

Appendix A. PTSD Outcome Measures and Instruments

Abbreviated Name	Complete Name	Description	Range/Meaning of Possible Scores	Improvement Indicated by
CAPS	Clinician-Administered PTSD Scale	45-60 min. structured interview administered by a trained professional. 30 items that correspond to the DSM-IV criteria for PTSD. Symptoms, impact on functioning, response validity, lifetime diagnosis, and overall PTSD severity. Time frame for assessment includes past week, month, or worst month since trauma.	0 to 136	Decrease
IES	Impact of Events Scale	15-item self-reported measure used to assess the frequency with which experiences of "intrusions," "avoidance," and emotional numbing related to stressful events occurred in the last week. A total distress score is calculated by summing all 15 item responses.	0 to 75	Decrease
IES-R	Impact of Events Scale-Revised	22-item self-report measure that assesses subjective distress caused by traumatic events. Contains 7 items more than the IES regarding hyperarousal Sx of PTSD. Items correspond directly to 14 of the 17 DSM-IV symptoms of PTSD. Subscales can be computed for Intrusion, Avoidance, and Hyperarousal.	0 to 88	Decrease
PTDS or PDS	Posttraumatic Diagnostic Scale	49 item self report measure for severity of PTSD Sx related to a single identified traumatic event. Assesses all DSM-IV criteria (A-F) in the past month (time frame can be adjusted) 4 sections: trauma checklist, description of post traumatic event, assessment of 17 PTSD Sx, and interference of Sx. Total severity score reflecting frequency of 17 PTSD Sx.	0 to 51	Decrease
PCL	PTSD Checklist	17-item self-report measure of the 17 DSM-IV symptoms of PTSD. The PCL has been used to screen individuals for PTSD, diagnose PTSD, and monitor symptom change during and after treatment. There are three versions of the PCL: PCL-M (military), PCL-C (civilian), and PCL-S (specific). 5-10-minute administration.	17 to 85	Decrease
PSS-I	PTSD Symptom Scale Interview	17-item semistructured interview that assesses the presence and severity of DSM-IV PTSD symptoms related to a single identified traumatic event in individuals with a known trauma history. Each item is assessed with a brief,	0 to 51	Decrease

Abbreviated Name	Complete Name	Description	Range/Meaning of Possible Scores	Improvement Indicated by
		single question. Interviewees are asked about symptoms they have experienced in the past 2 weeks. Approximately 20-minute administration.		
PSS-SR	PTSD Symptom Scale Self-report Version	17-item scale used to diagnose PTSD according to DSM-III-R criteria. Assesses the severity of PTSD symptoms (consist of the same 17 items as the PSS-I).	0 to 51	Decrease
PTSS-10	Posttraumatic Stress Symptom 10 Question Inventory	10 to 70	10 to 70	Decrease
SI-PTSD	Structured Interview for PTSD	Assesses the 17 PTSD symptoms as well as survival and behavioral guilt. For each item, the interviewer assigns a severity rating that reflects both frequency and intensity. Responses can be used to make a determination about whether client's symptoms meet DSM criteria B, C, and D for PTSD. 20–30-minute administration.	0 to 68	Decrease

Appendix B. Search Strategy

MEDLINE®:

Search	Query	Items found
	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]	207835
	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]	21591
	Search "Social Problems/psychology"[Mesh]	39134
	Search "Life Change Events"[Mesh]	17145
	Search "Stress, Psychological"[Mesh]	77741
	Search "Wounds and Injuries/psychology"[Mesh]	12844
	Search "Disasters"[Mesh]	53875
	Search "survival/psychology"[Mesh]	367
	Search #1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8	390089
	Search #9 Limits: Humans, English, All Adult: 19+ years	145273
	Search "Anesthetics, Dissociative"[Pharmacological Action] OR "Opiate Alkaloids"[Mesh] OR "Benzodiazepines"[MeSH] OR "Tranquilizing Agents"[Pharmacological Action] OR "Antipsychotic Agents"[Pharmacological Action] OR "Adrenergic Agents"[Pharmacological Action] OR "Anticonvulsants"[Pharmacological Action] OR "Monoamine Oxidase Inhibitors"[Pharmacological Action] OR "Antidepressive Agents"[Pharmacological Action] OR "Psychotropic Drugs"[Mesh]	691213
	Search #10 AND #11	4622
	Search "Psychotherapy"[Mesh] OR "Complementary Therapies"[Mesh] OR "Therapeutics/psychology"[Mesh] OR "Adaptation, Psychological"[Mesh] OR "Mental Health Services"[Mesh]	425466
	Search #10 AND #13	20742
	Search "prevention and control" [Subheading]	890704
	Search "prevention"[tiab] OR "prevent"[tiab] OR "preventive"[tiab] OR "preventative"[tiab]	567453
	Search "early intervention"[tiab]	7594
	Search "Emergency Treatment/psychology"[Mesh]	1043
	Search "Crisis Intervention"[Mesh]	4917
	Search "Resilience, Psychological"[Mesh]	667
	Search "Preventive Health Services"[MeSH]	373860
	Search "Preventive Medicine"[Mesh]	31385
	Search "immediate treatment"[tiab]	1682
	Search #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23	1517709
	Search (#12 OR #14) AND #24	5026
	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]	464580
	Search "meta-analysis"[Publication Type] OR "meta-analysis as topic"[MeSH Terms] OR "meta-analysis"[All Fields]	52267
	Search "Comparative Study"[Publication Type] OR "comparative study" OR case control stud* OR "Case-Control Studies"[Mesh]	2006988
	Search ("review"[Publication Type] AND "systematic"[tiab]) OR "systematic review"[All Fields] OR ("review literature as topic"[MeSH AND "systematic"[tiab])	45060
	Search "Cohort Studies"[Mesh] OR "cohort effect"[MeSH Term] OR cohort*[tiab]	1210509
	Search #26 OR #27 OR #28 OR #29 OR #30	2970190
	Search #25 AND #31	1810
	Search "Stress Disorders, Post-Traumatic/prevention and control"[Mesh]	834
	Search #31 AND #33	158
	Search #34 Limits: Humans, English, All Adult: 19+ years	101
	Search #32 OR #35	1855

PILOTS Database Search:

PILOTS search done January 5, 2012 using the following search criteria; 188 unique results found.

DE="adults" and DE="prevention" and DE="ptsd"
English Only

Cochrane:

ID	Search	Hits
#1	"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]	9433
#2	"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]	1218
#3	"Social Problems/psychology"[Mesh]	2
#4	"Life Change Events"[Mesh]	381
#5	"Stress, Psychological"[Mesh]	2934
#6	"Wounds and Injuries/psychology"[Mesh]	33
#7	"Disasters"[Mesh]	104
#8	"survival/psychology"[Mesh]	4
#9	(#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8)	12820
#10	"Anesthetics, Dissociative"[Pharmacological Action] OR "Opiate Alkaloids"[Mesh] OR "Benzodiazepines"[MeSH] OR "Tranquilizing Agents"[Pharmacological Action] OR "Antipsychotic Agents"[Pharmacological Action] OR "Adrenergic Agents"[Pharmacological Action] OR "Anticonvulsants"[Pharmacological Action] OR "Monoamine Oxidase Inhibitors"[Pharmacological Action] OR "Antidepressive Agents"[Pharmacological Action] OR "Psychotropic Drugs"[Mesh]	13154
#11	(#1 AND #10)	269
#12	"Psychotherapy"[Mesh] OR "Complementary Therapies"[Mesh] OR "Therapeutics/psychology"[Mesh] OR "Adaptation, Psychological"[Mesh] OR "Mental Health Services"[Mesh]	10506
#13	(#1 AND #12)	572
#14	(#11 OR #13)	777
#15	"prevention"[tiab] OR "prevent"[tiab] OR "preventive"[tiab] OR "preventative"[tiab]	100796
#16	"early intervention"[tiab]	1157
#17	"Emergency Treatment/psychology"[Mesh]	2
#18	"Crisis Intervention"[Mesh]	263
#19	"Resilience, Psychological"[Mesh]	21
#20	"Preventive Health Services"[MeSH]	443
#21	"Preventive Medicine"[Mesh]	2727
#22	"immediate treatment"[tiab]	246
#23	(#15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22)	101847
#24	(#14 AND #23)	266
#25	"Adult"[Mesh]	270874
#26	(#24 AND #25)	155
#27	(#26)	148

IPA, CINAHL, PsychINFO:

#	Query	Limiters/Expanders	Results
S11	S10	Limiters - English Language; Human; Language: English; Age Groups: All Adult; Language: English; Articles about Human Studies; English; Language: English; Age Groups: Adulthood (18 yrs & older), Young Adulthood (18-29 yrs), Thirties (30-39 yrs), Middle Age (40-64 yrs), Aged (65 yrs & older), Very Old (85 yrs & older); Population Group: Human; Exclude Dissertations Search modes - Boolean/Phrase	124
S10	S8 and S9	Search modes - Boolean/Phrase	456
S9	"prevention" OR (MH "Early Intervention+")	Search modes - Boolean/Phrase	516323
S8	S5 or S7	Search modes - Boolean/Phrase	2562
S7	S3 and S6	Search modes - Boolean/Phrase	1672
S6	DE "Drug Therapy"	Search modes - Boolean/Phrase	96635
S5	S3 and S4	Search modes - Boolean/Phrase	902
S4	DE "Psychotherapeutic Techniques" OR DE "Animal Assisted Therapy" OR DE "Autogenic Training" OR DE "Cotherapy" 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"	Search modes - Boolean/Phrase	25870
S3	S1 or S2	Search modes - Boolean/Phrase	163590
S2	"Injuries" OR DE "Burns" OR DE "Electrical Injuries" OR DE "Head Injuries" OR DE "Spinal Cord Injuries" OR DE "Wounds"	Search modes - Boolean/Phrase	119613
S1	"Posttraumatic Stress Disorder" OR DE "Reactive Psychosis" OR DE "Stress Reactions" OR DE "Psychological Stress" OR DE "Acute Stress Disorder" OR DE "Emotional Trauma"	Search modes - Boolean/Phrase	45455

EMBASE:

No.	Query	Results
#1	'posttraumatic stress disorder'/exp	26,817
#2	'psychotherapy'/exp	174,672
#3	'drug therapy'/exp	1,526,816
#4	#2 OR #3	1,688,791
#5	#1 AND #4	5,638
#6	'prevention'/exp OR 'early intervention'/exp	934,844
#7	#5 AND #6	202
#8	'randomized controlled trial'/exp OR 'single blind procedure'/exp OR 'double blind procedure'/exp OR 'systematic review'/exp OR 'cohort analysis'/exp OR 'meta analysis'/exp OR 'comparative study'/exp OR 'case control study'/exp	1,448,799
#9	#7 AND #8	37

Web of Science:

Set	Results	Query
# 12	108	#11 AND #8 Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 11	336,240	#10 OR #9 Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 10	50,812	(TS=(early intervention)) AND Language=(English) Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 9	291,955	(TS=(prevention)) AND Language=(English) Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 8	1,418	#7 AND #4 Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 7	54,820	#6 OR #5 Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 6	15,172	TS=(pharmacotherapy) Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 5	41,223	TS=(Psychotherapy) Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 4	39,541	#3 OR #2 OR #1 Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 3	12,815	TS=("post trauma*") Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 2	27,812	TS=(posttraumatic) Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On
# 1	11,784	TS=(PTSD) Databases=SCI-EXPANDED, SSCI, A&HCI Timespan=All Years Lemmatization=On

Total references identified by the main searches, minus duplicates = 2364

Total references from main and handsearches, minus duplicates = 2438

Appendix C. 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 E) for fields used in the data abstraction forms.

Table C1. Abstract review form fields

REF ID
Author
Year
Title
Abstract
Exclude (Select an option from the dropdown list)
Include
Background? (To suggest an abstract that would otherwise be excluded from the review for use as background information, mark it with BKG, along with EXC and the exclusion number/code. Use BKG judiciously!)
Comments: Please include a comment if you included an abstract, but did so do to a lack of clarity within the abstract. Explain why you think the FT will reveal that the study should be excluded.

Table C2. Full text review form fields

Ref ID
Authors
Year
Title
Inclusion/Exclusion Code
Should article be included as background? ('X')
Design
Subpopulations
Psychological Interventions ('X')
Pharmacological Interventions ('X')
CAM Interventions ('X')
Group 1 (Main treatment group)
Group 2 (First comparison group)
Group 3 (Second comparison group, if applicable)
Group 4 (Third comparison group, if applicable)
KQ 1 ('X')
KQ 2 ('X')
KQ 3 ('X')
KQ 4 ('X')
Comments
Does the study belong to a set of Companion Studies? (Yes/No)
Include citations of any Companion Studies here

Appendix D. Excluded Studies

Excluded for Ineligible Publication Type

1. Andre C, Lelord F, Legeron P, et al. Effectiveness of early intervention on 132 bus drivers victims of aggressions: A controlled study. *Encephale-Revue De Psychiatrie Clinique Biologique Et Therapeutique*. 1997 Jan-Feb;23(1):65-71. PMID: WOS:A1997WM98800010.
2. 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.
3. Donovan JM, Bennett MJ, McElroy CM. The crisis group--an outcome study. *Am J Psychiatry*. 1979 Jul;136(7):906-10. PMID: 453351.
4. Dreman S. Children of victims of terrorism in Israel: coping and adjustment in the face of trauma. *Isr J Psychiatry Relat Sci*. 1989;26(4):212-22. PMID: 2632457.
5. Foa EB. Trauma and women: course, predictors, and treatment. *J Clin Psychiatry*. 1997;58(Supplement):25-8.
6. Hembree EA, Foa EB. Interventions for trauma-related emotional disturbances in adult victims of crime. *J Trauma Stress*. 2003;16(2):187-99. PMID: 2003-05170-009.
7. Johnston SL, Dipp RD. Support of marines and sailors returning from combat: a comparison of two different mental health models. *Mil Med*. 2009;174(5):455-9.
8. Lieberman EJ, Wolin SJ. Family therapy and a physician's suicide. *Am J Psychiatry*. 2004 Dec;161(12):2329-30; author reply 30-1. PMID: 15569917.
9. Lundin T. THE TREATMENT OF ACUTE TRAUMA - POSTTRAUMATIC-STRESS-DISORDER PREVENTION. *Psychiatr Clin North Am*. 1994 Jun;17(2):385-91. PMID: WOS:A1994NR15100011.
10. Pitman RK, Delahanty DL. Conceptually driven pharmacologic approaches to acute trauma. *CNS Spectr*. 2005 Feb;10(2):99-106. PMID: 15685120.
11. Querques J. Can reading a diary improve psychological outcomes in the intensive care unit? *Crit Care Med*. 2009;37(1):356-7.
12. Roberts Neil P, Kitchiner Neil J, Kenardy J, et al. Early psychological interventions to treat acute traumatic stress symptoms. *Cochrane Database of Systematic Reviews*. 2010(3) PMID: CD007944.
13. Steffgen G, de Boer C, Bollendorff C. Prevention of post-traumatic stress disorder in bank clerks after a bank robbery. *Arbeitsmedizin Sozialmedizin Umweltmedizin*. 2002;37(8):369-72.
14. van Dijk JA, Schoutrop MJ, Spinhoven P. Testimony therapy: treatment method for traumatized victims of organized violence. *Am J Psychother*. 2003;57(3):361-73. PMID: 12961820.
15. Vinar O. An attempt to prevent the sequelae of the posttraumatic stress disorder: experience from the 1997 flood in Moravia. *Homeost Health Dis*. 1998;38(4):165-8.
16. Williams WV, Polak PR. Follow-up research in primary prevention: a model of adjustment in acute grief. *J Clin Psychol*. 1979 Jan;35(1):35-45. PMID: 422729.
17. Zatzick D, Rivara F, Jurkovich G, et al. Enhancing the population impact of collaborative care interventions: mixed method development and implementation of stepped care targeting posttraumatic stress disorder and related comorbidities after acute trauma. *Gen Hosp Psychiatry*. 2011 Mar-Apr;33(2):123-34. PMID: WOS:000289183700006.

Excluded for Ineligible Study Design

1. Alford JW. Can patients accurately predict how illness will change their lives? *R I Med*. 1995 Oct;78(10):284-5. PMID: 8541615.
2. Backer J. Perceived stressors of financially secure, community-residing older women. *Geriatr Nurs*. 1995 Jul-Aug;16(4):155-9. PMID: 7628739.
3. Bober T, Regehr CD. Strategies for reducing secondary or vicarious trauma: do they work? *Brief Treatment and Crisis Intervention*. 2006;6(1):1-9.
4. Bohl N. Measuring the effectiveness of CISD: A study. *Fire Engineering*. 1995;148:125-6.
5. Briere J, Evans D, Runtz M, et al. Symptomatology in men who were molested as children: a comparison study. *Am J Orthopsychiatry*. 1988 Jul;58(3):457-61. PMID: 3407736.
6. Bryant RA, Creamer M, O'Donnell M, et al. A study of the protective function of acute morphine administration on subsequent posttraumatic stress disorder. *Biol Psychiatry*. 2009;65(5):438-40. PMID: 19058787.
7. Deahl MP, Gillham AB, Thomas J, et al. Psychological sequelae following the Gulf War. Factors associated with subsequent morbidity and the effectiveness of psychological debriefing. *Br J Psychiatry*. 1994 Jul;165(2):60-5. PMID: 7953059.
8. Dyregrov A, Gjestad R. A maritime disaster: reactions and follow-up. *Int J Emerg Ment Health*. 2003 Winter;5(1):3-14. PMID: 12722485.
9. Flannery RB, Jr. Staff victims of elder patient abuse and the Assaulted Staff Action Program (ASAP): preliminary empirical inquiry. *Am J Alzheimers Dis Other Demen*. 2003 Mar-Apr;18(2):93-6. PMID: 12708224.
10. Grainger C. Occupational violence: armed holdup - a risk management approach. *International Journal of Stress Management*. 1995;2(4):197-205.
11. Harris MB, Baloglu M, Stacks JR. MENTAL HEALTH OF TRAUMA-EXPOSED FIREFIGHTERS AND CRITICAL INCIDENT STRESS DEBRIEFING. *Journal of Loss & Trauma*. 2002;7(3):223-38. PMID: 6790660.
12. Holbrook TL, Galarnau MR, Dye JL, et al. Morphine Use after Combat Injury in Iraq and Post-Traumatic Stress Disorder. *N Engl J Med*. 2010 Jan;362(2):110-7. PMID: WOS:000273558500008.
13. Irvine J, Firestone J, Ong L, et al. A randomized controlled trial of cognitive behavior therapy tailored to psychological adaptation to an implantable cardioverter defibrillator. *Psychosom Med*. 2011 Apr;73(3):226-33. PMID: 21321256.
14. Jackson CT, Covell NH, Shear KM, et al. The road back: predictors of regaining preattack functioning among Project Liberty clients. *Psychiatr Serv*. 2006 Sep;57(9):1283-90. PMID: 16968757.
15. Joseph S, Yule W, Williams R, et al. Crisis support in the aftermath of disaster: a longitudinal perspective. *Br J Clin Psychol*. 1993 May;32 (Pt 2):177-85. PMID: 8318935.
16. Kenardy JA, Webster RA, Lewin TJ, et al. Stress debriefing and patterns of recovery following a natural disaster. *J Trauma Stress*. 1996 Jan;9(1):37-49. PMID: 8750450.
17. Kobayashi I, Sledjeski E, Fallon W, Jr., et al. Effects of early albuterol (salbutamol) administration on the development of posttraumatic stress symptoms. *Psychiatry Res*. 2011 Jan 30;185(1-2):296-8. PMID: 20546929.
18. Kreitzer MJ, Gross CR, Ye X, et al. Longitudinal impact of mindfulness meditation on illness burden in solid-organ transplant recipients. *Prog Transplant*. 2005 Jun;15(2):166-72. PMID: 16013466.
19. Matsuoka Y, Nishi D, Yonemoto N, et al. Omega-3 fatty acids for secondary prevention of posttraumatic stress disorder after accidental injury: an open-label pilot study. *J Clin Psychopharmacol*. 2010 Apr;30(2):217-9. PMID: 20520307.

20. Matthews LR. Effect of staff debriefing on posttraumatic stress symptoms after assaults by community housing residents. *Psychiatr Serv*. 1998 Feb;49(2):207-12. PMID: 9575006.
21. McGhee LL, Maani CV, Garza TH, et al. The effect of propranolol on posttraumatic stress disorder in burned service members. *J Burn Care Res*. 2009 Jan-Feb;30(1):92-7. PMID: 19060728.
22. Miller-Burke J, Attridge M, Fass PM. Impact of traumatic events and organizational response. A study of bank robberies. *J Occup Environ Med*. 1999 Feb;41(2):73-83. PMID: 10029951.
23. Mooren TT, de Jong K, Kleber RJ, et al. The efficacy of a mental health program in Bosnia-Herzegovina: impact on coping and general health. *J Clin Psychol*. 2003 Jan;59(1):57-69. PMID: 12508331.
24. Nurmi LA. The sinking of the Estonia: the effects of critical incident stress debriefing (CISD) on rescuers. *Int J Emerg Ment Health*. 1999 Winter;1(1):23-31. PMID: 11227750.
25. Ryding EL, Persson A, Onell C, et al. An evaluation of midwives' counseling of pregnant women in fear of childbirth. *Acta Obstetrica et Gynecologica Scandnavica*. 2003;82(1):10-7.
26. Sullivan MJ, Stanish WD. Psychologically based occupational rehabilitation: the Pain-Disability Prevention Program. *Clin J Pain*. 2003 Mar-Apr;19(2):97-104. PMID: 12616179.
27. Tan H. Debriefing after critical incidents for anaesthetic trainees. *Anaesth Intensive Care*. 2005 Dec;33(6):768-72. PMID: 16398383.
28. Trusz SG, Wagner AW, Russo J, et al. Assessing Barriers to Care and Readiness for Cognitive Behavioral Therapy in Early Acute Care PTSD Interventions. *Psychiatry-Interpersonal and Biological Processes*. 2011 Fal;74(3):207-23. PMID: WOS:000294788900002.
29. Wee DF, Mills DM, Koehler G. The effects of critical incident stress debriefing (CISD) on emergency medical services personnel following the Los Angeles Civil Disturbance. *International Journal of Emergency Mental Health*. 1999;1(1):33-7.

Excluded for Ineligible Population

1. Achterberg J, Kenner C, Casey D. Behavioral strategies for the reduction of pain and anxiety associated with orthopedic trauma. *Biofeedback Self Regul*. 1989 Jun;14(2):101-14. PMID: 2675983.
2. Acierno RE, Resnick HS, Flood AM, et al. An acute post-rape intervention to prevent substance use and abuse. *Addict Behav*. 1701;28(9):1701-15.
3. Angell KL, Kreshka MA, McCoy R, et al. Psychosocial intervention for rural women with breast cancer: The Sierra-Stanford Partnership. *J Gen Intern Med*. 2003 Jul;18(7):499-507. PMID: 12848832.
4. Arving C, Sjoden PO, Bergh J, et al. Satisfaction, utilisation and perceived benefit of individual psychosocial support for breast cancer patients--a randomised study of nurse versus psychologist interventions. *Patient Educ Couns*. 2006 Aug;62(2):235-43. PMID: 16500071.
5. Bell KR, Hoffman JM, Temkin NR, et al. The effect of telephone counselling on reducing post-traumatic symptoms after mild traumatic brain injury: a randomised trial. *J Neurol Neurosurg Psychiatry*. 2008 Nov;79(11):1275-81. PMID: 18469027.
6. Bisson JI, Jenkins PL, Alexander J, et al. Randomised controlled trial of psychological debriefing for victims of acute burn trauma. *Br J Psychiatry*. 1997 Jul;171:78-81. PMID: 9328501.
7. Bisson JI, Shepherd JP, Joy D, et al. Early cognitive-behavioural therapy for post-traumatic stress symptoms after physical injury. Randomised controlled trial. *Br J Psychiatry*. 2004 Jan;184:63-9. PMID: 14702229.
8. Boscarino JA, Adams RE, Figley CR. A prospective cohort study of the effectiveness of employer-sponsored crisis interventions after a major disaster. *Int J Emerg Ment Health*. 2005 Winter;7(1):9-22. PMID: 15869077.

9. Boscarino JA, Adams RE, Foa EB, et al. A propensity score analysis of brief worksite crisis interventions after the World Trade Center disaster: implications for intervention and research. *Med Care*. 2006 May;44(5):454-62. PMID: 16641664.
10. Carlier IV, Voerman AE, Gersons BP. The influence of occupational debriefing on post-traumatic stress symptomatology in traumatized police officers. *Br J Med Psychol*. 2000 Mar;73 (Pt 1):87-98. PMID: 10759053.
11. Carlsson M, Arman M, Backman M, et al. Coping in women with breast cancer in complementary and conventional care over 5 years measured by the mental adjustment to cancer scale. *J Altern Complement Med*. 2005 Jun;11(3):441-7. PMID: 15992227.
12. Cedereke M, Monti K, Ojehagen A. Telephone contact with patients in the year after a suicide attempt: does it affect treatment attendance and outcome? A randomised controlled study. *Eur Psychiatry*. 2002 Apr;17(2):82-91. PMID: 11973116.
13. Chan I, Kong P, Leung P, et al. Cognitive-behavioral group program for Chinese heterosexual HIV-infected men in Hong Kong. *Patient Educ Couns*. 2005 Jan;56(1):78-84. PMID: 15590226.
14. Chesney MA, Chambers DB, Taylor JM, et al. Coping effectiveness training for men living with HIV: results from a randomized clinical trial testing a group-based intervention. *Psychosom Med*. 2003 Nov-Dec;65(6):1038-46. PMID: 14645783.
15. Chierichetti SM, Moise G, Galeone M, et al. Beta-blockers and psychic stress: a double-blind, placebo-controlled study of bopindolol vs lorazepam and butalbital in surgical patients. *Int J Clin Pharmacol Ther Toxicol*. 1985 Sep;23(9):510-4. PMID: 2865218.
16. Conlon L, Fahy TJ, Conroy R. PTSD in ambulant RTA victims: a randomized controlled trial of debriefing. *J Psychosom Res*. 1999 Jan;46(1):37-44. PMID: 10088980.
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Ineligible Timing

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Appendix E. Evidence Tables

Evidence Table 1. Characteristics of included trials

Author, Year Country	Group Sample Size	Study Design Study Setting Study Duration	Primary Outcome & Timing of Assessment	Funding Source
Beatty, 2010 ¹ Australia	Randomized: 49 G1: 25 G2: 24 Analyzed: 49 G1: 25 G2: 24	RCT Outpatient, urban public hospitals 6 months	DASS-21 & PSS-SR Baseline, 3 months, & 6 months	Academic
Bryant, 2008 ² Australia	Randomized: 90 G1: 30 G2: 30 G3: 30 ITT Analyzed: 90 G1: 30 G2: 30 G3: 30 Analyzed (Completers' Analysis): 69 G1: 25 G2: 23 G3: 21	RCT Outpatient, special MH 6 months	CAPS-2, Baseline, 5 weeks, 6 months	Government
Bryant, 2003 ³ Australia	Randomized: 24 G1: 12 G2: 12 Analyzed: 24 G1: 12 G2: 12	RCT Inpatient 6 months	CAPS-2, IES, BDI, & BAI Baseline, 1 week, & 6 months	Government
Bryant, 1998 ⁴ * Australia	Randomized: 24 G1: 12 G2: 12 Analyzed: 24 G1: 12 G2: 12	RCT Outpatient, special MH 6 months	ASDI Baseline CIDI PTSD 6 weeks & 6 months	Government

*Study design changed from
NRCT to RCT

Evidence Table 1. Characteristics of included trials (continued)

Author, Year Country	Group Sample Size	Study Design Study Setting Study Duration	Primary Outcome & Timing of Assessment	Funding Source
Bryant, 2005 ⁵ Australia	Randomized: 87 G1: 33 G2: 30 G3: 24 ITT Analyzed: 87 G1: 33 G2: 30 G3: 24 Analyzed (Completers' Analysis): 69 G1: 24 G2: 23 G3: 22	RCT Outpatient, special MH 6 months	ASDI & IES Baseline IES & CAPS-2 5 weeks, 6 months	Government
Campfield, 2001 ⁶ Australia	Randomized: 77 G1: 36 G2: 41 Analyzed: 77 G1: 36 G2: 41	RCT Outpatient, special MH 2 weeks	PDS Debriefing, 2 days post debriefing, 4 days post- debriefing, 2 weeks post- trauma	NR
Gamble, 2005 ⁷ Australia	Randomized: 103 G1: 50 G2: 53 Analyzed (Completers' Analysis): 103 G1: 50 G2: 53	RCT Inpatient and Home 3 months	MINI-PTSD 4-6 weeks, 3 months	Foundation and academic
Melnyk, 2004 ⁸ NA	Randomized: 174 G1: 90 G2: 84 Analyzed: 163 G1: 87 G2: 76	RCT Inpatient 12 months	Post-Hospital Stress Index for Parents (post treatment) 1 month, 3 months, 6 months, & 12 months	Government

Evidence Table 1. Characteristics of included trials (continued)

Author, Year Country	Group Sample Size	Study Design Study Setting Study Duration	Primary Outcome & Timing of Assessment	Funding Source
O'Donnell, 2012 ⁹ Australia	Randomized: 46 G1: 24 G2: 22 Analyzed 6 & 12 month ITT: 46 G1: 24 G2: 22 Analyzed (6 month completers analysis): 42 G1: 22 G2: 20 Analyzed 12 month completers analysis): 31 G1: 19 G2: 12	RCT Outpatient, special MH 12 months	CAPS Baseline, 6 months, 12 months	Government and Foundation
Rose, 1999 ¹⁰ United Kingdom	Randomized: 157 G1: 54 G2: 52 G3: 51 Analyzed (Completers' Analysis): 92 G1: NR G2: NR G3: NR ITT Analyzed: 157 G1: 54 G2: 52 G3: 51	RCT Community 11 months	PSS & IES Baseline, 6 months & 11 months	Government
Ryding, 2004 ¹¹ Sweden	Randomized: 162 G1: 89 G2: 73 Analyzed: 147 G1: 82 G2: 65	RCT Inpatient 6 months	IES 6 months	Foundation/non-profit

