Psychological treatments for post-traumatic stress disorder in adults: a network meta-analysis

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Database: Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R), Embase, PsycINFO
Date of last search: 29 January 2018

#	Searches
1	*acute stress/ or *behavioural stress/ or *emotional stress/ or *critical incident stress/ or *mental stress/ or *posttraumatic stress disorder/ or *psychotrauma/
2	1 use emez
3	stress disorders, traumatic/ or combat disorders/ or psychological trauma/ or stress disorders, post-traumatic/ or stress disorders, traumatic, acute/ or stress, psychological/
4	3 use mesz, prem
5	exp posttraumatic stress disorder/ or acute stress disorder/ or combat experience/ or emotional trauma/ or post-traumatic stress/ or traumatic neurosis/ or trauma/ or psychological stress/ or chronic stress/
6	5 use psyh
7	(railway spine or (rape adj2 trauma*) or reexperienc* or re experienc* or torture syndrome or traumatic neuros* or traumatic stress).ti,ab.
8	(trauma* and (avoidance or grief or horror or death* or nightmare* or night mare* or emotion*)).ti,ab.
9	(posttraumatic* or post traumatic* or stress disorder* or acute stress or ptsd or asd or desnos or (combat neuros* or combat syndrome or concentration camp syndrome or extreme stress or flashback* or flash back* or hypervigilan* or hypervigilen* or psych* stress or psych* trauma* or psycho?trauma* or psychotrauma*) or (posttrauma* or traumagenic* or traumatic stress*)).ti,ab.
10	or/2,4,6-9
11	*psychotherapy/ use emez or psychotherapy/ use mesz, prem,psyh
12	(((psycholog* or psycho social* or psychosocial*) adj3 (intervention* or program* or therap* or treat*)) or psychotherap* or psycho therap* or talk* therap* or therapeutic technique* or therapist* or third wave or time limited).ti,ab,sh.
13	exp *behavior therapy/ or exp *cognitive therapy/
14	13 use emez
15	exp behavior therapy/ use mesz, prem
16	exp behavior therapy/ or exp cognitive behavior therapy/
17	16 use psyh
18	(((behaviour* or behavior*) adj2 cognitiv*) or cbt or ccbt or ((behav* or cognitive*) adj3 (intervention* or manag* or program* or restructure* or therap* or treat*)) or (stress inoculation adj2 (intervention* or program* or therap* or train* or treat*)) or (behav* adj2 activat*) or ((trauma adj (based or focused or led)) or exposure based or prolonged exposure)).ti,ab.
19	*emotion/ use emez or emotions/ use mesz, prem
20	emotion focused therapy/ or sympathy/
21	20 use psyh
22	(((compassion or emotion* or emotive*) adj (based or focused or led)) or emotional processing or ((compassion or emotion* or emotive*) adj3 (coach* or intervention* or program* or therap* or treat*))).ti,ab.
23	exposure therapy/ or narrative therapy/ or virtual reality exposure therapy/
24	23 use emez
25	implosive therapy/ or narrative therapy/ or virtual reality exposure therapy/
26	25 use mesz, prem
27	exposure therapy/ or narrative therapy/ or virtual reality/
28	27 use psyh
29	(((augmented or virtual) adj2 reality) or (virtual adj (environment or restorative)) or ((exposure or implosive or virtual reality) adj2 (intervention* or program* or therap* or train*))).ti,ab.

#	Searches
30	((imagery adj2 (rehears* or re hears*)) or (((lower* or reduc*) adj3 (bad dream* or nightmare*)) and (intervention* or program* or therap* or treat*)) or ((intervention* or program* or therap* or treat*) adj3 nightmare*)).mp. or ((presleep or presleep) adj2 imagery).ti,ab.
31	(mindfulness or ((exposure or narrative) adj therapy)).sh.
32	(kidnet or mindful* or narrative therap*).ti,ab.
33	exp "debriefing (psychological)"/ use psyh
34	debrief*.ti,ab.
35	eye movement desensitization reprocessing/ use mesz, prem or eye movement desensitization therapy/ use psyh or (emdr or (eye movement adj2 desensiti*)).ti,ab.
36	hypnosis/ use emez or exp hypnosis/ use mesz, prem or exp hypnotherapy/ use psyh or (hypnosis or hypnotherap*).ti,ab.
37	psychodynamic psychotherapy/ use emez or psychotherapy, psychodynamic/ use mesz, prem or psychodynamic psychotherapy/ use psyh or repetitive transcranial magnetic stimulation/ use emez or Transcranial Magnetic Stimulation/ use mesz, prem, psyh
38	((psychodynamic or (dynamic adj (psychotherapy* or therap*)) or incident reduction) or ((brain or transcranial) adj2 stimulat*) or rtms).ti,ab.
39	(psychoanal* or psychosomatic*).ti,ab.
40	exp counseling/ use emez,mesz,psyh or counsel*.ti,ab.
41	(hg therap* or human givens).ti,ab.
42	psychosomatic disorder/th use emez or exp somatoform disorders/th use mesz, prem
43	(exp somatoform disorders/ or somatization/) and (intervention* or program* or therap* or treat*).ti,ab,hw. use psyh
44	(psychosomatic* or somatherap* or somatic*).ti,ab.
45	(emotional freedom or holistic or thought field).ti,ab.
46	dance therap*.ti,ab,sh.
47	couple therapy/ or family therapy/ or marital therapy/ or exp parent/ed
48	47 use emez
49	couples therapy/ or family therapy/ or marital therapy/ or exp parents/ed
50	49 use mesz, prem
51	couples therapy/ or family intervention/ or exp family therapy/ or exp marriage counseling/ or parent training/
52	51 use psyh
53	(((con?joint or couple* or family or families or husband* or marriage* or marital* or partner* or relations* or spous* or wife or wives* or (child* adj5 parent*)) adj6 (counsel* or intervention* or program* or support* or therap* or treat*)) or ((couples* or family* or relations*) adj (based or focused or led)) or ecological therap* or expressed emotion or family dynamics or family relationships).tw.
54	((child* adj2 family traumatic stress intervention) or cftsi).ti,ab.
55	play therapy.sh.
56	(doll therap* or ((play or playful) adj3 (intervention* or program* or therap* or treat*)) or sandplay or sand play).ti,ab.
57	meditation.sh. or meditat*.ti,ab.
58	mindfulness.sh. or (mbsr or mindful*).ti,ab.
59	exp horticulture/ or occupational therapy/ or recreational therapy/
60	59 use emez
61	horticultural therapy/ or occupational therapy/ or recreation therapy/
62	61 use mesz, prem
63	exp "nature (environment)"/ or horticulture therapy/ or recreation therapy/ or occupational therapy/
64	63 use psyh
65	((nature adj (assisted or based)) or (nature adj3 (intervention* or program* or therap* or treat*)) or ecotherap* or e cotherap* or gardening or horticult* or leisure activit* or naturopath* or occupational therap*).ti,ab. or exp animal assisted therapy/ use emez, mesz or animal assisted therapy/ use psyh or (((animal* or dog* or equine* or horse* or pet or pets) adj2(assist* or based or facilitat*)) or

#	Searches
	((animal* or dog* or equine* or horse* or pet or pets) adj3(intervention* or therap* or treat* or program*))).ti,ab.
66	psychoeducation.sh. or (psychoed* or psycho ed*).ti,ab.
67	exp acupuncture/ use emez or exp alternative medicine/ use emez or biofeedback/ or massage/ use emez or meditation/ use emez or acupressure/ use mesz, prem or massage/ use mesz, prem or acupuncture/ use mesz, prem or exp complementary therapies/ use mesz, prem or exp alternative medicine/ use psyh or biofeedback/ use psyh or massage/ use psyh or mind body therapy/ use psyh
68	(chinese medicine or medicine, chinese traditional or (moxibustion or electroacupuncture)).sh,id. or ((alternative or complementary) adj2 (medicine* or therap*)).ti,ab,sh. or (acu point* or acupoint* or acupressur* or acupunctur* or (ching adj2 lo) or cizhen or dianzhen or electroacupunctur* or (jing adj2 luo) or jingluo or massag* or needle therap* or tapping or zhenjiu or zhenci).tw.
69	exp *exercise/ use emez or exp *kinesiotherapy/ use emez or exp exercise/ use mesz, prem or exercise therapy/ use mesz, prem or exp exercise/ use psyh (physiotherap* or physio therap* or rehab*).ti,ab,hw.
70	(((balance or flexibility or resistance or sitting* or strenth*) adj2 (exercise* or train*)) or aerobic* or anaerobic* or bowls or dancing or dance or cycling or cycle* or elliptical train* or jogging or low impact activit* or running or swimming or sprinting or swim*1 or walking or yoga or tai chi or weight train* or (weight and brain* and (change* or increas* or volum*))).ti,ab.
71	friendship/ or peer counseling/ or peer group/ or self help/ or self care/ or social network/ or social support/ or support group/
72	71 use emez
73	community networks/ or friends/ or exp peer group/ or self care/ or self-help groups/ or social networking/ or social support/
74	73 use mesz, prem
75	friendship/ or network therapy/ or exp social networks/ or peer relations/ or peers/ or peer counseling/ or self care skills/ or exp self help techniques/ or social support/ or exp support groups/
76	75 use psyh
77	((self adj (administer* or assess* or attribut* or care or change or directed or efficacy or help* or guide* or instruct* or manag* or medicat* or monitor* or regulat* or reinforc* or re inforc* or support* or technique* or therap* or train* or treat*)) or selfadminister* or selfassess* or selfattribut* or selfcare or selfchange or selfdirected or selfefficacy or selfhelp* or selfguide* or selfinstruct* or selfmanag* or selfmedicat* or selfmonitor* or selfregulat* or selfreinforc* or self re inforc* or selfsupport* or selftechnique* or selftherap* or selftrain* or selftreat* or (wellness adj (therap* or train* or treat*))).ti,ab,sh.
78	(befriend* or be*1 friend* or buddy or buddies or ((community or lay or paid or support) adj (person or worker*))).ti,ab.
79	(((consumer* or famil* or friend* or lay or mutual* or peer* or social* or spous* or voluntary or volunteer*) adj3 (assist* or advice* or advis* or counsel* or educat* or forum* or help* or mentor* or network* or support* or visit*)) or ((consumer* or famil* or peer* or self help or social* or support* or voluntary or volunteer*) adj2 group*) or ((consumer* or famil* or friend* or lay or mutual* or peer* or self help or social* or spous* or support* or voluntary or volunteer*) adj3 (intervention* or program* or rehab* or therap* or service* or skill* or treat*)) or (((consumer* or famil* or friend* or lay* or peer* or spous* or user* or support* or voluntary or volunteer*) adj (based or counsel* or deliver* or interact* or led or mediat* or operated or provides or provider* or run*)) or ((consumer* or famil* or friend* or lay* or peer* or relation* or spous* or support*) adj3 trust*) or voluntary work*)).ti,ab.
80	(((lay or peer*) adj3 (advis* or consultant or educator* or expert* or facilitator* or instructor* or leader* or mentor* or person* or tutor* or worker*)) or expert patient* or mutual aid).ti,ab.
81	(peer* adj3 (assist* or counsel* or educat* or program* or rehab* or service* or supervis*)).ti,ab.
82	((psychoeducat* or psycho educat*) adj3 (group or network* or service*)).ti,ab.
83	((psychosocial or social) adj work*).ti,ab.
84	((ptsd or posttrauma* or post trauma* or trauma*) adj2 support*).ti,ab.
85	recovery support.ti,ab.
86	financial management/ use emez or financial support/ use mesz, prem or finance/ use psyh
87	((financ* or money) adj2 (assist* or educat* or guidance or intervention* or program* or support* or train*)).ti,ab.
88	assisted living facility/ or emergency shelter/ or halfway house/ or housing/ or independent living/ or residential home/ or residential home/

#	Searches
89	88 use emez
90	assisted living facilities/ or emergency shelter/ or group homes/ or halfway houses/ or housing/ or independent living/ or residential facilities/
91	90 use mesz, prem
92	assisted living / use psyh or shelters/ use psyh or group homes/ use psyh or halfway houses/ use psyh or housing/ use psyh or residential care institutions/ use psyh or ((resident* or hous* or accommod* or commun* or comu* or home*) adj5 (support* or support* or shelter* or outreach* or visit* or appointment*)).ti,ab.
93	(residential treatm* or residential facility* or supported hous* or public hous*).ti,ab.
94	(accomod* or assertive community treatment* or home* or housing* or outreach* or residential*).ti,ab.
95	absenteeism/ or daily life activity/ or employment/ or medical leave/ or mentoring/ or occupational health/ or occupational therapy/ or return to work/ or supported employment/ or unemployment/ or vocational guidance/ or vocational rehabilitation/ or work capacity/ or work/
96	95 use emez
97	absenteeism/ or "activities of daily living"/ or employment, supported/ or employment/ or mentoring/ or occupational health/ or occupational therapy/ or rehabilitation, vocational/ or return to work/ or sick leave/ or unemployment/ or vocational guidance/ or work/
98	97 use mesz, prem
99	"activities of daily living"/ or exp coaching/ or employee absenteeism/ or employment status/ or occupational guidance/ or occupational health/ or occupational therapy/ or reemployment/ or unemployment/ or vocational counselors/ or exp vocational rehabilitation/
100	99 use psyh
101	(((supp* or transitional*) adj5 (employ* or work*)) or individual placement or (placement* adj3 (employ* or work*))).ti,ab.
102	((employ* or placement* or psychosocial* or psycho-social* or occupation* or soc* or vocation* or work* or job* or counsel*) adj5 rehab*).ti,ab.
103	(sheltered work* or vocatio* or fountain house* or fountainhouse* or clubhouse* or club house* or work therap*).ti,ab.
104	(transitional employment or rehabilitation counsel* or (occupational adj (health or medicine)) or work* adjustment).ti,ab.
105	((performance adj (activit* or coach* or management or occupation*)) or coaching).ti,ab.
106	(((sheltered or permitted or voluntary or vocational or return* or rehabilitat*) adj3 work*) or work capacity or reemploy* or re employ* or job retention or work capacity).ti,ab.
107	((employ* or job or occupation* or vocation* or work*) adj5 (counsel* or educat* or guidance* or intervention* or program* or rehab* or reintegrat* or re integrat* or support* or therap* or train*)).ti,ab.
108	placement.ti,ab.
109	or/11-12,14-15,17-19,21-22,24,26,28-46,48,50,52-58,60,62,64-70,72,74,76-87,89,91-94,96,98,100-108
110	meta analysis/ or "meta analysis (topic)"/ or systematic review/
111	110 use emez
112	meta analysis.sh,pt. or "meta-analysis as topic"/ or "review literature as topic"/
113	112 use mesz, prem
114	(literature review or meta analysis).sh,id,md. or systematic review.id,md.
115	114 use psyh
116	(exp bibliographic database/ or (((electronic or computer* or online) adj database*) or bids or cochrane or embase or index medicus or isi citation or medline or psyclit or psychlit or scisearch or science citation or (web adj2 science)).ti,ab.) and (review*.ti,ab,sh,pt. or systematic*.ti,ab.)
117	116 use emez
118	(exp databases, bibliographic/ or (((electronic or computer* or online) adj database*) or bids or cochrane or embase or index medicus or isi citation or medline or psyclit or psychlit or scisearch or science citation or (web adj2 science)).ti,ab.) and (review*.ti,ab,sh,pt. or systematic*.ti,ab.)
119	118 use mesz, prem
120	(computer searching.sh,id. or (((electronic or computer* or online) adj database*) or bids or cochrane or embase or index medicus or isi citation or medline or psyclit or psychlit or scisearch or science citation or (web adj2 science)).ti,ab.) and (review*.ti,ab,pt. or systematic*.ti,ab.)

#	Searches
121	120 use psyh
122	((analy* or assessment* or evidence* or methodol* or quantativ* or systematic*) adj2 (overview* or review*)).tw. or ((analy* or assessment* or evidence* or methodol* or quantativ* or systematic*).ti. and review*.ti,pt.) or (systematic* adj2 search*).ti,ab.
123	(metaanal* or meta anal*).ti,ab.
124	(research adj (review* or integration)).ti,ab.
125	reference list*.ab.
126	bibliograph*.ab.
127	published studies.ab.
128	relevant journals.ab.
129	selection criteria.ab.
130	(data adj (extraction or synthesis)).ab.
131	(handsearch* or ((hand or manual) adj search*)).ti,ab.
132	(mantel haenszel or peto or dersimonian or der simonian).ti,ab.
133	(fixed effect* or random effect*).ti,ab.
134	((pool* or combined or combining) adj2 (data or trials or studies or results)).ti,ab.
135	or/111,113,115,117,119,121-134
136	exp "clinical trial (topic)"/ or exp clinical trial/ or crossover procedure/ or double blind procedure/ or placebo/ or randomization/ or random sample/ or single blind procedure/
137	136 use emez
138	exp clinical trial/ or exp "clinical trials as topic"/ or cross-over studies/ or double-blind method/ or placebos/ or random allocation/ or single-blind method/
139	138 use mesz, prem
140	(clinical trials or placebo or random sampling).sh,id.
141	140 use psyh
142	(clinical adj2 trial*).ti,ab.
143	(crossover or cross over).ti,ab.
144	(((single* or doubl* or trebl* or tripl*) adj2 blind*) or mask* or dummy or doubleblind* or singleblind* or trebleblind* or tripleblind*).ti,ab.
145	(placebo* or random*).ti,ab.
146	treatment outcome*.md. use psyh
147	animals/ not human*.mp. use emez
148	animal*/ not human*/ use mesz, prem
149	(animal not human).po. use psyh
150	or/137,139,141-146
151	150 not (or/147-149)
152	or/135,151
153	10 and 109 and 152

Database: CDSR, DARE, HTA, CENTRAL
Date of last search: 29 January 2018

#	Searches
#1	MeSH descriptor: Stress Disorders, Traumatic this term only
#2	MeSH descriptor: Combat Disorders this term only
#3	MeSH descriptor: Psychological Trauma this term only
#4	MeSH descriptor: Stress Disorders, Post-Traumatic this term only
#5	MeSH descriptor: Stress Disorders, Traumatic, Acute this term only

#	Searches
#6	MeSH descriptor: Stress, Psychological this term only
#7	("railway spine" or (rape near/2 trauma*) or reexperienc* or "re experienc*" or "torture syndrome" or "traumatic neuros*" or "traumatic stress"):ti (Word variations have been searched)
#8	("railway spine" or (rape near/2 trauma*) or reexperienc* or "re experienc*" or "torture syndrome" or "traumatic neuros*" or "traumatic stress"):ab (Word variations have been searched)
#9	(trauma* and (avoidance or grief or horror or death* or nightmare* or "night mare*" or emotion*)):ti (Word variations have been searched)
#10	(trauma* and (avoidance or grief or horror or death* or nightmare* or "night mare*" or emotion*)):ab (Word variations have been searched)
#11	(posttraumatic* or "post traumatic*" or "stress disorder*" or "acute stress" or ptsd or asd or desnos or ("combat neuros*" or "combat syndrome" or "concentration camp syndrome" or "extreme stress" or flashback* or "flash back*" or hypervigilan* or hypervigilen* or "psych* stress" or "psych* trauma*" or psychotrauma* or psychotrauma*) or (posttrauma* or traumagenic* or "traumatic stress*")):ti (Word variations have been searched)
#12	(posttraumatic* or "post traumatic*" or "stress disorder*" or "acute stress" or ptsd or asd or desnos or ("combat neuros*" or "combat syndrome" or "concentration camp syndrome" or "extreme stress" or flashback* or "flash back*" or hypervigilan* or hypervigilen* or "psych* stress" or "psych* trauma*" or psychotrauma* or psychotrauma*) or (posttrauma* or traumagenic* or "traumatic stress*")):ab (Word variations have been searched)
#13	#1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12

