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 [31]	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 [21]	Cognitive rehabilitation - an integrative	To monitor activities at home,		The order of the modules varied flexibly		Identification of problems and definition			The order of the modules varied flexibly in response

	multimodal intervention (CORDIAL)	caregivers were called by phone once a week.		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.		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.			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	Cognitive rehabilitation	When a caregiver	The level of assistance was						Home setting either in the community or

al., 2014 [27]		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.	provided according to the performance of each participant, in order to limit potential mistakes (per the errorless learning paradigm).						in homes for the elderly.
Chew et al., 2015 [30]	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	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.

				care.					
Clare et al., 2010 [22]	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 [23]	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 et al., 2015 [33]	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 [57]	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 [28]	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 [37]	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 [29]	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	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		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.

				meaningful goals.	assessing mood, illness adjustment, quality of life, and carer burden were also administered.				
Schiffczyk et al., 2013 [24]	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 [32]	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.,	MINDVital	Accompanied by		All participants			Regular feedback		To ensure each

2016 [25]	rehabilitation	a reliable caregiver.		and their caregivers attended a brief interview at the beginning of the program to define their individual treatment goals.			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.		participant receives individualized attention, group sizes were limited to 10 participants.
Thivierge at al., 2014¨[26]	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.,	Intensive				First, the				

2014 [38]	rehabilitation				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 [35]	Brain-Activating rehabilitation			Enjoyable and comfortable activities to be performed in an atmosphere underpinned by values of acceptance. Brain-activating rehabilitation			The patients should be praised to enhance their motivation. The patients to be offered social roles that enhance their remaining abilities; and supportive care	The activities should be associated with empathetic 2-way communication between the staff and the patients as well as between the patients.	

				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.			should be provided to prevent task failure that causes confusion.		

Van Paasschen et al., 2013 [34]	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 [58]	Cognitive rehabilitation and cognitive-behavioral-treatment.								

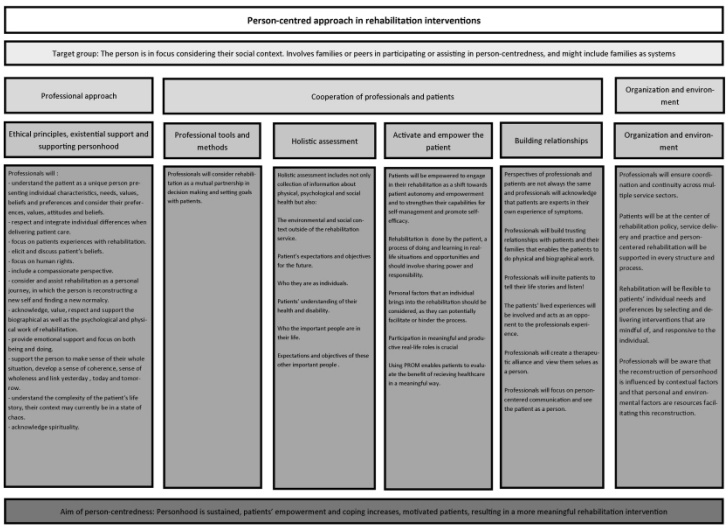

Figure 1, program theory

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