

Appendix A. Search Strategy

Table A-1. PubMed

Search	Queries	Result
#1	Search "Stress Disorders, Traumatic"[Mesh] OR "PTSD"[tiab] OR "post-traumatic stress disorders"[tiab] OR "post-traumatic stress disorder"[tiab] OR "posttraumatic stress disorders"[tiab] OR "posttraumatic stress disorder"[tiab]	21143
#2	Search "Traumatizing"[tiab] OR "Traumatising"[tiab] OR "Trauma"[tiab] OR "Traumatic"[tiab] OR "Traumas"[tiab] OR "Traumatization"[tiab] OR "Traumatisation"[tiab] OR "Traumatized"[tiab] OR "Traumatised"[tiab] OR "peritraumatic"[tiab]	204776
#3	Search "Social Problems/psychology"[Mesh]	38563
#4	Search "Life Change Events"[Mesh]	16956
#5	Search "Stress, Psychological"[Mesh]	76655
#6	Search "Wounds and Injuries/psychology"[Mesh]	12642
#7	Search "Disasters"[Mesh]	53414
#8	Search "Child Abuse"[Mesh:NoExp]	15267
#9	Search "survival/psychology"[Mesh]	365
#10	Search #1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9	394477
#11	Search "Adolescent"[Mesh] OR "Child"[Mesh] OR "Infant"[Mesh]	2556949
#12	Search #10 AND #11	114458
#13	Search #12 Limits: Humans, English, Publication Date from 1990/01/01 to 2011/10/01	73765
#14	Search "Psychotherapy"[Mesh]	134281
#15	Search "Complementary Therapies"[Mesh]	151648
#16	Search "Mental Health Services"[Mesh]	65842
#17	Search "Therapeutics/psychology"[Mesh]	40809
#18	Search (therapy[tiab] OR therapies[tiab]) AND ("school"[tiab] OR "classroom"[tiab])	4818
#19	Search "Adaptation, Psychological"[Mesh]	88217
#20	Search #13 AND (#14 OR #15 OR #16 OR #17 OR #18 OR #19)	10452
#21	Search "Psychotropic Drugs"[Mesh]	115148
#22	Search "Antidepressive Agents"[Pharmacological Action]	109847
#23	Search "Monoamine Oxidase Inhibitors"[Pharmacological Action]	18997
#24	Search "Anticonvulsants"[Pharmacological Action]	120327
#25	Search "Adrenergic Agents"[Pharmacological Action]	301992
#26	Search "Antipsychotic Agents"[Pharmacological Action]	114700
#27	Search "Tranquilizing Agents"[Pharmacological Action]	168833
#28	Search "Benzodiazepines"[MeSH]	54555
#29	Search "Opiate Alkaloids"[Mesh]	69666
#30	Search "Anesthetics, Dissociative"[Pharmacological Action]	8346
#31	Search #13 AND (#21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30)	1526
#32	Search #20 OR #31	11742
#33	Search "Randomized Controlled Trial"[Publication Type] OR "Randomized Controlled Trials as Topic"[Mesh] OR "Single-Blind Method"[Mesh] OR "Double-Blind Method"[Mesh] OR "Random Allocation"[Mesh]	457269
#34	Search "meta-analysis"[Publication Type] OR "meta-analysis as topic"[MeSH Terms] OR "meta-analysis"[All Fields]	50439
#35	Search "Comparative Study"[Publication Type] OR "comparative study"	1550017
#36	Search ("review"[Publication Type] AND "systematic"[tiab]) OR "systematic review"[All Fields] OR ("review literature as topic"[MeSH AND "systematic"[tiab])	43153
#37	Search "Cohort Studies"[Mesh] OR "cohort effect"[MeSH Term] OR cohort*[tiab] OR "Case-Control Studies"[Mesh]	1292585
#38	Search #32 AND (#33 OR #34 OR #35 OR #36 OR #37)	3835

Table A-2. Cochrane database

ID	Search	Hits
#1	"Stress Disorders, Traumatic"[Mesh] OR "PTSD"[tiab] OR "post-traumatic stress disorders"[tiab] OR "post-traumatic stress disorder"[tiab] OR "posttraumatic stress disorders"[tiab] OR "posttraumatic stress disorder"[tiab]	1215
#2	"Traumatizing"[tiab] OR "Traumatising"[tiab] OR "Trauma"[tiab] OR "Traumatic"[tiab] OR "Traumas"[tiab] OR "Traumatization"[tiab] OR "Traumatisation"[tiab] OR "Traumatized"[tiab] OR "Traumatised"[tiab] OR "peritraumatic"[tiab]	9379
#3	"Social Problems/psychology"[Mesh]	2
#4	"Life Change Events"[Mesh]	381
#5	"Stress, Psychological"[Mesh]	2932
#6	"Wounds and Injuries/psychology"[Mesh]	33
#7	"Disasters"[Mesh]	103
#8	"Child Abuse"[Mesh:NoExp]	512
#9	"survival/psychology"[Mesh]	4
#10	(#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9)	13130
#11	"Adolescent"[Mesh] OR "Child"[Mesh] OR "Infant"[Mesh]	119851
#12	(#10 AND #11)	3662
#13	(#12), from 1990 to 2011	3312
#14	"Psychotherapy"[Mesh]	6422
#15	"Complementary Therapies"[Mesh]	791
#16	"Mental Health Services"[Mesh]	1380
#17	"Therapeutics/psychology"[Mesh]	1
#18	(therapy[tiab] OR therapies[tiab]) AND ("school"[tiab] OR "classroom"[tiab])	28136
#19	"Adaptation, Psychological"[Mesh]	2611
#20	(#13 AND (#14 OR #15 OR #16 OR #17 OR #18 OR #19))	806
#21	"Psychotropic Drugs"[Mesh]	658
#22	"Antidepressive Agents"[Pharmacological Action]	4456
#23	"Monoamine Oxidase Inhibitors"[Pharmacological Action]	546
#24	"Anticonvulsants"[Pharmacological Action]	2077
#25	"Adrenergic Agents"[Pharmacological Action]	142
#26	"Antipsychotic Agents"[Pharmacological Action]	3311
#27	"Tranquilizing Agents"[Pharmacological Action]	530
#28	"Benzodiazepines"[MeSH]	2858
#29	"Opiate Alkaloids"[Mesh]	3
#30	"Anesthetics, Dissociative"[Pharmacological Action]	255
#31	(#13 AND (#21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30))	96
#32	(#20 OR #31)	859
#33	"Randomized Controlled Trial"[Publication Type] OR "Randomized Controlled Trials as Topic"[Mesh] OR "Single-Blind Method"[Mesh] OR "Double-Blind Method"[Mesh] OR "Random Allocation"[Mesh]	350440
#34	"meta-analysis"[Publication Type] OR "meta-analysis as topic"[MeSH Terms] OR "meta-analysis"[All Fields]	18058
#35	"Comparative Study"[Publication Type] OR "comparative study"	138001
#36	("review"[Publication Type] AND "systematic"[tiab]) OR "systematic review"[All Fields] OR ("review literature as topic"[MeSH AND "systematic"[tiab])	28267
#37	"Cohort Studies"[Mesh] OR "cohort effect"[MeSH Term] OR cohort*[tiab] OR "Case-Control Studies"[Mesh]	20840
#38	(#32 AND (#33 OR #34 OR #35 OR #36 OR #37))	763
#39	"Humans"[Mesh] in Cochrane Reviews, Other Reviews, Clinical Trials, Methods Studies, Technology Assessments and Economic Evaluations	419685
#40	(#38 AND #39)	703

Table A-3. EMBASE

No. Query	Results
#1 'posttraumatic stress disorder'/exp OR 'acute stress disorder'/exp	26,326
#2 'psychiatric treatment'/exp	251,511
#3 #1 AND #2	5,519
#4 #3 AND 'human'/de AND (1990:py OR 1991:py OR 1992:py OR 1993:py OR 1994:py OR 1995:py OR 1996:py OR 1997:py OR 1998:py OR 1999:py OR 2000:py OR 2001:py OR 2002:py OR 2003:py OR 2004:py OR 2005:py OR 2006:py OR 2007:py OR 2008:py OR 2009:py OR 2010:py OR 2011:py) AND ('article'/it OR 'review'/it)	4,154
#5 'adolescent'/exp OR 'child'/exp OR 'newborn'/exp	2,555,988
#6 #4 AND #5	673

Table A-4. PsycINFO, CINAHL, IPA

# Query	Results
S9 S8 Limiters - Published Date from: 19900101-20111031; Publication Year from: 1990-2011; English; Language: English; Age Groups: Childhood (birth-12 yrs), Neonatal (birth-1 mo), Infancy (2-23 mo), Preschool Age (2-5 yrs), School Age (6-12 yrs), Adolescence (13-17 yrs); Population Group: Human; Exclude Dissertations; English Language; Exclude MEDLINE records; Language: English; Age Groups: Infant, Newborn: birth-1 month, Infant: 1-23 months, Child, Preschool: 2-5 years, Child: 6-12 years, Adolescent: 13-18 years, All Infant, All Child; Language: English; Articles about Human Studies Search modes - Boolean/Phrase	259
S8 S5 or S7	2523
S7 S4 and S6	1646
S6 DE "Drug Therapy"	94763
S5 S1 and S4	889
S4 S2 or S3	160444
S3 "Posttraumatic Stress Disorder" OR DE "Reactive Psychosis" OR DE "Stress Reactions" OR DE "Psychological Stress" OR DE "Acute Stress Disorder" OR DE "Emotional Trauma"	44624
S2 "Injuries" OR DE "Burns" OR DE "Electrical Injuries" OR DE "Head Injuries" OR DE "Spinal Cord Injuries" OR DE "Wounds"	117260
S1 DE "Psychotherapeutic Techniques" OR DE "Animal Assisted Therapy" OR DE "Autogenic Training" OR DE "Cootherapy" OR DE "Dream Analysis" OR DE "Ericksonian Psychotherapy" OR DE "Guided Imagery" OR DE "Mirroring" OR DE "Morita Therapy" OR DE "Motivational Interviewing" OR DE "Mutual Storytelling Technique" OR DE "Paradoxical Techniques" OR DE "Psychodrama"	25614

Table A-5. Web of Science (ISI)

Set	Results	Query
# 12	384	#11 AND #7 AND #6 Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 11	214,119	#10 OR #9 OR #8 Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 10	5,864	Topic=(Psychotherapeutic) Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 9	40,901	Topic=(Psychotherapy) Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 8	170,421	Topic=(drug therapy) Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 7	849,415	Topic=(child) Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 6	40,897	#5 OR #4 OR #3 OR #2 OR #1 Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 5	32,295	TS=(PTSD) OR TS=(posttraumatic) OR TS=("stress disorder") Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 4	2,633	Topic=(Emotional Trauma) Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 3	7,579	Topic=(traumatic event) Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 2	5,407	Topic=(childhood trauma) Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 1	403	TS=("acute stress disorder") Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On

Number of records after duplicates removed: 5,990

Appendix B. Abstract and Full Text Forms

The following are lists of fields used in the abstract and full text review forms. Please see the Evidence Tables (Appendix D) for fields used in the data abstraction forms.

Reviewers were asked to complete the following fields for screening abstracts for inclusion:

Ref ID	
Year	
Title	
Journal	
Abstract	
Exclusion Code (list of options is provided below):	1-Wrong publication type
	2-Wrong study design
	3-Wrong population
	4-Wrong or no intervention
	5-Wrong or no comparator
	6-Wrong or no outcome
Inclusion	
If include, enter sample size.	
Bkg	
Reviewer 1 (Initials)	
Reviewer 2 (Initials)	
Comments	

Reviewers were asked to consider and complete the following fields when reviewing full texts for inclusion:

Reviewer Initials		
Ref ID		
Author		
Year		
Article Title		
Study/Trial Name (if applicable)		
Include/Exclude Codes	INCLUDE	
	Exc1: Publication type	
	Exc2: Study design	
	Exc3: Population	
	Exc4: Wrong or no intervention	
	Exc5: Wrong or no comparator	
	Exc6: Wrong or no outcome	
	Exc7: Sample size N<10	
Study Design	RCT	
	NRCT	
	SysRev / M-A	
	Prosp cohort	
	Nested case-control	
Interventions: Symptom Prevention:	Psychological	CBT
		TF-CBT
		CPP
		STAIR/NST
		TGCT
		CBITS
	Pharmacological	Morphine

		Clonidine
		Other (specify in comments)
	CAM	Equine-assisted psychotherapy
		Other (specify in comments)
	Other (e.g., Web; systems level)	
Interventions: Symptom Treatment	Psychological	DBT
		SPARCS
		PCIT
		EMDR
	Pharmacological	SSRIs
		Bupropion
		Venlafaxine
		Mirtazapine
		Imipramine
		MAOIS
		Stimulants (specify in comments)
		Antipsychotics (specify in comments)
		Benzodiazepines (specify in comments)
		Other (specify in comments)
	CAM	Equine-assisted psychotherapy
		Other (specify in comments)
	Other (e.g., Web; systems level)	
KQs: Mark X in cell(s)	1	
	2	
	3a	
	3b	
	3c	
	4	
Comments		
Companion or Parent Study Articles		
BKG ('X'): Use only if article is excluded		

Appendix C. Excluded Studies

Excluded for Wrong Publication Type

Commonwealth v. Twitchell. North East Rep Second Ser. 1993 Aug 11;617:609-21. PMID: 12041213.

Atypical antipsychotic agents in the treatment of schizophrenia and other psychiatric disorders. Part I: Unique patient populations. *J Clin Psychiatry*. 1998 May;59(5):259-65. PMID: 9632042.

Abdulkarim AA, Tunde-Ayinmode MF. Incestuous sadism. *West Afr J Med*. 2010 Nov-Dec;29(6):432-3. PMID: 21465455.

Adler-Nevo G, Manassis K. Psychosocial treatment of pediatric posttraumatic stress disorder: The neglected field of single-incident trauma. *Depression and anxiety*. 2005;22(4):177-89. PMID: WOS:000234394500003.

Alderfer MA, Noll RB. Identifying and addressing the needs of siblings of children with cancer: (commentary on Sidhu et al., page 580). *Pediatr Blood Cancer*. 2006 Oct 15;47(5):537-8. PMID: 16317731.

Allen AJ, Leonard H, Swedo SE. current knowledge of medications for the treatment of childhood anxiety disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*. 1995 Aug;34(8):976-86. PMID: WOS:A1995RL32000007.

Antai-Otong D, Richmond G. Treating a crash survivor. *Advance for nurse practitioners*. 2001;9(10):22.

Boothby N, Crawford J, Halperin J. Mozambique child soldier life outcome study: lessons learned in rehabilitation and reintegration efforts. *Glob Public Health*. 2006;1(1):87-107. PMID: 19153896.

Brewer M, Melnyk BM. Effective coping/mental health interventions for critically ill adolescents: an evidence review. *Pediatric nursing*. 2007;33(4):361-7, 73.

Bronner MB, Beer R, Jozine van Zelm van Eldik M, et al. Reducing acute stress in a 16-year old using trauma-focused cognitive behaviour therapy and eye movement desensitization and reprocessing. *Dev Neurorehabil*. 2009 Jun;12(3):170-4. PMID: 19466626.

Bryant RA, Sackville T, Dang ST, et al. Treating acute stress disorder: an evaluation of cognitive behavior therapy and supportive counseling techniques. *Am J Psychiatry*. 1999 Nov;156(11):1780-6. PMID: 10553743.

Christie D, Wilson C. CBT in paediatric and adolescent health settings: a review of practice-based evidence. *Pediatr Rehabil*. 2005 Oct-Dec;8(4):241-7. PMID: 16192099.

Cohen D, Consoli A, Bodeau N, et al. Predictors of placebo response in randomized controlled trials of psychotropic drugs for children and adolescents with internalizing disorders. *J Child Adolesc Psychopharmacol*. 2010 Feb;20(1):39-47. PMID: 20166795.

Cohen J. Practice Parameter for the Assessment and Treatment of Children and Adolescents With Posttraumatic Stress Disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*. 2010 Apr;49(4):414-30. PMID: WOS:000276153500019.

Cohen JA, Bernet W, Dunne JE, et al. Practice parameters for the assessment and treatment of children and adolescents with posttraumatic stress disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*. 1998;37(10 SUPPL.):4S-26S.

Cohen JA, Mannarino AP, Zhitova AC, et al. Treating child abuse-related posttraumatic stress and comorbid substance abuse in adolescents. *Child abuse & neglect*. 2003 Dec;27(12):1345-65. PMID: WOS:000187364900005.

Compton SN, March JS, Brent D, et al. Cognitive-behavioral psychotherapy for anxiety and depressive disorders in children and adolescents: an evidence-based medicine review (Structured abstract). *Journal of the American Academy of Child and Adolescent Psychiatry*. 2004(8):930-59. PMID: DARE-12004006517.

Cuijpers P, Van Straten A, Smit F. Preventing the incidence of new cases of mental disorders: a meta-analytic review. *J Nerv Ment Dis*. 2005 Feb;193(2):119-25. PMID: 15684914.

Del Mar CB. Should we debrief and counsel people who have had psychological shock? *Med J Aust*. 2002 Sep 2;177(5):258-9. PMID: 12197822.

Diseth TH, Christie HJ. Trauma-related dissociative (conversion) disorders in children and adolescents--an overview of assessment tools and treatment principles. *Nord J Psychiatry*. 2005;59(4):278-92. PMID: 16195132.

Donahue SA, Lanzara CB, Felton CJ, et al. Project Liberty: New York's crisis counseling program created in the aftermath of September 11, 2001. *Psychiatric Services*. 2006;57(9):1253-8.

Donnelly CL, Amaya-Jackson L, March JS. Psychopharmacology of pediatric posttraumatic stress disorder. *Journal of child and adolescent psychopharmacology*. 1999;9(3):203-20. PMID: 1999-01085-007. First Author & Affiliation: Donnelly, Craig L.

Dreman S, Cohen E. Children of victims of terrorism revisited: integrating individual and family treatment approaches. *Am J Orthopsychiatry*. 1990 Apr;60(2):204-9. PMID: 2343889.

Ellawala N. The Sumithrayo strategy for the reduction of suicide in Sri Lanka. *Crisis*. 1994;15(2):53-4, 6. PMID: 7988162.

Felitti VJ. Adverse childhood experiences and adult health. *Acad Pediatr*. 2009 May-Jun;9(3):131-2. PMID: 19450768.

Fellmeth Gracia LT, Nurse J, Heffernan C, et al. Educational and skills-based interventions for preventing relationship and dating violence in adolescents and young adults. *Cochrane Database of Systematic Reviews*. 2011(7) PMID: CD004534.

Gillies D, O'Brien L, Rogers P, et al. Psychological therapies for the prevention and treatment of post-traumatic stress disorder in children and adolescents. *Cochrane Database of Systematic Reviews*. 2007(3).

Good C, Petersen C. SSRI and mirtazapine in PTSD. *J Am Acad Child Adolesc Psychiatry*. 2001 Mar;40(3):263-4. PMID: 11288766.

