

Online Supplementary Material Section A

Full database search strategy.

Medline Search Strategy

1. carer.mp. or exp Caregivers/

OR

2. ("informal care*" or "famil* care*" or "spous* care*" or "unpaid care*").mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]

AND

3. support group.mp. or exp Self-Help Groups/

OR

4. therapy group.mp. or exp Psychotherapy, Group/

OR

5. group counseling.mp.

OR

6. ("group based" adj5 intervention).mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]

OR

7. ("group based" adj5 program*).mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]

AND

8. dementia.mp. or exp Dementia/ or exp Frontotemporal Dementia/ or exp Dementia, Vascular/ or exp Dementia, Multi-Infarct/

OR

9. Alzheimer's disease.mp. or exp Alzheimer Disease/

AND

10. Limit to English Language

Embase Search Strategy

1. carer.mp. or exp caregiver/

OR

2. ("informal care*" or "famil* care*" or "spous* care*" or "unpaid care*").mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word]

AND

3. support group.mp. or exp support group/ or exp self help/

OR

4. exp group therapy/ or therapy group.mp.

OR

5. group counseling.mp.

OR

6. ("group based" adj4 intervention).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word]

OR

7. ("group based" adj4 program*).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word]

AND

8. exp semantic dementia/ or exp dementia/ or exp senile dementia/ or exp multiinfarct dementia/ or exp frontal variant frontotemporal dementia/ or exp presenile dementia/ or dementia.mp. or exp frontotemporal dementia/

OR

9. alzheimer's disease.mp. or exp Alzheimer disease/

AND

10. Limit to English language

PsycInfo Search Strategy

1. exp Home Care/ or exp Caregivers/ or carer.mp.

OR

2. ("informal care*" or "famil* care*" or "spous* care*" or "unpaid care*").mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh]

AND

3. support group.mp. or exp Support Groups/

OR

4. exp Group Counseling/ or exp Group Psychotherapy/ or exp Group Intervention/ or therapy group.mp.

OR

5. exp Self-Help Techniques/ or self-help group.mp.

OR

6. ("group based" adj4 intervention).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh]

OR

7. ("group based" adj4 program*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh]

AND

8. exp Presenile Dementia/ or exp Dementia/ or exp Senile Dementia/ or exp Semantic Dementia/ or dementia.mp. or exp Dementia with Lewy Bodies/ or exp Vascular Dementia

OR

9. alzheimer's disease.mp. or exp Alzheimer's Disease/

AND

10. Limit to English language

Web of Science Search Strategy

TOPIC: (carer OR caregiver OR "informal care*" OR "famil* care*" OR "spous* care*" OR "unpaid care*")
AND
TOPIC: ("support group" OR "therapy group" OR "self-help group" OR "group counseling" OR ("group based" NEAR/4 intervention) OR ("group based" NEAR/4 program))
AND
TOPIC: (dementia OR alzheimer's disease)

Online Supplementary Material Section B

Data extraction table (including quality assessment).

Extraction table for the following topics: (1) Author(s) and location and publication year (2) Journal of publication (3) Study design (4) Type of intervention (5) Characteristics of intervention (6) Participant demographics (7) Type of data collected (8) Key findings (9) Quality of evidence. The quality of included studies was assessed using standardised Critical Appraisal Skills Programme (CASP) checklists for qualitative and randomised control trial (RCT) design studies (CASP, 2017). The Joanna Briggs Institute (JBI) Critical Appraisal checklist for quasi-experimental studies was used for non-randomised quantitative studies and the Mixed-Methods Appraisal Tool (MMAT) checklist was used to evaluate mixed methods research (Hong et al., 2018).

