
2015	describe the	ASD who were of	No eligible studies	intended to identify
USA	effectiveness of	secondary school	were found. That is,	elements of a school-
[44]	behavioural and	age (14–22 years)	none of the 85 full-	to-work transition
	social interventions	and involved in	text studies met the	program that
	that prepare school-	transition from	inclusion criteria.	implemented
	aged youth with	school to work		interventions
	ASDs for	activities. Individuals		designed to meet the
	employment after	diagnosed with		specific transition
	graduation. In	Asperger syndrome,		needs of individuals
	addition, the review	autism, Rett		with ASD. The
	intended to serve as	syndrome, childhood		available data for
	guidance for	disintegrative		drawing a ''what
	planners of	disorder, or		works" conclusion
	transition programs	pervasive		did not serve as a
	and as an indicator	developmental		foundation for the
	of where further	disorder–not		authors to determine
1		otherwise specified.	1	the effectiveness of

	research would be		interventions in
	beneficial.		approaching job
		Intervention:	searching, job
		An approach to	placement, or on-
		prepare and/or place	the-job supports
		transition-aged	such as job coaching
		individuals with ASD	to achieve successful
		in a gainful	employment
		-	outcomes for
		competitive employment setting	
		earning minimum	transition program participants with
		-	ASD. The scientific
		wage or above.	
		Types of	quality of the
		employment	available studies is
		targeted for	weak and generally
		inclusion were	do not utilize
		competitive,	comparison group
		supported, or	study designs. In
		integrated	addition, as stated
		employment. The intervention under	earlier, studies do
			not link transition
		investigation had to be directed toward	interventions to successful
		addressing skills and/or behaviours	employment outcomes for
		needed by individuals with ASD	subjects."
		for employment.	
		Eligible interventions	
		addressed social,	
		behavioural,	
		cognitive, or specific	
		employment skills.	
		employment skills.	
		Comparison/	
		control:	
		Not reported.	
		Outcomes:	
		Attainment of	
		an employment	
		placement and	
		specific data about	
		the duration and/or	
		retention of that	
		placement. Eligible	
		gainful employment	
		consisted of	
		competitive,	
		integrated, or	
I	l		

	1			1
		supported		
		employment,		
		employment at		
		sheltered work or		
		nonintegrated work		
		settings was not		
		considered as an		
		outcome measure		
		for this review		
		Employment		
		encompassed full- or		
		part-time		
		placements.		
		Study design:		
		Experimental or		
		randomized		
		controlled trial		
		design, quasi-		
		experimental design		
		(QED), or single-		
		subject experimental		
		design (SSED) to		
		report the effects of		
		the intervention.		
		Settings:		
		Not stated.		
		Other criteria:		
		No.		
		Studies published:		
		1943-2011.		
Weston et al	Objectives:	Population:	Characteristics of	Conclusions:
2016	To investigate the	Participants of any	included studies:	"The results of the
UK	effectiveness of	age was with a	50 studies of which 48	meta-analysis
[45]		diagnosis of ASD (or	studies were included	indicated that
	cognitive	autistic disorder,	in the quantitative	cognitive
	behavioural therapy	Asperger's disorder,	analysis.	behavioural therapy
	(CBT) across the	childhood		(CBT) is associated
	lifespan for either:	disintegrative	Country of origin:	with a small to
		disorder or pervasive	26 studies were	medium effect size
	(a) Affective	developmental	conducted in the USA,	when used to treat
	disorders more	disorder not	6 studies were	co-morbid affective
	broadly, while	otherwise specified	conducted in	disorders with
	focusing on anxiety	prior to the	Australia, 5 in UK, 4 in	children,
	• ,	publication of DSM-	the Netherlands, 2 in	adolescents, or
	disorders as well, or	V).	Sweden and 1 in	adults who have
	1	• /•		