Hamm MP, Osmond M, Curran J, et al. A systematic review of crisis interventions used in the emergency department: recommendations for pediatric care and research. *Pediatr Emerg Care*. 2010 Dec;26(12):952-62. PMID: 21131813.

Hanson MD, Gauld M, Wathen CN, et al. Nonpharmacological interventions for acute wound care distress in pediatric patients with burn injury: a systematic review. *J Burn Care Res.* 2008 Sep-Oct;29(5):730-41. PMID: 18695617.

Harmon RJ, Riggs PD. Clonidine for posttraumatic stress disorder in preschool children. *Journal of the American Academy of Child and Adolescent Psychiatry.* 1996;35(9):1247-9.

Hoagwood KE, Vogel JM, Levitt JM, et al. Implementing an evidence-based trauma treatment in a state system after September 11: The CATS project. *Journal of the American Academy of Child and Adolescent Psychiatry.* 2007;46(6):773-9.

Hoge CW, Pavlin JA, Milliken CS. Psychological sequelae of September 11. *N Engl J Med.* 2002 Aug 8;347(6):443-5; author reply -5. PMID: 12167689.

Huemer J, Erhart F, Steiner H. Posttraumatic stress disorder in children and adolescents: a review of psychopharmacological treatment. *Child Psychiatry Hum Dev.* 2010 Dec;41(6):624-40. PMID: 20567898.

Ipsier Jonathan C, Stein Dan J, Hawkrigde S, et al. Pharmacotherapy for anxiety disorders in children and adolescents. *Cochrane Database of Systematic Reviews.* 2009(3)PMID: CD005170.

Jankiewicz AM, Nowakowski P. Ketamine and succinylcholine for emergency intubation of pediatric patients. *DICP.* 1991 May;25(5):475-6. PMID: 2068832.

Jones DP. Treatment in child sexual abuse. *Child Abuse Negl.* 1995 Sep;19(9):1143-4. PMID: 8528819.

Kanas N. Trauma-focused group therapy for patients with post-traumatic stress. *International journal of group psychotherapy.* 1999;49(4):540-3.

Kar N. Psychological impact of disasters on children: review of assessment and interventions. *World J Pediatr.* 2009 Feb;5(1):5-11. PMID: 19172325.

Kenardy J, Cobham V, Nixon RD, et al. Protocol for a randomised controlled trial of risk screening and early intervention comparing child- and family-focused cognitive-behavioural therapy for PTSD in children following accidental injury. *BMC Psychiatry.* 2010;10:92. PMID: 21078196.

Kibby MY, Tyc VL, Mulhern RK. Effectiveness of psychological intervention for children and adolescents with chronic medical illness: a meta-analysis. *Clin Psychol Rev.* 1998 Jan;18(1):103-17. PMID: 9455625.

King NJ, Tonge BJ, Mullen P, et al. Cognitive-behavioural treatment of sexually abused children: A review of research. *Behavioural and Cognitive Psychotherapy.* 1999;27(4):295-309.

Lamberg L. Reclaiming child soldiers' lost lives. *Journal of the American Medical Association.* 2004;292(5):553-4.

Lefevre M. Finding the key: Containing and processing traumatic sexual abuse. *Arts in Psychotherapy.* 2004;31(3):137-52.

Lyon GJ, Coffey B, Silva R. Posttraumatic stress disorder and reactive attachment disorder: outcome in an adolescent. *J Child Adolesc Psychopharmacol.* 2008 Dec;18(6):641-6. PMID: 19108670.

Macdonald GM, Higgins JP, Ramchandani P. Cognitive-behavioural interventions for children who have been sexually abused. *Cochrane Database Syst Rev*. 2006(4):CD001930. PMID: 17054148.

Magnusson D. Interactionism and the person approach in developmental psychology. *Eur Child Adolesc Psychiatry*. 1996;5 Suppl 1:18-22. PMID: 9010658.

McCloskey LA, Southwick K. Psychosocial problems in refugee children exposed to war. *Pediatrics*. 1996 Mar;97(3):394-7. PMID: WOS:A1996TY58000019.

Mead N, Lester H, Chew-Graham C, et al. Effects of befriending on depressive symptoms and distress: systematic review and meta-analysis. *Br J Psychiatry*. 2010 Feb;196(2):96-101. PMID: 20118451.

Morris J, van Ommeren M, Belfer M, et al. Children and the Sphere standard on mental and social aspects of health. *Disasters*. 2007 Mar;31(1):71-90. PMID: WOS:000244882900005.

Munoz-Solomando A, Kendall T, Whittington CJ. Cognitive behavioural therapy for children and adolescents. *Curr Opin Psychiatry*. 2008 Jul;21(4):332-7. PMID: 18520736.

Nevo GA. Prolonged exposure, time-limited dynamic psychotherapy, and the dodo. *J Am Acad Child Adolesc Psychiatry*. 2011 May;50(5):519-20; author reply 20-1. PMID: 21515201.

Nikulina V, Hergenrother JM, Brown EJ, et al. From efficacy to effectiveness: the trajectory of the treatment literature for children with PTSD. *Expert Rev Neurother*. 2008 Aug;8(8):1233-46. PMID: 18671667.

Parker B, Turner W. Psychoanalytic/psychodynamic psychotherapy for children and adolescents who have been sexually abused. *Cochrane Database of Systematic Reviews*. 2009(4) PMID: CD008162.

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Putnam FW, Hulsmann JE. Pharmacotherapy for survivors of childhood trauma. *Semin Clin Neuropsychiatry*. 2002 Apr;7(2):129-36. PMID: 11953937.

Reinblatt SP, Riddle MA. The pharmacological management of childhood anxiety disorders: a review. *Psychopharmacology (Berl)*. 2007 Mar;191(1):67-86. PMID: 17205317.

Roberts NP, Kitchiner NJ, Kenardy J, et al. Multiple session early psychological intervention to prevent and treat post-traumatic stress disorder. *Cochrane Database of Systematic Reviews*. 2009(3).

Rolfsnes ES, Idsoe T. School-based intervention programs for PTSD symptoms: a review and meta-analysis. *J Trauma Stress*. 2011 Apr;24(2):155-65. PMID: 21425191.

Rosner R, Kruse J, Hagl M. A meta-analysis of interventions for bereaved children and adolescents (Structured abstract). *Death Studies*. 2010(2):99-136. PMID: DARE-12010002131.

Rowe CL, Liddle HA. When the levee breaks: treating adolescents and families in the aftermath of hurricane katrina. *J Marital Fam Ther*. 2008 Apr;34(2):132-48. PMID: 18412822.

Rudd MD. Psychosocial interventions for self-harm. *Br J Psychiatry*. 2007 Oct;191:359-60; author reply 60. PMID: 17906253.

Ryan ND. Continuation treatment with antidepressants in child and adolescent major depression. *Am J Psychiatry*. 2008 Apr;165(4):411-2. PMID: 18381908.

Saddichha S, Kumar D. Is psychosocial management effective? *Arch Gen Psychiatry*. 2007 Dec;64(12):1451; author reply 2-3. PMID: 18056554.

Slesnick N, Bartle-Haring S, Gangamma R. Predictors of substance use and family therapy outcome among physically and sexually abused runaway adolescents. *J Marital Fam Ther*. 2006 Jul;32(3):261-81. PMID: 16933433.

Spirito A. Is psychotherapy helpful for adolescent suicide attempters? *Crisis*. 1997;18(1):3-4. PMID: 9141770.

Stallard P. Psychological interventions for post-traumatic reactions in children and young people: a review of randomised controlled trials. *Clin Psychol Rev*. 2006 Nov;26(7):895-911. PMID: 16481081.

Stevenson J. The treatment of the long-term sequelae of child abuse. *Journal of Child Psychology and Psychiatry and Allied Disciplines*. 1999 Jan;40(1):89-111. PMID: WOS:000078874100005.

Sullivan JM, Evans K. Integrated treatment for the survivor of childhood trauma who is chemically dependent. *J Psychoactive Drugs*. 1994 Oct-Dec;26(4):369-78. PMID: 7884599.

Taylor JE, Harvey ST. Effects of psychotherapy with people who have been sexually assaulted: A meta-analysis. *Aggression and Violent Behavior*. 2009 Sep-Oct;14(5):273-85. PMID: WOS:000270105900001.

Triffleman EG, Pole N. Future directions in studies of trauma among ethnorracial and sexual minority samples: commentary. *J Consult Clin Psychol*. 2010 Aug;78(4):490-7. PMID: 20658806.

Turner W, Macdonald GM, Dennis JA. Cognitive-behavioural training interventions for assisting foster carers in the management of difficult behaviour. *Cochrane Database Syst Rev*. 2005(2):CD003760. PMID: 15846680.

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Appendix D. Evidence Tables

Evidence Table 1. Study characteristics

Author, Year, Trial Name	Goal of Intervention	Study Design	Overall Sample Size	Group Sample Sizes	Baseline Age Range (Mean)	Country	Setting	Funding Source
Ahrens, 2002 NA	Evaluate efficacy of cognitive processing therapy on self-reported symptoms of trauma	RCT	38	Randomized: 38 G1: 19 G2: 19 Analyzed: G1: 19 G2: 19	Overall: 15-18 years (16.4 years)	US	Youth facility for adolescent offenders	NR
Berger, 2007 OTT	Evaluate effectiveness of OTT in reducing posttraumatic stress symptoms in elementary-school students with various levels of terrorism-related distress	Cluster RCT	142	Randomized: G1: 70 G2: 72 Analyzed: G1: 70 G2: 72	Overall: Grades 2nd-6th (NR)	Israel	School	NR
Berger, 2009 ES-SL	Evaluate the efficacy of a school-based intervention in reducing stress-related symptomatology among children exposed to a tsunami	Cluster RCT	166	Randomized: G1: 84 G2: 82 Analyzed: G1: 84 G2: 82	Overall: 9-15 years (NR)	Sri Lanka	School	NR
Berkowitz, 2011 NA	Prevent development of chronic PTSD when provided within 30 days of exposure to potentially traumatic event	RCT	106	Randomized: 112 G1: 53 G2: 53 Analyzed: G1: 53 G2: 53 Follow-up, 3 Mos.: 83 G1: NR G2: NR	Overall: 7-17 years (12 years)	US	Outpatient MH	Government

Evidence Table 1. Study characteristics (continued)

Author, Year, Trial Name	Goal of Intervention	Study Design	Overall Sample Size	Group Sample Sizes	Baseline Age Range (Mean)	Country	Setting	Funding Source
Catani, 2009 NA	Effectiveness of KIDNET vs. a meditation-relaxation protocol for highly affected children	RCT	31	Randomized: 31 G1: 16 G2: 15 Analyzed 1 month: 31 G1: 16 G2: 15 6 Mos: 30 G1: 16 G2: 14	Overall: 8-14 years (NR) G1: 11.6 years G2: 12.3 years	Sri Lanka	Relief camp	Multiple
Gelkopf, 2009 ERASE-Stress	Examine the effectiveness of the ERASE-Stress program to reduce and prevent posttraumatic reactions in secondary students	Cluster RCT	114	Randomized: G1: 58 G2: 49 Analyzed: G1: 58 G2: 49	Overall: NR (13.05 years)	Israel	School	NR
Goenjian, 1997; 2005 NA; NA	Reduce PTSD and depression among students who experienced an earthquake	Prospective Cohort	64	Randomized: G1: 35 G2: 29 Analyzed: 18 Mos./3 years: G1: 35 G2: 29 5 years: G1: 36 G2: 27	Overall: NR (13.2 years) G1: 13.2 years G2: 13.3 years	Armenia	School	NR
Kemp, 2010 NA	Reduce PTSD symptoms and non-trauma symptoms in children who suffered injury from motor vehicle accidents	RCT	27	Randomized: G1: 13 G2: 14 Analyzed: G1: 12 G2: 12	Overall: NR (8.93 years) G1: NR G2: NR	Australia	Outpatient MH	NR

Evidence Table 1. Study characteristics (continued)

Author, Year, Trial Name	Goal of Intervention	Study Design	Overall Sample Size	Group Sample Sizes	Baseline Age Range (Mean)	Country	Setting	Funding Source
Layne, 2008 TGCT	Evaluate the effectiveness of school- and community-based intervention program for adolescents exposed to severe trauma, traumatic bereavement, and adversity	RCT	159	Randomized: G1: 77 G2: 82 Analyzed: G1: 66 G2: 61	Overall: 13-19 years (NR)	Bosnia	School	Foundation/no n-profit
Nugent, 2010 NA	Prevent PTSD in children at risk for PTSD at an ER	RCT	29	Randomized: 29 G1: 14 G2: 15 Analyzed: 20 G1: 9 G2: 11	Overall: 10-18 years (NR) G1: 15 years G2: 14 years	US	Inpatient ER	Multiple
Robb, 2010 NA	Evaluate the safety and efficacy of sertraline in children and adolescents with PTSD	RCT	131	Randomized: 131 G1: 67 G2: 62 Analyzed: 128 G1: 67 G2: 61	Overall: 6-17 years (NR) Children: G1: 8.4 years G2: 8.5 years Adolescents: G1: 14.1 years G2: 14.7 years	US	Outpatient MH	Multiple
Robert, 1999 NA	Evaluate the effectiveness of imipramine vs. chloral hydrate in thermally-injured children with symptoms of acute stress disorder	RCT	25	Randomized: 25 G1: 12 G2: 13 Analyzed: 25 G1: 12 G2: 13	Overall: 2-19 years (NR) G1: 10 years G2: 6 years	US	Inpatient	Multiple
Robert, 2008 NA	Test the efficacy of imipramine vs. fluoxetine in pediatric burn patients with the symptoms of acute stress disorder	RCT	62	Randomized: 62 G1: 21 G2: 19 G3: 22 Analyzed: 60 G1: 20 G2: 18 G3: 22	Overall: 4-18 years (10.8 years)	US	Inpatient	Foundation/no n-profit

Evidence Table 1. Study characteristics (continued)

Author, Year, Trial Name	Goal of Intervention	Study Design	Overall Sample Size	Group Sample Sizes	Baseline Age Range (Mean)	Country	Setting	Funding Source
Salloum, 2008 NA	Decrease symptoms of PTSD, depression, traumatic grief symptoms, and global distress in child survivors of a hurricane	RCT	56	Randomized: 56 G1: 28 G2: 28 Analyzed: 50 G1: 23 G2: 22	NR	US	School	Government
Smith, 2007 NA	Evaluate efficacy of TF-CBT for treatment PTSD in children	RCT	38	Randomized: G1: 12 G2: 12 Analyzed: G1:12 G2:12	Overall: 8-18 years (13.69 years)	United Kingdom	Outpatient MH	Foundation/no n-profit
Stein, 2003 NA	Reduce symptoms of PTSD & depression	RCT	126	Randomized: G1: 61 G2: 65 Analyzed: G1: 54 G2: 63	Overall: NR (11 years)	US	School	Multiple
Tol, 2008; 2010 NA; NA	Examine moderators and mediators of a school-based psychosocial intervention for children affected by political violence	Cluster RCT	403	Randomized: 403 G1: 182 G2: 221 Follow-up 1 week: G1: 182 G2: 211 6 Mos: G1: 177 G2: 191 Analyzed: G1: 182 G2: 221	Overall: 7-15 years (9.9 years)	Indonesia	School	Foundation/no n-profit

^a. The sample sizes from the two studies do not match up exactly. The 2005 publication (#840) explains that 2 subjects from G1 were lost to follow-up at 5 years yet somehow the N grows by 1 person. 2 subjects were also lost from the control (sample reduced from 29 to 27).

Abbreviations: ER = emergency room; ERASE-Stress – Enhancing Resilience among Students Experiencing Stress; ES-SL = ERASE Stress Sri Lanka; G = group; KIDNET = Narrative Exposure Therapy for children; MH = mental health; Mos. = months; NA = not applicable; NR = not reported; PTSD = Posttraumatic Stress Disorder; RCT = randomized controlled trial; TF-CBT = Trauma-Focused Cognitive Behavioral Therapy; TGCT = Trauma and Grief Component Therapy; US = United States; vs. = versus.

Evidence Table 2. Population characteristics

Author, Year, Trial Name	Sex	Type of Trauma	Inclusion and Exclusion Criteria
Ahrens, 2002 NA	Male	Mixed	Inclusion: incarcerated and met criteria for PTSD using DSM-IV criteria Exclusion: none specified
Berger, 2007 OTT	Male & Female	War	Inclusion: students in an area with high levels of terrorism-related trauma exposure Exclusion: parent did not sign informed consent
Berger, 2009 ES-SL	Male & Female	Natural disasters	Inclusion: students at selected school in Sri Lanka Exclusion: parent/caregiver did not sign informed consent
Berkowitz, 2011 NA	Male & Female	Mixed	Inclusion: exposure to a PTE; endorsed at least one new and distressing symptoms of PTSD within 30 days of the PTE Exclusion: receiving counseling or mental health treatment, had developmental delay, diagnosed with psychotic or bipolar disorder, non-English speaking refused participation
Catani, 2009 NA	Male & Female	Natural disasters	Inclusion: 8-14 years, living in newly erected refugee camps located in a village that had been destroyed by a tsunami 3 weeks earlier Exclusion: mental retardation, psychosis, or any neurological disorder
Gelkopf, 2009 ERASE-Stress	Male	War	Inclusion: 7th and 8th grade students in conflicted region of Israel Exclusion: parent did not sign informed consent
Goenjian, 1997; 2005 NA; NA	Male & Female	Natural disasters	Inclusion: NR Exclusion: NR
Kemp, 2010 NA	Male & Female	Injury	Inclusion: ages 6-12, score of at least 12 on UCLA PTSD-RI or met at least 2 DSM-IV criteria for PTSD Exclusion: psychotropic meds, concurrent psychological conditions; past history of sexual and physical abuse or neglect; had suffered a serious head injury with persistent associated neurological dysfunction; scores in Accident and Emergency <12 on the GCS
Layne, 2008 TGCT	Male & Female	War	Inclusion: trauma exposure before, during, and/or after war; current distress; functional impairment Exclusion: psychosis; threat to self or others; unable to attend group meetings, judged not appropriate for group-based intervention; highly disruptive behavioral; substance abuse; reluctance to participate in group setting
Nugent, 2010 NA	Male & Female	Injury	Inclusion: 4 or more positive responses on STEPP; GCS \geq to 14; recent injury Exclusion: hyper-sensitivity to beta-blockers; bradycardia; cardiogenic or hypovolemic shock; diabetes; preexisting heart condition; treatment for asthma, no parental consent; injuries or medical treatment procedures contraindicated propranolol

Evidence Table 2. Population characteristics (continued)

Author, Year, Trial Name	Sex	Type of Trauma	Inclusion and Exclusion Criteria
Robb, 2010 NA	Male & Female	Multiple	Inclusion: 6-17 years, PTSD diagnosis on K-SADS-PL; UPID \geq 30; CGI-S \geq 4; able to cooperate with study procedures; nonpregnant; nonlactating; if of childbearing age on contraception; parental consent Exclusion: trauma ongoing, history of bipolar, schizophrenia/psychosis, bulimia, anorexia, autism, suicide; current suicide risk; substance abuse or dependence 6 months prior, receiving therapy for PTSD, history of seizure d/o or cognitive or neuro-deficits, clinically significant abnormalities on physical exam, medical history, EKG or laboratory tests, use of psychotropics other than Benadryl, chloral hydrate, stimulants; history of failure to respond or adverse reaction to SSRIs
Robert, 1999 NA	Male & Female	Injury	Inclusion: 2-19 years; hospitalized with acute burns who exhibited ASD symptoms for \geq 2 days and nights without a marked decrease in symptoms on the second night; ability to participate in the study; free of medical conditions; proximal to hospital; parental consent Exclusion: ASD symptoms for <2 days and nights; no ASD symptoms; ventilated; children <2 years or >19
Robert, 2008 NA	Male & Female	Injury	Inclusion: \geq 4 years; presenting with ASD symptoms for >2 days, \leq 30 days post-burn; no medical contraindications Exclusion: <4 years; >30 days post-burn; medical contraindications
Salloum, 2008 NA	Male & Female	Natural disasters	Inclusion: parental consent; enrolled in 2nd-6th grade; not actively suicidal; grieving or experiencing at least moderate level of PTSD symptoms due to death or any hurricane-related stressor; clinically appropriate for group participation Exclusion: NR
Smith, 2007 NA	Male & Female	Mixed	Inclusion: 8-18 years; PTSD relating to a single traumatic event; English speaking Exclusion: presence of organic brain damage; unconscious >15 minutes during the trauma; significant learning difficulty; ongoing trauma related threat in environment; recently initiated treatment with psychotropic med or other psychological treatment
Stein, 2003 NA	Male & Female	Community violence	Inclusion: substantial exposure to violence, PTSD symptoms in clinical range, willing to participate in group Exclusion: appearance of being too disruptive to participate in a group; not English speaking
Tol, 2008; 2010 NA; NA	Male & Female	Other	Inclusion: school children exposed to >1 events, or who were positive for PTSD symptoms and anxiety symptoms Exclusion: inability to function in a group setting; severe psychiatric problems

^a Unable to diagnose PTSD given that it was 12 hours after admission and close to time of injury.

