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| **Study Number** | **Authors (Year)** | **Single vs. Multi-domain MCI & total sample size** | **Diagnosis Criteria** | **Design** | **Designation (single vs. multiple approaches); Intervention(see also** **Figures 4 & 5)** | **Dose** | **Outcome Measures** | **Significant behavioral findings** |
| 1 | Akhtar et al. (2006) |  unspecified MCI =16,Controls =16 | Petersen criteria | Within-subjectsexperimentaldesignerrorless vs. errorful learning | Single technique (rehearsal);Errorless learning | One 40-60 minute session | Cued and free word list recall; JOL | Both groups recall more with errorless vs. errorful learning (*p*<0.05), MCI have lower JOLs than healthy older adults (*p*<.05) and judge learning to be better in errorless learning (*p*<.001). |
| 2 | Barnes et al. (2009) | single and multi-domain MCI = 47 | Winblad criteria | Randomized control trial | Single technique (rehearsal); Computerized training | Approximately 30 - 1 to 2 hour sessions | RBANS; CVLT; COWAT; BNT; California TMT and Design Fluency tests from the DKEFS; Spatial Span | There were no significant differences for any of the measures |
| 3 | Belleville et al. (2006) | single and multi-domain MCI = 28Controls = 17 | Petersen criteriaand cutoff score  | Non randomized pre-post controlled study, treatment vs. waitlist controls  | Multiple techniques; computer-assisted attentional training, techniques to improve visual imagery abilities, imagery strategies to learn face-name associations, method of loci, hierarchical organization of texts, PQRST method (Preview, Question, Read, State, Test) to remember a short piece of text) | Eight weekly 2-hoursessions | Face name associations designed for the study; list learning; story recall; well-being; QAM | In the treatment group, both controls and MCI showed improvements in name to face associations (*p* = .004) and for delayed list learning (*p* = .0001); Improvement in well-being (*p* = .05) and one subscale of the QAM (*p* = .04).  |
| 4 | Belleville et al. (2011) | single and multi-domain MCI = 15 Controls = 15 | Petersen criteriaand cutoff score  | Between group design, trained vs. untrained stimuli | Multiple techniques; psychoeducational information regarding memory and ageing, training on interactive imagery, the method of loci, face-name associations, hierarchical organization and semantic organization techniques | Six 2 hour sessions | List learning from Coˆ te-des-Neiges Computerized Memory Battery | The treatment groups showed significantly better performances for immediate recall, and delayed recall after training (p<.01) |
| **Study Number** | **Authors (Year)** | **Single vs. Multi-domain MCI & total sample size** | **Diagnosis Criteria** | **Design** | **Designation (single vs. multiple approaches); Intervention(see also** **Figures 4 & 5)** | **Dose** | **Outcome Measures** | **Significant behavioral findings** |
| 5 | Buschert et al. (2011) | single and multi-domain MCI = 27mild AD = 16 | Petersen criteria | Randomized control trial | Multiple Techniques; mnemonic strategies, activation of everyday activities, errorless learning, physical exercises; psychoeducation | 20 weekly 2- hour sessions | ADAS-cog; MMSE; TMT B; RBANS; MADRS; QoL-AD | In MCI participants, the training groups showed significantly more improvement on the ADAS-cog (*p*=.02) and MADRS (*p*< .01). Effects on the MMSE score showed a non-significant trend (*p*=.07) |
| 6 | Carretti et al. (2013) | single domain amnestic MCI = 20  | Petersen criteriaand cutoff score  | Between group design, training vs. active control  | Single technique (rehearsal); Verbal working memory training (Categorization Working Memory Span test) | Three 30-40 minute sessions | Categorization Working Memory Span test; Forward and Backward Digit Span; Dot matrix; List recall (experimental task); Pattern comparison; Cattell test | Significant improvement on the Categorization Working Memory Span test in the training group compared to control group (*p*<.001), and Cattell test (*p*<.05), with no other significant differences |
| 7 | Cipriani et al. (2006) | unspecified MCI = 10AD = 10Multiple systems atrophy = 3 | Undefined  | Pre-postuncontrolledstudy | Single technique (rehearsal); Computerized training | Two 4-week trainingblocks with foursessions a weekfor 30 minutes | MMSE; phonemic and semantic verbal fluency; visual search; TMT A and B; digit symbol test; RBMT; GDS | The MCI group improved on the RBMT post intervention (*p* = .017). There were no other significant effects on other relevant outcomes. |
