

Diagnostic Category: Attention Deficit Hyperactivity Disorder Discipline: Psychology

Reference	N	Intervention (n)	Telerehabilitation program's:	Platform & clinician's involvement	Outcomes
Country Study Design Quality (for RCTs)	Sample description (dx specifics, age, gender)	vs. Comparison (n) Frequency & duration	I. Focus II. Nature III. Target IV. Receiving client		Child-related outcomes Parent-related outcomes (+) significant between-group differences for RCTs or within group improvements for non-RCTs (-) no significant between-group differences for RCTs or within group improvements for non-RCTs
DuPaul et al., 2018 USA RCT PEDro score: 5/10 Fair quality	N= 47 Families with preschool children who were identified at risk for ADHD Mean age: 4.4± 0.6 yrs Age range: 3-5.11 yrs	Online Behavioral Parent Training (BPT) (n=15) vs. Face-to-face (F2F) (n=16) vs. Waitlist control (n=16)	I. Parent engagement and program acceptability; parent stress; and child behavior. II. The BPT program is designed to address the unique behavioral and preacademic needs of young children at risk for ADHD. Content included introduction to ADHD, powerful caregiver responses, general strategies, problem solving approach, prevention, instructive and response strategies, generalization across settings, preacademic skills, and preparation for transitions.	Web + calls Parents received weekly calls from a research assistant to check on intervention implementation and answer any questions regarding intervention procedures. Parent completion of each session was tracked electronically through the program.	At 10 weeks (post-treatment): Telehealth vs. F2F (-) <i>Behavior</i> : Conners Early Childhood Rating Scale (CERS)—Global Index Total (-) <i>Restlessness/Impulsiveness</i> : Conners Early Childhood Rating Scale (CERS) Global Index—Restless Impulsive (-) <i>Mood/Affect</i> : Conners Early Childhood Rating Scale (CERS)—M/A scale (-) <i>Defiant/Aggressive</i> : Conners Early Childhood Rating Scale (CERS)—D/A scale (-) <i>Inattention/Overactivity</i> : Conners Early Childhood Rating Scale (CERS)—I/O scale

	30M:17F 1 session/week for 10 sessions		III. Child + Parent IV. Parent Alone		<p>(-) <i>Knowledge of behavioral techniques and ADHD information</i>: Pre-post assessment</p> <p>(-) <i>Stress</i>: Parent Stress Index—Short Form (PSI-SF)</p> <p>(+) <i>Treatment acceptability</i>: Intervention Rating Profile-15 (IRP-15)</p> <p>(-) <i>Treatment fidelity</i>: Pre-post assessment</p> <p>Telehealth vs. waitlist</p> <p>(+) <i>Behavior</i>: CERS - Global Index Total</p> <p>(+) <i>Restlessness/Impulsiveness</i>: CERS Global Index - Restless Impulsive</p> <p>(+) <i>Mood/Affect</i>: CERS - M/A scale</p> <p>(-) <i>Defiant/Aggressive</i>: CERS - D/A scale</p> <p>(-) <i>Inattention/Overactivity</i>: CERS - I/O scale</p> <p>(+) <i>Knowledge of behavioral techniques and ADHD information</i>: Pre-post assessment</p> <p>(-) <i>Stress</i>: PSI-SF</p> <p>(-) <i>Treatment acceptability</i>: IRP-15</p> <p>(+) <i>Treatment fidelity</i>: Pre-post assessment</p>
Park et al., 2020 USA RCT PEDro score: 4/10	N= 53 Parents of children with learning and attentional disabilities Mean age: 47 ± 5.7	Stress Management and Resiliency Training – Relaxation Response Resiliency Program (SMART-3RP) (n=31) vs.	I. Parents' distress, resiliency, and stress coping. II. In each session, participants learned ways to elicit the RR, as well skills based on cognitive behavioral therapy and positive psychology theory. Between sessions participants engaged in RR practice and worked on learned skills and exercises.	Video conference (including webcam) Synchronous videoconferencing with the psychologist was provided throughout each session.	<p>At 9 weeks (post-treatment):</p> <p>(+) <i>Distress</i>: Visual Analogue Scale</p> <p>(+) <i>Resilience</i>: Current Experience Scale</p> <p>(+) <i>Stress Reactivity and Coping</i>: Measure of Current Status</p> <p>(-) <i>Worry</i>: Penn State Worry Questionnaire</p> <p>(+) <i>Mood and affect</i>: The Patient Health Questionnaire</p>

