

## Supplementary materials

### Search terms

#### PsycINFO

(ab=telemedicine OR KEYWORDS= telemedicine OR ab=telehealth OR KEYWORDS=telehealth ab=telemental OR KEYWORDS=telemental OR ab=videoconferencing OR KEYWORDS=videoconferencing OR ab=videoconference OR KEYWORDS=videoconference OR ab=internet OR KEYWORDS=internet OR ab=telephone OR KEYWORDS=telephone OR ab=telephony OR KEYWORDS=telephony OR ab=telecare OR KEYWORDS=telecare OR ab=telerehabilitation OR KEYWORDS=telerehabilitation OR

ab=telepractice OR KEYWORDS=telepractice OR ab=teletherapy OR KEYWORDS=teletherapy OR ab=teletherapist OR KEYWORDS=teletherapist OR ab=teleintervention OR KEYWORDS=teleintervention OR ab=teledelivery OR KEYWORDS=teledelivery OR ab=tele-delivery OR KEYWORDS=tele-delivery OR KEYWORDS=remote consultation)

AND

(ab=child OR KEYWORDS=child OR ab=children OR KEYWORDS=children OR ab=paediatric OR KEYWORDS=paediatric OR ab=pediatric OR KEYWORDS=pediatric OR

ab=childhood OR KEYWORDS=childhood OR KEYWORDS=infant OR KEYWORDS=child, preschool OR KEYWORDS=infant, newborn) AND

(Ab=allied health OR KEYWORDS=allied health OR Ab=mental health OR KEYWORDS=mental health OR Ab=occupational therapy OR

KEYWORDS=occupational therapy OR Ab=occupational therapist OR KEYWORDS=occupational therapist OR ab=psychology OR

KEYWORDS=psychology OR ab=psychologist OR KEYWORDS=psychologist OR ab=social work OR KEYWORDS=social work OR

ab=social worker OR KEYWORDS=social worker OR ab=social support OR KEYWORDS=social support OR ab=speech therapy OR

<b>PsycINFO</b>
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KEYWORDS=speech therapy OR ab=speech therapist OR KEYWORDS=speech therapist OR ab=speech-language OR KEYWORDS=speech-language OR ab=speech pathology OR KEYWORDS=speech pathology OR ab=speech pathologist OR KEYWORDS=speech pathologist OR ab=speech-language pathology OR KEYWORDS=speech-language pathology OR ab=speech-language pathologist OR KEYWORDS=speech-language pathologist OR ab=speech language pathology OR KEYWORDS=speech language pathology OR ab=speech language pathologist OR KEYWORDS=speech language pathologist OR ab=physical therapy OR KEYWORDS=physical therapy OR ab=physical therapist OR KEYWORDS=physical therapist OR ab=physiotherapy OR KEYWORDS=physiotherapy OR ab=physiotherapist OR KEYWORDS=physiotherapist OR ab=audiology OR KEYWORDS=audiology OR ab=audiologist OR KEYWORDS=audiologist OR ab=dietician OR KEYWORDS=dietician OR ab=dietetics OR KEYWORDS=dietetics OR ab=nutritionist OR KEYWORDS=nutritionist OR KEYWORDS=mental health OR KEYWORDS=psychology OR KEYWORDS=psychology, applied OR KEYWORDS=occupational therapy OR KEYWORDS=physical therapy speciality OR KEYWORDS=speech language pathology OR KEYWORDS=social work OR KEYWORDS=audiology OR KEYWORDS=dietetics OR KEYWORDS=diet therapy OR KEYWORDS=nutritionists OR ab=child psychology OR KEYWORDS=child psychology OR Ab=child psychotherapy OR KEYWORDS=child psychotherapy)  AND  (ab=rural OR KEYWORDS=rural OR Ab=regional OR KEYWORDS=regional OR KEYWORDS=remote OR AB=remote OR KEYWORDS=rural population OR KEYWORDS=rural health services OR KEYWORDS=rural health OR KEYWORDS=rural environments)
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<b>Medline and CINAHL via EBSCOHost</b>
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((TI telemedicine OR AB telemedicine) OR (TI telehealth OR AB telehealth) OR (TI telemental OR AB telehealth) OR (TI videoconferenc* OR AB
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**Medline and CINAHL via EBSCOHost**