| 8 | Clare et al. (2009) | single domain amnestic MCI = 1 | Petersen criteria | Case Study, pre-post intervention | Multiple techniques; spaced retrieval, simple visual mnemonics, and semantic elaboration through practice with learning face–name associations in the sessions, exploring current ways of coping with stress and anxiety, and relaxation techniques | Eight 60-90 minutes sessions | RBMT; COPM; HADS; experimental face–name association task | The participant showed improved performance on rehabilitation goals and on the face name association task. |
| **Study Number** | **Authors (Year)** | **Single vs. Multi-domain MCI & total sample size** | **Diagnosis Criteria** | **Design** | **Designation (single vs. multiple approaches); Intervention(see also** **Figures 4 & 5)** | **Dose** | **Outcome Measures** | **Significant behavioral findings** |
| 9 | Finn & McDonald (2011) | single and multi-domain MCI = 25 | Winblad criteria | Randomized control trial training vs. waitlist control | Single technique (rehearsal); Computerized training | Approximately 30 - 20 minute sessions | CANTAB; MFQ; DASS21 | After training, participants showed significant improvement on a measure of visual sustained attention when compared with waitlist control. |
| 10 | Greenaway et al. (2008) | single domain amnestic MCI = 24 | Petersen criteria | Pre-postuncontrolledstudy, 8-weekfollow-up | Single technique (external); The Memory Support System (MSS): calendar and note taking system | Twelve 1-hour sessions | ROIL; compliance with MSS (measure developed for study); E-Cog; DRS-2; Caregiver Burden | Participants significantly more compliant with MSS after intervention (*p* < 0.0001) and at follow-up (*p* < 0.001). |
| 11 | Greenaway et al. (2013) | single domain amnesticMCI = 40 | Petersen criteria | Randomized control trialintervention with vs. without instruction | Single technique (external); The Memory Support System (MSS): calendar and note taking system | Twelve 1-hour sessions | DRS-2 ; MMSE; CES-D; QOL-AD; E-Cog; Caregiver Burden; Self-Efficacy in MCI | The intervention group showed significant improvement in ADLs on the E-Cog by training end, (*p*<.01) and at 8-week follow-up(*p*<.05); Trained individuals with MCI demonstrated significant improvements in the sense of memory self-efficacy by training end (*p*<.01), which was better than controls (*p* = .02).  |
| 12 | Gunther et al. (2003) | 19 older adults with age associated memory impairment  | AAMI (Crook et al., 1986; Hanninen et al., 1996), and cutoff score | Within-subjectsexperimentaldesign | Single technique (rehearsal); Computerized training | 14 - 45 minute sessions | Nuremberg Aging Inventory (trail making test, repeat sentences, word lists, word pairs, picture test, figure test, subjective aging process ratings); CVLT | After training, participants showed significant improvement on the CVLT (*p*=.001) and CANTAB trail making test (*p*=.011) and picture memory (*p*=.037) |
| 13 | Hampstead et al. (2008) | single and multi-domain amnestic MCI = 8 | Petersen criteria | Within-subjectsexperimentaldesign | Single technique (internal); Mnemonic strategy training for face-name associations | Three 60 minute training sessions over 2 weeks; 135-405 total trials |  face-name association task | Significantly better recognition memory performance on the trained than the untrained list (p < 0.001). |
| **Study Number** | **Authors (Year)** | **Single vs. Multi-domain MCI & total sample size** | **Diagnosis Criteria** | **Design** | **Designation (single vs. multiple approaches); Intervention(see also** **Figures 4 & 5)** | **Dose** | **Outcome Measures** | **Significant behavioral findings** |
| 14 | Hampstead et al. (2012) | single and multi-domain amnestic MCI = 29Controls = 23 | Petersen 2004 | Randomized control trial;mnemonic strategy training vs. matched exposure | Single technique (internal); Mnemonic strategy training for object-location associations | Three 60 minute training sessions over 2 weeks; 405 total trials |  object-location association task | After training, participants showed significant greater improvement on the experimental task compared to the matched-exposure group immediatelyafter training (*p* =.006), and at one month follow-up (*p*<.001) |