Database: CINAHL PLUS
Date of last search: 29 January 2018

#	Searches
s52	s6 and s51
s51	s40 or s50
s50	s48 not s49
s49	(mh "animals") not (mh "human")
s48	s41 or s42 or s43 or s44 or s45 or s46 or s47
s47	ti (placebo* or random*) or ab (placebo* or random*)
s46	ti (single blind* or double blind* or treble blind* or mask* or dummy* or singleblind* or doubleblind* or trebleblind* or tripleblind*) or ab (single blind* or double blind* or treble blind* or mask* or dummy* or singleblind* or doubleblind* or trebleblind* or tripleblind*)
s45	ti (crossover or cross over) or ab (crossover or cross over)
s44	ti clinical n2 trial* or ab clinical n2 trial*
s43	(mh "crossover design") or (mh "placebos") or (mh "random assignment") or (mh "random sample")
s42	mw double blind* or single blind* or triple blind*
s41	(mh "clinical trials+")
s40	s7 or s8 or s9 or s10 or s11 or s12 or s13 or s14 or s15 or s16 or s17 or s18 or s19 or s20 or s21 or s22 or s23 or s29 or s30 or s31 or s34 or s35 or s36 or s37 or s38 or s39
s39	ti (analy* n5 review* or evidence* n5 review* or methodol* n5 review* or quantativ* n5 review* or systematic* n5 review*) or ab (analy* n5 review* or assessment* n5 review* or evidence* n5 review* or methodol* n5 review* or qualitativ* n5 review* or quantativ* n5 review* or systematic* n5 review*)
s38	ti (pool* n2 results or combined n2 results or combining n2 results) or ab (pool* n2 results or combined n2 results or combining n2 results)
s37	ti (pool* n2 studies or combined n2 studies or combining n2 studies) or ab (pool* n2 studies or combined n2 studies or combining n2 studies)
s36	ti (pool* n2 trials or combined n2 trials or combining n2 trials) or ab (pool* n2 trials or combined n2 trials or combining n2 trials)
s35	ti (pool* n2 data or combined n2 data or combining n2 data) or ab (pool* n2 data or combined n2 data or combining n2 data)
s34	s32 and s33

#	Searches
s33	ti review* or pt review*
s32	ti analy* or assessment* or evidence* or methodol* or quantativ* or qualitativ* or systematic*
s31	ti “systematic* n5 search*” or ab “systematic* n5 search*”
s30	ti “systematic* n5 review*” or ab “systematic* n5 review*”
s29	(s24 or s25 or s26) and (s27 or s28)
s28	ti systematic* or ab systematic*
s27	tx review* or mw review* or pt review*
s26	(mh "cochrane library")
s25	ti (bids or cochrane or embase or “index medicus” or “isi citation” or medline or psyclit or psychlit or scisearch or “science citation” or web n2 science) or ab (bids or cochrane or “index medicus” or “isi citation” or psyclit or psychlit or scisearch or “science citation” or web n2 science)
s24	ti (“electronic database*” or “bibliographic database*” or “computeri?ed database*” or “online database*”) or ab (“electronic database*” or “bibliographic database*” or “computeri?ed database*” or “online database*”)
s23	(mh "literature review")
s22	pt systematic* or pt meta*
s21	ti (“fixed effect*” or “random effect*”) or ab (“fixed effect*” or “random effect*”)
s20	ti (“mantel haenszel” or peto or dersimonian or “der simonian”) or ab (“mantel haenszel” or peto or dersimonian or “der simonian”)
s19	ti (handsearch* or "hand search*" or "manual search*") or ab (handsearch* or "hand search*" or "manual search*")
s18	ab "data extraction" or "data synthesis"
s17	ab "selection criteria"
s16	ab "relevant journals"
s15	ab "published studies"
s14	ab bibliograph*
s13	ti "reference list*"
s12	ab "reference list*"
s11	ti (“research review*” or “research integration”) or ab (“research review*” or “research integration”)
s10	ti (metaanal* or “meta anal*” or metasynthes* or “meta synethes*”) or ab (metaanal* or “meta anal*” or metasynthes* or “meta synethes*”)
s9	(mh "meta analysis")
s8	(mh "systematic review")
s7	(mh "literature searching+")
s6	s1 or s2 or s3 or s4 or s5
s5	ti ((posttraumatic* or "post traumatic*" or "stress disorder*" or "acute stress" or ptsd or asd or desnos or ("combat neuros*" or "combat syndrome" or "concentration camp syndrome" or "extreme stress" or flashback* or "flash back*" or hypervigilan* or hypervigilen* or "psych* stress" or "psych* trauma*" or psychotrauma* or psychotrauma*) or (posttrauma* or traumagenic* or "traumatic stress*"))) or ab ((posttraumatic* or "post traumatic*" or "stress disorder*" or "acute stress" or ptsd or asd or desnos or ("combat neuros*" or "combat syndrome" or "concentration camp syndrome" or "extreme stress" or flashback* or "flash back*" or hypervigilan* or hypervigilen* or "psych* stress" or "psych* trauma*" or psychotrauma* or psychotrauma*) or (posttrauma* or traumagenic* or "traumatic stress*")))
s4	ti ((trauma* and (avoidance or grief or horror or death* or nightmare* or "night mare*" or emotion*))) or ab ((trauma* and (avoidance or grief or horror or death* or nightmare* or "night mare*" or emotion*)))
s3	ti (("railway spine" or (rape near/2 trauma*) or reexperienc* or "re experienc*" or "torture syndrome" or "traumatic neuros*" or "traumatic stress")) or ab (("railway spine" or (rape near/2 trauma*) or reexperienc* or "re experienc*" or "torture syndrome" or "traumatic neuros*" or "traumatic stress"))
s2	(mh "stress, psychological")
s1	(mh "stress disorders, post-traumatic")

Appendix 2: Study protocol

Systematic review of psychological, psychosocial and other non-pharmacological interventions for the treatment of PTSD in adults

Topic	**Psychological, psychosocial and other non-pharmacological interventions for the treatment of PTSD in adults**
Review question(s)	For adults with clinically important post-traumatic stress symptoms, what are the relative benefits and harms of psychological, psychosocial or other non-pharmacological interventions targeted at PTSD symptoms?
Sub-question(s)	Where evidence exists, consideration will be given to the specific needs of: • women who have been exposed to sexual abuse or assault, or domestic violence • lesbian, gay, bisexual, transsexual or transgender people • people from black and minority ethnic groups • people who are homeless or in insecure accommodation • asylum seekers or refugees or other immigrants who are entitled to NHS treatment • people who have been trafficked • people who are socially isolated (and who are not captured by any other subgroup listed) • people with complex PTSD • people with neurodevelopmental disorders (including autism) • people with coexisting conditions (drug and alcohol misuse, common mental health disorders, eating disorders, personality disorders, acquired brain injury, physical disabilities and sensory impairments) • people who are critically ill or injured (for instance after a vehicle crash)
Objectives	To identify the most effective psychological, psychosocial or other non-pharmacological interventions for the treatment of PTSD in adults
Population	Adults with PTSD (as defined by a diagnosis of PTSD according to DSM, ICD or similar criteria, or clinically-significant PTSD symptoms as indicated by baseline scores above threshold on a validated scale more than one month after the traumatic event [see PTSD scales listed under outcomes]) For mixed adult and children populations, where possible disaggregated data will be obtained. If this is not possible then the study will be categorised according to the mean age of the population (<18 years as children and young people and ≥18 years as adult). If some, but not all, of a study's participants are eligible for the review, where possible disaggregated data will be obtained. If this is not possible then the study will be included if at least 80% of its participants are eligible for this review.
Exclude	Trials of people with adjustment disorders Trials of people with traumatic grief Trials of people with psychosis as a coexisting condition Trials of people with learning disabilities Trials of women with PTSD during pregnancy or in the first year following childbirth Trials of adults in contact with the criminal justice system (not solely as a result of being a witness or victim)

Topic	**Psychological, psychosocial and other non-pharmacological interventions for the treatment of PTSD in adults**
Intervention	Psychological interventions (psychological interventions listed below are examples of interventions which may be included either alone or in combination in an individual or group format): • Trauma-focused cognitive behavioural therapies (CBT), including cognitive therapy, cognitive processing therapy, compassion focused therapy, exposure therapy/prolonged exposure (PE), virtual reality exposure therapy (VRET), imagery rehearsal therapy, mindfulness-based cognitive therapy (MBCT) and narrative exposure therapy (NET) • Non-trauma-focused CBT, including stress inoculation training (SIT) • Psychologically-focused debriefing (including single session debriefing) • Eye movement desensitisation and reprocessing (EMDR) • Hypnotherapy • Psychodynamic therapies, including traumatic incident reduction (TIR) • Counselling, including non-directive/supportive/person-centred counselling • Human givens therapy • Combined somatic and cognitive therapies, including thought field therapy (TFT) and emotional freedom technique (EFT) • Couple interventions, including cognitive-behavioural conjoint therapy • Parent training/family interventions, including behavioural family therapy Psychosocial interventions (psychosocial interventions listed below are examples of interventions which may be included either alone or in combination): • Meditation • Mindfulness-based stress reduction (MBSR) • Supported employment (including individual placement and support [IPS] supported employment and Veterans Health Administration Vocational Rehabilitation Programme [VRP]) • Practical support (including financial and housing) • Psychoeducational interventions • Peer support (including (including self-help groups and support groups and Trauma Risk Management [TRiM]) Other non-pharmacological interventions (other non-pharmacological interventions listed below are examples of interventions which may be included either alone or in combination): • Acupuncture (including classical acupuncture, electroacupuncture, auricular acupuncture, laser acupuncture and acupoint stimulation [such as acupressure, moxibustion and tapping]) • Exercise (including anaerobic [such as heavy weight training, sprinting, high-intensity interval training] and aerobic [such as running/jogging, swimming, cycling and walking] exercise, both supervised and unsupervised) • Repetitive transcranial magnetic stimulation (rTMS) • Yoga (including all types of yoga) Combination interventions, such as combined psychological plus pharmacological versus pharmacological alone, will also be considered here. A distinction will be made between early interventions (delivered within 3 months of the traumatic event) and delayed interventions (delivered more than 3 months after the traumatic event)

Topic	Psychological, psychosocial and other non-pharmacological interventions for the treatment of PTSD in adults
	Exclude: Inoculation interventions for people who may be at risk of experiencing but have not experienced, a traumatic event Interventions that are not targeted at PTSD symptoms
Comparison	Any other intervention Treatment as usual Waitlist Placebo
Critical outcomes	Efficacy PTSD symptomology (mean endpoint score or change in PTSD score from baseline) Diagnosis of PTSD (number of people meeting diagnostic criteria for PTSD according to DSM, ICD or similar criteria) Recovery from PTSD/Remission (number of people no longer meeting diagnostic criteria for PTSD according to DSM, ICD or similar criteria at endpoint, or endpoint scores below threshold on a validated scale) Response (as measured by an agreed percentage improvement in symptoms and/or by a dichotomous rating of much or very much improved on Clinical Global Impressions [CGI] scale) Relapse (number of people who remitted at endpoint but at follow-up either met diagnostic criteria for PTSD according to DSM, ICD or similar criteria, or whose follow-up scores were above threshold on a validated scale) The following PTSD scales will be included: Assessor-rated PTSD symptom scales: • Clinician-Administered PTSD Scale for DSM–IV (CAPS) or DSM-V (CAPS-5) • Anxiety Disorders Interview Schedule for DSM-IV: Lifetime version (ADIS-IV-L) or DSM-5 (ADIS-5) - Adult and Lifetime Version • PTSD Symptom Scale – Interview Version (PSS-I) • Number of symptoms on the Structured Clinical Interview for DSM-IV (SCID) • Symptoms of Trauma Scale (SOTS) Self-report instruments of PTSD symptoms: • PTSD Checklist (PCL), including all versions (PCL-5, PCL-M, PCL-C and PCL-S) • PTSD Symptom Scale – Self Report (PSS-SR) • Life Events Checklist for DSM-5 (LEC-5) • Trauma Screening Questionnaire (TSQ) • Primary Care PTSD Screen (PC-PTSD) • Davidson Trauma Scale (DTS) • Post-Traumatic Diagnostic Scale (PDS) • Impact of Event Scale (IES)/Impact of Event Scale Revised (IES-R) Acceptability/tolerability Acceptability of the intervention Discontinuation due to adverse effects Discontinuation due to any reason (including adverse effects)

Topic	Psychological, psychosocial and other non-pharmacological interventions for the treatment of PTSD in adults
Important, but not critical outcomes	Dissociative symptoms as assessed with a validated scale including: Assessor-rated scales: Dissociation symptom cluster score on CAPS Self-report (parent-report) scales: Dissociative Experiences Scale (DES) Multiscale Dissociation Inventory (MDI) Traumatic Dissociation Scale Personal, social, educational and occupational functioning Sleeping difficulties (as assessed with a validated scale, including the Pittsburgh Sleep Quality Index Addendum for PTSD [PSQI-A] and Insomnia Severity Index [ISI]) Employment (for instance, number in paid employment) Housing (for instance, number homeless or in insecure accommodation) Functional impairment (as assessed with a validated scale including the Work and Social Adjustment Scale [WSAS]) Relationship difficulties (with spouse and/or children) Quality of life (as assessed with a validated scale including the 36-item Short-Form Survey [SF-36] and Warwick-Edinburgh Mental Well-being Scale [WEMWBS]) Coexisting conditions (note that target of intervention should be PTSD symptoms) Symptoms of and recovery from a coexisting condition Self-harm Suicide
Study design	Systematic reviews of RCTs RCTs
Include unpublished data?	Clinical trial registries (ISRCTN and ClinicalTrials.gov) will be searched to identify any relevant unpublished trials and authors will be contacted to request study reports (where these are not available online). Unpublished data will only be included where a full study report is available with sufficient detail to properly assess the risk of bias. Authors of unpublished evidence will be asked for permission to use such data, and will be informed that summary data from the study and the study's characteristics will be published in the full guideline Conference abstracts and dissertations will not be included.
Restriction by date?	All relevant studies from existing reviews from the 2005 guideline will be carried forward. No restriction on date for the updated search.
Minimum sample size	N = 10 in each arm
Study setting	Primary, secondary, tertiary, social care and community settings. Treatment provided to troops on operational deployment or exercise will not be covered.
The review strategy	Reviews If existing systematic reviews are found, the committee will assess their quality, completeness, and applicability to the NHS and to the scope of the guideline. If the committee agrees that a systematic review appropriately addresses a review question, a search for studies published since the review will be conducted.

Topic	Psychological, psychosocial and other non-pharmacological interventions for the treatment of PTSD in adults
	Data Extraction (selection and coding) Citations from each search will be downloaded into EndNote and duplicates removed. Titles and abstracts of identified studies will be screened by two reviewers for inclusion against criteria, until a good inter-rater reliability has been observed (percentage agreement =>90% or Kappa statistics, K>0.60). Initially 10% of references will be double-screened. If inter-rater agreement is good then the remaining references will be screened by one reviewer. All primary-level studies included after the first scan of citations will be acquired in full and re-evaluated for eligibility at the time they are being entered into a study database (standardised template created in Microsoft Excel). At least 10% of data extraction will be double-coded. Discrepancies or difficulties with coding will be resolved through discussion between reviewers or the opinion of a third reviewer will be sought. Non-English-language papers will be excluded (unless data can be obtained from an existing review). Data Analysis Where data is available, meta-analysis using a fixed-effects model will be used to combine results from similar studies. Heterogeneity will be considered and if a random-effects model is considered more appropriate it will be conducted. For risk of bias, outcomes will be downgraded if the randomisation and/or allocation concealment methods are unclear or inadequate. Outcomes will also be downgraded if no attempts are made to blind the assessors or participants in some way, i.e. by either not knowing the aim of the study or the result from other tests. Outcomes will also be downgraded if there is considerable missing data (see below). Handling missing data: Where possible an intention to treat approach will be used. Outcomes will be downgraded if there is a dropout of more than 20%, or if there was a difference of >20% between the groups. For heterogeneity: outcomes will be downgraded once if I2>50%, twice if I2 >80% For imprecision: outcomes will be downgraded if: • Step 1: If the 95% CI is imprecise i.e. crosses 0.8 or 1.25 (dichotomous) or -0.5 or 0.5 (for continuous). Outcomes will be downgraded one or two levels depending on how many lines it crosses. • Step 2: If the clinical decision threshold is not crossed, we will consider whether the criterion for Optimal Information Size is met, if not we will downgrade one level for the following: - for dichotomous outcomes: <300 events - for continuous outcomes: <400 participants For clinical effectiveness, if studies report outcomes using the same scale mean differences will be considered, if not standardized mean differences (SMDs) will be considered and the following criteria will be used: • SMD <0.2 too small to likely show an effect • SMD 0.2 small effect • SMD 0.5 moderate effect • SMD 0.8 large effect • RR <0.8 or >1.25 clinical benefit Anything less (RR >0.8 and <1.25), the absolute numbers will be looked at to make a decision on whether there may be a clinical effect.
Heterogeneity	Where substantial heterogeneity exists, sensitivity analyses will be considered, for instance:

Topic	Psychological, psychosocial and other non-pharmacological interventions for the treatment of PTSD in adults
(sensitivity analysis and subgroups)	• Studies with <50% completion data (drop out of >50%) will be excluded, Where possible, the influence of subgroups will be considered, including subgroup analyses giving specific consideration to the groups outlined in the sub-question section and to the following groups: • Trauma type (including single incident relative to chronic exposure) • Duration of intervention (for instance, short-term [≤12 weeks] relative to long-term [>12 weeks]) • Intensity of intervention (for instance, low intensity [≤15 sessions] relative to high intensity [>15 sessions]) • Format of intervention (individual relative to group) • Mode of intervention delivery (including digital relative to face-to-face) • First-line treatment relative to second-line treatment and treatment-resistant PTSD (≥2 inadequate treatments) Acute PTSD symptoms (clinically important PTSD symptoms for less than 3 months) relative to chronic PTSD symptoms (clinically important PTSD symptoms for 3 months or more)
Notes	Practical and social support (area of scope) is covered quantitatively by interventions listed under psychosocial interventions: • Supported employment (including individual placement and support [IPS] supported employment and Veterans Health Administration Vocational Rehabilitation Programme [VRP]) • Practical support (including financial and housing) • Peer support (including self-help groups and support groups)

Additional criteria applied for the network meta-analysis (population – interventions – outcomes)

Topic	Psychological interventions for the treatment of PTSD in adults
Population	Adults with clinically important post-traumatic stress symptoms more than three months after a traumatic event, defined by a diagnosis of PTSD according to DSM, ICD or similar criteria or clinically-significant PTSD symptoms as indicated by baseline scores above threshold on a validated scale
Interventions	• Psychological interventions aimed at reducing post-traumatic stress symptoms • Hypnotherapy, meditation, mindfulness-based stress reduction, supported employment, peer support, practical support, relaxation, exercise, yoga, acupuncture, bio-neuro-feedback and repetitive transcranial magnetic stimulation are not part of the decision problem and will be considered only if they serve as comparators to psychological interventions and provide links in the network • Pharmacological and combined psychological and pharmacological interventions that have been compared with psychological interventions and are thus linked in the network will be considered • To be included in the network meta-analysis, interventions need to be linked to the network. • Trauma-focused cognitive behavioural therapy (TF-CBT) interventions will be analysed together, as a class. • Only 'pure' interventions or their combinations (i.e. interventions or their combinations delivered as the sole treatment in a trial arm, rather than being added on treatment as usual [TAU]) will be considered. • TAU will not be included even if it can provide links in the network, because it is a heterogeneous comparator and varies widely across trials and settings.
Outcomes	PTSD symptomology (change in PTSD score from baseline) Self-rated scales are prioritised over clinician-rated ones, if both are available in a study. Recovery from PTSD/Remission (number of people no longer meeting diagnostic criteria for PTSD according to DSM, ICD or similar criteria at endpoint, or endpoint scores below threshold on a validated scale)

Appendix 3: Details of the statistical analysis and WinBUGS codes for data synthesis

Details of the statistical analysis

NMAs were conducted within a Bayesian framework using Markov Chain Monte Carlo simulation techniques implemented in WinBUGS 1.4.3 (Lunn *et al.* 2000; Spiegelhalter *et al.* 2003). Two different sets of initial values were used when running each model; convergence was assessed by visually inspecting the mixing of the two chains in the history plots and the Brooks Gelman-Rubin diagram (Brooks and Gelman, 1998).