Fair quality	5M:48F	Waitlist control (n=22) 1.5hrs/session; 1 session/week for 9 weeks	III. Parent IV. Parent alone		(+) <i>Social support</i> : MOS Social Support Survey (-) <i>Positive affect</i> : Positive and Negative Affect Schedule-Positive Subscale (+) <i>Empathy</i> : Interpersonal Reactivity Index (+) <i>Mindfulness</i> : The Cognitive and Affective Mindfulness Scale-Revised
Simone et al., 2018 Italy RCT PEDro score: 8/10 High quality	N= 20 ADHD patients with the subtype inattention, not previously exposed or not treated with any psychotropic drug. Mean age: 11.1 ± 2.4 yrs Age range: 7.4– 17.6 yrs 18M:2F	Specific Training (ST) (n=10) vs. Non-Specific Training (nST) (n=10) 1 hr/session 2 sessions/week for 3 months	I. Neuropsychological performances. II. ST consisted of an Attention Processing Training program (APT); This program targets focused, sustained, selective, alternating and divided attention and consists of a group of hierarchically organized tasks that exercise different components of attention, proceeding from sustained to selective, alternating and finally divided attention exercises. nST consisted of a series of nonspecific exercises including the following: text reading and comprehension; give feedback on proverbs comprehension; description of pictures; trying to provide at least 3 synonyms for a given list of words. III. Child IV. Child/youth + parent	Web + calls Note: Each patient applied the training on his/her own under the supervision of the caregiver/parent at home. The psychologist called patients every week and met every month to check patient compliance and possible difficulties in the use of the training program.	At 3 months (post-treatment): (-) <i>Global neuropsychological performances</i> : Cognitive Impairment Index (-) <i>Verbal learning and delayed recall</i> : Selective Reminding Test (-) <i>Verbal learning and delayed recall</i> : Selective Reminding Test–Delayed (-) <i>Visuo-spatial learning and delayed recall</i> : Spatial Recall Test (+) <i>Visuo-spatial learning and delayed recall</i> : Spatial Recall Test—Delayed (+) <i>Concentration, attention, processing speed, working memory and cognitive flexibility</i> : Symbol Digit Modalities Test (-) <i>Concentration, attention, processing speed, working memory and cognitive flexibility</i> : Trail Making Tests A and B (-) <i>Expressive language</i> : Semantic Verbal Fluency Test (-) <i>Planning</i> : Tower of London Test (-) <i>Depression</i> : Children’s Depression Inventory (self-assessed)

					(-) <i>Affective Disorder and Schizophrenia: Kiddie Schedule for Affective Disorder and Schizophrenia</i>
Reese et al., 2012 USA Case-series	N= 8 Families who had a child with ADHD; Children mean age: 7.6 yrs Children age range: 6-10 yrs Parent mean age: 33.8 yrs Parent age range: 30-42 yrs	Group Triple P Positive Parenting Program (n=8) 8 sessions (UTD frequency and duration)	I. Challenging behaviors; parental self-efficacy. II. Group Triple P Positive Parenting Program is an 8-session, evidenced-based, behavioral, psychoeducational parenting program for families with children experiencing behavioral, emotional, or family problems. The program contains 5 levels of intervention with increasing strength. Level 1 provides useful information about parenting strategies. It provides solutions to common behavioral and developmental concerns. Level 2 provides specific advice for a discrete child problem behavior. Level 3 combines advice, rehearsal and self-evaluation to teach parents to manage a discrete child problem behavior. Level 4 is an intensive program focusing on parent-child interaction and the application of parenting skills to a broad range of behaviors.	Video conference Clinician is involved actively in every session	At 8 sessions (post-treatment): (+) <i>Child problem behavior: Child Behavior Checklist (CBCL)</i> (+) <i>Parent depression, anxiety, and stress: Depression Anxiety Stress Scales-21 (DASS-21)</i>

			<p>Level 5 is to enhance parenting skills, mood management strategies and stress coping skills, and partner support skills.</p> <p>III. Child + parent</p> <p>IV. Parent alone</p>		
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