| 15 | Herrera et al. (2012) | multi-domainMCI = 22 | Petersen criteriaand cutoff score  | Randomized control trial | Multiple techniques; Computerized training, practical implementation of mnemonic and external strategies | 24 - one hour sessions | Digit span; the 12-word-list recall test from the BEM-144 memory battery; the 16 item free and cued reminding test; MMSE; visual recognition subtest from the Doors and People memory battery; ROCFT | The trained group, compared to control group, improved (p<.05) in visual recognition, digit span, word list recall and MMSE words remembered. |
| 16 | Jean et al. (2007) | multi-domainMCI = 2 | Petersen criteria | Case Studies, pre-post intervention | Single technique (rehearsal); Errorless vs. errorful learning of face-name pairs | Six - 45 minute sessions | Face name association; MMSE; RBMT | Participant 1: errorless learning improved performance on the face name task; at follow-up improved MMSE and RBMTParticipant 2: errorless learning improved performance on the face name task; at follow-up no change in MMSE or RBMT  |
| 17 | Jean et al. (2010) | single or multi-domain MCI = 22 | Petersen criteriaand cutoff score  | Randomized control trialerrorless learning + spaced retrieval vs. errorful learning | Single technique (rehearsal); Errorless learning and spaced retrieval for face name pairs | Six - 45-minute sessions | MMSE; DRS-2; CVLT-II; RBMT; Face name association; MMQ; SES | Significant change on the training measure of memory (*p*<.001) for both conditions; significant change for MMQ subscales of contentment (*p*<.01) and ability (*p*<.001) |
| **Study Number** | **Authors (Year)** | **Single vs. Multi-domain MCI & total sample size** | **Diagnosis Criteria** | **Design** | **Designation (single vs. multiple approaches); Intervention(see also Figures 4 & 5)** | **Dose** | **Outcome Measures** | **Significant behavioral findings** |
| 18 | Joosten-Weyn Banningh et al. (2008) | single and multi-domain MCI = 22 | Petersen criteriaand cutoff score  | Within-subjectsexperimentaldesign | Single technique (other); Cognitive behavioural group therapy combined with psycho-educational elements | Ten 2 hour sessions | MMSE; The Dutch version of the RAVLT; RAND-36; GDS-15; ICQ; Maudsley Marital Questionnaire; Informant Questionnaire on Cognitive Decline in the Elderly; the Revised Memory and Behaviour Problems Checklist; Sense of Competence Questionnaire | No changes were found on cognitive, distress, or mood measures. Patients showed a significant increased level of acceptance (*p*<.05) on the ICQ and a trend for an increased marital satisfaction (*p*<.05). The significant others reported an increased awareness of memory and behavioural problems (*p*<.05) on the RMBPC |
| 19 | Joosten-Weyn Banningh et al. (2010) | single and multi-domain MCI = 93 | Petersen criteriaand cutoff score  | Between group design, intervention vs. waitlist controls | Multiple techniques; Treatment based on cognitive behavioral therapy principles combined with psychoeducational and memory rehabilitation elements | Ten 2-hour sessions  | The Dutch version of the RAVLT; RAND-36; GDS-15; ICQ; Social Support List Interaction; Utrecht Coping List; Questionnaire on Cognitive Decline in the Elderly – Dutch patient version | The training group showed an increase in acceptance (*p*=.034); there were no significant differences for any other measures |
| 20 | Kinsella et al. (2009) | single and multi-domainMCI = 52 | Petersen criteria; Winblad criteria; cutoff score | Randomized control trial training vs. waitlist control | Multiple techniques; verbal categorization and elaboration, visual imagery, errorless learning and spaced retrieval, coping strategies, external aids | Five - 90 minute sessions | CVLT-II; COWAT; BNT; RBMT; Strategy knowledge; MMQ | After training, the treatment group performed better on strategy knowledge (*p*=.047) and MMQ strategy subscale (*p*=.024). At follow-up the treatment group performed better on the RBMT, strategy knowledge, and MMQ strategy subscale |