For the synthesis of continuous data (changes in PTSD symptom score), a generalised linear model (GLM) with a normal likelihood and identity link was used (Dias *et al.* 2013a; Dias *et al.* 2018). Because the RCTs included in the NMAs used different continuous scales to report change in PTSD symptoms, pooling of the differences in means across different scales was not appropriate. For this reason results were expressed in the form of the Standardised Mean Difference (SMD), where the mean difference is divided by a standardising constant, which can be the population standard deviation for each scale (if known), or its estimate (Cooper *et al.* 2009). In the NMAs of continuous data, this was estimated in each study by pooling the estimated standard deviations across all arms of the study. This SMD is known as Cohen's d (Cohen, 1969).

The suitability of both fixed and random effect models was assessed and compared. The goodness of fit of each model to the data was assessed by comparing the posterior mean of the residual deviance, which measures the magnitude of the differences between the observed data and the model predictions of the data, with the number of data points in the model (Dempster, 1997). Smaller values of the residual deviance are preferred, and in a well-fitting model the posterior mean residual deviance should be close to the number of data points in the analysis (each study arm contributes one data point) (Spiegelhalter *et al.* 2002). Models were also compared using the deviance information criterion (DIC), a measure of model fit that is penalised by model complexity. It is equal to the sum of the

posterior mean deviance and the effective number of parameters; lower values are preferred and typically differences of at least 3 points are considered meaningful (Dias *et al.* 2013a; Spiegelhalter *et al.* 2002). The posterior median between-study standard deviation, which measures the heterogeneity of treatment effects estimated by trials within contrasts, was also used to compare models. When fitting random effects models, it is important to assess whether there is enough evidence informing the between-study standard deviation. This was done by comparing the prior and posterior distributions of the between-study standard deviation. In addition, the magnitude of heterogeneity was considered.

For both NMAs of changes in PTSD symptom scores, a random effects model was fitted with a Uniform(0,5) prior being given to the between-study standard deviation. Non-informative normal prior distributions Normal(0,10000) were assigned to all other parameters, i.e. trial baselines and treatment effects (Dias *et al.* 2013a).

The NMAs that utilised PTSD symptom change scores subsequently informed an economic analysis described in a companion paper (Mavranezouli *et al.* under review). The economic analysis required the outcome to be reported in the form of a probability of effect (remission). SMDs, which were the output of these NMAs, cannot be directly used to estimate these probabilities. However, it was possible to transform the results of the NMAs, expressed on the SMD scale, to a log-odds ratio (LOR) of effect using the following formula (Chinn, 2000):

$$LOR = -\frac{\pi}{\sqrt{3}} SMD$$

This transformation assumes that the remission status is determined based on a scale with an underlying normal distribution that has been dichotomised into a PTSD diagnosis versus no PTSD diagnosis ('remission') using a hypothetical cut-off point on the scale.

For the synthesis of dichotomous data (remission), a binomial likelihood and logit link model was used (Dias *et al.* 2013a; Dias *et al.* 2018). The output of this analysis was the LORs between all pairs of interventions assessed. The suitability of both fixed and random effect

models was assessed and compared in a similar manner described for the analysis of continuous outcomes above. In the random effects model the prior for the between-study standard deviation was Uniform(0,5) and non-informative normal prior distributions Normal(0,10000) were assigned to all other parameters, i.e. trial baselines and treatment effects (Dias *et al.* 2013a).

We note that our modelling framework permits the inclusion of zero cells, so typically a continuity correction (e.g. adding 0.5 to the number of events and 1 to number of individuals, when the number of events is zero) was not needed. A continuity correction may be helpful when there are many small trials and trials with zero cells, resulting in numerical instability or slow convergence (Dias *et al.* 2013a; Dias *et al.* 2018). For the remission outcome, this was not an issue and models were run using the raw data.

WinBUGS code for synthesis of changes in PTSD symptom scores (random and fixed effect models) [Dias *et al.* 2013a]

Normal likelihood and identity link model

RANDOM EFFECTS MODEL

```
# Normal likelihood, identity link: SMD with arm-based means;
# output as log Odds Ratios
# Random effects model for multi-arm trials
model{                          # *** PROGRAM STARTS
for(i in 1:ns){                 #   LOOP THROUGH STUDIES
  w[i,1] <- 0   # adjustment for multi-arm trials is zero for control arm
  delta[i,1] <- 0                # treatment effect is zero for control arm
  mu[i] ~ dnorm(0,.0001)            # vague priors for all trial baselines
 }
# CONTINUOUS DATA AS ARM MEANS
for(i in 1:ns){
  # calculate pooled.sd and adjustment for SMD
  df[i] <- sum(n[i,1:na[i]]) - na[i] # denominator for pooled.var
  Pooled.var[i] <- sum(nvar[i,1:na[i]])/df[i]
  Pooled.sd[i] <- sqrt(Pooled.var[i]) # pooled sd for study i, for SMD
#  H[i] <- 1 - 3/(4*df[i]-1)         # use Hedges' g
  H[i] <- 1                       # use Cohen's d (ie no adjustment)
  for (k in 1:na[i]){
    se[i,k] <- sd[i,k]/sqrt(n[i,k])
    var[i,k] <- pow(se[i,k],2)       # calculate variances
    prec[i,k] <- 1/var[i,k]         # set precisions
    y[i,k] ~ dnorm(phi[i,k], prec[i,k]) # normal likelihood
    phi[i,k] <- theta[i,k] * (Pooled.sd[i]/H[i]) # theta is standardised mean
    theta[i,k] <- mu[i] + delta[i,k] # model for linear predictor, delta is SMD
    dev[i,k] <- (y[i,k]-phi[i,k])*(y[i,k]-phi[i,k])*prec[i,k]
```

```
    nvar[i,k] <- (n[i,k]-1) * pow(sd[i,k],2) # for pooled.sd
   }
  # summed residual deviance contribution for this trial
  resdev[i] <- sum(dev[i,1:na[i]])
 }
# RE MODEL
for(i in 1:ns){                  # LOOP THROUGH ALL STUDIES
  for (k in 2:na[i]){             # LOOP THROUGH ARMS
    # trial-specific RE distributions
    delta[i,k] ~ dnorm(md[i,k], taud[i,k])
    md[i,k] <- d[t[i,k]] - d[t[i,1]] + sw[i,k]
    # precision of RE distributions (with multi-arm trial correction)
    taud[i,k] <- tau *2*(k-1)/k
    # adjustment, multi-arm RCTs
    w[i,k] <- delta[i,k] - d[t[i,k]] + d[t[i,1]]
    # cumulative adjustment for multi-arm trials
    sw[i,k] <-sum(w[i,1:k-1])/(k-1)
   }
 }
#
totresdev <- sum(resdev[])           # Total Residual Deviance (all data)
# Priors distributions
d[1]<-0                    # treatment effect is zero for control arm
# vague prior for treatment effects
for (k in 2:nt){ d[k] ~ dnorm(0, .0001) }
sdev ~ dunif(0,5)                  # vague prior for between-trial SD
tau <- pow(sdev,-2)                  # between-trial precision
for (c in 1:(nt-1)){
  for (k in (c+1):nt){
    diff[c,k] <- d[k] - d[c]        # all pairwise differences (SMD)
    lor[c,k] <- diff[c,k]*(-3.1416/sqrt(3)) # convert to lor (note sign)
  }
 }
# rank treatments
for (k in 1:nt)  {
  rk[k]  <- rank(d[],k)
  best[k]  <- equals(rk[k],1)    # Smallest is best (i.e. rank 1)
  # prob treat k is h-th best, prob[1,k]=best[k]
  for (h in 1:nt) { prob[h,k] <- equals(rk[k],h) }
 }
```

<u>Only rank treatments with N≥100</u>

- changes in PTSD symptom scale scores between baseline and treatment endpoint

```
# 1 Waitlist 1312; 2 Attention placebo 221; 3 Psychoeducation 152; 4 Relaxation 25; 5 Counselling 278;
# 6 TF-CBT 903; 7 non-TF-CBT 209; 8 EMDR 260; 9 Present-centered therapy 99; 10 IPT 55; 11
Metacognitive therapy 10;
# 12 Combined somatic/cognitive therapies 237; 13 Resilience-oriented treatment 20; 14 Attention bias
modification 83;
# 15 Couple intervention 22;  16 Self-help with support 198; 17 Self-help without support 335; 18 SSRI 166; 19
TF-CBT  + SSRI 115

for(k in 1:3){ dR[k]<-d[k] }
for(k in 4:7){ dR[k]<-d[k+1] }
for(k in 8:8){ dR[k]<-d[k+4] }
for(k in 9:12){ dR[k]<-d[k+7] }
for (k in 1:12)  {
  rk2[k]  <- rank(dR[],k)
```

```
  best2[k]  <- equals(rk2[k],1)    # Smallest is best (i.e. rank 1)
  # prob treat k is h-th best, prob[1,k]=best[k]
  for (h in 1:12) { prob2[h,k] <- equals(rk2[k],h) }
 }
```

- changes in PTSD symptom scale scores between baseline and 1-4-month follow-up

```
# 1 Waitlist  496; 2 Attention placebo 44; 3 Psychoeducation 183; 4 Counselling 205; 5 TF-CBT 753; 6 non-TF-CBT 123; 7 EMDR 121;
# 8 Present-centered therapy 70; 9 Combined somatic/cognitive therapies 23; 10 IPT 32; 11 Couple intervention 21;
# 12 Self-help with support 85; 13 Self-help without support 40; 14 Family therapy 72; 15 Behavioural therapy 47
for(k in 1:1){ dR[k]<-d[k] }
for(k in 2:6){ dR[k]<-d[k+1] }
for (k in 1:6)  {
  rk2[k]  <- rank(dR[],k)
  best2[k]  <- equals(rk2[k],1)    # Smallest is best (i.e. rank 1)
  # prob treat k is h-th best, prob[1,k]=best[k]
  for (h in 1:6) { prob2[h,k] <- equals(rk2[k],h) }
}

}                              # *** PROGRAM ENDS
```

Initial values for each chain

- changes in PTSD symptom scale scores between baseline and treatment endpoint

```
# chain 1
list(d = c(NA,0,0,0,0,    0,0,0,0,0,   0,0,0,0,0,  0,0,0,0),
mu = c(0,0,0,0,0,   0,0,0,0,0,   0,0,0,0,0,   0,0,0,0,0,   0,0,0,0,0,   0,0,0,0,0,  0,0,0,0,0,  0,0,0,0,0,   0,0,0,0,0,
0,0,0,0,0,   0,0,0,0,0,   0,0,0,0,0,   0,0,0,0,0,  0,0,0,0,0,  0), sdev = 1)
# chain 2
list(d = c(NA,-1,1,1,-0.5,    1,1,1,-1,-0.7,   1,-1,0.5,0.7,-1,  -1,0.5,-0.5,1),
mu = c(0.5,1,0.7,1,-1,   -0.5,0,1,-0.5,-1,   0.7,1,-0.7,0.5,0.6,   -0.4,1,-1,0.5,-1,   1,-0.5,-1,-0.7,0.7,   0.6,-0.5,-
0.6,1,-0.4,        0.5,1,0.7,1,-1,   -0.5,0,1,-0.5,-1,   0.7,1,-0.7,0.5,0.6,   -0.4,1,-1,0.5,-1,   1,-0.5,-1,-0.7,0.7,   0.6,-
0.5,-0.6,1,-0.4,   0.5,1,0.7,1,-1,   -0.5,0,1,-0.5,-1,   0.7), sdev = 0.7)
```

- changes in PTSD symptom scale scores between baseline and 1-4-month follow-up

```
# chain 1
list(d = c(NA,0,0,0,0,    0,0,0,0,0,   0,0,0,0,0),
mu = c(0,0,0,0,0,   0,0,0,0,0,   0,0,0,0,0,    0,0,0,0,0,   0,0,0,0,0,  0,0,0), sdev = 1)
# chain 2
list(d = c(NA,-1,1,1,-0.5,    1,1,1,-1,-0.7,  -1,0.5,1,0.7,-0.3),
mu = c(0.5,1,0.7,1,-1,  -0.5,0,1,-0.5,-1,  -1,-1,-0.5,0.5,1,  1,1,1,-1,-0.7,  -1,0.5,1,0.5,-1,  0.5,0.3,-0.7), sdev = 0.5)
```

FIXED EFFECT MODEL

```
# Normal likelihood, identity link: SMD with arm-based means;
# output as log Odds Ratios
# Fixed effect model
model{                          # *** PROGRAM STARTS
for(i in 1:ns){                 #   LOOP THROUGH STUDIES
  mu[i] ~ dnorm(0,.0001)            # vague priors for all trial baselines
# CONTINUOUS DATA AS ARM MEANS
  # calculate pooled.sd and adjustment for SMD
  df[i] <- sum(n[i,1:na[i]]) - na[i] # denominator for pooled.var
  Pooled.var[i] <- sum(nvar[i,1:na[i]])/df[i]
  Pooled.sd[i] <- sqrt(Pooled.var[i]) # pooled sd for study i, for SMD
#  H[i] <- 1 - 3/(4*df[i]-1)         # use Hedges' g
  H[i] <- 1                       # use Cohen's d (ie no adjustment)
  for (k in 1:na[i]){
    se[i,k] <- sd[i,k]/sqrt(n[i,k])
```

```
    var[i,k] <- pow(se[i,k],2)       # calculate variances
    prec[i,k] <- 1/var[i,k]          # set precisions
    y[i,k] ~ dnorm(phi[i,k], prec[i,k]) # normal likelihood
    phi[i,k] <- theta[i,k] * (Pooled.sd[i]/H[i]) # theta is standardised mean
    theta[i,k] <- mu[i] + d[t[i,k]] - d[t[i,1]] # model for linear predictor
    dev[i,k] <- (y[i,k]-phi[i,k])*(y[i,k]-phi[i,k])*prec[i,k]
    nvar[i,k] <- (n[i,k]-1) * pow(sd[i,k],2) # for pooled.sd
   }
  # summed residual deviance contribution for this trial
  resdev[i] <- sum(dev[i,1:na[i]])
 }
totresdev <- sum(resdev[])           # Total Residual Deviance (all data)
# Priors distributions
d[1]<-0                    # treatment effect is zero for control arm
# vague prior for treatment effects
for (k in 2:nt){ d[k] ~ dnorm(0, .0001) }

for (c in 1:(nt-1)){
  for (k in (c+1):nt){
    diff[c,k] <- d[k] - d[c]        # all pairwise differences (SMD)
    lor[c,k] <- diff[c,k]*(-3.1416/sqrt(3)) # convert to lor (note sign)
  }
 }
# rank treatments
for (k in 1:nt)  {
  rk[k]  <- rank(d[],k)
  best[k]  <- equals(rk[k],1)    # Smallest is best (i.e. rank 1)
  # prob treat k is h-th best, prob[1,k]=best[k]
  for (h in 1:nt) { prob[h,k] <- equals(rk[k],h) }
 }
}                              # *** PROGRAM ENDS
```

Initial values for each chain

- changes in PTSD symptom scale scores between baseline and treatment endpoint

```
# chain 1
list(d = c(NA,0,0,0,0,    0,0,0,0,0,   0,0,0,0,0,  0,0,0,0),
mu = c(0,0,0,0,0,   0,0,0,0,0,   0,0,0,0,0,   0,0,0,0,0,   0,0,0,0,0,   0,0,0,0,0,  0,0,0,0,0,  0,0,0,0,0,   0,0,0,0,0,
0,0,0,0,0,   0,0,0,0,0,   0,0,0,0,0,   0,0,0,0,0,  0,0,0,0,0,  0))
# chain 2
list(d = c(NA,-1,1,1,-0.5,    1,1,1,-1,-0.7,   1,-1,0.5,0.7,-1,  -1,0.5,-0.5,1),
mu = c(0.5,1,0.7,1,-1,   -0.5,0,1,-0.5,-1,   0.7,1,-0.7,0.5,0.6,   -0.4,1,-1,0.5,-1,   1,-0.5,-1,-0.7,0.7,   0.6,-0.5,-
0.6,1,-0.4,        0.5,1,0.7,1,-1,   -0.5,0,1,-0.5,-1,   0.7,1,-0.7,0.5,0.6,   -0.4,1,-1,0.5,-1,   1,-0.5,-1,-0.7,0.7,   0.6,-
0.5,-0.6,1,-0.4,   0.5,1,0.7,1,-1,   -0.5,0,1,-0.5,-1,   0.7))
```

- changes in PTSD symptom scale scores between baseline and 1-4-month follow-up

```
# chain 1
list(d = c(NA,0,0,0,0,    0,0,0,0,0,   0,0,0,0,0),
mu = c(0,0,0,0,0,   0,0,0,0,0,   0,0,0,0,0,    0,0,0,0,0,   0,0,0,0,0,   0,0,0))
# chain 2
list(d = c(NA,-1,1,1,-0.5,    1,1,1,-1,-0.7,  -1,0.5,1,0.7,-0.3),
mu = c(0.5,1,0.7,1,-1,   -0.5,0,1,-0.5,-1,  -1,-1,-0.5,0.5,1,    1,1,1,-1,-0.7,    -1,0.5,1,0.5,-1,   -0.5,0.3,-0.7))
```

WinBUGS code for synthesis of dichotomous remission data at treatment endpoint (random and fixed effect models) [Dias *et al.* 2013a]