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videoconferenc\*) OR (TI internet OR AB internet) OR (TI telephon\* OR AB telephon\*) OR (TI telecare OR AB telecare) OR

(TI telerehabilitation OR AB telerehabilitation) OR (TI telepractice OR AB telepractice) OR (TI teletherap\* OR AB teletherap\*) OR

(TI teleintervention OR AB teleintervention) OR (TI teledelivery OR AB teledelivery) OR (TI tele-delivery OR AB tele-delivery) OR

(SU telemedicine) OR (SU videoconferencing) OR (SU internet) OR (SU remote consultation) OR (SU telerehabilitation))

AND

((TI child OR AB child) OR (TI children OR AB children) OR (TI paediatric OR AB paediatric) OR (TI pediatric OR AB pediatric) OR

(TI childhood OR childhood) OR (TI child OR AB child) OR (TI infant OR AB infant) OR (SU child, preschool) OR (SU infant, newborn))

AND

((TI allied health OR AB allied health) OR (TI mental health OR AB mental health) OR (TI occupational therap\* OR AB occupational therap\*) OR

(TI psycholog\* OR AB psycholog\*) OR (TI social work\* OR AB social work\*) OR (TI social support OR AB social support) OR

(TI speech therap\* OR AB speech therap\*) OR (TI speech-language OR AB speech-language) OR (TI speech patholog\* OR AB speech patholog\*)

OR (TI speech-language patholog\* OR AB speech-language patholog\*) OR (TI speech language pathology\* OR AB speech language pathology\*) OR

(TI physical therap\* OR AB physical therap\*) OR (TI physiotherap\* OR AB physiotherap\*) OR

(TI audiolog\* OR AB audiolog\*) OR (TI dietician\* OR AB dietician\*) OR (TI dietetic\* OR AB dietetic\*) OR (TI nutritionist OR AB nutritionist) OR

(TI mental health OR AB mental health) OR (TI psychology OR AB psychology) OR (SU psychology, applied) OR

(SU occupational therapy) OR (SU specialty, physical therapy) OR (SU physical therapy modalities) OR (SU speech language pathology) OR

(SU social work) OR (SU audiology) OR (SU dietetics) OR (SU diet therapy) OR (SU nutritionists))

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<b>Medline and CINAHL via EBSCOHost</b>
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AND

((TI rural OR AB rural) OR (TI regional OR AB regional) OR (TI remote OR AB remote) OR (SU rural population) OR (SU rural health services) OR (SU rural health))

<b>Pubmed</b>
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((telemedicine[Title/Abstract]) OR (telehealth[Title/Abstract]) OR (telemental[Title/Abstract]) OR (telephon\*[Title/Abstract]) OR (telecare[Title/Abstract]) OR (telerehabilitation[Title/Abstract]) OR (telepractice[Title/Abstract]) OR (teletherap\*[Title/Abstract]) OR (teleintervention[Title/Abstract]) OR (videoconferenc\*[Title/Abstract]) OR (Telemedicine[MeSH Terms]) OR (Videoconferencing[MeSH Terms]) OR (internet[MeSH Terms]) OR (remote consultation[MeSH Terms]) OR (telerehabilitation[MeSH Terms]))

AND

((child[Title/Abstract]) OR (children[Title/Abstract]) OR (paediatric[Title/Abstract]) OR (pediatric[Title/Abstract]) OR (childhood[Title/Abstract]) OR (child[MeSH Terms]) OR (infant[MeSH Terms]) OR (child, preschool [MeSH Terms]) OR

(infant, newborn [MeSH Terms]))