| 21 | Kurz et al. (2009) | unspecified MCI = 18 mild AD =10 | Winblad criteria; cutoff score | Pre-postuncontrolledstudytraining vs. waitlist controls | Multiple techniques; mnemonic and learning strategies, external memory aids, motor training, self-assertiveness training, relaxation techniques, health education, stress management, caregiver information group | Approximately 20 - 6 hour sessions | CVLT; ROCFT; BDI; BADL | In the MCI group, the training group showed significant improvement in CVLT (*p*<.001), RCFT (*p*<.001), BADL (*p*<.01) and BDI (*p*<.01). The waitlist controls showed no changes in performance over time. |
| **Study Number** | **Authors (Year)** | **Single vs. Multi-domain MCI & total sample size** | **Diagnosis Criteria** | **Design** | **Designation (single vs. multiple approaches); Intervention(see also** **Figures 4 & 5)** | **Dose** | **Outcome Measures** | **Significant behavioral findings** |
| 22 | Londos et al. (2008) | unspecified MCI = 15 | Petersen criteria | Pre-postuncontrolledstudy, 6 monthfollow-up | Multiple techniques; educational presentation of the brain and memory, compensatory memory strategy techniques such as cueing, method of loci, mind-mapping, and external memory aids | Eight - 2.5hour sessions, twice aweek | Digit span; spatial span; digit symbol; ROCFT; a Quick Test; QoL-AD; COPM | COPM performance improved afterintervention (*p* = 0.003) and maintained at follow-up (*p<.*001). Satisfaction with performance improved after intervention (*p*<.001) maintained at follow-up (*p* = 0.001). QoL-AD improved after intervention (*p*=0.037) and at follow-up (*p*=0.04). No significant effects on other relevant outcomes. |
| 23 | Moro et al. (2012) | single domainMCI = 30 | Petersen | Uncontrolled 2 group cross over design | Multiple techniques; tailored compensatory strategies (verbal and visual association, organization of contents, categorization, visualization, anticipation and retrospection, and mental imagery), rehearsal (simple, spaced, and varied repetition), external memory aids, and caregiver training | Approximately 32 - 45-75 minute sessions | Bell test (attentional matrices, Trails A and B, Bourdon test, verbal span); AVLT; Listening Span test; Story recall; semantic fluency; Tower of London; analogies; Stroop test | The trained group, compared to untrained group, improved in attentional matrices (*p*=.022), verbal span (*p*=.031), AVLT immediate (*p*=.002) and delayed (*p*=.014) recall, listening span (*p*=.031), and story recall (*p*=.012). |
| 24 | Ng et al. (2006) | 45 older individuals with some cognitive impairment | cutoff score | Within-subjectsuncontrolled pre-post study | Multiple techniques; Different occupational therapy programs in 7 different centers that all focused on providing memory intervention services in different ways. | Four to twelve - 60 minute sessions | Chinese MMSE; Chinese DRS; Barthel Index 20; IADL; GDS; Chinese Zarit Carer Stress Index | After treatment participants showed improvement on the Chinese MMSE (*p*=.039), DRS (*p*=.001), and GDS (*p*=.007) |
| **Study Number** | **Authors (Year)** | **Single vs. Multi-domain MCI & total sample size** | **Diagnosis Criteria** | **Design** | **Designation (single vs. multiple approaches); Intervention(see also** **Figures 4 & 5)** | **Dose** | **Outcome Measures** | **Significant behavioral findings** |
| 25 | Olazaran et al. (2004) | unspecified MCI = 12mild AD = 48 mod AD = 24 | Flicker 1991; McKhann 1984 for AD Clinical MCI OR AD - combined treatment | Randomized control trial | Multiple techniques; cognitive exercises designed to stimulate one specific cognitive function at each session (memory, attention, language, visuospatial abilities, calculation, and frontal/ executive functions), ADL training  | Two sessions per week for approximately one year, each session lasting about 2.5 hours | ADAS-cog; MMSE; FAQ; GDS | Participants in the training group maintained cognitive functioning from baseline to the 6 month mark (*p*=.95), but those in the control group had significantly declined (*p*=.03); participants in the training group had improved mood at 12 months compared to the control group (*p*=.017) |
| 26 | Olchik et al. (2013) | unspecified MCI = 47 Control = 65 | cutoff score on the CDR; in line with Albert criteria  | Randomized control trialtraining vs. educational intervention vs. no intervention | Multiple techniques; active attention, categorization, association and visual imagery | Eight - 90 minute sessions | FAS verbal fluency; semantic fluency; RAVLT; RBMT | MCI participants increased performance more than control participants, regardless of intervention type; For categorical verbal fluency and RAVLT, there was higher improvement for the MT group than other groups, regardless of diagnostic status. In the MT group, MCI scores on all cognitive tests at post-test were comparable to NC scores (*p* > 0.05), except for RBMT delayed story recall, which was higher than NC scores (*p* = 0.07). |