(b) The symptoms and features associated with ASDs.Interventions: A clinician-led CBT intervention, either individual or group- based, incorporating both cognitive and outcome for children, adolescents and adults.Interventions: A clinician-led CBT intervention, either individual or group- based, incorporating both cognitive and behavioural components and based on well- established and theoretically driven principles and techniques.Canada, Germany, France, Italy, Singapore, Japan and whether the outcome data wa taken from self- report, informant report, clinician- report, or task-ba measures. CBT wa associated with a small and non- significant effect size, g = 0.24, whe factors that may affect the outcome:ASDs, but this var according to whether the outcome data wa taken from self- report, or task-ba measures. CBT wa associated with a small and non- significant effect size, g = 0.24, whe factors that may affect the outcome:ASDs, but this var according to whether the outcome data wa taken from self- report, or task-ba measures. CBT wa associated with a significant effect size, g = 0.24, whe factors that may affect the outcome:ASDs, but this var according to whether the outcome data wa taken from self- report, or task-ba measures, and associated with significant(b) Top topASDs, but this var top top <b< th=""><th>ed</th></b<>	ed
associated with ASDs.A clinician-led CBT intervention, either individual or group- based, incorporating behavioural children, adolescents and adults.A clinician-led CBT intervention, either individual or group- based, incorporating behavioural components and based on well- established and theoretically driven principles and techniques.Singapore, Japan and Korea respectively.whether the outcome data wa taken from self- report, informant Age range 4-64 years. Gender not reported.whether the outcome data wa taken from self- report, or task-ba measures. CBT wa associated with a significant effect significant effect factors that may affect the outcome:Singapore, Japan and Korea respectively.whether the outcome data wa taken from self- report, or task-ba measures. CBT wa associated with a significant effect significant effect using self-report comparison groupComparison/ control or comparison groupIntervention: Group-based and individual CBT.whether the significant	5
ASDS.intervention, either individual or group- based, incorporating based, incorporating based, incorporating behavioural children, adolescents and adults.intervention, either individual or group- based, incorporating both cognitive and behavioural components and based on well- established and theoretically driven principles and techniques.Korea respectively.outcome data was taken from self- report, informant measures. CBT was associated with a significant effect size, g = 0.24, whe techniques.Comparison/ control: control or comparison groupComorbidity or for using self-report group-based and associated with associated with significant	5
ASDS.individual or group- based, incorporating both cognitive and behavioural components and outcome for children, adolescents and adults.individual or group- based, incorporating both cognitive and behavioural components and based on well- established and theoretically driven principles and techniques.Participants: Age range 4-64 years. Gender not reported. DSM/ICD/Disability: associated with a significant effect significant effect using self-report comparison groupDSM/ICD/Disability: associated with a significant effect using self-report measures, and associated with significant	5
To investigate whether there are differences in outcome for children, adolescents and adults.based, incorporating both cognitive and behavioural components and based on well- established and theoretically driven principles and techniques.Participants: Age range 4-64 years. Gender not reported.report, informant report, clinician- report, or task-ba measures. CBT was associated with a significant effect significant effect comparison/ control:Participants: Age range 4-64 years. Gender not reported.report, informant report, or task-ba measures. CBT was associated with a significant effect factors that may affect the outcome:report, or task-ba report, or task-ba measures. CBT was associated with a significant effect using self-reportComparison/ controlComparison/ Group-based and individual CBT.significant	5
Ito investigateboth cognitive and behaviouralAge range 4-64 years. Gender not reported.report, clinician- report, or task-ba measures. CBT wa associated with a significant effectwhether there are differences in outcome for children, adolescents and adults.both cognitive and behavioural components and based on well- established and theoretically driven principles and techniques.Age range 4-64 years. Gender not reported.report, clinician- report, or task-ba measures. CBT wa associated with a significant effectand adults.both cognitive and based on well- established and theoretically driven principles and techniques.Age range 4-64 years. Gender not reported.report, clinician- report, or task-ba measures. CBT wa associated with a significant effectComparison/ control:Comparison/ control:Compon-based and individual CBT.significant	5
Wnether there are differences in outcome for children, adolescents and adults.behavioural components and based on well- established and theoretically driven principles and techniques.Gender not reported.report, or task-bas measures. CBT was associated with a significant effect size, g = 0.24, who the analysis was affect the outcome: comparison/ control:Gender not reported.report, or task-bas measures. CBT was associated with a significant effect size, g = 0.24, who techniques.Comparison/ control:Comorbidity or factors that may affect the outcome:size, g = 0.24, who size, g = 0.24, who the analysis was affect the outcome:Comparison/ controlIntervention: Group-based and individual CBT.measures, and associated with significant	5
differences in outcome for children, adolescents and adults.components and based on well- established and theoretically driven principles and techniques.DSM/ICD/Disability: associated with a small and non- significant effect size, g = 0.24, whe factors that may affect the outcome:measures. CBT way associated with a small and non- significant effect comparison/ control: Comparison groupDSM/ICD/Disability: associated with a small and non- significant effect size, g = 0.24, whe the analysis was affect the outcome:	5
outcome for children, adolescents and adults.based on well- established and theoretically driven principles and techniques.DSM/ICD/Disability: ASD.associated with a small and non- significant effectComorbidity or factors that may affect the outcome:size, g = 0.24, whe the analysis was affect the outcome:completed using self-report measures, and control or comparison groupIntervention: individual CBT.associated with a small and non- significant effect significant effect significant effect	
children, adolescents and adults.established and theoretically driven principles and techniques.ASD.small and non- significant effect size, g = 0.24, whe the analysis was affect the outcome:Comparison/ control: Control or comparison groupIntervention: Group-based and individual CBT.small and non- significant effect size, g = 0.24, whe the analysis was completed using self-report measures, and significant	ı
and adults.theoretically driven principles and techniques.Comorbidity or factors that may affect the outcome:significant effect size, g = 0.24, whe the analysis was completed using self-report measures, and control or comparison groupIntervention: individual CBT.significant effect size, g = 0.24, whe the analysis was completed using self-report significant	ı
principles and techniques.Comorbidity or factors that may affect the outcome:size, g = 0.24, whe the analysis was completed using self-report measures, and control or comparison groupIntervention:size, g = 0.24, whe the analysis was completed using self-report measures, and associated with significant	ו
techniques.factors that may affect the outcome:the analysis was completed using self-reportComparison/ control:Intervention: Group-based and individual CBT.measures, and associated with significant	· .
Image: state s	
Comparison/ control:Intervention:using self-reportControl or comparison groupGroup-based and individual CBT.associated with significant	
control:Intervention:measures, andControl orGroup-based andassociated withcomparison groupindividual CBT.significant	
Control or comparison groupGroup-based and individual CBT.associated with significant	
comparison group individual CBT. significant	
design, e.g. waiting heterogeneity, w	en
list or treatment as Comparison/control: studies at risk of l	
usual (TAU), with or Treatment as usual, were excluded,	
without non-CBT group-based resulting in low	
randomisation. treatment, placebo heterogeneity,	
drug, waitlist control. treatment was	
Outcomes: associated with a	
Primary outcomes: small non-signific	nt
Included studies will effect size, g=0.09	-
include at least one Outcome: CBT was superior	0
validated/standar- Primary outcomes: control condition	_
dised outcome Anxiety, emotional when the analysis	
measure of either regulation, insomnia, was completed w	h
core ASD features, Obsessive Compulsive either informant-	
i.e. difficulties in Disorder, depression, and clinician-repo	t
social interaction, self-esteem, quality of measures, both	
impaired social life and sense of being associated	
communication or coherence, stress, with a medium ef	ect
restricted or Theory of Mind, social size, but there wa	
repetitive patterns of skills, Social skills, peer significant	
behaviour and relationships, emotion heterogeneity, a	
interests, or co- recognition, problem sensitivity analyse	;
occurring symptoms solving, friendship reduced	
of mental disorder, quality, face-emotion heterogeneity, ar	
e.g. anxiety, recognition, interest revealed that CBT	
depression, expansion, remained superio	,
psychosis. interpretation of non- and was associated	
literal language, with a medium ef	
Secondary outcomes: affectionate size of, g = 0.45, a	
Not stated. communication, g = 0.59,	,
quality of life, social respectively. Turr	ng