Abbreviations: ASD = Acute Stress Disorder; CGI-S = Clinical Global Impressions – Severity Scale; DSM-IV = Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition; EKG = electrocardiogram; ERASE-Stress – Enhancing Resilience among Students Experiencing Stress; ES-SL = ERASE Stress Sri Lanka; GCS = Glasgow Coma Scale; K-SADS-PL = Kiddie Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version; NA = not applicable; NR = not reported; OTT = Overshadowing the Threat of Terrorism; PTE = potentially traumatic event; PTSD = Posttraumatic Stress Disorder; SSRI = Selective serotonin re-uptake inhibitors; STEPP = Screening Tool for Early PTSD; TGCT = Trauma and Grief Component Therapy; UCLA PTSD-RI = University of California, Los Angeles Reaction Index; UPID = University of California, Los Angeles Index for DSM-IV for children

Evidence Table 3. Population baseline characteristics

Author, Year, Trial Name	Baseline PTSD Measure	% With PTSD Diagnosis	Baseline Age Mean (Range)	Baseline % Female	Baseline % Nonwhite	Study Population Broadly Applicable?
Ahrens, 2002 NA	PSS-SR, Mean Overall: G1: 16.89 G2: 19.36	Overall: 100% G1: 100% G2: 100%	Overall: 15-18 years (16.4 years) G1: NR G2: NR	Overall: 0% G1: 0% G2: 0%	Overall: 39% G1: NR G2: NR	No
Berger, 2007 OTT	UPID, Mean Overall: NR G1: 25.6 G2: 23.5	Overall: 15.5% G1: 8.6% G2: 6.9%	2nd-3rd Grade: G1: n=35 (50%) G2: n=34 (47.2%) 4th-6th Grade: G1: n=35 (50%) G2: n=38 (52.8%)	Overall: 45.8% G1: 44.3% G2: 47.2%	NR	Yes
Berger, 2009 ES-SL	UPID, Mean Overall: NR G1: 44.94 G2: 47.23	NR	Overall: 9-14 years (NR)	Overall: G1: 41.7% G2: 56.3%	NR	Yes
Berkowitz, 2011 NA	UCLA PTSD-I, Mean Overall: NR G1: 53.3 G2: 51.74	NR	Overall: 7-17 years (12 years) G1: NR G2: NR	Overall: 52% G1: NR G2: NR	Overall: 68% G1: NR G2: NR	Yes
Catani, 2009 NA	UPID, Mean Overall: NR G1: 37.9 G2: 36.7	Overall: 100% G1: 100% G2: 100%	Overall: NR (NR) G1: 11.6 years G2: 12.3 years	Overall: 45.2% G1: 37.5% G2: 53.3%	NR	No
Gelkopf, 2009 ERASE-Stress	UPID, Mean Overall: NR G1: 23.6 G2: 20.4	NA	Overall: 12-14.5 years (13.05 years) G1: NR G2: NR	Overall: 0% G1: 0% G2: 0%	NR	No
Goenjian, 1997; 2005 NA; NA	CPTSD-RI, Mean Overall: NR G1: 45.3 G2: 41.1	Overall: NR G1: 60% G2: 52%	Overall: NR (13.2 years) G1: 13.2 years G2: 13.3 years	Overall: NR G1: 69% G2: 67%	NR	Yes
Kemp, 2010 NA	UCLA PTSD-RI, Mean Overall: 27.09 G1: 25.92 G2: 27.29	NR	Overall: NR (8.93 years) G1: NR G2: NR	Overall: 44.4% G1: 23.0% G2: 64.3%	NR	Yes
Layne, 2008 TGCT	UPID, Mean Overall: NR G1: 36.37 G2: 33.02	NR	Overall: NR G1: 13-18 years G2: 14-19 years	Overall: NR G1: 63% G2: 66%	NR	Yes

Evidence Table 3. Population baseline characteristics (continued)

Author, Year, Trial Name	Baseline PTSD Measure	% With PTSD Diagnosis	Baseline Age Mean (Range)	Baseline % Female	Baseline % Nonwhite	Study Population Broadly Applicable?
Nugent, 2010 NA	NR	Overall: NA ^a G1: NA G2: NA	Overall: 10-18 years (15 years) G1: 15 years G2: 14 years	Overall: 48.3% G1: 42.9% G2: 53.3%	Overall: 6.9% G1: 0% G2: 13.3%	No
Robb, 2010 NA	UPID, Mean Overall: NR G1: 43.8 G2: 42.1	Overall: 100% G1: 100% G2: 100%	Overall: NR Children (6-11) G1: 8.4 G2: 8.5 Adolescents (12-17) G1: 14.1 G2: 14.7	Overall: 60.5% Children G1: 48.7% G2: 48.6% Adolescents: G1: 75% G2: 77.8%	Overall: 41.9% Children G1: 40% G2: 37.1% Adolescents G1: 42.9% G2: 48.1%	Yes
Robert, 1999 NA	Mean no. of symptoms Overall: 6.1 G1: 6.4 G2: 5.8	NA	Overall: 2-19 years (8 years) G1: 10 years G2: 6 years	Overall: 44% G1: 41.6% G2: 46.2%	Overall: NR G1: NR G2: NR	No
Robert, 2008 NA	ASC-Kids, Mean Overall: NR G1: 42.6 G2: 47.6 G3: 44.6	NR	Overall: 4-18 years (10.8 years) G1: 10.6 years G2: 10.3 years G3: 11.5 years	Overall: 26.7% G1: 10% G2: 27.8% G3: 40.9%	Overall: 93.3% G1: 90% G2: 100% G3: 90.9%	No
Salloum, 2008 NA	UPID, Mean Overall: 43.23 G1: 44.03 G2: 42.32	Overall: 53% G1: NR G2: NR	NR	Overall: NR G1: 32% G2: 42.8%	Overall: 95% G1: 96.4% G2: 96.4%	Yes
Smith, 2007 NA	CPSS, Mean Overall: NR G1: 28.1 G2: 28.3	Overall: 100% G1: 100% G2: 100%	Overall: NR (13.89 years) G1: 14.45 years G2: 13.33 years	Overall: 50% G1: 50% G2: 50%	Overall: 55% G1: 50% G2: 58%	Yes

Evidence Table 3. Population baseline characteristics (continued)

Author, Year, Trial Name	Baseline PTSD Measure	% With PTSD Diagnosis	Baseline Age Mean (Range)	Baseline % Female	Baseline % Nonwhite	Study Population Broadly Applicable?
Stein, 2003 NA	CPSS, Mean Overall: 24 G1: 24.5 G2: 23.5 CDI, Mean Overall: NR G1: 17.6 G2: 16.7	Overall: 100% G1: 100% G2: 100%	Overall: NR G1: 11 years G2: 10.9 years	Overall: NR G1: 33% G2: 38%	Overall: NR G1: NR G2: NR	Yes
Tol, 2008; 2010 NA; NA	CPSS, Mean Overall: 21.7 G1: 20.92 G2: 22.35	NA	Overall: 7-15 years (9.9 years) G1: 10.08 years G2: 9.78 years	Overall: 48.6% G1: 54.4% G2: 43.0%	NR	Yes

^a Unable to diagnose PTSD given that it was 12 hours after admission and close to time of injury.

Abbreviations: ASC-Kids = Acute Stress Disorder Checklist; CPSS = Child PTSD Symptom Scale; CPTSD-RI = Child Post-Traumatic Stress Reaction Index; ERASE-Stress – Enhancing Resilience among Students Experiencing Stress; ES-SL = ERASE Stress Sri Lanka; G = group; NA = not applicable; NR = not reported; OTT = Overshadowing the Threat of Terrorism; PSS-SR = Post-Traumatic Stress Disorder Symptom Scale Self Report; UCLA PTSD-I = University of California, Los Angeles Post-Traumatic Stress Disorder Index; UPID = University of California, Los Angeles Index for DSM-IV for children.

Evidence Table 4. Intervention descriptions

	Intervention Group 1	Intervention Group 2	Intervention Group 3			
Author, Year, Trial Name	Description Recipient	Description Recipient	Description Recipient	Was Intervention Manualized?	Co-interventions	Is the Intervention Broadly Applicable?
Ahrens, 2002 NA	Other psychotherapy Eight, 60 minute, sessions of CPT; duration NR Child	Inactive control Waitlist Child	NA	Yes	Yes; Both groups are incarcerated Overall: 100% G1: 100% G2: 100%	No; Only applicable to incarcerated adolescent males
Berger, 2007 OTT	Other psychotherapy Eight, 90 minute, sessions Child	Other psychotherapy Waitlist Child	NA	Yes	No	Yes
Berger, 2009 ES-SL	Other psychotherapy Twelve, 90 minute, weekly sessions Child & Caregiver	Inactive control Waitlist Child	NA	Yes	Yes; Intervention targeted primarily to children but involved some homework to be completed with caregiver	Yes
Berkowitz, 2011 NA	Other psychotherapy Four, 60-90 minute, weekly sessions of CFTSI Child & Caregiver	Other psychotherapy Four sessions supportive intervention Child & Caregiver	NA	Unclear or NR	No	Yes
Catani, 2009 NA	Other psychotherapy Six, 60-90 minute, 2-week NET sessions Child	CAM therapy Meditation-relaxation protocol Child	NA	Yes	No	No; The study was conducted too quickly and over too short a time period

Evidence Table 4. Intervention descriptions (continued)

	Intervention Group 1	Intervention Group 2	Intervention Group 3			
Author, Year, Trial Name	Description Recipient	Description Recipient	Description Recipient	Was Intervention Manualized?	Co-interventions	Is the Intervention Broadly Applicable?
Gelkopf, 2009 ERASE-Stress	Other psychotherapy Twelve, 90 minute, weekly sessions of psycho-educational material and skill training plus meditative practices and narrative techniques Child	Inactive control Waitlist Child	NA	Yes	No	Yes
Goenjian, 1997; 2005 NA; NA	TF-CBT Four, 30 minute, 3-week group sessions and an average of 2, 1 hour, 3 week individual sessions Child	Inactive control None Child	NA	Unclear or NR	No	Yes
Kemp, 2010 NA	EMDR Four, 60 minute, sessions, every 7-10 days over a six-week period Child	Inactive control Waitlist Child	NA	Unclear or NR	No	Yes
Layne, 2008 TGCT	TGCT Seventeen-20, 60-90 minute, weekly group sessions throughout the school year Child	Other psychotherapy Classroom-based psycho-education and skills training Child	NA	Yes	Yes; Both groups received classroom skills-based psycho-education and skills training	Yes

Evidence Table 4. Intervention descriptions (continued)

Author, Year, Trial Name	Intervention Group 1	Intervention Group 2	Intervention Group 3	Was Intervention Manualized?	Co-interventions	Is the Intervention Broadly Applicable?
	Description Recipient	Description Recipient	Description Recipient			
Nugent, 2010 NA	Other meds Ten days of 2.5 mg/kg Propranolol twice daily with a max dose of 40 mg twice daily with a 5-day taper Child	Other meds Double-Blinded Placebo group Child	NA	Yes	No	Yes
Robb, 2010 NA	SSRIs Ten weeks Sertraline at 25mg for week 1 then increased to 50mg for 2 weeks; Increase every 2 weeks as clinically indicated up to a maximum of 200 mg by week 7 Child	Other meds Double-Blinded Placebo group Child	NA	No	Yes; 2 week screening period prior to initiation of drug study included 3 psycho-educational/CBT sessions for all participants	Yes
Robert, 1999 NA	Other meds One week of Imipramine dosed at 1mg/kg with a maximum dose of 100 mg Child	Other meds One week of Chloral Hydrate at 25 mg/kg with a max dose of 500 mg Child	NA	Yes	Yes; All received pain, itching, and anxiety management along with physical rehabilitation	Yes

Evidence Table 4. Intervention descriptions (continued)

	Intervention Group 1	Intervention Group 2	Intervention Group 3			
Author, Year, Trial Name	Description Recipient	Description Recipient	Description Recipient	Was Intervention Manualized?	Co-interventions	Is the Intervention Broadly Applicable?
Robert, 2008 NA	Other meds One week of Imipramine at 1mg/kg with a maximum dose of 100 mg Child	SSRIs Seven days of Fluoxetine at 5 mg for weight<40kg, b/w 40-60kg was 10 mg, weight>60kg was 20 mg Child	Other meds Double-Blinded Placebo Child	Yes	Yes; Psychotherapy concomitantly, Mean units G1: 15.2 G2: 12.6 G3: 12.6 Music therapy concomitantly, Mean units G1: 8.0 G2: 2.9 G3: 5.3 Child life services/ interventions, Mean units G1: 2.1 G2: 1.1 G3: 1.3	Yes
Salloum, 2008 NA	Other psychotherapy Ten weeks of 60 minute sessions of Project LAST ^a ; duration NR Child	Other psychotherapy Ten weeks of 60 minute sessions of Project LAST ^a ; duration NR Child	NA	Yes	Yes; Anger management counseling Overall: 1 (2.4%) G1: NR G2: NR Prior mental health treatment Overall: 7 (17.1%) G1: NR G2: NR	No; Level of providers' training more specialized than what is typically available
Smith, 2007 NA	CBT Ten, 10 week, sessions Child & Caregiver	Inactive control Child & Caregiver	NA	Yes	No	Yes

Evidence Table 4. Intervention descriptions (continued)

Author, Year, Trial Name	Intervention Group 1	Intervention Group 2	Intervention Group 3	Was Intervention Manualized?	Co-interventions	Is the Intervention Broadly Applicable?
	Description Recipient	Description Recipient	Description Recipient			
Stein, 2003 NA	CBITS Ten weekly group sessions over a 3 month period Child	CBITS Waitlist Child	NA	Yes	No	Yes
Tol, 2008; 2010 NA; NA	Other psychotherapy Fifteen sessions over 5 weeks of a manualized classroom-based intervention combining CBT and creative-expression techniques in a structured format Child	Inactive control Waitlist Child	NA	Yes	No	Yes

^a. A home-based intervention that combines techniques from CBT and narrative therapy.

Abbreviations: b/w = between; CAM = Complementary and Alternative Medicine; CBITS = Cognitive-Behavioral Intervention for Trauma in Schools; CBT = Cognitive Behavioral Therapy; CFTSI = Child and Family Traumatic Stress Intervention; CISD = Critical Incident Stress Debriefing; CPT = Cognitive Processing Therapy; EMDR = Eye Movement and Desensitization Reprocessing; ERASE-Stress – Enhancing Resilience among Students Experiencing Stress; ES-SL = ERASE Stress Sri Lanka; G = group; kg. = kilogram; LAST = Loss and Survival Team; mg. = milligram; NA = not applicable; NR = not reported; OTT = Overshadowing the Threat of Terrorism; SSRI = Selective serotonin re-uptake inhibitors; TGCT = Trauma and Grief Component Therapy.

