

## Diagnostic Category: Mixed diagnoses Discipline: Psychology/Paraprofessional

Reference	N	Intervention (n)	Telerehabilitation program's:	Platform & clinician's involvement	Outcomes
<b>Country</b> <b>Study Design</b> <b>Quality (for RCTs)</b>	<b>Sample description (dx specifics, age, gender)</b>	<b>vs.</b> <b>Comparison (n)</b>  <b>Frequency &amp; duration</b>	<b>I. Focus</b>  <b>II. Nature</b>  <b>III. Target</b>  <b>IV. Receiving client</b>		<b>Child-related outcomes</b>  <b>Parent-related outcomes</b>  <b>(+) significant between-group differences for RCTs or within group improvements for non-RCTs</b>  <b>(-) no significant between-group differences for RCTs or within group improvements for non-RCTs</b>
Hinton et al., 2017 Australia RCT PEDro score: 6/10 High quality	N=98 Parents and carers of children with a range of developmental, intellectual, and physical disabilities Child mean age: 6.01 ± 2.31 yrs Child age range: 2-12 yrs Child gender: 76M:22F	Triple P Online – Disability (TPOL-D) (n=51) vs. Treatment as Usual Control (TAU) (n=47) 9 week-intervention On average, parents complete 7 modules and participated in an average of six weekly telephone calls or emails consultations.	I. Parenting skills, knowledge, and confidence, Parent self-efficacy, child behavior II. Triple P Online-Disability (TPOL-D) is a new, telehealth variant of the Triple P-Positive Parenting Program. TPOL consists of 8, self-directed modules providing instruction for the use of 17 core positive skills and is delivered online. Topics covered included: (1) What is positive parenting?; (2) Encouraging behavior you like; (3) Teaching new skills;	Web + calls Optional weekly telephone call with a Stepping Stones Triple P facilitator (psychologist) or emails	<b>At post-treatment (9 weeks):</b> (-) <i>Behavioral and Emotional problems in children with an intellectual disability.</i> Developmental Behavior Checklist—Primary carer version (DBC-P) (-) <i>Behavioral and Emotional problems, prosocial behavior skills.</i> Child Adjustment and Parent Efficacy Scale—Developmental Disability (CAPES-DD) (+) <i>Parental self-efficacy.</i> Child Adjustment and Parent Efficacy Scale—Developmental Disability (CAPES-DD) (+) <i>Parenting style.</i> Parenting and Family Adjustment Scales (PAFAS)

			<p>(4) Managing misbehavior; (5) Dealing with disobedience; (6) Preventing problems by planning ahead; (7) Making shopping fun; and (8) Raising confident, capable kids.</p> <p>III. Mixed</p> <p>IV. Parent Alone</p>		<p><b>At follow-up (3 months, only within-group analyses were performed):</b></p> <p>(+) <i>Behavioral and Emotional problems in children with an intellectual disability.</i> DBC-P</p> <p>(+) <i>Behavioral and Emotional problems, prosocial behavior skills.</i> CAPES-DD</p> <p>(+) <i>Parental self-efficacy.</i> CAPES-DD</p> <p>(+) <i>Parenting style.</i> PAFAS</p> <p>Parent satisfaction:</p> <ul style="list-style-type: none"> <li>96% percent of participants rated the quality of service they received as 'good' with 98% of parents stating that they were at least 'satisfied' with the program.</li> <li>96% of parents also felt that the TPOL-D program helped them deal more effectively with their child's problem behaviors.</li> </ul>
<p>McGrath et al., 2011</p> <p>Canada RCT</p> <p>PEDro score: 8/10</p> <p>High quality</p>	<p>N=243</p> <p>Children with mental health disorders (ODD, ADHD, Anxiety)</p> <p>Child mean age: 7.48 ± 2.50 yts</p> <p>Child age range: 3-12 yrs</p>	<p>Strongest Families intervention group (n=127)</p> <p>vs.</p> <p>Usual care control group (n=116)</p> <p>40-minute weekly calls, scheduled at family's convenience</p>	<p>I. Disruptive behavior, anxiety disorders</p> <p>II. The Strongest Families intervention was provided through handbooks, videos, and weekly phone calls from a coach. For families with children with ODD and ADHD: The Parenting the Active Child intervention was based on the Community Parent Education</p>	<p>Calls only</p> <p>Weekly coaching sessions were scheduled at the family's convenience. The calls included skill material review, skill modeling using role-playing and verbal examples, problem-solving, and skill implementation.</p>	<p><b>At 120 days (follow-up):</b></p> <p>For Opposition-defiant disorder (ODD):</p> <p>(+) <i>Diagnosis of disruptive behavior or anxiety disorder.</i> Schedule for Affective Disorders and Schizophrenia—Present and Lifetime Versions parental interview (K-SADS-PL)</p> <p>For ADHD</p> <p>(-) <i>Diagnosis of disruptive behavior or anxiety disorder.</i> K-SADS-PL</p> <p>For Anxiety:</p>