[]			
	Study design:	reciprocity, social	to consider CBT for
	Randomised	behavioural	symptoms
	Controlled Trials and	impairment, social	associated with
	Quasi-Experimental	cognition.	ASDs, the findings
	studies will be		from the meta-
	included. Single case	Study design:	analysis were very
	studies, case series,	Quasi-experimental or	similar to that found
	single case designs,	non-randomised.	for CBT when used
	qualitative studies,		to treat co-morbid
	meta-analysis and	Follow-up time:	affective disorders.
	review articles will	Between non to 57	CBT, when used as a
	be excluded.	months.	treatment for the
	Settings:		symptoms of ASDs,
	Not stated.	Settings:	rather than affective
		Not reported.	disorders, was
	Other criteria:		associated with an
	Outcome measures	Number of	effect size that
	may be self-report,	participants:	ranged from small to
	informant-report,	2099 participants	medium, again,
	clinician-rated or	(1081 CBT, 1018	dependent upon the
	task-based.	control).	type of outcome
			measure used. Using
	Studies published:	There was small	data from self-report
	Up to 2016.	sample size across all	measures, CBT was
		studies was,	associated with a
		contributing to	small non-significant
		reduced power. The	effect size, g = 0.25,
		highest number of	and while
		participants were 101	heterogeneity was
		CBT, 108 control,	not significant,
		whilst eight of the	excluding studies at
		studies included in the	risk of bias to reduce
		quantitative synthesis	heterogeneity
		involved less than ten	reduced the effect
		participants per group.	size, it remained
			small and non-
			significant, g=0.1.
			There was evidence
			that CBT was
			significantly
			beneficial when the
			analysis was based
			on informant-report
			measures, and
			resulted in a small
			effect size, g = 0.48,
			which increased to
			medium following
			our sensitivity
			analysis to account
			analysis to accoult

 	•	
		for heterogeneity, g
		= 0.52. Considering
		clinician report
		measures, CBT was
		found to be
		significantly superior,
		and associated with
		a medium effect size,
		g = 0.65. Following
		the exclusion of
		studies thought to be
		at risk of bias to
		reduce
		heterogeneity, CBT
		was no longer
		superior, and associated with a
		non-significant
		medium effect size,
		g=0.44. Task-based
		measures, which are
		both less subjective
		and completed by
		the participant, were
		also evaluated to
		determine whether
		CBT is an effective
		treatment for
		symptoms of ASDs.
		The initial findings
		were significantly in
		favour of CBT as an
		effective treatment,
		and associated with
		a small effect size,
		g=0.35, but the
		exclusion of studies
		thought to be at
		higher risk of bias,
		led to a non-
		significant treatment
		effect, falling in the
		small range, g = 0.3."
		0-70
		"Definitive trials are
		needed to
		demonstrate that
		CBT is an empirically
		validated treatment
		valuateu treatment

				for use with people
) (at a v	Ohiaatiwaa	Demulations	Channatanistics of	who have ASDs."
Victor	Objectives:	Population:	Characteristics of	Conclusions: "Little
2009	The review	Carers. Defined as:	included studies:	evidence was
UK	considered	People who care for	107 studies.	identified (within the
[46]	interventions	family members, friends or	Country of origin.	boundaries of the
	designed to support		Country of origin: UK.	review: post-1990, UK based research)
	carers. It seek to	neighbours on an unpaid basis. The	UK.	about the following
	answer the	carer could be caring	Participants:	interventions for
	questions:	for someone with	Carers of people with	carers.
	questionsi	any type of	a range of conditions	carers.
	What is known about	condition, for	(28 studies): dementia	Support to access
	the outcomes of	example, mental	(28), mental	services in
	interventions for	health difficulty,	health difficulties (14),	personalised forms
	carers?	terminal illness and	stroke (11), and of	such as direct
	Carers	so on and could have	older people (10).	payments
	What explanatory	varying kinds of		which give control to
	evidence exists	relationship to them,	DSM/ICD/Disability:	the person receiving
		for example, parent,	Not applicable.	support.
	about how	child or spouse.		Interventions
	interventions	Studies which	Comorbidity or	targeted at carers'
	support carers and	focused upon	factors that may	physical health.
	the contextual	parents or other	affect the outcome:	Interventions aimed
	factors which	carers of non-	A possible limitation of	at helping carers to
	influence outcomes?	disabled children	the search strategy is	maintain or access
		and which are	the potential omission	employment
		therefore concerned	of studies which focus	Befriending schemes.
		with general	upon interventions	Complementary
		parenting or	specifically for parents	therapies"
		childcare were not	of disabled or ill	//h.a
		included. Studies	children where this	"Most of the
		focusing upon young	group is referred to in	evidence which
		carers (those under	this way rather than as	measured outcomes
		the age of 18) were also excluded.	'carers'.	was relatively weak in quality. This is
		also excluded.	Intervention:	unsurprising given
		Interventions:	Access to services,	the practical and
		Interventions	health, emotional and	ethical difficulties
		directly targeted at	social support,	which may be
		carers, rather than	education and	encountered in using
		those aimed	training, employment,	methods such as
		principally at the	breaks.	randomised
		person who is		controlled trials in
		receiving care which	Comparison/control:	social research."
		may also benefit	Not reported.	
		carers. The		"in some cases,
		interventions	Outcome:	quantitative studies
		covered included	Emotional wellbeing	recorded little or no
		those concerned	(84 studies),	effect upon specific