Evidence Table 5. Benefits (KQ 1 & 2)

Author, Year, Trial Name	Prevention of Traumatic Stress Symptoms or Syndromes	Remission of PTSD	Reduction in Severity or Number of Traumatic Stress Syndromes or Symptoms	Prevention of Reduction in Mental Health Conditions or Symptoms
Ahrens, 2002 NA	NA	NR	PSS-SR, Mean Difference Pretreatment G1: 16.89 (SD=10.49) G2: 19.36 (SD=10.12) Within group change: G1: -9.07 (calculated) G2: 1.02 (calculated) Between group change : -10.09 (calculated) ANOVA (1, 36)=19.44, p=0.0001 IES, Mean Difference Pretreatment G1: 35.52 (SD=11.80) G2: 33.42 (SD=8.70) Within group change: G1: -12.11 (calculated) G2: 2.08 (calculated) Between group change : -14.19 (calculated) ANOVA (1, 36)=20.49, p=0.0001	BDI, Mean difference Pretreatment G1: 15.26 (SD=12.10) G2: 18.52 (SD=9,97) Within group change: G1: -8.38 (calculated) G2: -0.58 (calculated) Between group change (95%CI): -7.80 (calculated) ANOVA (1, 36)=17.95, p=0.02

Evidence Table 5. Benefits (KQ 1 & 2) (continued)

Author, Year, Trial Name	Prevention of Traumatic Stress Symptoms or Syndromes	Remission of PTSD	Reduction in Severity or Number of Traumatic Stress Syndromes or Symptoms	Prevention of Reduction in Mental Health Conditions or Symptoms
Berger, 2007 NA	<p>UPID-Severity: Pretreatment G1: 25.6 (SD=12.3) G2: 23.5 (SD=11.2) Within group change at posttreatment: G1: -11.7 (calculated) G2: 0.4 (calculated) Between group change at posttreatment: -12.1 (calculated) Between group ANOVA: F=129.33, df=1,140, p<0.001 Symptoms: Pretreatment G1: 7.6 (SD=3.9) G2: 6.7 (SD=3.8) Within group change at posttreatment: G1: -3.7 (calculated) G2: 0.9 (calculated) Between group change at posttreatment: -4.6 (calculated) Between group ANOVA: F=132.62, df=1,140, p<0.001</p>	<p>UPID-Diagnosis Pretreatment G1: 8.6% (calculated) G2: 6.9% (calculated) Within group change in proportion with PTSD at posttreatment G1: -8.6% (calculated) G2: 0% Between group change in PTSD diagnosis proportion at posttreatment: -8.6% Significance not reported</p>	NA	<p>SCARED, Generalized Anxiety, Mean Generalized anxiety: Pretreatment G1: 12.5 (SD=2.9) G2: 12.4 (SD=3.1) Within group change at posttreatment: G1: -2.3 (calculated) G2: 0.5 (calculated) Between group change at posttreatment: -2.8 (calculated) Between group ANOVA: F=59.25, df=1,140, p<0.001 Separation anxiety: Pretreatment G1: 14.8 (SD=4.3) G2: 14.3 (SD=3.7) Within group change at posttreatment: G1: -2.6 (calculated) G2: -0.2 (calculated) Between group change at posttreatment: -2.4 (calculated) Between group ANOVA: F=29.24, df=1,140, p<0.001</p>

Evidence Table 5. Benefits (KQ 1 & 2) (continued)

Author, Year, Trial Name	Prevention of Traumatic Stress Symptoms or Syndromes	Remission of PTSD	Reduction in Severity or Number of Traumatic Stress Syndromes or Symptoms	Prevention of Reduction in Mental Health Conditions or Symptoms
Berger, 2009 ES-SL	UPID, Mean Pretreatment G1: 44.94 (SD=8.7) G2: 47.23 (SD=7.2) Within group change at posttreatment: G1: -8.73 (calculated) G2: -1.52 (calculated) Between group change at posttreatment: -7.21 (calculated) Between group ANOVA: F=53.52, df=1,164, p<0.001	Categorical measure of probable PTSD was constructed by assessing whether reported symptoms met criteria for DSM-IV PTSD Dx, Mean Probably PTSD Pretreatment G1: 28% (SD=33.3%) G2: 26% (31.7%) Within group change at posttreatment: G1: -27.3% (calculated) G2: -2.6% (calculated) Between group change at posttreatment: -24.7% (calculated) Between group chi-square: X ² =14.02, df=2, p=0.001	NA	Brief BDI, Mean Pretreatment G1: 4.44 (SD=3.2) G2: 4.04 (SD=3.3) Within group change at posttreatment: G1: -1.89 (calculated) G2: -0.34 (calculated) Between group change at posttreatment: -1.55 (calculated) Between group ANOVA: F=22.55, df=1,164, p<0.001

Evidence Table 5. Benefits (KQ 1 & 2) (continued)

Author, Year, Trial Name	Prevention of Traumatic Stress Symptoms or Syndromes	Remission of PTSD	Reduction in Severity or Number of Traumatic Stress Syndromes or Symptoms	Prevention of Reduction in Mental Health Conditions or Symptoms
Berkowitz, 2011 NA	UPID full or partial diagnosis 3 month follow-up Treatment variable OR (95% CI): 0.268 (0.10, 0.71), p<0.01 TSCC Post Traumatic Stress Index Scale: Pretreatment G1: 53.30 (SD=1.34) G2: 51.74 (SD=1.29) Within group change at posttreatment assessment: G1: -10.33 (calculated) G2: -5.62 (calculated) Within group change at 3 months: G1: -13.56 (calculated) G2: -9.52 (calculated) Between group change at posttreatment assessment: -4.71 (calculated) Between group change at 3 month assessment: -4.04 (calculated) Repeated measures with mixed effect models: F=3.25, df=163, p=0.04	NR	NA	TSCC-Dissociation Index Pretreatment G1: 47.64 (SD=1.12) G2: 48.23(SD=1.07) Within group change at posttreatment assessment: G1: -5.38 (calculated) G2: -3.11 (calculated) Within group change at 3 months: G1: -6.62 (calculated) G2: -4.69 (calculated) Between group change at posttreatment assessment: -2.27(calculated) Between group change at 3 month assessment: -1.95 (calculated) Repeated measures with mixed effect models: F=1.28, df=163, p=0.28 TSCC Anxiety Index: Pretreatment G1: 51.34(SD=1.33) G2: 50.45(SD=1.29) Within group change at posttreatment assessment: G1: -10.48 (calculated) G2: -4.96 (calculated) Within group change at 3 months: G1: -11.70 (calculated) G2: -8.63 (calculated) Between group change at posttreatment assessment: -5.52(calculated) Between group change at 3 month assessment: -3.07 (calculated) Repeated measures with mixed effect models: F=4.89, df=163, p=0.009 p=.009

Evidence Table 5. Benefits (KQ 1 & 2) (continued)

Author, Year, Trial Name	Prevention of Traumatic Stress Symptoms or Syndromes	Remission of PTSD	Reduction in Severity or Number of Traumatic Stress Syndromes or Symptoms	Prevention of Reduction in Mental Health Conditions or Symptoms
Catani, 2009 NA	NA	UCLA PTSD Diagnosis Pretreatment G1: 100% G2: 100% Within group change in proportion at posttreatment assessment: G1: -75% G2: -66.6% Within group change in proportion at 6 months: G1: -81.3% G2: -71.4% Between group change at posttreatment assessment: 8.4% (calculated) Chi-square difference p=ns Between group change at 6 month assessment: -9.9% Chi-square difference p=ns	UCLA PTSD Symptoms, Pretreatment G1: 37.94 (SD=14.8) G2: 36.58 (SD=14.9) Within group change at posttreatment assessment: G1: -25.53 (calculated) G2: -23.99 (calculated) Within group change at 6 months: G1: -26.63 (calculated) G2: -26.83 (calculated) Between group change at posttreatment assessment: -1.54 (calculated) Between group change at 6 month assessment: 0.20 (calculated) Repeated measures ANOVA for Time x Treatment interaction p=0.9	NR
Gelkopf, 2009 ERASE-Stress	UPID, PTSD Severity, Mean Pretreatment G1: 23.6 (SD=9.3) G2: 20.4 (SD=10.3) Within group change at posttreatment: G1: -10.9 (calculated) G2: -1.9 (calculated) Between group change at posttreatment: -9.0 (calculated) Between group ANOVA: F=49.42, df=1,106, p<0.001	UPID, PTSD Diagnosis Pretreatment G1: 5.2% (calculated) G2: 0% (calculated) Within group change at posttreatment: G1: -5.2% (calculated) G2: 6.1% (calculated) Between group change at posttreatment: -11.3% (calculated) p not reported	NA	Depression Brief BDI, Mean Pretreatment G1: 3.1 (SD=2.9) G2: 2.3 (SD=2.9) Within group change at posttreatment: G1: -1.6 (calculated) G2: 0.2 (calculated) Between group change at posttreatment: -1.8 (calculated) Between group ANOVA: F=18.66, df=1,106, p<0.001

Evidence Table 5. Benefits (KQ 1 & 2) (continued)

Author, Year, Trial Name	Prevention of Traumatic Stress Symptoms or Syndromes	Remission of PTSD	Reduction in Severity or Number of Traumatic Stress Syndromes or Symptoms	Prevention of Reduction in Mental Health Conditions or Symptoms
Goenjian, 1997; 2005 NA; NA	CPTSD-RI, Mean ^a Pretreatment G1: 45.3 (SD=11.0) G2: 41.1 (SD=9.0) Within group change at 1.5 years: G1: -13.1 (calculated) G2: 6.1 (calculated) Between group change at 1.5 years: -19.2 (calculated) Adjusted between group MANOVA treatment*time: F=31.16, df=1,56, p<0.05 Within group change at 3.5 years: G1: -16.3 (SD=13.0) G2: -5.4 (SD=11.0) Between group change at 3.5 years: -10.9 (calculated) Reported t-test between group difference: t=3.5, df=61, p<0.001	NR	NA	DSRS, Depression Pretreatment G1: 16.8 (SD=5.9) G2: 15.3 (SD=5.5) Within group change at 1.5 years: G1: -0.8 (calculated) G2: 4.9 (calculated) Between group change at 1.5 years G1 vs. G2: -5.7 (calculated) Between group difference p value not reported Within group change at 3.5 years: G1: -1.7 (SD=5.4) G2: 2.7 (SD=6.7) Between group change at 3.5 years: -4.4 (calculated) Reported t-test between group difference: t=2.9, df=61, p<0.01

Evidence Table 5. Benefits (KQ 1 & 2) (continued)

Author, Year, Trial Name	Prevention of Traumatic Stress Symptoms or Syndromes	Remission of PTSD	Reduction in Severity or Number of Traumatic Stress Syndromes or Symptoms	Prevention of Reduction in Mental Health Conditions or Symptoms
Kemp, 2010 NA	NA	Meeting two or more PTSD (DSM-IV) diagnostic criteria based on systematic clinical assessment Pretreatment G1: 100% G2: 100% Within group change in proportion at posttreatment: G1: -75% G2: 0% Between group change at posttreatment: -75% (calculated) $X^2(1, n = 24) = 14.40, p < .001$	PTSD-RI symptoms Pretreatment G1: 25.92 (SD=12.18) G2: 27.29 (SD=12.58) Magnitude of effect not specified by intervention type. MANCOVA controlling for group differences at pretreatment for number of DSM-IV PTSD criteria and Child PTS-RI scores $F(2, 17) = 9.32, p < .01$ A priori contrasts identified a significant pre to post reduction in the number of DSM-IV PTSD criteria [$t(11) = 4.17, p < .01$] and Child PTS-RI scores [$t(11) = 4.26, p = .001$] for the EMDR group but not for the wait-list group	STAIC – State Anxiety, Mean Pretreatment G1: 28.50 (SD=4.68) G2: 32.33 (SD=8.37) Within group change: G1: 0.33 (calculated) G2: -0.66 (calculated) Between group change (95%CI): 0.99 (calculated) p=ns STAIC-Trait Anxiety Pretreatment G1: 35.42 (SD=7.51) G2: 39.58 (SD=7.23) Within group change: G1: -1.92 (calculated) G2: -3.41 (calculated) Between group change (95%CI): 1.49 (calculated) p=ns CDS-Depression Pretreatment G1: 138.42 (SD=24.72) G2: 137.50 (SD=27.87) Within group change: G1: -2.67 (calculated) G2: -6.25 (calculated) Between group change (95%CI): 3.58 (calculated) p=ns

Evidence Table 5. Benefits (KQ 1 & 2) (continued)

Author, Year, Trial Name	Prevention of Traumatic Stress Symptoms or Syndromes	Remission of PTSD	Reduction in Severity or Number of Traumatic Stress Syndromes or Symptoms	Prevention of Reduction in Mental Health Conditions or Symptoms
Layne, 2008 TGCT	NA	NR	UCLA-PTSD-RI-R Pretreatment G1: 36.37 (SD=14.27) G2: 33.02 (SD=10.27) Within group change: G1 (95% CI): -11.85 (-15.28 to -8.42) G2 (95% CI): -5.67 (-8.93 to -2.42) Between group difference: -6.18 (calculated) MANOVA between group time x treatment group interaction F= 6.77,df=1,125, p = .01	DSRS ^c , Pretreatment G1: 32.61 (SD=11.39) G2: 28.61 (SD=9.86) Within group change: G1 (95% CI): -2.69 (-5.33 to -0.06) G2 (95% CI): 1.91 (-0.68 to 4.51) Between group difference: -2.78 (calculated) MANOVA between group time x treatment group interaction F= 6.16,df=1,125, p <0.05
Nugent, 2010 NA	CAPS-CA ^d No means reported. Between group differences at follow-up not reported. Intent- to-treat linear regression predicting PTSD symptoms at posttreatment, adjusted for sex, age, and prior trauma PTSD severity, showed treatment group OR (95%CI)=1.32 (0.84, 2.08) (calculated*)	CAPS-CA ^d Diagnosis No data reported for PTSD diagnosis other than x ² <1; p=ns for G1 vs. G2 at posttreatment	NA	NR

Evidence Table 5. Benefits (KQ 1 & 2) (continued)

Author, Year, Trial Name	Prevention of Traumatic Stress Symptoms or Syndromes	Remission of PTSD	Reduction in Severity or Number of Traumatic Stress Syndromes or Symptoms	Prevention of Reduction in Mental Health Conditions or Symptoms
Robb ^e , 2010 NA	NA	NR	<p>UCLA PTSD-RI-R Pretreatment G1: 43.8 (SD=8.5) G2: 42.1 (SD=8.8) Within group LS mean change LOCF: G1: -20.4 (SD=2.1) G2: -22.8 (SD=2.1) Between group LS mean change score difference LOCF 95% CI:-7.6, 2.9 p=0.373</p> <p>CSDC, parent-rated Pretreatment G1: 33.5 (SD=10.5) G2: 34.1 (SD=10.4) Within group LS mean change LOCF: G1: -12.4 (SD=1.7) G2: -17.3 (SD=1.9) Between group LS mean change score difference LOCF 95% CI:-9.1 -0.6 p=0.025</p> <p>CGI-S, clinician-rated Pretreatment G1: 4.5 (SD=0.6) G2: 4.4 (SD=0.6) Within group LS mean change LOCF: G1: -1.4 (SD=0.2) G2: -1.8 (SD=0.2) Between group LS mean change score difference LOCF 95% CI: -0.8,0.0 p=0.031</p> <p>CGI-I, clinician-rated symptom improvement Pretreatment G1: NA G2: NA Within group LS mean change LOCF: G1: 2.4 (SD=0.2) G2: 2.2 (SD=0.2) Between group LS mean change score difference LOCF 95% CI: -0.6,0.3 p=0.415</p>	<p>CDRS-R, Mean Pretreatment G1: 40.3 (SD=14.4) G2: 41.2 (SD=14.2) Within group LS mean change LOCF: G1: -10.0 (SD=1.5) G2: -12.3 (SD=1.6) Between group LS mean change score difference LOCF 95% CI:-6.0, 1.3 p=0.210</p>

Evidence Table 5. Benefits (KQ 1 & 2) (continued)

Author, Year, Trial Name	Prevention of Traumatic Stress Symptoms or Syndromes	Remission of PTSD	Reduction in Severity or Number of Traumatic Stress Syndromes or Symptoms	Prevention of Reduction in Mental Health Conditions or Symptoms
Robert [†] , 1999 NA	NA	ASD symptom responders G1: 83% G2:38% Between-group difference in relieving ASD symptoms, $X^2=5.24$, $df=1$, $p=0.04$	NR	NR
Robert ⁹ , 2008 NA	NA	ASD Checklist % responders at posttreatment: G1: 60.0% G2: 72.2% G3: 54.5% Between group difference in % responders at posttreatment $p=ns$	ASD Checklist Pretreatment mean G1: 42.6 (SD=12.4) G2: 47.6 (SD=15.0) G3: 44.6 (SD=14.0) Within group% change in mean score posttreatment G1: -62.6% (SD 39.5) G2: -73.6% (SD 40.4) G3: -65.1% (SD 41.5) Between group difference in % change in mean score posttreatment: $p=ns$	NR

Evidence Table 5. Benefits (KQ 1 & 2) (continued)

Author, Year, Trial Name	Prevention of Traumatic Stress Symptoms or Syndromes	Remission of PTSD	Reduction in Severity or Number of Traumatic Stress Syndromes or Symptoms	Prevention of Reduction in Mental Health Conditions or Symptoms
Salloum ⁿ , 2008 NA	NA	NR	UPID-PTSD Symptoms Pretreatment G1:44.03 (SD=13.03) G2: 42.32 (SD=9.58) Pretreatment G1:44.03 (SD=13.03) G2: 42.32 (SD=9.58) Within group change at posttreatment assessment: G1: -15.75 (calculated) G2: -11.00 (calculated) Within group change in proportion at 20 day follow-up: G1: -21.60 (calculated) G2: -20.47 (calculated) Between group change at posttreatment assessment: -4.75 (calculated) Intent-to-treat analyses effect size: 0.95 Between group change at 6 month assessment: -1.13 (calculated) Intent-to-treat analyses effect size: 1.34 General linear modeling repeated measure procedure time X treatment interaction p=ns	MFQ-C, Mean Pretreatment G1:25.48 (SD=9.17) G2: 23.41 (SD=9.58) Within group change at posttreatment assessment: G1: -8.57 (calculated) G2: -2.95 (calculated) Within group change in proportion at 20 day follow-up: G1: -12.48 (calculated) G2: -9.18 (calculated) Between group change at posttreatment assessment: -5.62 (calculated) Intent-to-treat analyses effect size: 0.47 Between group change at 6 month assessment: -3.30 (calculated) Intent-to-treat analyses effect size: 0.92 General linear modeling repeated measure procedure time X treatment interaction p=ns

Evidence Table 5. Benefits (KQ 1 & 2) (continued)

Author, Year, Trial Name	Prevention of Traumatic Stress Symptoms or Syndromes	Remission of PTSD	Reduction in Severity or Number of Traumatic Stress Syndromes or Symptoms	Prevention of Reduction in Mental Health Conditions or Symptoms
Smith, 2007 NA	NA	ADIS-C/P PTSD Diagnosis Pretreatment G1: 100% G2: 100% Within group change in proportions at posttreatment: G1: -92% G2: -42% Between group change in proportions at posttreatment: -50% (calculated) Chi-square=6.8, df=1, 24, p<0.01	CPSS Symptoms Pretreatment G1: 28.1 (SD=8.8) G2: 28.3 (SD=10.5) Within group change at posttreatment: G1: -25.1 (calculated) G2: -3.05 (calculated) Between group change at posttreatment: -22.05 (calculated) MANCOVA F=48.3, df=1,18, p<0.001 C-RIES Symptoms Pretreatment G1: 47.5 (SD=11.5) G2: 41.6 (SD=11.7) Within group change at posttreatment: G1: -39.0 (calculated) G2: -6.3 (calculated) Between group change at posttreatment: -32.7 (calculated) MANCOVA F=36.8, df=1,18, p<0.001 CAPS symptoms Pretreatment G1: 60.9 (SD=9.6) G2: 54.7 (SD=14.6) Within group change at posttreatment: G1: -48.9 (calculated) G2: -14.4 (calculated) Between group change at posttreatment: -34.5 (calculated) MANCOVA F=20.2, df=1,18, p<0.005	DSRS Depression Pretreatment G1: 18.3 (SD=5.2) G2: 13.9 (SD=5.6) Within group change at posttreatment: G1: -10.3 (calculated) G2: -0.6 (calculated) Between group change at posttreatment: -9.7 (calculated) MANCOVA F=19.1, df=1,18, p<0.001 RCMAS Anxiety Pretreatment G1: 19.8 (SD=5.6) G2: 16.3 (SD=5.7) Within group change at posttreatment: G1: -12.4 (calculated) G2: 0.2 (calculated) Between group change at posttreatment: -12.6 (calculated) MANCOVA F=14.3, df=1,18, p<0.005

Evidence Table 5. Benefits (KQ 1 & 2) (continued)