Evidence Table 1. Characteristics of included trials (continued)

Author, Year Country	Group Sample Size	Study Design Study Setting Study Duration	Primary Outcome & Timing of Assessment	Funding Source
Shalev, 2011 ¹² Israel	Randomized: 242 G1: 63 G2: 40 G3: 23 G4: 23 G5: 93 Analyzed: 180 G1: 52 G2: 35 G3: 19 G4: 17 G5: 57	RCT Outpatient, special MH 9 months	CAPS Baseline, 5 months, & 9 months	Foundation, Pharmaceutical, and Government
Sijbrandij, 2006 ¹³ Netherlands	Randomized: 236 G1: 76 G2: 79 G3: 81 ITT Analyzed: 236 G1: 76 G2: 79 G3: 81	RCT Outpatient, special MH 6 Months	SI-PTSD Baseline, 2 weeks, 6 weeks, & 6 months	NR
Treggiari, 2009 ¹⁴ Switzerland	Randomized: 137 G1: 69 G2: 68 Analyzed: 129 G1: 65 G2: 64	RCT Inpatient 4 weeks	PCL & IES-R Baseline & 4 weeks	Government
Weis, 2006 ¹⁵ Germany	Randomized: 36 G1: NR G2: NR Analyzed: 28 G1: 14 G2: 14	RCT Inpatient 6 months	SF-36 & PTSS-10 6 months	NR

Evidence Table 2. Characteristics of samples from included trials

Author, Year	Population Trauma Type	Baseline PTSD	% Without PTSD Diagnosis	Mean Age	% Female	% Nonwhite
Beatty, 2010 ¹	Female Medical trauma	PSDS-SR Overall: 10.76 (NR) G1: NR G2: NR	NR	NR	Overall: 55.2 G1: 56.0 G2: 54.5	Overall: 100 G1: 100 G2: 100
Bryant, 2008 ²	Male and Female Mixed: non-sexual assault or MVA	CAPS-2 Overall: NR G1: 70.6 (17.7) G2: 66.8 (19.0) G3: 63.6 (18.3)	NR	Overall: NR G1: 37.9 G2: 33.7 G3: 34.7	Overall: NR G1: 63 G2: 60 G3: 50	Overall: NR G1: 10 G2: 13 G3: 17
Bryant, 2003 ³	Male and Female Mixed: MVA or nonsexual assault	IES-intrusion and avoidance subscales, mean (SD) Overall: NR G1: 27.83 (5.31), 20.58 (5.02) G2: 24.50 (8.20), 16.25 (7.42)	NR	Overall: NR G1: 29.42 (13.93) G2: 33.0 (14.37)	Overall: 66.7 G1: 66.7 G2: 66.7	NR
Bryant, 1998 ⁴	Male and Female Mixed: MVA or industrial accidents	IES-intrusion and avoidance subscales, mean (SD) Overall: NR G1: 24.17 (7.45), 29.33 (12.23) G2: 25.08 (5.56), 28.67 (7.08)	NR	Overall: NR G1: 32.25 (12.61) G2: 33.00 (11.41)	Overall: 58.3 G1: 58.3 G2: 58.3	NR
Bryant, 2005 ⁵	Male and Female Mixed: Nonsexual assault or MVA	IES-intrusion and avoidance subscales, mean (SD) Overall: NR G1: 24.73 (8.06), 24.43 (9.49) G2: 27.12 (7.46), 21.58 (9.66) G3: 24.58 (8.21), 19.92 (9.79)	NR	Overall: NR G1: 33.09 (12.45) G2: 32.97 (7.70) G3: 35.00 (13.28)	Overall: 60.9 G1: NR G2: NR G3: NR	NR
Campfield, 2001 ⁶	Male and Female Interpers violence	NR	NR	Overall: 22.82 (SD) G1: 22.61 (3.38) G2: 23.02 (3.59)	Overall: 54.5 G1: 52.8 G2: 56.1	NR

Evidence Table 2. Characteristics of samples from included trials (continued)

Author, Year	Population Trauma Type	Baseline PTSD	% Without PTSD Diagnosis	Mean Age	% Female	% Nonwhite
Gamble, 2005 ⁷	Female Traumatic birth	NR	NR	Mean (SD) Overall: 28 (6.04); range: 18-46 G1: NR G2: NR Between-group p=.337	Overall: 100	Caucasian/ European G1: 96 G2: 90.6 Aboriginal/ Torres Strait Islander NR Asian G1: NR G2: 1.9 Other G1: NR G2: 5.7
Grainger, 1997 ¹⁶	Male and Female Natural disaster	IES Overall: NR G1: 37.39 G2: 34.36	NR	Overall: NR G1: 50.46 G2: 54.86	Overall: Approx. 80 G1: Approx. 80 G2: Approx. 80	NR
Melnyk, 2004 ⁸	Female Medical trauma - other (Child hospitalized with PICU admission)	NR	NR	Overall: 31.2 (6.3) G1: 32.0 (5.8) G2: 30.1 (6.8)	Overall: 100	Overall: 28.8 G1: 25.3 G2: 32.9
O'Donnell, 2012 ⁹	Male and Female Injury	CAPS total score, pretreatment: Overall: NR G1: 56.61 G2: 60.73	Overall: 28 G1: 33 G2: 23	Overall: NR G1: 34.67 G2: 37.14	Overall: 39 G1: 50 G2: 28	NR
Rose, 1999 ¹⁰	Male and Female Assault	PSS, IES, mean (SD) Overall: NR G1: 16.8 (13.9), 28.5 (18.4) G2: 16.0 (13.2), 24.2 (19.0) G3: 15.6 (12.6), 28.0 (19.3)	NR	Overall: 35.7 G1: 35.4 (13.8) G2: 34.9 (13.2) G3: 37.3 (13.8)	Overall: 24.8 G1: 31.5 G2: 25.0 G3: 17.6	NR
Ryding, 2004 ¹¹	Female Emergency c- section	NR	NR	Overall: 32 G1: 32 G2: 32	Overall: 100	NR

Evidence Table 2. Characteristics of samples from included trials (continued)

Author, Year	Population Trauma Type	Baseline PTSD	% Without PTSD Diagnosis	Mean Age	% Female	% Nonwhite
Shalev, 2011 ¹²	Male and Female Mixed: MVA (83%), terrorist attack (11%), other (6%)	CAPS Overall: NR G1: 73.59 (21.34) G2: 71.78 (15.18) G3: 79.83 (15.60) G4: 74.91 (14.69) G5: 71.66 (15.22)	100	Overall: NR G1: 40.1 G2: 39.54 G3: 39.83 G4: 36.26 G5: 37.28	Overall: 52.1 G1: 44.4 G2: 75.0 G3: 56.5 G4: 43.5 G5: 58.1	NR
Sijbrandij, 2006 ¹³	Male and Female Mixed	SI-PTSD Overall: NR G1: 19.9 G2: 19.9 G3: 17.7	100	Overall: NR G1: 41.7 G2: 38.3 G3: 41.2	Overall: NR G1: 60 G2: 64 G3: 55	NR
Treggiari, 2009 ¹⁴	Male and Female ICU ventilation	NR	NR	Overall: NR G1: 63.0 G2: 59.8	Overall: 23.5 G1: 25 G2: 22	Overall: 2.5 G1: 2 G2: 3
Weis, 2006 ¹⁵	Male and Female Cardiac surgery	NR	NR	Overall: NR G1: 68 G2: 69	Overall: 32.1 G1: 28.6 G2: 35.7	NR

Evidence Table 3. Treatment and control arms from included trials

Author, Year Comparison Type	Group 1 Mode Duration and Number of Treatments/ Dose and Frequency	Group 2 Mode Duration and Number of Treatments/ Dose and Frequency	Group 3 Mode Duration and Number of Treatments/ Dose and Frequency	Group 4 Mode Duration and Number of Treatments/ Dose and Frequency	Group 5 Mode Duration and Number of Treatments/ Dose and Frequency	Cointerventions Allowed	Comments
						If Yes, Describe	
Beatty, 2010 ¹	Other	Other	NA	NA	NA	Unclear	
Active vs. inactive	Self-help Self-help workbook (with suggestions, worksheets, and CD) to be read over a 3-month period	Self-help "Information control" group received same workbook without suggestions, worksheets or CD to be read over a 3-month period				NA	
Bryant, 2008 ²	Mixed imaginal and in vivo exposure-based	CBT, cognitive restructuring	Waitlist	NA	NA	No	
Head-to-head trial	Face-to-face (F2F) individual 5 weekly 90-minute sessions	Face-to-face (F2F) individual 5 weekly 90-minute sessions	NA	Assessment at baseline and at 6 weeks		NA	
Bryant, 2003 ³	CBT-mixed (see components in Comments)	Supportive control	NA	NA	NA	No	Mixed CBT: Educational, progressive muscle relaxation training, imaginal exposure, cognitive restructuring, graded in vivo exposure to avoided situations.
Head-to-head trial	Face-to-face (F2F) individual 5 1.5 hr sessions once a week	Face-to-face (F2F) individual 5 1.5 hr sessions once a week				NA	Supportive control: Educational, general problem-solving skills

Evidence Table 3. Treatment and control arms from included trials (continued)

Author, Year Comparison Type	Group 1 Mode Duration and Number of Treatments/ Dose and Frequency	Group 2 Mode Duration and Number of Treatments/ Dose and Frequency	Group 3 Mode Duration and Number of Treatments/ Dose and Frequency	Group 4 Mode Duration and Number of Treatments/ Dose and Frequency	Group 5 Mode Duration and Number of Treatments/ Dose and Frequency	Cointerventions Allowed If Yes, Describe	Comments
Bryant, 1998 ⁴ Head-to-head trial	CBT-mixed (see components in Comments) Face-to-face (F2F) individual 5 1.5 hr sessions with clinical psychologist, 1x per week	Supportive control Face-to-face (F2F) individual Five 1.5 hr sessions with clinical psychologist, once per week	NA	NA	NA	No NA	G1 CBT components: Education about trauma reactions, muscle relaxation training, (c) imaginal exposure, cognitive restructuring of fear-related beliefs, and graded in vivo exposure G2 Supportive control components: provider offered unconditional supportive role and education about trauma including homework.
Bryant, 2005 ⁵ Head-to-head trial	CBT-mixed (see components in Comments) Face-to-face (F2F) individual 5 once-weekly 90-minute sessions	CBT-mixed (see components in Comments) Face-to-face (F2F) individual 5 once-weekly 90-minute sessions	Supportive control Face-to-face (F2F) individual 5 once-weekly 90-minute sessions	NA	NA	NA	
Campfield, 2001 ⁶ Head-to-head trial	Psychological debriefing F2F individual and group 1-2 hr debriefing w/n 10 hrs of robbery	Psychological debriefing F2F individual and group 1-2 hr debriefing w/n 28 hrs of robbery	NA	NA	NA	NA	

Evidence Table 3. Treatment and control arms from included trials (continued)

Author, Year Comparison Type	Group 1 Mode Duration and Number of Treatments/ Dose and Frequency	Group 2 Mode Duration and Number of Treatments/ Dose and Frequency	Group 3 Mode Duration and Number of Treatments/ Dose and Frequency	Group 4 Mode Duration and Number of Treatments/ Dose and Frequency	Group 5 Mode Duration and Number of Treatments/ Dose and Frequency	Cointerventions Allowed If Yes, Describe	Comments
Gamble, 2005 ⁷ Active vs. inactive	Supportive counseling incorporated CISD elements and issues relevant to childbearing context Multiple (F2F and phone) 40-60 minutes total, 2 sessions	Usual care Other (see Comments) Standard postnatal care	NA	NA	NA	Unclear NA	G1: F2F component delivered by a research midwife. G2: No other data provided.
Melnyk, 2004 ⁸ Head-to-head trial	Psychoeducation Self-help 3 sessions (6-16 hrs after PICU admission; 2-6 hrs after transfer to general pediatric unite; 2-3 day safter children discharged)	Active control Self-help 3 sessions (6-16 hrs after PICU admission; 2-6 hrs after transfer to general pediatric unite; 2-3 day safter children discharged)	NA	NA	NA	No NA	G1 intevention was the COPE program which was an education-behavioral intervention program delivered by audiotapes and matching written information followed by 2 booster sessions that introduced a workbook with parent-child activities designed to enhance child coping; G2 also received audiotaped information and a workbook, but both were non-specific.

Evidence Table 3. Treatment and control arms from included trials (continued)

Author, Year Comparison Type	Group 1 Mode Duration and Number of Treatments/ Dose and Frequency	Group 2 Mode Duration and Number of Treatments/ Dose and Frequency	Group 3 Mode Duration and Number of Treatments/ Dose and Frequency	Group 4 Mode Duration and Number of Treatments/ Dose and Frequency	Group 5 Mode Duration and Number of Treatments/ Dose and Frequency	Cointerventions Allowed If Yes, Describe	Comments
O'Donnell, 2012 ⁹	Other	Usual care	NA	NA	Unclear	Unclear	
Active vs. inactive	Face-to-face (F2F) individual 4-10 sessions of 90 min (Note: >4 sessions provided if HADS scores were 11 or greater after 4th session)	NA Varied but NR			NR G1 received early intervention therapy conducted by masters-level clinical psychologists which was based on a manualized, evidence-based treatment. Treatment was specifically tailored to the clinical symptom-cluster profile of each patient. Usual care: G2	NA	
Rose, 1999 ¹⁰	Psychological debriefing	Psychoeducation	No intervention	NA	NA	No	Co-intervention allowed after 6-month outcome measurement so NR here.
Head-to-head trial	Face-to-face (F2F) individual 1 hr debriefing session w/n 30 days of assault	Face-to-face (F2F) individual 30 min educational session w/ leaflet w/n 30 days of assault	NA NA			NA	

Evidence Table 3. Treatment and control arms from included trials (continued)

Author, Year Comparison Type	Group 1 Mode Duration and Number of Treatments/ Dose and Frequency	Group 2 Mode Duration and Number of Treatments/ Dose and Frequency	Group 3 Mode Duration and Number of Treatments/ Dose and Frequency	Group 4 Mode Duration and Number of Treatments/ Dose and Frequency	Group 5 Mode Duration and Number of Treatments/ Dose and Frequency	Cointerventions Allowed	Comments
Ryding, 2004 ¹¹ Active vs. inactive	Other F2F group G1 intervention: Group counseling - 2 sessions 2 months post-partum	Usual care NA NA	NA	NA	NA	Unclear NA	G2 intervention: usual care - midwife's and doctor's standard procedure of visiting mother in maternity ward to exchange information about the birthing experience (Note: not all patients received usual care)
Shalev, 2011 ¹² Head-to-head trial	CBT-mixed (see components in Comments) Face-to-face (F2F) individual 12 weekly sessions, 1.5 hrs each	CBT, cognitive restructuring Face-to-face (F2F) individual 12 weekly sessions, 1.5 hrs each	Escitalopram NA Initial dose of 10 mg daily was increased to 20 mg daily tablets after 2 weeks of treatment. Trained psychiatrists provided 4 weekly sessions (weeks 1-4) followed by 4 biweekly sessions (weeks 6-12).	Placebo NA Initial dose of 1 tablet daily was increased to 2 daily tablets after 2 weeks of treatment. Trained psychiatrists provided 4 weekly sessions (weeks 1-4) followed by 4 biweekly sessions (weeks 6-12). See comments	Waitlist NA NA	Unclear NA	G1: psychoeducation, training in breathing control, prolonged imaginal exposure and in vivo exposure Note: concealment was broken at the end of the study, and 8 participants with PTSD who received placebo were invited to receive PE, which was accepted by 5 of them.

Evidence Table 3. Treatment and control arms from included trials (continued)

Author, Year Comparison Type	Group 1 Mode Duration and Number of Treatments/ Dose and Frequency	Group 2 Mode Duration and Number of Treatments/ Dose and Frequency	Group 3 Mode Duration and Number of Treatments/ Dose and Frequency	Group 4 Mode Duration and Number of Treatments/ Dose and Frequency	Group 5 Mode Duration and Number of Treatments/ Dose and Frequency	Cointerventions Allowed If Yes, Describe	Comments
Sijbrandij, 2006 ¹³ Head-to-head trial	Psychological debriefing Face-to-face individual 1, 45-60 min. session	Psychological debriefing Face-to-face individual 1, 45-60 min. session	No intervention NA NA	NA	Unclear NA NA	Unclear NA	
Treggiari, 2009 ¹⁴ Head-to-head trial	Other (see Comments) Light sedation group targeting a Ramsay level of 1-2 by giving intermittent injection of midazolam	Other (see Comments) Deep sedation group targeting Ramsay level of 3-4 by giving continuous infusion of midazolam	NA	NA	NA	Unclear NA	

Evidence Table 3. Treatment and control arms from included trials (continued)

Author, Year Comparison Type	Group 1 Mode Duration and Number of Treatments/ Dose and Frequency	Group 2 Mode Duration and Number of Treatments/ Dose and Frequency	Group 3 Mode Duration and Number of Treatments/ Dose and Frequency	Group 4 Mode Duration and Number of Treatments/ Dose and Frequency	Group 5 Mode Duration and Number of Treatments/ Dose and Frequency	Cointerventions Allowed If Yes, Describe	Comments
Weis, 2006 ¹⁵	Hydrocortisone	Placebo	NA	NA	NA	No	
Active vs. inactive	NA	NA				NA	
	Started with loading dose of 100 mg over 10 min IV before anesthesia, followed by continuous infusion of 10 mg/h for 24 hrs which was reduced to 5 mg/h on day 2 and then 3x20mg IV on day 3 and 3x10mg IV on day 4						

Evidence Table 4. PTSD incidence and symptom severity scale outcomes

Author, Year	Clinician Administered Scale for PTSD Symptom Reduction	Self-Administered Scale for PTSD Symptom Reduction	Incidence of PTSD	Comments/ Other Outcomes
Beatty, 2010 ¹	NA	IES or IES-R NR PCL NR Other (e.g., MPSS, PSS-SR) PSDS-SR, Mean, SE, 3 month G1: 5.43 (0.91) G2: 9.46 (0.98) p=0.01 6 month G1: 6.78 (1.07) G2: 8.98 (1.10) p=NS	NR	Only overall baseline PSDS-SR provided so could not calculate mean change.
Bryant, 2008 ²	CAPS or CAPS-2 CAPS-2 score, mean (SD) : ITT sample Baseline G1: 70.6 (17.7) G2: 68.8 (19.0) G3: 63.6 (18.3) @ 6 weeks (post-treatment) G1: 31.5 (27.3) G2: 43.0 (27.6) G3: 55.9 (23.1) G1<G3, p<0.001 G2 vs G2, p=NS @ 6 months (follow-up) G1: 32.1 (29.1) G2: 49.8 (29.4) G3: NA G1<G2, p=0.03	IES or IES-R IES-intrusions, IES-avoidance; mean (SD) ITT sample: Baseline G1: 26.9(8.5), 26.9(9.3) G2: 26.3(8.2), 23.6(9.9) G3: 23.5(9.1), 24.0(8.7) @ 6 weeks (post-treatment) G1: 12.4(12.5), 11.7(12.4) G2: 17.7(11.3), 17.1(12.4) G3: 22.1(9.8), 22.6(10.8) Intrusion:G1<G3, p=0.001, G2 vs. G3, p=NS Avoid: G1<G3, p<0.001, G2 vs G3, p=NS @ 6 months (follow-up) G1: 11.4(11.2), 12.8(13.5) G2: 18.6(11.4),19.2(12.0) G3: NA, NA Intrusion:G1<G2, p=0.02 Avoid: G1<G2, p=0.03	CAPS-2 Patients meeting PTSD criteria, n (%) ITT sample @ 6 weeks (post-treatment) G1: 10 (33%) G2: 19 (63%) G3: 23 (77%) G1 vs. G2: OR 2.52; 95%CI 1.28 to 4.93; p=0.002 G1 vs. G3: OR 3.40, 95%CI 1.73 to 6.67; p<0.001 @ 6 months (follow-up) G1: 11 (37%) G2: 19 (63%) G3: NA G1 vs. G2: OR 2.10; 95%CI 1.12 to 3.94; p=0.007	

Evidence Table 4. PTSD incidence and symptom severity scale outcomes (continued)

Author, Year	Clinician Administered Scale for PTSD Symptom Reduction	Self-Administered Scale for PTSD Symptom Reduction	Incidence of PTSD	Comments/ Other Outcomes
Bryant, 2008 ² (continued)	CAPS-2 score, mean (SD) : Completer sample Baseline G1: 71.4 (18.0) (n=25) G2: 66.9 (17.8) (n=23) G3: 61.3 (18.2) (n=21) @ 6 weeks (post-treatment) G1: 24.4 (23.1) G2: 35.8 (24.7) G3: 50.1 (22.9) G1<G3, p<0.001; G2<G3, p=0.03 @ 6 months (follow-up) G1: 21.4 (24.1) G2: 44.3 (28.5) G3: NA	IES-intrusions, IES-avoidance; mean (SD) Completer sample Baseline G1: 26.2(9.0), 26.6(10.1) G2: 26.8(8.0), 23.4(10.6) G3: 22.7(9.8), 23.2(10.1) @ 6 weeks (post-treatment) G1: 8.8(10.3), 8.4(10.5) G2: 15.2(10.8), 14.6(12.6) G3: 20.7(10.6), 21.0(12.4) Intrusion: G1<G3, p<0.002 Avoid: G1<G3, p<0.001 @ 6 months (follow-up) G1: 6.9(7.4), 7.6(7.7) G2: 15.0(10.7),16.3(10.8) G3: NA, NA	NA	
Bryant, 2003 ³	CAPS or CAPS-2 CAPS-2, Frequency and Intensity subscales, mean (SD) @post-treatment (w/n 1 week) G1: 13.50 (10.24), 12.00 (9.71) G2: 23.83 (15.30), 21.33 (12.49) p=0.002 (frequency), p=0.003 (intensity) @6 month follow-up G1: 16.83 (13.04), 14.62 (9.12) G2: 25.25 (16.21), 24.50 (13.13) p=0.03 (frequency), p=0.02 (intensity)	IES or IES-R IES, Intrusion and Avoidance subscales, mean (SD) @post-treatment (w/n 1 week) G1: 10.17 (10.96), 4.08 (4.60) G2: 19.00 (8.25), 16.75 (9.97) p=0.006, p=0.001 @6 month follow-up G1: 11.25 (9.81), 7.33 (7.22) G2: 20.17 (9.70), 15.67 (10.49) p=0.02, p=0.005	CAPS-2 Met criteria for PTSD, n (%) @post-treatment (within 1 week) G1: 1 (8%) G2: 7 (58%) p<0.05 ES=1.16 @ 6 month follow-up G1: 2 (17%) G2: 7 (58%) p<0.05 ES=0.87	

Evidence Table 4. PTSD incidence and symptom severity scale outcomes (continued)

Author, Year	Clinician Administered Scale for PTSD Symptom Reduction	Self-Administered Scale for PTSD Symptom Reduction	Incidence of PTSD	Comments/ Other Outcomes
Bryant, 1998 ⁴	NA	<p>IES or IES-R</p> <p>IES Intrusion, Mean (SD) @ baseline G1: 24.17 (7.45) G2: 25.08 (5.56)</p> <p>@ mean of 41.5 days G1: 7.33 (7.69) G2: 15.83 (5.76)</p> <p>@ 6 mos G1: 8.58 (8.70) G2: 17.92 (8.98)</p> <p>IES Avoidance, Mean (SD) @ baseline G1: 29.33 (12.23) G2: 28.67 (7.08)</p> <p>@ mean of 41.5 days G1: 8.17 (8.54) G2: 24.17 (8.42)</p> <p>@ 6 mos G1: 7.08 (9.20) G2: 19.33 (9.48)</p>	<p>CIDI-PTSD</p> <p>% of participants with PTSD (n) @ mean of 41.5 days G1: 8 (1) G2: 83 (10) P <0.01 @ 6 mos G1: 17 (2) G2: 67 (8)</p>	
Bryant, 2005 ⁵	<p>CAPS or CAPS-2</p> <p>NOTE: All CAPS-2 outcomes are from completers' analysis because the scale was only administered at posttreatment and follow-up timepoints</p> <p>CAPS-2 Intensity, mean (SD) @ Posttreatment G1: 10.88 (8.27) G2: 10.83 (10.16) G3: 21.36 (11.28)</p>	<p>IES or IES-R</p> <p>ITT results</p> <p>IES-Intrusion, mean (SD) @ Baseline G1: 27.12 (7.46) G2: 24.73 (8.06) G3: 24.58 (8.21)</p> <p>Between-groups p=NS</p>	<p>CAPS-2</p> <p>ITT results @ Posttreatment (% with PTSD) G1: 36% G2: 30% G3: 50%</p> <p>Between-groups p=NS</p>	

Evidence Table 4. PTSD incidence and symptom severity scale outcomes (continued)

Author, Year	Clinician Administered Scale for PTSD Symptom Reduction	Self-Administered Scale for PTSD Symptom Reduction	Incidence of PTSD	Comments/ Other Outcomes
Bryant, 2005 ³ (continued)	<p>Between-groups p= @ 6-month Follow-up G1: 13.08 (11.08) G2: 14.09 (11.52) G3: 21.18 (11.85) Between-groups p= CAPS-2 Frequency, mean (SD) @ Posttreatment G1: 12.08 (9.41) G2: 12.35 (11.86) G3: 23.59 (13.29) Between-groups p= @ 6-month Follow-up G1: 15.42 (13.61) G2: 14.83 (13.22) G3: 23.23 (14.64) Between-groups p =</p>	<p>@ Posttreatment G1: 16.58 (12.50) G2: 11.30 (9.98) G3: 19.83 (9.71) Between-groups p<.005 @ 6-month Follow-up G1: 16.97 (11.80) G2: 13.57 (9.52) G3: 20.21 (9.96) Between-groups p<.005 Post hoc Tukey comparisons: G2<G3, p<.05 IES-Avoidance, mean (SD) @ Baseline G1: 21.58 (9.66) G2: 24.43 (9.49) G3: 19.92 (9.79) Between-groups p=NS @ Posttreatment G1: 11.06 (12.23) G2: 15.03 (13.36) G3: 18.54 (11.06) Between-groups p=NS @ 6-month Follow-up G1: 14.30 (12.80) G2: 16.30 (12.68) G3: 18.04 (11.30) Between-groups p<.05 Post hoc Tukey comparisons: NR Completers' analysis results IES-Intrusion, mean (SD) @ Baseline G1: 27.12 (7.46) G2: 24.73 (8.06) G3: 24.58 (8.21) Between-groups p=NS</p>	<p>@ 6-month Follow-up G1: 42% G2: 40% G3: 58% Between-groups p=NS Completers' analysis results @ Posttreatment (% with PTSD) G1: 13% G2: 9% G3: 46% Between-groups p values: G1<G3, p<.05 G2<G3, p<.005 @ 6-month Follow-up G1: 21% G2: 22% G3: 59% Between-groups p values: G1<G3, p<.01 G2<G3, p<.01</p>	

Evidence Table 4. PTSD incidence and symptom severity scale outcomes (continued)

Author, Year	Clinician Administered Scale for PTSD Symptom Reduction	Self-Administered Scale for PTSD Symptom Reduction	Incidence of PTSD	Comments/ Other Outcomes
Bryant, 2005 ³ (continued)		<p>@ Posttreatment G1: 16.58 (12.50) G2: 11.30 (9.98) G3: 19.83 (9.71) Between-groups $p < .001$</p> <p>Post hoc Tukey comparisons: G1 < G3, $p < .05$ G2 < G3, $p < .001$</p> <p>@ 6-month Follow-up G1: 16.97 (11.80) G2: 13.57 (9.52) G3: 20.21 (9.96) Between-groups $p < .05$</p> <p>Post hoc Tukey comparisons: G1 < G3, $p < .05$ G2 < G3, $p < .05$</p> <p>IES-Avoidance, mean (SD) @ Baseline G1: 21.58 (9.66) G2: 24.43 (9.49) G3: 19.92 (9.79) Between-groups $p = NS$</p> <p>@ Posttreatment G1: 11.06 (12.23) G2: 15.03 (13.36) G3: 18.54 (11.06) Between-groups $p < .001$</p> <p>Post hoc Tukey comparisons: G1 < G3, $p < .001$ G2 < G3, $p < .05$</p> <p>@ 6-month Follow-up G1: 14.30 (12.80) G2: 16.30 (12.68) G3: 18.04 (11.30) Between-groups $p < .05$</p>		

Evidence Table 4. PTSD incidence and symptom severity scale outcomes (continued)