AND

((allied health[Title/Abstract]) OR (mental health[Title/Abstract]) OR (occupational therap\*[Title/Abstract]) OR (psycholog\*[Title/Abstract]) OR (social work\*[Title/Abstract]) OR (social support [Title/Abstract]) OR

(speech therap\*[Title/Abstract]) OR (speech-language[Title/Abstract]) OR (speech patholog\*[Title/Abstract]) OR (speech-language patholog\*[Title/Abstract]) OR (speech language patholog\*[Title/Abstract]) OR (physical therap\*[Title/Abstract]) OR (physiotherap\*[Title/Abstract]) OR

(audiolog\*[Title/Abstract]) OR (dietician\*[Title/Abstract]) OR (dietetic\*[Title/Abstract]) OR (nutritionist[Title/Abstract]) OR (mental health [MeSH

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**Medline and CINAHL via EBSCOHost**

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Terms]) OR (psychology[MeSH Terms]) OR (psychology, applied [MeSH Terms]) OR (occupational therapy [MeSH Terms]) OR  
(physical therapy modalities[MeSH Terms]) OR (Specialty, Physical Therapy[MeSH Terms]) OR (speech language pathology[MeSH Terms]) OR  
(social work [MeSH Terms]) OR (audiology[MeSH Terms]) OR (dietetics[MeSH Terms]) OR (diet therapy[MeSH Terms]) OR  
(nutritionists[MeSH Terms]))

AND

((rural[Title/Abstract]) OR (regional[Title/Abstract]) OR (remote[Title/Abstract]) OR (rural population[MeSH Terms]) OR (rural health services  
[MeSH Terms]) OR (rural health [MeSH Terms]))

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**Cochrane Library**

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(telemedicine:ti,ab OR telehealth:ti,ab OR telemental:ti,ab OR videoconferencing:ti,ab OR videoconference:ti,ab OR internet:ti,ab OR telephone:ti,ab  
OR telephony:ti,ab OR telecare:ti,ab OR telerehabilitation:ti,ab OR telepractice:ti,ab OR teletherapy:ti,ab OR teletherapist:ti,ab OR  
teleintervention:ti,ab OR teledelivery:ti,ab OR tele-delivery:ti,ab OR [mh telemedicine] OR [mh videoconferencing] OR [mh internet] OR  
[mh telerehabilitation])

AND

(child:ti,ab OR children:ti,ab OR paediatric:ti,ab OR pediatric:ti,ab OR childhood:ti,ab OR [mh child] OR [mh infant])

AND

("allied health":ti,ab OR "mental health":ti,ab OR "occupational therapy":ti,ab OR "occupational therapist":ti,ab OR psychology:ti,ab OR  
psychologist:ti,ab OR "social work":ti,ab OR "social worker":ti,ab OR "social support":ti,ab OR "speech therapy":ti,ab OR "speech therapist":ti,ab  
OR speech-language:ti,ab OR "speech pathology":ti,ab OR "speech pathologist":ti,ab OR "speech-language pathology":ti,ab OR "speech-language

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**Medline and CINAHL via EBSCOHost**

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pathologist":ti,ab OR "speech language pathology":ti,ab OR "speech language pathologist":ti,ab OR "physical therapy":ti,ab OR "physical therapist":ti,ab OR physiotherapy:ti,ab OR physiotherapist:ti,ab OR audiology:ti,ab OR audiologist:ti,ab OR dietician:ti,ab OR dietetics :ti,ab OR nutritionist:ti,ab OR [mh mental health] OR [mh psychology] OR [mh psychology, applied] OR  
[mh occupational therapy] OR [mh physical therapy speciality] OR [mh speech language pathology] OR [mh social work] OR [mh audiology] OR [mh dietetics] OR [mh nutritionists])

AND

(rural:ti,ab OR regional:ti,ab OR remote:ti,ab OR [mh "rural population"] OR [mh "rural health services"] OR [mh "rural health"])