Author, Year, Trial Name	Prevention of Traumatic Stress Symptoms or Syndromes	Remission of PTSD	Reduction in Severity or Number of Traumatic Stress Syndromes or Symptoms	Prevention of Reduction in Mental Health Conditions or Symptoms
Stein, 2003 NA	NA	NA	CPSS symptoms Pretreatment G1: 24.5 (6.8) G2: 23.5 (7.2) Within group change: G1: -15.6 (calculated) G2: -8.0 (calculated) Adjusted between group change (95%CI): -7.0 (-10.8, -3.2)	CDI Depression Difference Pretreatment G1: 17.6 (10.8) G2: 16.7 (7.3) Within group change: G1: -8.2 (calculated) G2: -4.0 (calculated) Adjusted between group change (95%CI): -3.4 (-6.5, -0.4)

Evidence Table 5. Benefits (KQ 1 & 2) (continued)

Author, Year, Trial Name	Prevention of Traumatic Stress Symptoms or Syndromes	Remission of PTSD	Reduction in Severity or Number of Traumatic Stress Syndromes or Symptoms	Prevention of Reduction in Mental Health Conditions or Symptoms
Tol, 2008; 2010 NA; NA	NA	NR	<p>CPSS</p> <p>Pretreatment</p> <p>G1: 20.92 (SD=8.75)</p> <p>G2: 22.35 (SD=8.39)</p> <p>Within group change at 1 week:</p> <p>G1: -9.10 (SD=9.20)</p> <p>G2: -4.85 (SD=9.49)</p> <p>Within group change at 6 months:</p> <p>G1: -10.35 (SD=8.89)</p> <p>G2: -6.15 (SD=10.04)</p> <p>Between group difference at 1 week:</p> <p>Cohen effect size (95% CI): 0.55 (0.35, 0.75)</p> <p>Between group difference at 6 months:</p> <p>Mixed method regression analysis mean change difference adjusted for school mean (95%CI): 2.78 (1.02, 4.53)</p> <p>Cohen effect size (95% CI): 0.44 (0.24, 0.64)</p>	<p>DSRS depression</p> <p>Pretreatment</p> <p>G1: 12.29 (SD=3.33)</p> <p>G2: 12.55 (SD=3.47)</p> <p>Within group change at 1 week:</p> <p>G1: -0.80 (SD=3.88)</p> <p>G2: 0.50 (SD=4.33)</p> <p>Within group change at 6 months:</p> <p>G1: -0.82 (SD=3.82)</p> <p>G2: 0.16 (SD=4.73)</p> <p>Between group difference at 1 week:</p> <p>Cohen effect size (95% CI): 0.31 (0.12, 0.51)</p> <p>Between group difference at 6 months:</p> <p>Mixed method regression analysis mean change difference adjusted for school mean (95%CI): -0.70 (-0.08, 1.49)</p> <p>Cohen effect size (95% CI): 0.24 (0.04, 0.43)</p> <p>SCARED -5 anxiety</p> <p>Pretreatment</p> <p>G1: 4.38 (SD=1.76)</p> <p>G2: 4.46 (SD=1.87)</p> <p>Within group change at 1 week:</p> <p>G1: -0.97 (SD=2.16)</p> <p>G2: -0.65 (SD=2.32)</p> <p>Within group change at 6 months:</p> <p>G1: -1.06 (SD=2.45)</p> <p>G2: -0.96 (SD=2.49)</p> <p>Between group difference at 1 week:</p> <p>Cohen effect size (95% CI): 0.14 (-0.05, 0.34)</p> <p>Between group difference at 6 months:</p> <p>Mixed method regression analysis mean change difference adjusted for school mean (95%CI): -0.12 (-0.31, 0.56)</p> <p>Cohen effect size (95% CI): 0.04 (-0.16, 0.24)</p>

^a. 18 month data reported in #840 differs slightly from that reported in #1589.

^b. Post-Tx results and mean change only reported in figure.

^c. Also conducted 4 month follow-up on PTSD, Depression, and Grief Reactions. These analyses were only done on those who had pre, post, and 4-month follow-up data (not ITT analysis).

^d. Girls receiving propranolol reported more PTSD symptoms relative to girls receiving placebo. Boys receiving propranolol showed a nonsignificant trend toward fewer PTSD symptoms than boys receiving placebo.

^e. Sertraline did not demonstrate efficacy compared with placebo.

^f. No standardized scales used.

^g. Placebo was statistically as effective as either Imipramine or Fluoxetine in treating symptoms of ASD.

^h. Treatment satisfaction 1: "I learned more about grief and trauma reactions" (1-10, with 10 being highest); mean score at follow-up: 9.20. Treatment satisfaction 2: "I expressed my thoughts and feelings about what happened"; mean score at follow-up: 9.18. Treatment satisfaction 3: "On a scale from 1 to 10, how helpful was counseling for you?"; mean score at follow-up: 9.31.

ⁱ. Debriefing was no more effective than placebo group intervention, although both groups made significant improvements in PTSD symptoms.

Abbreviations: ASC-Kids = Acute Stress Disorder Checklist; BDI = Beck Depression Inventory; C-IES = Children's Impact of Event Scale; C-RIES = Children's Revised Impact of Event Scale; CAPS-CA = Clinician-Administered Post-Traumatic Stress Disorder Scale For Children And Adolescents; CDI = Child Depression Inventory; CDRS-R = Children's Depression Rating Scale-Revised; CGI-I = Clinical Global Impressions-Improvement Scale; CGI-S = Clinical Global Impressions – Severity Scale; CI = confidence interval; CPSS = Child PTSD Symptom Scale; CPTSD-RI = Child Post-Traumatic Stress Reaction Index; CSDC = Child Stress Disorder Checklist; DSM-IV = Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition; DSRS = Depression Self-Rating Scale; Dx = diagnosis; ERASE-Stress – Enhancing Resilience among Students Experiencing Stress; ES-SL = ERASE Stress Sri Lanka; G = group; IES = Impact of Events Scale; MFQ-C = Mood and Feelings Questionnaire – Child Version; Mos. = months; N = number; NA = not applicable; NR = not reported; NS = not sufficient; PSS-SR = Post-Traumatic Stress Disorder Symptom Scale Self Report; PTSD = Posttraumatic Stress Disorder; RCMAS = Revised Children's Manifest Anxiety Scale; SCARED = Screen for Child Anxiety Related Emotional Disorders; SCARED-5 = Self-Report for Anxiety-Related Disorders; STAIC – State Trait Anxiety Inventory for Children; TGCT = Trauma and Grief Component Therapy; TSCC = Trauma Symptom Checklist for Children; Tx = treatment; UCLA PTSD-I = University of California, Los Angeles Post-Traumatic Stress Disorder Index; UCLA-PTSD-RI-R = University of California, Los Angeles Post-Traumatic Stress Disorder Reaction Index, Revised; UCLA PTSD-Symptom Severity = University of California, Los Angeles Post-Traumatic Stress Disorder – Symptom Severity; UPID = University of California, Los Angeles Index for DSM-IV for children.

Evidence Table 6. Benefits (KQ1 & 2)

Author, Year, Trial Name	Prevention or Reduction in Physical Health Conditions or Symptoms	Reduction in Risk-Taking Behaviors, Behavioral Problems, or Criminal Activities
Ahrens, 2002 NA	NR	NR
Berger, 2007 OTT	DPS, Mean G1: 2.1 (SD=1.7) G2: 1.9 (SD=1.6) Within group change at posttreatment: G1: -1.0 (calculated) G2: 0.1 (calculated) Between group change at posttreatment: -1.1 (calculated) Between group ANOVA: F=40.44, df=1,140, p<0.001	NR
Berger, 2009 ES-SL	DPS, Mean Pretreatment G1: 1.46 (SD=1.0) G2: 1.26 (SD=1.0) Within group change at posttreatment: G1: -0.82 (calculated) G2: 0.19 (calculated) Between group change at posttreatment: -1.01 (calculated) Between group ANOVA: F=44.80, df=1,164, p<0.001	NR
Berkowitz, 2011 NA	NR	NR
Catani, 2009 NA	# of physical symptoms Pretreatment G1:1.75 (SD=1.34) G2: 1.80 (SD=1.26) Within group change at posttreatment assessment: G1: -0.25 (calculated) G2: -1.13 (calculated) Within group change at 6 months: G1: -0.25 (calculated) G2: -0.51 (calculated) Between group change at posttreatment assessment: 0.88 (calculated) Repeated measures ANOVA for Time x Treatment interaction p=ns Between group change at 6 month assessment: 0.26 (calculated) Repeated measures ANOVA for Time x Treatment interaction p=ns	NR

Evidence Table 6. Benefits (KQ1 & 2) (continued)

Author, Year, Trial Name	Prevention or Reduction in Physical Health Conditions or Symptoms	Reduction in Risk-Taking Behaviors, Behavioral Problems, or Criminal Activities
Gelkopf, 2009 ERASE-Stress	DPS, Mean Pretreatment G1: 2.1 (SD=1.3) G2: 1.9 (SD=1.2) Within group change at posttreatment: G1: -1.0 (calculated) G2: unknown based on data reporting error Between group change at posttreatment: unknown based on data reporting error Between group ANOVA: F=24.07, df=1,106, p<0.001	NR
Goenjian, 1997; 2005 NA; NA	NR	NR
Kemp, 2010 NA	GHQ-12-General Health Pretreatment G1: 1.09 (SD=1.92) G2: 4.25 (SD=4.11) Within group change: G1: 0.82 (calculated) G2: -0.42 (calculated) Between group change: 1.24 (calculated) p=ns	CBCL (parent rating), Pretreatment G1: 36.73 (SD=22.49) G2: 30.10 (SD=34.16) Within group change: G1: -8.28 (calculated) G2: 13.07 (calculated) Between group change (95%CI): -21.35 (calculated) p=ns
Layne, 2008 TGCT	NR	NR
Nugent, 2010 NA	No between-group difference in heart rate during or after trauma narrative p=ns. No other data given	NR
Robb ^d , 2010 NA	NR	NR
Robert ^e , 1999 NA	NR	NR
Robert ^f , 2008 NA	NR	NR
Salloum ^g , 2008 NA	NR	NR
Smith, 2007 NA	NR	NR

Evidence Table 6. Benefits (KQ1 & 2) (continued)

Author, Year, Trial Name	Prevention or Reduction in Physical Health Conditions or Symptoms	Reduction in Risk-Taking Behaviors, Behavioral Problems, or Criminal Activities
Stein, 2003 NA	NR	NR
Tol, 2008; 2010 NA; NA	NR	Parent-rated Children's Aggression Scale for Parents Pretreatment G1: 42.18 (SD=9.09) G2: 44.63 (SD=12.08) Within group change at 1 week: G1: -1.44 (SD=4.72) G2: -1.16 (SD=4.23) Within group change at 6 months: G1: -2.03 (SD=4.71) G2: -1.48 (SD=4.69) Between group difference at 1 week: Cohen effect size (95% CI): 0.06 (-0.13, 0.25) Between group difference at 6 months: Cohen effect size (95% CI): 0.12 (-0.07, 0.31)

Note: No eligible study reported on decreased suicidality in the context of KQ1 or KQ2.

Abbreviations: CBCL = Child Behavior Checklist; CI = confidence interval; DPS = Diagnostic Predictive Scales; DVP = divalproex sodium; ERASE-Stress – Enhancing Resilience among Students Experiencing Stress; ES-SL = ERASE Stress Sri Lanka; G = group; GHQ-12; General Health Questionnaire; Mos. = months; NA = not applicable; NR = not reported; NS = not sufficient; OTT = Overshadowing the Threat of Terrorism; SDQ = strengths and Difficulties Questionnaire; TGCT = Trauma and Grief Component Therapy; Tx = treatment; WAI = Weinberger Adjustment Inventory

Evidence Table 7. Benefits (KQ1 & 2)

Author, Year, Trial Name	Healthy Development ^a	School-Based Functioning	Quality of Life	Comparator Broadly Applicable	Outcomes Broadly Applicable
Ahrens, 2002 NA	NR	NR	NR	Yes	No
Berger, 2007 OTT	CDIS, Mean Pretreatment G1: 8.5 (SD=2.3) G2: 8.2 (SD=2.2) Within group change at posttreatment: G1: -1.7 (calculated) G2: 0.1 (calculated) Between group change at posttreatment: -1.8 (calculated) Between group ANOVA: F=132.62, df=1,140, p<0.001	NR	NR	Yes	Yes
Berger, 2009 ES-SL	CDIS, Mean Pretreatment G1: 11.29 (SD=3.9) G2: 12.05 (SD=4.7) Within group change at posttreatment: G1: -2.71 (calculated) G2: -0.26 (calculated) Between group change at posttreatment: -2.45 (calculated) Between group ANOVA: F=40.73, df=1,164, p<0.001	NR	NR	Yes	Unsure
Berkowitz, 2011 NA	NR	NR	NR	Yes	Yes

Evidence Table 7. Benefits (KQ1 & 2) (continued)

Author, Year, Trial Name	Healthy Development ^a	School-Based Functioning	Quality of Life	Comparator Broadly Applicable	Outcomes Broadly Applicable
Catani, 2009 NA	Pretreatment G1:2.06 (SD=1.34) G2: 2.14 (SD=1.17) Within group change at posttreatment assessment: G1: -1.56 (calculated) G2: -1.34 (calculated) Within group change at 6 months: G1: -1.62 (calculated) G2: -1.43 (calculated) Between group change at posttreatment assessment: -0.22 (calculated) Repeated measures ANOVA for Time x Treatment interaction p=ns Between group change at 6 month assessment: -0.19 (calculated) Repeated measures ANOVA for Time x Treatment interaction p=ns	NR	NR	No	Yes
Gelkopf, 2009 ERASE-Stress	DPS, Mean Pretreatment G1: 12.6 (SD=3.7) G2: 12.7 (SD=4,2) Within group change at posttreatment: G1: -2.3 (calculated) G2: -0.3 (calculated) Between group change at posttreatment: -2.0 (calculated) Between group ANOVA: F=15.50, df=1,106, p<0.001	NR	NR	Yes	Yes
Goenjian, 1997;2005 NA; NA	NR	NR	NR	Yes	Yes

Evidence Table 7. Benefits (KQ1 & 2) (continued)

Author, Year, Trial Name	Healthy Development ^a	School-Based Functioning	Quality of Life	Comparator Broadly Applicable	Outcomes Broadly Applicable
Kemp, 2010 NA	General Functioning Scale Pretreatment G1: 21.00 (SD=4.38) G2: 19.21 (SD=4.55) Within group change: G1: -1.27 (calculated) G2: -0.13 (calculated) Between group change (95%CI): -1.14 (calculated) p=ns	NR	NR	Yes	No
Layne, 2008 TGCT	NR	NR	NR	Yes	Yes
Nugent, 2010 NA	NR	NR	NR	Yes.	Yes
Robb ^b , 2010 NA	NR	NR	PQ-LES-Q Pretreatment G1: 49.6 (SD=9.5) G2: 49.5 (SD=10.4) Within group LS mean change LOCF: G1: 7.2 (SD=1.3) G2: 10.7 (SD=1.5) Between group LS mean change score difference LOCF 95% CI:0.2, 6.8 p=0.037	Yes	Yes
Robert ^d , 2008 NA	NR	NR	NR	Yes.	Yes
Salloum ^e , 2008 NA	NR	NR	NR	Yes	Yes
Smith, 2007 NA	NR	NR	NR	Yes	Yes
Stallard ^f , 2006 NA	NR	NR	NR	Yes.	Yes

Evidence Table 7. Benefits (KQ1 & 2) (continued)

Author, Year, Trial Name	Healthy Development ^a	School-Based Functioning	Quality of Life	Comparator Broadly Applicable	Outcomes Broadly Applicable
Stein, 2003 NA	PDC: parent-rated psychosocial dysfunction Pretreatment G1: 19.1 (9.4) G2: 16.2 (8.1) Within group change: G1: -6.6 (calculated) G2: 0.3 (calculated) Adjusted between group change (95%CI): -6.4 (-10.4, -2.3)	TCRS, teacher-rated learning problems Pretreatment G1: 13.8 (7.3) G2: 12.7 (7.0) Within group change: G1: -1.1 (calculated) G2: 0.6 (calculated) Adjusted between group change (95%CI): -1.1 (-2.9, 0.8) TCRS teacher-rated shyness/anxiousness Pretreatment G1: 10.2 (4.1) G2: 11.0 (5.1) Within group change: G1: -0.4 (calculated) G2: -0.4 (calculated) Adjusted between group change (95%CI): 0.1 (-1.5, 1.7) TCRS teacher-rated acting out problems Pretreatment G1: 11.3 (7.0) G2: 10.6 (5.5) Within group change: G1: -1.9 (calculated) G2: -0.4 (calculated) Adjusted between group change (95%CI): -1.0 (-2.5, 0.5) 6 Mos. Assessment Between-group difference (95% CI): -0.9 (-2.6 to 0.8) G1 Change from Baseline: -2.1 G2 Change from Baseline: 0.1	NR	Yes	Yes

Evidence Table 7. Benefits (KQ1 & 2) (continued)

Author, Year, Trial Name	Healthy Development ^a	School-Based Functioning	Quality of Life	Comparator Broadly Applicable	Outcomes Broadly Applicable
Tol, 2008; 2010 NA; NA	<p>Child-reported functional Impairment,⁹ Pretreatment G1: 18.03 (SD=5.61) G2: 17.90 (SD=5.39) Within group change at 1 week: G1: -3.30 (SD=5.52) G2: -1.11 (SD=4.98) Within group change at 6 months: G1: -3.48 (SD=5.70) G2: -2.06 (SD=5.07) Between group difference at 1 week: Cohen effect size (95% CI): 0.42 (0.22, 0.61) Between group difference at 6 months: Mixed method regression analysis mean change difference adjusted for school mean (95%CI): -0.52 (-0.43, 1.46) Cohen effect size (95% CI): 0.26 (0.07, 0.46) Parent-reported functional impairment Pretreatment G1: 14.04 (SD=4.24) G2: 14.20 (SD=4.43) Within group change at 1 week: G1: -1.44 (SD=4.72) G2: -1.16 (SD=4.23) Within group change at 6 months: G1: -2.03 (SD=4.71) G2: -1.48 (SD=4.69) Between group difference at 1 week: Cohen effect size (95% CI): 0.10 (- 0.09, 0.29) Between group difference at 6 months: Cohen effect size (95% CI): 0.07 (- 0.12, 0.26)</p>	NR	NR	Yes	Yes

Note: No eligible study reported on decreased suicidality in the context of KQ1 or KQ2.

^a Healthy development as an outcome included improvements in interpersonal/social functioning or signs of developmental regression.

^b. Sertraline did not demonstrate efficacy compared with placebo.

^c. No standardized scales used.

^d. Placebo was statistically as effective as either Imipramine or Fluoxetine in treating symptoms of ASD.

^e. Treatment satisfaction 1: "I learned more about grief and trauma reactions" (1-10, with 10 being highest); mean score at follow-up: 9.20. Treatment satisfaction 2: "I expressed my thoughts and feelings about what happened"; mean score at follow-up: 9.18. Treatment satisfaction 3: "On a scale from 1 to 10, how helpful was counseling for you?"; mean score at follow-up: 9.31.