Author, Year	Clinician Administered Scale for PTSD Symptom Reduction	Self-Administered Scale for PTSD Symptom Reduction	Incidence of PTSD	Comments/ Other Outcomes
Bryant, 2005 ⁵ (continued)		Post hoc Tukey comparisons: G1<G3, p<.05 G2<G3, p<.05		
Bryant, 1999 ¹⁷	<p>CAPS or CAPS-2 CAPS-2, Frequency and Intensity subscales, mean (SD) @post-treatment G1: 13.69 (10.93), 12.00 (10.31) G2: 11.31 (10.73), 9.92 (9.00) G3: 22.60 (11.26), 20.53 (10.72) p=NR</p> <p>@6 month follow-up (NOTE: all follow-up outcomes used a smaller N of 41, not 45) G1: 14.62 (13.72), 15.00 (13.68) G2: 12.62 (13.63), 12.23 (11.77) G3: 26.47 (8.40), 29.00 (9.91) p=NR</p> <p>Group main effect: p <.05 (Frequency), p <.001 (Intensity) Specific group differences (Frequency) G3>G2, p <.01 G3>G1, p <.01</p> <p>Specific group differences (Intensity) G3>G2, p <.001 G3>G1, p <.01</p>	<p>IES or IES-R IES, Intrusion and Avoidance subscales, mean (SD) @ pretreatment G1: 28.46 (5.59), 26.46 (6.54) G2: 27.62 (6.08), 26.46 (9.02) G3: 26.47 (4.69), 22.73 (5.57) p=NR"</p> <p>@post-treatment G1: 13.15 (15.81), 10.31 (10.54) G2: 8.54 (8.64), 7.92 (8.20) G3: 22.80 (9.17), 21.33 (6.23) p=NR</p> <p>@6 month follow-up (NOTE: all follow-up outcomes used a smaller N of 41, not 45) G1: 10.31 (10.00), 8.54 (10.20) G2: 11.08 (8.86), 8.38 (10.32) G3: 15.67 (6.34), 20.13 (4.66) p=NR</p> <p>Group-by-time: p <.001 (Intrusion), p <.05 (Avoidance) Specific group-by-time differences (Intrusion) G3>G2 at T2, p <.001 Specific group-by-time differences (Avoidance) G3>G2 at T3, p <.001 G3>G1 at T3, p <.01</p>	<p>CAPS-2 Met criteria for PTSD, n (%) @post-treatment G1: 3 (20%) G2: 2 (14%) G3: 9 (56%) p <0.05 Specific between-group differences G3>G2, p=.02 G3>G1, p <.05 @ 6 month follow-up (NOTE: all follow-up outcomes used a smaller N of 41, not 45) G1: 3 (23%) G2: 2 (15%) G3: 10 (67%) p<0.01 Specific between-group differences G3>G2, p <.01 G3>G1, p<.05</p>	

Evidence Table 4. PTSD incidence and symptom severity scale outcomes (continued)

Author, Year	Clinician Administered Scale for PTSD Symptom Reduction	Self-Administered Scale for PTSD Symptom Reduction	Incidence of PTSD	Comments/ Other Outcomes
Campfield, 2001 ⁶	NA	<p>Other (e.g., MPSS, PSS-SR) PDS, number of symptoms, symptom severity, mean (SD) @debriefing session G1: 13.78 (1.82); 37.81 (7.71) G2: 15.29 (2.79); 41.39 (11.68) p<0.01, p>0.05</p> <p>@ 2 days post-debriefing G1: 12.53 (2.38), 22.39 (9.26) G2: 15.00 (2.82), 37.51 (10.87) p<0.001, p<0.001</p> <p>@ 4 days post- debriefing G1: 9.69 (3.64); 14.81 (9.11) G2: 14.78 (3.08); 35.76 (10.92) p<0.001, p<0.001</p> <p>@2 weeks post-robbery G1: 5.56 (3.48), 6.94 (8.14) G2: 14.34 (3.58), 33.10 (11.59) p<0.001, p<0.001</p>	NA	PDS completed by participants after debriefing session in presense of 1st author; PDS administered via telephone for 2 and 4 days post-debriefing and 2 weeks post-robbery
Gamble, 2005 ⁷	NA	NA	<p>MINI-PTSD N achieving PTSD diagnosis @ 4-6 weeks postpartum (N=102) G1: 17 G2: 16 RR (95% CI)=1.15 (0.66 to 2.02); p=.392 @ 3 months (N=103) G1: 3 G2: 9 RR (95% CI)=0.35 (0.10 to 1.23); p=.075</p>	<p>MINI-PTSD Trauma symptoms, Mean, SD) @ 4-6 weeks postpartum (N=102) G1: 4.81 (3.65) G2: 5.45 (3.01) Mean difference (95% CI): 0.67 (-0.68 to 1.957) p=NS @ 3 months (N=103) G1: 2.54 (2.44) G2: 3.83 (3.59) Mean difference (95% CI): -1.29 (-2.5 to -0.08) p=.035</p>

Evidence Table 4. PTSD incidence and symptom severity scale outcomes (continued)

Author, Year	Clinician Administered Scale for PTSD Symptom Reduction	Self-Administered Scale for PTSD Symptom Reduction	Incidence of PTSD	Comments/ Other Outcomes
Melnyk, 2004 ⁸	NA	<p>Other (e.g., MPSS, PSS-SR) Maternal PTSD Symptoms, BASC score Post-hospitalization Stress Index - Parent, mean (SD) (Table 4)</p> <p>@1 month G1: 7.3 (4.2) G2: 7.1 (4.3)</p> <p>@3 months post-discharge G1: 6.4 (4.3) G2: 7.4 (4.9)</p> <p>@6 months post-discharge G1: 5.6 (4.0) G2: 7.4 (5.7)</p> <p>@12 months post-discharge G1: 5.8 (3.8) G2: 7.8 (5.0) Diff at 12 mo, p<0.05, ES=0.49</p>	NA	
O'Donnell, 2012 ⁹	<p>CAPS-2 CAPS-2 score, mean (SD) @ 6 months G1: 31.95 (21.04) G2: 52.45 (33.14) Between-groups p <.05</p> <p>@ 12 months G1: 25.26 (21.81) G2: 52.50 (26.93) Between-groups p <.05 12-month Hedges \hat{g} effect size (95% CI): 1.11 (0.34 to 1.88)</p>	NA	<p>CAPS N (%) achieving PTSD diagnosis @ 6 months (N=42) G1: 2 (9%) G2: 11 (55%) Between-groups p <.05</p> <p>@ 12 months (N=31) G1: 4 (21%) G2: 7 (58%) Between-groups p <.05</p>	

Evidence Table 4. PTSD incidence and symptom severity scale outcomes (continued)

Author, Year	Clinician Administered Scale for PTSD Symptom Reduction	Self-Administered Scale for PTSD Symptom Reduction	Incidence of PTSD	Comments/ Other Outcomes
Rose, 1999 ¹⁰	NA	<p>IES or IES-R IES, mean (SD) @ 6 months G1: 19.7 (19.9) G2: 16.7 (18.6) G3: 23.3 (20.2) p>0.10</p> <p>Other (e.g., MPSS, PSS-SR) PSS, mean (SD) @6 months G1: 13.8 (13.3) G2: 10.9 (11.1) G3: 13.0 (12.4) p>0.10</p>	<p>PSS PTSD, n (%) @ 6 months G1: 12 (23%) G2: 5 (23%) G3: 11 (26%) p>0.10</p>	
Ryding, 2004 ¹¹	NA	<p>IES or IES-R IES score, median (IQR) @6 months G1: 12.0 (6.0 to 23.0) G2: 15.5 (5.5 to 27.5) p=0.5369</p>	NA	<p>W-DEQ score (measures fear of childbirth), median (IQR) @6 months G1: 51.0 (36.0 to 60.0) G2: 49.5 (38.7 to 60.5) p=0.8160</p>
Shalev, 2011 ¹²	<p>CAPS or CAPS-2 baseline CAPS, mean (SD) Total score G1: 73.59 (21.34) G2: 71.78 (15.18) G3: 79.83 (15.60) G4: 74.91 (14.69) G5: 71.66 (15.22) G1 + G2 vs. G3 + G4 + G5: p=0.31 (Note: Study may have analyzed between-group differences separately for each treatment group, in spite of how analyses of between- group differences are reported above and below.</p>	<p>IES or IES-R NR</p> <p>PCL NR</p> <p>Other (e.g., MPSS, PSS-SR) PSS-SR score, mean (SD) baseline G1: 30.88 (8.48) G2: 30.58 (8.34) G3: 36.55 (7.91) G4: 34.57 (6.55) G5: 31.13 (8.31) G1 + G2 vs. G3 + G4 + G5: p=0.02</p>	<p>CAPS PTSD, No. (%) baseline G1: 63 (100) G2: 40 (100) G3: 23 (100) G4: 23 (100) G5: 93 (100) @ 5 mo G1: 12 (21.4) G2: 6 (18.2) G3: 13 (61.9) G4: 10 (55.6) G5: 46 (58.2) G1, G2<G3, G4, G5; p=0.001 G3 V G4 V G5, p>0.92</p>	<p>N's Baseline G1: 63 G2: 40 G3: 23 G4: 23 G5: 93 @ 5 mo G1: 56 G2: 33 G3: 21 G4: 18 G5: 79</p>

Evidence Table 4. PTSD incidence and symptom severity scale outcomes (continued)

Author, Year	Clinician Administered Scale for PTSD Symptom Reduction	Self-Administered Scale for PTSD Symptom Reduction	Incidence of PTSD	Comments/ Other Outcomes
Shalev, 2011 ¹² (continued)	<p>Reexperiencing</p> <p>G1: 21.21 (8.27)</p> <p>G2: 19.95 (6.54)</p> <p>G3: 21.22 (6.76)</p> <p>G4: 19.78 (7.75)</p> <p>G5: 19.59 (8.88)</p> <p>G1 + G2 vs. G3 + G4 + G5: p=0.66</p> <p>Avoidance</p> <p>G1: 29.90 (9.02)</p> <p>G2: 30.23 (6.68)</p> <p>G3: 33.87 (6.47)</p> <p>G4: 31.17 (6.65)</p> <p>G5: 29.30 (7.19)</p> <p>G1 + G2 vs. G3 + G4 + G5: p=0.13</p> <p>Hyperarousal</p> <p>G1: 22.48 (7.34)</p> <p>G2: 21.60 (6.08)</p> <p>G3: 24.74 (5.61)</p> <p>G4: 23.96 (6.03)</p> <p>G5: 22.76 (5.69)</p> <p>G1 + G2 vs. G3 + G4 + G5: p=0.33</p> <p>@ 5 mo</p> <p>CAPS score, mean (SD)</p> <p>Total score</p> <p>G1: 28.59 (25.02)</p> <p>G2: 29.48 (23.03)</p> <p>G3: 48.71 (29.63)</p> <p>G4: 47.11 (20.13)</p> <p>G5: 50.56 (27.51)</p> <p>G1 , G2< G3, G4, G5: p=0.001</p> <p>Reexperiencing</p> <p>G1: 7.32 (7.44)</p> <p>G2: 6.85 (5.71)</p> <p>G3: 11.19 (8.55)</p> <p>G4: 11.56 (6.30)</p> <p>G5: 11.75 (8.26)</p> <p>G1 , G2< G3, G4, G5: p=0.002</p>	<p>@ 5 mo</p> <p>G1: 11.02 (11.19)</p> <p>G2: 11.56 (10.47)</p> <p>G3: 22.52 (14.20)</p> <p>G4: 22.22 (11.86)</p> <p>G5: 22.14 (13.09)</p> <p>G1 + G2 vs. G3 + G4 + G5:p=0.001</p> <p>*mean between grp difference G1 vs. G2 (95% CI): -1.73 (-3.72 to 1.19])</p> <p>*mean between grp difference G3 vs. G4 (95% CI): 2.29 (-0.57 to 10.27)</p> <p>*mean between grp difference G1 vs. G3 (95% CI): -7.86 (-14.11 to -1.62)</p> <p>*mean between grp difference G1 vs. G4 (95% CI): -10.16 (-17.13 to -3.19)</p> <p>*mean between grp difference G2 vs. G3 (95% CI): -9.60 (-16.30 to -2.90)</p> <p>*mean between grp difference G2 vs. G4 (95% CI): -11.89 (-19.27 to -4.52)</p> <p>@ 9 mo</p> <p>G1: 10.35 (11.85)</p> <p>G2: 9.56 (10.60)</p> <p>G3: 21.63 (2.96)</p> <p>G4: 19.35 (12.53)</p> <p>G5: 13.11 (12.33)</p> <p>G1 + G2 vs. G3 + G4 + G5:p=0.001</p>	<p>@ 9 mo</p> <p>G1: 11 (21.2)</p> <p>G2: 8 (22.9)</p> <p>G3: 8 (42.1)</p> <p>G4: 8 (47.1)</p> <p>G5: 13 (22.8)</p> <p>p=.01**</p> <p>**Computed for a comparison of 36 participants from the SSRI and placebo subgroups and 144 participants from the PE (G1), CT (G2), and WL (G5) groups.</p>	<p>@9 mo</p> <p>G1: 52</p> <p>G2: 35</p> <p>G3: 19</p> <p>G4: 17</p> <p>G5: 57</p> <p>Note: @ baseline, sample met all the symptom criteria for PTSD.</p>

Evidence Table 4. PTSD incidence and symptom severity scale outcomes (continued)

Author, Year	Clinician Administered Scale for PTSD Symptom Reduction	Self-Administered Scale for PTSD Symptom Reduction	Incidence of PTSD	Comments/ Other Outcomes
Shalev, 2011 ¹² (continued)	Avoidance G1: 11.36 (11.27) G2: 12.12 (10.39) G3: 21.62 (12.92) G4: 18.56 (8.90) G5: 22.29 (12.75) G1 , G2<G3, G4, G5: p=0.001			
	Hyperarousal G1: 9.91 (8.65) G2:10.52 (9.26) G3:15.90 (9.78) G4: 17.00 (8.57) G5: 16.52 (9.11) G1, G2<G3, G4, G5: p=0.001			
	@ 9 mo CAPS, mean (SD) Total score G1: 27.52 (26.91) G2: 27.89 (25.64) G3: 47.16 (26.71) G4: 45.71 (26.14) G5: 31.11 (25.07)			
	Group x time, p<0.001 G1, G2, G5< G3, G4: p=0.01 G1<G5, p<0.001 G2<G5, p<0.003 G3>G5, p<0.05 G4>G5, p<0.003 G3=G4, p>0.46			
	Omitting 5 mo from model, mean diff (95% CI) G1 vs. G5, 0.83 (-6.44 to 4.79), p=NS G2 vs. G5, 1.55 (-4.79 to 7.89, p=NS G3 vs. G5, 8.93 (0.86 to 17.0), p=significant			

Evidence Table 4. PTSD incidence and symptom severity scale outcomes (continued)

Author, Year	Clinician Administered Scale for PTSD Symptom Reduction	Self-Administered Scale for PTSD Symptom Reduction	Incidence of PTSD	Comments/ Other Outcomes
Shalev, 2011 ¹² (continued)	G4 vs. G5, 12.11 (4.29 to 19.9), p=significant			
	Reexperiencing G1: 6.67 (7.66) G2: 5.57 (5.63) G3: 9.68 (7.91) G4: 9.65 (8.49) G5: 7.39 (7.34) p=0.20			
	Avoidance G1: 11.21 (11.93) G2: 12.97 (12.66) G3: 21.58 (11.42) G4: 18.18 (11.28) G5: 13.51 (10.80) G1, G2, G5 < G3, G4: p=0.01			
	Hyperarousal G1: 9.63 (9.46) G2: 9.34 (9.60) G3: 15.89 (9.72) G4: 17.88 (9.88) G5: 10.21 (9.46) G1, G2, G5 < G3, G4: p=0.004			
	Note: at 9 mo f/u, G5 has now become an active treatment group, having received 4 months of PE (equivalent to G1)			
	*All mean between group differences were analyzed using ITT post hoc least significant difference analysis			

Evidence Table 4. PTSD incidence and symptom severity scale outcomes (continued)

Author, Year	Clinician Administered Scale for PTSD Symptom Reduction	Self-Administered Scale for PTSD Symptom Reduction	Incidence of PTSD	Comments/ Other Outcomes
Sijbrandij, 2006 ¹³	NA	NA	<p>SI-PTSD</p> <p>Overall at 2 week f/u: 5.4% (n=10)</p> <p>Overall at 6 week f/u: 4.9% (n=9)</p> <p>Overall at 6 mos. f/u: 4.8% (n=8)</p>	<p>SI-PTSD</p> <p>PTSD Severity decreased in all 3 grps. (p<.001), but NS difference btwn grps. @ 2 weeks post tx: G1=G2=G3 (F=1.17, df=174, p=0.33)</p> <p>Sx. reduction btwn. 2 weeks and 6 mons (adj, for baseline): G1: 7.1 (95% CI 4.7 to 9.5) G2: 6.4 (95% CI 4.0 to 8.8)</p>
Treggiari, 2009 ¹⁴	NA	<p>IES or IES-R/PCL</p> <p>Normalized IES-R and PCL scores, mean (SD) @ discharge</p> <p>G1: 52 (33)</p> <p>G2: 57 (30)</p> <p>p=0.39</p> <p>@ 4 weeks after discharge</p> <p>G1: 46 (29)</p> <p>G2: 56 (29)</p> <p>95%CI -20.9 to 2.0, p=0.07</p> <p>Note: Scores of IES-R and PCL were normalized by subtracting the mean and dividing by the SD to normalize to the same scale; scores were then ranked.</p>	<p>PCL</p> <p>% meeting symptom criteria for presumptive diagnosis of PTSD at 4 weeks after discharge</p> <p>G1: 10%</p> <p>G2: 9%</p> <p>p=0.83</p>	
Weis, 2006 ¹⁵	NA	<p>Other (e.g., MPSS, PSS-SR)</p> <p>PTSS-10 score @ 6 months, median (IQR)</p> <p>G1: 15.5 (14.8 to 21.8)</p> <p>G2: 25.5 (16.8 to 33.0)</p> <p>p=0.03</p>	<p>PTSS-10</p> <p>Evidence of PTSD defined as stress symptom score >35 pts @ 6 months, %</p> <p>G1: 21.4%</p> <p>G2: 7.1%</p>	<p>Patients in groups did not differ significantly with regard to number and type of traumatic memories, p≤0.33</p>

Evidence Table 5. Comorbid conditions, quality of life, impairment, ability to return to work, and perceived utility

Author, Year	Comorbid Medical Condition Prevention/Reduction	Comorbid Psychiatric Condition	Quality of Life	Disability/Functional Impairment	Return to Work/ Active Duty OR Ability to Work	Perceived Utility
Beatty, 2010 ¹	NA	<p>DASS-21, Depression, Mean, SE, 3 month G1: 7.76 (0.83) G2: 7.03 (0.89) p=NS</p> <p>6 month G1: 8.08 (1.08) G2: 6.41 (1.11) p=NS</p> <p>DASS-21, Anxiety, Mean, SE, 3 month G1: 7.48 (0.76) G2: 7.21 (0.81) p=NS</p> <p>6 month G1: 7.97 (0.83) G2: 7.03 (0.85) p=NS</p> <p>Note: Baseline data only provided overall, which precluded mean change calculation DASS-21, Depression Overall: 6.49 DASS-21, Anxiety Overall: 5.62</p> <p>Body Image, Mean, SE, 3 month G1: 59.98 (3.07) G2: 77.32 (3.28) p=0.01</p> <p>6 month G1: 62.87 (3.33) G2: 79.65 (3.40) p=0.01</p>	<p>Quality of Life, Global, Mean, SE, 3 month G1: 66.52 (2.42) G2: 67.75 (2.58) p=NS</p> <p>6 month G1: 69.02 (2.71) G2: 72.21 (2.77) p=NS</p>	NA	NA	NA

Evidence Table 5. Comorbid conditions, quality of life, impairment, ability to return to work, and perceived utility (continued)

Author, Year	Comorbid Medical Condition Prevention/Reduction	Comorbid Psychiatric Condition	Quality of Life	Disability/ Functional Impairment	Return to Work/ Active Duty OR Ability Perceived Utility
Beatty, 2010 ¹ (continued)		Anxiousness preoccupation, Mean, SE,			
		3 month			
		G1: 15.77 (0.65)			
		G2: 17.58 (0.70)			
		p=NS			
		6 month			
		G1: 16.28 (0.65)			
		G2: 16.01 (0.64)			
		p=NS			
		Helplessness/ hopelessness, Mean,			
		SE, 3 month			
		G1: 10.07 (0.50)			
		G2: 12.0 (0.54)			
		p=0.03			
		6 month			
		G1: 10.26 (0.45)			
		G2: 10.44 (0.46)			
		p=NS			
		Cognitive Avoidance, Mean, SE, 3			
		month			
		G1: 8.38 (0.37)			
		G2: 10.04 (0.40)			
		p=0.03			
		6 month			
		G1: 9.79 (0.43)			
		G2: 10.17 (0.44)			
		p=NS			

Evidence Table 5. Comorbid conditions, quality of life, impairment, ability to return to work, and perceived utility (continued)

Author, Year	Comorbid Medical Condition Prevention/Reduction	Comorbid Psychiatric Condition	Quality of Life	Disability/Functional Impairment	Return to Work/ Active Duty OR Ability to Work	Perceived Utility
Weis, 2006 ¹⁵	No	NA	<p>SF-36 HRQL (Note: All HRQL outcomes collected @ 6 month follow-up)</p> <p>General Health Perception, median (25th-75th percentiles) G1: 72 (65-75) G2: 60 (49-63) Btwn-groups p<.01</p> <p>Mental health, median (25th-75th percentiles) G1: 80 (66-84) G2: 64 (51-69) Btwn-groups p=.01</p> <p>Physical function, median (25th-75th percentiles) G1: 85 (49-90) G2: 38 (35-60) Btwn-groups p=.01</p> <p>SF-36 HRQL Physical role function, median (25th-75th percentiles) G1: 25 (0-75) G2: 0 (0-50) Btwn-groups p=.19</p> <p>Pain, median (25th-75th percentiles) G1: 100 (72-100) G2: 62 (36-88) Btwn-groups p=.01</p>	No	No	No

Evidence Table 5. Comorbid conditions, quality of life, impairment, ability to return to work, and perceived utility (continued)

Author, Year	Comorbid Medical Condition Prevention/Reduction	Comorbid Psychiatric Condition	Quality of Life	Disability/Functional Impairment	Return to Work/ Active Duty OR Ability to Work	Perceived Utility
Weis, 2006 ¹⁵ (continued)	NA	NA	<p>Social function, median (25th-75th percentiles) G1: 88 (75-100) G2: 69 (50-81) Btwn-groups p=.06</p> <p>Vitality, median (25th-75th percentiles) G1: 58 (44-76) G2: 40 (29-46) Btwn-groups p<.01</p> <p>Emotional role function, median (25th-75th percentiles) G1: 67 (17-100) G2: 0 (0-67) Btwn-groups p<.10</p>	NA	NA	NA

Evidence Table 5. Comorbid conditions, quality of life, impairment, ability to return to work, and perceived utility (continued)

Author, Year	Comorbid Medical Condition Prevention/Reduction	Comorbid Psychiatric Condition	Quality of Life	Disability/Functional Impairment	Return to Work/ Active Duty OR Ability Perceived to Work	Perceived Utility
Bryant, 1999 ¹⁷	NA	STAI-State, mean (SD) @ pretreatment G1: 54.77 (10.28) G2: 51.69 (12.41) G3: 50.47 (7.39) p=NR @ post-treatment G1: 34.31 (16.95) G2: 35.92 (10.12) G3: 41.47 (12.91) p=NR @ 6 month follow-up G1: 35.00 (12.91) G2: 36.62 (12.69) G3: 44.73 (7.34) p=NR Group-by-time p <.05 Specific group-by-time differences G3 > G2 at T3, p<.05 G3 > G1 at T3, p<.02	NA	NA	NA	NA

Evidence Table 5. Comorbid conditions, quality of life, impairment, ability to return to work, and perceived utility (continued)

Author, Year	Comorbid Medical Condition Prevention/Reduction	Comorbid Psychiatric Condition	Quality of Life	Disability/ Functional Impairment	Return to Work/ Active Duty OR Ability to Work	Perceived Utility
Bryant, 2008 ²	NA	Anxiety, BAI; Depression, BDI-2 - ITT sample Mean (SD) : @baseline (pretreatment) G1: 23.1 (12.6); 22.1 (11.0) G2: 27.5 (12.3); 24.2 (8.2) G3:22.2 (11.2); 23.8 (12.0) @6 weeks (posttreatment) G1: 13.4 (15.3); 12.1 (11.8) G2: 23.4 (14.2); 18.9 (13.3) G3:19.6 (13.7); 21.9 (13.8) BDI: G1<G3, p=0.003 G2 vs. G3, p=NS BAI: G1<G3, p=0.004 G1<G2, p=0.008 G2 vs G3, p=NS @6 months (follow-up) G1: 12.8 (16.1); 12.4 (13.1) G2: 23.3 (16.7); 20.4 (13.1) G3:NA, NA Intrusion:G1<G2, p=0.02 Avoid: G1<G2, p=0.03	NA	NA	NA	

Evidence Table 5. Comorbid conditions, quality of life, impairment, ability to return to work, and perceived utility (continued)

Author, Year	Comorbid Medical Condition Prevention/Reduction	Comorbid Psychiatric Condition	Quality of Life	Disability/ Functional Impairment	Return to Work/ Active Duty OR Ability to Work	Perceived Utility
Bryant, 2003 ³	NA	BAI, BDI, mean (SD) @ pre-treatment G1: 25.58 (11.43), 20.42 (11.66) G2: 26.83 (13.90), 24.17 (11.96) @ post-treatment (w/n 1 week) G1: 13.17 (12.65), 13.75 (12.10) G2: 21.58 (17.49), 18.75 (12.61) p=0.05 (BAI), p=0.56 (BDI) @ 6 month follow-up G1: 13.92 (10.98), 21.83 (18.72) G2: 15.42 (13.87), 20.33 (14.18) p=0.19 (BAI), p=0.69 (BDI)	NA	NA	NA	NA
Bryant, 1998 ⁴	NA	Depression, BDI-II Mean (SD) : @ baseline G1: 16.58 (10.18) G2: 17.17 (8.12) @ mean of 41.5 days G1: 7.25 (8.84) G2: 13.67 (9.80) @ 6 mons G1: 6.08 (6.27) G2: 13.50 (7.86) Anxiety, STAI State Mean (SD) @ baseline G1: 50.83 (14.57) G2: 54.08 (10.51) @ mean of 41.5 days G1: 31.58 (9.66) G2:44.67 (12.84)	NA	NA	NA	NA

Evidence Table 5. Comorbid conditions, quality of life, impairment, ability to return to work, and perceived utility (continued)

Author, Year	Comorbid Medical Condition Prevention/Reduction	Comorbid Psychiatric Condition	Quality of Life	Disability/Functional Impairment	Return to Work/ Active Duty OR Ability to Work	Perceived Utility
Bryant, 1998 ⁴ (continued)	NA	@ 6 mons G1:34.75 (7.78) G2: 43.17 (7.66) Anxiety, STAI Trait Mean (SD) G1: 47.08 (17.21) G2: 49.08 (9.71) @ mean of 41.5 days G1: 34.67 (10.91) G2: 42.08 (11.40) @ 6 mons G1: 38.00 (9.26) G2: 47.5 (12.41)	NA	NA	NA	NA
Bryant, 2005 ⁵	NA	Depression, BDI-II Baseline, mean (SD): G1: 18.40 (8.39) G2: 19.97 (10.01) G3: 22.04 (11.77) p=NS Post-treatment (ITT): G1: 11.37 (7.34) G2: 13.24 (11.83) G3: 14.96 (10.92) p=NS Effect sizes, pre- to post-treatment (ITT): G1: 1.04 (1.02) G2: 0.92 (0.62) G3: 0.58 (0.56) p=NR	NA	NA	NA	NA

Evidence Table 5. Comorbid conditions, quality of life, impairment, ability to return to work, and perceived utility (continued)

Author, Year	Comorbid Medical Condition Prevention/Reduction	Comorbid Psychiatric Condition	Quality of Life	Disability/Functional Impairment	Return to Work/ Active Duty OR Ability to Work	Perceived Utility
Bryant, 2005 ⁵ (continued)	NA	6-month follow-up (ITT): G1: 13.57 (8.78) G2: 14.61 (12.31) G3: 16.29 (11.95) p=NS Effect sizes, post-treatment to F/U (ITT): G1: 1.90 (0.87) G2: 0.79 (0.53) G3: 0.12 (0.10) p=NR BAI, mean (SD) Baseline, mean (SD): G1: 27.27 (11.47) G2: 24.39 (11.23) G3: 28.67 (13.45) p=NS Post-treatment (ITT): G1: 15.47 (12.87) G2: 14.91 (13.31) G3: 20.25 (14.26) p=NS Effect sizes, pre- to post-treatment (ITT): G1: 2.21 (1.07) G2: 1.12 (0.75) G3: 0.60 (0.56) p=NR 6-month follow-up (ITT): G1: 14.04 (12.67) G2: 12.21 (11.91) G3: 21.00 (15.62) p=NS	NA	NA	NA	NA

Evidence Table 5. Comorbid conditions, quality of life, impairment, ability to return to work, and perceived utility (continued)

Author, Year	Comorbid Medical Condition Prevention/Reduction	Comorbid Psychiatric Condition	Quality of Life	Disability/Functional Impairment	Return to Work/ Active Duty OR Ability to Work	Perceived Utility
Bryant, 2005 ⁵ (continued)			Effect sizes, post-treatment to F/U (ITT): G1: 1.90 (0.87) G2: 0.79 (0.53) G3: 0.12 (0.10) p=NR			
Campfield, 2001 ⁶	NA	NA	NA	NA	NA	NA
Gamble, 2005 ⁷	NA	Depression, Edinburgh Postnatal Depression Scale (PDS) > 12 (N) @ 4-6 weeks postpartum (N=102) G1: 16 G2: 18 RR (95% CI): 0.96 (0.56 to 1.67) p=NS @ 3 months (N=103) G1: 4 G2: 17 RR (95% CI): 0.25 (0.09 to 0.69) p=.002 Depression, Depression Anxiety and Stress Scale-21 (DASS-21) > 13 (N) @ 3 months postpartum (N=102) G1: 3 G2: 14 RR (95% CI): 0.23 (0.07 to 0.76) p=.005	NA	NA	NA	Self-report questionnaire: Usefulness of intervention in reconciling birth trauma High ratings (8-10 out of 10), N (%) G1: 43 (86%) G2: NA Note: No women rated intervention lower than 7 out of 10