(1) Author, location, and year	(2) Journal of publication	(3) Study Design	(4) Type of intervention	(5) Characteristics of intervention	(6) Participant demographics	(7) Type of data collected	(8) Key findings	(9) Quality of evidence
Subcategory 1: Group CBT interventions (5 studies)								
Aboulafla-Brakha et al Switzerland 2014	Aging & Mental Health	Quantitative RCT (2 groups)	Group CBT and Psycho-educational (control group)	Duration: 8 weekly sessions Carers of people with moderate to severe Alzheimer's disease were randomly assigned to a CBT group or psychoeducational group. Interventions were delivered face-to-face in a group setting. The CBT group were divided into 6-8 people for 90-minute sessions, the psychoeducational group sessions were 60 minutes and conducted for all 17 participants together.	N = 35 Intervention group (n = 17) Gender - 100% Female Mean Age - 59.42 Familial Relationship - Spouse 75%; Parent 16.70% Control group (n = 18) Gender -67% Female Mean Age -55.07 Familial Relationship - Spouse 80%; Parent 13.30%	Primary outcome measure: Salivary cortisol levels Secondary outcome measures (questionnaire-based psychometric tests): stress, burden, depression, trait anxiety For care recipient: function in daily life, neuropsychiatric symptoms. Data was collected before and after the intervention.	Salivary cortisol levels significantly decreased after intervention in the CBT group only. Both groups showed a reduction of neuropsychiatric symptoms of their care recipient after intervention but no significant change in the well-being of the carer.	Low
Arango-Lasprilla et al Colombia 2014	American Journal of Alzheimer's Disease and Other Dementias	Quantitative RCT (2 groups)	Group CBT and Psycho-educational (control group)	Duration: 8 weekly sessions 69 carers of people with dementia were randomly assigned to a CBT group therapy or an educational control condition. Both types of session were 2-hours long and were weekly and were conducted in groups of 6-10 people.	N = 69 Intervention group (n = 39) Gender - 87.2% Female Mean Age - 59.4 Familial Relationship -Spouse 17.9% Parent 56.4% Sibling 12.8% Other 13.8% Control group (n = 30) Gender - 73.3% Female Mean Age - 55.1 Familial Relationship - Spouse 20% Parent 46.7% Sibling 10% Other 23%	A battery of questionnaires was administered pre-intervention, post-intervention, and 3 months later as a follow up. The questionnaires measured: depression, burden, life satisfaction and stress.	The CBT group had higher life satisfaction and lower levels of depression and burden than the control group post-intervention and at follow up. There was no improvement of stress levels in either group.	Moderate
Gendron et al Canada 1996	Clinical Gerontologist	Quantitative RCT (2 groups)	Group CBT and Psycho-educational (control group)	Duration: 8 weekly sessions 35 spousal carers of people with dementia were recruited. Participants were randomly assigned to a CBT group therapy intervention or a information group	N = 35 (intervention group n = 18; control group n = 17) Gender - 65.7% Female Mean Age - 66.2 Familial Relationship -not reported	Questionnaires (mental health, negative thinking, burden, assertiveness) were administered pre-intervention and post-intervention. 26 participants were interviewed as a follow up	Participants in the CBT group had higher assertiveness post-intervention (e.g. help seeking behaviour, assertive in asking for help from other family members). There were no	Low