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**ERIC**

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(telemedicine OR telehealth OR telerehabilitation OR telepractice OR teletherapy OR "computer mediated communication" OR telecommunications OR teleconferencing OR "information technology" OR "audiovisual communications") AND (child OR paediatric OR "child health") AND ("allied health" OR intervention OR "early intervention" OR "allied health personnel") AND (rural OR regional OR remote)

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**GOOGLE (grey literature)**

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(telemedicine OR telehealth OR telerehabilitation) AND (child OR paediatric) AND (allied health) AND (rural OR regional OR remote)

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**GOOGLE SCHOLAR (grey literature)**

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(telemedicine OR Telehealth OR telemental OR telecare OR telerehabilitation OR telepractice OR teletherapy ) OR teleintervention ) OR videoconference)

AND

(child OR paediatric)

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<b>Medline and CINAHL via EBSCOHost</b>
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AND

(allied health OR mental health OR occupational therapy OR Psychology OR social work OR social support OR (speech therapy OR speech pathology OR physical therapy OR physiotherapy OR audiology OR dietetics OR nutrition)

AND

(rural OR regional OR remote)

# TH service model, location, implementation actions/recommendations/model extracted data

Study	Service model	Locations A: Patient B: Provider	Implementation actions	Implementation recommendations	Implementation model
Barretto et al., 2006 (23)	Remote consultant collected information about children, conducted brief VC Ax. Assistants were: Child A: teacher and school psychologist. Child B: foster mother and physical therapist at local Department of Human Service Office.	A: local schools and local Department of Human Services office, Iowa, US B: telemedicine studio, Center for Disabilities and Development at University of Iowa Hospitals and Clinics	Nil	Nil	Nil
<b>Bice-Urbach et al., 2016 (21)</b>	Consultants observed child ,met with teacher via VC to the classroom. Teacher implemented Ix in class.	A: Classroom of two public schools without full-time school psychologist in rural Midwestern US towns (population < 5000) B: University office.	Psychologist provided teacher tutorial on technology equipment and helped set up equipment.	Nil	Nil
Cann et al., 2003 (24)	Trained professional made phone contact as parents completed self-help program	A: parent's home (rural Victoria) B: not described	Nil	Nil	Nil



Study	Service model	Locations A: Patient B: Provider	Implementation actions	Implementation recommendations	Implementation model
Eriks-Brophy, et al., 2008 (33)	On-site SLP engaged child in conversation and facilitated testing. Remote SLP conducted testing via VC.	A: small remote Ontario Aboriginal Community, Canada (organisation not described) B: not described.	Children given basic introduction to technology before beginning Ax.	Off-site SLP to develop cross-cultural sensitivity, be familiar with technology, potential bias, administration and scoring difficulties. Assistant to serve as cultural informant. SLP and assistant to establish relationship and develop reliability in scoring prior to Ax. Access a local person with some knowledge of technology. Create protocol to alert participants if system disconnects. Use wireless microphone for child and good quality headphones for SLP.	Nil
Fairweather et al., 2016 (25)	IP Ax, TH Rx via VC, IP reviews. Rx assistant practiced Rx between sessions	A: 15 children at 6 school sites, 4 children at early childcare sites rural New South Wales, Australia B: Royal Far West, Sydney	Nil	Meet with parents/caregivers IP prior to improve engagement. Eliminate barriers for employing Rx facilitators. Improve and monitor connectivity, audio output and communication between stakeholders.	Nil
Grogan-Johnson et al., 2010 (19)	Ax conducted prior. SLP provided VC PC-based Rx with headphones via educational network at minimum bandwidth of 10Mbps/s. E-helper escorted children to and from sessions, solved technology problems, provided adult supervision, received and sent faxes and mail for SLP, sent home paperwork.	A: four rural Ohio elementary schools, US B: not described	E-helpers trained: TH equipment, basic troubleshooting strategies, responsibilities, maintenance of confidentiality.	Nil	Nil