Evidence Table 5. Comorbid conditions, quality of life, impairment, ability to return to work, and perceived utility (continued)

Author, Year	Comorbid Medical Condition Prevention/Reduction	Comorbid Psychiatric Condition	Quality of Life	Disability/Functional Impairment	Return to Work/ Active Duty OR Ability Perceived to Work	Perceived Utility
Melnik, 2004 ⁸	NA	Depression subscale, Profile of Mood States, mean (SD) @Time 1(baseline) G1:6.0 (4.3) G2: 5.7 (4.1) p=nr @Time 2 G1:4.5 (4.5) G2: 3.8 (4.0) p=nr @Time 3 G1:3.7 (4.4) G2: 3.8 (4.2) p=nr @Time 4 G1: 3.3 (4.2) G2:3.2 (4.4) p=nr @Time 6 (1 month post-discharge) G1: 2.6 (3.3) G2: 4.1 (4.3) p<0.05 at this time point @Time 7 (3 months post-discharge) G1: 3.3 (4.4) G2:4.2 (4.6) p=nr	NA	NA	NA	NA

Evidence Table 5. Comorbid conditions, quality of life, impairment, ability to return to work, and perceived utility (continued)

Author, Year	Comorbid Medical Condition Prevention/Reduction	Comorbid Psychiatric Condition	Quality of Life	Disability/Functional Impairment	Return to Work/ Active Duty OR Ability Perceived to Work	Perceived Utility
Melnyk, 2004 ^s (continued)	NA		<p>@Time 8 (6 months post-discharge) G1: 2.0 (3.3) G2: 3.9 (5.2) p=nr</p> <p>@Time 9 (12 months post-discharge) G1: 2.5 (4.0) G2: 3.6 (4.0)</p> <p>Effect at time 9, $p < 0.01$, $p < 0.05$ w/ multiple imputation analysis SPIEBERGER STATE ANXIETY INVENTORY, mean (SD):</p> <p>@Time 1(baseline) G1:52.8 (13.0) G2: 52.8 (12.6) p=nr</p> <p>@Time 2 G1:45.6 (13.4) G2: 45.0 (11.8) p=nr</p> <p>@Time 3 G1:42.4 (12.8) G2: 42.4 (12.9) p=nr</p> <p>@Time 4 G1: 40.6 (12.6) G2:41.0 (13.6) p=nr</p>	NA	NA	NA

Evidence Table 5. Comorbid conditions, quality of life, impairment, ability to return to work, and perceived utility (continued)

Author, Year	Comorbid Medical Condition Prevention/Reduction	Comorbid Psychiatric Condition	Quality of Life	Disability/Functional Impairment	Return to Work/ Active Duty OR Ability to Work	Perceived Utility
Melnyk, 2004 ⁸ (continued)	NA	<p>@Time 6 (1 month post-discharge) G1: 35.7 (12.2) G2: 39.8 (14.3) p=nr</p> <p>@Time 7 (3 months post-discharge) G1: 38.4 (13.9) G2:40.7 (12.3) p=nr</p> <p>@Time 8 (6 months post-discharge) G1: 36.0 (11.1) G2: 39.1 (13.8) p=nr</p> <p>@Time 9 (12 months post-discharge) G1: 35.8 (12.8) G2: 40.9 (12.5) effect at time 9, p<0.01 (not with multiple imputation)</p>	NA	NA	NA	NA
O'Donnell, 2012 ⁹	NA	<p>Depression - BDI, mean (SD) Pretreatment: G1: 30.13 (10.76) G2: 28.83 (11.18)</p> <p>@ 6 months (completers analysis): G1: 12.24 (11.02) G2: 31.20 (8.60) Between-groups p <.05</p> <p>@ 12 months (completers analysis) G1: 13.95 (11.29) G2: 29.00 (8.37)</p> <p>Between-groups p <.05 12-month Hedges \hat{g} effect size (95% CI): 1.45 (0.69 to 2.21)</p>	NA	NA	NA	NA

Evidence Table 5. Comorbid conditions, quality of life, impairment, ability to return to work, and perceived utility (continued)

Author, Year	Comorbid Medical Condition Prevention/Reduction	Comorbid Psychiatric Condition	Quality of Life	Disability/ Functional Impairment	Return to Work/ Active Duty OR Ability to Work	Perceived Utility
Rose, 1999 ¹⁰	NA	BDI, mean (SD) @6 months G1: 12.1 (13.0) G2: 9.8 (9.2) G3: 13.9 (13.1) p>0.10	NA	NA	NA	NA
Ryding, 2004 ¹¹	NA	EPDS score, median (IQR) @6 months G1: 6.0 (3.0 to 8.0) G2: 6.0 (3.5 to 11.0) p=0.1256	NA	NA	NA	NA
Shalev, 2011 ¹²	NA	NA	NA	NA	NA	NA
Sijbrandij, 2006 ¹³	NA	HADS (Anxiety): Anxiety Scores decreased in all 3 grps. over time (P<.001), but NS difference btwn grps. @ 2 weeks post tx: G1 = G2 = G3 (F=0.15, df=175, p=0.96) Sx. reduction btwn. 2 weeks and 6 mons (adj, for baseline) were estimated as: G1: 2.4 (95%CI 1.4 to 3.3); G2: 2.2 (1.2 to 3.2); G3:2.1 (95%CI 1.1 to 3.0) Other comorbid psych condition: HADS (Depression): Depression Scores decreased in all 3 grps. over time (P<.001), but NS difference btwn grps. @ 2 weeks post tx: G1 = G2 = G3 (F=1.4, df=175, p=0.23) Sx. reduction btwn. 2 weeks and 6 mons (adj, for baseline) were estimated as: G1: 1.6 (95%CI 0.6 to 2.6); G2: 1.5 (0.5 to 2.5); G3:1.4 (95%CI 0.4 to 2.4)	NA	NA	NA	NA

Evidence Table 5. Comorbid conditions, quality of life, impairment, ability to return to work, and perceived utility (continued)

Author, Year	Comorbid Medical Condition Prevention/Reduction	Comorbid Psychiatric Condition	Quality of Life	Disability/ Functional Impairment	Return to Work/ Active Duty OR Ability Perceived to Work	Perceived Utility
Treggiari, 2009 ¹⁴	Incidence of any organ failure to day 7, N (%) @ ICU discharge G1: 45 (70) G2: 42 (65) Btw-groups p=.49 ICU mortality, N (%) G1: 9 (14) G2: 9 (14) Btw-groups p>.99 Hospital mortality, N (%) G1: 11 (17) G2: 12 (18) Btw-groups p=.65	Anxiety and Depression subscores of Hospital Anxiety and Depression scale, respectively Mean (SD): @discharge G1: 6.4 (4.0), 5.3 (3.4) G2: 7.1 (4.6), 6.5 (4.7) p=0.37, p=0.13 @4 weeks after discharge G1: 5.3 (4.2), 3.4 (3.7) G2: 5.0 (4.2), 3.1 (3.7) 95%CI -1.3 to 2.0; -1.2 to 1.7	NA	NA	NA	NA

Evidence Table 6. Harms and adverse events of included trials

Author, Year	Overall Adverse Withdrawals Due to		Mortality	Suicidality	Homicidality	Other Adverse Effects (i.e., Disturbed Sleep, Agitation, Sedation, Weight Gain, Others)
	Events	Adverse Events				
Beatty, 2010 ¹	No	No	No	No	No	None
Bryant, 1998 ⁴	No	No	No	No	No	None
Bryant, 2003 ³	No	No	No	No	No	None
Bryant, 2008 ²	Yes	Yes	No	No	No	Distress See CAPS-2 score during the active treatment period (weeks 1-5)
Campfield, 2001 ⁶	No	No	No	No	No	None
Gamble, 2005 ⁷	No	No	No	No	No	None
Grainger, 1997 ¹⁶	No	No	No	No	No	None
Melnyk, 2004 ⁸	No	No	No	No	No	None
O'Donnell, 2012 ⁹	No	No	No	No	No	None
Rose, 1999 ¹⁰	No	No	No	No	No	None
Ryding, 2004 ¹¹	No	No	No	No	No	None

Evidence Table 6. Harms and adverse events of included trials (continued)

Author, Year	Overall Adverse Withdrawals Due to		Mortality	Suicidality	Homicidality	Other Adverse Effects (i.e., Disturbed Sleep, Agitation, Sedation, Weight Gain, Others)
	Events	Adverse Events				
Shalev, 2011 ¹²	No	No	No	No	No	None
Sijbrandij, 2006 ¹³	Yes	No	No	No	No	In participants with early hyperarousal, emotional debriefing led to higher PTSD scores than the control group at 6 weeks (p=0.005).
Treggiari, 2009 ¹⁴	No	No	Yes	No	No	Organ failure; death
Weis, 2006 ¹⁵	No	No	No	No	No	None

Evidence Table 7. External applicability of included trials

Author, Year	Study Population	Intervention	Comparator	Outcomes
Beatty, 2010 ¹	Yes Limited to Breast Cancer populations	Yes	Yes	Yes
Bryant, 2008 ²	Yes	Yes	Yes	Yes
Bryant, 2003 ³	Yes	Yes	Yes	Yes
Bryant, 1998 ⁴	Unclear Demographics of study sample not reported in great detail	Yes	Yes	Yes
Bryant, 2005 ⁵	Yes	No CBT and SC are widely applicable, but CBT-hypnosis is probably too specialized for widespread use.	Yes	Yes
Campfield, 2001 ⁶	Yes	Yes	Yes	No Outcomes only measured at 2 weeks
Gamble, 2005 ⁷	Yes	Yes	Yes	Yes
Melnyk, 2004 ⁸	No Only mothers	Yes	Yes	Yes
O'Donnell, 2012 ⁹	Unclear Ethnicity data NR, so determining how similar the sample is to the population of interest is not clear.	Unclear	Yes	Yes
Rose, 1999 ¹⁰	Yes	Yes	Yes	Yes

Evidence Table 7. External applicability of included trials (continued)

Author, Year	Study Population	Intervention	Comparator	Outcomes
Ryding, 2004 ¹¹	No Limited to women who received C-section	Yes	Yes	Yes
Shalev, 2011 ¹²	Yes	Yes	Yes	Yes
Sijbrandij, 2006 ¹³	Yes	Yes	Yes	Yes
	NA	NA	NA	NA
Treggiari, 2009 ¹⁴	No specific to ICU patients	Yes	Yes	No Outcomes at 4 weeks only measured
Weis, 2006 ¹⁵	No Limited to cardiac surgery patients	Yes	Yes	Yes

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Appendix F. Risk of Bias Tables

Table F1. Risk of bias observational studies

Author, Year	Groups	Masked Statistical Analysis	Attrition	Miscellaneous	Outcomes	Risk of Bias Notes Explaining Risk of Bias
Carlier, 1998 ¹	Groups recruited from same source population? Yes	Attempt to mask outcome assessors? Yes	Overall attrition ≥20%? No	I/E criteria equally applied in both groups? Yes	Outcome measures equal, valid and reliable? Yes	High
Prospective study design? No	Both groups recruited over same time period? Yes	Differences between groups taken into account in statistical analysis? Yes	Differential attrition ≥15%? No	Time of follow-up equal in both groups? Yes	Method of Handling Dropouts NA	Risk of recall bias b/c no data available until 8 months post-trauma. Potential harm in form of disaster-related hyperarousal symptoms in G1 at 18 months. High risk of selection bias and confounding from subjects' self-selection to treatment groups.
	% completed treatment Overall: 100 G1: 100 G2: 100	Confounding adequately accounted for either through study design or statistical analysis? Yes			Any participants who started the trial excluded from analysis? No	
Eid, 2001 ²	Groups recruited from same source population? No	Attempt to mask outcome assessors? Unclear	Overall attrition ≥20%? NR	I/E criteria equally applied in both groups? Unclear	Outcome measures equal, valid and reliable? Yes	
Prospective study design? Yes	Both groups recruited over same time period? Yes	Differences between groups taken into account in statistical analysis? Unclear	Differential attrition ≥15%? NR	Time of follow-up equal in both groups? Yes	Method of Handling Dropouts NA	Tiny sample size, cohort study, inadequate reporting of methods
	% completed treatment NR	Confounding adequately accounted for either through study design or statistical analysis? Unclear			Any participants who started the trial excluded from analysis? NR	

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Table F1. Risk of bias observational studies (continued)

Author, Year	Groups	Masked Statistical Analysis	Attrition	Miscellaneous	Outcomes	Risk of Bias Notes Explaining Risk of Bias
Foa, 1995 ³	Groups recruited from same source population? Yes	Attempt to mask outcome assessors? Yes	Overall attrition $\geq 20\%$? No	I/E criteria equally applied in both groups? Yes	Outcome measures equal, valid and reliable? Yes	High
Prospective study design? Yes	Both groups recruited over same time period? Yes	Differences between groups taken into account in statistical analysis? Yes	Differential attrition $\geq 15\%$? No	Time of follow-up equal in both groups? Yes	Method of Handling Dropouts Unclear	High risk of selection bias and confounding. Not randomized. Small study with 10 subjects receiving intervrx and 10 matched controls.
	% completed treatment 100	Confounding adequately accounted for either through study design or statistical analysis? No			Any participants who started the trial excluded from analysis? No	Participants matched on some variables but not all. Timing of outcomes differed by group: the entire control grp took first assessment within 3 wks of traumatic event, while 20% of the treatment group completed first assessment after 2 weeks, at 21 days, & at 60 days. Note: One participant (10% of the sample) met full diagnostic criteria for PTSD at baseline. Attrition data NR; assuming the entire sample was analyzed but not discussed explicitly.

Table F1. Risk of bias observational studies (continued)

Author, Year	Groups	Masked Statistical Analysis	Attrition	Miscellaneous	Outcomes	Risk of Bias Notes Explaining Risk of Bias
Frappell-Cooke, 2010 ⁴	Groups recruited from same source population? Yes	Attempt to mask outcome assessors? NR	Overall attrition ≥20%? Yes	I/E criteria equally applied in both groups? Yes	Outcome measures equal, valid and reliable? Yes	High
Prospective study design? Yes	Both groups recruited over same time period? Yes	Differences between groups taken into account in statistical analysis? Yes	Differential attrition ≥15%? Yes	Time of follow-up equal in both groups? Yes	Method of Handling Dropouts Unclear	Non-randomized with high loss to follow-up and no ITT
	% completed treatment 100	Confounding adequately accounted for either through study design or statistical analysis? Unclear			Any participants who started the trial excluded from analysis? No	

Table F1. Risk of bias observational studies (continued)

Author, Year	Groups	Masked Statistical Analysis	Attrition	Miscellaneous	Outcomes	Risk of Bias Notes Explaining Risk of Bias
Gelpin, 1996 ⁵	Groups recruited from same source population? Yes	Attempt to mask outcome assessors? Unclear	Overall attrition ≥20%? Unclear	I/E criteria equally applied in both groups? Yes	Outcome measures equal, valid and reliable? Yes	High
Prospective study design? Yes	Both groups recruited over same time period? Yes	Differences between groups taken into account in statistical analysis? Yes	Differential attrition ≥15%? Unclear	Time of follow-up equal in both groups? Yes	Method of Handling Dropouts Unclear	Large risk of selection bias because administration of benzodiazepines based on clinician's evaluation of efficacy, side effects, and distress level. Also, the specific drug of choice differed in a non-systematic way (either alprazolam or clonazepam). It is possible that other characteristics, like severity of trauma, were used to make group assignments. The risk of bias is high given these issues and their likely effect on the results because of the small sample size (n = 26). Study appears to use only a completers analysis, as well.
	% completed treatment Overall: NA G1: 69 G2: NA	Confounding adequately accounted for either through study design or statistical analysis? No			Any participants who started the trial excluded from analysis? Unclear	

Table F1. Risk of bias observational studies (continued)

Author, Year	Groups	Masked Statistical Analysis	Attrition	Miscellaneous	Outcomes	Risk of Bias Notes Explaining Risk of Bias
Grainger, 1997 ⁶	Groups recruited from same source population? Yes	Attempt to mask outcome assessors? Unclear	Overall attrition ≥20%? Unclear	I/E criteria equally applied in both groups? Yes	Outcome measures equal, valid and reliable? Mixed	High
Prospective study design? Yes	Both groups recruited over same time period? Yes	Differences between groups taken into account in statistical analysis? NA	Differential attrition ≥15%? Unclear	Time of follow-up equal in both groups? Yes	Method of Handling Dropouts NA	Control group not recruited concurrently and high differential loss to follow-up. 100 participants received 1 session of EMDR, but the author reports only participants who completed pre and post assessments
	% completed treatment NR					

Table F1. Risk of bias observational studies (continued)

Author, Year Groups	Masked Statistical Analysis	Attrition	Miscellaneous	Outcomes	Risk of Bias Notes Explaining Risk of Bias
Grainger, 1997 ⁶ (continued)	<p>Confounding adequately accounted for either through study design or statistical analysis? Unclear</p>			<p>Any participants who started the trial excluded from analysis? Unclear</p>	<p>were included in the experimental design or treatment grp, leaving 29 participants in G1.</p> <p>Unclear whether inclusion criteria (other than being a survivor of Hurricane Andrew) were established post-intervx or if the study used a completer's analysis. 27 were recruited for waitlist but the author does not describe what I/E criteria were for that group or how they were applied. Only data for the completers in the waitlist are reported (n=11).</p> <p>Intervx began about 2.5 mos post-trauma but no other information available to determine how long afterwards some participants may have first received the intervention at different points in time post-trauma. Borderline high/medium RoB.</p>

Table F1. Risk of bias observational studies (continued)

Author, Year	Groups	Masked Statistical Analysis	Attrition	Miscellaneous	Outcomes	Risk of Bias Notes Explaining Risk of Bias
Jotzo, 2005 ⁷	Groups recruited from same source population? No	Attempt to mask outcome assessors? Unclear	Overall attrition ≥20%? NR	I/E criteria equally applied in both groups? Yes	Outcome measures equal, valid and reliable? Yes	High
Prospective study design? Yes	Both groups recruited over same time period? No	Differences between groups taken into account in statistical analysis? Yes	Differential attrition ≥15%? NR	Time of follow-up equal in both groups? Unclear	Method of Handling Dropouts NR	Borderline high/medium RoB. No baseline PTSD data collected. Information about attrition, ITT, blinding, or confounding largely unavailable.
	% completed treatment NR	Confounding adequately accounted for either through study design or statistical analysis? Unclear			Any participants who started the trial excluded from analysis? Unclear	
Krauseneck, 2010 ⁸	Groups recruited from same source population? Yes	Attempt to mask outcome assessors? Unclear	Overall attrition ≥20%? No	I/E criteria equally applied in both groups? Yes	Outcome measures equal, valid and reliable? Yes	
Prospective study design? Yes	Both groups recruited over same time period? Yes	Differences between groups taken into account in statistical analysis? Yes	Differential attrition ≥15%? NR	Time of follow-up equal in both groups? Yes	Method of Handling Dropouts NR	Method of handling dropouts, if any, not described. Unclear if outcome assessors masked to txmt assignment. High RoB rating based primarily on unmeasured potential confounders. The study's beta-blockers were apparently given post-op in Germany "according to a standard protocol". This suggests that there were important clinical reasons that some patients did not receive beta-blockers. Some might be related to pre-op characteristics, such
	% completed treatment Overall: 84 G1: NR G2: NR	Confounding adequately accounted for either through study design or statistical analysis? Yes			Any participants who started the trial excluded from analysis? No	

Table F1. Risk of bias observational studies (continued)

Author, Year	Groups	Masked Statistical Analysis	Attrition	Miscellaneous	Outcomes	Risk of Bias Notes Explaining Risk of Bias
Krauseneck, 2010 ⁸ (continued)						as history of asthma or COPD, but some patients might have not received beta-blockers because of their post-op course, such as bradycardia during the post-op course. That might be a marker for severity of illness in the post-op period, which might also be related to risk of PTSD symptoms. None of these issues are discussed.
Peres, 2011 ⁹	Groups recruited from same source population? Yes Both groups recruited over same time period? Yes % completed treatment NR	Attempt to mask outcome assessors? Unclear Differences between groups taken into account in statistical analysis? Unclear Confounding adequately accounted for either through study design or statistical analysis? Unclear	Overall attrition ≥20%? No Differential attrition ≥15%? No	I/E criteria equally applied in both groups? No Time of follow-up equal in both groups? Yes	Outcome measures equal, valid and reliable? Yes Method of Handling Dropouts NA Any participants who started the trial excluded from analysis? Unclear	High Attrition and number of subjects included in analysis NR and statistical analyses poorly explained. Not randomized and not possible to tell how similar original groups were.

Table F1. Risk of bias observational studies (continued)

Author, Year	Groups	Masked Statistical Analysis	Attrition	Miscellaneous	Outcomes	Risk of Bias Notes Explaining Risk of Bias
Peris, 2011 ¹⁰	Groups recruited from same source population? Yes	Attempt to mask outcome assessors? No	Overall attrition ≥20%? Yes	I/E criteria equally applied in both groups? Yes	Outcome measures equal, valid and reliable? Yes	High
Prospective study design? No	Both groups recruited over same time period? No	Differences between groups taken into account in statistical analysis? Yes	Differential attrition ≥15%? Yes	Time of follow-up equal in both groups? Yes	Method of Handling Dropouts NA	No randomization, study groups at two different periods, no blinded outcome assessor, large loss to f/u in both arms, with much greater loss in control arm.
	% completed treatment NR	Confounding adequately accounted for either through study design or statistical analysis? No			Any participants who started the trial excluded from analysis? NR	

Table F1. Risk of bias observational studies (continued)

Author, Year	Groups	Masked Statistical Analysis	Attrition	Miscellaneous	Outcomes	Risk of Bias Notes Explaining Risk of Bias
Rothbaum, 2008 ¹¹	Groups recruited from same source population?	Attempt to mask outcome assessors?	Overall attrition $\geq 20\%$?	I/E criteria equally applied in both groups?	Outcome measures equal, valid and reliable?	High
Prospective study design?	Yes	Unclear	Yes	Yes	Yes	The sample was small and nonrandomized which led to possible significant differences in the arms (e.g., age & one arm was all women, the other included 2 men). Completers analysis used and differential attrition is 20%. Authors report that all participants reported a history of trauma either in childhood or as an adult. Although it is not explained, it appears that the investigators were reporting on traumas in addition to the current trauma, which they explain no further. Concerning because the only PTSD criterion used for inclusion/exclusion was DSM PTSD criterion A. There is no way to know if some of the sample already had PTSD or ASD.
Yes	Both groups recruited over same time period?	Differences between groups taken into account in statistical analysis?	Differential attrition $\geq 15\%$?	Time of follow-up equal in both groups?	Method of Handling Dropouts	
	No	NR	Yes	Yes	Completers analysis	
	% completed treatment	Confounding adequately accounted for either through study design or statistical analysis?			Any participants who started the trial excluded from analysis?	
	Overall: 100	No			NR	
	G1:100					
	G2:100					

Table F1. Risk of bias observational studies (continued)

Author, Year	Groups	Masked Statistical Analysis	Attrition	Miscellaneous	Outcomes	Risk of Bias Notes Explaining Risk of Bias
Schelling, 2004 ¹²	Groups recruited from same source population? NR	Attempt to mask outcome assessors? NR	Overall attrition $\geq 20\%$? Yes	I/E criteria equally applied in both groups? Yes	Outcome measures equal, valid and reliable? NR	High
Prospective study design? Yes	Both groups recruited over same time period? NR	Differences between groups taken into account in statistical analysis? Yes	Differential attrition $\geq 15\%$? No	Time of follow-up equal in both groups? No	Method of Handling Dropouts Yes	43/91 (47%) randomized patients did not complete, combined with use of completers analysis only.
	% completed treatment Yes	Confounding adequately accounted for either through study design or statistical analysis? 100			Any participants who started the trial excluded from analysis? NA	
Schelling, 2001 ¹³	Groups recruited from same source population? Unclear	Attempt to mask outcome assessors? Yes	Overall attrition $\geq 20\%$? Unclear	I/E criteria equally applied in both groups? Yes	Outcome measures equal, valid and reliable? NR	High
Prospective study design? Yes	Both groups recruited over same time period? Unclear	Differences between groups taken into account in statistical analysis? Unclear	Differential attrition $\geq 15\%$? No	Time of follow-up equal in both groups? Unclear	Method of Handling Dropouts Yes	20 of 40 from original randomization lost to follow-up. Unclear whether participants were masked in intital study. Unclear if data from the two separate studies discussed were pooled for the analysis.
	% completed treatment Yes	Confounding adequately accounted for either through study design or statistical analysis? 100			Any participants who started the trial excluded from analysis? NA	

Table F1. Risk of bias observational studies (continued)

Author, Year	Groups	Masked Statistical Analysis	Attrition	Miscellaneous	Outcomes	Risk of Bias Notes Explaining Risk of Bias
Vaiva, 2003 ¹⁴	Groups recruited from same source population? Yes	Attempt to mask outcome assessors? Yes	Overall attrition ≥20%? No	I/E criteria equally applied in both groups? Yes	Outcome measures equal, valid and reliable? Yes	High
Prospective study design? Yes	Both groups recruited over same time period? Yes	Differences between groups taken into account in statistical analysis? Yes	Differential attrition ≥15%? Yes	Time of follow-up equal in both groups? Yes	Method of Handling Dropouts NA	Medium to high RoB. Unclear how dropouts were handled in the analysis. No baseline PTSD data collected. Self-selection into treatment groups presents an important confounder not addressed in the analysis.
	% completed treatment Overall: 89 G1: 81 G2: 100	Confounding adequately accounted for either through study design or statistical analysis? No			Any participants who started the trial excluded from analysis? NR	
Vijayakumar, 2008 ¹⁵	Groups recruited from same source population? Yes	Attempt to mask outcome assessors? No	Overall attrition ≥20%? NR	I/E criteria equally applied in both groups? Yes	Outcome measures equal, valid and reliable? No	High
Prospective study design? Yes	Both groups recruited over same time period? Yes	Differences between groups taken into account in statistical analysis? Yes	Differential attrition ≥15%? NR	Time of follow-up equal in both groups? Yes	Method of Handling Dropouts Other	Attrition rates and method of handling dropouts NR. Outcome assessors not blinded to txmt assignment, and only one baseline difference (illiteracy) taken into account in statistical analysis. PTSD measure piloted for this study, but no validity data given.
	% completed treatment NR	Confounding adequately accounted for either through study design or statistical analysis? No			Any participants who started the trial excluded from analysis? Unclear	

Table F2. Risk of bias RCTs

Author, Year	Randomization	Groups	Masked	Attrition	ITT	Outcomes	Risk of Bias Notes Explaining Risk of Bias
Acierno, 2004 ¹⁶	Randomization adequate? Unclear	Groups similar at baseline? Unclear	Outcome assessors masked? No	Overall attrition ≥20%? Yes	ITT analyses used? No	Outcome measures equal, valid and reliable? Yes	High No baseline PTSD ratings, large loss to f/u [29%], treatment completer's analysis.
	Allocation concealment adequate? Unclear	% completed treatment Overall: 71 G1: NR G2: NR	Care providers masked? No	Differential attrition ≥15%? Unclear	Method of handling dropouts in ITT analysis NA	Adequate treatment fidelity (therapist adherence) reported? NR	
			Patients masked? Unclear				
Adler, 2008 ¹⁷	Randomization adequate? Unclear	Groups similar at baseline? Yes	Outcome assessors masked? No	Overall attrition ≥20%? Yes	ITT analyses used? No	Outcome measures equal, valid and reliable? Yes	High High LTF, no allocation concealment.
	Allocation concealment adequate? No	% completed treatment NR	Care providers masked? No	Differential attrition ≥15%? No	Method of handling dropouts in ITT analysis NA	Adequate treatment fidelity (therapist adherence) reported? NR	Randomization method not described, so not possible to determine how it would affect RoB.
			Patients masked? No				
Adler, 2009 ¹⁸	Randomization adequate? Unclear	Groups similar at baseline? No	Outcome assessors masked? Yes	Overall attrition ≥20%? Yes	ITT analyses used? No	Outcome measures equal, valid and reliable? Yes	High Study staff were masked at followup but not baseline; baseline differences between groups, high attrition (>50%) , and completers analysis.
	Allocation concealment adequate? Unclear	% completed treatment Overall: 46.14 G1: 46.24 G2: 48.14 G3: 44.33 G4: 46.02	Care providers masked? No	Differential attrition ≥15%? No	Method of handling dropouts in ITT analysis Multiple imputation	Adequate treatment fidelity (therapist adherence) reported? Yes	
			Patients masked? No				

Table F2. Risk of bias RCTs (continued)