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				which acted as a control group. The information group watched an informational video about dementia and then had a question-and-answer session. Both types of session were 90 minutes in length.		3 to 6 months after the intervention.	significant improvements in either group for any other measure. There was no difference between the groups at the follow up interviews.	
Gonyea et al USA 2006	Gerontologist	Quantitative RCT (2 groups)	Group CBT and Psycho-educational (control group)	Duration: 5 weekly sessions Carers of people with dementia were randomly assigned to a group CBT condition or a psycho-educational control group. The interventions were delivered in groups of 5-10 people over 5 weekly sessions that lasted 90-minutes.	N = 80 (intervention group n = 40; control group n = 40) Gender – 67% Female Mean Age – 64.4 Familial Relationship –Spouse 59% Parent 32% Other 9%	Structured interview to assess burden and a questionnaire to assess neuropsychiatric symptoms in the care recipient (and the level of distress experienced by the carer as a result of those symptoms) were conducted pre-intervention and post-intervention.	Participants in the CBT group reported significantly lower levels of distress in response to neuropsychiatric symptoms post-intervention compared to the control group. Burden did not significantly decrease in either group.	Moderate
Passoni et al Italy 2014	Alzheimer Disease & Associated Disorders	Quantitative Quasi-experimental (3 groups)	Group CBT or Self-help manual (or treatment as usual control group)	Duration: 6 biweekly sessions Carers of people with dementia were assigned to a CBT group therapy condition, a self-help manual condition or a control group that received usual care. CBT sessions were 2 hours and contained 7-10 people. The manual contained information about dementia and caring.	N = 102 (CBT group n = 39, manual group n = 30, control group n = 33) Gender – 61.7% Female Mean Age – 58.5 Familial Relationship –not reported	Questionnaires (depression, anxiety, carer needs) were administered pre-intervention and 6 months from the start of the intervention.	Both the CBT group and the manual group showed a significant reduction in their care needs post-intervention compared to the control group. Though, there was no significant difference between the reduction seen in the CBT group and the manual group. The CBT and manual interventions did not have a caregiver significant effect on anxiety or depression.	Moderate
Subcategory 2: Group Psycho-educational Interventions (8 studies)								
Andren & Elmstahl Sweden 2008	Nordic College of Caring Science	Quantitative Quasi-experimental (2 groups)	Psycho-educational programme followed by support group	Duration: 5 weekly sessions Followed by biweekly support group sessions for 3 months Carers of people with dementia attended 5 weekly	N = 308 Intervention group (n = 153) Gender – 61% Female Mean Age – 62 Familial Relationship – Spouse 25%	A structured interview was conducted prior the intervention and subsequently a telephone based structured interview was conducted every 3 months.	Carers in the intervention group reported significantly lower strain and disappointment in the 6 and 12-month follow up questionnaires than the control group. However, there was no change in all	Moderate

(1) Author, location, and year	(2) Journal of publication	(3) Study Design	(4) Type of intervention	(5) Characteristics of intervention	(6) Participant demographics	(7) Type of data collected	(8) Key findings	(9) Quality of evidence
				group-based psychoeducational sessions that lasted two hours. After these were completed, participants then attended a biweekly 90-minute support group for 3 months aimed at providing emotional support. This group was compared to a control group who had no intervention from a similar, nearby district.	Parent 60% Other 15% Control group (n = 155) Gender – 68% Female Mean Age – 62 Familial Relationship – Spouse 21% Parent 65% Other 14%	Questionnaires were issued 6 months and 12 months after the start of the intervention measuring burden, life satisfaction and level of disability in the care recipient.	other questions of the burden questionnaire. Life satisfaction increased in the intervention group and decreased in the control group.	
Hsu et al Taiwan 2017	Alzheimer's and Dementia	Quantitative Pretest-posttest design (no control group)	Psycho-educational intervention	Duration: 4 weekly workshops (8 hours long) Carers of people with dementia completed an intensive 32-hour psychoeducational training course aimed at decreasing burden and improving mental and physical health.	N = 53 Gender – 85.3% Female Mean Age – 52.5 Familial Relationship – 29% Spouse 62% Parent 9% Parent-in-law	Questionnaires (burden, health) were conducted pre-intervention and then at 3 months, 6 months and 9 months post-intervention.	Only 34 out of the 53 participants completed the intervention and assessments. There was a significant improvement in burden and mental health but there was no improvement in physical health.	Low
Küçükgüçlü et al Turkey 2018	Geriatric Nursing	Mixed methods Pretest-posttest design (no control group)	Psycho-educational intervention	Duration: 10 sessions 37 carers of people with dementia attended 10 sessions of a psychoeducational group intervention held every other week. Sessions were two hours and the size of the groups were 18 people and 19 people.	N = 30 Gender – 100% Female Mean Age – 58.3 Familial Relationship – 40% Spouse 62% Parent	Questionnaire to measure burden administered pre-intervention and post-intervention. Semi-structured focus group interviews were conducted post-intervention.	There was a significant decrease in burden post-intervention ($p = 0.49$, therefore it was only just able to reach significance). Three themes emerged from the interviews: 1. Having knowledge (gaining a better understanding of their situation and how to manage it) 2. Calming down (having the opportunity to release unexpressed emotions and make friends) 3. Acceptance (accepting that dementia is progressive and accepting what the future will be like)	Moderate
Kurz et al Germany	International Journal of	Quantitative	Psycho-educational intervention	Duration: 7 biweekly sessions	N = 292	Quality of life and depression measures were administered by a blinded	The intervention had no effect on depression or quality of life and did not	Moderate