Binomial likelihood and logit link model

RANDOM EFFECTS MODEL

```
# Binomial likelihood, logit link
# Random effect model, multi-arm trials
model{                                                  # *** PROGRAM STARTS
for(i in 1:ns){                                          # LOOP THROUGH STUDIES
  w[i,1] <- 0                                           # adjustment for multi-arm trials is zero for control arm
  delta[i,1] <- 0                                        # treatment effect is zero for control arm
  mu[i] ~ dnorm(0,.0001)                                  # vague priors for all trial baselines
  for (k in 1:na[i]) {                                   # LOOP THROUGH ARMS
    r[i,k] ~ dbin(p[i,k],n[i,k])                         # binomial likelihood
    logit(p[i,k]) <- mu[i] + delta[i,k]                    # model for linear predictor
     rhat[i,k] <- p[i,k] * n[i,k]                        # expected value of the numerators
     dev[i,k] <- 2 * (r[i,k] * (log(r[i,k])-log(rhat[i,k]))          #Deviance contribution
        + (n[i,k]-r[i,k]) * (log(n[i,k]-r[i,k]) - log(n[i,k]-rhat[i,k])))
  }
  resdev[i] <- sum(dev[i,1:na[i]])                  # summed residual deviance contribution for this trial
  for (k in 2:na[i]) {                                  # LOOP THROUGH ARMS
     delta[i,k] ~ dnorm(md[i,k],taud[i,k])               # trial-specific LOR distributions
     md[i,k] <- d[t[i,k]] - d[t[i,1]] + sw[i,k]          # mean of LOR distributions (with multi-arm correction)
     taud[i,k] <- tau *2*(k-1)/k                         # precision of LOR distributions (with multi-arm correction)
     w[i,k] <- (delta[i,k] - d[t[i,k]] + d[t[i,1]])      # adjustment for multi-arm RCTs
     sw[i,k] <- sum(w[i,1:k-1])/(k-1)                    # cumulative adjustment for multi-arm trials
   }
}
totresdev <- sum(resdev[])                               #Total Residual Deviance
d[1]<- 0                                                # treatment effect is zero for reference treatment
for (k in 2:nt)  { d[k] ~ dnorm(0,.0001)}                  # vague priors for treatment effects
sd ~ dunif(0,2)
tau <- pow(sd,-2)

# pairwise ORs and LORs for all possible pair-wise comparisons
for (c in 1:(nt-1)) {  for (k in (c+1):nt) {
       or[c,k] <- exp(d[k] - d[c])
       lor[c,k] <- (d[k]-d[c])
      }
}

# ranking
for (k in 1:nt) {
   rk[k] <- nt+1-rank(d[],k)              # assumes events are "good"
   best[k] <- equals(rk[k],1)             #calculate probability that treat k is best
}
```

Only rank treatments with N≥100

```
# 1 WaitlisT 625; 2 Attention placebo 23; 3 Relaxation 57; 4 Psychoeducation 28; 5 Counselling 150; 6 TF-CBT 601;
# 7 non-TF-CBT 65; 8 EMDR 132; 9 IPT 72; 10 Present-centred therapy 75; 11 Psychodynamic therapy 49;
#  12 Couple intervention 49; 13 Self-help with support 105; 14 Self-help without support 74; 15 SSRI 87; 16 TF-CBT + SSRI 57

for(k in 1:1){ dR[k]<-d[k] }
for(k in 2:3){ dR[k]<-d[k+3] }
for(k in 4:4){ dR[k]<-d[k+4] }
```

```
for(k in 5:5){ dR[k]<-d[k+8] }
for (k in 1:5)  {
  rk2[k]  <- 5+1-rank(dR[],k)            # assumes events are “good”
  best2[k]  <- equals(rk2[k],1)    # Smallest is best (i.e. rank 1)
  # prob treat k is h-th best, prob[1,k]=best[k]
  for (h in 1:5) { prob2[h,k] <- equals(rk2[k],h) }

}                                                    # *** PROGRAM ENDS
```

Initial values for each chain

```
# chain 1
list(d=c(NA,0,0,0,0,   0,0,0,0,0,  0,0,0,0,0,    0),   sd=1,
mu=c(0,0,0,0,0,  0,0,0,0,0,   0,0,0,0,0,  0,0,0,0,0,   0,0,0,0,0,  0,0,0,0,0,   0,0,0,0))
# chain 2
list(d=c(NA,0.1,-1,-0.2,1,    0.1,1,-0.5,-1,0.4,    -1,0.5,-0.6,0.7,0.6,  -0.3),  sd=0.5,
mu=c(1,-1,-2,0,0,    -2,1,0,2,1,  0.1,1,-0.5,-1,0.4,    -1,0.5,-0.6,0.7,0.6,  -0.3,0.5,-0.8,1,-0.3,  -1,-1,0.7,-0.3,0.8,
0.7,-0.6,0.9,-0.3))
```

FIXED EFFECTS MODEL

```
# Binomial likelihood, logit link, MTC
# Fixed effect model
model{                                                  # *** PROGRAM STARTS
for(i in 1:ns){                                          # LOOP THROUGH STUDIES
  mu[i] ~ dnorm(0,.0001)                                  # vague priors for all trial baselines
  for (k in 1:na[i]) {                                   # LOOP THROUGH ARMS
    r[i,k] ~ dbin(p[i,k],n[i,k])                         # binomial likelihood
    logit(p[i,k]) <- mu[i] + d[t[i,k]]-d[t[i,1]]          # model for linear predictor
    rhat[i,k] <- p[i,k] * n[i,k]                         # expected value of the numerators
    dev[i,k] <- 2 * (r[i,k] * (log(r[i,k])-log(rhat[i,k]))          #Deviance contribution
       + (n[i,k]-r[i,k]) * (log(n[i,k]-r[i,k]) - log(n[i,k]-rhat[i,k])))
  }
  resdev[i] <- sum(dev[i,1:na[i]])              # summed residual deviance contribution for this trial
}
totresdev <- sum(resdev[])                        #Total Residual Deviance
d[1]<- 0                                         # treatment effect is zero for reference treatment
for (k in 2:nt)  { d[k] ~ dnorm(0,.0001) }         # vague priors for treatment effects

# pairwise ORs and LORs for all possible pair-wise comparisons
for (c in 1:(nt-1)) {  for (k in (c+1):nt) {
      or[c,k] <- exp(d[k] - d[c])
      lor[c,k] <- (d[k]-d[c])
     }
}
# ranking
for (k in 1:nt) {
   rk[k] <- nt+1-rank(d[],k)                 # assumes events are “good”
   best[k] <- equals(rk[k],1)                #calculate probability that treat k is best
}
}                                                    # *** PROGRAM ENDS
```

Initial values for each chain

```
# chain 1
list(d=c(NA,0,0,0,0,   0,0,0,0,0,  0,0,0,0,0,    0),
mu=c(0,0,0,0,0,  0,0,0,0,0,   0,0,0,0,0,  0,0,0,0,0,   0,0,0,0,0,  0,0,0,0,0,   0,0,0,0))
# chain 2
list(d=c(NA,0.1,-1,-0.2,1,    0.1,1,-0.5,-1,0.4,    -1,0.5,-0.6,0.7,0.6,  -0.3),
mu=c(1,-1,-2,0,0,    -2,1,0,2,1,  0.1,1,-0.5,-1,0.4,    -1,0.5,-0.6,0.7,0.6,  -0.3,0.5,-0.8,1,-0.3,  -1,-1,0.7,-0.3,0.8,
0.7,-0.6,0.9,-0.3))
```

Appendix 4. Details of the inconsistency checks and WinBUGS codes for inconsistency models

Details of the inconsistency checks

The assumption of consistency between direct and indirect evidence was explored by comparing the fit of a 'base-case' model (fixed or random effects) that assumes consistency with a model which allowed for inconsistency between direct an indirect evidence (also known as an unrelated mean effects model (Dias *et al.* 2010; Dias *et al.* 2013b). The latter is equivalent to having separate, unrelated meta-analyses for every pair-wise contrast while assuming a common between-study variance parameter across all comparisons in the case of random effects models. Improvement in model fit or a substantial reduction in heterogeneity in the inconsistency model compared with the NMA consistency model indicates evidence of inconsistency. Inconsistency can only be assessed when there are closed loops of direct evidence on 3 treatments that are informed by at least 3 distinct trials (van Valkenhoef *et al.* 2016). Deviance plots, in which the posterior mean deviance of the individual data points in the inconsistency model were plotted against their posterior mean deviance in the consistency model, were inspected in order to identify studies which may have contributed to loops of evidence where inconsistency may be present. Further checks were conducted using a node-split approach implemented in R using the *gemtc* package in R. This method permits the direct and indirect evidence contributing to an estimate of a relative effect to be split and compared (Dias *et al.* 2013b; van Valkenhoef and Kuiper, 2016).

To apply the node splitting method to the two continuous outcomes ('changes in PTSD symptom scores between baseline and treatment endpoint' and 'changes in PTSD symptom scores between baseline and 1-4 month follow-up') using the *gemtc* package, data were inputted at contrast level, where the SMDs of the treatment in arm *k* compared to the treatment in arm 1 for study *i* were calculated as

$$SMD_{ik} = \frac{\bar{x}_{ik} - \bar{x}_{i1}}{SD_{pooled_i}},$$

$$SD_{pooled_i} = \begin{cases} \sqrt{\dfrac{(n_{i1}-1)sd_{i1}^2 + (n_{i2}-1)sd_{i2}^2}{n_{i1}+n_{i2}-2}} & \text{2-arm trial} \\ \sqrt{\dfrac{(n_{i1}-1)sd_{i1}^2 + (n_{i2}-1)sd_{i2}^2 + (n_{i3}-1)sd_{i3}^2}{n_{i1}+n_{i2}+n_{i3}-3}} & \text{3-arm trial} \\ \sqrt{\dfrac{(n_{i1}-1)sd_{i1}^2 + (n_{i2}-1)sd_{i2}^2 + (n_{i3}-1)sd_{i3}^2 + (n_{i4}-1)sd_{i4}^2}{n_{i1}+n_{i2}+n_{i3}+n_{i4}-4}} & \text{4-arm trial} \end{cases}$$

with standard error

$$SE\left(SMD_{ik}\right)=\sqrt{Var\left(SMD_{ik}\right)}\approx\begin{cases}\sqrt{\frac{1}{n_{i1}}+\frac{1}{n_{i2}}+\frac{SMD_{ik}^2}{2\left(n_{i1}+n_{i2}-2\right)}} & \text{2-arm trial}\\ \sqrt{\frac{1}{n_{i1}}+\frac{1}{n_{ik}}+\frac{SMD_{ik}^2}{2\left(n_{i1}+n_{i2}+n_{i3}-3\right)}} & \text{3-arm trial}\\ \sqrt{\frac{1}{n_{i1}}+\frac{1}{n_{ik}}+\frac{SMD_{ik}^2}{2\left(n_{i1}+n_{i2}+n_{i3}+n_{i4}-4\right)}} & \text{4-arm trial}\end{cases}$$

For trials with more than two arms, the *gemtc* package requires specification of the standard error of the mean of the baseline arm, as this determines the covariance of the differences. On a standardized scale, this is calculated as (Dias *et al.* 2018):

$$se_{i1_{\text{standardized}}}=\frac{sd_{i1}}{SD_{pooled_i}\sqrt{n_{i1}}}$$

To apply the node splitting method to the binary outcome ('remission status at treatment endpoint') using the *gemtc* package, data were inputted at arm-level. However, in the node-split model for the non-TF-CBT versuss waitlist comparison, results were unstable. Consequently, we ran the node-split model for this comparison with data inputted at contrast level so that 0.5 could be added to zero cells to stabilise results. The LORs of the treatment in arm *k* relative to the treatment in arm 1 for study *i* were calculated as

$$\ln\left(OR_{ik}\right)=\begin{cases}\ln\left(\frac{a_{ik}d_{i1}}{b_{ik}c_{i1}}\right) & \text{if } a_{ik},b_{ik},c_{i1}, \text{ and } d_{i1} \text{ are all non-zero}\\ \ln\left(\frac{\left(a_{ik}+0.5\right)\left(d_{i1}+0.5\right)}{\left(b_{ik}+0.5\right)\left(c_{i1}+0.5\right)}\right) & \text{if } a_{ik},b_{ik},c_{i1}, \text{ or } d_{i1} \text{ are zero}\end{cases}$$

with standard error

$$se\left(\ln\left(OR_{ik}\right)\right)=\begin{cases}\sqrt{\frac{1}{a_{ik}}+\frac{1}{b_{ik}}+\frac{1}{c_{i1}}+\frac{1}{d_{i1}}} & \text{if } a_{ik},b_{ik},c_{i1}, \text{ and } d_{i1} \text{ are all non-zero}\\ \sqrt{\frac{1}{a_{ik}+0.5}+\frac{1}{b_{ik}+0.5}+\frac{1}{c_{i1}+0.5}+\frac{1}{d_{i1}+0.5}} & \text{if } a_{i1},b_{i1},c_{i1}, \text{ or } d_{i1} \text{ are zero}\end{cases}$$

where a_{ik} and b_{ik} are the numbers of patients who received the treatment in arm k and achieved and did not achieve remission at treatment endpoint, respectively, and c_{i1} and d_{i1} are the numbers of patients who received the treatment in arm 1 and achieved and did not

achieve remission at treatment endpoint, respectively. For trials with more than two arms, the standard error of the log odds of the baseline arm was calculated as

$$se_{i1} = \begin{cases} \sqrt{\frac{1}{c_{i1}} + \frac{1}{d_{i1}}} & \text{if } c_{i1} \text{ and } d_{i1} \text{ are both non-zero} \\ \sqrt{\frac{1}{c_{i1}+0.5} + \frac{1}{d_{i1}+0.5}} & \text{if } c_{i1} \text{ or } d_{i1} \text{ are zero} \end{cases}$$

WinBUGS code for inconsistency random effects models on changes in PTSD symptom scores [Dias *et al.* 2013b]

Normal likelihood, identity link: SMD with arm-based means

```
# Normal likelihood, identity link: SMD with arm-based means;
# output as log Odds Ratios
# Random effects model for multi-arm trials
model{                          # *** PROGRAM STARTS
for(i in 1:ns){                 # LOOP THROUGH STUDIES
  delta[i,1] <- 0               # treatment effect is zero for control arm
  mu[i] ~ dnorm(0,.0001)           # vague priors for all trial baselines
 }
# CONTINUOUS DATA AS ARM MEANS
for(i in 1:ns){
  # calculate pooled.sd and adjustment for SMD
  df[i] <- sum(n[i,1:na[i]]) - na[i]                  # denominator for pooled.var
  Pooled.var[i] <- sum(nvar[i,1:na[i]])/df[i]
  Pooled.sd[i] <- sqrt(Pooled.var[i])   # pooled sd for study i, for SMD
#  H[i] <- 1 - 3/(4*df[i]-1)                # use Hedges' g
  H[i] <- 1                                 # use Cohen's d (ie no adjustment)
  for (k in 1:na[i]){
    se[i,k] <- sd[i,k]/sqrt(n[i,k])
    var[i,k] <- pow(se[i,k],2)                      # calculate variances
    prec[i,k] <- 1/var[i,k]                         # set precisions
    y[i,k] ~ dnorm(phi[i,k], prec[i,k])    # normal likelihood
    phi[i,k] <- theta[i,k] * (Pooled.sd[i]/H[i])       # theta is standardised mean
    theta[i,k] <- mu[i] + delta[i,k]                   # model for linear predictor, delta is SMD
    dev[i,k] <- (y[i,k]-phi[i,k])*(y[i,k]-phi[i,k])*prec[i,k]
    nvar[i,k] <- (n[i,k]-1) * pow(sd[i,k],2)           # for pooled.sd
   }
  # summed residual deviance contribution for this trial
  resdev[i] <- sum(dev[i,1:na[i]])
 }
# RE MODEL
for(i in 1:ns){                  # LOOP THROUGH ALL STUDIES
  for (k in 2:na[i]){             # LOOP THROUGH ARMS
    # trial-specific RE distributions
    delta[i,k] ~ dnorm(d[t[i,1],t[i,k]], tau)
 }
```

```
}
#
totresdev <- sum(resdev[])           # Total Residual Deviance (all data)
# Priors distributions
sdev ~ dunif(0,5)                  # vague prior for between-trial SD
tau <- pow(sdev,-2)                  # between-trial precision

for (c in 1:(nt-1)){
      for (k in (c+1):nt){
          d[c,k] ~ dnorm(0,.0001)                    # priors for all mean trt effects
      }
}
}                              # *** PROGRAM ENDS
```

WinBUGS code for inconsistency random effects model on dichotomous remission [Dias *et al.* 2013b]

Binomial likelihood, logit link

```
# Binomial likelihood, logit link
# Random effect model, multi-arm trials
model{                         # *** PROGRAM STARTS
for(i in 1:ns){                # LOOP THROUGH STUDIES
  delta[i,1] <- 0              # treatment effect is zero for control arm
  mu[i] ~ dnorm(0,.0001)         # vague priors for all trial baselines
  for (k in 1:na[i]) {                        # LOOP THROUGH ARMS
    r[i,k] ~ dbin(p[i,k],n[i,k])              # binomial likelihood
    logit(p[i,k]) <- mu[i] + delta[i,k]       # model for linear predictor
     rhat[i,k] <- p[i,k] * n[i,k]             # expected value of the numerators
     dev[i,k] <- 2 * (r[i,k] * (log(r[i,k])-log(rhat[i,k]))       #Deviance contribution
        + (n[i,k]-r[i,k]) * (log(n[i,k]-r[i,k]) - log(n[i,k]-rhat[i,k])))
  }
  resdev[i] <- sum(dev[i,1:na[i]])                    # summed residual deviance contribution for this trial
  for (k in 2:na[i]) {                        # LOOP THROUGH ARMS
     delta[i,k] ~ dnorm(d[t[i,1],t[i,k]],tau)     # trial-specific LOR distributions
   }
}
totresdev <- sum(resdev[])                    # Total Residual Deviance

sd ~ dunif(0,5)
tau <- pow(sd,-2)

# pairwise LORs for all possible pair-wise comparisons
for (c in 1:(nt-1)){
      for (k in (c+1):nt){
          d[c,k] ~ dnorm(0,.0001)         # priors for all mean trt effects
      }
}
}                                    # *** PROGRAM ENDS
```

Appendix 5: Characteristics of studies included in the network meta-analysis, and full references

Trauma-focused CBT

Trauma-focused CBT							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
1	Alghamdi 2015	Trauma-focused CBT: Narrative exposure therapy (NET) Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Being an emergency responder in a traumatic event (Firefighters exposed to traumatic events: 9% for one time, 18% for 2-3 times and 74%for over 3 times)	34	Age range (mean): 22-41 (30.4) Gender (% female): 0 BME (% non-white): NR Country: Japan Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Multiple ITT or completer continuous data: ITT	Alghamdi M, Hunt N and Thomas S (2015) The effectiveness of Narrative Exposure Therapy with traumatised firefighters in Saudi Arabia: A randomized controlled study. Behaviour Research and Therapy 66, 64-71
2	Blanchard 2002/2003/2004	Trauma-focused CBT: CBT individual Counselling: Supportive counselling Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Motor Vehicle Collisions (Not reported in details)	98	Age range (mean): NR (39.7) Gender (% female): 73 BME (% non-white): 10 Country: US Coexisting conditions: 49% major depressive disorder (MDD); 35% generalized anxiety disorder (GAD) Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Single ITT or completer continuous data: completer	Blanchard EB (2002) Treatment-related changes in cardiovascular reactivity to trauma cues in motor vehicle accident-related PTSD. Behaviour Therapy 33, 417-426 Blanchard EB, Hickling EJ, Devineni T, et al. (2003) A controlled evaluation of cognitive behaviorial therapy for posttraumatic stress in motor vehicle accident survivors. Behaviour Research & Therapy 41, 79-96 Blanchard EB, Hickling EJ, Malta LS, et al. (2004) One- and two-year prospective follow-up of cognitive behavior