		1
with supporting	Knowledge (42),	outcomes in contrast
carers to access	Satisfaction (40),	to qualitative studies
services, those	Social inclusion (27),	of similar
targeted at carers'	Ability to care	interventions in
physical health,	including skills	which carers did
interventions	development and	report benefits of
focused upon	coping (23),	this kind. This raises
emotional and social	Service use (20),	questions about the
support, education	Achievement of a	validity and
and training for	break (18),	sensitivity of the
carers, employment-	Ability to continue	outcome
related	caring (10)	measurements used.
interventions, and	Physical health (10).	The standardised
carer breaks. Studies		measures used in
	Study docign.	
concerning	Study design:	quantitative studies
interventions for any	RCT/other controlled	may not adequately
type of carer were	longitudinal,	cover all the
included with the	uncontrolled	dimensions of
exceptions of young	longitudinal, cross-	complex outcomes
carers and those	sectional survey,	such as emotional
undertaking	qualitative.	well-being.
childcare (where this	Follow-up time:	Qualitative work is
was not for a child	Not reported.	helpful in identifying
with specific		particular benefits,
additional care	Settings:	for example, feeling
needs, for example,	UK.	recognised and
through disability).		valued that can be
	Number of	missed in
Comparison/	participants:	standardised
control:	Varying, not	quantitative
Not reported.	summarized.	outcome
		measurement.
Outcomes:		However, it may be
Carer's		that carers
well-being or ability		retrospectively
to care.		overstate the
		benefits of
Study design.		interventions
All types of empirical		through gratitude in
study designs were		qualitative research.
included.		In addition, the
		changes may, in fact,
Settings:		be very small and
The review was		therefore difficult to
restricted to studies		detect
conducted in the UK		quantitatively."
		quantitatively.
since 1990.		
Other criteria:		
No.		

		Studies published:		
		Up to 2008.		
Virues-Ortega	Objectives:	Population:	Characteristics of	Conclusions:
et al	To provide a	Individuals with	included studies:	"In summary, the
2013	preliminary and	autism spectrum	13 studies	present meta-
Canada &	comprehensive	diagnosis (ASD).		analysis suggests
Spain	summary of the	Interventions:	Country of origin:	that:
[47]	evidence in support	TEACCH	1 study were	
	of the TEACCH	intervention.	conducted in Japan, 2	(a) TEACCH effects
	(Treatment and	Commoniana	studies in Ireland and	over perceptual,
	Education of Autistic	Comparison/ control:	3 in the USA, 3 in Italy, 1 in Sweden, 1 in	motor, verbal and cognitive skills may
		Intervention group	Germany, 2 in Greece,	be of small
	and Related	was composed of all	and 1 in China.	magnitude.
	Communication	individuals in the		indgintaac.
	Handicapped	study undergoing	Participants:	(b) Effects over
	Children) program.	TEACCH, while	Mean age range	adaptive behavioural
	The energifie	individuals in the	between 2.5 to 32.3	repertoires including
	The specific	control group were	years. Male range	communication, and
	purposes of the	those not receiving	between 67 %-100 %.	activities of daily
	study were:	TEACCH.		living may be within
	(a) To conduct a		DSM/ICD/Disability:	the negligible to
		Outcomes:	Autism, intellectual	small range.
	meta-analysis of	Not clearly stated.	disability, pervasive	(a) Effects over social
	studies evaluating	Described as: Studies reporting outcomes	developmental disability not	(c) Effects over social behaviour and
	the TEACCH program	that were not	otherwise specified.	maladaptive
	effect over a variety	present in at least	otherwise specifica.	behaviour may be
	of standardized	two other studies	Comorbidity or	moderate to large.
	outcomes including	were used to	factors that may	0
	perceptual and	compute mean	affect the outcome:	(d) The evidence
	motor skills,	effect sizes of the	Not reported.	base currently
	activities of daily	intervention across		available does not
	living, behavioural	all studies, but	Intervention:	allow to identify
	adaptive skills,	isolated outcomes	In six studies the	specific
	cognition, and	were not reported	intervention was	characteristics of the
	language	individually.	delivered through a center based TEACCH	intervention
		Primary outcomes:	program.	(duration, intensity, and setting) and the
	(b) To identify	1. Not stated.		target population
	specific		In three studies the	(developmental age)
	characteristics of the	Secondary outcomes:	intervention was	that could be driving
	sample, the	1. Not stated.	delivered by trained	the magnitude of
	intervention and the		parents in their	effects, and
	study methodology	Study design:	homes.	
	that could be reliably	Between-group and		(e) Effects are, in
	associated with	pre-post designs.	In two additional	general, replicated
	increased	Intervention group	cases, parental	across age groups,
	וונוכמשנע	of the study should	intervention was	although the