Author, Year	Randomization	Groups	Masked	Attrition	ITT	Outcomes	Risk of Bias Notes Explaining Risk of Bias
Beatty, 2010 ¹⁹	Randomization adequate? Yes	Groups similar at baseline? Yes	Outcome assessors masked? No	Overall attrition ≥20%? No	ITT analyses used? Yes	Outcome measures equal, valid and reliable? Yes	Medium Outcome assessors not masked, as outcomes were self-assessed. Will leave risk as originally assessed at "medium", but seemed between "low" and "medium".
	Allocation concealment adequate? Yes	% completed treatment 100	Care providers masked? Unclear	Differential attrition ≥15%? No	Method of handling dropouts in ITT analysis Other	Adequate treatment fidelity (therapist adherence) reported? No	
Brom, 1993 ²⁰	Randomization adequate? Unclear	Groups similar at baseline? No	Outcome assessors masked? Unclear	Overall attrition ≥20%? Yes	ITT analyses used? Unclear	Outcome measures equal, valid and reliable? Yes	High Randomization process not described, unable to determine how adequate it was or whether outcome assessors were masked. Groups different at baseline, overall attrition over 20% (21%), unclear how dropouts were handled.
	Allocation concealment adequate? Unclear	% completed treatment Overall: NR G1: 84% G2: 76%	Care providers masked? No	Differential attrition ≥15%? No	Method of handling dropouts in ITT analysis Unclear	Adequate treatment fidelity (therapist adherence) reported? No	
Bryant, 1998 ²¹	Randomization adequate? Unclear	Groups similar at baseline? Yes	Outcome assessors masked? Yes	Overall attrition ≥20%? Unclear	ITT analyses used? Unclear	Outcome measures equal, valid and reliable? Yes	Medium Borderline medium to high. Some treatment adherence monitoring by the lead author, but the article only reports that he reviewed case notes and participant records. Sessions not audiotaped.
	Allocation concealment adequate? Unclear	% completed treatment NR	Care providers masked? NA	Differential attrition ≥15%? Unclear	Method of handling dropouts in ITT analysis NA	Adequate treatment fidelity (therapist adherence) reported? No	

Table F2. Risk of bias RCTs (continued)

Author, Year	Randomization	Groups	Masked	Attrition	ITT	Outcomes	Risk of Bias Notes Explaining Risk of Bias
Bryant, 1999 ²²	Randomization adequate? Unclear	Groups similar at baseline? Yes	Outcome assessors masked? Yes	Overall attrition ≥20%? Yes	ITT analyses used? No	Outcome measures equal, valid and reliable? Yes	High Completer's analysis, 32% loss to follow-up
	Allocation concealment adequate? Unclear	% completed treatment Overall: 75.5 G1: NR G2: NR	Care providers masked? NA Patients masked? No	Differential attrition ≥15%? Unclear	Method of handling dropouts in ITT analysis NA	Adequate treatment fidelity (therapist adherence) reported? NR	
Bryant, 2003 ²³	Randomization adequate? Yes	Groups similar at baseline? Yes	Outcome assessors masked? Yes	Overall attrition ≥20%? No	ITT analyses used? Yes	Outcome measures equal, valid and reliable? Yes	Medium No data reported on # of sessions completed per group
	Allocation concealment adequate? Unclear	% completed treatment Overall: NR G1: NR G2: NR	Care providers masked? NA Patients masked? No	Differential attrition ≥15%? No	Method of handling dropouts in ITT analysis NA	Adequate treatment fidelity (therapist adherence) reported? Yes	
Bryant, 2003 ²⁴	Randomization adequate? Yes	Groups similar at baseline? Unclear	Outcome assessors masked? Yes	Overall attrition ≥20%? Yes	ITT analyses used? Yes	Outcome measures equal, valid and reliable? Yes	High Very high overall loss to follow-up from end of parent study, 63%.
	Allocation concealment adequate? No	% completed treatment Total: 79% G1: 73% G2: 77% G3: 92%	Care providers masked? NA Patients masked? Unclear	Differential attrition ≥15%? Yes	Method of handling dropouts in ITT analysis LOCF	Adequate treatment fidelity (therapist adherence) reported? Yes	

Table F2. Risk of bias RCTs (continued)

Author, Year	Randomization	Groups	Masked	Attrition	ITT	Outcomes	Risk of Bias Notes Explaining Risk of Bias
Bryant, 2005 ²⁵ Bryant, 2006 ²⁶	Randomization adequate? Yes Allocation concealment adequate? No	Groups similar at baseline? Unclear % completed treatment Total: 79% G1: 73% G2: 77% G3: 92%	Outcome assessors masked? Yes Care providers masked? NA Patients masked? Unclear	Overall attrition ≥20%? Yes Differential attrition ≥15%? Yes	ITT analyses used? Yes Method of handling dropouts in ITT analysis LOCF	Outcome measures equal, valid and reliable? Yes Adequate treatment fidelity (therapist adherence) reported? Yes	High Bryant, 2005: Differential attrition 15% and 19% for G1- G3 and G2-G3 differences, respectively, so only G1-G2 comparison not subject to high RoB. Overall attrition 21%. Bryant, 2006: High loss to follow-up
Bryant, 2008 ²⁷	Randomization adequate? Yes Allocation concealment adequate? Unclear	Groups similar at baseline? Yes % completed treatment Overall:77 G1: 83 G2: 77 G3: 70	Outcome assessors masked? Yes Care providers masked? NA Patients masked? No	Overall attrition ≥20%? Yes Differential attrition ≥15%? No	ITT analyses used? Yes Method of handling dropouts in ITT analysis LOCF	Outcome measures equal, valid and reliable? Yes Adequate treatment fidelity (therapist adherence) reported? Yes	Low Note on treatment fidelity: quality rating of 45 randomly selected audiotaped sessions (17%) was 5.8 out of a 1-7 scale (1=unacceptable; 7=very good)

Table F2. Risk of bias RCTs (continued)

Author, Year	Randomization	Groups	Masked	Attrition	ITT	Outcomes	Risk of Bias Notes Explaining Risk of Bias
Bugg, 2009 ²⁸	Randomization adequate? Unclear Allocation concealment adequate? Yes	Groups similar at baseline? No % completed treatment Overall: NR G1: 45.8 G2: NA	Outcome assessors masked? Unclear Care providers masked? NA Patients masked? Unclear	Overall attrition ≥20%? Yes Differential attrition ≥15%? No	ITT analyses used? Yes Method of handling dropouts in ITT analysis LOCF	Outcome measures equal, valid and reliable? Yes Adequate treatment fidelity (therapist adherence) reported? NA	High Relatively large loss to follow-up, relatively large proportion not completing all 3 sessions. Adequacy of random numbers table questionable; also significant sex differences between groups
Campfield, 2001 ²⁹	Randomization adequate? Unclear Allocation concealment adequate? Unclear	Groups similar at baseline? No % completed treatment Overall:NR G1: NR G2: NR	Outcome assessors masked? Unclear Care providers masked? Unclear Patients masked? Unclear	Overall attrition ≥20%? Unclear Differential attrition ≥15%? Unclear	ITT analyses used? Yes Method of handling dropouts in ITT analysis NA	Outcome measures equal, valid and reliable? Yes Adequate treatment fidelity (therapist adherence) reported? NR	Medium Unsure if there was no attrition or if ITT analysis was conducted. Nature of the robbery and area of employment substantially different across groups, raising the possibility that there were other important differences across groups.

Table F2. Risk of bias RCTs (continued)

Author, Year	Randomization	Groups	Masked	Attrition	ITT	Outcomes	Risk of Bias Notes Explaining Risk of Bias
Crespo, 2010 ³⁰	Randomization adequate? No Allocation concealment adequate? Unclear	Groups similar at baseline? No % completed treatment Overall: 74.6 G1: 71.4 G2: 76	Outcome assessors masked? Unclear Care providers masked? NR Patients masked? NR	Overall attrition ≥20%? Yes Differential attrition ≥15%? No	ITT analyses used? No Method of handling dropouts in ITT analysis NA	Outcome measures equal, valid and reliable? Yes Adequate treatment fidelity (therapist adherence) reported? NR	High Randomization process at high risk for bias. Significant baseline differences in education level, depression symptom levels, and reason for seeking treatment (i.e., exposure group's presenting reason was more often violence)
Deahl, 1999 ³¹	Randomization adequate? No Allocation concealment adequate? NR	Groups similar at baseline? Yes, except for experience of extreme distress % completed treatment 100	Outcome assessors masked? Yes Care providers masked? NR Patients masked? No	Overall attrition ≥20%? Yes Differential attrition ≥15%? Unclear	ITT analyses used? No Method of handling dropouts in ITT analysis NA	Outcome measures equal, valid and reliable? Yes Adequate treatment fidelity (therapist adherence) reported? No	High Not true randomization. Did not get baseline data from whole sample, a random sample (64%) were interviewed prior to intervention and unclear whether study used truly random samples for the post-baseline outcomes as at baseline. Author reports data NA for all participants at all times but does not elaborate.

Table F2. Risk of bias RCTs (continued)

Author, Year	Randomization	Groups	Masked	Attrition	ITT	Outcomes	Risk of Bias Notes Explaining Risk of Bias
Foa, 2006 ³²	Randomization adequate? No Allocation concealment adequate? NR	Groups similar at baseline? No, but controlled for % completed treatment 73%	Outcome assessors masked? Yes Care providers masked? No Patients masked? No	Overall attrition ≥20%? Yes Differential attrition ≥15%? Yes	ITT analyses used? Mostly reports completer data except in case where ITT (using LOCF) found a different result than the completyer group Method of handling dropouts in ITT analysis LOCF	Outcome measures equal, valid and reliable? Yes Adequate treatment fidelity (therapist adherence) reported? Yes	High High differential LTF, also only txmt completers analysis used. Mostly reports completer data except in case where ITT (using LOCF) found a different result than the completer group.
Freyth, 2010 ³³	Randomization adequate? No Allocation concealment adequate? NR	Groups similar at baseline? Yes % completed treatment NR	Outcome assessors masked? Yes Care providers masked? NA Patients masked? NR	Overall attrition ≥20%? Unclear Differential attrition ≥15%? Unclear	ITT analyses used? No Method of handling dropouts in ITT analysis NA	Outcome measures equal, valid and reliable? Yes Adequate treatment fidelity (therapist adherence) reported? Yes	High Inadequate randomization. Unclear whether all participants retained at post-txmt. Attrition only reported for 4-year post-FU timepoint, although all main outcomes of interest had been collected by then.

Table F2. Risk of bias RCTs (continued)

Author, Year	Randomization	Groups	Masked	Attrition	ITT	Outcomes	Risk of Bias Notes Explaining Risk of Bias
Gamble, 2005 ³⁴	Randomization adequate? Yes Allocation concealment adequate? Yes	Groups similar at baseline? Yes % completed treatment G1: 100% G2: 100%	Outcome assessors masked? Yes Care providers masked? No Patients masked? No	Overall attrition ≥20%? No Differential attrition ≥15%? No	ITT analyses used? No Method of handling dropouts in ITT analysis NA	Outcome measures equal, valid and reliable? Yes Adequate treatment fidelity (therapist adherence) reported? Yes	Medium Many measures taken to reduce bias and only 1 LTF at the 4-6 week timepoint, but potential confounding because no pre-screening for previous PTSD or other psychiatric disorders. Considerable sample size (N=103) and PTSD instrument modified to focus on childbirth as traumatic event.
Gidron, 2001 ³⁵	Randomization adequate? Unclear Allocation concealment adequate? Unclear	Groups similar at baseline? Yes % completed treatment Overall:NR G1: NR G2: NR	Outcome assessors masked? Yes Care providers masked? No Patients masked? Yes	Overall attrition ≥20%? Unclear Differential attrition ≥15%? Unclear	ITT analyses used? No Method of handling dropouts in ITT analysis NA	Outcome measures equal, valid and reliable? Yes Adequate treatment fidelity (therapist adherence) reported? NR	High Extremely small sample size, unsure if attrition occurred at all and if randomization was adequate; no baseline PTSD measures provided
Hobbs, 1996 ³⁶	Randomization adequate? Unclear Allocation concealment adequate? Unclear	Groups similar at baseline? Yes % completed treatment 100	Outcome assessors masked? NA Care providers masked? NA Patients masked? NR	Overall attrition ≥20%? No Differential attrition ≥15%? Yes	ITT analyses used? No Method of handling dropouts in ITT analysis NA	Outcome measures equal, valid and reliable? Yes Adequate treatment fidelity (therapist adherence) reported? NR	High Random number table inadequate form of randomization, different f/u between groups--78% vs. 94%), tx completers analysis

Table F2. Risk of bias RCTs (continued)

Author, Year	Randomization	Groups	Masked	Attrition	ITT	Outcomes	Risk of Bias Notes Explaining Risk of Bias
Holmes, 2007 ³⁷	Randomization adequate? No	Groups similar at baseline? Unclear	Outcome assessors masked? Yes	Overall attrition ≥20%? Yes	ITT analyses used? No	Outcome measures equal, valid and reliable? Yes	High 50% lost to f/u during study, and high differential attrition.
	Allocation concealment adequate? Unclear	% completed treatment Overall: NA G1: 53 G2: NA	Care providers masked? NA	Differential attrition ≥15%? Yes	Method of handling dropouts in ITT analysis NA	Adequate treatment fidelity (therapist adherence) reported? Yes	
Kenardy, 2008 ³⁸	Randomization adequate? No	Groups similar at baseline? Unclear	Outcome assessors masked? Unclear	Overall attrition ≥20%? Yes	ITT analyses used? No	Outcome measures equal, valid and reliable? Yes	High Randomization inadequate, participants at 1 hospital were assigned to the intervention group and participants at another hospital were assigned to the control; extremely high attrition rates as well and ITT analysis not conducted
	Allocation concealment adequate? No	% completed treatment Overall: 63% G1: NR G2: NR	Care providers masked? Unclear	Differential attrition ≥15%? No	Method of handling dropouts in ITT analysis NA	Adequate treatment fidelity (therapist adherence) reported? NR	
Melnyk, 2004 ³⁹	Randomization adequate? Yes	Groups similar at baseline? Yes	Outcome assessors masked? Unclear	Overall attrition ≥20%? Yes	ITT analyses used? No	Outcome measures equal, valid and reliable? Yes	Medium Note: Study also conducted data analysis with multiple imputation to judge whether it changed the results of the data.
	Allocation concealment adequate? Unclear	% completed treatment Overall: NR G1: NR G2: NR	Care providers masked? No	Differential attrition ≥15%? Yes	Method of handling dropouts in ITT analysis Multiple imputation	Adequate treatment fidelity (therapist adherence) reported? NR	

Table F2. Risk of bias RCTs (continued)

Author, Year	Randomization	Groups	Masked	Attrition	ITT	Outcomes	Risk of Bias Notes Explaining Risk of Bias
O'Donnell, 2012 ⁴⁰	Randomization adequate? Yes	Groups similar at baseline? No	Outcome assessors masked? Yes	Overall attrition ≥20%? Yes	ITT analyses used? Yes	Outcome measures equal, valid and reliable? Yes	Medium High overall attrition (26%) and unclear if patients blinded to txmt assignment. Still, diff attrition <15%, use of adequate randomization, allocation concealment, and high txmt fidelity keep study from being high RoB.
	Allocation concealment adequate? Yes	% completed treatment G1: 75% G2: NA (Note: 57% received txmt for their mental health problem)	Care providers masked? No	Differential attrition ≥15%? No	Method of handling dropouts in ITT analysis Other	Adequate treatment fidelity (therapist adherence) reported? Yes	
Pitman, 2002 ⁴¹	Randomization adequate? NR	Groups similar at baseline? Yes	Outcome assessors masked? NR	Overall attrition ≥20%? Yes	ITT analyses used? No	Outcome measures equal, valid and reliable? Yes	High High attrition in small sample, treatment completer analysis (31 of 41)
	Allocation concealment adequate? NR	% completed treatment 100	Care providers masked? Yes	Differential attrition ≥15%? Yes	Method of handling dropouts in ITT analysis No	Adequate treatment fidelity (therapist adherence) reported? NA	
			Patients masked? Unclear				
			Patients masked? Yes				

Table F2. Risk of bias RCTs (continued)

Author, Year	Randomization	Groups	Masked	Attrition	ITT	Outcomes	Risk of Bias Notes Explaining Risk of Bias
Resnick, 1999 ⁴²	<p>Randomization adequate? No</p> <p>Allocation concealment adequate? NR</p>	<p>Groups similar at baseline? Yes</p> <p>% completed treatment Overall: NA G1: 87% G2: NA</p>	<p>Outcome assessors masked? No</p> <p>Care providers masked? NA</p> <p>Patients masked? NR</p>	<p>Overall attrition ≥20%? Unclear</p> <p>Differential attrition ≥15%? Unclear</p>	<p>ITT analyses used? NR</p> <p>Method of handling dropouts in ITT analysis NR</p>	<p>Outcome measures equal, valid and reliable? Yes</p> <p>Adequate treatment fidelity (therapist adherence) reported? NA</p>	<p>High</p> <p>Pseudo-randomization (prime vs. non-prime dates) and outcome assessment not masked. Difficult to tell about differential attrition b/c # of participants in each arm completing the various assessments varied by assessment and time point (e.g. some participants did not fill out certain pretreatment assessments. Noncomparability of assessment schedules for one of the conditions.</p>
Rose, 1999 ⁴³	<p>Randomization adequate? Yes</p> <p>Allocation concealment adequate? Unclear</p>	<p>Groups similar at baseline? No</p> <p>% completed treatment Overall: 87 G1: NR G2: NR G3: NR</p>	<p>Outcome assessors masked? Unclear</p> <p>Care providers masked? No</p> <p>Patients masked? No</p>	<p>Overall attrition ≥20%? No</p> <p>Differential attrition ≥15%? Unclear</p>	<p>ITT analyses used? No</p> <p>Method of handling dropouts in ITT analysis NA</p>	<p>Outcome measures equal, valid and reliable? Yes</p> <p>Adequate treatment fidelity (therapist adherence) reported? NR</p>	<p>Medium</p> <p>ITT not used in primary analysis, however they did a post-hoc ITT analysis using baseline values for missing values which did not really change the results; attrition was <20% for 6 month follow-up (but >20% for 11 month follow-up). Large differences in gender and age after 16 across groups.</p>

Table F2. Risk of bias RCTs (continued)

Author, Year	Randomization	Groups	Masked	Attrition	ITT	Outcomes	Risk of Bias Notes Explaining Risk of Bias
Ryding, 2004 ⁴⁴	Randomization adequate? Unclear	Groups similar at baseline? Yes	Outcome assessors masked? Unclear	Overall attrition ≥20%? No	ITT analyses used? No	Outcome measures equal, valid and reliable? Yes	Medium Attrition based on number of participants who completed the questionnaire (not completion of group counseling sessions). Concern about lack of baseline data collected soon or immediately post-trauma, which could obscure actual differences in change from baseline to 6 months/
	Allocation concealment adequate? Unclear	% completed treatment Overall:NR G1: 92 G2: 89	Care providers masked? Unclear	Differential attrition ≥15%? No	Method of handling dropouts in ITT analysis NA	Adequate treatment fidelity (therapist adherence) reported? No	
Shalev, 2011 ⁴⁵	Randomization adequate? Yes	Groups similar at baseline? No	Outcome assessors masked? Yes	Overall attrition ≥20%? Yes	ITT analyses used? No	Outcome measures equal, valid and reliable? Yes	Medium Because this trial utilized equipoise- stratified samples, the author reports nonstratified comparisons across groups and also group comparisons within strata. Data from the stratified grp not abstracted b/c grp preference is not of interest to this report and there is also some redundant reporting. Non-stratified completer's analysis accounts for all grps.
	Allocation concealment adequate? Unclear	% completed treatment Overall: G1: G2:	Care providers masked? No	Differential attrition ≥15%? Yes	Method of handling dropouts in ITT analysis NA	Adequate treatment fidelity (therapist adherence) reported? Yes	

Table F2. Risk of bias RCTs (continued)

Author, Year	Randomization	Groups	Masked	Attrition	ITT	Outcomes	Risk of Bias Notes Explaining Risk of Bias
Shalev, 2011 ⁴⁵ (continued)							Participants in G3 & G4 arms masked to their condition. Groups overall similar at baseline although there were more female participants in the CT group than in the other groups (p<0.03), and there were higher PSS-SR scores in the SSRI group than in the other groups (p<0.02).
Sijbrandij, 2006 ⁴⁶	Randomization adequate? Yes Allocation concealment adequate? Yes	Groups similar at baseline? No % completed treatment Overall: 95 G1: 96 G2: 89 G3: 100	Outcome assessors masked? Yes Care providers masked? No Patients masked? No	Overall attrition ≥20%? No Differential attrition ≥15%? No	ITT analyses used? Yes Method of handling dropouts in ITT analysis Completer analysis	Outcome measures equal, valid and reliable? Yes Adequate treatment fidelity (therapist adherence) reported? Yes	Low
Stein, 2007 ⁴⁷	Randomization adequate? Yes Allocation concealment adequate? Unclear	Groups similar at baseline? Yes % completed treatment NR	Outcome assessors masked? Yes Care providers masked? Yes Patients masked? Yes	Overall attrition ≥20%? Unclear Differential attrition ≥15%? Unclear	ITT analyses used? No Method of handling dropouts in ITT analysis NA	Outcome measures equal, valid and reliable? Mixed Adequate treatment fidelity (therapist adherence) reported? No	High ITT analysis likely not conducted, baseline characteristics between groups not reported, PCL-C outcomes not reported except in line graph.

Table F2. Risk of bias RCTs (continued)

Author, Year	Randomization	Groups	Masked	Attrition	ITT	Outcomes	Risk of Bias Notes Explaining Risk of Bias
Tecic, 2011 ⁴⁸	Randomization adequate? Yes	Groups similar at baseline? Yes	Outcome assessors masked? NR	Overall attrition ≥20%? Yes	ITT analyses used? No	Outcome measures equal, valid and reliable? Yes	High High loss to follow-up and unclear whether ITT used.
	Allocation concealment adequate? Yes	% completed treatment NR	Care providers masked? Yes	Differential attrition ≥15%? Yes	Method of handling dropouts in ITT analysis NA	Adequate treatment fidelity (therapist adherence) reported? NR	
			Patients masked? Yes				
Treggiari, 2009 ⁴⁹	Randomization adequate? Yes	Groups similar at baseline? Yes	Outcome assessors masked? Yes	Overall attrition ≥20%? Yes	ITT analyses used? Yes	Outcome measures equal, valid and reliable? Mixed	Medium Not sure how dropouts in ITT analysis handled, not all that were randomized were included in analysis b/c of protocol violation (n=1) and withdrawal of consent (n=7).
	Allocation concealment adequate? Yes	% completed treatment Overall: 75 G1: 76 G2: 74	Care providers masked? No	Differential attrition ≥15%? No	Method of handling dropouts in ITT analysis Other	Adequate treatment fidelity (therapist adherence) reported? No	
			Patients masked? Yes				
Weis, 2006 ⁵⁰	Randomization adequate? Yes	Groups similar at baseline? No	Outcome assessors masked? Unclear	Overall attrition ≥20%? Yes	ITT analyses used? No	Outcome measures equal, valid and reliable? Yes	Medium Substantial difference in TISS score and duration of ICU stay at baseline btwn grps.
	Allocation concealment adequate? Unclear	% completed treatment Overall: 78 G1: 74 G2: 82	Care providers masked? Yes	Differential attrition ≥15%? No	Method of handling dropouts in ITT analysis NA	Adequate treatment fidelity (therapist adherence) reported? NR	
			Patients masked? Yes				

Table F2. Risk of bias RCTs (continued)

Author, Year	Randomization	Groups	Masked	Attrition	ITT	Outcomes	Risk of Bias Notes Explaining Risk of Bias
Zohar, 2011 ⁵¹	Randomization adequate? Unclear	Groups similar at baseline? Yes	Outcome assessors masked? Yes	Overall attrition ≥20%? Yes	ITT analyses used? No	Outcome measures equal, valid and reliable? Yes	High
	Allocation concealment adequate? Unclear	% completed treatment Unclear	Care providers masked? Unclear	Differential attrition ≥15%? Yes	Method of handling dropouts in ITT analysis NA	Adequate treatment fidelity (therapist adherence) reported? No	At 2 weeks: 24% overall attrition. At 3 mons: 32% overall attrition. High differential attrition. Authors report P values for between group differences on the CAPS but includes no mean scores or measure of variance. There are bar graphs but actual scores are not 100% clear, and could be open to interpretation a bit.

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Appendix G. Psychological, Pharmacological, and CAM Interventions: Strength of Evidence Grades

Key Question 1.

Table G1. CBT compared with an inactive comparator (usual care)

Outcome, Number of Studies; Number of Subjects	Risk of Bias; Design	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence of PTSD immediately after intervention: 0; 0	NA	NA	NA	NA	NA	Insufficient
Incidence of PTSD at 6 months: 1; 46	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	CBT < UC, 9% vs. 55%, P < 0.05	Insufficient
Incidence of PTSD at 12 months: 1; 46	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	CBT < UC, 21% vs. 58%, P < 0.05	Insufficient
PTSD symptom severity at 6 months: 1; 46	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	CBT < UC, CAPS Total score: 31.95 vs. 52.45, p<0.05	Insufficient
PTSD symptom severity at 12 months: 1; 46	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	CBT < UC, CAPS Total score: 25.26 vs. 52.50, P <0.05; Cohen's d = 1.11 (0.34 to 1.88)	Insufficient
Incidence of major depression at 6 months: 1; 46	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	CBT (4%) vs. UC (9%), MINI MDE, p=NS	Insufficient
Incidence of major depression at 12 months: 1; 46	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	CBT < UC, 11% vs. 50%, MINI MDE p<0.05	Insufficient
Incidence of an anxiety disorder at 6 and 12 months: 1; 46	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	CBT no different than UC, MINI for anxiety disorders	Insufficient

Table G1. CBT compared with an inactive comparator (usual care) (continued)

Outcome, Number of Studies; Number of Subjects	Risk of Bias; Design	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Severity of anxiety symptoms at 6 months: 1; 46	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	CBT < UC, HADS-A, 6.38 vs. 11.87, p<0.05	Insufficient
Severity of anxiety symptoms at 12 months: 1; 46	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	CBT < UC, HADS-A, 7.84 vs. 11.00, p<0.05; Cohen's d = 0.76 (0.06 to 1.46)	Insufficient
Severity of depressive symptoms at 6 months: 1; 46	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	CBT < UC, BDI, 12.24 vs. 31.20, p<0.05	Insufficient
Severity of depressive symptoms at 12 months: 1; 46	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	CBT < UC, BDI, 13.95 vs. 29.00, p<0.05; Cohen's d = 1.45 (0.69 to 2.21)	Insufficient
Quality of Life: 0; 0	NA	NA	NA	NA	NA	Insufficient
Return to work/return to active duty or ability to work: 0; 0	NA	NA	NA	NA	NA	Insufficient
Incidence of self-injurious or suicidal thoughts, attempts, or behaviors (including suicide): 0; 0	NA	NA	NA	NA	NA	Insufficient
Incidence of aggressive or homicidal thoughts, attempts, or behaviors (including homicide) 0; 0	NA	NA	NA	NA	NA	Insufficient
Perceived utility: 0; 0	NA	NA	NA	NA	NA	Insufficient

^aSmall sample size

Abbreviations: BDI = Beck Depression Inventory; CAPS = Clinician Administered PTSD Scale; CBT = Cognitive behavioral therapy; CI = confidence interval; HADS-A = Hospital Anxiety and Depression Scale; NA = not applicable; RCT = randomized controlled trial; MINI-MDE = Mini International Neuropsychiatric Interview; MDE = Major Depressive Episode; UC = Usual care

Table G2. Cognitive therapy compared with an inactive comparator (WL)

Outcome: Number of Studies; Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence of PTSD Post-tx: 1; 60	Low; Outcome assessors masked RCT	Unknown, single study	Direct	Imprecise ^a	CT not different than WL, Post-tx.: (63% vs. 77%, p=NR)	Insufficient
Incidence of PTSD at 5 months: 1; 133	Medium; Outcome assessors masked RCT	Unknown, single study	Direct	Imprecise ^a	CT < WL at 5 months follow-up: (20.0% vs. 58.7%, p=0.002)	Insufficient
Incidence of PTSD at 9 months: 1; 133	Medium; Outcome assessors masked RCT	Unknown, single study	Direct	Imprecise ^a	CBT no different from WL at 9 month follow-up: 22.9% vs. 22.8%	Insufficient
PTSD symptom severity: 1; 60	Low; Outcome assessors masked RCT	Unknown, single study	Direct	Imprecise ^a	CT no different than WL Post-tx.: CAPS-2 total, IES-I, IES-A (p=NS)	Insufficient
PTSD symptom severity at 5 months: 1; 133	Medium; Outcome assessors masked RCT	Unknown, single study	Direct	Imprecise ^a	CT < WL, PSS-SR total (11.6 vs. 22.1, p=NR; CAPS total (29.5 vs. 50.6, p=NR); CAPS subscale scores: Re- experiencing (6.9 vs. 11.8), avoidance (12.1 vs. 22.3), and hyperarousal (10.5 vs. 16.5)	Insufficient
PTSD symptom severity at 9 months: 1; 133	Medium; Outcome assessors masked RCT	Unknown, single study	Direct	Imprecise ^a	CT no different than WL, PSS-SR total (9.56 vs. 13.1, p=NR; CAPS total (27.9 vs. 31.1, p=NR); CAPS subscale scores: Re- experiencing (5.6 vs. 7.4), avoidance (13.0 vs. 13.5), and hyperarousal (9.3 vs. 10.2)	Insufficient
Severity of depressive and anxiety symptoms: 1; 60	1 Low; Outcome assessors masked RCT	Unknown, single study	Direct	Imprecise ^a	CT not different than WL at post-tx.: BDI-2: 18.9 vs. 21.9; BAI: 23.4 vs. 19.6, p=NS Bryant, 2008 #530}	Insufficient
Incidence/severity of comorbid conditions: 0; 0	NA	NA	NA	NA	NA	Insufficient
Quality of Life: 0; 0	NA	NA	NA	NA	NA	Insufficient

Table G2. Cognitive therapy compared with an inactive comparator (WL) (continued)

Outcome: Number of Studies; Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Return to work/return to active duty or ability to work: 0; 0	NA	NA	NA	NA	NA	Insufficient
Incidence of self- injurious or suicidal thoughts, attempts, or behaviors (including suicide): 0; 0	NA	NA	NA	NA	NA	Insufficient
Incidence of aggressive or homicidal thoughts, attempts, or behaviors (including homicide) 0; 0	NA	NA	NA	NA	NA	Insufficient
Perceived utility: 0; 0	NA	NA	NA	NA	NA	Insufficient