Trauma-focused CBT							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
							therapy or supportive psychotherapy. Behaviour research and therapy 42(7), 745-59
3	Bolton 2014a	Trauma-focused CBT: Cognitive processing therapy Waitlist	Clinically important PTSD symptoms (scoring above a threshold on validated scale)	Witnessing war as a civilian-'Survivor of systematic violence' (defined as experiencing and/or witnessing physical torture [44% experienced personally; 45% witnessed], imprisonment where torture and other abuse were frequent [58% experienced personally; 52% witnessed], gas attacks [16% experienced personally; 15% witnessed] and/or other military attacks [71% experienced personally; 60% witnessed])	167	Age range (mean): NR (41.8) Gender (% female): 59 BME (% non-white): NR Country: Iraq Coexisting conditions: Significant depression symptomatology was an inclusion criterion Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Multiple ITT or completer continuous data: ITT	Bolton P, Bass JK, Zangana GA, et al. (2014) A randomized controlled trial of mental health interventions for survivors of systematic violence in Kurdistan, Northern Iraq. BMC psychiatry 14(1), 360
4	Bryant 2003a	Trauma-focused CBT: Exposure therapy/prolonged exposure (PE) Counselling: Supportive counselling	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Exposure to non-sexual violence - Non-sexual assault (53%); motor vehicle accident (47%)	58	Age range (mean): NR (35.2) Gender (% female): 52 BME (% non-white): NR Country: Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Single ITT or completer continuous data: ITT	Bryant RA, Moulds ML, Guthrie RM, et al. (2003) Imaginal exposure alone and imaginal exposure with cognitive restructuring in treatment of posttraumatic stress disorder.Journal of Consulting and Clinical Psychology 71(4), 706-712
5	Buhmann 2016	Trauma-focused CBT: Cognitive therapy Trauma-focused CBT + SSRI: Cognitive	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Mixed - 43% torture; 28% refugee camp; 63% Danish asylum centre; 24% ex-combatant	280	Age range (mean): NR (45) Gender (% female): 41 BME (% non-white): NR Country: Denmark Coexisting conditions: Patients were not excluded solely based on psychotic symptoms (9% psychotic during treatment). 94% depression according	Buhmann CB, Nordentoft M, Ekstroem M, et al. (2016) The effect of flexible cognitive–behavioural therapy and medical treatment, including antidepressants on post-traumatic stress disorder and depression in traumatised

Trauma-focused CBT							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
		therapy + sertraline SSRI: sertraline Waitlist				to ICD-10. 27% Personality change after catastrophic events (ICD-10 code F62.0). 25% report traumatic brain injury Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Multiple ITT or completer continuous data: modified ITT	refugees: pragmatic randomised controlled clinical trial. The British Journal of Psychiatry 208(3), 252-9
6	Capezzani 2013	Trauma-focused CBT: CBT individual EMDR: EMDR	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Diagnosis of life-threatening condition - Participants in follow-up treatment for cancer (breast, colon, uterus, thyroid, melanoma, lung, stomach)	21	Age range (mean): NR (51.7) Gender (% female): 90 BME (% non-white): NR Country: Italy Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Single ITT or completer continuous data: ITT	Capezzani L, Ostacoli L, Cavallo M, et al. (2013) EMDR and CBT for cancer patients: Comparative study of effects on PTSD, anxiety, and depression. Journal of EMDR Practice and Research 7(3), 134-43
7	Castillo 2016	Trauma-focused CBT: Imaginal exposure Counselling: Supportive counselling	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Military combat - OEF (Afghanistan)/OIF (Iraq) service members (served active duty after September 11th 2001)	86	Age range (mean): NR (35.9) Gender (% female): 100 BME (% non-white): 69 Country: US Coexisting conditions: 62% mood disorder; 60% anxiety disorder; 3% substance use/abuse Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): 70% 8–17 trauma types; 66% ≥25 trauma incidents Single or multiple incident index trauma: Multiple	Castillo DT, Chee CL, Nason E, et al. (2016) Group-delivered cognitive/exposure therapy for PTSD in women veterans: A randomized controlled trial. Psychological trauma: theory, research, practice, and policy 8(3), 404

Trauma-focused CBT							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
						ITT or completer continuous data: modified ITT	
8	Chambers 2014	Trauma-focused CBT: CBT individual Psychoeducation: single psychoeducational phonecall	Clinically important PTSD symptoms (scoring above a threshold on validated scale)	Unintentional injury/illness/medical emergency - Caregivers of patients with cancer (breast (31%), colorectal (9%), prostate (9%), hematologic (8%), lung (8%), and gynaecologic (7%))	690	Age range (mean): NR (52.5) Gender (% female): 88 BME (% non-white): NR Country: Australia Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Single ITT or completer continuous data: completer	Chambers SK, Girgis A, Occhipinti S, et al. (2014) A randomized trial comparing two low-intensity psychological interventions for distressed patients with cancer and their caregivers. InOncology nursing forum 41(4), p.E257
9	Chard 2005	Trauma-focused CBT: Cognitive processing therapy Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Childhood sexual abuse - Average age at onset of abuse was 6.4 years (SD=2.78); 21% indicated 1-5 incidents of abuse, 12% reported 6-10 incidents, and 10% reported 11-30 incidents; 57% reported >100 abuse incidents	71	Age range (mean): 18-56 (32.8) Gender (% female): 100 BME (% non-white): 19 Country: US Coexisting conditions: Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): 62% mood disorder; 60% anxiety disorder; 3% substance use/abuse Single or multiple incident index trauma: Multiple ITT or completer continuous data: completer	Chard KM (2005) An evaluation of cognitive processing therapy for the treatment of posttraumatic stress disorder related to childhood sexual abuse. Journal of consulting and clinical psychology 73(5), 965
10	Cloitre 2002	Trauma-focused CBT: Exposure therapy/prolonged exposure (PE) Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Childhood sexual abuse - 48% had experienced both sexual and physical abuse, 39% had experienced sexual abuse only, and 13% had experienced physical abuse only	58	Age range (mean): NR (34) Gender (% female): 100 BME (% non-white): 54 Country: US Coexisting conditions: 45% current major depression; 79% anxiety disorder (generalized anxiety disorder [GAD] the most common [48%])	Cloitre M, Koenen KC, Cohen LR and Han H (2002) Skills training in affective and interpersonal regulation followed by exposure: a phase-based treatment for PTSD related to childhood abuse. Journal of consulting

Trauma-focused CBT							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
						Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Multiple ITT or completer continuous data: completer	and clinical psychology 70(5), 1067
11	Cloitre 2010	Trauma-focused CBT: Exposure therapy/prolonged exposure (PE) Counselling: Supportive counselling	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Childhood sexual abuse - Childhood sexual abuse (90%), childhood physical abuse (79%), emotional abuse or neglect (82%)	71	Age range (mean): NR (35.3) Gender (% female): 100 BME (% non-white): 63 Country: US Coexisting conditions: Current Axis I comorbidity: 89% ≥1; 62% ≥2; 30% ≥3; 20% ≥4 Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): Mean number of lifetime traumas: 6.57 (SD=1.17). Experience of trauma as an adult: Domestic violence (63%); sexual assault (49%); physical assault (24%); other interpersonal victimization (61%) Single or multiple incident index trauma: Multiple ITT or completer continuous data: ITT	Cloitre M, Stovall-McClough KC, Nooner K, et al. (2010) Treatment for PTSD related to childhood abuse: A randomized controlled trial. American journal of psychiatry 167(8), 915-24
12	Cottraux 2008	Trauma-focused CBT: Exposure therapy/prolonged exposure (PE) Counselling: Supportive counselling	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Mixed - Car accidents (33%); physical assault victims (26%); rape (8%); miscellaneous experiences (8%); family violence (7%); witnessed extreme violence (7%); incest (5%); witnessed the death of a close relative (3%); painful and complicated surgery (2%)	60	Age range (mean): NR (39) Gender (% female): 70 BME (% non-white): NR Country: France Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): Mean number of traumatic episodes: 1.78 (0.9) Single or multiple incident index trauma: Single	Cottraux J, Note I, Yao SN, et al. (2008) Randomized controlled comparison of cognitive behavior therapy with Rogerian supportive therapy in chronic post-traumatic stress disorder: A 2-year follow-up. Psychotherapy and psychosomatics 77(2), 101-10

Trauma-focused CBT							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
						ITT or completer continuous data: completer	
13	Difede 2007b	Trauma-focused CBT: Exposure therapy/prolonged exposure (PE) Waitlist	Clinically important PTSD symptoms (scoring above a threshold on validated scale)	Terrorist attacks - Disaster workers exposed to the World Trade Centre attack and/or its aftermath	31	Age range (mean): NR (45.77) Gender (% female): 3 BME (% non-white): 23 Country: US Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): 67% had trauma history Single or multiple incident index trauma: Single ITT or completer continuous data: ITT	Difede J, Malta LS, Best S, et al. (2007) A randomized controlled clinical treatment trial for World Trade Center attack-related PTSD in disaster workers. The Journal of nervous and mental disease 195(10), 861-5
14	Dunne 2012	Trauma-focused CBT: CBT individual Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Motor Vehicle Collisions (Participants were diagnosed with chronic Whiplash-associated disorders, grade II or III)	26	Age range (mean): 20-49 (32.5) Gender (% female): 50 BME (% non-white): 27 Country: Australia Coexisting conditions: 54% met the DSM-IV criteria for comorbid depression and 31% met the criteria for current alcohol use disorder Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Single ITT or completer continuous data: completer	Dunne RL, Kenardy J and Sterling M (2012) A randomized controlled trial of cognitive-behavioral therapy for the treatment of PTSD in the context of chronic whiplash. The Clinical journal of pain 28(9), 755-65
15	Echiverri-Cohen 2016	Trauma-focused CBT: Exposure therapy/prolonged exposure (PE) SSRI: sertraline	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Mixed - Sexual assault (31%); physical assault (27%); child sexual assault (22%); child physical assault (8%); motor vehicle accident (6%); natural disaster (4%); death of loved one (2%)	49	Age range (mean): NR (37.7) Gender (% female): 75 BME (% non-white): 33 Country: US Coexisting conditions: NR	Echiverri-Cohen A, Zoellner LA, Gallop R, et al. (2016) Changes in temporal attention inhibition following prolonged exposure and sertraline in the treatment of PTSD. Journal of

Trauma-focused CBT							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
						Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Unclear ITT or completer continuous data: ITT	consulting and clinical psychology 84(5), 415
16	Ehlers 2003	Trauma-focused CBT: Cognitive therapy Self-help (without support): Cognitive bibliotherapy Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Motor Vehicle Collisions (Involvement in a MVC that required A & E attendance)	85	Age range (mean): 18-65 (NR) Gender (% female): NR BME (% non-white): NR Country: UK Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Single ITT or completer continuous data: NA (only dichotomous data used)	Ehlers A, Clark DM, Hackmann A, et al. (2003) A randomized controlled trial of cognitive therapy, a self-help booklet, and repeated assessments as early interventions for posttraumatic stress disorder. Arch.Gen.Psychiatry 60(10), 1024-1032
17	Ehlers 2005	Trauma-focused CBT: Cognitive therapy Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Mixed - Accident (54%), assault (32%), witnessing death (14%)	28	Age range (mean): NR (36.6) Gender (% female): 54 BME (% non-white): 4 Country: UK Coexisting conditions: 39% current major depression; 21% comorbid anxiety disorders Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): Half of the participants reported an earlier trauma meeting the A criterion of DSM-IV (but these events were not addressed in treatment) Single or multiple incident index trauma: Single ITT or completer continuous data: ITT	Ehlers A, Clark DM, Hackmann A, et al. (2005) Cognitive therapy for post-traumatic stress disorder: development and evaluation. Behaviour research and therapy 43(4), 413-31

Trauma-focused CBT							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
18	Ehlers 2014	Trauma-focused CBT: Cognitive therapy Counselling: supportive counselling Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Mixed - Interpersonal violence (36%); Accidents/disaster (38%); Death/harm to others (8%); Other (18%)	91	Age range (mean): NR (38.7) Gender (% female): 58 BME (% non-white): 31 Country: UK Coexisting conditions: Depressive disorder (35%); anxiety disorder (30%); substance abuse (15%); Axis II disorder (19%) Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): 70% history of other trauma; 10% reported history of childhood abuse Single or multiple incident index trauma: Unclear ITT or completer continuous data: ITT	Ehlers A, Hackmann A, Grey N, et al. (2014) A randomized controlled trial of 7-day intensive and standard weekly cognitive therapy for PTSD and emotion-focused supportive therapy. American Journal of Psychiatry 171(3), 294-304
19	Falsetti 2008	Trauma-focused CBT: Exposure therapy/prolonged exposure (PE) Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Mixed - A mean of 6 traumatic events reported (SD=2.03, range=2–10). The most frequently reported traumatic events included unwanted or forced sexual contact (76%), physical assault without a weapon (71%), unwanted sexual contact before age 18 (69%), natural disaster (65%), and physical assault with a weapon (58%). Physical injury during a traumatic event was reported by 97% of the participants.	60	Age range (mean): NR (35) Gender (% female): 100 BME (% non-white): 31 Country: US Coexisting conditions: 100% panic attacks (inclusion criterion). 89% met DSM-IV criteria for panic disorder (based on ADIS-R) Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR trauma: Multiple ITT or completer continuous data: modified ITT	Falsetti SA, Resnick HS and Davis JL (2008) Multiple channel exposure therapy for women with PTSD and comorbid panic attacks. Cognitive Behaviour Therapy 37(2), 117-30
20	Fecteau 1999	Trauma-focused CBT: Brief individual CBT Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Motor Vehicle Collisions (Motor vehicle accidents resulting in physical injury)	24	Age range (mean): 25-63 (41.3) Gender (% female): 70 BME (% non-white): NR Country: Canada Coexisting conditions: 85% had ongoing pain and physical complaints from their MVC	Fecteau G and Nicki R (1999) Cognitive behavioural treatment of post traumatic stress disorder after motor vehicle accident. Behavioural & Cognitive Psychotherapy 27, 201-214

Trauma-focused CBT							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
						Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Single ITT or completer continuous data: completer	
21	Foa 1991	Trauma-focused CBT: Exposure therapy/prolonged exposure (PE) Non-trauma-focused CBT: Stress inoculation training (SIT) Counselling: Supportive counselling	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Exposure to sexual abuse or assault (Rape or attempted rape. 54% perpetrator was a stranger; 46% perpetrator was an acquaintance. 60% weapon used)	55	Age range (mean): NR (31.8) Gender (% female): 100 BME (% non-white): 26 Country: US Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Single ITT or completer continuous data: completer	Foa EB, Rothbaum BO, Riggs DS and Murdock TB (1991) Treatment of posttraumatic stress disorder in rape victims: a comparison between cognitive-behavioral procedures and counseling. Journal of Consulting & Clinical Psychology 59, 715-723
22	Gersons 2000	Trauma-focused CBT: Brief eclectic psychotherapy Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Being an emergency responder in a traumatic event - Police officers exposed to trauma in the course of their work. Mean number of traumas in police work 17.1 (SD=8.2)	42	Age range (mean): NR (36.4) Gender (% female): 12 BME (% non-white): 0 Country: Netherlands Coexisting conditions: 86% any other comorbid psychiatric disorder (DSM-III-R): 40% Major Depression; 12% Dysthymia; 26% Alcohol Dependence; 10% Generalized Anxiety; 9% Agoraphobia; 7% Social Phobia; 7% Phobic Disorder; 7% OCD; 5% Panic Disorder Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): Mean number of	Gersons BP, Carlier IV, Lamberts RD and Van der Kolk BA (2000) Randomized clinical trial of brief eclectic psychotherapy for police officers with posttraumatic stress disorder. Journal of Traumatic Stress 13, 333-347

Trauma-focused CBT							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
						traumas outside police work 3.5 (SD=2.5) Single or multiple incident index trauma: Multiple ITT or completer continuous data: NA (only dichotomous data used)	
23	Ghafoori 2017	Trauma-focused CBT: Exposure therapy/prolonged exposure (PE) Present-centered therapy: Present-centered therapy	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Mixed - Experienced or witnessed a lifetime traumatic event that involved actual or threatened death, serious injury or threat to the physical integrity of others	71	Age range (mean): 18-71 (35.2) Gender (% female): 83 BME (% non-white): 72 Country: US Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): Single or multiple incident index trauma: Mean number of traumas experienced 6.49 (SD=3.45). Traumas reported: Natural disaster (47%); fire or explosion (28%); transportation accident (59%); serious accident at work, home or during a recreational activity (38%); exposure to toxic substance (11%); physical assault (82%); assault with a weapon (52%); sexual assault (49%); other unwanted or uncomfortable sexual experience (61%); combat (9%); captivity (25%); life threatening illness or injury (44%); severe human suffering (28%); sudden violent death (32%); sudden accidental death (18%); serious injury, harm or death you caused to someone else (10%); any other stressful event or experience (56%) Single or multiple incident index trauma: Single ITT or completer continuous data: ITT	Ghafoori B, Hansen MC, Garibay E and Korosteleva O (2017) Feasibility of training frontline therapists in prolonged exposure: a randomized controlled pilot study of treatment of complex trauma in diverse victims of crime and violence. The Journal of nervous and mental disease 205(4), 283-93

Trauma-focused CBT							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
24	Hensel-Dittmann 2011	Trauma-focused CBT: Narrative exposure therapy (NET) Non-trauma-focused CBT: Stress inoculation training (SIT)	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Witnessing war as a civilian - 93% asylum seekers who had fled from their countries of origin after experiencing organized violence. 76% reported experiences of torture and >70% had been in detention	28	Age range (mean): NR (NR) Gender (% female): NR BME (% non-white): NR Country: Germany Coexisting conditions: 82% major depression, 18% dysthymia, 54% anxiety disorder/OCD, 11% substance abuse, and 4% psychotic disorder Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Multiple ITT or completer continuous data: completer	Hensel-Dittmann D, Schauer M, Ruf M, et al. (2011) The treatment of traumatized victims of war and torture: a randomized controlled comparison of Narrative Exposure Therapy and Stress Inoculation Training. Psychotherapy and Psychosomatics 80, 345-352 [DOI: 10.1159/000327253]
25	Hijazi 2014	Trauma-focused CBT: Brief narrative exposure therapy (NET) Waitlist	Clinically important PTSD symptoms (scoring above a threshold on validated scale)	Witnessing war as a civilian - Iraqi and Syrian refugees: Racial/religious oppression (92%); exposure to combat situation (92%); witnessing murder (68%); murder/violent death of family/friends (65%); kidnapping of family/friends (59%); witnessing torture (41%); physically harmed (38%); imprisoned arbitrarily (29%); witnessing mass execution of civilians (27%); kidnapped (27%); tortured (25%); taken hostage (18%); sexually abused/raped (6%). Most participants experienced multiple events (mean 19.8; SD=6.4)	63	Age range (mean): NR (48.2) Gender (% female): 56 BME (% non-white): NR Country: US Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Multiple ITT or completer continuous data: ITT	Hijazi AM, Lumley MA, Ziadni MS, et al. (2014) Brief Narrative Exposure Therapy for Posttraumatic Stress in Iraqi Refugees: A Preliminary Randomized Clinical Trial. J. Traum. Stress 27, 314–322 [doi: 10.1002/jts.21922]
26	Hollifield 2007	Trauma-focused CBT: CBT group Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-	Unclear - 38% reported experiencing ≥3 events; 33% identified ≥5 years of ongoing childhood abuse	84	Age range (mean): NR (42.2) Gender (% female): 66 BME (% non-white): 36 Country: US Coexisting conditions: NR	Hollifield M, Sinclair-Lian N, Warner TD and Hammerschlag R (2007) Acupuncture for posttraumatic stress disorder: a randomized controlled pilot trial. The