Settings: Not stated.working at home or with a support teacher at school.intervention effects aschool.Other criteria: No.On study relied solely on trained teachers at school.On study relied on trained staff at a group home for adults. Again, It is important to acknowledge that these preliminary conclusions are group home for adults. Namely, only two of there-related activities.Intervention in a room for pre-vocational and motioned trained staff at a group home for adults. (RCT), all studies had studies were randomized controlled trials (RCT) all studies had studies were randomized contolided trials (RCT), all studies had studies were randomized conducted blinded activities.The hours of intervention varied from 1 to 36 always reported. Intervention duration varied from 1 to 36 weeks.Moreover, several outcomes shoued excessive heterogeneity and publication bias. Therefore, our conclusions should be considered preliminary."Comparison/control: control groups attended mainstream schools with special group for autism, or underwent some form of specialized treatment finduling physical or speech therapy. One control group reported received a	i i	ntervention	be composed of five	supplemented with	magnitude and
Settings: Not stated.with a support teacher at school.are greater among and aduits. Again, it is important to acknowledge that these preliminary conclusions are group home for adultsStudies published: Up to 2012.On study relied on trained staff at a group home for adultson study relied on trained staff at a group home for adultson study relied on trained staff at a group home for adultsFinally, one study used a short-duration intervention in a room for pre-vocational and doutced binded intervention varied from 1.5 to 30 every week. However, weekly hours of intervention wreind intervention to 36 weeks.assessments. Moreover, several outcuted binded assessments. Moreover, several optication support, or without it, received some form of specialized ciectic treatment fickling physical or speech form of specialized treatment finduing physical or speech therapy. One control group attended mainstream schools with special eduction support, or without it, received a	e	effectiveness.	individuals or more.	either specialized staff	consistency of
Not stated.at school.school-age children adults. Again, it is important to acknowledge that school.Studies published: Up to 2012.One study relied on trained staff at a group home for adults. Marely, only two of twith autism.Snamely, only two of timet data. Namely, only two of twith autism.Finally, one study used a short-duration in tervention in a room of or pre-vocational and work-related activities.Namely, only two of the analyzed studies were randomized conducted blinded assessments. Moreover, several outcomes showed evidence of exessive heterogeneity and potential for putential fo				-	intervention effects
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No.on trained teachers at school.acknowledge that these preliminary conclusions are grounded in very limited data.Studies published: Up to 2012.One study relied on trained staff at a ground bome for adults with autism.Namely, only two of the meta-analyzed studies were randomized controlled trials (RCT) all studies had small samples, only one study monitored treatment fidelity, and only two studies activities.The hours of intervention varied intervention varied intervention varied intervention varied intervention were not always reported. Intervention support, or without it, received some form of specialized clectic treatment for autism, or underwent some form of specialized clectic treatment including physical or speech therapy. One control group reported received a					— •
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varied from 1 to 36 weeks.publication bias. Therefore, our conclusions should be considered preliminary."Comparison/control: Control groups attended mainstream schools with special education support, or without it, received some form of specialized eclectic treatment for autism, or underwent some form of specialized treatment including physical or speech therapy. One control group reported received a					
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therapy. One control group reported received a				-	
One control group reported received a				• • •	
reported received a					
I nlacebo intervention				placebo intervention	

consisting of home
visits (unstructured
presentation of toys
and instructions).
· · · · · · · · · · · · · · · · · · ·
Outcome:
The specific outcomes
that were part of the
meta-analysis were
(number of studies in
parenthesis):
Activities of daily living
(ADL) (6),
Cognitive functioning
(5),
Communication skills
(5),
Developmental/
mental age (5),
Language/verbal skills
(9),
Eye-hand coordination
(6),
Motor functioning (4),
Fine motor skills (6),
Gross motor skills (6),
Imitation (6),
Social repertoire (7),
Perception (6),
Maladaptive
behaviour (4),
PEP-R total (6),
VABS adaptation
composite (4).
In addition, 31
additional isolated
outcomes reported
only in one or two
studies, were included
in the mean effect size
meta-analysis. Five
studies reported both
isolated outcomes and
outcomes that were
present in at least two
other studies.
Study design:

	1			
			Not clearly reported.	
			Based on a preliminary	
			review of study	
			abstracts most studies	
			were controlled trials	
			and included similar	
			number of	
			participants in	
			intervention and	
			control groups.	
			Follow-up time:	
			Not clearly reported.	
			Settings:	
			Center, home, school.	
			Number of	
			participants:	
			The pooled sample of	
			individuals receiving	
			TEACCH across studies	
			was 172. The overall	
			number of	
			participants varied	
			substantially across	
			studies with a typical	
			sample size of about	
7		Des lattes	30 participants.	
Ziviani et al	Objectives:	Population:	Characteristics of	Conclusions:
2012	To systematically	Children and/or	included studies:	"There is emerging
Australia	review the literature	young people aged	4 studies.	evidence that
[48]	to ascertain current	birth to 18 years		current practices and
	best practices and	with complex	Country of origin:	interventions for CYP
	efficacy of service	psychological and/or	Not reported.	with behaviour
	delivery to children	behavioural issues,		issues are effective
	-	and/or a disability	-	in creating positive
	and young people	living in out-of-home	Participants:	outcomes for these
	(CYP) with	(including kinship)	Study 1:	CYP. There is some
	behavioural issues	care, or with their	7–15 years	support of
	related to or	foster		improvements in a
	secondary to	caregivers/parents	Study 2:	CYP's behaviour,
	disability, who are in		7-15 years	delinquency, and
	•	Interventions:		placement stability
	out-of-home care.	Various	Study 3:	and improvement in
		interventions,	3-17 years	some educational
		programs or support		outcomes. However,
		services on the child	<u>Study 4:</u>	benefits for the CYP's
		and young person	2-8 years	foster
				caregivers/par-ents