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Austria Switzerland 2010	Geriatric Psychiatry	RCT (2 groups)		<p>A multicentre randomised control trial including 292 carers of people with dementia.</p> <p>Participants in the intervention group attended 7 90-minute biweekly educational group sessions aimed at education and problem solving. Following this, 6 bimonthly refresher meetings were held.</p> <p>Participants in the control group had one individual counselling session with a social worker and were directed to services in case of emergency.</p>	<p>Intervention group (n = 156) Gender – 71.8% Female Mean Age – 62.6 Familial Relationship – 60% Spouse 38% Parent</p> <p>Control group (n = 136) Gender – 66.2% Female Mean Age – 62 Familial Relationship – 55% Spouse 40% Parent</p>	researcher pre-intervention and post-intervention.	<p>impact nursing home admission of the care recipient.</p> <p>Participants in the intervention group were significantly more satisfied with the intervention than the control group and said the intervention was helpful (130 participants in the intervention group compared to 118 in the control group).</p>	
Lewis et al USA 2009	Rehabilitation Nursing Journal	Quantitative Pretest-posttest design (no control group)	Psycho-educational intervention	<p>Duration: 9 weekly sessions</p> <p>Carers of people with dementia participated in 90 minutes long psychoeducational support group sessions with 30 minutes of relaxation techniques weekly for 9 weeks.</p>	<p>N = 209</p> <p>Gender – not reported Mean Age – 52.8 Familial Relationship – not reported</p>	Questionnaires (burden, quality of life, stress, depression, anxiety, anger) were administered pre-intervention, halfway through the intervention (after 4 weeks), post-intervention and two months after the completion of the intervention.	There was a significant improvement post-intervention and at 2-month follow up in all measures.	Moderate
Martin-Carrasco et al Spain 2014	Alzheimer Disease and Associated Disorders	Quantitative RCT (2 groups)	Psycho-educational intervention	<p>Duration: 7 biweekly sessions</p> <p>Carers of people with dementia were randomly assigned a psycho-educational intervention group or a control group that received standard care. The intervention was administered over 7 biweekly sessions which lasted 90 to 120 minutes.</p>	<p>N = 238</p> <p>Intervention group (n = 115) Gender – 77.4% Female Mean Age – 61 Familial Relationship – 47.8% Spouse 47% Parent 5.2% Other</p> <p>Control group (n = 123) Gender – 77.2% Female Mean Age – 63.2 Familial Relationship – 50.4% Spouse</p>	Questionnaires (burden, distress, health, quality of life) were administered pre-intervention and as a 4-month follow up.	There was a significant decrease in anxiety and insomnia items on the health measure in the intervention group post-intervention. However, there was no significant improvement in any other measure. The authors conclude that the intervention is not better than standard care.	Moderate

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					43.9% Parent 5.7% Other			
Pihet & Kipfer Switzerland 2018	BMC Geriatrics	Mixed methods Pretest-posttest design (no control group)	Psycho-educational intervention	Duration: 15 weekly sessions Carers of people with dementia participated in 15 weekly 2-hour long psycho-educational group sessions.	N = 19 Gender –73% Female Mean Age – 68 Familial Relationship – 69% Spouse 27% Parent 7% Siblings	Qualitative semi-structured interviews were conducted pre-intervention and post-intervention. A battery of questionnaires (burden, distress, self-efficacy) was also taken at this time. Twice a week throughout the intervention participants answered short questions about daily life through a tablet app.	Three themes emerged from the qualitative interviews: 1. Sharing experiences and strategies (participants were able to learn from each other which strengthened their education). 2. Being in the same boat (feeling understood and less alone). 3. Being able to cope (participants reported that the intervention gave them strategies that helped they cope and manage challenging issues) Quantitative data showed that there was a significant improvement of burden and self-efficacy. The carers psychological distress also improved significantly but their distress in response to the psychiatric symptoms of the care recipient did not improve. The tablet questions revealed that carers changed their caring strategies in daily life over the course of the intervention.	Moderate
Ulstein et al Norway 2007	Dementia and Geriatric Cognitive Disorders	Quantitative RCT (2 groups)	Psycho-educational intervention	Duration: 6 weekly sessions In this multi-centre randomised control trial, carers of people with dementia attended a 3-hour lecture about dementia and its symptoms and then	N = 180 (intervention group n = 90; control group n = 90) Gender – n/a Mean Age – not reported Familial Relationship – n/a	Questionnaires were conducted pre-intervention, post-intervention and 12 months after baseline. The outcome measure for carers was stress. Data was also collected for the	No significant effect on any outcome measure (for both carers and care recipients)	Moderate