Trauma-focused CBT							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
			report of diagnosis)			Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Unclear ITT or completer continuous data: modified ITT	Journal of nervous and mental disease 195(6), 504-13
27	Jacob 2014	Trauma-focused CBT: Narrative exposure therapy (NET) Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Witnessing war as a civilian - Widowed or orphaned survivors of Rwandan (1994) genocide. Among the 43 widows, the most frequently reported worst life experiences were sexual abuse (21%), the genocide in general (21%), and witnessing a massacre (14%). Among the 33 orphans, the most frequently reported worst life experiences were sexual abuse (21%), witnessing the killing of a parent (15.2%), and the genocide in general (12%)	76	Age range (mean): NR (37.6) Gender (% female): 84 BME (% non-white): 100 Country: Rwanda Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): Mean number of traumatic event types ever experienced: 14.4 (SD=3.8) Single or multiple incident index trauma: Multiple ITT or completer continuous data: ITT	Jacob N, Neuner F, Mädl A, et al. (2014) Dissemination of psychotherapy for trauma-spectrum disorders in resource-poor countries: a randomized controlled trial in Rwanda. Psychotherapy & Psychosomatics 83, 354–363 [DOI:10.1159/000365114]
28	Jung 2013	Trauma-focused CBT: Brief individual CBT Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Childhood sexual abuse - Participants had experienced childhood sexual abuse (mean reported age at time of first sexual abuse was 7.7 years [SD=4.3]) and also suffered from a feeling of being contaminated (FBC). The duration of abuse lasted 6.8 years (SD=5.2) on average, and the duration of FBC ranged from 2 to 46 years (mean 20 years). 71.4% of abuse was severe, and included penetration, 71.4% of abuse was inflicted by a relative	34	Age range (mean): 19-61 (37.2) Gender (% female): 100 BME (% non-white): 11 Country: Germany Coexisting conditions: Mean 3.4 (SD=1.06) DSM-IV Axis-I or Axis-II diagnoses: 57% major depressive disorder; 32% eating disorders; 32% borderline personality disorder; 25% social anxiety disorder Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Multiple	Jung K and Steil R (2013) A randomized controlled trial on cognitive restructuring and imagery modification to reduce the feeling of being contaminated in adult survivors of childhood sexual abuse suffering from posttraumatic stress disorder. Psychotherapy and psychosomatics 82(4), 213-20

Trauma-focused CBT							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
						ITT or completer continuous data: completer	
29	Katz 2014	Trauma-focused CBT: Exposure therapy/prolonged exposure (PE) Counselling: Supportive counselling	Clinically important PTSD symptoms (scoring above a threshold on validated scale)	Exposure to sexual abuse or assault - Female veterans who had a history of sexual trauma, including: military sexual trauma (88%); childhood sexual abuse (71%); adult sexual assault (44%); domestic violence (68%)	34	Age range (mean): 22-66 (42) Gender (% female): 100 BME (% non-white): 56 Country: US Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Multiple ITT or completer continuous data: completer	Katz LS, Douglas S, Zaleski K, et al. (2014) Comparing holographic reprocessing and prolonged exposure for women veterans with sexual trauma: A pilot randomized trial. Journal of Contemporary Psychotherapy 44(1), 9-19
30	Lindauer 2005	Trauma-focused CBT: Brief eclectic psychotherapy Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Mixed (25% robbery/weapon used; 13% assaulted by strangers; 13% threatened with death/serious harm; 13% rape; 4% natural disaster; 4% motor vehicle accident; 21% 'other' kind of accident; 4% combat or warfare; 4% life-threatening/disabling event to a loved one)	24	Age range (mean): NR (39) Gender (% female): 54 BME (% non-white): NR Country: Netherlands Coexisting conditions: 13% had mild major depression (those with moderate or severe depression were excluded) Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): Mean number of prior traumas 3.7 (SD=3.4) Single or multiple incident index trauma: Single ITT or completer continuous data: NA (only dichotomous data used)	Lindauer RJ, Gersons BP, van Meijel EP, et al. (2005) Effects of brief eclectic psychotherapy in patients with posttraumatic stress disorder: Randomized clinical trial. Journal of traumatic stress 18(3), 205-12
31	Lindauer 2008	Trauma-focused CBT: Brief eclectic psychotherapy Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Domestic violence (67% interpersonal violence; 33% accidents or disasters)	24	Age range (mean): NR (39.7) Gender (% female): 50 BME (% non-white): NR Country: Netherlands Coexisting conditions: 15% had mild major depression (those with moderate or severe depression were excluded)	Lindauer RJ, Booij J, Habraken JB, et al. (2008) Effects of psychotherapy on regional cerebral blood flow during trauma imagery in patients with post-traumatic stress disorder: a randomized

Trauma-focused CBT							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
						Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Multiple ITT or completer continuous data: completer	clinical trial. Psychological medicine 38(4), 543-54
32	Markowitz 2015a	Trauma-focused CBT: Exposure therapy/prolonged exposure (PE) Interpersonal psychotherapy (IPT): IPT Relaxation	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Domestic violence - 93% reported interpersonal trauma (42% acute; 58% chronic)	110	Age range (mean): NR (40.1) Gender (% female): 70 BME (% non-white): 35 Country: US Coexisting conditions: Current major depressive disorder (50%); recurrent major depressive disorder (34%); current generalised anxiety disorder (13%). Any axis II diagnosis (49%): 25% paranoid; 14% narcissistic; 5% borderline; 21% avoidant; 3% dependent; 25% obsessive-compulsive; 25% depressive; 15% passive-aggressive. Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): Mean number of traumas 2.8 (SD=1.8). 36% reported trauma in childhood or adolescence Single or multiple incident index trauma: Multiple ITT or completer continuous data: completer	Markowitz JC, Petkova E, Neria Y, et al. (2015) Is exposure necessary? A randomized clinical trial of interpersonal psychotherapy for PTSD. American Journal of Psychiatry 172(5), 430-40
33	McDonagh 2005	Trauma-focused CBT: Exposure therapy/prolonged exposure (PE)	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Childhood sexual abuse (Childhood sexual abuse characteristics: 23% experienced life threat; 34% injured; 64% penetrated. Perpetrator of worst CSA event: 32% father or stepfather; 35% other male	74	Age range (mean): NR (40.4) Gender (% female): 100 BME (% non-white): 7 Country: US Coexisting conditions: 11% met criteria for borderline personality disorder	McDonagh A, Friedman M, McHugo G, et al. (2005) Randomized trial of cognitive-behavioral therapy for chronic posttraumatic stress disorder in adult female survivors of childhood sexual abuse.

Trauma-focused CBT							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
		Present-centered therapy: Present-centered therapy Waitlist		relative; 31% known male; 1% male stranger)		Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): Mean number of trauma types 3.3 (SD=1.1). Trauma history: 80% childhood physical abuse; 62% adult physical abuse; 50% adult sexual trauma Single or multiple incident index trauma: Multiple ITT or completer continuous data: ITT post-treatment; completer at follow-up	Journal of consulting and clinical psychology 73(3), 515
34	Neuner 2008	Trauma-focused CBT: Narrative exposure therapy (NET) Counselling: Supportive counselling	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Witnessing war as a civilian - Rwandan and Somalian refugees settled in a refugee camp in Uganda	277	Age range (mean): NR (35) Gender (% female): 51 BME (% non-white): NR Country: Uganda Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): Mean number of trauma event types 14.1 (SD=5.2)Single or multiple incident index trauma: Multiple ITT or completer continuous data: ITT	Neuner F, Onyut PL, Ertl V, et al. (2008) Treatment of posttraumatic stress disorder by trained lay counselors in an African refugee settlement. A randomized controlled trial. J Consult Clin Psychol 76, 686-694
35	Pacella 2012	Trauma-focused CBT: Exposure therapy/prolonged exposure (PE) Waitlist	Clinically important PTSD symptoms (scoring above a threshold on validated scale)	Mixed (100% were living with HIV and 34% reported that their most distressing trauma was related to their HIV diagnosis. 97% reported experiencing both an HIV-and non-HIV-related trauma)	66	Age range (mean): 31-61 (46.4) Gender (% female): 37 BME (% non-white): 61 Country: US Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): Mean 4.91 (SD=1.78) different types of prior trauma Single or multiple incident index trauma: Unclear ITT or completer continuous data: modified ITT	Pacella ML, Armelie A, Boarts J, et al. (2012) The impact of prolonged exposure on PTSD symptoms and associated psychopathology in people living with HIV: A randomized test of concept. AIDS and Behavior 16(5), 1327-40

Trauma-focused CBT							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
36	Popiel 2015	Trauma-focused CBT: Exposure therapy/prolonged exposure (PE) Trauma-focused CBT + SSRI: Exposure therapy/prolonged exposure (PE) + paroxetine SSRI: paroxetine	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Motor Vehicle Collisions - Status during MVC: Driver (38%); Passenger (30%); Cyclist (5%); Pedestrian (14%); Found out about death (7%); Other (5%). Patient considered MVA perpetrator (11%)	228	Age range (mean): NR (37.7) Gender (% female): NR BME (% non-white): NR Country: Poland Coexisting conditions: 49% Comorbid Axis I disorder; 41% Comorbid personality disorder; 21% traumatic brain injury in MVA; 39% had no comorbid mental disorders; 48% still had ongoing medical sequelae (including chronic pain) related to the accident Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): Number of previous traumatic events (before current MVA): 2.1 (sd=1.3). 5% childhood trauma Single or multiple incident index trauma: Single ITT or completer continuous data: completer	Popiel A, Zawadzki B, Pragłowska E and Teichman Y (2015) Prolonged exposure, paroxetine and the combination in the treatment of PTSD following a motor vehicle accident. A randomized clinical trial–The "TRAKT" study. Journal of behavior therapy and experimental psychiatry 48, 17-26
37	van Emmerik 2008	Trauma-focused CBT: CBT individual Self help with support: Structured writing therapy Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Exposure to non-sexual violence - Nonsexual violence (50%); Traffic accident (23%); Sexual violence (11%); Other (16%)	125	Age range (mean): NR (40.2) Gender (% female): 67 BME (% non-white): NR Country: Netherlands Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Single ITT or completer continuous data: ITT	Van Emmerik AA, Kamphuis JH and Emmelkamp PM (2008) Treating acute stress disorder and posttraumatic stress disorder with cognitive behavioral therapy or structured writing therapy: a randomized controlled trial. Psychotherapy and psychosomatics 77(2), 93-100
38	Weiss 2015 (study 1)	Trauma-focused CBT: CBT individual	Clinically important PTSD symptoms (scoring above a	Witnessing war as a civilian - Survivors of systematic violence (having experienced or witnessed physical torture or militant attacks) in Southern Iraq	149	Age range (mean): NR (42.8) Gender (% female): 31 BME (% non-white): NR	Weiss WM, Murray LK, Zangana GA, et al. (2015) Community-based mental health treatments for survivors of torture and militant attacks

Trauma-focused CBT							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
		Waitlist	threshold on validated scale)			Country: Iraq Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Multiple ITT or completer continuous data: ITT	in Southern Iraq: a randomized control trial. BMC psychiatry 15(1), 249
39	Weiss 2015 (study 2)	Trauma-focused CBT: Cognitive processing therapy Waitlist	Clinically important PTSD symptoms (scoring above a threshold on validated scale)	Witnessing war as a civilian - Survivors of systematic violence (having experienced or witnessed physical torture or militant attacks) in Southern Iraq	193	Age range (mean): NR (40.3) Gender (% female): 34 BME (% non-white): NR Country: Iraq Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Multiple ITT or completer continuous data: ITT	Weiss WM, Murray LK, Zangana GA, et al. (2015) Community-based mental health treatments for survivors of torture and militant attacks in Southern Iraq: a randomized control trial. BMC psychiatry 15(1), 249
40	Zang 2014	Trauma-focused CBT: Narrative exposure therapy (NET) Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Natural disasters (such as severe floods, earthquakes or tsunamis) - Sichuan earthquake (2008). 27% injured in earthquake; 100% house damage. All participants reported seeing someone seriously injured and death during the earthquake	30	Age range (mean): 28-80 (53.6) Gender (% female): 90 BME (% non-white): NR Country: China Coexisting conditions: Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): 20% prior trauma (7% 1 prior trauma; 13% 2-3) Single or multiple incident index trauma: Single ITT or completer continuous data: ITT	Zang Y, Hunt N and Cox T (2014) Adapting narrative exposure therapy for Chinese earthquake survivors: A pilot randomised controlled feasibility study. BMC psychiatry 14(1), 1.v

Trauma-focused CBT + SSRI

Trauma-focused CBT + SSRI							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
	Buhmann 2016	Trauma-focused CBT: Cognitive therapy Trauma-focused CBT + SSRI: Cognitive therapy + sertraline SSRI: sertraline Waitlist	**SEE OTHER DETAILS OF THE STUDY UNDER TRAUMA-FOCUSED CBT**				
	Popiel 2015	Trauma-focused CBT: Exposure therapy/prolonged exposure (PE) Trauma-focused CBT + SSRI: Exposure therapy/prolonged exposure (PE) + paroxetine SSRI: paroxetine	**SEE OTHER DETAILS OF THE STUDY UNDER TRAUMA-FOCUSED CBT**				
41	Rothbaum 2006	Trauma-focused CBT + SSRI: Exposure therapy/prolonged exposure (PE) + sertraline	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Mixed - Sexual assault (37%); non-sexual assault (25%); death of another (22%); motor vehicle accident (9%); other (8%)	65	Age range (mean): NR (39.3) Gender (% female): 65 BME (% non-white): 20 Country: US Coexisting conditions: NR	Rothbaum BO, Cahill SP, Foa EB, et al. (2006) Augmentation of sertraline with prolonged exposure in the treatment of posttraumatic stress disorder.

Trauma-focused CBT + SSRI							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
		SSRI: sertraline				Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Single ITT or completer continuous data: ITT	Journal of traumatic stress 19(5), 625-38

EMDR

EMDR							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
42	Acarturk 2015	EMDR: EMDR Waitlist	Clinically important PTSD symptoms (scoring above a threshold on validated scale)	Witnessing war as a civilian (Syrian refugees)	29	Age range (mean): 19-63 (36.6) Gender (% female): 76 BME (% non-white): Country: Turkey Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Multiple ITT or completer continuous data: ITT	Acarturk C, Konuk E, Cetinkaya M et al. (2015) EMDR for Syrian refugees with posttraumatic stress disorder symptoms: Results of a pilot randomized controlled trial. European Journal of Psychotraumatology 6(1), 27414
43	Acarturk 2016	EMDR: EMDR Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Witnessing war as a civilian (Syrian refugees. Traumatic events included: death of family members; threatened death to self or others; serious injury to self or loved ones; husband being at war; arrested family members; not being able to bury significant others who have died in Syria; lack of shelter)	98	Age range (mean): 17-64 Gender (% female): 74 BME (% non-white): NR Country: Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Multiple	Acarturk C, Konuk E, Cetinkaya M, et al. (2016) The efficacy of eye movement desensitization and reprocessing for post-traumatic stress disorder and depression among Syrian refugees: Results of a randomized controlled trial. Psychological medicine 46(12), 2583-93

EMDR							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
						ITT or completer continuous data: ITT	
44	Aldahadha 2012	EMDR: EMDR Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Motor Vehicle Collisions (no further details reported)	51	Age range (mean): 19-37 (26.4) Gender (% female): 53 BME (% non-white): NR Country: Oman Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Single ITT or completer continuous data: ITT	Aldahadha B, Al-Harthy H and Sulaiman S (2012) The efficacy of eye movement desensitization reprocessing in resolving the trauma caused by the road accidents in the Sultanate of Oman. Journal of Instructional Psychology 39(3/4), 146
	Capezzani 2013	Trauma-focused CBT: CBT individual EMDR: EMDR	**SEE OTHER DETAILS OF THE STUDY UNDER TRAUMA-FOCUSED CBT**				
45	Carletto 2016	EMDR: EMDR Relaxation	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Diagnosis of life-threatening condition (multiple sclerosis)	50	Age range (mean): NR(40.1) Gender (% female): 81 BME (% non-white): NR Country: Italy Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): Mean number of previous traumas: 4.3 (6.5) Single or multiple incident index trauma: Single ITT or completer continuous data: completer	Carletto S, Borghi M, Bertino G, et al. (2016) Treating post-traumatic stress disorder in patients with multiple sclerosis: a randomized controlled trial comparing the efficacy of eye movement desensitization and reprocessing and relaxation therapy. Frontiers in psychology 7
46	Carlson 1998	EMDR: EMDR Relaxation	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Military combat (97% Vietnam veterans, 3% other combat theatre)	35	Age range (mean): 41-70 (48) Gender (% female): 0 BME (% non-white): 46 Country: US Coexisting conditions: NR	Carlson JG, Chemtob CM, Rusnak K, et al. (1998) Eye movement desensitization and reprocessing (EDMR) treatment for combat-related posttraumatic stress disorder.