^f. Debriefing was no more effective than placebo group intervention, although both groups made significant improvements in PTSD symptoms.

^g. Child's Report: contextually constructed 10-item checklist.

Abbreviations: CDIS = Child Diagnostic Interview Schedule; CI = confidence interval; DPS = Diagnostic Predictive Scales; ERASE-Stress – Enhancing Resilience among Students Experiencing Stress; ES-SL = ERASE Stress Sri Lanka; G = group; GFS = General Functioning Scale; NA = not applicable; NR = not reported; NS = not sufficient; OTT = Overshadowing the Threat of Terrorism; PDS = Psychosocial Dysfunctional Scale; PSC = Pediatric Symptom Checklist; PQ-LES-Q = Pediatric Quality of Life Enjoyment and Satisfaction Questionnaire; TCRS = Teacher Child Rating Scale; TGCT = Trauma and Grief Component Therapy,

Evidence Table 8. Subgroup analyses

Author, Year, Trial Name	Sub-Group Analyzed	Prevention of Traumatic Stress Symptoms or Syndromes	Remission of PTSD	Reduction in Severity or Number of Traumatic Stress Syndromes or Symptoms	Prevention or Reduction in Mental Health Conditions or Symptoms
Ahrens, 2002 NA	NA	NA	NA	NA	NA
Berger, 2007 OTT	NA	NA	NA	NA	NA
Berger, 2009 ES-SL	NA	NA	NA	NA	NA
Berkowitz, 2011 NA	NA	NA	NA	NA	NA
Catani, 2009 NA	NA	NA	NA	NA	NA
Gelkopf, 2009 ERASE-Stress	NA	NA	NA	NA	NA
Goenjian, 1997; Sex 2005 NA; NA		CPTSD-RI, Mean Pre-Tx (1.5 years post-earthquake) Male G1: 41.6 G2: 38.5 Female G1: 47.1 G2: 42.7 18 Mos. (3 years post-earthquake) Male G1: 30.4 G2: 40.9 Female G1: 33.1 G2: 51.1 Change from Baseline Male G1: -11.2 G2: 2.4 Female G1: -14.0 G2: 8.4 Interactions with Tx or time: NS	NR	NR	DSRS, Mean Pre-Tx (1.5 years post-earthquake) Male G1: 15.5 G2: 12.7 Female G1: 17.4 G2: 16.4 18 Mos. (3 years post-earthquake) Male G1: 13.0 G2: 17.7 Female G1: 17.4 G2: 21.3 Change from Baseline Male G1: -2.5 G2: 5.0 Female G1: 0 G2: 4.9

Evidence Table 8. Subgroup analyses (continued)

Author, Year, Trial Name	Sub-Group Analyzed	Prevention of Traumatic Stress Symptoms or Syndromes	Remission of PTSD	Reduction in Severity or Number of Traumatic Stress Syndromes or Symptoms	Prevention or Reduction in Mental Health Conditions or Symptoms
Kemp, 2010 NA	NA	NA	NA	NA	NA
Layne, 2008 TGCT	NA	NA	NA	NA	NA
Nugent, 2010 NA	Sex	CAPS-CA Decreased PTSD symptoms reported by boys in G1 vs. G2, $R^2=0.32$, $p=0.09$ Girls in G1 reported more PTSD symptoms than girls in G2, $R^2=0.44$, $p=0.05$	NA	NA	NA
Robb, 2010 NA	Age & Sex	NA	NA	NA	CDRS-R Older age associated with greater endpoint improvement in CDRS-R total score ($r=-0.20$; $p<0.05$) Nonwhite patients were more likely to achieve greater endpoint improvement in CDRS-R total score ($r=0.36$; $p<0.0001$)
Robert, 1999 NA	NA	NA	NA	NA	NA
Robert, 2008 NA	NA	N/A	N/A	N/A	N/A
Salloum, 2008 NA	Age & Sex	NA	NA	UPID Four 2 (gender) by 2 (age) ANCOVAs, controlling for pretreatment distress Interaction effect $p=0.054$ partial $\eta^2=0.082$ Mean Improvement Younger Girls: 36.7 Boys: 30.1 Older Girls: 23.3 Boys: 29.7	NA

Evidence Table 8. Subgroup analyses (continued)

Author, Year, Trial Name	Sub-Group Analyzed	Prevention of Traumatic Stress Symptoms or Syndromes	Remission of PTSD	Reduction in Severity or Number of Traumatic Stress Syndromes or Symptoms	Prevention or Reduction in Mental Health Conditions or Symptoms
Smith, 2007 NA	NA	NA	NA	NA	NA
Stallard, 2006 NA	NA	NA	NA	NA	NA
Stein, 2003 NA	NA	NA	NA	NA	NA
Tol, 2008; 2010 NA; NA	Age & Sex	NA	NA	CPSS ^a , β (95% CI) Age β (95% CI) G1: 0.018 (-0.017 to 0.053) G2: -0.012 (-0.047 to 0.023) p=0.19 Sex (female) β (95% CI) G1: -0.090 (-0.161 to -0.019) G2: 0.060 (-0.011 to 0.131) p=0.004	NA

^a. CPSS coefficients represent the change in PTSD symptom standard deviations and for function impairment over 6 months for a one-unit increase in the predictor. Function impairment considered self-reported hygiene, sleep, eating, praying, household chores, social interaction with peer and family members, play, studying, and school chores.

Abbreviations: ANCOVA = analysis of covariance; CAPS-CA = Clinician-Administered Post-Traumatic Stress Disorder Scale For Children and Adolescents; CDRS-R = Children's Depression Rating Scale-Revised; CI = confidence interval; CPSS = Child PTSD Symptom Scale; CPTSD-RI = Child Post-Traumatic Stress Reaction Index; DSRS = Depression Self-Rating Scale; ERASE-Stress – Enhancing Resilience among Students Experiencing Stress; ES-SL = ERASE Stress Sri Lanka; G = group; Mos. = months; NA = not applicable; NR = not reported; NS = not sufficient; OTT = Overshadowing the Threat of Terrorism; PTSD = Posttraumatic Stress Disorder; TGCT = Trauma and Grief Component Therapy; Tx = treatment; UPID = University of California, Los Angeles Index for DSM-IV for children.

Evidence Table 9. Subgroup analyses

Author, Year, Trial Name	Prevention or Reduction in Physical Health Conditions or Symptoms	Reduction in Risk-Taking Behaviors, Behavioral Problems, or Criminal Activities	Healthy Development^a	School-Based Functioning	Quality of Life	Decreased Suicidality
Ahrens, 2002 NA	NA	NA	NA	NA	NA	NA
Berger, 2007 OTT	NA	NA	NA	NA	NA	NA
Berger, 2009 ES-SL	NA	NA	NA	NA	NA	NA
Berkowitz, 2011 NA	NA	NA	NA	NA	NA	NA
Catani, 2009 NA	NA	NA	NA	NA	NA	NA
Gelkopf, 2009 ERASE-Stress	NA	NA	NA	NA	NA	NA
Goenjian, 1997; 2005 NA; NA	NR	NR	NR	NR	NR	NR
Kemp, 2010 NA	NA	NA	NA	NA	NA	NA
Layne, 2008 TGCT	NA	NA	NA	NA	NA	NA
Nugent, 2010 NA	NA	NA	NA	NA	NA	NA
Robb, 2010 NA	NA	NA	NA	NA	NA	CDRS-R G1: 4/5 with reported suicidality at baseline showed reduction p=NR G2: 5/6 with reported suicidality at baseline showed reduction p=NR
Robert, 1999 NA	NA	NA	NA	NA	NA	NA
Robert, 2008 NA	N/A	N/A	N/A	N/A	N/A	N/A
Salloum, 2008 NA	NA	NA	NA	NA	NA	NA
Smith, 2007 NA	NA	NA	NA	NA	NA	NA

Evidence Table 9. Subgroup analyses (continued)

Author, Year, Trial Name	Prevention or Reduction in Physical Health Conditions or Symptoms	Reduction in Risk-Taking Behaviors, Behavioral Problems, or Criminal Activities	Healthy Development^a	School-Based Functioning	Quality of Life	Decreased Suicidality
Stallard, 2006 NA	NA	NA	NA	NA	NA	NA
Stein, 2003 NA	NA	NA	NA	NA	NA	NA
Tol, 2008; 2010 NA; NA	NA	NA	Functional Impairment ^b Age β (95% CI) G1: 0.018 (-0.006 to 0.042) G2: 0.000 (-0.024 to 0.024) p=0.346 Sex (female) β (95% CI) G1: -0.120 (-0.179 to -0.061) G2: 0.012 (-0.047 to 0.071) p=0.004	NA	NA	NA

^a. Healthy development as an outcome included improvements in interpersonal/ social functioning or signs of developmental regression.

^b. Child's Report: contextually constructed 10-item checklist.

Abbreviations: CDRS-R = Children's Depression Rating Scale-Revised; CI = confidence interval; ERASE-Stress – Enhancing Resilience among Students Experiencing Stress; ES-SL = ERASE Stress Sri Lanka; OTT = Overshadowing the Threat of Terrorism; TGCT = Trauma and Grief Component Therapy.

Evidence Table 10. Harms

Author, Year, Trial Name	Overall Adverse Events	Withdrawals Due to Adverse Events	Low Adherence Due to Adverse Events	Mortality	Suicidality
Ahrens, 2002 NA	NA	NA	NA	NA	NA
Berger, 2007 OTT	NA	NA	NA	NA	NA
Berger, 2009 ES-SL	NA	NA	NA	NA	NA
Berkowitz, ^a 2011 NA	NR	NR	NR	NA	NA
Catani, 2009 NA	NR	NR	NR	NR	NR
Gelkopf, 2009 ERASE-Stress	NA	NA	NA	NA	NA
Goenjian, 1997; 2005 NA; NA	NR	NR	NR	NR	NR
Kemp, 2010 NA	NR	NR	NR	NR	NR
Layne, ^b 2008 TGCT	NA	NA	NA	NA	NA
Nugent, 2010 NA	NR ^c	NR	G1: 5 G2: 4	NA	NR
Robb, ^d 2010 NA	G1: 51, RR 1.00 G2: 47	G1: 5 G2: 2	NR	G1: 0 G2: 0	G1: 6 reported increased ratings, 1 reported active suicidality G2: 4 reported increased ratings, 0 reported active suicidality
Robert, 1999 NA	NA	NA	NA	NA	NA
Robert, ^e 2008 NA	NR	NR	NR	NR	NR
Salloum, ^f 2008 NA	NR	NR	NR	NR	NR
Smith, 2007 NA	NA	NA	NA	NA	NA
Stallard, ^g 2006 NA	NA	NA	NA	NA	NA
Stein, ^h 2003 NA	NA	NA	NA	NA	NA

Evidence Table 10. Harms (continued)

Author, Year, Trial Name	Overall Adverse Events	Withdrawals Due to Adverse Events	Low Adherence Due to Adverse Events	Mortality	Suicidality
Tol, 2008; 2010 NA; NA	NA	NA	NA	NA	NA

^a The study did not discuss harms but avoidance is stated as a potential reason for dropout; 15 participants did not return after the baseline session, 5 did not attend the final session, and 3 did not participate in the follow-up.

^b This intervention calculated the Reliable Change Index (RCI) for four measures (posttraumatic stress, depression, traumatic grief, and existential grief). No significant differences in proportion with deterioration in intervention versus comparison group.

^c Harms were not actually reported specifically, higher symptoms in Girls may be harm with Propranolol, 2 in G1 were lost at 6-week follow-up and 1 in G2 were lost at 6-week follow-up.

^d Only 70.1% (n=47) of patients completed treatment for all causes with Sertraline vs. 82.3% (n=51) with Placebo completed treatment. Discontinuation was higher in children (35.9% sertraline vs. 20.0% placebo) than adolescents (21.4% sertraline vs. 14.8% placebo). Most frequent reason for discontinuation among patients with sertraline was miscellaneous - not related to study drug (lost to follow-up, withdrew consent, etc.). However, it might be too much of a leap to say that it was not due to study drug.

^e Authors reported no adverse events during the study. 2 dropped out - 1 due to change of guardians, 1 due to change of psych rater.

^f Withdrawals per group: G1: 5, G2: 6. Completers did not differ significantly from non-completers in reported posttraumatic stress (p=0.787) or depression (p=0.286).

^g Authors reported no adverse events during the study. However, participation rate was low at 42% of patients screened.

^h No adverse events noted other than withdrawals. G1: 5 withdrew & did not receive intervention and in G2: 0 withdrew.

Abbreviations: ERASE-Stress – Enhancing Resilience among Students Experiencing Stress; ES-SL = ERASE Stress Sri Lanka; OTT = Overshadowing the Threat of Terrorism.

Evidence Table 11. Harms

Author, Year, Trial Name	Re- Traumatization	Disturbed Sleep	Agitation	Sedation	Weight Gain	Other Adverse Effects
Ahrens, 2002 NA	NA	NA	NA	NA	NA	NA
Berger, 2007 OTT	NA	NA	NA	NA	NA	NA
Berger, 2009 ES-SL	NA	NA	NA	NA	NA	NA
Berkowitz, 2011 NA	NA	NA	NA	NA	NA	NA
Catani, 2009 NA	NR	NR	NR	NR	NR	NR
Gelkopf, 2009 ERASE-Stress	NA	NA	NA	NA	NA	NA
Goenjian, 1997; 2005 NA; NA	NR	NR	NR	NR	NR	NR
Kemp, 2010 NA	NR	NR	NR	NR	NR	NR
Layne, ^a 2008 TGCT	NA	NA	NA	NA	NA	NA
Nugent, 2010 NA	NR	NR	NR	NR	NR	NR
Robb, ^b 2010 NA	NR	G1: 7, RR 0.81 G2: 8	G1: 4, RR 1.85 G2: 2	NR	Median weight did not change on Sertraline but increased 0.53 kg on placebo	Headache G1: 17, RR 1.31 G2: 12 Abdominal Pain G1: 10, RR 0.71 G2: 13 Nausea G1: 9, RR 1.39 G2: 6 Pharyngitis G1: 7, RR 1.08 G2: 6 Vomiting G1: 9, RR 2.78 G2: 3

Evidence Table 11. Harms (continued)

Author, Year, Trial Name	Re- Traumatization	Disturbed Sleep	Agitation	Sedation	Weight Gain	Other Adverse Effects
						Accidental injury G1: 6, RR 0.93 G2: 6 Respiratory Tract Infection G1: 6, RR 1.39 G2: 4 Diarrhea G1: 6, RR 1.85 G2: 3 Dizziness G1: 3, RR 0.56 G2: 5 Hyperkinesia G1: 7, RR 6.48 G2: 1 Rhinitis G1: 5, RR 4.63 G2: 1 Dry Mouth G1: 5 G2: 0 Dysmenorrhea G1: 0 G2: 2 Any severe adverse event G1: 5 G2: 0 Any serious adverse event ^c G1: 2 G2: 0
Robert, 1999 NA	NA	NA	NA	NA	NA	NA
Robert, ^d 2008 NA	NR	NR	NR	NR	NR	NR
Salloum, ^e 2008 NA	NR	NR	NR	NR	NR	NR
Smith, 2007 NA	NA	NA	NA	NA	NA	NA
Stallard, ^f 2006 NA	NA	NA	NA	NA	NA	NA

Evidence Table 11. Harms (continued)

Author, Year, Trial Name	Re- Traumatization	Disturbed Sleep	Agitation	Sedation	Weight Gain	Other Adverse Effects
Stein, ^g 2003 NA	NA	NA	NA	NA	NA	NA
Tol, 2008; 2010 NA; NA	NA	NA	NA	NA	NA	NA

^a. This intervention calculated the Reliable Change Index (RCI) for four measures (posttraumatic stress, depression, traumatic grief, and existential grief). No significant differences in proportion with deterioration in intervention versus comparison group.

^b. Only 70.1% (n=47) of patients completed treatment for all causes with Sertraline vs. 82.3% (n=51) with Placebo completed treatment. Discontinuation was higher in children (35.9% sertraline vs. 20.0% placebo) than adolescents (21.4% sertraline vs. 14.8% placebo). Most frequent reason for discontinuation among patients with sertraline was miscellaneous - not related to study drug (lost to follow-up, withdrew consent, etc.). However, it might be too much of a leap to say that it was not due to study drug.

^c. Hospitalization for agitation and hyperactivity; 12 year old with herpes zoster with hysterical reaction and suicidal ideation.

^d. Authors reported no adverse events during the study. 2 dropped out - 1 due to change of guardians, 1 due to change of psych rater.

^e. Withdrawals per group: G1: 5, G2: 6. Completers did not differ significantly from non-completers in reported posttraumatic stress (p=0.787) or depression (p=0.286).

^f. Authors reported no adverse events during the study. However, participation rate was low at 42% of patients screened.

^g. No adverse events noted other than withdrawals. G1: 5 withdrew & did not receive intervention and in G2: 0 withdrew.

Abbreviations: ERASE-Stress – Enhancing Resilience among Students Experiencing Stress; ES-SL = ERASE Stress Sri Lanka; OTT = Overshadowing the Threat of Terrorism; RR = relative risk; TGCT = Trauma and Grief Component Therapy.