(1) Author, location, and year	(2) Journal of publication	(3) Study Design	(4) Type of intervention	(5) Characteristics of intervention	(6) Participant demographics	(7) Type of data collected	(8) Key findings	(9) Quality of evidence
				attended a weekly 2-hour psychoeducational support group for 6 weeks. The carers in the control group received treatment as usual.		care recipient about neuropsychiatric symptoms, MMSE, activities of daily living and disability.		
Subcategory 3: Support Group Interventions (6 studies)								
Acton & Miller USA 1996	Issues in Mental Health Nursing	Mixed Methods Pretest-posttest design (no control group)	Support group	Duration: Biweekly sessions for 12 months Carers of people with Alzheimer's disease were recruited to take part in a support group for 6-7 people aimed at improving carer hardiness and resistance to stress.	N = 26 Gender –77% Female Mean Age – 75 Familial Relationship – 54% Spouse 46% Parent	Semi-structured interviews and questionnaires were conducted prior to intervention and then 6-months and 12-months into the intervention. Questionnaires: Demographic data, quality of life, stress 1-2 months after the intervention ended 14 participants were interviewed about their experiences.	Four themes emerged in the interviews about why the support group was an effective intervention: 1. Affiliation (feeling connected to others) 2. Individuation (improvement to the sense of self and gaining a sense of control) 3. Self-acceptance (feeling better about themselves) 4. Healing (gaining a feeling of peace) Follow up interviews revealed that caregivers were able to maintain and increase their ability to cope with caring. No effect on quality of life or stress was found in the quantitative data.	Moderate
Berger et al Germany 2004	International Journal of Geriatric Psychiatry	Quantitative Quasi-experimental	Support group	Duration: Weekly sessions for 2 years Participants were carers of people with dementia recruited from a memory clinic. Participants in the intervention group attended weekly 1 hour support group sessions over 2 years and were compared to demographically matched controls. Whilst participants attended the support group their care recipient attended a music therapy group, but these findings will not be	N = 36 Intervention group (n = 18) Gender –66.6% Female Mean Age – 64 Familial Relationship – 83.3% Spouse 11% Parent 5.5% Other Control group (n = 18) Gender –61.1% Female Mean Age – 60.1	Questionnaires on depression and burden were completed pre-intervention and at 6, 12 and 24 months into the intervention.	No effect on caregiver burden or depression at any point in the study.	Moderate

