**Supplemental Methods**

*Data Extraction*

Information on document characteristics (e.g., year, geographic location), study characteristics (e.g., setting, sites), patient and caregiver characteristics (e.g., age, relationship), intervention characteristics (e.g., stage, duration), psychological outcomes (e.g., measures, themes), statistical significance (e.g., *p*-values, measures of variance), and authors’ conclusions were collected. Included studies with notable subgroups (e.g., end of life, ICU transition) were recorded. Studies that assessed psychological outcomes as a secondary outcome were noted.

*Data Synthesis and Analysis*

Compared to the standardized mean difference, the ratio of means is easier to interpret when pooling studies with continuous outcomes expressed in different units, involves fewer assumptions, and can apply GRADE recommendations for large and very large studies (1, 2). All estimates were reported with 95% confidence intervals (CIs). For multi-arm trials, we contacted the primary author to obtain the mean and standard deviation (SD) among all experimental groups if not reported. For cluster-crossover trials we contacted the primary author to obtain data accounting for opposite effects of the variance of clustering and crossover. For piloting studies that grew to larger (e.g., evaluative) studies, we contacted the primary author to ensure uniqueness in data sets to prevent duplication of data. For studies that reported medians, we contacted the primary author to obtain the corresponding mean and SD. For studies in which authors did not provide additional data, we estimated the mean and SD using validated estimations based on the median and interquartile range (3).

1. Friedrich JO, Adhikari NK, Beyene J: Ratio of means for analyzing continuous outcomes in meta-analysis performed as well as mean difference methods. *J Clin Epidemiol* 2011; 64(5):556-564

2. Guyatt GH, Thorlund K, Oxman AD, Walter SD, et al: GRADE guidelines: 13. Preparing summary of findings tables and evidence profiles-continuous outcomes. *J Clin Epidemiol* 2013; 66(2):173-183

3. Wan X, Wang W, Liu J, Tong T: Estimating the sample mean and standard deviation from the sample size, median, range and/or interquartile range. *BMC Med Res Methodol* 2014; 14:135