Study	Service model	Locations A: Patient B: Provider	Implementation actions	Implementation recommendations	Implementation model
Grogan-Johnson et al., 2011 (20)	SLP provided Rx from university to school via enhanced VC (TinyEYE Speech Therapy Software with added interactive activities) with assistance of e-helper (set up technology, fetch child).	A: rural Ohio elementary schools, US B: Kent State University	E-helpers trained (1 hour): TH equipment, basic troubleshooting strategies, responsibilities, maintenance of confidentiality.	Pullout model of Rx makes it hard to collaborate with classroom teachers and relate intervention to current classroom curriculum. Challenges can be minimized by collaborating via email, scheduled VC meetings with teachers, and using e-helpers to gather information.	Nil
Hayes et al., 2012 (26)	Audiologist conducted hearing screening via VC with remote control of diagnostic equipment assisted by audiometrists	A: Guam Early Hearing Detection and Intervention (EHDI). B: Children's Hospital Colorado	1. Memorandum of Understanding regarding roles 2. US audiologists obtain Guam licenses 3. Training of audiometrists by audiologists 4. Week-long site visit by audiologists (meet stakeholders, evaluate site, set-up and test equipment, train audiometrists, develop joint procedures).	1. Local licensure must be obtained 2. Address image, sound quality and data transmission rate by using two computers at each site 3. Obtain informed consent including specific language 4. Use secure software and limit patient identifying information 5. Maintain clinical standards by using of same diagnostic protocol as IP services 6. Select appropriate patients (i.e. infants who reasonably can be tested in natural sleep) 7. Develop a 5-minute video about the procedure for parents 8. Clinician and administrative support for telepractice is important 9. Test/retest internet connectivity during periods of peak Internet traffic. Establish backup communication options. 10. Deliver such screening integrated within an Early Hearing Detection and Intervention context	Nil

		<b>Locations A: Patient B:</b>			
<b>Study</b>	<b>Service model</b>	<b>Provider</b>	<b>Implementation actions</b>	<b>Implementation recommendations</b>	<b>Implementation model</b>
Jessiman, 2003 (27)	SLP provided tele-therapy to parents and child via VC. Minimally trained TH facilitator (clinic receptionist) shown how to use the equipment and instructed parents in its use.	A: community health clinic room, Alberta, Canada B: Keewetinkok Lakes Regional Health Authority, Slave Lake, Alberta	Therapist met with parents and teachers at child's school to explain program prior to commencement.	1. Equipment should be good quality to improve identification of articulation errors (head-mounted microphones, split screen) 2. Room set-up should be optimal (acoustic and visual treatment, comfortable furniture) 3. Trained facilitators should be available at both sites 4. Select clients carefully (motivated families, children who can focus, attend and sit for sessions). Shorter sessions for young children. 5. Direct Rx with children recommended before work focused on parents/assistants 6. Client sites need access to Rx materials for parents/assistants.	Nil
<b>Krumm et al., 2008 (34)</b>	Remote audiologist used remote computing to control DPOAE and ABR equipment remotely. On-site audiologist instructed parents, inserted DPOAE probe, applied AABR electrodes, and fitted earphones	A: Utah Valley Regional Medical Center, US B: Utah State University, 200km away	Onsite audiology set-up	Consider future studies with screening assistants and what training screening assistants need for setup at remote sites.	Nil

