# Supplementary Table S1.

Analysis of the *who, why and how* of the included intervention studies.

| **Author and year** | **Intervention** | **Who** | **Why** | **How** | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Target group** | **Aim of person-centred rehabilitation** | **Ethical principles, existential support and supporting personhood** | **Professional tools and methods** | **Holistic assessment** | **Activate and empower the patient** | **Building relationships** | **Organization and structure** |
| Amieva et al., 2016 [30] | Individualized cognitive rehabilitation therapy | Dementia and his/her caregiver.  The caregivers received weekly telephone contact during which he/she could discuss particular difficulties or ask questions | The psychologist had to adapt the program according to participants' cognitive abilities in order to anticipate and avoid as much as possible failures. | Sessions (individual) dedicated to select meaningful activities.  The psychologist had to adapt the program according to patients’  cognitive abilities in order to anticipate and avoid as much as possible failures. | The activities (activities of daily living or leasure activities) to be trained selected according to goals of personal relevance to patients. |  |  |  |  |
| Brueggen et al., 2017 [20] | Cognitive rehabilitation - an integrative multimodal intervention  (CORDIAL) | To monitor  activities at home, caregivers were called by phone  once a week. |  | The order of the modules varied flexibly in response to the participants’ needs.  Sessions were extended from a one–hour session per week to one two–hour session per week, allowing sufficient time to address individual needs despite the group setting.  Organization and implementation of pleasurable  and meaningful activities.  Evaluation of achieved goals and planning of  future procedures. |  | Identification of problems and definition of treatment goals. This included determining obstacles to independent living e.g., the inability to utilize cooking devices, and aspects that reduce the quality of life. |  |  | The order of the modules varied flexibly in response to the participants’ needs.  Sessions were extended from a one–hour session per week to one two–hour session per week, allowing sufficient time to address individual needs despite the group setting.  The complexity of the worksheets was reduced according to the cognitive state of the participants. |
| Brunelle-Hamann et al., 2014 [26] | Cognitive rehabilitation | When a  caregiver agreed to participate as an informant, he/she had to be available  and sufficiently involved in the patient’s care to provide reliable information  about the patient’s history, symptoms and his/her own burden and distress. | The level of assistance was provided according to the performance of each participant, in order to limit potential mistakes (per the errorless learning paradigm). |  |  |  |  |  | Home setting either in the community or in homes for the elderly. |
| Chew et al., 2015 [29] | Multimodal cognitive and physical rehabilitation | Patient and caregiver.  Caregivers as informants on caregiver burden. |  | Based on individual goal-setting.  Identified problems were translated into goals, without restriction on the types of goals that can be set.  Tailored individualized activities delivering person-centred care. | Goal attainment scaling was a tool for measuring treatment effects relevant to the individual, defining individual treatment goals at the outset and monitoring for goal attainment. |  |  |  | Group therapy sessions.  Regular feedback on progress was provided to the partici­pant and his/hercaregiver in the form of a progress card during the program, with advice to continue the learned activities at home between therapy sessions. |
| Clare et al., 2010 [21] | Cognitive rehabilitation | People with dementia  Carers, where  available, were invited to join the last 15 minutes of  each session to support between-session implementation. |  | Individualized intervention  addressing personally meaningful goals. | The Canadian Occupational Performance Measure was used to enable all participants to identify up to five personally relevant goals in areas relating to self-care, leisure, and productivity. |  | Participants were encouraged to work on goals, and practice strategies, between sessions. |  | Assessments and interventions were conducted in participants’ homes. |
| Fernandez-Calvo et al., 2015 [22] | Multicomponent cognitive stimulation program | Patients and informal caregivers were involved in the training at home. |  | These activities (cognitive tasks, daily problem-solving strategies, learning or re-learning information, or compensatory strategies) were implemented in partnership with patients, taking into account their needs and motivation. |  |  |  | The activities were implemented in partnership with patients.  The therapists provided encouragement  as a form of positive reinforcement during the session, focusing on positive outcome and feelings. | Implemented in the  patients’ homes by occupational therapists.  The difficulty of the tasks used in the sessions were progressively increased from an easier level to maintain a perception of control over performance while ensuring the tasks eventually became sufficiently challenging. |
| Kim 2015 [32] | Cognitive rehabilitation | Patient |  | An individualized intervention focusing on a personally  meaningful goal | The individual sessions for the Cognitive rehabilitation approach involved an individualized intervention focusing on a personally  meaningful goal indicated by The Canadian Occupational Performance Measure. |  |  |  |  |
| Lee et al., 2013 [35] | Computer errorless learning-based memory training program |  |  | The level of difficulty of ques­tions was set appropriate to the level of cognitive function of the subjects.  The programs were designed using a culturally relevant training program with familiar daily life training content, and gradation of training was based on the level of functioning, habits, and interests of older Chinese adults with early Alzheimer’s disease. |  |  |  |  |  |