*Small sample size

Abbreviations: BAI = Beck Anxiety Inventory; BDI-2 = Beck Depression Inventory-2; CAPS = Clinician Administered PTSD Scale; CI = confidence interval; CT = Cognitive therapy; NA = not applicable; NR = Not reported; NS = not significant; Post-tx. = Post-treatment; PSS-SR = PTSD Symptom Scale-Self Report; RCT = randomized controlled trial; WL = Waitlist

Table G3. Debriefing compared with inactive control condition

Outcome: Number of Studies; Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence of PTSD at 2 weeks: 1; 236	Low; Outcome assessors unmasked RCT	Unknown, single study	Direct	Imprecise ^a	Debriefing no different than control, p=NR ^b	Insufficient
Incidence of PTSD at 6 weeks: 1; 236	Low; Outcome assessors unmasked RCT	Unknown, single study	Direct	Imprecise ^a	Debriefing no different than control, p=NR ^b	Insufficient
Incidence of PTSD at 6 months: 2; 341	1 low and 1 Medium; Unmasked RCTs	Consistent	Direct	Imprecise ^a	Debriefing no different than Assessment only (23% vs. 26%, p=NS); Debriefing no different than control, p=NR ^b	Low
Incidence of PTSD at 11 months: 1; 105	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	11 month data NR	Insufficient
PTSD symptom severity at 2 weeks ^c : 1; 236	Low; Outcome assessors masked RCT	Unknown, single study	Direct	Imprecise ^a	Debriefing no different than control, SI-PTSD Emotional debriefing (-1.8) Educational debriefing (-3.7) Control (-1.8), p=NR	Insufficient
PTSD symptom severity at 6 weeks ^c : 1; 236	Low; Outcome assessors masked RCT	Unknown, single study	Direct	Imprecise ^a	Debriefing no different than control, SI-PTSD Emotional debriefing (-5.5) Educational debriefing (-8.0) Control (-7.2), p=NR	Insufficient
PTSD symptom severity at 6 months: 2; 341	1 Medium and 1 Low; Unmasked RCT	Consistent	Direct	Imprecise ^a	Debriefing no different than control: PSS, 13.8 vs. 13.0; IES, 19.7 vs. 23.3, p=NS SI-PTSD change: Emotional debriefing (-7.1) Educational debriefing (-6.4) Control (-5.9), p=0.33	Low
PTSD symptom severity at 11 months: 1; 105	Medium; Unmasked RCTs	Unknown, single study	Direct	Imprecise ^a	Debriefing no different than control, PSS, 11.3 vs. 11.5; IES, 15.9 vs. 15.9)	Insufficient

Table G3. Debriefing compared with inactive control condition (continued)

Outcome: Number of Studies; Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Reduction of anxiety at 2 weeks ^c : 1; 236	Low; Unmasked RCTs	Unknown, single study	Direct	Imprecise ^a	Debriefing no different than control, HADS-A, Emotional debriefing (-1.2) Educational debriefing (-2.0) Control (-4.0), p=NR	Insufficient
Reduction of anxiety at 6 weeks ^c : 1; 236	Low; Unmasked RCTs	Unknown, single study	Direct	Imprecise ^a	Debriefing no different than control, HADS-A, Emotional debriefing (-3.2) Educational debriefing (-3.5) Control (-3.7), p=NR	Insufficient
Reduction of anxiety at 6 months: 1; 236	Low; Unmasked RCTs	Unknown, single study	Direct	Imprecise ^a	Debriefing no different than control, HADS-A: Emotional debriefing (-2.4) Educational debriefing(-2.2) Control (-2.1), Difference between groups, p=0.96	Insufficient
Reduction of depression at 2 weeks ^c : 1; 236	Low; Unmasked RCTs	Unknown, single study	Direct	Imprecise ^a	Debriefing no different than control, HADS-D, Emotional debriefing (-1.4) Educational debriefing (-2.1) Control (-2.1), p=NR	Insufficient
Reduction of depression at 6 weeks ^c : 1; 236	Low; Unmasked RCTs	Unknown, single study	Direct	Imprecise ^a	Debriefing no different than control, HADS-D, Emotional debriefing (-3.3) Educational debriefing (-3.5) Control (-2.1), p=NR	Insufficient
Severity/reduction of depressive symptoms at 6 months: 2; 341	1 Medium and 1 Low; Unmasked RCTs	Consistent	Direct	Imprecise ^a	Debriefing no different than control, BDI: 12.1 vs. 13.9, p=NS HADS-D: Emotional debriefing (-1.6) Educational debriefing (-1.5) Control (-1.4), p=0.23	Low
Severity of depressive symptoms at 11 months: 1; 105	Medium; Unmasked RCTs	Unknown, single study	Direct	Imprecise ^a	Debriefing no different than control, BDI: 10.4 vs. 12.2, p=NS	Insufficient

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Table G3. Debriefing compared with inactive control condition (continued)

Outcome: Number of Studies; Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence/severity of comorbid conditions: 0; 0	NA	NA	NA	NA	NA	Insufficient
Quality of Life: 0; 0	NA	NA	NA	NA	NA	Insufficient
Return to work/return to active duty or ability to work: 0; 0	NA	NA	NA	NA	NA	Insufficient
Incidence of self- injurious or suicidal thoughts, attempts, or behaviors (including suicide): 0; 0	NA	NA	NA	NA	NA	Insufficient
Incidence of aggressive or homicidal thoughts, attempts, or behaviors (including homicide) 0; 0	NA	NA	NA	NA	NA	Insufficient
Perceived helpfulness: 1; 105	Medium; Unmasked RCT	Unknown, single study	Indirect	Imprecise	Debriefing more helpful than Assessment only at 6 months, $p>0.10$	Low

^aSmall sample size

^bData is reported for the entire sample not by treatment arm

^cDifference scores not adjusted for baseline

Abbreviations: BDI = Beck Depression Inventory; CAPS = CI = confidence interval; HADS-A = Hospital Anxiety and Depression Scale-Anxiety subscale; HADS-D = Hospital Anxiety and Depression Scale-Depression subscale; IES = Impact of Events Scale; NA = not applicable; NR = Not reported; NS = Not significant; PSS = Post-traumatic Symptom Scale; RCT = Randomized control trial; UC = Usual care

Table G4. Prolonged exposure compared with inactive control condition

Outcome: Number of Studies; Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence of PTSD post-treatment: 1, 60	Medium; Outcome assessors masked RCT	Unknown, single study	Direct	Imprecise ^a	PE < WL 33% vs. 77%, p<0.001)	Insufficient
Incidence of PTSD at 5 months: 1, 128	Medium; Outcome assessors masked RCT	Unknown, single study	Direct	Imprecise ^a	PE < WL 21.6% vs. 57.1%, p<0.003)	Insufficient
Incidence of PTSD at 9 months: 1, 109	Medium; Outcome assessors masked RCT	Unknown, single study	Direct	Imprecise ^a	PE no different than WL, 21.2% vs. 22.8%, p=NR	Insufficient
Severity of PTSD symptoms post-treatment: 1; 60	Medium; Outcome assessors masked RCT	Unknown, single study	Direct	Imprecise ^a	PE < WL, CAPS-2 total score (31.5 vs. 55.9, p<0.001); IES-I (12.4 vs. 22.1, p<0.002); IES-A (11.7 vs. 22.6, p<0.001)	Insufficient
Severity of PTSD symptoms at 5 months: 1; 135	Medium; Outcome assessors masked RCT	Unknown, single study	Direct	Imprecise ^a	PE < WL, PSS-SR total score (11.0 vs. 22.1, p=NR); CAPS total score (28.6 vs. 50.6), re-experiencing(7.3 vs. 11.8), avoidance (11.4 vs. 22.3), and hyperarousal (9.9 vs. 16.5) scores (all Ps=NR)	Insufficient
Severity of PTSD symptoms at 9 months: 1; 109	Medium; Outcome assessors masked RCT	Unknown, single study	Direct	Imprecise ^a	PE no different than WL, CAPS total score (27.5 vs. 31.1); PSS-SR (10.4 vs. 13.1), Ps=NR	Insufficient
Severity of depressive symptoms Post-treatment: 1, 60	Medium; Outcome assessors masked RCT	Unknown, single study	Direct	Imprecise ^a	PE < WL, BDI-2: 12.1 vs. 21.9, p=0.03	Insufficient
Severity of anxiety symptoms Post-treatment: 1, 60	Medium; Outcome assessors masked RCT	Unknown, single study	Direct	Imprecise ^a	PE < WL, BAI: 13.4 vs. 19.6, p=0.03	Insufficient
Incidence of comorbid conditions: 0; 0	NA	NA	NA	NA	NA	Insufficient
Quality of Life: 0; 0	NA	NA	NA	NA	NA	Insufficient

Table G4. Prolonged exposure compared with inactive control condition (continued)

Outcome: Number of Studies; Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Return to work/return to active duty or ability to work: 0; 0	NA	NA	NA	NA	NA	Insufficient
Incidence of self-injurious or suicidal thoughts, attempts, or behaviors (including suicide): 0; 0	NA	NA	NA	NA	NA	Insufficient
Incidence of aggressive or homicidal thoughts, attempts, or behaviors (including homicide) 0; 0	NA	NA	NA	NA	NA	Insufficient
Perceived utility: 0; 0	NA	NA	NA	NA	NA	Insufficient

^aSmall sample size

Abbreviations: BAI = Beck Anxiety Inventory; BDI-2 = Beck Depression Inventory-2; CAPS/CAPS-2 = Clinician Administered PTSD Scale; CI = confidence interval ; CR = Cognitive restructuring; CT = Cognitive therapy; IES-A = Impact of Events-Avoidance subscale; IES-I = Impact of Events-Intrusion subscale; NA = not applicable ; NR = Not reported; Not significant; PE = Prolonged exposure; PSS-SR = PTSD Symptom Scale-Self-Report; RCT = randomized controlled trial; WL = Waitlist

Table G5. Psychoeducation compared with inactive control condition (assessment only)

Outcome: Number of Studies; Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence of PTSD at 6 months: 1; 103	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	Psychoeducation no different than Assessment only, 11% vs. 26%, p=NS	Insufficient
Incidence of PTSD at 11 months: 1; 103	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	Psychoeducation no different than Assessment only, data NR ^b	Insufficient
Severity of PTSD symptoms at 6 months: 1; 103	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	Psychoeducation no different than Assessment only, PSS, 10.9 vs. 13.0; IES, 16.7 vs. 23.3;	Insufficient
Severity of PTSD symptoms at 11 months: 1; 103	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	Psychoeducation no different than Assessment only, PSS, 9.6 vs. 11.5; IES, 14.7 vs. 15.9	Insufficient
Severity of depression at 6 months: 1; 103	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	No difference between psychoeducation and control, BDI: 9.8 vs. 13.9	Insufficient
Severity of depression at 11 months: 1; 103	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	No difference between psychoeducation and control, BDI at 11-month follow-up: 8.0 vs. 12.2	Insufficient
Incidence/severity of comorbid conditions: 0; 0	NA	NA	NA	NA	NA	Insufficient
Quality of Life: 0; 0	NA	NA	NA	NA	NA	Insufficient
Return to work/return to active duty or ability to work: 0; 0	NA	NA	NA	NA	NA	Insufficient
Incidence of self-injurious or suicidal thoughts, attempts, or behaviors (including suicide): 0; 0	NA	NA	NA	NA	NA	Insufficient

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Table G5. Psychoeducation compared with inactive control condition (assessment only)

Outcome: Number of Studies; Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence of aggressive or homicidal thoughts, attempts, or behaviors (including homicide) 0; 0	NA	NA	NA	NA	NA	Insufficient
Perceived helpfulness: 0; 0	NA	NA	NA	NA	NA	Insufficient

^aSmall sample size

^bData reported for the entire sample not by treatment group

Abbreviations: BDI = Beck Depression Inventory; CI = confidence interval; IES = Impact of Events Scale; NA = not applicable; NR = Not reported; NS = Not significant; PSS = Post-traumatic Stress Disorder Symptom Scale; RCT = randomized controlled trial

Table G6. Self Help Booklet compared with an inactive comparator (Information Booklet)

Outcome: Number of Studies; Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence of PTSD: 0; 0	NA	NA	NA	NA	NA	Insufficient
Severity of PTSD symptoms at 3 month follow-up: 1; 49	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	SHB < Information, PSDS-SR: 5.43 vs. 9.46; Cohen's d = -0.59 vs. -0.16	Insufficient
Severity of PTSD symptoms at 6 month follow-up: 1; 49	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	SHB < Information, PSDS-SR: 6.78 vs. 8.98; Cohen's d = -0.47 vs. -0.13	Insufficient
Severity of depression at 3 months: 1; 49	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	SHB no different than Info DASS-Depression: 0.15 vs. 0.03	Insufficient
Severity of depression at 6 months: 1; 49	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	SHB no different than Info, DASS-Depression: 0.20 vs. -0.06	Insufficient
Severity of anxiety at 3 months: 1; 49	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	SHB no different than Info, DASS-Anxiety: 0.19 vs. 0.17	Insufficient
Severity of anxiety at 6 months: 1; 49	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	SHB no different than Info, DASS-Anxiety: 0.33 vs. 0.18	Insufficient
Incidence/severity of comorbid conditions: 0; 0	NA	NA	NA	NA	NA	Insufficient
Quality of Life at 3 months: 1; 49	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	SHB no different than Info, Global QOL: 0.10 vs. 0.18	Insufficient
Quality of Life at 6 months: 1; 49	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	SHB no different than Info, Global QOL: 0.18 vs. 0.37	Insufficient
Return to work/return to active duty or ability to work: 0; 0	NA	NA	NA	NA	NA	Insufficient

Table G6. Self Help Booklet compared with an inactive comparator (information booklet) (continued)

Outcome: Number of Studies; Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence of self-injurious or suicidal thoughts, attempts, or behaviors (including suicide): 0; 0	NA	NA	NA	NA	NA	Insufficient
Incidence of aggressive or homicidal thoughts, attempts, or behaviors (including homicide) 0, 0	NA	NA	NA	NA	NA	Insufficient
Perceived utility: 0; 0	NA	NA	NA	NA	NA	Insufficient

^aSmall sample size

Abbreviations: CI = confidence interval; Info = Information booklet; NA = not applicable; PSDS-SR = Posttraumatic Stress Diagnostic Scale-Self Report; RCT, randomized controlled trial; SHB, Self-help booklet; QOL, Quality of life

Table G7. Supportive counseling compared with inactive control condition

Outcome: Number of Studies; Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence of PTSD 4-6 weeks post-tx.: 1,103	Medium; Outcome assessor unmasked RCT	Unknown, single study	Direct	Imprecise ^a	SC no different than Control, 34% vs. 30%, RR (95% CI) = 1.15 (0.66 to 2.02)	Insufficient
Incidence of PTSD at 3 months: 1,103	Medium; Outcome assessor masked for 1 study RCT	Unknown, single study	Direct	Imprecise ^a	SC no different than Control, 6% vs. 17%, RR (95% CI) = 0.35 (0.10 to 1.23)	Insufficient
PTSD symptom severity at 1 month: 1; 174	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	SC no different than control, PHSI-P: -7.3 vs. 7.1, p=NS	Insufficient
PTSD symptom severity at 3 months: 1; 174	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	SC no different than control, PHSI-P: 6.4 vs. 7.4, = NS	Insufficient
PTSD symptom severity at 6 months: 2; 336	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	SC no different than control, IES at 6-months: -3.5, p=NS; PHSI-P: 5.6 vs. 7.4, = NS	Insufficient
PTSD symptom severity at 12 months: 1; 174	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	SC < Control, PHSI-P: 5.8 vs. 7.8, p<0.05	Insufficient
Severity of depression at 1 month follow-up: 1; 174	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	SC < Control, POMS depression subscale: 2.6 vs. 4.1, p<0.05	Insufficient
Severity of depression at 3 months follow-up: 2; 277	1 Medium; outcome assessor unmasked RCT and Medium; Outcome assessor masked for 1 study RCT	Inconsistent	Direct	Imprecise ^a	SC < Control, DASS-Depression >13: 6% vs. 26%, RR (95% CI) = 0.23 (0.07 to 0.76) SC no different than control, POMS depression subscale: 3.3 vs. 4.2, p=NS	Low
Severity of depression at 6 months follow-up: 2; 277	Medium; Unmasked RCT	Inconsistent	Direct	Imprecise ^a	SC < Control, POMS depression subscale, 2.0 vs. 3.9, P < 0.05 SC no different than control, Median EPDS score: 6.0 vs. 6.0, p=0.1256	Low

Table G7. Supportive counseling compared with inactive control condition (continued)

Outcome: Number of Studies; Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Severity of depression at 12 months follow-up: 1; 174	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	SC no different than control, POMS depression subscale: 2.5 vs. 3.6, p=NS	Insufficient
Severity of anxiety at 1 month: 1, 174	Medium; Outcome assessor unmasked RCT	Unknown, single study	Direct	Imprecise ^a	SC no different than control, STAI, 35.7 vs. 39.8, p=NS)	Insufficient
Severity of anxiety at 3 months: 2, 277	1 Medium; outcome assessor unmasked RCT and Medium; Outcome assessor masked for 1 study RCT	Consistent	Direct	Imprecise ^a	SC no different than control, DASS-Anxiety >9: 2% vs. 11%, RR (95% CI) = 0.18 (0.02 to 1.45) STAI, 38.4 vs. 40.7, p=NS	Low
Severity of anxiety at 6 months: 1, 174	Medium; Outcome assessor unmasked RCT	Unknown, single study	Direct	Imprecise ^a	SC no different than control, STAI, 36.0 vs. 39.1, p=NS	Low
Severity of anxiety at 12 months: 1, 174	Medium; Outcome assessor unmasked RCT	Unknown, single study	Direct	Imprecise ^a	SC no different than control, STAI, 35.8 vs. 40.9, p=NS	Insufficient
Incidence of depression 4-6 weeks post-partum: 1; 103	Medium; Outcome assessor unmasked RCT	Unknown, single study	Direct	Imprecise ^a	SC no different than control, EPDS score > 12, 34% vs. 30%, RR (95% CI) = 1.15 (0.66 to 2.02)	Insufficient
Incidence of depression at 3 months: 1; 103	Medium; Outcome assessor masked RCT	Unknown, single study	Direct	Imprecise ^a	SC no different than control, EPDS score > 12, 8% vs. 32%, RR (95% CI) = 0.25 (0.09 to 0.69)	Insufficient
Incidence depression at 6 months: 1; 163	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	SC no different than control, EPDS score > 12, 8.5% vs. 13.8%, p=NS	Insufficient
Quality of Life: 0; 0	NA	NA	NA	NA	NA	Insufficient
Return to work/return to active duty or ability to work: 0; 0	NA	NA	NA	NA	NA	Insufficient

Table G7. Supportive counseling compared with inactive control condition (continued)

Outcome: Number of Studies; Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence of self-injurious or suicidal thoughts, attempts, or behaviors (including suicide): 0; 0	NA	NA	NA	NA	NA	Insufficient
Incidence of aggressive or homicidal thoughts, attempts, or behaviors (including homicide): 0; 0	NA	NA	NA	NA	NA	Insufficient
Perceived utility: 1; 50	Medium; Outsome assessors masked RCT	Unknown, single study	Indirect	Imprecise ^a	SC > Control 80% of women rated the perceived utility as 8 or higher on a 10-point scale.	Insufficient

^aSmall sample size

Abbreviations: CI = confidence interval; DASS = Depression Anxiety and Stress Scale-21; IES = Impact of Events Scale; MINI-PTSD = Mini-International Neuropsychiatric Interview-Post-Traumatic Stress Disorder; NA = not applicable; NS = Not significant; PHSI-P = Post-Hospital Stress Index for Parents; Post-tx. = Post-treatment; POMS = Profile of Mood States RCT = randomized controlled trial; RR = relative risk; SC = Supportive counseling; STAI = State Trait Anxiety Inventory

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Table G8. Strength of evidence comparing hydrocortisone vs. placebo

Outcome: Number of Studies, Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence of PTSD: 1; 28	Medium; double blind RCT	Unknown, single study	Direct	Not reported	7.1% vs. 21.4%, p=NR, 95%CI = NR	Insufficient
PTSD symptom severity ^a : 1; 28	Medium; double blind RCT	Unknown, single study	Direct	Not reported	Median rank 15.5 vs. 25.5, p=0.03 (95% CI, NR)	Insufficient
Incidence and severity of psychological symptoms: 1; 28	Medium; double blind RCT	Unknown, single study	Direct	Not reported	No significant difference between groups in number and type of traumatic memories (p≤0.33)	Insufficient
Incidence/severity of comorbid conditions	NA	NA	NA	NA	NA	Insufficient
Quality of Life: 1; 28	Medium; double blind RCT	Unknown, single study	Direct	Not reported	Hydrocortisone group had significantly higher health-related quality of life scores in 6 of 8 subscales and in both physical and mental summary scores on the SF- 36	Insufficient
Return to work/return to active duty or ability to work: 0;0	NA	NA	NA	NA	NA	Insufficient
Incidence of self- injurious or suicidal thoughts, attempts, or behaviors (including suicide): 0;0	NA	NA	NA	NA	NA	Insufficient
Incidence of aggressive or homicidal thoughts, attempts, or behaviors (including homicide) 0;0	NA	NA	NA	NA	NA	Insufficient
Overall rate of harms: 0,0	NA	NA	NA	NA	NA	Insufficient

Table G8. Strength of evidence comparing hydrocortisone vs. placebo (continued)

Outcome: Number of Studies, Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Overall dropout rate because of adverse events:0, 0	NA	NA	NA	NA	NA	Insufficient

^aMedian rank at 6 month follow-up on the Posttraumatic Stress Symptom 10 Questionnaire.

Abbreviations: CI = confidence interval; NA = not applicable; NR = not reported; RCT = randomized controlled trial; SF-36 = Short Form-36

Table G9. CBT compared with CBT + Hypnosis

Outcome: Number of Studies; Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence of PTSD Post-tx.: 1; 63	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	No differences between CBT and CBT+Hypnosis: 36% vs. 30%, p=NR	Insufficient
Incidence of PTSD at 6 months: 1; 63	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	No differences between CBT and CBT+Hypnosis: 42% vs. 40%; p=NR.	Insufficient
PTSD symptom severity Post-tx: 1; 63	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	CBT+Hypnosis < CBT, IES-I: 11.30 vs. 16.58, p<0.05	Insufficient
PTSD symptom severity at 6 months: 1; 63	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	No differences between CBT and CBT+Hypnosis IES-I: 16.97 vs. 13.57	Insufficient
Severity of depressive symptoms Post-tx: 1; 63	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	No differences between CBT and CBT+Hypnosis BDI-2, 13.24 vs. 11.37	Insufficient
Severity of depressive symptoms at 6 months: 1; 63	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	No differences between CBT and CBT+Hypnosis BDI-2, 14.61 vs. 13.57	Insufficient
Severity of anxiety symptoms Post-tx: 1; 63	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	No differences between CBT and CBT+Hypnosis BAI, 14.91 vs. 15.47	Insufficient
Severity of anxiety symptoms at 6 months: 1; 63	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	No differences between CBT and CBT+Hypnosis BAI, 15.67 vs. 17.07	Insufficient
Incidence/severity of comorbid conditions: 0; 0	NA	NA	NA	NA	NA	NA
Quality of Life: 0; 0	NA	NA	NA	NA	NA	Insufficient
Return to work/return to active duty or ability to work: 0; 0	NA	NA	NA	NA	NA	Insufficient

Table G9. CBT compared with CBT + Hypnosis (continued)

Outcome: Number of Studies; Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence of self-injurious or suicidal thoughts, attempts, or behaviors (including suicide): 0; 0	NA	NA	NA	NA	NA	Insufficient
Incidence of aggressive or homicidal thoughts, attempts, or behaviors (including homicide) 0; 0	NA	NA	NA	NA	NA	Insufficient
Perceived utility: 0; 0	NA	NA	NA	NA	NA	Insufficient

^aSmall sample size

Abbreviations: BAI = Beck Anxiety Inventory; BDI-2 = Beck Depression Inventory-2; CBT = Cognitive behavioral therapy; CI = confidence interval; IES-I = Impact of Events Intrusion subscale; NA = not applicable; Post-tx. = Post-treatment; RCT = randomized controlled trial

Table G10. CBT versus supportive counseling

Outcome:						
Number of Studies; Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence of PTSD at post-treatment: 3;105	Medium; RCTs	Consistent	Direct	Imprecise	RR (95% CI), 0.27 (0.05, 1.29) favors CBT	Low ^a
Incidence of PTSD at 6-month follow-up: 3;105	Medium; RCTs	Consistent	Direct	Imprecise	RR (95% CI), 0.46 (0.21, 1.01) favors CBT	Low ^b
PTSD symptom (IES intrusion) reduction at post-treatment: 3; 105	Medium; RCTs	Consistent	Direct	Precise	WMD -7.85 (-11.18, -4.53) favors CBT ^c	Moderate
PTSD symptom (IES intrusion) reduction at 6-month follow-up: 3; 105	Medium; RCTs	Consistent	Direct	Precise	WMD -8.19 (-11.79, -4.58) favors CBT ^d	Moderate
PTSD symptom (IES avoidance) reduction at post-treatment: 3; 105	Medium; RCTs	Consistent	Direct	Precise	WMD -14.04 (-19.37, -8.71) favors CBT ^e	Moderate
PTSD symptom (IES avoidance) reduction at 6-month follow-up: 3; 105	Medium; RCTs	Consistent	Direct	Precise	WMD -9.94 (-15.06, -4.83) favors CBT ^f	Moderate
Reduction in the severity of depressive symptoms (BDI) at post-treatment: 3;105	Medium; RCTs	Inconsistent	Direct	Precise	SMD -0.15 (-0.53, 0.24) ^g	Low
Reduction in the severity of depressive symptoms (BDI) at 6-month follow-up: 3;105	Medium; RCTs	Inconsistent	Direct	Precise	SMD -0.21 (-0.70, 0.27) ^h	Low
Reduction in the severity of anxiety symptoms (BAI, STAI) at post-treatment: 3;105	Medium; RCTs	Consistent	Direct	Precise	SMD -0.25 (-0.64, 0.13) ⁱ	Moderate
Reduction in the severity of anxiety symptoms (BAI, STAI) at 6-month follow-up: 3;105	Medium; RCTs	Consistent	Direct	Precise	SMD -0.28 (-0.67, 0.11) ^j	Moderate
Incidence/severity of comorbid conditions: 0; 0	NA	NA	NA	NA	NA	Insufficient
Quality of Life: 0; 0	NA	NA	NA	NA	NA	Insufficient
Return to work/return to active duty or ability to work: 0; 0	NA	NA	NA	NA	NA	Insufficient
Incidence of self-injurious or suicidal thoughts, attempts, or behaviors (including suicide): 0; 0	NA	NA	NA	NA	NA	Insufficient

Table G10. CBT versus supportive counseling (continued)

Outcome:	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence of aggressive or homicidal thoughts, attempts, or behaviors (including homicide) 0; 0	NA	NA	NA	NA	NA	Insufficient
Perceived utility: 0; 0	NA	NA	NA	NA	NA	Insufficient

^a Although the direction of effects was consistent, the meta-analysis had considerable statistical heterogeneity ($I^2=71.8\%$), reflecting the fact that two of the three medium risk of bias trials found large magnitudes of benefit but one medium risk of bias study found no difference between treatment groups. When we repeated the analysis including an additional high risk of bias study that found a small benefit, the heterogeneity was reduced ($I^2=58.78\%$). Even though the direction of effect was consistent across trials, we rated the findings as imprecise and thus graded the SOE as low rather than moderate.

^b Although the direction of effects was consistent, the meta-analysis had considerable statistical heterogeneity ($I^2=44.9\%$), reflecting the fact that two of the three medium risk of bias trials found large magnitudes of benefit but one medium risk of bias study found no difference between treatment groups. When we repeated the analysis including an additional high risk of bias study that found a small benefit, the heterogeneity was reduced ($I^2=32.0\%$). Even though the direction of effect was consistent across trials, we rated the findings as imprecise and thus graded the SOE as low rather than moderate.

^c The analysis found very low statistical heterogeneity ($I^2=1.3\%$) and a subsequent sensitivity analysis (n=136) including one high risk of bias study indicated a slightly larger benefit of CBT (WMD, -8.39; 95% CI, -11.45 to -5.34) with no statistical heterogeneity ($I^2=0.0\%$), increasing our confidence in the finding of a moderate effect size and finding a consistent, precise result.

^d The analysis found very low statistical heterogeneity ($I^2=6.8\%$). A subsequent sensitivity analysis (n=136) including one high risk of bias study indicated a slightly smaller benefit of CBT (WMD, -7.91; 95% CI, -10.85 to -4.98) with no statistical heterogeneity ($I^2=0.0\%$), reinforcing our confidence in the finding of a moderate effect size and a consistent, precise result.

^e Although the direction of the effect was consistent, the analysis found moderate statistical heterogeneity ($I^2=53.8\%$). A subsequent sensitivity analysis (n=136) including one high risk of bias study indicated a slightly larger benefit of CBT (WMD, -14.17; 95% CI, -17.82 to -10.51) with reduced statistical heterogeneity ($I^2=31.9\%$), reinforcing our confidence in the finding of a large effect size and a consistent, precise result.

^f Although the direction of the effect was consistent, the analysis found moderate statistical heterogeneity ($I^2=44.0\%$). A subsequent sensitivity analysis (n=136) including one high risk of bias study indicated a slightly larger benefit of CBT (WMD, -11.49; 95% CI, -16.09 to -6.90) albeit with greater statistical heterogeneity ($I^2=52.7\%$), which did not substantively change our confidence in the finding of a large effect size and a consistent, precise result.