| 27 | Poon et al. (2005) | unspecifiedMCI/mild dementia = 22 | cutoff score on MMSE | Randomized control trial | Multiple techniques; Face to face vs. teleconferencing cognitive intervention and psychosocial support | Twelve sessions; unknown duration | Cantonese version of the MMSE; Cantonese version of RBMT; Hierarchic Dementia Scale | For the HDS, both groups improved in the areas of attention and memory, calculation, and language (*p*<.001 for all). The in-person group, showed improvement in spatial construction (*p*<0.001) whereas the teleconferencing group did not (*p*=0.116). The two groups did not differ significantly in neuropsychological outcomes. |
| **Study Number** | **Authors (Year)** | **Single vs. Multi-domain MCI & total sample size** | **Diagnosis Criteria** | **Design** | **Designation (single vs. multiple approaches); Intervention(see also** **Figures 4 & 5)** | **Dose** | **Outcome Measures** | **Significant behavioral findings** |
| 28 | Rapp et al. (2002) | unspecifiedMCI = 19 | Petersen criteriaand cutoff score  | Single blind RCT with 6-month follow-up | Multiple techniques; education on memory, relaxation skills training, mnemonic strategies, and cognitive restructuring to change beliefs about memory control | Six - 2 hour sessions | List learning and face name association; logical memory; Memory Functioning Questionnaire; memory controllability inventory | For intervention vs. control MFQ improved (*p*=.0008) and maintained at follow-up. Memory controllability inventory improved (*p*=.005), and was not maintained at follow-up; trend towards list learning improving (*p*=.06).  |
| 29 | Rosen et al. (2011) | unspecified MCI = 12 | Winblad criteria | Between group designtreatment vs. no treatment controls | Single technique (rehearsal); Computerized training | 100 minutes per session, 5 sessionsper week for an average of 2 months | RBANS; experimental word list memory | The training group showed improved performance on the RBANS immediate memory index (*p*=.05) |
| 30 | Rozzini et al. (2007) | unspecifiedMCI = 59 | Petersen criteria | Single blind RCTtraining + medication vs. medication alone vs. training alone | Single technique (rehearsal); Computerized training | Three blocks ofsessions spaced by 2 months. Each block = 1-hour sessions, 5 days a week for 4 weeks. | Short story recall; ROCFT; GDS; BADL | The intervention group improved in short story recall (*p*=.01) and GDS (*p*=.02). The medication-only group improved in GDS (*p*= .05). |
| 31 | Talassi et al. (2007) | unspecified MCI = 37mild dementia = 29 | Petersen criteria | Non-randomizedpre-postcontrolled studytraining + OT + BT vs. PT + OT + BT | Single technique (rehearsal); Computerized training | Four - 45-minutesessions a weekfor 3 weeks | Short story recall; ROCFT; GDS; BADL | The MCI group improved on ROCFT recall (*p*=.033) and GDS ( =.012). Mild dementia group improved in GDS (*p*=.03).  |
| **Study Number** | **Authors (Year)** | **Single vs. Multi-domain MCI & total sample size** | **Diagnosis Criteria** | **Design** | **Designation (single vs. multiple approaches); Intervention(see also** **Figures 4 & 5)** | **Dose** | **Outcome Measures** | **Significant behavioral findings** |
| 32 | Troyer et al. (2008) | single domain amnestic MCI = 54 | Petersen criteria | Randomized control trialintervention vs. waitlist controls | Multiple techniques; education, memory book practice, spaced retrieval, semantic processing, implementation intentions, consistent logical locations | Ten - 2-hour sessions over 6 months | Memory toolbox; MMQ; measures of “objective memory” (face/name association and list learning) designed specifically for study | Change in memory toolbox (memorystrategy use) (*p*=.001) for intervention vs. controls, and was maintained at follow-up. |