(1) Author, location, and year	(2) Journal of publication	(3) Study Design	(4) Type of intervention	(5) Characteristics of intervention	(6) Participant demographics	(7) Type of data collected	(8) Key findings	(9) Quality of evidence
				discussed in the present work. Participants in the control group received treatment as usual.	Familial Relationship – 72.2% Spouse 27.7% Parent			
Chu et al Taiwan 2011	Journal of Aging and Health	Quantitative RCT (2 groups)	Support group	Duration: 12 weekly sessions Carers of people with dementia took part in a 12-week support group intervention. The control group received treatment as usual.	N = 60 Intervention group (n = 30) Gender –53.3% Female Mean Age – not reported Familial Relationship – not reported Control group (n = 30) Gender –60% Female Mean Age – not reported Familial Relationship – not reported	Questionnaires (depression and burden) were administered pre-intervention, post-intervention and as a 1 month follow up after the intervention had finished.	There was no significant change to depression or burden.	Moderate
Fung & Chien Hong Kong 2002	Archives of Psychiatric Nursing	Quantitative RCT (2 groups)	Support group	Duration: 12 weekly sessions Fifty-two family carers of people with dementia from two Hong Kong health centres were recruited to participate. Participants in the intervention group attended 12 weekly hour-long sessions of a mutual support group. The control group had treatment as usual and did not receive any group-based support in this period.	N = 52 Intervention group (n = 26) Gender –61.5% Female Mean Age – n/a Familial Relationship – 46.2% Spouse Control group (n = 26) Gender –65.4% Female Mean Age – n/a Familial Relationship – 53.8% Spouse	Questionnaires (distress and quality of life) were administered pre-intervention and post-intervention.	The intervention group had a significant improvement to distress and quality of life post-intervention compared to the control group.	Moderate
Lauritzen et al Denmark 2019	Journal of advanced nursing	Qualitative Ethnography	Support group	Duration: 6-9 weekly meetings Semi-structured interviews were conducted with 25 carers of people with dementia who attended a support group. Additional data was gathered through	N = 25 Gender –76% Female Age – 40-83 (range) Familial Relationship – not reported	n/a	Three themes emerged from the interviews and from the observation field notes: 1. Emotional well-being due to peer and family support (positive interactions with others lifted the carer's moods and allowed them to	Low

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				<p>observation of four support groups.</p>			<p>express their emotions and hear other's perspectives on similar problems)</p> <p>2. Emotional sense of togetherness despite hardships (connecting with others in similar situations raised carers self-esteem and confidence)</p> <p>3. Emotional and ethical considerations in caregiving (gaining an understanding of how to treat the caregiver with respect and dignity as their condition progresses and ensure that they receive the same treatment from others)</p>	
<p>Winter & Gitlin USA 2006</p>	<p>American Journal of Alzheimer's Disease & Other Dementias</p>	<p>Quantitative RCT (2 groups)</p>	<p>Support group</p>	<p>Duration: Weekly sessions for 6 months</p> <p>Female carers of people with dementia took part in a telephone-based support group. There were 5 carers in each support group, and they talked for 1-hour weekly for 6 months. The control group received treatment as usual.</p>	<p>N = 103</p> <p>Intervention group (n = 58)</p> <p>Gender –100% Female Mean Age – 68.7 Familial Relationship – 34.5% Spouse</p> <p>Control group (n = 45)</p> <p>Gender –100% Female Mean Age – 64 Familial Relationship – 46.9% Spouse</p>	<p>Structured interviews (depression, burden, personal gains) were conducted via telephone pre-intervention and then 6-months later.</p>	<p>No significant effect on any outcome measure.0</p>	<p>Moderate</p>

Online Supplementary Material Section C

Summary of the content included in each of the intervention sessions in the group cognitive behavioural therapy sub-category.

Session	Abouafia-Brakha et al. (2014)	Arango-Lasprilla et al. (2014)	Gendron et al. (1996)	Gonyea et al. (2006)	Passoni et al. (2014)
1	Group introduction	Explanation of CBT. Discussion of feelings of frustration and anger about being a carer.	A session-by-session breakdown was not included. Coping skills training included:	Introduction: Overview of Group Goals and Guidelines	Understanding the stages of Dementia, and Discussion of Caregivers' Problems
2	Life changes brought on by becoming a carer	Relaxation skills and anger management.	<ul style="list-style-type: none"> • Assertion training for dealing with family members and health services etc. • Problem solving training to overcome challenging situations • Cognitive restructuring to tackle negative thought patterns • Discussion of caring experiences 	Increasing Pleasant Events and Improving Communication	Advice for the Management of Everyday Life
3	Implicating other relatives in caregiving; engaging in leisure activities	Practicing and developing cognitive techniques for coping with frustration and changing dysfunctional thoughts		Increasing Pleasant Events and Understanding Behaviour	Self-care and techniques for avoiding catastrophic thoughts
4	Understanding and dealing with cognitive symptoms			Understanding and Changing Difficult Behaviours	Understanding Behavioural and Psychological Symptoms of Dementia
5	Understanding and dealing with behavioural manifestations			Review of the programme	The Management of the Home Environment
6	Re-establishing bonds with the care recipient	Developing assertiveness skills and continuing relaxation exercises			Signposting to support
7	Anticipatory grief and disease progression				
8	Recall of session topics and feedback	Final review of the programme			