and/or foster	DSM/ICD/Disability:	appear to be
caregivers/par-ents.	Study 1:	somewhat limited.
caregivers/parents.	With, or at risk for	As previously
Comparison/	emotional and	published studies are
control:	behavioural disorders.	few in number, and
Placebo, usual care		are only of moderate
or different	Study 2:	methodological
intervention type.	With, or at risk for	quality, they do not
intervention type.	emotional and	provide conclusive
Outcomos	behavioural disorders	evidence of the
Outcomes:	benavioural disorders	effectiveness of
Not reported.	Study 2	these interventions.
Ctudu designs	Study 3:	
Study design:	Challenging behaviour.	The authors
Experimental or	Cturdur 4.	originally aimed to
quasi-experimental	<u>Study 4:</u>	review studies of CYP
longitudinal studies	Externalising	with behaviour
(i.e., randomised,	behaviour problems.	issues related to, or
quasi-randomised	Comorhidity or	secondary to,
and non-randomised	Comorbidity or	disability, in out-of- home care. As no
controlled trials, and	factors that may affect the outcome:	studies of CYP with
cohort studies).	No studies which	disabilities were
Sattings		
Settings: Not stated.	included samples of children with a	identified, and given the additional
NOT STATED.		
	disability were identified. Only	support needs of
	studies of children	these CYP, research
Other criteria:	with behaviour issues	pertaining to this group would be
Studies were	were found.	highly beneficial.
excluded if		Addressing the
participants were in		limitations of
treatment foster		previous studies
care as an	Intervention:	regarding CYP with
alternative to	Study 1 and 2:	psychological/behavi
residential care or	Fostering	oural issues will
incarceration	Individualized	improve the
because the CYP had	Assistance Program	methodological
severe antisocial	(FIAP).	rigour of future
behaviour,	Duration = 1.5 years,	studies with CYP who
delinquency	3.5 years.	also have
problems or were	Intensity= Variable,	disabilities."
chronic juvenile	however treatment	albusinetes.
offenders.	teams generally met	
	monthly.	
Studies published:		
Up to 2010.	Study 3:	
	Small group training	
	on challenging	
	behaviour	
	management.	

Duration= Three days
training program
Intensity= One-off
training and follow-up.
Study 4:
Parent–child
interaction therapy
(PCIT).
Duration= Average
number of treatment
sessions was 15.95
(SD=6.5).
Intensity= Not stated,
however, PCIT
sessions are typically
weekly.
Comparison/control:
Study 1 and 2:
A 'standard practice'
group who received
care, services and
support
characteristically
provided to CYP in
foster care e.g.,
meeting CYP's welfare
needs, developing
permanency plans,
etc.
Study 3:
No intervention
during, and for up to 7
weeks following, the
trial.
Study 4:
Two intervention
groups were
compared, with one
group comprising non-
relative foster
parent/child dyads
and the other
comprising biological
parent/child dyads.

	Outcome
	Outcome:
	Broadly, all
	interventions aimed to
	reduce children's
	behavioural problems,
	supporting their
	adjustment, emotional
	or other mental health
	issues.
	Study 1 and 2:
	Reduce the frequency
	and length of runaway
	periods, reduce the
	CYP's risk of
	incarceration, increase
	stability of the CYP's
	foster care
	placements, develop
	sustainable
	permanency plans, to
	improve school
	attendance and
	reduce the number of
	suspensions and
	school changes.
	Caregiver/parent
	intervention
	components aimed to
	equip
	caregivers/parents
	with skills necessary to
	offer children a stable
	and nurturing home
	life.
	Study 3:
	Increase
	caregivers/parents'
	knowledge of
	behaviour
	management
	strategies, and
	enhance their capacity
	to deal with children's
	behaviour.
	Reducing caregivers/
	Reducing caregivers/ parents' stress levels

by altering the
meanings
(attributions) they
attached to CYP's
behaviours.
Study 4:
Increase
caregivers/parents'
knowledge of
behaviour
management
strategies, and
enhance their capacity
to deal with children's
behaviour.
Improvement in
caregivers/parents'
psychological
functioning, a
reduction in parenting
stress and child abuse
potential, and the
development of a
more positive and
fulfilling relationship
between foster
caregivers/parents
and the children they
cared for.
Study design:
Two randomised
control trials (RCTs)
and two of non-
randomised control
trials.
Follow-up time:
Study 1 and 2:
Not reported.
Not reported.
Study 2:
Study 3:
Follow-up day 3–4
weeks post-
intervention.
Study 4:
Not reported.

Sotting
Setting:
Study 1 and 2:
CYP's home and
community settings.
Study 3:
Participants recruited
from four local foster
authority areas.
Study 4:
University outpatient
clinic.
Number of
participants:
539 participants.
Study 1:
132 (109 with
complete data),
treated 47 (with
complete data),
control group 62 (with
complete data)
(children and young
people).
Study 2:
131, treated 54,
control group 77
(children and young
people).
Study 3:
103, treated 49,
control group 54
(children and young
people) 106, treated
53, control group 53
(Foster
caregivers/parents)
Study 4:
173, treated 75,
control group 98
(Parent-child dyad).

