

Supplementary table S5: Example of findings from included studies with illustrations/raw data.

Study.	Finding.	Illustration/ raw data.
Malcolmson et al. [116]	Lack of psychosocial support: Positive experiences of getting help were in the minority. (Unequivocal)	I got no help, I just cried. I wasn't given information on any support groups, counselling, MS nurses, nothing (diagnosed 12 years ago). I said to him, have you got no help? – He said no (diagnosed 20 years ago). I was left to stew basically (diagnosed 20 years ago). I think the emotional side of MS is different from the medical side, people with MS need to talk about their fears. People that are skilled in counselling are needed – active listening and so on “this should not be called ‘counselling’ and could be provided by someone with experience of MS”. I think, having completed my counselling course, that cognitive behavioural therapy would have been useful for me at the start when I thought I was useless
	Peer support groups with other people with MS and ‘expert’ patient schemes contribute towards self- efficacy and successful self-management. (Unequivocal)	Whatever you are going through they have probably gone through it before you. I think it's more helpful if it is someone who actually has MS, you can relate better. I feel we learn all these tips by associating with each other. (Nodding of several heads in agreement). I met another MS sufferer at hospital and between the two of us we worked it out together.
Doig et al. [102]	Goals provide structure for rehabilitation. (Unequivocal)	Participants with TBI identified that goals provided a “focus” (P11) and “helped keep you on track” (P12) and that having goals provided structure beyond the therapy session because “it made me start prioritizing things around in my day . . . it sort of made me start to think about those things” (P5).
	Motivational aspects of goals. (Unequivocal)	P3 described goal achievement as motivating because “it gave you targets to achieve, and once you achieved them you'd go, ‘Well dust it up, that was done,’ and you know that you can do it and you can continue to do it
	Importance of Goal ownership. (Unequivocal)	The participants made statements such as “it was me” (P1), “you're doing what you want to do” (P12), “they were from me, they were to do with me and they were for me” (P3), and “I really wanted to do them so I would do all the steps” (P11). “If you leave it up to the individual to pick goals or things that are essentially problems for them and they are working towards that, they can see the benefit of their improvements, and obviously they're a lot more satisfied with that”(p8) P5 described his experience of the goal-directed program as being “asked what things I would like to improve,” which he contrasted with his experience of other therapies, stating, “You don't have your say of what you want to do.”
	Challenges of goal setting. (Unequivocal)	P3 described setting goals as “a bit complicated at the start . . . just confusing, what should I want to do,” and P8 used “intuition . . . I didn't realize how much of a problem all of those things would have been still further down the track.” Others, however, felt “it was pretty easy to find the goals because it was pretty easy to see what I was having trouble with” (P7).
	Satisfaction derived from the use of goals. (Unequivocal)	All participants stated that they felt having program goals was beneficial or expressed satisfaction with progress made on their goals. For example, P6 described her goal achievement by saying it made her feel “good, yeah ecstatic, over the moon.” Goals were described as “specific goals” (P4), necessary in that “I didn't want to do others that I don't really need to do” (P4), and achievable as “I could do it” (P1) and “by the end of it, those goals were accomplished”(P3).
	Family involvement important for encouragement. (Unequivocal)	Participants described family members as important for encouragement: “He'd start to notice my walking getting a bit better, my balance . . . so yeah, I think it's good to have someone close to you involved” (P10), and “with her pushing me I'd do it, I'd do a better job” (P9). Some participants described family involvement in goal planning and therapy as positive because “mum would see me most often, she's definitely probably the most knowledgeable about my current situation” (P8) and “my sister knows me more than my therapist so she would tell her how I'm improving” (P7). By contrast, P3 felt his mother's involvement in goal planning was not necessary because “she didn't know exactly what I'm thinking at the time about what I find difficult.”
Giles and Myasaki. [107]	Patients (PD) visit to the neurologist focus on biomedical aspects of care and not necessarily other aspects of care deemed important by the patient. (Unequivocal)	...basically it's what we had with our friend who helped us (unclear/not audible)..except it's part of the hospital and everybody is like registered nurses and like there is no scheduling problems and you know and everybody is qualified and it's not over the roof expensive and it is what it is and it's reasonable and or free! You know for people who can't afford it and just, yeah, if it was all in one building that would be amazing and if we didn't have to call 50 million different places and like try and figure out if they're able to do it and care for the people and...I think it would just, it would feel safer. You know it would just feel like, okay, you're sick, this is what you have and this is how we can help you. And it's all here and you just feel like there are answers and you're not out there trying to figure it out on your own.” “Just for the clinicians to look more at the whole person, not just questions about Parkinson's. To integrate the physiotherapy” (into routine care)