^g The analysis found no statistical heterogeneity ($I^2=0.0\%$) and the direction of effect was consistent across trials ranging from a very low to moderate effect size. A subsequent sensitivity analysis (n=136) including one high risk of bias study indicated a slightly larger but still insignificant benefit of CBT (SMD, -0.22; 95% CI, -0.56 to 0.12), also with no statistical heterogeneity ($I^2=0.0\%$).

^h The analysis found moderate statistical heterogeneity ($I^2=30.0\%$). A subsequent sensitivity analysis (n=136) including one high risk of bias study indicated a slightly larger but still insignificant benefit of CBT (SMD, -0.25; 95% CI, -0.62 to 0.12) with low statistical heterogeneity ($I^2=10.1\%$).

ⁱThe analysis found no statistical heterogeneity ($I^2=0.0\%$) and a subsequent sensitivity analysis (n=136) including one high risk of bias study indicated a slightly larger but still insignificant benefit of CBT (SMD, -0.39; 95% CI, -0.74 to -0.04) with very low statistical heterogeneity ($I^2=2.2\%$).

^jThe analysis found no statistical heterogeneity ($I^2=0.0\%$) and a subsequent sensitivity analysis (n=136) including one high risk of bias study indicated a larger but still insignificant benefit of CBT (SMD, -0.59; 95% CI, -1.16 to -0.01) with very low statistical heterogeneity ($I^2=2.2\%$).

Abbreviations: BAI = Beck Anxiety Inventory; BDi-2 = Beck Depression Inventory-2; CI = confidence interval; CT = Cognitive therapy; IES-A = Impact of Events Avoidance subscale; IES-I = Impact of Events Intrusion subscale; NA = not applicable; NS = Not significant; OR = Odds ratio; Post-tx. = Post-treatment; RCT = randomized controlled trial

Table G11. CBT + Hypnosis vs. SC

Outcome:						
Number of Studies; Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence of PTSD Post-tx.: 1; 54	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	No differences between CBT+Hypnosis and SC: 30% vs. 50%, p=NR	Insufficient
Incidence of PTSD at 6 months: 1; 54	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	No differences between CBT+Hypnosis and SC: 40% vs. 58%, p=NR.	Insufficient
PTSD symptom severity Post-tx: 1; 54	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	CBT+Hypnosis < SC, IES-I: 11.30 vs. 19.83, p<0.05	Insufficient
PTSD symptom severity at 6 months: 1; 54	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	CBT+Hypnosis < SC, IES-I: 13.57 vs. 20.21, p<0.05	Insufficient
Severity of depressive symptoms Post-tx: 1; 54	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	No differences between CBT+Hypnosis and SC, BDI-2: 11.37 vs. 14.96	Insufficient
Severity of depressive symptoms at 6 months: 1; 54	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	No differences between CBT+Hypnosis and SC, BDI-2: 13.57 vs. 16.29	Insufficient
Severity of anxiety symptoms Post-tx.: 1; 54	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	No differences between CBT+Hypnosis and SC, BAI: 15.47 vs. 20.25	Insufficient
Severity of anxiety symptoms at 6 months: 1; 54	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	No differences between CBT+Hypnosis and SC, BAI: 17.07 vs. 21.13	Insufficient
Incidence/severity of comorbid conditions: 0; 0	NA	NA	NA	NA	NA	NA
Quality of Life: 0; 0	NA	NA	NA	NA	NA	Insufficient
Return to work/return to active duty or ability to work: 0; 0	NA	NA	NA	NA	NA	Insufficient
Incidence of self-injurious or suicidal thoughts, attempts, or behaviors (including suicide): 0; 0	NA	NA	NA	NA	NA	Insufficient
Incidence of aggressive or homicidal thoughts, attempts, or behaviors (including homicide) 0; 0	NA	NA	NA	NA	NA	Insufficient
Perceived utility: 0; 0	NA	NA	NA	NA	NA	Insufficient

^a Small sample size

Abbreviations: BAI = Beck Anxiety Inventory; BDI-2 = Beck Depression Inventory-2; CBT = Cognitive behavioral therapy; CI = confidence interval; IES-I = Impact of Events Intrusion subscale; NA = not applicable; Post-tx. = Post-treatment; RCT = randomized controlled trial; SC = Supportive counseling

Table G12. Cognitive therapy versus prolonged exposure

Outcome: Number of Studies; Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence of PTSD: 2;163 ^a	1 low and 1 medium; Outcome assessors masked RCT	Inconsistent	Direct	Imprecise ^d	PE < CT (Post-tx, p=0.002; Follow-up, p=0.007) PE not different than CT at 5-month follow-up [OR (85% CI) 0.87 (0.29-2.62)] p=0.83	Insufficient
PTSD symptom severity: 2; 163 ^a	1 low and 1 medium; Outcome assessors masked RCT	Inconsistent	Direct	Imprecise ^d	PE < CT at 6-month follow-up: CAPS-2 total scores, p=0.03), IES-I, p=0.02), and IES-A, p=0.03) No difference between groups	Insufficient
Severity of depressive symptoms: 1; 60	Low; Outcome assessor masked RCT	Unknown, single study	Direct	Imprecise ^d	PE no different than CT at post-tx or follow-up (Ps=NS) ^b	Insufficient
Severity of anxiety symptoms: 1; 60	Low; Outcome assessor masked RCT	Unknown, single study	Direct	Imprecise ^d	Anxiety lower in PE than CT at post-tx (p=0.008) but not at follow-up (p=NS) ^c	Insufficient
Incidence/severity of comorbid conditions: 0; 0	NA	NA	NA	NA	NA	Insufficient
Quality of Life: 0; 0	NA	NA	NA	NA	NA	Insufficient
Return to work/return to active duty or ability to work: 0; 0	NA	NA	NA	NA	NA	Insufficient
Incidence of self-injurious or suicidal thoughts, attempts, or behaviors (including suicide): 0; 0	NA	NA	NA	NA	NA	Insufficient
Incidence of aggressive or homicidal thoughts, attempts, or behaviors (including homicide) 0; 0	NA	NA	NA	NA	NA	Insufficient
Perceived utility: 0; 0	NA	NA	NA	NA	NA	Insufficient

^a Number randomized

^b BDI-2 effect size at post-treatment, 0.67 (0.15 to 1.19) and at follow-up, 0.63 (0.11 to 1.15)

^c BAI effect size at post-treatment, 0.54 (0.01 to 1.05) and at follow-up, 0.60 (0.09 to 1.12)

^d Small sample size

Abbreviations: BAI = Beck Anxiety Inventory; BD_2 = Beck Depression Inventory-2; CI = confidence interval; CT = Cognitive therapy; IES-A = Impact of Events Avoidance subscale; IES-I = Impact of Events Intrusion subscale; NA = not applicable; NS = Not significant; OR = Odds ratio; PE = Prolonged exposure; Post-tx. = Post-treatment; RCT = randomized controlled trial

Table G13. Debriefing compared with an active control condition (debriefing)

Outcome:	Number of Studies; Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence of PTSD at 2 weeks: 1; 155		Low; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	Emotional debriefing no different Educational debriefing, p=NR ^b	Insufficient
Incidence of PTSD at 6 weeks: 1; 155		Low; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	Emotional debriefing no different Educational debriefing, p=NR ^b	Insufficient
Incidence of PTSD at 6 months: 1; 155		Low; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	Emotional debriefing no different Educational debriefing, p=NR ^b	Insufficient
PTSD symptom severity at 2 weeks ^c : 1; 155		Low; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	Debriefing no different than control, SI-PTSD: -1.8 vs. -3.7 p=NR ^b	Insufficient
PTSD symptom severity at 6 weeks ^c : 1; 155		Low; Outcome assessors masked RCT	Unknown, single study	Direct	Imprecise ^a	Debriefing no different than control, SI-PTSD: -5.5 vs. -8.0, p=NR ^b	Insufficient
PTSD symptom severity at 6 months: 1; 155		Low; Outcome assessors masked RCT	Unknown, single study	Direct	Imprecise ^a	Debriefing no different than control, SI-PTSD: -7.1 vs. -6.4 p=0.33	Insufficient
Severity of depressive symptoms at 2 weeks: 1; 155		Low; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	Debriefing no different than control, HADS-D: -1.4 vs. -2.1 p=NR ^b	Insufficient
Severity of depressive symptoms at 6 weeks: 1; 155		Low; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	Debriefing no different than control, HADS-D: -2.8 vs. -3.5 p=NR ^b	Insufficient
Severity of depressive symptoms at 6 months: 1; 155		Low; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	Debriefing no different than control, HADS-D: -1.6 vs. -1.5, p=0.23{Sibrandij, 2006 #818}	Insufficient
Severity of anxiety symptoms at 2 weeks: 1, 155		1 Low; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	Debriefing no different than control, HADS-A: -1.2 vs. -2.0, p=NR ^b	Insufficient
Severity of anxiety symptoms at 2 weeks: 1, 155		1 Low; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	Debriefing no different than control, HADS-A: -3.2 vs. -3.5, p=NR ^b	Insufficient
Severity of anxiety symptoms at 2 weeks: 1, 155		1 Low; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	Debriefing no different than control, HADS-A: -2.4 and -2.2, p=0.96{Sibrandij, 2006 #818}	Insufficient
Incidence/severity of comorbid conditions: 0, 0		NA	NA	NA	NA	NA	Insufficient
Quality of Life: 0; 0		NA	NA	NA	NA	NA	Insufficient
Return to work/return to active duty or ability to work: 0; 0		NA	NA	NA	NA	NA	Insufficient

Table G13. Debriefing compared with an active control condition (debriefing) (continued)

Outcome: Number of Studies; Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence of self-injurious or suicidal thoughts, attempts, or behaviors (including suicide): 0; 0	NA	NA	NA	NA	NA	Insufficient
Incidence of aggressive or homicidal thoughts, attempts, or behaviors (including homicide) 0; 0	NA	NA	NA	NA	NA	Insufficient
Perceived utility: 0; 0	NA	NA	NA	NA	NA	Insufficient

^aSmall sample size

^bData reported for the entire sample, not by treatment arm

^cDifference scores not adjusted for baseline

Abbreviations: CI = confidence interval; HADS = Hospital Anxiety and Depression Scale; NA = not applicable; NR = Not reported; NS = Not significant; RCT = randomized controlled trial

Table G14. Psychoeducation compared with an active control condition (Debriefing combined with psychoeducation)

Outcome: Number of Studies; Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence of PTSD at 6 months: 1; 106	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	Psychoeducation vs. Debriefing, 6 months (11% vs. 23%, p=NS)	Insufficient
Incidence of PTSD at 11 months: 1; 106	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	11 month data NR	Insufficient
Severity of PTSD symptoms at 6 months: 1; 106	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	No difference between psychoeducation and Debriefing, PSS, 10.9 vs. 13.8; IES, 16.7 vs. 19.7;	Insufficient
Severity of PTSD symptoms at 11 months: 1; 106	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	No difference between psychoeducation and Debriefing, PSS, 9.6 vs. 11.3; IES, 14.7 vs. 15.9	Insufficient
Severity of depression at 6 months: 1; 106	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	No difference between psychoeducation and Debriefing, BDI: 9.8 vs. 12.1	Insufficient
Severity of depression at 11 months: 1; 106	Medium; Unmasked RCT	Unknown, single study	Direct	Imprecise ^a	No difference between psychoeducation and Debriefing, BDI: 8.0 vs. 10.4	Insufficient
Incidence/severity of comorbid conditions: 0; 0	NA	NA	NA	NA	NA	Insufficient
Quality of Life: 0; 0	NA	NA	NA	NA	NA	Insufficient
Return to work/return to active duty or ability to work: 0; 0	NA	NA	NA	NA	NA	Insufficient
Incidence of self-injurious or suicidal thoughts, attempts, or behaviors (including suicide): 0; 0	NA	NA	NA	NA	NA	Insufficient
Incidence of aggressive or homicidal thoughts, attempts, or behaviors (including homicide) 0; 0	NA	NA	NA	NA	NA	Insufficient
Perceived helpfulness: 0; 0	NA	NA	NA	NA	NA	Insufficient

^aSmall sample size

Abbreviations: BDI = Beck Depression Inventory; CI = confidence interval; IES = Impact of Events Scale; NA = not applicable; NR = Not reported; NS = Not significant; PSS = Post-traumatic Stress Disorder Symptom Scale; RCT = randomized controlled trial

Table G15. Cognitive Therapy versus SSRI (Escitalopram)

Outcome: Number of Studies; Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence of PTSD at 5 months: 1; 63 ^a	Medium; Outcome assessors masked RCT	Unknown, single study	Direct	Imprecise ^b	PTSD incidence significantly lower in CT than SSR, 18.2%, 61.9%, p=NR	Insufficient
Incidence of PTSD 9 months: 1; 63 ^a	Medium; Outcome assessors masked RCT	Unknown, single study	Direct	Imprecise ^b	PTSD incidence significantly lower in CT than SSRI, (22.8%, 42.1%, p=NR)	Insufficient
PTSD symptom severity at 5 months: 1; 63 ^a	Medium; Outcome assessors masked RCT	Unknown, single study	Direct	Imprecise ^b	Lower symptom severity in CT than SSRI, CAPS total: 29.5, 48.7, p=NR; PSS-SR: 11.6, 22.5, p=NR)	Insufficient
PTSD symptom severity at 9 months: 1; 63 ^a	Medium; Outcome assessors masked RCT	Unknown, single study	Direct	Imprecise ^b	Lower symptom severity in CT than SSRI, CAPS total: 27.9, 47.2, p=NR; PSS-SR: 9.6, 21.6, p=NR)	Insufficient
Incidence and severity of psychological symptoms: 0; 0	NA	NA	NA	NA	NA	Insufficient
Incidence/severity of comorbid conditions: 0; 0	NA	NA	NA	NA	NA	Insufficient
Quality of Life: 0; 0	NA	NA	NA	NA	NA	Insufficient
Return to work/return to active duty or ability to work: 0; 0	NA	NA	NA	NA	NA	Insufficient
Incidence of self-injurious or suicidal thoughts, attempts, or behaviors (including suicide): 0; 0	NA	NA	NA	NA	NA	Insufficient
Incidence of aggressive or homicidal thoughts, attempts, or behaviors (including homicide): 0; 0	NA	NA	NA	NA	NA	Insufficient
Perceived utility: 0; 0	NA	NA	NA	NA	NA	Insufficient

^aNumber randomized; n=52 at 9-month follow-up

^bSmall sample size

Abbreviations: CAPS = Clinician Administered PTSD Scale; CI = confidence interval; CT = Cognitive therapy; NA = not applicable; NR = not reported; PSS-SR = PTSD Symptom Scale-Self Report; RCT = randomized controlled trial; SSRI = Selective serotonin reuptake inhibitor

Table G16. Prolonged Exposure versus SSRI (Escitalopram)

Outcome: Number of Studies; Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence of PTSD at 5 months: 1; 86 ^a	Medium; Outcome assessors masked RCT	Unknown, single study	Direct	Imprecise ^b	PTSD incidence significantly lower in PE than SSRI, 21.4%, 61.9%, p=NR	Insufficient
Incidence of PTSD at 9 months: 1; 86 ^a	Medium; Outcome assessors masked RCT	Unknown, single study	Direct	Imprecise ^b	PTSD incidence significantly lower in PE than SSRI, 21.2%, 42.1%, p=NR	Insufficient
PTSD symptom severity at 5 months: 1; 86 ^a	Medium; Outcome assessors masked RCT	Unknown, single study	Direct	Imprecise ^b	Lower symptom severity in CT than SSRI, CAPS total: 28.6, 48.7, p=NR; PSS-SR: 11.6, 22.5, p=NR	Insufficient
PTSD symptom severity at 9 months: 1; 86 ^a	Medium; Outcome assessors masked RCT	Unknown, single study	Direct	Imprecise ^b	Lower symptom severity in CT than SSRI, CAPS total: 27.2 47.2, p=NR; PSS-SR: 10.4, 21.6, p=NR	Insufficient
Incidence and severity of psychological symptoms: 0; 0	NA	NA	NA	NA	NA	Insufficient
Incidence/severity of comorbid conditions: 0; 0	NA	NA	NA	NA	NA	Insufficient
Quality of Life: 0; 0	NA	NA	NA	NA	NA	Insufficient
Return to work/return to active duty or ability to work: 0; 0	NA	NA	NA	NA	NA	Insufficient
Incidence of self-injurious or suicidal thoughts, attempts, or behaviors (including suicide): 0; 0	NA	NA	NA	NA	NA	Insufficient
Incidence of aggressive or homicidal thoughts, attempts, or behaviors (including homicide): 0; 0	NA	NA	NA	NA	NA	Insufficient
Perceived utility: 0; 0	NA	NA	NA	NA	NA	Insufficient

^aNumber randomized; n=71 at 9-month follow-up

^bSmall sample size

Abbreviations: CAPS = Clinician Administered PTSD Scale; CI = confidence interval; CT = Cognitive therapy; NA = not applicable; NR = not reported; PSS-SR = PTSD Symptom Scale-Self Report; RCT = randomized controlled trial; SSRI = Selective serotonin reuptake inhibitor

Key Question 2.

Table G17. Strength of evidence comparing immediate versus delayed CISD

Outcome: Number of Studies, Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence of PTSD: 0,0	NA	NA	NA	NA	NA	Insufficient
PTSD symptom severity ^a : 1; 72	Medium ¹	NA ²	Direct	Not reported ³	8.8 symptoms fewer in immediate than delayed group (95% CI, NR) ⁴	Low
Quality of Life: 0;0	NA	NA	NA	NA	NA	Insufficient
Return to work/return to active duty or ability to work: 0;0	NA	NA	NA	NA	NA	Insufficient
Incidence of self-injurious or suicidal thoughts, attempts, or behaviors (including suicide): 0;0	NA	NA	NA	NA	NA	Insufficient
Incidence of aggressive or homicidal thoughts, attempts, or behaviors (including homicide)0;0	NA	NA	NA	NA	NA	Insufficient
Overall rate of harms: 0,0	NA	NA	NA	NA	NA	Insufficient
Overall dropout rate because of adverse events:0, 0	NA	NA	NA	NA	NA	Insufficient

¹ Unmasked RCT

² Downgraded as a single study

³ Downgraded for unclear precision

⁴ Upgraded for large effect

^a Mean change from baseline to 2 weeks on the PDS.

Abbreviations: CI = confidence interval; NA = not applicable; RCT = randomized controlled trial

Table G18. Strength of evidence comparing light versus deep sedation

Outcome: Number of Studies; Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence of PTSD: 0,0	NA	NA	NA	NA	NA	Insufficient
PTSD symptom severity: 1; 135	Medium ¹	NA ²	Direct	Not reported ³	Similar effects (10% vs. 9% with PTSD symptoms)	Insufficient
Quality of Life: 0;0	NA	NA	NA	NA	NA	Insufficient
Return to work/return to active duty or ability to work: 0;0	NA	NA	NA	NA	NA	Insufficient
Incidence of self-injurious or suicidal thoughts, attempts, or behaviors (including suicide): 0;0	NA	NA	NA	NA	NA	Insufficient
Incidence of aggressive or homicidal thoughts, attempts, or behaviors (including homicide) 0;0	NA	NA	NA	NA	NA	Insufficient
Overall rate of harms: 0,0	NA	NA	NA	NA	NA	Insufficient
Overall dropout rate because of adverse events:0, 0	NA	NA	NA	NA	NA	Insufficient

¹ Unmasked RCT² Downgraded as a single study³ Downgraded for unclear precision

Abbreviations: CI = confidence interval; NA = not applicable; RCT = randomized controlled trial

Key Question 3.

Table G19. Strength of evidence for subgroup effects of gender

Outcome: Number of Studies, Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence of PTSD: 0,0	NA	NA	NA	NA	NA	Insufficient ^a
PTSD symptom severity: 2; 268	Medium; unmasked RCT	Consistent	Direct	Not reported	Not reported	Low ^b
Depression symptom severity:1, 157	Medium; unmasked RCT	Unknown (only one study)	Direct	Not reported	Not reported	Insufficient ^d
Quality of Life: 0;0	NA	NA	NA	NA	NA	Insufficient ^a
Return to work/return to active duty or ability to work: 0;0	NA	NA	NA	NA	NA	Insufficient ^a
Incidence of self-injurious or suicidal thoughts, attempts, or behaviors (including suicide): 0;0	NA	NA	NA	NA	NA	Insufficient ^a
Incidence of aggressive or homicidal thoughts, attempts, or behaviors (including homicide) 0;0	NA	NA	NA	NA	NA	Insufficient ^a
Overall rate of harms: 0,0	NA	NA	NA	NA	NA	Insufficient ^a
Overall dropout rate because of adverse events:0, 0	NA	NA	NA	NA	NA	Insufficient ^a

^aInsufficient strength of evidence (SOE) because no data reported.

^bLow SOE because magnitude and precision of effect not reported by either of the two studies.

^cInsufficient SOE because inconsistent findings reported.

^dInsufficient because findings reported by only one medium risk of bias trial and magnitude, direction and precision not reported.

Abbreviations: CI = confidence interval; NA = not applicable; RCT = randomized controlled trial;

Table G20. Strength of evidence for subgroup effects of previous depression

Outcome: Number of Studies, Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence of PTSD: 0,0	NA	NA	NA	NA	NA	Insufficient ^a
PTSD symptom severity: 1; 157	Medium; unmasked RCT	Unknown (only one study)	Direct	Not reported	Not reported	Insufficient ^b
Depression symptom severity:1, 157	Medium; unmasked RCT	Unknown (only one study)	Direct	Not reported	Not reported	Insufficient ^b
Quality of Life: 0;0	Medium; unmasked RCT	NA	NA	NA	NA	Insufficient ^a
Return to work/return to active duty or ability to work: 0;0	NA	NA	NA	NA	NA	Insufficient ^a
Incidence of self-injurious or suicidal thoughts, attempts, or behaviors (including suicide): 0;0	NA	NA	NA	NA	NA	Insufficient ^a
Incidence of aggressive or homicidal thoughts, attempts, or behaviors (including homicide)0;0	NA	NA	NA	NA	NA	Insufficient ^a
Overall rate of harms: 0,0	NA	NA	NA	NA	NA	Insufficient ^a
Overall dropout rate because of adverse events:0, 0	NA	NA	NA	NA	NA	Insufficient ^a

^a Insufficient SOE because no data reported.

^b Insufficient because findings reported by only one medium risk of bias trial and magnitude, direction and precision not reported.

Abbreviations: CI = confidence interval; NA = not applicable; RCT = randomized controlled trial;

Table G21. Strength of evidence for subgroup effects of history of child abuse

Outcome: Number of Studies, Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence of PTSD: 0,0	NA	NA	NA	NA	NA	Insufficient ^a
PTSD symptom severity: 1; 157	Medium; unmasked RCT	Unknown (only one study)	Direct	Not reported	Not reported	Insufficient ^b
Depression symptom severity:1, 157	Medium; unmasked RCT	Unknown (only one study)	Direct	Not reported	Not reported	Insufficient ^b
Quality of Life: 0;0	Medium; unmasked RCT	NA	NA	NA	NA	Insufficient ^a
Return to work/return to active duty or ability to work: 0;0	NA	NA	NA	NA	NA	Insufficient ^a
Incidence of self-injurious or suicidal thoughts, attempts, or behaviors (including suicide): 0;0	NA	NA	NA	NA	NA	Insufficient ^a
Incidence of aggressive or homicidal thoughts, attempts, or behaviors (including homicide):0;0	NA	NA	NA	NA	NA	Insufficient ^a
Overall rate of harms: 0,0	NA	NA	NA	NA	NA	Insufficient ^a
Overall dropout rate because of adverse events:0, 0	NA	NA	NA	NA	NA	Insufficient ^a

^a Insufficient SOE because no data reported.

^b Insufficient because findings reported by only one medium risk of bias trial and magnitude, direction and precision not reported.

Abbreviations: CI = confidence interval; NA = not applicable; RCT = randomized controlled trial;

Table G22. Strength of evidence for subgroup effects of severity of baseline distress^a

Outcome: Number of Studies, Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Incidence of PTSD: 0;0	NA	NA	NA	NA	NA	Insufficient ^a
PTSD symptom severity: 2;285	Medium; unmasked RCT	Inconsistent	Direct	Not reported	Not reported	Insufficient ^b
Depression symptom severity: 2;285	Medium; unmasked RCT	NA	NA	NA	NA	Insufficient ^c
Quality of Life: 2;285	Medium; unmasked RCT	NA	NA	NA	NA	Insufficient ^c
Return to work/return to active duty or ability to work: 0;0	NA	NA	NA	NA	NA	Insufficient ^a
Incidence of self-injurious or suicidal thoughts, attempts, or behaviors (including suicide): 0;0	NA	NA	NA	NA	NA	Insufficient ^a
Incidence of aggressive or homicidal thoughts, attempts, or behaviors (including homicide): 0;0	NA	NA	NA	NA	NA	Insufficient ^a
Overall rate of harms: 0,0	NA	NA	NA	NA	NA	Insufficient ^a
Overall dropout rate because of adverse events: 0;0	NA	NA	NA	NA	NA	Insufficient ^a

^aInsufficient SOE because no data reported.

^bInsufficient SOE because inconsistent findings were reported.

^cInsufficient SOE because although two studies assessed this outcome, severity of baseline distress was defined differently for all outcomes other than PTSD.

Abbreviations: CI = confidence interval; NA = not applicable; RCT = randomized controlled trial

Key Question 4.

Table G23. Strength of evidence comparing emotional debriefing vs. educational debriefing vs. placebo

Outcome: Number of Studies, Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Overall rate of harms: 1, 236	Low; single- blind RCT (outcome assessor masked)	NA	Direct	NA	In a subgroup with hyperarousal at baseline, those receiving emotional debriefing has significantly higher PTSD scores than those in the control group at 6 week follow-up (p=0.005) ^a	Insufficient
Overall dropout rate because of adverse events:0, 0	NA	NA	NA	NA	NA	Insufficient

^aThis subgroup analysis involved a significant test for interaction, but no significant differences were found at 2 weeks or 6 months, and the former result might be a chance finding.