	149M:94F	<p>Anxiety program: 11 sessions</p> <p>Behavior programs: 12 sessions</p>	<p>Program parent training. Positive parenting strategies included Noticing the Good, Reward Systems, Time-out, and Problem-solving. Behavior videos portrayed three ineffective parental responses to child behavior followed by skill demonstration.</p> <p>For families with children with anxiety: The Chase Worries Away intervention was a cognitive behavioral approach teaching coping strategies combined with gradual exposure to feared stimuli. Coping skills included Positive Thinking, Belly-breathing, and Gradual Exposure. The Anxiety videos demonstrated coping skills, gradual exposure, and role-playing.</p> <p>III. Mixed</p> <p>IV. Child/youth + parent</p>		<p>(-) <i>Diagnosis of disruptive behavior or anxiety disorder.</i> K-SADS-PL</p> <p><b>At 240 days (follow-up):</b></p> <p>For ODD: (+) <i>Diagnosis of disruptive behavior or anxiety disorder.</i> K-SADS-PL For ADHD (+) <i>Diagnosis of disruptive behavior or anxiety disorder.</i> K-SADS-PL For Anxiety: (+) <i>Diagnosis of disruptive behavior or anxiety disorder.</i> K-SADS-PL</p> <p><b>At 1 year (follow-up):</b></p> <p>For ODD: (-) <i>Diagnosis of disruptive behavior or anxiety disorder.</i> K-SADS-PL For ADHD (+) <i>Diagnosis of disruptive behavior or anxiety disorder.</i> K-SADS-PL For Anxiety: (+) <i>Diagnosis of disruptive behavior or anxiety disorder.</i> K-SADS-PL</p>
Stewart et al. 2011 Canada	N=22 Adolescent with cerebral palsy or Spina Bifida	<p>Online support intervention (n=22)</p> <p>60-90min/session, 1 session/week for 25</p>	<p>I. Social participation, loneliness, sense of community, self-perceptions, coping</p> <p>II. Five mentors with cerebral palsy or spina bifida and 22</p>	Chat	<p><b>After 6 months (post-intervention):</b></p> <p>(-) <i>Peer relationships:</i> Loneliness and social dissatisfaction scale (-) <i>Coping:</i> Self-Report Coping Scale—Seeking Social Support Subscale</p>

Pre-post study	Age range: 12-18 yrs	sessions, over 6 months	<p>adolescents with the same disabilities met weekly online. The Internet technologies included electronic mail, message boards, and chat rooms integrated under the Ability Online interface. Topics included living independently, health concerns, bullying, making friends, career planning, traveling, sports, and building relationships.</p> <p>III. Child/youth</p> <p>IV. Child/youth</p>		<p>(-) <i>Sense of community</i>: Sense of Community Scale:          (-) <i>Self-worth</i>: What I am Like: Self Perception Profile for Adolescents          (-) <i>Self-acceptance</i>: What I am Like: Self Perception Profile for Adolescents          (-) <i>Social support</i>: Children's Inventory of Social Support</p> <p><b>After 9 months (follow-up):</b></p> <p>(-) <i>Peer relationships</i>: Loneliness and social dissatisfaction scale          (-) <i>Coping</i>: Self-Report Coping Scale— Seeking Social Support Subscale          (+) <i>Sense of community</i>: Sense of Community Scale:          (+) <i>Self-worth</i>: What I am Like: Self Perception Profile for Adolescents          (+) <i>Self-acceptance</i>: What I am Like: Self Perception Profile for Adolescents          (-) <i>Social support</i>: Children's Inventory of Social Support</p>
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