Zwi et al	Objectives:	Population:	Characteristics of	Conclusions:
2011	To determine	Parents of children	included studies:	"There is some
UK & Denmark		and young people	5 studies	indication that
[49]	whether parent	aged five to 18 years	5 5100105	parent training may
	training	(or with a mean age	Country of origin:	have a positive effect
	interventions are	above five years), in	One study was	on difficulties
	effective in reducing	whom the main	conducted in Canada	experienced by
	ADHD symptoms and	problem was ADHD	at The Learning	children with ADHD,
	associated problems	•	•	
	•	(or hyperkinetic	Centre, Calgary,	particularly in terms
	(for example,	disorder) diagnosed	Canada. Three studies	of general behaviour.
	disruptive behaviour	using DSM or ICD	were conducted in the	Data are more
	disorders or specific	operationalised	USA: one in Memphis,	encouraging for the
	impairments such as	diagnostic criteria.	Tennessee; one at The	parents and carers of
	learning difficulties)	The diagnoses must	Hofstra University's	such children (in
	in children and	have been clinical	Centre for	whom parent
		diagnoses by	Psychological	training may well be
	young people aged	specialists with or	Evaluation, New York;	of benefit in
	five to 18 years with	without the use of	and one at the	reducing parental
	ADHD.	semi-structured or	University of Virginia	stress and building a
		structured interview	in Charlottesville,	sense of parental
		instruments.	Virginia. The fifth	confidence).
			study was conducted	However, data
		Acceptable	in the Netherlands at	concerning ADHD
		diagnoses included:	an outpatient clinic in	specific behaviour
		Attention	Groningen.	are more ambiguous.
		Deficit/Hyperactivity		The poor
		Disorder (DSM III-R,	Participants:	methodological
		DSM-IV).	Participants included	quality of the studies
		Attention Deficit	within the review	overall makes it
		Disorder (DSM III).	ranged in age from	likely that there is
		Hyperkinetic	four to 13 years old.	bias in the results
		Disorder (ICD-9, ICD-		and weakens any
		10).	Ranges, means and	conclusions that may
			standard deviations,	be drawn in this
		Interventions:	where provided, were	review. For many
		Parent training	as follows:	important outcomes,
		programmes where	- Six to 11 years (no	including school
		the intervention was	other information	achievement and
		designed to train	supplied).	adverse effects, data
		parents in	- Five to 9 years	for this intervention
		behavioural or	(means: group 1 =	are lacking. Overall,
		cognitive	6.94 (SD= 1); group 2 =	data from this review
		behavioural, or both,	6.56 (SD = 1.03); group	do not provide
		interventions to	3 = 6.88 (SD = 1.36)).	sufficiently strong
		improve the	- Six to 10 years	evidence on which to
		management of their	(median = 8.0).	base
		child's ADHD related	- Six to 12 years (mean	recommendations
		difficulties.	= 8.9).	for practice."
			- Four to 12 years	
			(mean = 7.4, SD = 1.9).	

The terms / second		((E.uthenusell
The term 'parent		"Further well-
training' includes:	All investigators with	designed,
Group-based	the exception of one	randomised
interventions	supplied data on	controlled trials
Interventions for	gender. They each	within this
individual parents, or	reported a majority of	population are
for a couple.	male children (179	needed and should
• The combination of	boys versus 65 girls	be reported clearly
individual or couple	across the four studies	in accordance with
and group	in which this	the principles set out
interventions, and	demographic was	in the CONSORT
 Parents acting as 	reported).	2010 Statement
the main mediators		(www.consort
of the intervention	Most children entered	statement.org/conso
with an additional	the studies on	rt-statement/).
component involving	medication for ADHD	Measurement of
teacher(s) trained in	symptoms. In general,	treatment outcome
behavioural	where reported,	is often limited to
management.	participants had to be	parent and teacher
	stabilised on	completed
Comparison/	medication	questionnaires and
control:	throughout the trial	could be extended to
Not stated.	and this was	include, for example,
	established prior to	health-related
Outcomes:	randomisation. It was	quality of life
All primary	assumed that	outcomes (HRQL).
outcomes related to	medication, where	Trials need to collect
participant children,	used, was used in the	information about
not to parent	same way across the	adverse events
outcomes (for	intervention and	related to any
example, reduction	control groups.	intervention.
of parental stress),		Researchers should
so studies with only	DSM/ICD/Disability:	consider child
parent outcomes	One study used DSM-	outcomes and not
were excluded.	III-R criteria for ADHD.	only focus on
	The children had to	reduction of parental
Primary outcomes:	demonstrate evidence	stress or sense of
1. Change in the	of ADHD in a wide	competence. Child
child's ADHD	range of situations	outcomes may also
symptom-related	and the problems	include HRQL, social
behaviour in home	must have been	interactions with
setting, for example,	evident before the age	peers, family
Conner's or SNAP	of six years.	interactions and
questionnaires.		school achievement.
	A second study	
2. Change in the	included participants	As comorbidity is so
child's ADHD	who had to be	common in ADHD,
symptom-related	diagnosed with ADHD	further research with
behaviour in school	using DSM-IV criteria.	children displaying
setting; for example,	This study also	disruptive behaviour
secting, for example,		