EMDR							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
						Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Multiple ITT or completer continuous data: completer	Journal of Traumatic Stress 11(1), 3-24
47	Edmond 1999/2004	EMDR: EMDR Waitlist	Clinically important PTSD symptoms (scoring above a threshold on validated scale)	Childhood sexual abuse - lasted for mean of 6.5 years (the mean age at which abuse began was 6.5 years, and the mean age at which it stopped was 13 years)	59	Age range (mean): NR (35) Gender (% female): 100 BME (% non-white): 15 Country: US Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): 58% of participants also experienced childhood physical abuse and 66% some form of adult revictimization, such as domestic violence and rape Single or multiple incident index trauma: Multiple ITT or completer continuous data: ITT post-treatment; completer at follow-up	Edmond T, Rubin A and Wambach K (1999) The effectiveness of EMDR with adult female survivors of childhood sexual abuse. Social Work Research 23, 103-116 Edmond T and Rubin A (2004) Assessing the long-term effects of EMDR: Results from an 18-month follow-up study with adult female survivors of CSA. Journal of child sexual abuse 13(1), 69-86
48	Karatzias 2011	EMDR: EMDR Combined somatic & cognitive therapies: Emotional freedom technique	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Mixed - Accident (37%), assault/murder (43%), 'other' (20%)	46	Age range (mean): 18-65 (40.6) Gender (% female): 57 BME (% non-white): NR Country: UK Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Single ITT or completer continuous data: ITT	Karatzias T, Power K, Brown K, et al. (2011) A controlled comparison of the effectiveness and efficiency of two psychological therapies for posttraumatic stress disorder: eye movement desensitization and reprocessing vs. emotional freedom techniques. The Journal of nervous and mental disease 199(6), 372-8
49	Scheck 1998	EMDR: EMDR	Clinically important PTSD	Mixed - 90% childhood physical/emotional abuse, >50%	67	Age range (mean):16-25 (20.9)	Scheck MM, Schaeffer JA and Gillette C (1998) Brief

EMDR							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
		Counselling: Supportive counselling	symptoms (scoring above a threshold on validated scale)	traumatic sexual experiences, such as rape or child molestation		Gender (% female): 100 BME (% non-white): 38 Country: US Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Multiple ITT or completer continuous data: completer	psychological intervention with traumatized young women: The efficacy of eye movement desensitization and reprocessing. Journal of traumatic stress 11(1), 25-44
50	Ter Heide 2016	EMDR: EMDR Non-trauma-focused CBT: Stabilisation as usual	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Witnessing war as a civilian - Refugee sample, with most frequently reported traumatic events being close to death (83%), murder of family or friend (75%) and threatened with torture (72%)	74	Age range (mean): NR (41.5) Gender (% female): 28 BME (% non-white): NR Country: Netherlands Coexisting conditions: 74% comorbid depression Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): Mean number of types of traumatic events: 13.8 (sd=5.5) Single or multiple incident index trauma: Multiple ITT or completer continuous data: completer	Ter Heide FJ, Mooren TM, van de Schoot R, et al. (2016) Eye movement desensitisation and reprocessing therapy v. stabilisation as usual for refugees: Randomised controlled trial. The British Journal of Psychiatry 209(4), 311-318
51	van der Kolk 2007	EMDR: EMDR SSRI: fluoxetine	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Mixed - 28% child sexual abuse; 5% child physical abuse; 9% child sexual and physical abuse; 9% adult sexual assault; 6% adult physical assault; 8% domestic violence; 7% other adult victimization; 9% traumatic loss; 3% war/terrorism/violence; 16% injury/accident	88	Age range (mean): NR (36.1) Gender (% female): 83 BME (% non-white): 33 Country: US Coexisting conditions: Mean 3.2 comorbid Axis I/II diagnoses Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Multiple	Van der Kolk B, Spinazzola J, Blaustein M, et al. (2007) A randomized clinical trial of EMDR, fluoxetine and pill placebo in the treatment of PTSD: Treatment effects and long-term maintenance. Journal of Clinical Psychiatry 68(1), 37-46

EMDR							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
						ITT or completer continuous data: ITT	
52	Yurtsever 2018	EMDR: EMDR group Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis) Note: Data is only reported for those who met diagnostic criteria (assessed with MINI) even though this was not an inclusion/exclusion criterion.	Witnessing war as a civilian: Syrian refugees residing in a refugee camp in southeast Turkey on the Syrian border	67	Age range (mean): NR (37.5) Gender (% female): 77 BME (% non-white): NR Country: Turkey Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Multiple ITT or completer continuous data: completer	Yurtsever, A., Konuk, E., Akyüz, T., Zat, Z., Tükel, F., Çetinkaya, M., ... & Shapiro, E. (2018). An Eye Movement Desensitization and Reprocessing (EMDR) Group Intervention for Syrian Refugees With Post-traumatic Stress Symptoms: Results of a Randomized Controlled Trial. Frontiers in psychology, 9.

Non-trauma-focused CBT

Non-trauma-focused CBT							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
53	Davis 2007	Non-trauma-focused CBT: CBT for insomnia (CBT-I) Waitlist	Clinically important PTSD symptoms (scoring above a threshold on validated scale)	Mixed - Most frequently reported types of trauma: car accidents (59%); unwanted sexual contact (59%); physical assault with a weapon (53%)	43	Age range (mean): NR (40) Gender (% female): 82 BME (% non-white): 24 Country: US Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): Mean 4.6 traumatic events (SD=2.0; range 1-9)	Davis JL and Wright DC (2007) Randomized clinical trial for treatment of chronic nightmares in trauma-exposed adults. Journal of Traumatic Stress 20(2), 123-33

Non-trauma-focused CBT							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
						Single or multiple incident index trauma: Single ITT or completer continuous data: ITT	
54	Davis 2011	Non-trauma-focused CBT: CBT for insomnia (CBT-I) Waitlist	Clinically important PTSD symptoms (scoring above a threshold on validated scale)	Mixed - The most frequent types of trauma reported were unwanted sexual contact (60%), serious accidents (57%), physical assault with a weapon (57%), combat exposure (13%)	47	Age range (mean): NR (47) Gender (% female): 75 BME (% non-white): 19 Country: US Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): Mean 4.6 traumatic events (SD=2.0; range 1-9) Single or multiple incident index trauma: Single ITT or completer continuous data: ITT	Davis JL, Rhudy JL, Pruiksma KE, et al. (2011) Physiological predictors of response to exposure, relaxation, and rescripting therapy for chronic nightmares in a randomized clinical trial. Journal of clinical sleep medicine: JCSM: official publication of the American Academy of Sleep Medicine 7(6), 622
	Foa 1991	Trauma-focused CBT: Exposure therapy/prolonged exposure (PE) Non-trauma-focused CBT: Stress inoculation training (SIT) Counselling: Supportive counselling	**SEE OTHER DETAILS OF THE STUDY UNDER TRAUMA-FOCUSED CBT**				
55	Ford 2011	Non-trauma-focused CBT: Affect regulation (individual)	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Mixed (Exposure to victimization or incarceration)	146	Age range (mean): 18-45 (30.7) Gender (% female): 100 BME (% non-white): 59 Country: US Coexisting conditions: Most (72%) participants met Structured Clinical	Ford JD, Steinberg KL and Zhang W (2011) A randomized clinical trial comparing affect regulation and social problem-solving psychotherapies for mothers with victimization-

Non-trauma-focused CBT							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
		Present-centered therapy: Present-centered therapy Waitlist				Interview for DSM-IV criteria for a current Axis I disorder other than PTSD. These included anxiety disorders (61%) and depressive (34%), bipolar (8%), or psychotic (9%) disorders Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): Single or multiple incident index trauma: Multiple ITT or completer continuous data: ITT	related PTSD. Behavior Therapy 42(4), 560-78
	Hensel-Dittmann 2011	Trauma-focused CBT: Narrative exposure therapy (NET) Non-trauma-focused CBT: Stress inoculation training (SIT)	**SEE OTHER DETAILS OF THE STUDY UNDER TRAUMA-FOCUSED CBT**				
56	Krakow 2000	Non-trauma-focused CBT: Imagery rehearsal therapy for nightmares Waitlist	Clinically important PTSD symptoms (scoring above a threshold on validated scale)	Exposure to sexual abuse or assault - 97% reported history of sexual assault: 50% raped as adults; 54% raped as children; >60% experienced multiple episodes of sexual assault	169	Age range (mean): NR (37) Gender (% female): 100 BME (% non-white): 3 Country: US Coexisting conditions: All participants had regular nightmares (≥1 a week for >6 months) and insomnia Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): 68% experienced non-sexual violent assaults as adults and 72% as children. 78% reported other traumatic events including unexpected deaths in the family,	Krakow B, Hollifield M, Schrader R, et al.(2000) A controlled study of imagery rehearsal for chronic nightmares in sexual assault survivors with PTSD: a preliminary report. J Trauma Stress 13(4), 589-609

Non-trauma-focused CBT							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
						witnessing violence, motor vehicle accidents, or natural disasters Single or multiple incident index trauma: Multiple ITT or completer continuous data: completer	
57	Nakamura 2017	Non-trauma-focused CBT: Mind-Body Bridging (MBB) Attention placebo	Clinically important PTSD symptoms (scoring above a threshold on validated scale)	Military combat - Gulf War veterans (US military service members with sleep and physical health complaints who were deployed in 1990–1991). Mean months in Persian Gulf War 7.3 (SD=3.8); Mean months of service 7.5 (SD=3.3); Mean years in military 15.1 (SD=8.1)	60	Age range (mean): 39-69 (10) Gender (% female): 10 BME (% non-white): 12 Country: US Coexisting conditions: All participants had self-reported sleep disturbance and Gulf War Illness (inclusion criteria) Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Multiple ITT or completer continuous data: ITT	Nakamura Y, Lipschitz DL, Donaldson GW, et al. (2017) Investigating Clinical Benefits of a Novel Sleep-Focused Mind-Body Program on Gulf War Illness Symptoms: A Randomized Controlled Trial. Psychosomatic medicine 79(6), 706-18
	Ter Heide 2016	EMDR: EMDR Non-trauma-focused CBT: Stabilisation as usual	**SEE OTHER DETAILS OF THE STUDY UNDER EMDR**				

Combined somatic/cognitive therapies

Combined somatic/cognitive therapies							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
58	Church 2013/2014	Combined somatic and	Clinically important PTSD	Military combat - 41% Gulf war era deployments; 58% other	59	Age range (mean): 24-86 (51.7)	Church D, Hawk C, Brooks AJ, et al. (2013) Psychological

Combined somatic/cognitive therapies							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
		cognitive therapies: Emotional freedom technique (EFT) Waitlist	symptoms (scoring above a threshold on validated scale)	deployments. Mean number of tours 1.2 (sd=0.4)		Gender (% female): 10 BME (% non-white): NR Country: US Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Multiple ITT or completer continuous data: completer	trauma symptom improvement in veterans using emotional freedom techniques: a randomized controlled trial. The Journal of nervous and mental disease 201(2), 153-60 Church D (2014) Reductions in pain, depression, and anxiety symptoms after PTSD remediation in veterans. Explore: The Journal of Science and Healing 10(3), 162-9
59	Connolly 2011	Combined somatic/ cognitive therapies: Thought field therapy (TFT) Waitlist	Clinically important PTSD symptoms (scoring above a threshold on validated scale)	Witnessing war as a civilian - Rwandan genocide (1994) survivors. Reported experiences during the 1994 genocide included: being beaten (60%), having been abused (55.2%), witnessing others being beaten (80%), witnessing others being killed (85.5%), hearing others being hit or beaten (81.4%) and being forced to do things they were against (22.1%)	171	Age range (mean): 18-73 (38) Gender (% female): 82 BME (% non-white): NR Country: Rwanda Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Multiple ITT or completer continuous data: completer	Connolly S and Sakai C (2011) Brief trauma intervention with Rwandan genocide-survivors using Thought Field Therapy. International Journal of Emergency Mental Health 13(3), 161
	Karatzias 2011	EMDR: EMDR Combined somatic/ cognitive therapies: Emotional freedom technique	**SEE OTHER DETAILS OF THE STUDY UNDER EMDR**				
60	Robson 2016	Combined somatic/	Clinically important PTSD	Witnessing war as a civilian (Western Uganda, where there	256	Age range (mean): NR (44.7)	Robson R, Robson P, Ludwig R, et al. (2016) Effectiveness

Combined somatic/cognitive therapies							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
		cognitive therapies: Thought field therapy (TFT) Waitlist	symptoms (scoring above a threshold on validated scale)	had been intermittent conflict since Uganda gained independence in 1963)		Gender (% female): 85 BME (% non-white): NR Country: Uganda Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Multiple ITT or completer continuous data: completer	of Thought Field Therapy Provided by Newly Instructed Community Workers to a Traumatized Population in Uganda: A Randomized Trial. Current Research in Psychology 1, 1-11

Present-centered therapy

Present-centered therapy							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
	Ford 2011	Non-trauma-focused CBT: Affect regulation (individual) Present-centered therapy: Present-centered therapy Waitlist	**SEE OTHER DETAILS OF THE STUDY UNDER NON-TRAUMA-FOCUSED CBT**				
	Ghafoori 2017	Trauma-focused CBT: Exposure therapy/prolong	**SEE OTHER DETAILS OF THE STUDY UNDER TRAUMA-FOCUSED CBT**				

Present-centered therapy							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
		ed exposure (PE) Present-centered therapy: Present-centered therapy					
	McDonagh 2005	Trauma-focused CBT: Exposure therapy/prolonged exposure (PE) Present-centered therapy: Present-centered therapy Waitlist	**SEE OTHER DETAILS OF THE STUDY UNDER TRAUMA-FOCUSED CBT**				

Self-help with support

Self-help with support							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
61	Ivarsson 2014	Self-help with support: Computerised trauma-focused	PTSD diagnosis according to ICD/DSM criteria (including self-	Mixed - Sexual, physical, and/or psychological abuse by partner (23%); life-threatening disease (13%); severe offense by significant other (perceived as	62	Age range (mean): 21-67 (46) Gender (% female): 82 BME (% non-white): NR Country: Sweden Coexisting conditions: NR	Ivarsson D, Blom M, Hesser H, et al. (2014) Guided internet-delivered cognitive behavior therapy for post-traumatic stress disorder: a randomized

Self-help with support							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
		CBT with support Waitlist	report of diagnosis)	threatening to integrity) (10%); life-threatening accident (8%); non-sexual assault by stranger (8%); murder of close relative (6%); non-sexual assault by family member (5%); death of close relative (5%); severe maltreatment in health care (5%); multiple stressors (5%); life-threatening disease of close relative (3%); military combat (3%); torture (2%); rape by stranger (2%); rape by family member (2%); tsunami disaster (2%)		Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): 41% had experienced more than one traumatic event Single or multiple incident index trauma: Single ITT or completer continuous data: completer	controlled trial. Internet interventions 1(1), 33-40
62	Knaevelsrud 2015	Self-help with support: Computerised trauma-focused CBT with support Waitlist	Clinically important PTSD symptoms (scoring above a threshold on validated scale)	Witnessing war as a civilian - Sexual violence (war-related and sexual abuse; 40%); experienced the killing of a family member or close person (15%); being exposed to violence (e.g., kidnapping, witnessing bomb attacks) and war or torture (19%); Others (e.g., kidnapping, witnessing bomb attacks) (33%)	159	Age range (mean): 18-56 (28.1) Gender (% female): 72 BME (% non-white): NR Country: Iraq Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): Mean 3.4 traumatic events Single or multiple incident index trauma: Multiple ITT or completer continuous data: ITT	Knaevelsrud C, Brand J, Lange A, et al. (2015) Web-based psychotherapy for posttraumatic stress disorder in war-traumatized Arab patients: randomized controlled trial. Journal of medical Internet research17(3)
63	Knaevelsrud 2017	Self-help with support: Computerised trauma-focused CBT with support Waitlist	Clinically important PTSD symptoms (scoring above a threshold on validated scale)	Witnessing war as a civilian (World War II)	94	Age range (mean): 63-85 (71.4) Gender (% female): 65 BME (% non-white): NR Country: Germany Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Multiple ITT or completer continuous data: ITT	Knaevelsrud C, Böttche M, Pietrzak RH, et al. (2017) Efficacy and Feasibility of a Therapist-Guided Internet-Based Intervention for Older Persons with Childhood Traumatization: A Randomized Controlled Trial. The American Journal of Geriatric Psychiatry

Self-help with support							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
64	Lewis 2017	Self-help with support: Computerised trauma-focused CBT with support Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Mixed - Transportation accidents (21%); witnessing a sudden, violent, or accidental death (21%); traumatic childbirth or stillbirth (19%); sexual assault or rape (12%); physical attack (10%); life threatening illness or injury (7%); serious accident (2%); learning of the violent death of a loved one (2%); seeing a mutilated body (2%); and being held hostage/detained (2%)	42	Age range (mean): 20-65 (39.3) Gender (% female): 60 BME (% non-white): BR Country: US Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Single ITT or completer continuous data: ITT	Lewis CE, Farewell D, Groves V, et al. (2017) Internet-based guided self-help for posttraumatic stress disorder (ptsd): Randomized controlled trial. Depression and anxiety 34(6), 555-65
65	Littleton 2016	Self-help with support: Computerised trauma-focused CBT with support Self-help without support: psychoeducational website	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Exposure to sexual abuse or assault (Women who had experienced a completed rape since the age of 14)	87	Age range (mean): 18-42(22) Gender (% female): 100 BME (% non-white): 54 Country: US Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): >50% had experienced some other form of interpersonal violence, with childhood/adolescent physical and/or sexual abuse being most commonly reported, followed by physical abuse by a romantic partner Single or multiple incident index trauma: Single ITT or completer continuous data: completer	Littleton H, Grills AE, Kline KD, et al. (2016) The From Survivor to Thriver program: RCT of an online therapist-facilitated program for rape-related PTSD. Journal of anxiety disorders 43, 41-51
	van Emmerik 2008	Trauma-focused CBT: CBT individual Self help with support:	**SEE OTHER DETAILS OF THE STUDY UNDER TRAUMA-FOCUSED CBT**				

Self-help with support							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
		Structured writing therapy Waitlist					

Self-help without support

Self-help without support							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
	Ehlers 2003	Trauma-focused CBT: Cognitive therapy Self-help (without support): Cognitive bibliotherapy Waitlist	**SEE OTHER DETAILS OF THE STUDY UNDER TRAUMA-FOCUSED CBT**				
66	Henderson 2007	Self-help (without support): Mandalas (expressive drawing) Attention placebo	Clinically important PTSD symptoms (scoring above a threshold on validated scale)	Mixed - Assault (8%); motor vehicle accident (11%); death or suicide of a family member or close friend (19%), physical abuse (11%); separation of parents or other family stressor (11%); serious health concern of family or self (11%); sexual abuse (11%); verbal abuse (6%); witness to a traumatic event (11%)	36	Age range (mean): 18-23 (18.4) Gender (% female): 78 BME (% non-white): NR Country: US Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Single ITT or completer continuous data: ITT	Henderson P, Rosen D and Mascaro N (2007) Empirical study on the healing nature of mandalas. Psychology of Aesthetics, Creativity, and the Arts 1(3), 148

Self-help without support							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
67	Hirai 2005	Self-help (without support): Computerised trauma-focused CBT Waitlist	Clinically important PTSD symptoms (scoring above a threshold on validated scale)	Mixed - MVCs (33%), interpersonal violence (22%), eye-witnessed traumatic events (11%), life-threatening disease (11%), illness or traumatic loss (22%)	36	Age range (mean): NR (29.4) Gender (% female): 78 BME (% non-white): 22 Country: US Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Single ITT or completer continuous data: completer	Hirai M and Clum GA (2005) An Internet-based self-change program for traumatic event related fear, distress, and maladaptive coping. Journal of traumatic stress 2005 18(6), 631-6
68	Kuhn 2017	Self-help (without support): Computerised non-trauma-focused CBT Waitlist	Clinically important PTSD symptoms (scoring above a threshold on validated scale)	Mixed - Physical assault (47%); sexual assault (14%); serious accident (21%); life-threatening illness or injury (6%); disaster exposure (3%); combat exposure (3%); other event (7%)	120	Age range (mean): NR (39.3) Gender (% female): 69 BME (% non-white): 33 Country: US Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): Mean number of traumatic event types 8.5 (SD=3.5). Lifetime trauma exposure: Physical assault (87%); Sexual assault (73%); Serious accident (79%); Life-threatening illness or injury (60%); Disaster exposure (74%); Combat exposure (7%); Other event (93%) Single or multiple incident index trauma: Single ITT or completer continuous data: ITT	Kuhn E, Kanuri N, Hoffman JE, et al. (2017) A randomized controlled trial of a smartphone app for posttraumatic stress disorder symptoms. Journal of consulting and clinical psychology 85(3), 267
	Littleton 2016	Self-help with support: Computerised trauma-focused CBT with support	**SEE OTHER DETAILS OF THE STUDY UNDER SELF-HELP WITH SUPPORT**				

Self-help without support							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
		Self-help without support: psychoeducational website					
69	Miner 2016	Self-help (without support): Computerised trauma-focused CBT Waitlist	Clinically important PTSD symptoms (scoring above a threshold on validated scale)	Unclear	49	Age range (mean): NR (45.7) Gender (% female): 82 BME (% non-white): 43 Country: US Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Unclear ITT or completer continuous data: ITT	Miner A, Kuhn E, Hoffman JE, et al. (2016) Feasibility, acceptability, and potential efficacy of the PTSD Coach app: A pilot randomized controlled trial with community trauma survivors. Psychological Trauma: Theory, Research, Practice, and Policy 8(3), 384
70	Sloan 2004	Self-help (without support): Expressive writing Attention placebo	Clinically important PTSD symptoms (scoring above a threshold on validated scale)	Mixed - The types of traumatic events endorsed by the participants included rape, witness to murder, physical assault by stranger, life-threatening car accident, and childhood sexual assault by family member	51	Age range (mean): NR (18.9) Gender (% female): 100 BME (% non-white): 51 Country: US Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): 63% reported experiencing more than one traumatic event Single or multiple incident index trauma: Unclear ITT or completer continuous data: completer	Sloan DM and Marx BP (2004) A closer examination of the structured written disclosure procedure. Journal of consulting and clinical psychology 72(2), 165
71	Sloan 2007	Self-help (without support): Expressive writing	Clinically important PTSD symptoms (scoring above a threshold on validated scale)	Mixed - The most frequently reported traumatic events were sexual assault (65%), physical assault by stranger (48%), motor vehicle accident (43%), and witness to murder (15%)	85	Age range (mean): NR (18.7) Gender (% female): 80 BME (% non-white): 41 Country: US Coexisting conditions: NR	Sloan DM, Marx BP and Epstein EM. (2007) Does altering the writing instructions influence outcome associated with written disclosure?