Abbreviations: CI = confidence interval; NA = not applicable; RCT = randomized controlled trial;

Table G24. Strength of evidence comparing light versus deep sedation

Outcome: Number of Studies; Number of Subjects	Risk of Bias; Design/ Quality	Consistency	Directness	Precision	Magnitude of Effect: Summary Effect Size (95% CI)	Strength of Evidence
Overall rate of harms: 1, 137	Medium; Single-blind RCT (outcome assessor masked)	NA	Direct	NA	No difference in mortality or incidence of adverse events	Low
Overall dropout rate because of adverse events:0, 0	NA	NA	NA	NA	NA	Insufficient

Abbreviations: CI = confidence interval; NA = not applicable; RCT = randomized controlled trial

Appendix H. Sensitivity Analyses

KEY QUESTION 1

Cognitive Behavioral Therapy (CBT)

Sensitivity Analyses: Including Bryant, 1999

Figure H1. Mean change from baseline to end of treatment in PTSD incidence rates for CBT compared with supportive counseling

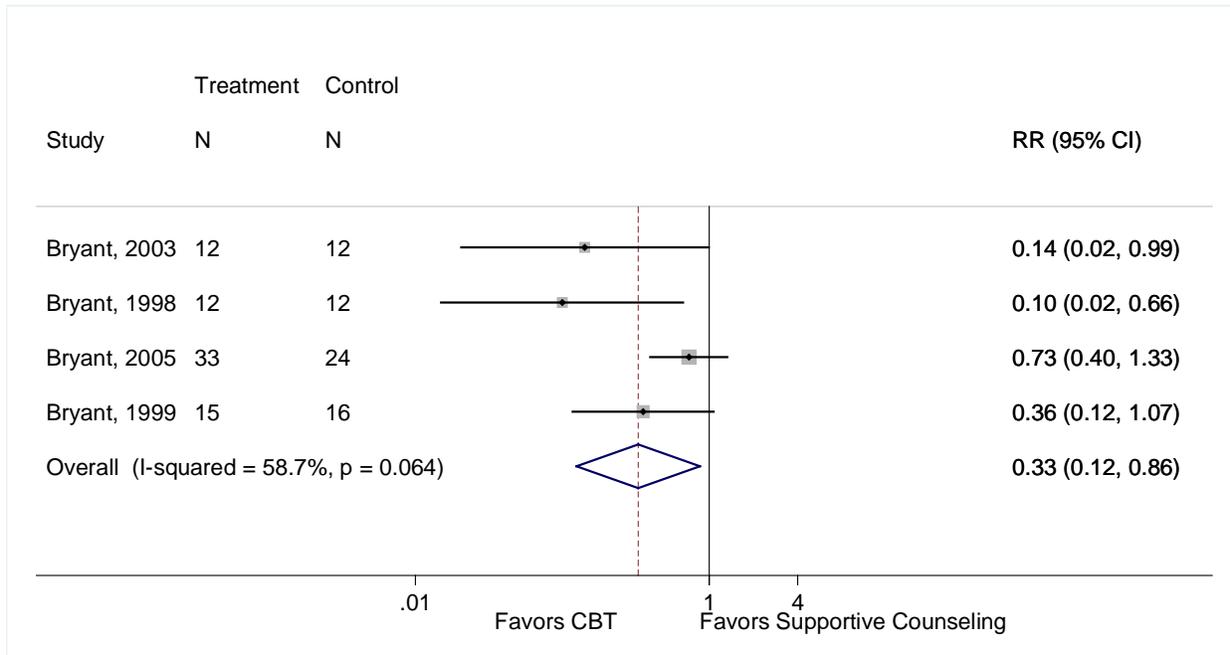


Figure H2. Mean change from baseline to 6-month follow-up in PTSD incidence rates for CBT compared with supportive counseling

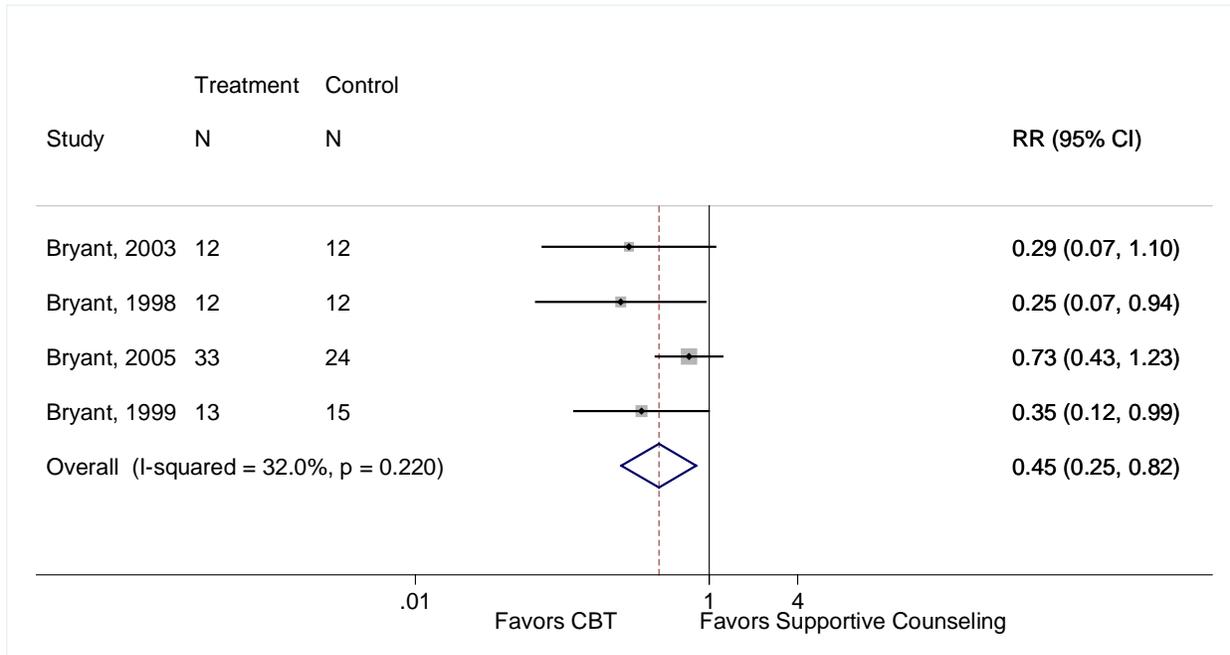


Figure H3. Mean change from baseline to end of treatment in IES Avoidance Subscale symptom scores for CBT compared with supportive counseling

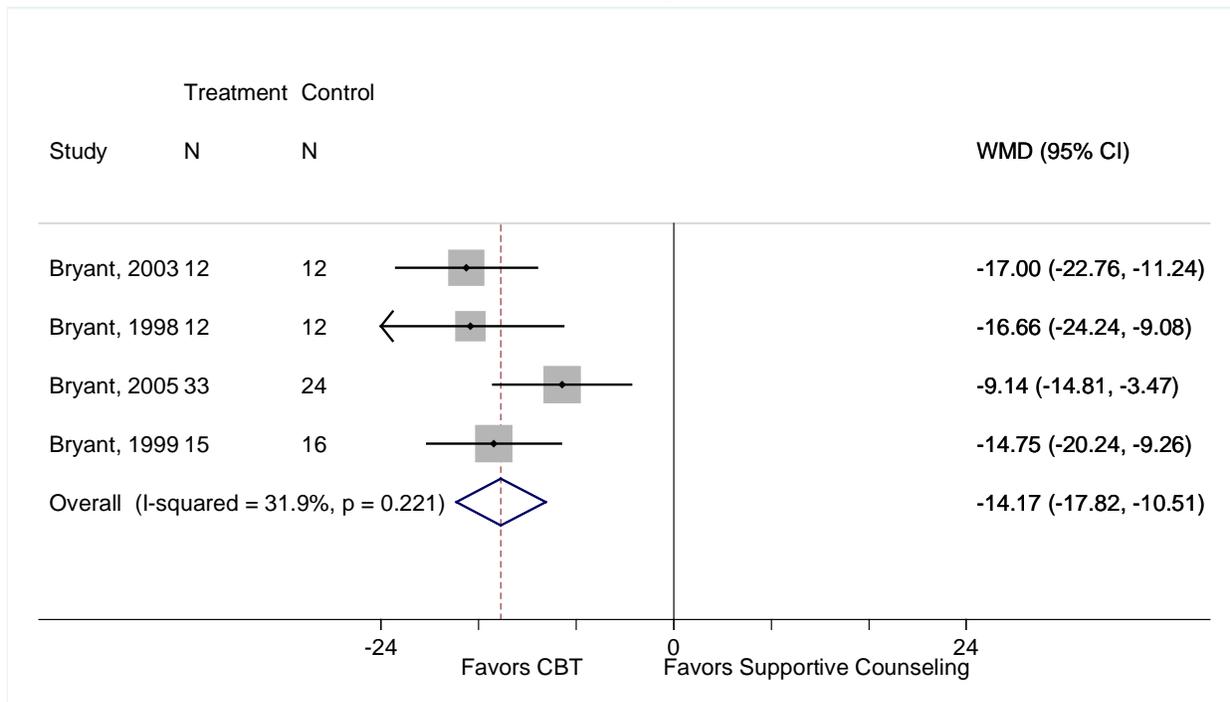


Figure H4. Mean change from baseline to 6-month follow-up in IES Avoidance Subscale symptom scores for CBT compared with supportive counseling

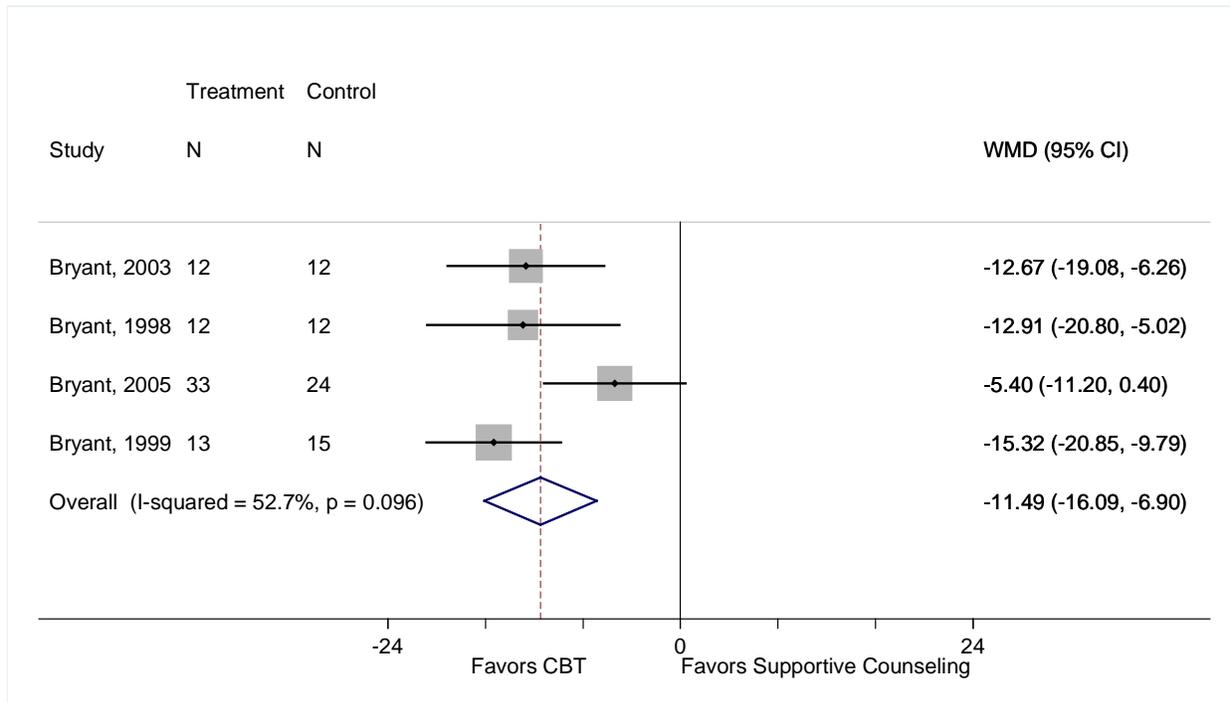


Figure H5. Mean change from baseline to end of treatment in IES Intrusion Subscale symptom scores for CBT compared with supportive counseling

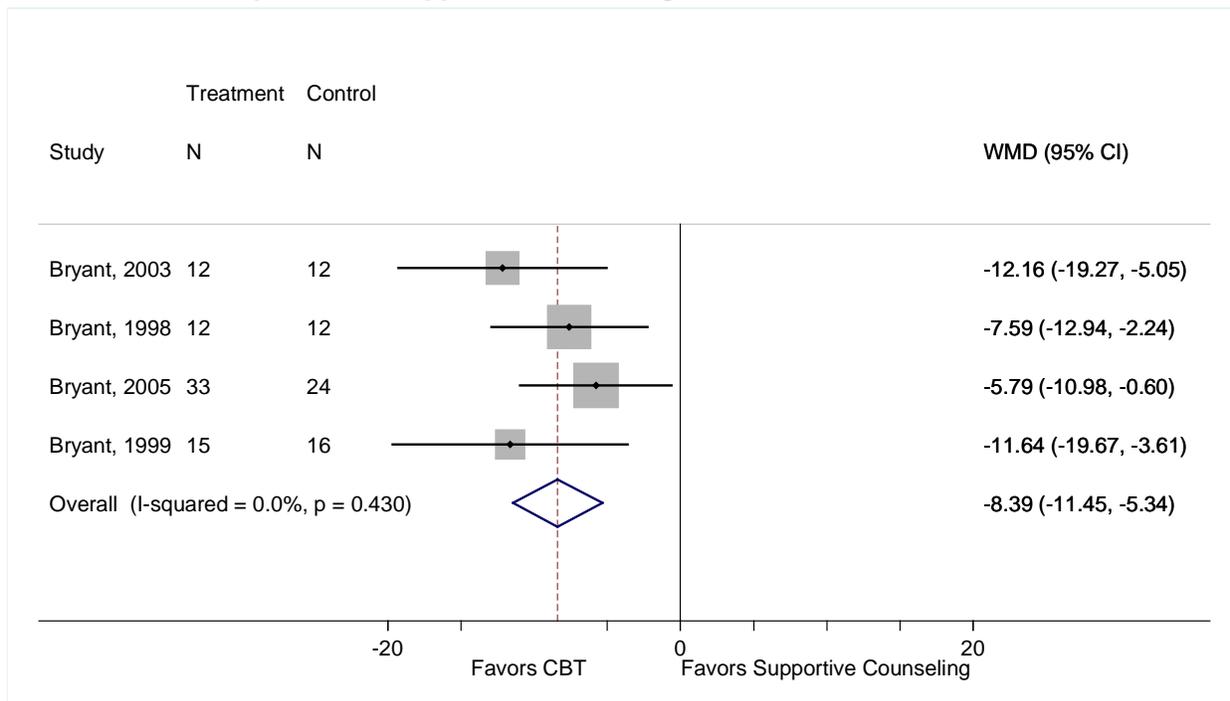


Figure H6. Mean change from baseline to 6-month follow-up in IES Intrusion Subscale symptom scores for CBT compared with supportive counseling

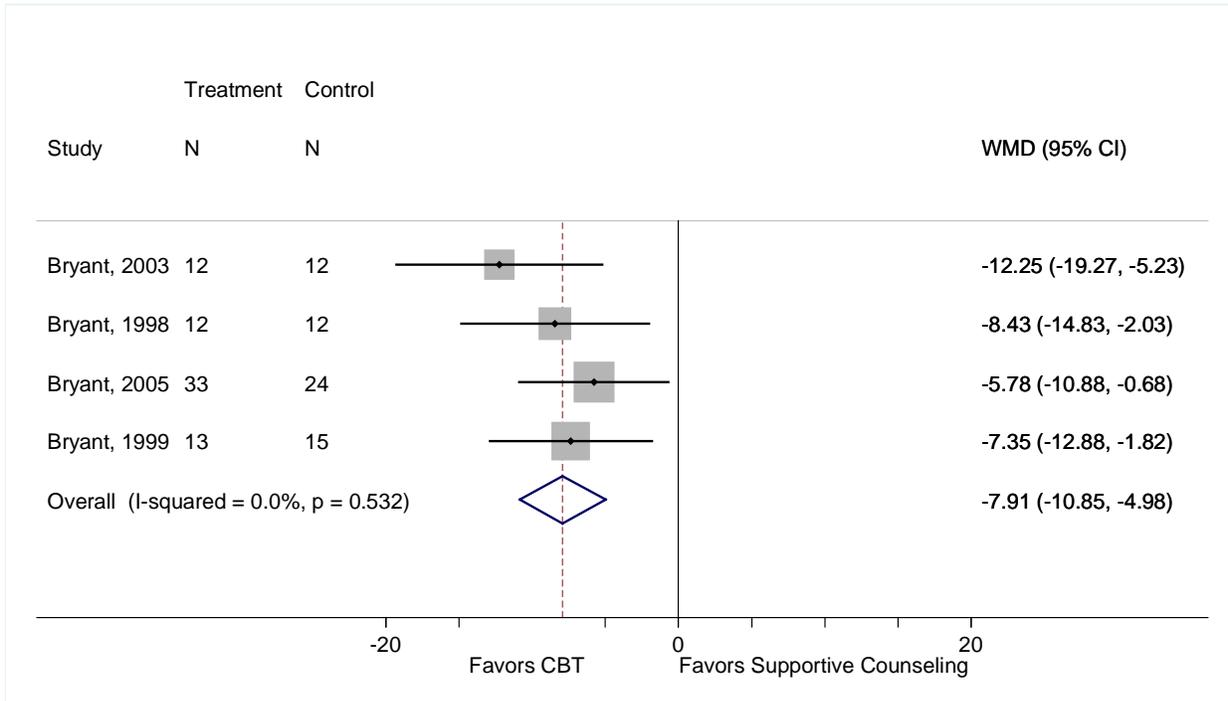


Figure H7. Mean change from baseline to end of treatment in anxiety symptom scores for CBT compared with supportive counseling

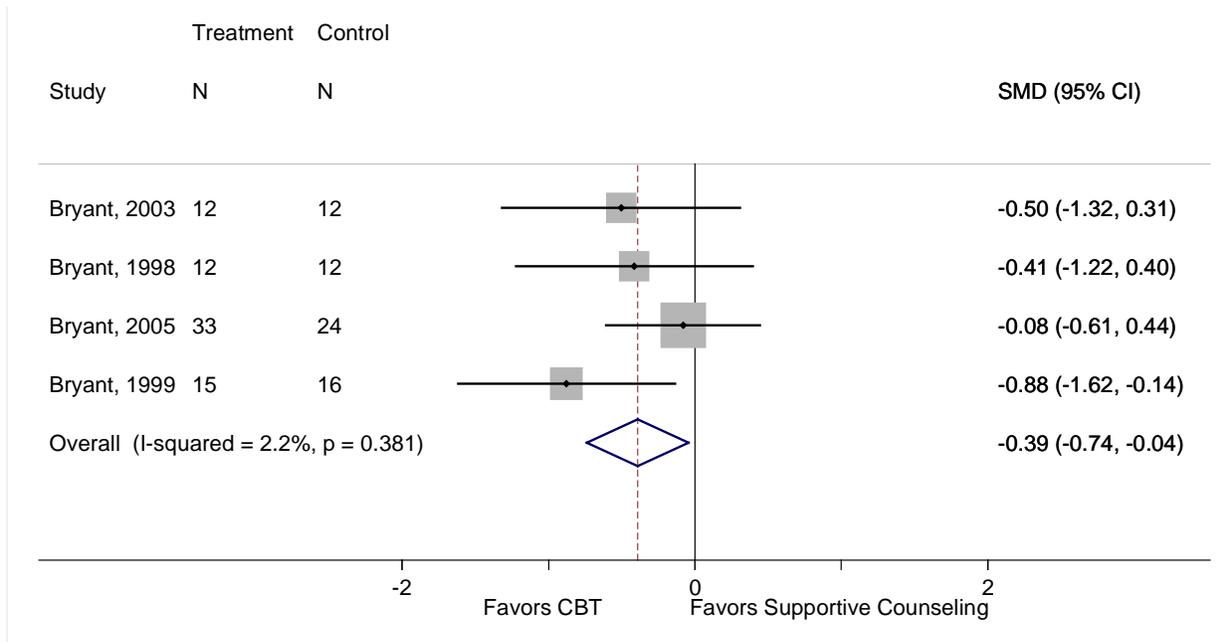


Figure H8. Mean change from baseline to 6-month follow-up in anxiety symptom scores for CBT compared with supportive counseling

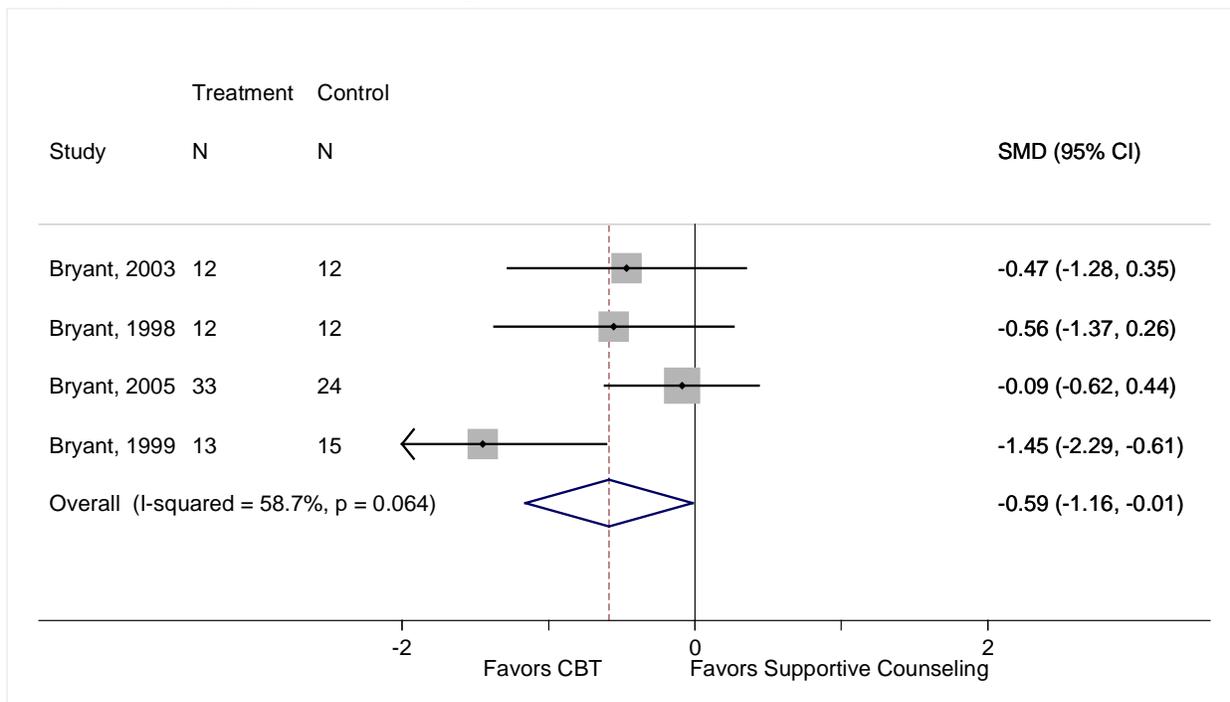


Figure H9. Mean change from baseline to end of treatment in depression symptom scores for CBT compared with supportive counseling

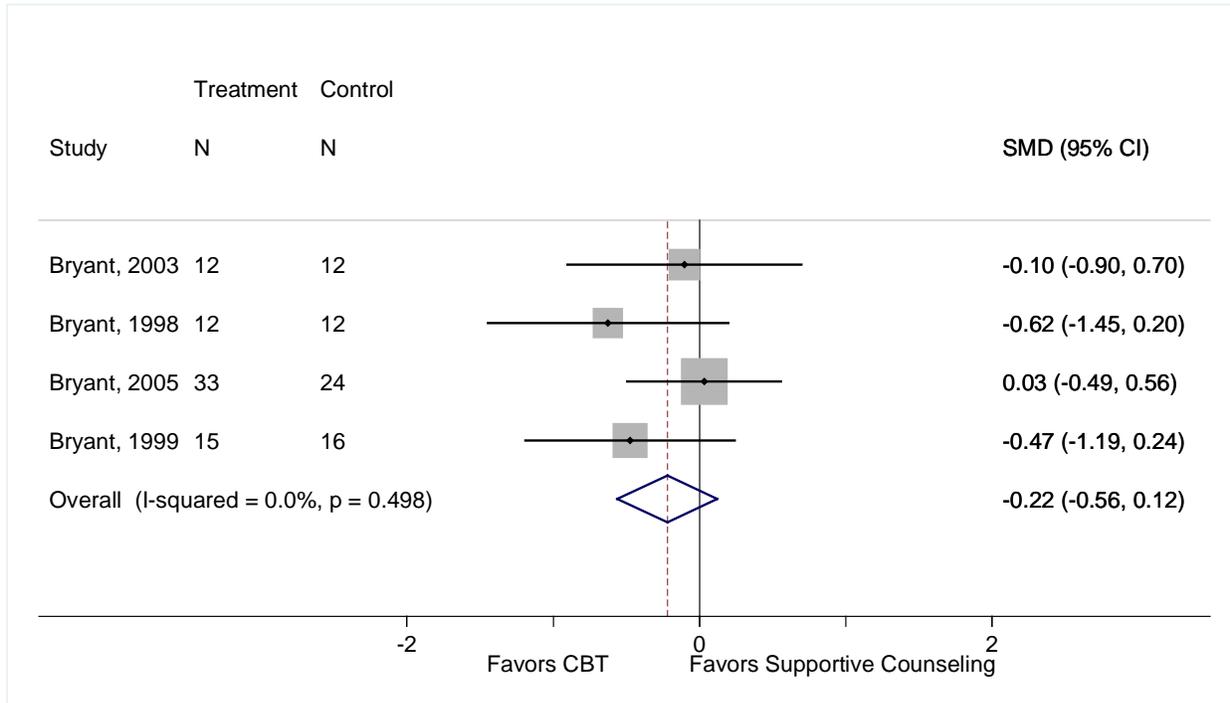
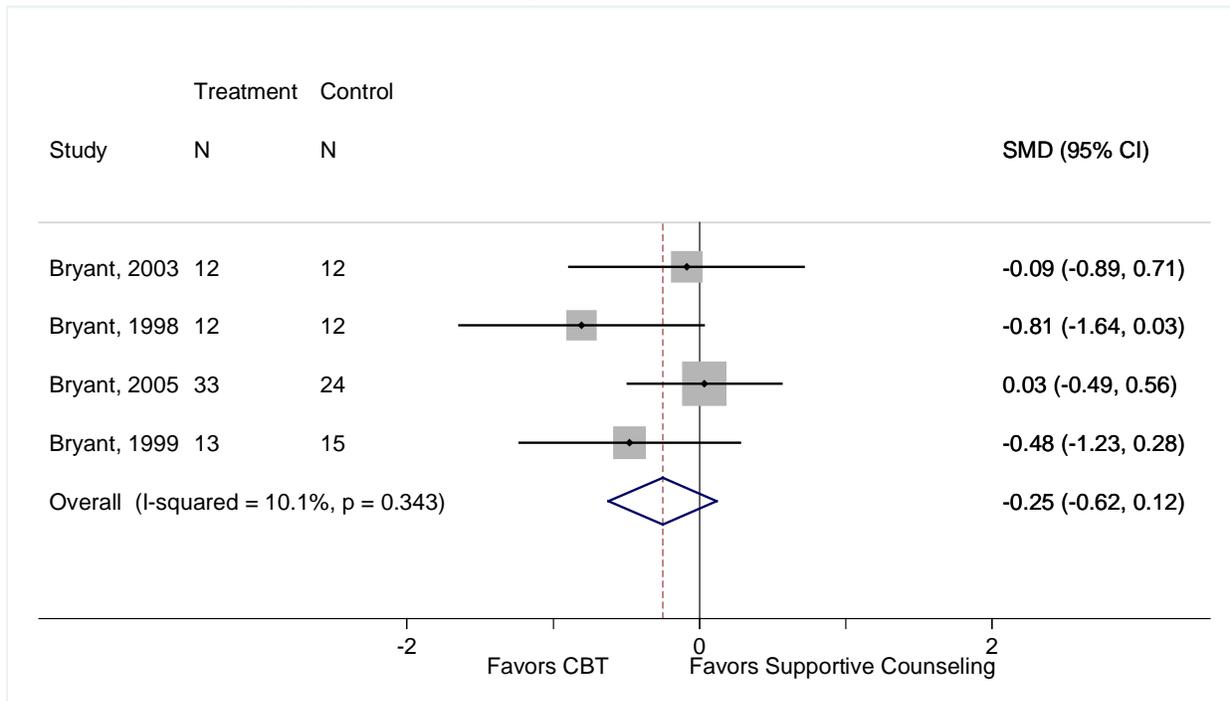


Figure H10. Mean change from baseline to 6-month follow-up in depression symptom scores for CBT compared with supportive counseling



Appendix I. Acronyms

5-HT	5-hydroxytryptamine
AHRQ	Agency for Healthcare Research and Quality
AMPA	α -amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid
ASDI	Acute Stress Disorder Interview
BAI	Beck Anxiety Inventory
BDI	Beck Depression Inventory
BDI-2	Beck Depression Inventory
CAM	complementary and alternative medicine
CAPS	Clinician Administered PTSD Scale
CAPS-2	Clinician Administered PTSD Scale-2
CBT	Cognitive behavioral therapy
CBT+Hypnosis	CBT combined with hypnosis
CER	comparative effectiveness review
CGI-S	Clinical Global Impressions Severity Scale
CI	Confidence interval
CIDI-PTSD	Composite International Diagnostic Interview PTSD module
CINAHL	Cumulative Index to Nursing and Allied Health Literature
CISD	critical incident stress debriefing
CISM	critical incident stress management
CIST	Mitchell's Critical Incident Stress Debriefing protocol
COPE	Creating Opportunities for Parent Empowerment
CPT	cognitive processing therapy
CR	Cognitive restructuring
CRF	corticotropin-releasing
CT	Cognitive therapy
DASS	Depression and Anxiety Stress Scales
DSM-IV-TR	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision
Educ	educational
EMBASE	Excerpta Medica Database
EMDR	eye movement desensitization and reprocessing
Emo	emotional
EPDS	Edinburgh Postnatal Depression Scale
GABA	gamma-aminobutyric acid
HAD-A	Hospital Anxiety and Depression Rating Scale
HADS	Hospital Anxiety and Depression Rating Scale
HPA	hypothalamic-pituitary-adrenal
ICU	intensive care unit
IES	Impact of events scale
IES-A	Impact of Events-Avoidance
IES-I	Impact of Events Scale-Intrusions
IES-R	Impact of Event Scale-Revised
IOM	Institute of Medicine
IPA	International Pharmaceutical Abstracts

IPT	interpersonal therapy
ITT	intention-to-treat
KQ	key question
MAOIs	monoamine oxidase inhibitors
MeSH	Medical Subject Headings
MIDI	Migraine Disability Index Post-Traumatic Stress Disorder
MINI-PTSD	Mini-International Neuropsychiatric Interview-Post-Traumatic Stress Disorder
MVA	Motor vehicle accidents
n	Number of participants
NCS-R	National Comorbidity Survey - Replication
NMDA	N-methyl-d-aspartate
NR	Nor reported
NRCT	nonrandomized controlled trial
NS	Not sufficient
NVVRs	National Vietnam Veterans Readjustment Survey
PCL	Posttraumatic Stress Disorder Checklist
PDS	Posttraumatic Stress Diagnostic Scale
PE	Prolonged exposure therapy
PFA	psychological first aid
PHQ-Depression	Patient Health Questionnaire for Depression
PHSI-P	Post-Hospital Stress Index for Parents
PICOTS	Populations, Interventions, Comparators, Outcomes, Timing, and Settings
PILOTS	Published International Literature on Traumatic Stress
POMS	Profile of Mood States
PRISMA	Preferred Reporting Items for Systematic Review and Meta-analyses
PSDS-SR	Posttraumatic Stress Diagnostic Scale-Self Report
PSS	Posttraumatic Stress Scale
PSS-SR	Posttraumatic Stress Diagnostic Scale-Self Report
PTSD	Prevention of Posttraumatic Stress Disorder
PTSS-10	Posttraumatic Stress Symptom 10 Question Inventory
QOL	quality of life
RCT	Randomized controlled trial
RR	relative risk
SC	supportive counseling
SF-36	Medical Outcomes Study Health Survey – Short Form 36
SHB	Self-help book
SIPs	scientific information packets
SI-PTSD	Structured Interview for PTSD
SMD	standardized mean difference
SNRIs	serotonin and norepinephrine reuptake inhibitors
SOE	strength of evidence
SRC	Scientific Resource Center
SSRI	Selective serotonin reuptake inhibitor
STAI	State-Trait Anxiety Inventory
TCAs	tricyclic antidepressants

TEP	Technical Expert Panel
TRiM	Trauma Risk Management
UC	Usual care control
VA/DoD	US Department of Veterans Affairs and Department of Defense
USPSTF	U.S. Preventive Services Task Force
WL	waitlist
WMD	Weighted mean difference
WTCD	World Trade Center Disasters
y	years