Note. Grey cells indicate that no session took place as the intervention was shorter than 8 weeks in duration.

Online Supplementary Material Section D

Summary of the content included in each of the intervention sessions in the psycho-educational sub-category.

Session	Andren & Elmstahl (2008) Sweden	Hsu et al. (2017) Taiwan	Küçükgüçlü et al. (2018) Turkey	Kurz et al. (2010) Germany Austria Switzerland
1	Introduction to the programme. Direct teaching on dementia disease followed by identification and discussion of some of the problems and difficulties experienced by family caregivers.	A session-by-session breakdown was not included but the content of the 4-week intervention was as follows: <ul style="list-style-type: none"> • General information about dementia. • Information about medical and welfare services for persons with dementia. • Improving communication skills and developing strategies for managing challenging behaviour. 	Introduction to the programme. Participants are taught general information about dementia.	Introduction to Alzheimer's disease
2	Teaching on depression, confusion, and dementia diagnosis.		Discussion of home care techniques.	Discussion of caregiving skills needed for the early stages of Alzheimer's disease.
3	Resources and services available from the community services. Planning for the future.		Discussion of medication management	Discussion of caregiving skills needed for the moderate stage of Alzheimer's disease.
4	Communication with people with dementia. Promoting positive attitudes towards people with dementia. Coping with challenging forms of behaviour.		Communication with people with dementia.	Discussion of caregiving skills needed for the later stage of Alzheimer's disease.
5	Interaction and establishment of contact with people with dementia. Developing new skills and knowledge. Self-care of the caregiver.		Self-care of the caregiver.	Help with legal and insurance related issues e.g. power of attorney.
6			Planning for future care needs and information about formal services that carers can access for support.	Signposting to support.
7			Discussion of the difficulties of the caregiving process and developing coping methods.	General discussion of personal problems (no predetermined content for this session).
8				
9				
10			Evaluation of the intervention through focus group interviews.	

Session	Lewis et al. (2009) USA	Martin-Carrasco et al. (2014) Spain	Pihet & Kipfer (2018) Switzerland	Ulstein et al. (2007) Norway
1	Relaxation techniques for managing the stress of caregiving, including: <ul style="list-style-type: none"> Breathing techniques Meditation Muscle relaxation Guided imagery 	Strain and well-being.	<p>A session-by-session breakdown was not included but the content of the 15-week intervention focused on the identification of stressful and challenging aspects of caring for someone with dementia and developing coping strategies in response to these situations.</p> <p>The program used a combination of:</p> <ul style="list-style-type: none"> Teaching and providing information about dementia Group discussions Work on personal stressful situations Exercises to be completed at home 	3-hour lecture about the symptoms and typical course of dementia. Participants were also taught about pharmacological and non-pharmacological treatments for dementia.
2		Strategies for managing challenging behaviour.		
3	Discussion of grief and loss as a result of dementia and using art therapy to explore this. Discussion of how to manage depression.			
4	Discussion of self- and environment-focused coping strategies. Introduction to aromatherapy as a relaxation technique.	Addressing negative thoughts.		
5	Understanding and managing difficult and challenging symptoms of dementia. Introduction to massage as a relaxation technique.	Ways to communicate with people with dementia.		
6	Positive thinking and journaling.	Planning for the future.		
7	Self-care of the caregiver and music therapy.	Planning enjoyable activities.		
8	Overview of the previous seven sessions and discussion of how the participants will use the techniques they have learned in the future.			
9-15				

Note. Grey cells indicate that no session took place as the intervention was shorter than 10-15 weeks in duration.