Study	Service model	Locations A: Patient B: Provider		Implementation actions	Implementation recommendations	Implementation model
Lancaster et al., 2008 (35)	On-site trained assistant performed a variety of task including video-otoscopy and headphone placement, emailing results to off-site audiologist.	A: Fielding Elementary School library, Utah, US B: Utah State University in Logan, 30 miles away	Nil		Trained facilitators are necessary. Initial set up costs and periodic maintenance required. School bandwidth may be limited but did not affect this study. Arranging direct network access requires considerable coordination. Audiologists must comply with Health Insurance Portability and Accountability Act (1996). Virtual Private Networks and encryption are recommended.	Nil
Lee, 2018 (22)	SLP intern provided Rx to patient's home using enhanced VC (presencelearning.com with inbuilt activities). Parents acted as facilitators (opening sessions, assisting child during sessions, troubleshooting)	A: child's home in West Texas, US B: Telepractice Research Lab at university in Texas	Caregivers received intensive training (one IP and one online) in how to use the software, how to assist the child during Ix, and basic troubleshooting andonline practice session to resolve any technical difficulties. When caregivers felt confident, Ix began.		Nil	Nil
Markie-Dadds & Sanders, 2006 (17)	Parents completed program using written materials, parents called psychologist weekly on a toll-free phone number to discuss program materials	A: family home, rural and remote communities in southern Western Australia B: Department of Families and Children's Services	Nil		Nil	Nil

Study	Service model	Locations A: Patient B: Provider	Implementation actions	Implementation recommendations	Implementation model
Monica et al., 2017 (36)	Store and forward video-otoscopy (email). Real-time tele-screening (Teamviewer version 10). Teacher (facilitator) connected hardware, placed headphones, inserted probe and sanitized equipment.	A: elementary school B: Sri Ramachandra University Hospital, Chennai, India, 400kms away.	Each day best internet connection was chosen. Facilitator was trained for two days and training booklet provided.	Multiple internet options should be used for sustained connectivity e.g. mobile phone and dongle. Facilitator known to children contributed to the success.	Nil
Ramkumar et al., 2018 (37)	Children underwent ABR testing in a mobile tele-van using satellite connectivity or at a local centre using broadband internet.	A: mobile van or health NGO B: tertiary hospital in Chennai, India	Village health workers were trained for five days and selected for screening only after their competence was assessed by skill set testing. Skills were regularly reviewed. This is suggested as resulting high negative predictive value.	Nil	Nil
Ramkumar et al., 2018 (38)	1. Village health workers screened children in their homes using a two-step DPOAE screening protocol. 2. Children referred to second screening underwent tele-diagnostic ABR testing in a mobile tele-van using satellite connectivity or at a local centre using broadband internet at the rural location	A: 1) tele-van (satellite) in fifty-one villages and hamlets in Tamil Nadu region, India 2) NGO centre (broadband) in villages B: Sri Ramachandra University, Chennai (70 kms from villages)	Specialized training for village health workers	Nil	Nil

<b>Study</b>	<b>Service model</b>	<b>Locations A: Patient B: Provider</b>	<b>Implementation actions</b>	<b>Implementation recommendations</b>	<b>Implementation model</b>
<b>Reese et al., 2015 (28)</b>	Psychologist provided parenting program via VC to spoke hospitals and schools.	A: 1 hospital, 2 public schools in rural Kentucky, US B: University	Nil	Prepare parents to anticipate audio or video quality issues	Nil
<b>Scheideman-Miller et al., 2002 (29)</b>	Ax conducted prior. Pre-pilot: Provider SLP conducted Rx via VC assisted by school SLP. Provider SLP also provided consultation services to school SLP. Pilot: Provider SLP conducted Rx to school assisted by Rx aide.	Pre-pilot: A: Choctaw Memorial Hospital conference room in Hugo, Oklahoma US. B: INTEGRIS Jim Thorpe Rehabilitation Centre, Oklahoma City, 178 miles from Hugo. Pilot: A: Hugo Elementary School B: INTEGRIS Southwest Medical Center in Oklahoma City.	Pre-pilot. Education by school administrators of school board and community. Open house demonstration. Prior familiarity with video technology in the classroom. Meetings between metro/rural partners and between principal/partners/project technical director/ school communications coordinator. Use of teacher's aide. Presenting feedback to partners. Technical problem isolation requiring problem resolution between partners resulting in installing a dedicated commercial line.	Noisy area (adjoining cafeteria) unsuitable. Young students less than seven found to were unsuitable (less attentive). Consider using analog phone lines where a dedicated line cannot be installed. Develop manual and instructive short course on how to most effectively use TH for Rx.	Nil
Sicotte et al., 2003 (30)	Ax conducted prior. SLP provided stuttering Rx to parent and child at via VC. Parent assisted SLP and helped keep child focused on the activity.	A: primary care centre, Matane, Quebec, Canada B: pediatric tertiary care centre, Montreal	Nil	Nil	Nil