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Appendix E. Risk of Bias Assessment

Table E-1. Overall risk of bias assessments

Author, Year, Trial Name	Were Outcome Assessors Masked?	Did Analyses Control for Concurrent Inter-ventions/ Unintended Exposures?	Did the Study Maintain Fidelity to Protocol?	If Overall Attrition \geq 20% or Differential Attrition \geq 15% Were Missing Data Appropriately Handled?	Was Length of Follow-up the Same Between Groups?	Were Inclusion/ Exclusion Criteria Equal, Valid, and Reliable?	Were Health Outcomes Measured Equal, Valid, and Reliable?	Were Harms Assessed Using Equal, Valid, and Reliable Measures?	Are Potential Outcomes Pre-specified and Reported?	Does the Design and/or Analysis Account for Important Con-founding and Modifying Variables?	Risk of Bias
Ahrens, 2002 ¹ NA	No	No	Unclear or NR	NA	Yes	No	NA	Unclear or NR	Yes	No	Medium
Berger, 2007 ² OTT	Yes	Unclear or NR	Yes	NA	Yes	Yes	Yes	NA	Yes	NA	Medium
Berger, 2009 ³ ES-SL	Yes	Unclear or NR	Yes	Unclear or NR	Yes	Yes	Yes	NA	Yes	NA	Medium
Berkowitz, 2011 ⁴ NA	No	Yes	Yes	Yes	Yes	Unclear or NR	Yes	Yes	Yes	Cannot determine	Medium
Catani, 2009 ⁵ NA	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Medium
Chemtob, 2002 ⁶ NA	Yes	Unclear or NR	Yes	No	Yes	Unclear or NR	NA	Unclear or NR	Yes	Yes	High
Chemtob, 2002 ⁷ NA	Unclear or NR	No	Yes	NA	Yes	Yes	Yes	No	Yes	Yes	High
CATS Consortium, 2010 ⁸ NA	Unclear or NR	No	No	No	Yes	Unclear or NR	NA	Unclear or NR	Yes	No	High
Eksi, 2009 ⁹ NA	No	No	Unclear or NR	NA	Yes	Yes	Yes	No	Yes	No	High
Gelkopf, 2009 ¹⁰ ERASE-Stress	Yes	Unclear or NR	Yes	NA	Yes	Yes	Yes	NA	Yes	Cannot determine	Medium
Giannopoulou, 2006 ¹¹ NA	No	No	Unclear or NR	NA	Yes	Yes	Yes	Unclear or NR	Yes	Yes	High

Table E-1. Overall risk of bias assessments (continued)

Author, Year, Trial Name	Were Outcome Assessors Masked?	Did Analyses Control for Concurrent Inter-ventions/ Unintended Exposures?	Did the Study Maintain Fidelity to Proto-col?	If Overall Attrition \geq 20% or Differential Attrition \geq 15% Were Missing Data Appropriately Handled?	Was Length of Follow-up the Same Between Groups?	Were Inclusion/ Exclusion Criteria Measures Valid, and Reliable?	Were Health Outcomes Measures Equal, Valid, and Reliable?	Were Harms Assessed Using Equal, Valid, and Reliable Measures?	Are Potential Outcomes Pre-specified and Reported?	Does the Design and/or Analysis Account for Important Con-founding and Modifying Variables?	Risk of Bias
Gilboa-Schechtman, 2010 ¹² NA	Yes	Yes	Yes	Yes	Yes	Unclear or NR	Yes	No	Yes	No	High
Goenjian, 1997; 2005 ^{13, 14} NA; NA	Unclear or NR	Yes	Unclear or NR	Unclear or NR	Yes	Yes	Yes	No	Yes	Partial	Medium
Gordon, 2008 ¹⁵ NA	Unclear or NR	No	Yes	Yes	No	Yes	Yes	No	Yes	Partial	High
Jaycox, 2010 ¹⁶ TF-CBT	Unclear or NR	Unclear or NR	Unclear or NR	Unclear or NR	NA	No	Yes	NA	Yes	Cannot determine	High
Jordans, 2010 ¹⁷ CBI	No	Yes	Unclear or NR	NA	Yes	Yes	Yes	NA	Yes	NA	High
Karaimak, 2008 ¹⁸ NA	Unclear or NR	Unclear or NR	Unclear or NR	NA	Yes	Unclear or NR	NA	Unclear or NR	Yes	Yes	High
Karam, 2008 ¹⁹ NA	No	No	Unclear or NR	NA	Yes	Yes	Yes	No	Yes	Yes	High
Kemp, 2010 ²⁰ NA	Unclear or NR	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Partial	Medium
Layne, 2008 ²¹ TGCT	Unclear or NR	Unclear or NR	Yes	NA	Yes	Yes	NA	NA	Yes	NA	Medium
Lesmana, 2009 ²² NA	No	No	Yes	Unclear or NR	Yes	Unclear or NR	No	No	Yes	No	High
McClatchey, 2009 ²³ NA	No	No	Unclear or NR	NA	Yes	Unclear or NR	No	NA	Yes	Yes	High
Nugent, 2010 ²⁴ NA	Unclear or NR	Yes	Yes	Yes	Yes	Yes	Yes	Unclear or NR	Unclear or NR	Yes	Low

Table E-1. Overall risk of bias assessments (continued)

Author, Year, Trial Name	Were Outcome Assessors Masked?	Did Analyses Control for Concurrent Interventions/ Unintended Exposures?	Did the Study Maintain Fidelity to Protocol?	If Overall Attrition ≥ 20% or Differential Attrition ≥ 15% Were Missing Data Appropriately Handled?	Was Length of Follow-up the Same Between Groups?	Were Inclusion/ Exclusion Criteria Measures Equal, Valid, and Reliable?	Were Health Outcomes Measures Equal, Valid, and Reliable?	Were Harms Assessed Using Equal, Valid, and Reliable Measures?	Are Potential Outcomes Pre-specified and Reported?	Does the Design and/or Analysis Account for Important Confounding and Modifying Variables?	Risk of Bias
Pfeffer, 2002 ²⁵ NA	Yes	No	Yes	Unclear or NR	No	Yes	Yes	Unclear or NR	Yes	Yes	High
Robb, 2010 ²⁶ NA	Yes	Yes	Yes	Unclear or NR	Yes	Yes	Yes	Yes	Yes	Yes	Low
Robert, 1999 ²⁷ NA	Yes	No	Yes	NA	Yes	No	No	Unclear or NR	Yes	No	Medium
Robert, 2008 ²⁸ NA	Yes	Yes	Yes	NA	Yes	Yes	No	Unclear or NR	Yes	Yes	Low
Ruf, 2010 ²⁹ NA	Yes	No	Yes	Yes	Yes	Unclear or NR	Yes	No	Yes	No	High
Sadeh, 2008 ³⁰ NA	Unclear or NR	No	Yes	No	Unclear or NR	No	No	No	Yes	Partial	High
Schaal, 2009 ³¹ NA	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes	No	High
Schreier, 2005 ³² NA	Unclear or NR	No	Unclear or NR	Unclear or NR	Yes	Yes	Yes	NA	Yes	Cannot determine	High
Shechtman, 2010 ³³ NA	Unclear or NR	Unclear or NR	Unclear or NR	No	Yes	Yes	NA	NA	Yes	NA	High
Salloum, 2008 ³⁴ NA	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Medium
Smith, 2007 ³⁵ NA	Yes	Yes	Yes	NA	Yes	Yes	Yes	Yes	Yes	Yes	Low
Stallard, 2006 ³⁶ NA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	High
Stein, 2003 ³⁷ NA	No	No	Yes	No	Yes	Yes	Yes	Yes	Unclear or NR	Yes	Medium
Thabet, 2005 ³⁸ NA	Unclear or NR	No	Yes	Yes	Yes	Yes	Yes	No	Yes	No	High

Table E-1. Overall risk of bias assessments (continued)

Author, Year, Trial Name	Were Outcome Assessors Masked?	Did Analyses Control for Concurrent Inter-ventions/ Unintended Exposures?	Did the Study Maintain Fidelity to Protocol?	If Overall Attrition ≥ 20% or Differential Attrition ≥ 15% Were Missing Data Appropriately Handled?	Was Length of Follow-up the Same Between Groups?	Were Inclusion/ Exclusion Criteria Equal, Valid, and Reliable?	Were Health Outcomes Measures Equal, Valid, and Reliable?	Were Harms Assessed Using Equal, Valid, and Reliable Measures?	Are Potential Outcomes Pre-specified and Reported?	Does the Design and/or Analysis Account for Important Con-founding and Modifying Variables?	Risk of Bias
Tol et al., 2008; ³⁹ Tol et al., 2010 ⁴⁰ NA; NA	No	Unclear or NR	Yes	NA	Yes	Yes	Yes	NA	Yes	Yes	Medium
Wolmer, 2011 ⁴¹ NA	Unclear or NR	Unclear or NR	Yes	No	Yes	Unclear or NR	Yes	No	Yes	Partial	High
Wolmer, 2005 ⁴² NA	No	No	Unclear or NR	No	Yes	Unclear or NR	Yes	No	Yes	Partial	High

Abbreviations: CBI = Classroom-Based Intervention; ERASE-Stress – Enhancing Resilience among Students Experiencing Stress; ES-SL = ERASE Stress Sri Lanka; NA = not applicable; NR = not reported; OTT = Overshadowing the Threat of Terrorism; TF-CBT = Trauma-Focused Cognitive Behavioral Therapy; TGCT = Trauma and Grief Component Therapy.

Table E-2. Additional risk of bias assessments for all randomized controlled trials (RCTs), case control trials (CCTs), and cohort studies

Author, Year, Trial Name	RCTs Only		RCTs, CCTs, Cohorts only			Case Control Only	RCTs and CCTs		Did the study use ITT analyses?	Risk of bias
	Was allocation concealment adequately generated?	Was allocation of treatment adequately concealed?	Did the recruitment strategy differ across study groups?	Were groups similar at baseline?	Did analysis control for baseline group differences?	Were cases and controls appropriately selected?	Were providers masked?	Were participants masked?		
Ahrens, 2002 ¹ NA	Unclear or NR	Unclear or NR	NA	Unclear or NR	No	NA	No	No	Unclear or NR	Medium
Berger, 2007 ² OTT	Unclear or NR	Unclear or NR	No	Yes	NA	Yes	No	No	Yes	Medium
Berger, 2009 ³ ES-SL	Unclear or NR	Unclear or NR	No	Yes	NA	Yes	No	No	NA	Medium
Berkowitz, 2011 ⁴ NA	Yes	NA	No	Yes	NA	Unclear or NR	No	No	Yes	Medium
Catani, 2009 ⁵ NA	Yes	No	No	Yes	NA	NA	No	No	Yes	Medium
Chemtob, 2002 ⁶ NA	Unclear or NR	No	NA	Yes	NA	NA	NA	NA	No	High
Chemtob, 2002 ⁷ NA	Yes	Unclear or NR	No	Yes	NA	NA	Unclear or NR	No	No	High
CATS Consortium, 2010 ⁸ NA	NA	NA	Unclear or NR	No	No	NA	No	No	Unclear or NR	High
Eksi, 2009 ⁹ NA	NA	NA	Yes	No	No	NA	NA	NA	NA	High
Gelkopf, 2009 ¹⁰ ERASE-Stress	Unclear or NR	Unclear or NR	No	Yes	NA	Yes	No	No	Yes	Medium
Giannopoulou, 2006 ¹¹ NA	NA	NA	NA	Unclear or NR	Unclear or NR	NA	NA	No	Yes	High
Gilboa-Schechtman, 2010 ¹² NA	Yes	No	No	No	No	NA	No	No	Yes	High

Table E-2. Additional risk of bias assessments for all randomized controlled trials (RCTs), case control trials (CCTs), and cohort studies (continued)

Author, Year, Trial Name	RCTs Only		RCTs, CCTs, Cohorts only			Case Control Only	RCTs and CCTs		Did the study use ITT analyses?	Risk of bias
	Was allocation concealment adequately generated?	Was allocation of treatment adequately concealed?	Did the recruitment strategy differ across study groups?	Were groups similar at baseline?	Did analysis control for baseline group differences?	Were cases and controls appropriately selected?	Were providers masked?	Were participants masked?		
Goenjian, 1997; 2005 ^{13, 14} NA; NA	NA	NA	No	#1589: Yes #840: No	Yes	Unclear or NR	No	No	Yes	Medium
Gordon, 2008 ¹⁵ NA	Yes	No	No	Unclear or NR	No	NA	No	No	No	High
Jaycox, 2010 ¹⁶ TF-CBT	Unclear or NR	Unclear or NR	Yes	No	Unclear or NR	NA	No	No	Unclear or NR	High
Jordans, 2010 ¹⁷ CBI	Yes	Yes	No	Yes	NA	Yes	No	No	Yes	High
Karaimak, 2008 ¹⁸ NA	Unclear or NR	Unclear or NR	Unclear or NR	Unclear or NR	Unclear or NR	Unclear or NR	No	Yes	Yes	High
Karam, 2008 ¹⁹ NA	NA	NA	NA	NA	NA	Yes	NA	NA	NA	High
Kemp, 2010 ²⁰ NA	Unclear or NR	No	No	Yes	NA	Yes	No	No	Yes	Medium
Layne, 2008 ²¹ TGCT	Yes	Yes	No	Yes	Unclear or NR	Yes	No	No	Unclear or NR	Medium
Lesmana, 2009 ²² NA	Unclear or NR	No	No	Unclear or NR	Yes	No	No	No	Unclear or NR	High
McClatchey, 2009 ²³ NA	NA	NA	No	Yes	NA	NA	No	NO	Yes	High
Nugent, 2010 ²⁴ NA	NA	Yes	No	Yes	NA	NA	Yes	Yes	No	Low
Pfeffer, 2002 ²⁵ NA	No	No	No	No	Yes	NA	No	No	Yes	High
Robb, 2010 ²⁶ NA	Yes	Yes	No	Yes	NA	NA	Yes	Yes	Yes	Low
Robert, 1999 ²⁷ NA	Yes	Yes	No	No	No	NA	Yes	Yes	Yes	Medium

Table E-2. Additional risk of bias assessments for all randomized controlled trials (RCTs), case control trials (CCTs), and cohort studies (continued)

Author, Year, Trial Name	RCTs Only		RCTs, CCTs, Cohorts only			Case Control Only	RCTs and CCTs		Did the study use ITT analyses?	Risk of bias
	Was allocation concealment adequately generated?	Was allocation of treatment adequately concealed?	Did the recruitment strategy differ across study groups?	Were groups similar at baseline?	Did analysis control for baseline group differences?	Were cases and controls appropriately selected?	Were providers masked?	Were participants masked?		
Robert, 2008 ²⁸ NA	Yes	Yes	No	No	No	NA	Yes	Yes	Yes	Low
Ruf, 2010 ²⁹ NA	Yes	No	No	No	No	Yes	No	No	Yes	High
Sadeh, 2008 ³⁰ NA	No	No	No	Unclear or NR	No	NA	No	No	Unclear or NR	High
Schaal, 2009 ³¹ NA	Yes	No	No	Unclear or NR	No	NA	No	No	No	High
Schreier, 2005 ³² NA	Unclear or NR	Unclear or NR	No	Unclear or NR	Unclear or NR	NA	Unclear or NR	NA	Unclear or NR	High
Shechtman, 2010 ³³ NA	Unclear or NR	Unclear or NR	No	No	NA	Yes	No	No	NA	High
Salloum, 2008 ³⁴ NA	Unclear or NR	No	No	Yes	NA	NA	No	No	Yes	Medium
Smith, 2007 ³⁵ NA	Yes	NA	No	Yes	NA	Yes	Yes	NA	Yes	Low
Stallard, 2006 ³⁶ NA	Yes	Yes	No	No	No	NA	No	Yes	Yes	High
Stein, 2003 ³⁷ NA	Yes	Yes	No	Yes	NA	NA	No	No	No	Medium
Thabet, 2005 ³⁸ NA	NA	NA	No	No	No	NA	No	No	Yes	High
Tol et al., 2008; ³⁹ Tol et al., 2010 ⁴⁰ NA; NA	Yes	Unclear or NR	No	Yes	NA	Yes	No	No	Yes	Medium
Wolmer, 2011 ⁴¹ NA	NA	NA	Unclear or NR	No	NA	NA	No	No	No	High
Wolmer, 2005 ⁴² NA	NA	NA	Yes	Yes	NA	NA	No	No	No	High

Abbreviations: CBI = Classroom-Based Intervention; ERASE-Stress – Enhancing Resilience among Students Experiencing Stress; NA = not applicable; OTT = Overshadowing the Threat of Terrorism; TF-CBT = Trauma-Focused Cognitive Behavioral Therapy; TGCT = Trauma and Grief Component Therapy.

Table E-3. Quality assessment of systematic reviews

First author, year	Review based on a focused question of interest	Search strategy employed a comprehensive, systematic, literature search	Eligibility criteria for studies clearly described	At least 2 people independently review studies	Authors used a standard method of critical appraisal before including studies	Publication bias assessed	Heterogeneity assessed and addressed	Approach used to synthesize information adequate and appropriate	Risk of Bias
Lawrence, 2010 ^{a43}	Yes	Yes	Yes	Yes	Yes	NA	NA	NA	Low

^aThis systematic review did not identify any eligible studies. A quality assessment was performed but no abstraction of data occurred.

Abbreviations: CBI = Classroom-Based Intervention; ERASE-Stress – Enhancing Resilience among Students Experiencing Stress; ES-SL = ERASE Stress Sri Lanka; NA = not applicable; NR = not reported; OTT = Overshadowing the Threat of Terrorism; TF-CBT = Trauma-Focused Cognitive Behavioral Therapy; TGCT = Trauma and Grief Component Therapy.

Table E-4. Rationale for high risk of bias rating

Author, Year	Trial Name	Primary Reasons for High Risk of Bias Rating
Chemtob, 2002 ⁶ NA		High potential for attrition and reporting bias: <ul style="list-style-type: none"> No ITT analysis conducted. No data provided on means comparing G1 to G2 at follow-up. Reliability of Children's Reaction Inventory as used to measure treatment effect on PTSD symptoms unknown.
Chemtob, 2002 ⁷ NA		High potential for selection bias: <ul style="list-style-type: none"> One group not drawn from the randomized set. This intervention group came from a less traumatized group. Authors did not control for potential selection bias. The authors did not provide sufficient data to evaluate differences between the arms. High potential for detection bias: <ul style="list-style-type: none"> Authors did not account for multiple comparisons. Wait-list assessments not performed at the same points in time as the treatment group assessments. Blinding not clearly reported. High potential for attrition bias: <p>The clinician evaluation of outcomes comparing treatment to no treatment is based on a very small random sample of the allocated individuals (~17% (37) of the ~75% (214 of 284) that completed the study.</p> <p>The authors did not use ITT analysis.</p>
CATS Consortium, 2010 ⁸ NA		High potential for selection bias: <ul style="list-style-type: none"> Many uncontrolled variables, including nonrandom assignments to groups, non-comparable groups (low level trauma symptoms vs. high trauma). Did not control for improvement over time without treatment. No control for extraneous events occurring with treatment.
Eksi, 2009 ⁹ NA		High potential for selection bias: <ul style="list-style-type: none"> Did not control for substantial differences between groups at baseline in the analysis.
Giannopoulou, 2006 ¹¹ NA		High potential for detection bias: <ul style="list-style-type: none"> Assessors of outcomes not blinded. High potential for selection bias: <ul style="list-style-type: none"> Arms not randomized. Baseline differences between groups not reported. High potential for reporting bias: <ul style="list-style-type: none"> Combined results for the treatment and wait list control groups after reporting similar mean scores between the groups. Did not report significance level. Did not report the outcome means separately for the groups.
Gilboa-Schechtman, 2010 ¹² NA		High potential for selection bias: <ul style="list-style-type: none"> The randomization failed and not controlled for in the analysis. Demographics of participants not reported.