| Laakkonen et al., 2016 [27] | Self-management group rehabilitation | Couples were advised to do homework together between sessions.  Offered people with dementia and their spouses possibilities for shared information and support |  | All activities and discussions were adjusted according to  participant preferences.  Participants were able to invite experts to group sessions.  To provide positive prospects and goal-setting for the future. |  |  | Empowerment, self-efficacy  and mastery over one’s own life with better ability to manage living with dementia.  Participants were encouraged to give anonymous feedback on their experiences. |  | Group facilitators visited couples’ homes before the first session and encouraged them to express their preferences for topics in the group sessions.  Principles guiding the group facilitators were respecting  participant autonomy, enhancing their empowerment, use  of own resources, problem-solving skills, and mastery of everyday life. |
| Ochmann et al., 2017 [36] | Cognitive rehabilitation |  |  | Identifying individual problems, defining personal goals, biographical  work, implementation of pleasant activities  and external memory aids, concluded by an evaluation session with individual plans for the future |  | Identifying individual problems, defining personal goals, biographical  work, implementation of pleasant activities  and external memory aids. |  |  |  |
| Regan et al., 2017 [28] | Individualized face-to-face cognitive rehabilitation | Delivered to client–supporter dyads |  | The focus of strategies was on positive resources,  intact functions, retained skills, and activities clients  could still take part in  Individualized intervention addressing personally meaningful goals. | The Canadian Occupational Performance Measure was used to assist clients to identify up to five personally relevant goals in areas relating to self-care, leisure, and productivity.  Questionnaires assessing mood, illness adjustment, quality of life, and carer burden were also administered. |  | Clients were encouraged to practice techniques  with assistance from their supporter between sessions.  Clients and supporters were encouraged to help brainstorm and select the most appropriate strategies. |  | All sessions were conducted in participants’ homes.  Although the basic structure of sessions was prescribed in a manual, their content could be adapted  flexibly to meet specific client goals. |
| Schiffczyk et al., 2013 [23] | Short-Term inpatient rehabilitation | Patient and caregiver. |  | Tailored to the individual needs |  |  |  |  | The study was conducted in the families’ households to identify the impact of disease in their familiar environment. |
| Tanaka et al., 2017 [31] | The five principles of brain-activating rehabilitation were categorized as cognitive rehabilitation and involved reminiscence therapy, reality orientation, and physical activity. | Patients in a group setting and individually. | The primary expected effect was that participants will regain a desire for living as well as their self-respect. | Enjoyable and comfortable activities in an accepting  atmosphere.  The primary expected effect was that participants will regain a desire for living as well as their self-respect. |  |  | Through this process, participants  were expected to regain their self-confidence  and to take on the social function of passing on  knowledge to younger generations. When the participants did  so, the intervention staff praised them naturally. |  |  |
| Tay et al., 2016 [24] | MINDVital rehabilitation | Accompanied by a reliable caregiver. |  | All participants and their  caregivers attended a brief interview at the beginning of the program to define their individual treatment goals. |  |  | Regular feedback on participant’s progress was provided to the  participant and caregiver in the form of a progress card during the  program, with advice to continue the learned activities at home  between therapy sessions. |  | To ensure each participant receives individualized attention, group sizes were limited to 10 participants. |
| Thivierge at al., 2014¨[25] | Cognitive rehabilitation | Patient and caregiver. |  | The instrumental activities of daily living to be trained was chosen in collaboration with the patient and his/her caregiver in order to target the patient’s needs and interests. | The performance on the instrumental activities of daily living to be trained was assessed by a Direct Measure of Training (DMT), an observational instrument adapted from the well validated activities of daily living. Situational Test.31. |  |  |  | All evaluation and training sessions were carried out at the patient’s home. |
| Toba et al., 2014 [37] | Intensive rehabilitation |  |  |  | First, the individual functional  profiles were assessed with regard to both abilities and  disabilities to evaluate how to enhance the abilities and compensate for disabilities. Second, training activities  were selected; the decision was shared between therapists  and participants. |  |  |  |  |
| Tsuchiya et al., 2016 [34] | Brain-Activating rehabilitation |  |  | Enjoyable and comfortable activities  to be performed in an atmosphere underpinned by values of acceptance.  Brain-activating rehabilitation were also considered to enable  participants to recover both a desire for life and their self-respect.  Various activities were selected based on the patients’ physical function, cognitive function, life history, and preferences.  The patients should be offered social roles that  enhance their remaining abilities; and supportive care should be provided to prevent task failure that causes confusion. |  |  | The patients should be praised to enhance their motivation.  The patients to be offered social roles that  enhance their remaining abilities; and supportive care should be provided to prevent task failure that causes confusion. | The activities  should be associated with empathetic 2-way communication  between the staff and the patients as well as between the  patients. |  |
| Van Paasschen et al., 2013 [33] | Cognitive rehabilitation |  |  | All participants initially learned and practiced all 3 strate­gies (strategies for acquiring new information, including verbal and visual mnemonics, semantic elaboration, and expanding rehearsal) and then chose 1 preferred strategy to implement in daily life. | The cognitive rehabilitation intervention was tailored to each participant’s per­sonal difficulties in daily life as identified by the Canadian Occupational Performance Measure. One or 2 rehabilitation goals were selected to work on dur­ing the intervention.  Participants identified up to 5 personally relevant goals.  Participants rated their performance and their satisfac­tion on each goal prior to and following the intervention period. |  |  |  |  |
| Werheid et al., 2015 | Cognitive rehabilitation and cognitive-behavioral-treatment. |  |  |  |  |  |  |  |  |

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