Study	Service model	Locations A: Patient B: Provider	Implementation actions	Implementation recommendations	Implementation model
Stewart et al., 2017 (31)	Ax conducted prior. Therapist delivered direct VC Rx to: 1) 9 students at school 2) 4 students at home 3) 2 students at school then home	A: schools and child's homes, South-eastern US B: academic medical centre, 40-110 miles away	Pre-treatment visits to survey physical premises and build relationships. Clinicians had contact information for school staff. Emergency plans discussed. Pre-downloading necessary software directly on to equipment. Easy to understand step by step instructions on how to login and connect. Allowing time for child, parent and staff to practice using the equipment and connect prior to beginning treatment. School visit to set up the equipment. Reminder calls and text messages. Directly addressing caregiver concerns and barriers at initial appointment and throughout treatment. Addressing ethno-cultural beliefs and attitudes related to mental health treatment. Linguistically competent clinicians.	Test equipment. Use detailed and easy-to-understand instructions, Allow child/caregiver/staff to practice equipment use.	User-centered approach (Lyon & Koerner, 2016)
Sutherland et al., 2017 (39)	Remote assessor conducted some subtests via VC. IP SLP acted as support person e.g. turned on computer, logged in, then observed Ax.	A: Three rural New South Wales schools, 1 suburban Sydney school, Australia B: Westmead hospital. Sydney, Australia	Training in the platform for SLPs (< 30 mins)	Important for children involved in TH Ax to be supported to ensure they attend and interact appropriately.	Nil

Study	Service model	Locations A:	Implementation actions	Implementation recommendations	Implementation model
		Patient B: Provider			
Swift et al., 2009 (18)	Non-specialist clinician made phone contact to support parents' progress through the self-help materials.	A: parent's home, south-eastern region of South Australia. B: pediatric mental health clinic	Nil	Nil.	Nil
Wilson et al., 2004 (32)	Ax completed prior. SLP provides stuttering Rx by phone to parent at home, with a hotline available between appointments. Parents mail audio modelling of implementing Ix with child to clinician for feedback at next consultation.	A: family home, various locations in Australia B: university setting	Nil	Delivery via VC should be investigated	Nil

Ax = Assessment Dx = diagnosed. IP = In-person. Ix = Intervention. Rx = Therapy. SLP= Speech-language pathologist. TH= telehealth. VC= videoconference.



# CASP checklist answers

Study	Tool used for quality appraisal	Q1	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q12	Number Y	Number Relevant Qs	Proportion answered Y
<b>Scheideman-Miller et al., 2002</b>	As control group outcomes not reported, evaluated with Adapted CASP - Quantitative Research Study (Allen et al, 2018).	?	N	N	N	N	N	N	?	N	Y	1	12	0.08
<b>Eriks-Brophy, et al., 2008</b>	Adapted CASP - Quantitative Research Study (Allen et al, 2018.)	N	?	?	?	N	?	N	?	N	Y	2	12	0.17
<b>Ramkumar et al., 2018</b>	Economic Analysis	Y	?	?	N	Y	?	N	N	?	?	3	12	0.25
<b>Bice-Urbach et al., 2016</b>	Adapted CASP - Quantitative Research Study (Allen et al, 2018.)	Y	?	Y	Y	?	N	?	N	N	?	4	12	0.33
Hayes et al., 2012	Adapted CASP - Quantitative Research Study (Allen et al, 2018)	N	?	N/A	?	N		N	?	Y	Y	4	11	0.36
Jessiman,	Adapted CASP -	Y	?	N/A	Y	N	?	N	?	N	Y	4	11	0.36