Table E-4. Rationale for high risk of bias rating (continued)

Author, Year	Trial Name	Primary Reasons for High Risk of Bias Rating
Gordon, 2008 ¹⁵ NA		<p>High potential for selection bias:</p> <ul style="list-style-type: none"> • Randomization success not reported. • Did not report between group differences and only controlled for gender in the analysis. <p>High potential for attrition bias:</p> <ul style="list-style-type: none"> • Did not use ITT analysis.
Jaycox, 2010 ¹⁶ TF-CBT		<p>High potential for attrition bias:</p> <ul style="list-style-type: none"> • Overall attrition rate high at 39% • Differential attrition rate high at 76% in one group and 1% in the other.
Jordans, 2010 ¹⁷ CBI		<p>High potential for performance bias:</p> <ul style="list-style-type: none"> • The fidelity to protocol not assessed. <p>High potential for detection bias:</p> <ul style="list-style-type: none"> • Assessors not blinded to participant assignment.
Karaimak, 2008 ¹⁸ NA		<p>High potential for selection bias:</p> <ul style="list-style-type: none"> • Randomization method was not specified. • Baseline characteristics of groups are not reported. <p>High potential for detection bias:</p> <ul style="list-style-type: none"> • Information about assessors not reported. • Validity of the measure used (Fear Survey Schedule for Children) not clear. <p>High potential for performance bias:</p> <ul style="list-style-type: none"> • Did not report on the fidelity of the treatment.
Karam, 2008 ¹⁹ NA		<p>High potential for selection bias:</p> <ul style="list-style-type: none"> • Confounding by indication. Cases and controls had significant differences on a variety of characteristics. <p>High potential for detection bias:</p> <ul style="list-style-type: none"> • Assessment tool (War Events Questionnaire) not reliable. • Likely that the outcome assessors not blinded. <p>High potential for attrition bias:</p> <p>The only follow-up assessment occurred approximately 46 weeks after the end of the intervention.</p>
Lesmana, 2009 ²² NA		<p>High potential for selection bias:</p> <p>Randomization failed. Not controlled for in the analysis. Demographics of participants not reported.</p>
McClatchey, 2009 ²³ NA		<p>High potential for selection bias:</p> <ul style="list-style-type: none"> • Study not randomized. <p>High potential for detection bias:</p> <ul style="list-style-type: none"> • Baseline measures gathered in-person with group 1 and by phone with group 2. • Outcome assessors not blinded. <p>High potential for performance bias:</p> <ul style="list-style-type: none"> • Did not assess or control for co-interventions.

Table E-4. Rationale for high risk of bias rating (continued)

Author, Year Trial Name	Primary Reasons for High Risk of Bias Rating
Pfeffer, 2002 ²⁵ NA	High potential for selection bias: <ul style="list-style-type: none"> • Randomization failed. High potential for performance bias: <ul style="list-style-type: none"> • Participants and providers not blinded to intervention • Participants received care through other interventions (individual and/or family psychotherapy). Not controlled for or mentioned in analysis. High potential for detection bias: <ul style="list-style-type: none"> • Time between assessments not consistent between patients and varied between 2.5 to 4.5 mos. High potential for attrition bias: <ul style="list-style-type: none"> • High differential attrition.
Ruf, 2010 ²⁹ NA	High potential for selection bias: <ul style="list-style-type: none"> • Randomization failed and not controlled for in analysis. • Demographics of participants not reported.
Sadeh, 2008 ³⁰ NA	High potential for selection bias: <ul style="list-style-type: none"> • Confounding factors in clusters not controlled for in analysis. • Samples not described. • Success of randomization not reported. • Did not control for all confounding variables. High potential for detection bias: <ul style="list-style-type: none"> • Instruments used were designed for the study and not validated.
Schaal, 2009 ³¹ NA	High potential for selection bias: <ul style="list-style-type: none"> • Randomization failed and not controlled for in analysis. • Demographics of participants not reported.
Schreier, 2005 ³² NA	There is no demographic data reported for the intervention and control groups (only reported overall) so I can't determine whether or not there are any important differences between groups. Their statistical methods don't explain how potential confounders were accounted for in their analysis of this pilot study. Since this was a pilot intervention, added on to a study with the primary objective of examining the prevalence and correlated of PTSD symptoms in children who suffer from an acute injury, very little is reported regarding the intervention's methods (i.e. allocation concealment, blinding, method of randomization not reported). Furthermore, they mention that all participants had access to psychological services at the hospital (which could be a major confounder) but do not provide data on how many participants accessed these services. Without more details regarding methods and analysis, I believe that this is a poor study.
Shechtman, 2010 ³³ NA	Randomization strategy was not reported; adherence to manual was not reported, etc.
Stein, 2003 ³⁷ NA	Failure to account for baseline differences between groups (failure of randomization leading to selection bias)
Thabet, 2005 ³⁸ NA	No randomized, very different demographics (age, gender, % w PTSD), not controlled for in analysis, huge clustering problem not dealt with in analysis.

Table E-4. Rationale for high risk of bias rating (continued)

Author, Year	
Trial Name	Primary Reasons for High Risk of Bias Rating
Wolmer, 2011 ⁴¹ NA	Substantial differential attrition at T3 (23.3% vs. 0%), baseline difference in exposure to terrorist attacks, unclear how wait list control group is derived
Wolmer, 2005 ⁴² NA	Overall loss to follow up from the original study was substantial (77%)

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Appendix F. Abbreviations and Scales

Abbreviations Used in Included Studies

Abbreviated Name	Complete Name
ASD	Acute Stress Disorder
CAM	Complementary and Alternative Medicine
CBI	Classroom-Based Intervention
CBITS	Cognitive-Behavioral Intervention for Trauma in Schools
CBT	Cognitive Behavioral Therapy
CCT	case control trial
CFTSI	Child and Family Traumatic Stress Intervention
CISD	Critical Incident Stress Debriefing
CPT	Cognitive Processing Therapy
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
DVP	divalproex sodium
DX	diagnosis
EKG	electrocardiogram
EMDR	Eye Movement and Desensitization Reprocessing
ER	emergency room
ERASE-Stress	Enhancing Resiliency among Students Experiencing Stress
ES-SL	ERASE Stress Sri Lanka
KIDNET	Narrative Exposure Therapy for children
LAST	Loss and Survival Team
MH	mental health
Mos	months
NA	not applicable
NET	Narrative Exposure Therapy
NH	nursing home
NR	not reported
OTT	Overshadowing the Threat of Terrorism
PDS	Psychosocial Dysfunctional Scale
PSC	Pediatric Symptom Checklist
PTE	potentially traumatic event
PTSD	Post-Traumatic Stress Disorder
RCT	randomized controlled trial
RR	risk ratio
SSRI	selective serotonin reuptake inhibitors
TBSA	total body surface area
TF-CBT	Trauma-Focused Cognitive Behavioral Therapy
TGCT	Trauma and Grief Component Therapy
Tx	Treatment
WAI	Welsh Anxiety Inventory

Scales Used in Included Studies

Abbreviated Name	Complete Name of Measure or Instrument	Range or Mean of Scores	Improvement Denoted by
ASC-Kids	Acute Stress Disorder Checklist	NR	Decrease
BDI	Beck Depression Inventory	0-63	Decrease
Brief BDI	Brief Beck Depression Inventory	0-21	Decrease
CAPS-CA	Clinician-Administered Post-Traumatic Stress Disorder Scale for Children and Adolescents	NR	Decrease
CBCL	Child Behaviour Checklist	NR	NR
CDI	Child Depression Inventory	0-52	Decrease
CDIS	Child Diagnostic Interview Schedule	NR	Decrease
CDRS-R	Children's Depression Rating Scale-Revised	NR	NR
CDS	Children's Depression Scale	NR	NR
CGI-I	Clinical Global Impressions-Improvement Scale	NR	Decrease
CGI-S	Clinical Global Impressions-Severity Scale	NR	NR
C-IES	Children's Impact of Event Scale	NR	NR
CPSS	Child PTSD Symptom Scale	0-51	Decrease
CPTSD-RI	Child Post-Traumatic Stress Reaction Index	NR	Decrease
C-RIES	Children's Revised Impact of Event Scale	NR	Decrease
CSDC	Child Stress Disorder Checklist	NR	Decrease
DPS	Diagnostic Predictive Scales	NR	Decrease
DSRS	Depression Self-Rating Scale	NR	Decrease
GCS	Glasgow Coma Scale	NR	NR
GFS	General Functioning Scale	NR	NR
GHQ	General Health Questionnaire	NR	NR
GHQ-12	General Health Questionnaire	NR	NR
IES	Impact of Events Scale	NR	Decrease
K-SADS-PL	Kiddie Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version	NR	NR
MFQ-C	Mood and Feelings Questionnaire – Child Version	0-66	Decrease
PDS	Psychosocial Dysfunctional Scale	0-70	Decrease
PQ-LES-Q	Pediatric Quality of Life Enjoyment and Satisfaction Questionnaire	NR	NR
PSC	Pediatric Symptom Checklist	0-70	Decrease
PSS-SR	Post-Traumatic Stress Disorder Symptom Scale Self Report	NR	Decrease
RCMAS	Revised Children's Manifest Anxiety Scale	NR	Decrease
SCARED	Screen for Child Anxiety Related Emotional Disorders	NR	Decrease
SCARED-5	Self-Report for Anxiety-Related Disorders	0-10	Decrease
SDQ	Strengths and Difficulties Questionnaire	NR	NR
STAIC	State Trait Anxiety Inventory for Children	NR	NR
STEPP-GCS	Screening Tool for Early PTSD Glasgow Coma Scale	NR	NR
TCRS	Teacher Child Rating Scale	6-30	Decrease

Scales Used in Included Studies (continued)

Abbreviated Name	Complete Name of Measure or Instrument	Range or Mean of Scores	Improvement Denoted by
TSCC	Trauma Symptom Checklist for Children	NR	Decrease
UCLA PTSD-I	University of California, Los Angeles Post-Traumatic Stress Disorder Index	NR	Decrease
UCLA PTSD-RI-R	University of California, Los Angeles Post-Traumatic Stress Disorder Reaction Index-Revised	0-68	Decrease
UCLA PTSD – Symptom Severity	University of California, Los Angeles Post-Traumatic Stress Disorder – Symptom Severity	0-68	Decrease
UPID	University of California, Los Angeles Index for DSM-IV for children	0-68	Decrease
UPID-S	University of California, Los Angeles Index for DSM-IV for children – Severity Score	0-6	Decrease
UPID-PTSD Symptoms	University of California, Los Angeles Index for DSM-IV for children – PTSD Symptoms	0-17	Decrease

Appendix G. Summary of Results

Table G-1. Summary of results for child PTSD prevention interventions (KQ 1)

Outcome	Intervention	Comparator	Number of Trials, Number of Participants	Strength of Evidence and Magnitude of Effect	Type of Exposure
PTSD diagnosis	CFTSI	Supportive therapy	1, ¹ 106	Low; difference of 4.54 points on the UCLA PTSD-RI Index favoring CFTSI	Mixed (MVA, sexual abuse, witnessing violence, physical assaults, injuries, threats of violence)
	Mixed ERASE Stress (school groups)	Wait-list control that received religious classes	2, ^{2,3} 273	Low; significantly greater decrease in PTSD diagnosis on the UCLA PTSD-I in one study (24.7% greater decrease in proportion); second study significance not reported (11.3% greater decrease in proportion)	Natural disaster (tsunami); war/terror attacks
PTSD symptoms/severity	TF-CBT	No treatment	1, ^{4,5} 65	Low; difference of 19.2 points on child PTSD reaction index at 18 months favoring TF-CBT	Natural disaster (earthquake)
	CFTSI	Supportive therapy	1, ¹ 106	Low; difference of 4.71 points on the TSCC PTS Index favoring CFTSI	Mixed (MVA, sexual abuse, witnessing violence, physical assaults, injuries, threats of violence)
	Mixed ERASE Stress (school groups)	Wait-list control that received religious classes	2, ^{2,3} 273	Low; significantly greater decrease in PTSD symptom severity on the UCLA PTSD-I in both studies (mean differences of 7.21, 9.0)	Natural disaster (tsunami); war/terror attacks
	Mixed Overshadowing the Threat of Terrorism (school groups)	Wait-list control	1, ⁶ 142	Low; significantly greater decrease in PTSD symptoms on the UCLA PTSD-I (mean difference of 4.6) and significantly greater decrease in PTSD severity (mean difference of 12.1)	War/terror attacks

Table G-1. Summary of results for child PTSD prevention interventions (KQ 1) (continued)

Outcome	Intervention	Comparator	Number of Trials, Number of Participants	Strength of Evidence and Magnitude of Effect	Type of Exposure
Depression symptoms	TF-CBT	No treatment	1, ^{4,5} 65	Low; difference of 5.7 points on Depression Rating Scale at 18 months favoring TF-CBT	Natural disaster (earthquake)
	Mixed ERASE Stress (school groups)	Wait-list control that received religious classes	2, ^{2,3} 273	Low; significantly greater decrease in depression symptoms in both studies on the Brief Beck Depression Inventory (mean differences of 1.55, 1.8)	Natural disaster (tsunami); war/terror attacks
Anxiety symptoms	CFTSI	Supportive therapy	1, ¹ 106	Low; difference of 5.52 points on the TSCC Anxiety Index favoring CFTSI	Mixed (MVA, sexual abuse, witnessing violence, physical assaults, injuries, threats of violence)
	Mixed Overshadowing the Threat of Terrorism (school groups)	Wait-list control	1, ⁶ 142	Low; significantly greater decrease in generalized anxiety symptoms (mean difference of 2.8) and significantly greater decrease in separation anxiety symptoms on the SCARED (mean difference of 2.4)	War/terror attacks
Somatic complaints	Mixed ERASE Stress (school groups)	Wait-list control that received religious classes	2, ^{2,3} 273	Low; significantly greater decrease in somatic complaints in both studies on the DPS (mean differences of 1.01, unknown magnitude in second study)	Natural disaster (tsunami); war/terror attacks
	Mixed Overshadowing the Threat of Terrorism (school groups)	Wait-list control	1, ⁶ 142	Low; significantly greater decrease in somatic complaints on the DPS (mean difference of 1.1)	War/terror attacks

Table G-1. Summary of results for child PTSD prevention interventions (KQ 1) (continued)

Outcome	Intervention	Comparator	Number of Trials, Number of Participants	Strength of Evidence and Magnitude of Effect	Type of Exposure
Functional impairment	Mixed ERASE Stress (school groups)	Wait-list control that received religious classes	2, ^{2,3} 273	Low; significantly greater decrease in functional impairment in both studies on the DPS (mean differences of 2.45, 2.0)	Natural disaster (tsunami); war/terror attacks
	Mixed Overshadowing the Threat of Terrorism (school groups)	Wait-list control	1, ⁶ 142	Low; significantly greater decrease in functional impairment on 4 items from the <i>Childhood Diagnostic Interview Schedule</i> (mean difference of 1.8)	War/terror attacks

Abbreviations: CTSFI = Child and Family Traumatic Stress Intervention; DPS = Diagnostic Predictive Scales; MVA = motor vehicle accident; PTSD = post-traumatic stress disorder; SCARED = Screen for Child Anxiety Related Emotional Disorders; TF-CBT = trauma-focused cognitive behavioral therapy; TSCC = Trauma Symptom Checklist for Children; UCLA PTSD-I = University of California, Los Angeles Post-Traumatic Stress Disorder – Index for DSM-IV.

Table G-2. Summary of results for child PTSD treatment interventions (KQ 2)

Outcome	Intervention	Comparator	Number of Trials, Number of Participants	Strength of Evidence and Magnitude of Effect	Type of Exposure
PTSD diagnosis	TF-CBT	Wait-list control	1, ⁷ 24	Low; Cohen effect size 2.20 on the C-RIES scale favoring TF-CBT and Cohen effect size 1.59 on the CAPS-CA scale favoring TF-CBT	Mixed: MVA, assault, witnessed violence
	EMDR	Wait-list control	1, ⁸ 27	Low; 75% decrease in the EMDR group versus 0% change in the wait-list control group in number of children with 2 or more DSM IV criteria	MVA
PTSD symptoms/severity	TF-CBT	Wait-list control	1, ⁷ 24	Low; Cohen effect size 2.48 on CPSS scale favoring TF-CBT	Mixed: MVA, assault, witnessed violence
	CBITS	Wait-list control	1, ⁹ 126	Low; difference of 7 points on CPSS favoring CBITS	Community violence
	CPT	Wait-list control	1, ¹⁰ 38	Low; difference of 10.09 points on PSS-R scale favoring CPT and difference of 14.19 on Impact of Events Scale favoring CPT	Mixed
	EMDR	Wait-list control	1, ⁸ 27	Low; magnitude of effect not reported by intervention type	MVA
	TGCT (school groups)	Wait-list control	1, ¹¹ 159	Low; reduction in PTSD symptoms of 6.18 favoring TGCT group	War-exposed in Bosnia
	Mixed school group	Wait-list control	1, ¹² 403	Low; significantly greater decrease in PTSD symptoms on CPSS in treatment group at 1 week (effect size 0.55) and 6 months (effect size 0.45) postintervention	Poverty and political violence/ instability

Table G-2. Summary of results for child PTSD treatment interventions (KQ 2) (continued)

Outcome	Intervention	Comparator	Number of Trials, Number of Participants	Strength of Evidence and Magnitude of Effect	Type of Exposure
PTSD symptoms/severity (continued)	Sertraline	Placebo	1, ¹³ 129	Low for no benefit; placebo with greater decrease in parent-rated PTSD symptoms over sertraline (LS mean difference 95% CI of -9.1, -0.6 with CSDC); placebo with greater decrease in clinician-rated PTSD severity via CGI-S (LS mean difference 95%CI of -0.8, 0)	Mixed
Depression symptoms	TF-CBT	Wait-list control	1, ⁷ 24	Low; difference of 12.6 points on the RCMAS favoring TF-CBT	Mixed: MVA, assault, witnessed violence
	CBITS	Wait-list control	1, ⁹ 126	Low; difference of 3.4 points on CDI favoring CBITS	Community violence
	CPT	Wait-list control	1, ¹⁰ 38	Low; difference of 7.8 points on BDI scale favoring CPT	Mixed
	TGCT (school groups)	Wait-list control	1,{Layne, 2008 #442} 159	Low; calculated mean between group difference of 2.78 points favoring TGCT	War-exposed in Bosnia
Anxiety symptoms	TF-CBT	Wait-list control	1, ⁷ 24	Low; difference of 9.7 points on the DSRs favoring TF-CBT	Mixed: MVA, assault, witnessed violence
Functional impairment	Mixed school group	Wait-list control	1, ¹² 403	Low; significantly greater decrease in functional impairment on a 10 items child-reported checklist in treatment group at 1 week (effect size 0.42) and 6 months (effect size 0.26) postintervention	Poverty and political violence/ instability
Psychosocial dysfunction	CBITS	Wait-list control	1, ⁹ 126	Low; difference of 6.4 points on PSC favoring CBITS	Community violence
Quality of Life	Sertraline	Placebo	1, ¹³ 129	Low for no benefit; placebo with greater improvement in quality of life than sertraline (LS mean difference 95%CI 0.2, 6.8)	Mixed

Abbreviations: BDI = Beck Depression Inventory; CAPS-CA = clinician-administered PTSD scale for children and adolescents; CBITS = Cognitive Behavioral Intervention for Trauma in Schools; CDI = Child Depression Inventory; CI=confidence interval; CPT = cognitive processing therapy; C-RIES = Children’s Revised Impact of Event Scale; CSDC = Child Stress Disorder Checklist; LOCF: last observation carried forward; DSRs=Depression Self-Rating Scale; EMDR = eye movement desensitization and reprocessing; LS=least squares; MVA = motor vehicle accident; PTSD = post-traumatic stress disorder; PSC = Pediatric Symptom Checklist; RCMAS = Revised Children’s Manifest Anxiety Scale; TF-CBT = trauma-focused cognitive behavioral therapy

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