	Conner's Teacher	required a high level	disorders should
	Rating Scale.	of maternal stress for	address these
		inclusion in the	comorbid conditions
	3. Changes in the	training programme.	and not focus on
	child's general		only one area, for
	behaviour; for	Another two studies	example, ADHD or
	example, Achenbach	used DSM-IV criteria.	ODD/CD. The effects
	Child Behaviour		of gender, both that
	Checklist.	One study reported	of the parent and
		that DSM-IV criteria	child, should be
	Secondary outcomes:	were used (that is the	carefully considered.
	1. Academic	proportion of those of	Many parents and
	achievement of	Combined type	young people wish
	children as	(ADHD-C) and	to limit the exposure
	measured through	Inattentive type	of children to
	school test results or	(ADHD-I) were	psychoactive
	general tests of	reported). In this	medication, so it
	language or	study, diagnoses were	may be useful to
	development.	further reinforced and	explore whether this
		refined using the Child	might be achieved
	2. Adverse events	Symptom Inventory	through psychosocial
	(these could include	(CSI) and confirmed by	interventions
	emotional or	parental interview	targeted at those
	psychological trauma	using the K-SADS-PL.	most likely to benefit
	of any kind, such as		from them.
	might be suffered by	One study included	
	a parent with a	participants who met	Furthermore, a
	history of physical	DSM-IV criteria for	complementary
	abuse experiencing	ADHD, had an IQ> 80	review of parent
	flashbacks in a	(full scale IQof the	training for parents
	discussion about	WISCIII- R, for children	of children under the
	physical	under the age of six	age of five years who
	chastisement, or	years the Full Scale	have been assessed
	parents for whom	IQof the QWPPSI-R)	as 'at risk' of ADHD
	parent training	and were four to 12	would be a timely
	causes an increase in	years old. In addition,	addition to literature
	anxiety or	both parents (if	in this area."
	depression about	present) had to be	
	their own skills).	willing to participate	
		in the behavioural	
	3. Changes in	parent training	
	parenting skills; for	program.	
	example, The	-	
	Parenting Clinical	Comorbidity or	
	Observation	factors that may	
	Schedule.	affect the outcome:	
		Not reported.	
	4. Parental stress, for		
	example, the	Intervention:	
ll			

Daranting Strace	In one study two
Parenting Stress	In one study two
Index.	active experimental
	arms, one for group
5. Parental	parent training and
understanding of	one for individual
ADHD, for example,	parent training.
ADHD Knowledge &	
Opinion Scale.	In a second study two
	experimental arms,
Study design:	one for behavioural
Randomised	parent training alone,
controlled trials	the other for
(RCTs), including	behavioural parent
quasi-randomised	training combined
trials where	with self-
sequence generation	management.
was, for example, by	
birth date or	In a third study one
alternate allocation,	intervention group
that contain at least	received 'Parental
one measure of	friendship coaching'
ADHD related	(PFC), a programme
behaviour.	that resembled other
	parent training
Settings:	programmes for the
Not stated.	first two sessions then
	focused on developing
Other criteria:	social skills in children.
Trials which did not	
report any outcome	The duration of the
data on outcomes	parent training varied:
relating directly to	12 weekly, two-hour
the child's own	sessions (group
behaviour or	treatment), 12 weekly,
wellbeing (ADHD-	one-hour sessions
related or not) were	(individual treatment).
not included.	
	12 two-hour sessions
Trials in which drug	spread over five
treatments were	months.
used alongside	
parent training	Nine weekly, two-hour
interventions (that is	sessions.
parent training plus	
medication versus	Eight weekly, 50-
medication alone)	minute sessions
were included.	(parent training
	treatment), and eight
Studios published	
Studies published : Up to 2010.	weekly one and a half hour sessions (parent

training and self-
management
treatment).
,
PFC was delivered in
eight group sessions of
90 minutes each.
So minutes each.
O second and a second second
One study described
efforts to ensure
treatment fidelity
across all sessions.
Comparison/control:
Waitlist control group
who were offered the
group intervention at
the end of the study.
No treatment control
group which at the
close of the study
received a summary
session on the
programme content of
the intervention.
Parent support group
as a placebo control.
'Treatment as usual'
Outcome:
Primary outcomes:
Change in the child's
-
ADHD symptom-
related behaviour in
home setting.
Change in the child's
ADHD symptom-
related behaviour in
school setting.
Changes in the child's
general behaviour.
Secondary outcomes:
Changes in parenting
skills.

	Parental stress.	
	Study design.	
	Study design: All included studies	
	were described by the	
	investigators as	
	randomised controlled	
	trials.	
	Four employed a	
	stratified 'block'	
	design and the fifth	
	randomised by	
	individual participants.	
	Two studies involved	
	three arms, the	
	remaining three were,	
	for the purposes of	
	this review, two-	
	armed intervention	
	studies. One study did	
	involve a third group	
	but as it was a	
	normative comparison	
	group of children	
	without a diagnosis of	
	ADHD the study was	
	treated within this	
	review as a parallel	
	group study.	
	Follow-up time:	
	One study had two	
	follow-up assessments	
	at three and six	
	months. No other	
	study reported	
	collecting data at later	
	time points, or	
	planning to do so, and	
	this may be explained	
	by waitlist conditions	
	or financial	
	constraints, or both.	
	Sattings:	
	Settings:	
	Not clearly reported.	

Number of
participants:
Overall, sample sizes
were small, ranging
from 24 participants
to 96, the remaining
studies comprised 54,
48 and 62 participants
respectively.

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