| 33 | Tsolaki et al. (2011) | unspecified MCI = 176 | Petersen criteria | Between group designtreatment vs. no treatment controls | Multiple techniques; cognitive training, cognitive stimulation and psychotherapeutic techniques | 60 - 90 minute sessions | RBMT; RAVLT; ROCFT; MoCA; Test of Everyday Attention, Digit Symbol; Functional Cognitive Assessment Scale; Trail Making B; verbal fluency FAS; BNT; Boston Diagnostic Aphasia Examination; MMSE | The treatment group showed significantly improved executive function (*p=*.004), verbal memory (*p=*.003), daily function *(p*=.001) and general cognitive ability (*p*=.005). The experimental patients improved cognitive and functional performances, while the control patients demonstrated deterioration in daily function (*p*=.004). |
| 34 | Unverzagt et al. (2007) | 193 older adults with memory impairment, 2580 older controls | cutoff score (retrospective) | Randomized control trial | Single technique (internal); strategies for recalling word lists and short narratives (e.g., organization, visualization, association) | Ten - 60-75 minute sessions | BADL; HVLT; RAVLT; RBMT; useful field of view; Reasoning score (letter series letter, word series) | The treatment MCI group showed improvement in the useful field of view task (p<.001); at follow-up they showed improvement on the BADL and the useful field of view |
| 35 | Wagner et al. (2008) | unspecifiedMCI = 92 | Winblad criteria;cutoff score | Randomized control trial training vs. no training | Multiple techniques; Behavior analysis approach: 1. problem identification, 2-analysis of contigencies, 3-problem solving, 4-evaluation | Six - 90 minute sessions | logical memory, appointment test | Memory performance of the intervention group improved significantly between intake and discharge (*p*<.05), compared with that of the control group, as did self-ratings of memory and work-related attitudes (*p*<.01) |
| **Study Number** | **Authors (Year)** | **Single vs. Multi-domain MCI & total sample size** | **Diagnosis Criteria** | **Design** | **Designation (single vs. multiple approaches); Intervention(see also** **Figures 4 & 5)** | **Dose** | **Outcome Measures** | **Significant behavioral findings** |
| 36 | Wenisch et al. (2007) | unspecified MCI = 12Controls = 12 | Petersen criteria | Within and between group design pre and post interventional studyMCI vs. Controls | Multiple techniques; Participants were given information about memory functioning Cognitive Stimulation: Words of welcome, reality orientation techniques newspaper review, cognitive exercises (memory, executive function, visuo-spatial abilities) by means of an applied cognitive strategy, conclusion and strategy recall | Twelve - 90 minute sessions | Logical memory; phonemic fluency; Category trail making test; Goldberg scale | After training, the MCI group showed improved performances for logical memory (*p*<.05), and effect sizes were greater than for the control group (*p*<.05) |

MCI = mild cognitive impairment; AD = Alzheimer's disease; OT = occupational therapy; JOL = Judgment of Learning; MMSE = Mini Mental State Examination; RAVLT = Rey Auditory Verbal Learning Test; GDS = Geriatric Depression Scale; ICQ = Illness Cognition Questionnaire; RBANS- Repeatable Battery for the Assessment of Neuropsychological Status; CVLT = California Verbal Learning Test; COWAT = Controlled Oral Word Association Test; BNT = Boston Naming Test; TMT = Trail Making Test; DKEFS = Delis-Kaplan Executive Function System; QAM = Questionnaire d’auto´evaluation de la m´emoire; ADAS-cog = AD Assessment Scale; MADRS = Montgomery and Asberg Depression Rating Scale; QoL-AD = Quality of life – Alzheimer’s disease scale; COPM = Canadian Occupational Performance Measure; HADS = Hospital Anxiety and Depression Scale; CANTAB = Cambridge Automated Neuropsychological Test Battery; MFQ = Memory Functioning Questionnaire; DASS21 = Depression Anxiety and Stress Scale; ROIL = Record of Independent Living; E-Cog = Everyday cognition scale; DRS = Dementia Rating Scale; CES-D = The Center for Epidemiological Studies-Depression; BEM 144 = Batterie d'Efficience Mnesique 144; ROCFT = Rey Osterrieth Complex Figure Test; RBMT = Rivermead Behavioral Memory Test; MMQ = Multifactorial Memory Questionnaire; SES = Self-esteem scale; BDI = Beck Depression Inventory; BADL = basic activities of dialing living; FAQ = Functional Ability Questionnaire; MoCA = Montreal Cognitive Assessment; HVLT = Hopkins Verbal Learning Test

Supplemental Table 1. Information regarding the diagnostic criteria, intervention approaches, dose, outcome measures, and behavioral findings for the 36 studies reviewed.