Study	Tool used for quality appraisal	Q1	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q12	Number Y	Number Relevant Qs	Proportion answered Y
2003	Quantitative Research Study (Allen et al, 2018.)													
Sicotte et al., 2003	Adapted CASP - Quantitative Research Study (Allen et al, 2018.)	N	?	N/A	N	Y	N	Y	?	N	Y	4	11	0.36
<b>Fairweather et al., 2016</b>	Adapted CASP - Quantitative Research Study (Allen et al, 2018.)	Y	?	Y	?	?	N	N	?	N	Y	5	12	0.42
<b>Grogan-Johnson et al., 2010</b>	Adapted CASP - Quantitative Research Study (Allen et al, 2018)	N	?	Y	N	N	N	N	Y	N	Y	5	12	0.42
<b>Grogan-Johnson et al., 2011</b>	Adapted CASP - Quantitative Research Study (Allen et al, 2018)	Y	?	N	Y	N	N	N	Y	N	Y	6	12	0.50
<b>Swift et al., 2009</b>	CASP - Randomised Controlled Trial	Y	Y	?	?	?	N*	N*	Y	Y	.	6	11	0.55
Cann et al.,	Adapted CASP -	Y	?	N/A	?	Y	?	N	?	Y	Y	6	11	0.55

Study	Tool used for quality appraisal	Q1	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q12	Number Y	Number Relevant Qs	Proportion answered Y
2003	Quantitative Research Study (Allen et al, 2018.)													
<b>Sutherland et al., 2017</b>	Adapted CASP - Quantitative Research Study (Allen et al, 2018)	Y	N	Y	?	N	Y	N/A	Y	N	Y	7	12	0.58
<b>Stewart et al., 2017</b>	Adapted CASP - Quantitative Research Study (Allen et al., 2018)	Y	?	Y	Y	Y	Y	?	N	Y	?	8	12	0.67
Barretto et al., 2006	Adapted CASP - Quantitative Research Study (Allen et al, 2018.)	Y	N	N/A	Y	Y	?	N/A	N	Y	Y	7	10	0.70
<b>Ramkumar et al., 2018</b>	Adapted CASP - Quantitative Research Study (Allen et al, 2018)	Y	?	Y	N/A	Y	N	N/A	Y	Y	Y	7	10	0.70
Markie-Dadds & Sanders, 2006	CASP - Randomised Controlled Trial	Y	Y	N	Y	Y	Y*	N*	Y	Y	.	8	11	0.72

Study	Tool used for quality appraisal	Q1	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q12	Number Y	Number Relevant Qs	Proportion answered Y
Reese et al., 2015	Adapted CASP - Quantitative Research Study (Allen et al, 2018)	Y	?	N/A	Y	Y	?	N	Y	Y	Y	8	11	0.73
Lee et al., 2018	Adapted CASP - Quantitative Research Study (Allen et al, 2018)	Y	?	Y	N/A	Y	Y	N/A	Y	Y	Y	9	12	0.75
Krumm et al., 2008	Adapted CASP - Quantitative Research Study (Allen et al, 2018)	Y	?	Y	N/A	Y	Y	N/A	Y	Y	Y	9	12	0.75
Wilson et al., 2004	Adapted CASP - Quantitative Research Study (Allen et al, 2018.)	Y	Y	N/A	Y	Y	Y	Y	Y	Y	Y	10	12	0.83
Monica et al., 2017	Adapted CASP - Quantitative Research Study (Allen et al, 2018)	Y	?	Y	N/A	Y	Y	N/A	Y	Y	Y	9	10	0.90
Lancaster et al., 2008	Adapted CASP - Quantitative Research Study (Allen et al, 2018)	Y	Y	Y	N/A	Y	Y	N/A	Y	Y	Y	10	10	1.00

\*Question modified from 'How large was the treatment effect?' to 'Was there a large treatment effect?' \*\*Question modified from 'How precise was the estimate of the treatment effect?' to 'Was there a precise estimate of treatment effect?'