Self-help without support							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
		Attention placebo				Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): 68% reported experiencing more than one traumatic event Single or multiple incident index trauma: Unclear ITT or completer continuous data: completer	Behavior therapy 38(2), 155-68
72	Sloan 2011	Self-help (without support): Expressive writing Attention placebo	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Mixed - Index traumatic events included sexual assault (40%), physical assault by stranger (31%), motor vehicle accident (14%), witness to a murder (7%) and warzone experience (7%)	57	Age range (mean): NR (18.9) Gender (% female): NR BME (% non-white): 43 Country: US Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Single ITT or completer continuous data: completer	Sloan DM, Marx BP and Greenberg EM (2011) A test of written emotional disclosure as an intervention for posttraumatic stress disorder. Behaviour Research and Therapy 49(4), 299-304
73	Sloan 2012	Self-help (without support): Expressive writing Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Motor Vehicle Collisions (Not reported in details)	46	Age range (mean): NR (40.7) Gender (% female): 65 BME (% non-white): 63 Country: US Coexisting conditions: 25% major depressive episode, 10% alcohol abuse Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): Median=10.0 events that met DSM-IV PTSD Criterion A for a traumatic stressor. Approximately 85% of the sample reported a history of physical assault and approximately 60% reported a history of sexual assault	Sloan DM, Marx BP, Bovin MJ, et al. (2012) Written exposure as an intervention for PTSD: A randomized clinical trial with motor vehicle accident survivors. Behaviour research and therapy 50(10), 627-35

Self-help without support							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
						Single or multiple incident index trauma: Single ITT or completer continuous data: NA (only dichotomous data used)	
74	Spence 2011	Self-help (without support): Computerised trauma-focused CBT Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Mixed - Trauma types reported to have been experienced personally or witnessed by more than 50% of the treatment group: physical assault (74%), other unwanted sexual experience (70%), sexual assault (57%), transportation accidents (52%), and other stressful experiences (52%)	44	Age range (mean): 21-68 (42.6) Gender (% female): 81 BME (% non-white): NR Country: Australia Coexisting conditions: 57% reported taking medication for anxiety or depression at baseline Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): Mean number of traumatic events: 6.3. Most participants had experienced multiple types of trauma Single or multiple incident index trauma: Multiple ITT or completer continuous data: ITT	Spence J, Titov N, Dear BF, et al. (2011) Randomized controlled trial of Internet-delivered cognitive behavioral therapy for posttraumatic stress disorder. Depression and anxiety 28(7), 541-50
75	Truijens 2014	Self-help (without support): Expressive writing Attention placebo	Clinically important PTSD symptoms (scoring above a threshold on validated scale)	Mixed - Traumatic events reported by the participants included having experienced or witnessed an accident (16.4%); physical, mental, or sexual abuse (34.5%); severe illness or death of a loved one (34.5%); and natural disaster or war (14.6%)	64	Age range (mean): NR (23.7) Gender (% female): 82 BME (% non-white): NR Country: Netherlands Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Single ITT or completer continuous data: completer	Truijens FL and van Emmerik AA (2014) Visual feedback in written imaginal exposure for posttraumatic stress: a preliminary study. Journal of Loss and Trauma 19(5), 403-15
76	Xu 2016	Self-help (without support): Computerised	Clinically important PTSD symptoms (scoring above a	Mixed - Witnessing others sudden death (37%); Physical abuse (30%), sexual abuse (17%), serious accident in workplace or	82	Age range (mean): NR (NR) Gender (% female): 75 BME (% non-white): NR	Xu W, Wang J, Wang Z, et al. (2016) Web-based intervention improves social acknowledgement and

Self-help without support							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
		trauma-focused CBT Waitlist	threshold on validated scale)	at home (17%), fire or natural disasters (8%), traffic accidents (7%), hurting others seriously (4%)		Country: China Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Multiple ITT or completer continuous data: completer	disclosure of trauma, leading to a reduction in posttraumatic stress disorder symptoms. Journal of health psychology 21(11), 2695-708

Counselling

Counselling							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
	Blanchard 2002/2003/2004	Trauma-focused CBT: CBT individual Counselling: Supportive counselling Waitlist	**SEE OTHER DETAILS OF THE STUDY UNDER TRAUMA-FOCUSED CBT**				
	Bryant 2003a	Trauma-focused CBT: Exposure therapy/prolonged exposure (PE) Counselling: Supportive counselling	**SEE OTHER DETAILS OF THE STUDY UNDER TRAUMA-FOCUSED CBT**				

Counselling							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
	Castillo 2016	Trauma-focused CBT: Imaginal exposure Counselling: Supportive counselling	**SEE OTHER DETAILS OF THE STUDY UNDER TRAUMA-FOCUSED CBT**				
	Cloitre 2010	Trauma-focused CBT: Exposure therapy/prolonged exposure (PE) Counselling: Supportive counselling	**SEE OTHER DETAILS OF THE STUDY UNDER TRAUMA-FOCUSED CBT**				
	Cottraux 2008	Trauma-focused CBT: Exposure therapy/prolonged exposure (PE) Counselling: Supportive counselling	**SEE OTHER DETAILS OF THE STUDY UNDER TRAUMA-FOCUSED CBT**				
	Ehlers 2014	Trauma-focused CBT: Cognitive therapy Counselling: Supportive counselling Waitlist	**SEE OTHER DETAILS OF THE STUDY UNDER TRAUMA-FOCUSED CBT**				
	Foa 1991	Trauma-focused CBT: Exposure	**SEE OTHER DETAILS OF THE STUDY UNDER TRAUMA-FOCUSED CBT**				

Counselling							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
		therapy/prolonged exposure (PE) Non-trauma-focused CBT: Stress inoculation training (SIT) Counselling: Supportive counselling					
	Katz 2014	Trauma-focused CBT: Exposure therapy/prolonged exposure (PE) Counselling: Supportive counselling	**SEE OTHER DETAILS OF THE STUDY UNDER TRAUMA-FOCUSED CBT**				
	Neuner 2008	Trauma-focused CBT: Narrative exposure therapy (NET) Counselling: Supportive counselling	**SEE OTHER DETAILS OF THE STUDY UNDER TRAUMA-FOCUSED CBT**				
	Scheck 1998	EMDR: EMDR Counselling: Supportive counselling	**SEE OTHER DETAILS OF THE STUDY UNDER EMDR**				

Counselling							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
77	Yeomans 2010	Counselling: Supportive psychotherapy group Waitlist	Clinically important PTSD symptoms (scoring above a threshold on validated scale)	Witnessing war as a civilian - Almost all participants had been directly victimized by violence during or since the onset of conflict in Burundi in 1993. Frequency and types of events: Combat situation (99% experienced; 0.4% witnessed); Forced to hide (97% experienced; 0.8% witnessed); Unnatural death of family member (97% experienced; 0.8% witnessed); Lack of food and water (95% experienced; 0.4% witnessed); Narrowly escaping death (92% experienced; 6% witnessed); Lack of shelter (90% experienced); Ill health and no medical care (86% experienced; 8% witnessed); Loss of personal property (82% experienced; 9% witnessed); Confined to indoors because of danger (80% experienced; 6% witnessed); Betrayed and placed at risk of death (42% experienced; 18% witnessed); Serious physical injury from combat (35% experienced; 45% witnessed); Forced to hide among the dead (28% experienced; 23% witnessed); Imprisonment (24% experienced; 18% witnessed); Sexual abuse/humiliation (10% experienced; 25% witnessed); Forced to harm or kill a stranger (10% experienced; 25% witnessed); Forced to harm or kill a family member or friend (9% experienced; 24% witnessed);	124	Age range (mean): NR (38.6) Gender (% female): 44 BME (% non-white): NR Country: Burundi Coexisting conditions: Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): Mean number of types of events experienced was 9.9 (SD=2.1). The mean number of types of events experienced or witnessed was 12.6 (SD = 3.2) Single or multiple incident index trauma: Multiple ITT or completer continuous data: completer	Yeomans PD, Forman EM, Herbert JD and Yuen E (2010) A randomized trial of a reconciliation workshop with and without PTSD psychoeducation in Burundian sample. Journal of traumatic stress 23(3), 305-12

Counselling							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
				Disappearance/kidnapping of spouse (9% experienced; 18% witnessed); Rape (5% experienced; 25% witnessed); Disappearance/kidnapping of son or daughter (4% experienced; 20% witnessed)			

Attention bias modification

Attention bias modification							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
78	Bar-Haim 2011/Badura-Brack 2015 study 1	Attention Bias Modification: Attention Bias Modification Attention placebo	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Military combat (Israel Defence Forces veterans)	52	Age range (mean): 22-65 (36.1) Gender (% female): 0 BME (% non-white): NR Country: Israel Coexisting conditions: 55% depression; 39% GAD; 15% Personality Disorder-Cluster B Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Multiple ITT or completer continuous data: ITT	Bar-Haim Y and Fruchter E (2011) Attention Bias Modification Treatment for Patients With Post Traumatic Stress Disorder (PTSD) [NCT01368302]. Available from: https://clinicaltrials.gov/ct2/show/NCT01368302 [accessed 26.07.2017] Badura-Brack AS, Naim R, Ryan TJ, et al. (2015) Effect of attention training on attention bias variability and PTSD symptoms: randomized controlled trials in Israeli and US combat veterans. American journal of psychiatry 172(12), 1233-41

Attention bias modification							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
79	Bar-Haim 2011/Badura-Brack 2015 study 2	Attention Bias Modification: Attention Bias Modification Attention placebo	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Military combat (US military veterans who served in recent conflicts in Iraq and Afghanistan)	46	Age range (mean): NR (36.3) Gender (% female): 0 BME (% non-white): NR Country: US Coexisting conditions: 59% depression; 8% GAD; 16% panic disorder; 4% social phobia; 4% Personality Disorder-Cluster B Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Multiple ITT or completer continuous data: ITT	Bar-Haim Y and Fruchter E (2011) Attention Bias Modification Treatment for Patients With Post Traumatic Stress Disorder (PTSD) [NCT01368302]. Available from: https://clinicaltrials.gov/ct2/show/NCT01368302 [accessed 26.07.2017] Badura-Brack AS, Naim R, Ryan TJ, et al. (2015) Effect of attention training on attention bias variability and PTSD symptoms: randomized controlled trials in Israeli and US combat veterans. American journal of psychiatry 172(12), 1233-41
80	Schoorl 2013	Attention Bias Modification: Attention Bias Modification Attention placebo	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Unclear	102	Age range (mean): NR (37.1) Gender (% female): 75 BME (% non-white): NR Country: Netherlands Coexisting conditions: 2.7 additional diagnoses per patient. Depression: 70%, Dysthymia: 13%, Panic: 33%, Social anxiety: 36%, GAD: 38%, OCD: 16%, Somatization: 8% Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): 93% 2+ traumas. Most of the patients had experienced multiple traumas (93.1%). More than half (56.9%) of the patients had been traumatized in childhood and 40.6% had experienced both childhood trauma and more recent trauma	Schoorl M, Putman P and van Der Does W (2013) Attentional bias modification in posttraumatic stress disorder: a randomized controlled trial. Psychotherapy and psychosomatics 82(2), 99-105

Attention bias modification							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
						Single or multiple incident index trauma: Multiple ITT or completer continuous data: completer	

Interpersonal Psychotherapy (IPT)

Interpersonal Psychotherapy (IPT)							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
81	Krupnick 2008	Interpersonal psychotherapy (IPT): IPT (group) Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Mixed - Study participants had experienced multiple episodes of trauma, usually beginning in childhood. 98% sexual assault (96% first assaulted before age 12); 96% physical assault before age 12	48	Age range (mean): NR (32) Gender (% female): 100 BME (% non-white): 94 Country: US Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): Mean 6.4 prior traumas Single or multiple incident index trauma: Multiple ITT or completer continuous data: ITT	Krupnick JL, Green BL, Stockton P, et al. (2008) Group interpersonal psychotherapy for low-income women with posttraumatic stress disorder. Psychotherapy Research 18(5), 497-507
	Markowitz 2015a	Trauma-focused CBT: Exposure therapy/prolonged exposure (PE) Interpersonal psychotherapy (IPT): IPT Relaxation	**SEE OTHER DETAILS OF THE STUDY UNDER TRAUMA-FOCUSED CBT**				

Metacognitive therapy

Metacognitive therapy							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
82	Wells 2012	Metacognitive therapy Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Mixed - Assault (35%), MVC (20%), robbery (10%), sexual assault (15%), witness (10%), work accident (10%)	20	Age range (mean): NR (37.4) Gender (% female): 55 BME (% non-white): NR Country: UK Coexisting conditions: 15% minor depressive disorder; 45% major depressive disorder; 15% GAD Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): Median number of traumas=1/1.5 Single or multiple incident index trauma: Single ITT or completer continuous data: ITT	Wells A and Colbear JS (2012) Treating posttraumatic stress disorder with metacognitive therapy: A preliminary controlled trial. Journal of Clinical Psychology 68(4), 373-81

Couple intervention

Couple intervention							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
83	Monson 2008/2012	Couple intervention: Cognitive-behavioural conjoint therapy Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Mixed - Adult sexual trauma (20%); child sexual trauma (28%); noncombat physical assault (15%); motor vehicle collision (8%); witnessing/learning about death/illness (13%); combat (5%); other (13%)	40	Age range (mean): NR (37.1) Gender (% female): 75 BME (% non-white): 28 Country: US and Canada Coexisting conditions: 63% any comorbidity, 40% mood disorder, 30% anxiety disorder, 0% substance abuse, 10% 'other'.	Monson CM and Vorstenbosch V (2008) Cognitive-behavioral couples therapy for posttraumatic stress disorder [NCT00669981]. Available from: https://clinicaltrials.gov/ct2/show/NCT00669981 [accessed 08.08.2017]

Couple intervention							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
						Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Unclear ITT or completer continuous data: NA (only dichotomous data used)	Monson CM, Fredman SJ, Macdonald A, et al. (2012) Effect of cognitive-behavioral couple therapy for PTSD: A randomized controlled trial. Jama 308(7), 700-9
84	Sautter 2015	Couple intervention: Cognitive-behavioural conjoint therapy Psychoeducation: PTSD family education	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Military combat - Veterans of Operation Iraqi Freedom (OIF)/Operation Enduring Freedom (OEF)	57	Age range (mean): NR (33.1) Gender (% female): 2 BME (% non-white): 34 Country: US Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Multiple ITT or completer continuous data: completer	Sautter FJ, Glynn SM, Cretu JB, et al. (2015) Efficacy of structured approach therapy in reducing PTSD in returning veterans: A randomized clinical trial. Psychological services12(3), 199

Psychoeducation

Psychoeducation							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
	Chambers 2014	Trauma-focused CBT: CBT individual Psychoeducation: single psychoeducational phonecall	**SEE OTHER DETAILS OF THE STUDY UNDER TRAUMA-FOCUSED CBT**				

Psychoeducation							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
85	Ghafoori 2016	Psychoeducation: Single psychoeducation session Waitlist	Clinically important PTSD symptoms (scoring above a threshold on validated scale)	Unclear (not reported in details)	86	Age range (mean): NR (NR) Gender (% female): 45 BME (% non-white): 73 Country: US Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): Mean number of lifetime traumas 8.3 (SD=3.6) Single or multiple incident index trauma: Unclear ITT or completer continuous data: completer	Ghafoori B, Fisher D, Korosteleva O and Hong M (2016) A Randomized, Controlled Pilot Study of a Single-Session Psychoeducation Treatment for Urban, Culturally Diverse, Trauma-Exposed Adults. The Journal of nervous and mental disease 204(6), 421-30
	Sautter 2015	Couple intervention: Cognitive-behavioural conjoint therapy Psychoeducation: PTSD family education	**SEE OTHER DETAILS OF THE STUDY UNDER COUPLE INTERVENTION**				

Behavioural therapy

Behavioural therapy							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
86	Basoglu 2005	Behavioural therapy: Imaginal exposure	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Natural disasters (such as severe floods, earthquakes or tsunamis) – Survivors of earthquake in Turkey on August 17, 1999: 20% survivors were trapped under rubble; 39% suffered varying	59	Age range (mean): NR (36.3) Gender (% female): 85 BME (% non-white): NR Country: Turkey Coexisting conditions: NR	Basoglu M, Salcioglu E and Livanou M (2005) Single-session behavioural treatment of earthquake-related posttraumatic stress disorder: a randomised waiting list

Behavioural therapy							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
		Waitlist		degrees of physical injury; 5% lost at least one first-degree relative and 70% lost at least a second-degree relative or a friend; 19% survivors participated in rescue work		Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): 63% previous trauma (MVCs, fire, floods) Single or multiple incident index trauma: Single ITT or completer continuous data: ITT	controlled trial, Journal of Traumatic Stress 18, 1-11
87	Basoglu 2007	Behavioural therapy: In vivo exposure Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Natural disasters (such as severe floods, earthquakes or tsunamis) – Survivors of earthquake in Turkey on August 17, 1999: 20% survivors were trapped under rubble; 39% suffered varying degrees of physical injury; 5% lost at least one first-degree relative and 70% lost at least a second-degree relative or a friend; 19% survivors participated in rescue work	31	Age range (mean): NR (34) Gender (% female): 87 BME (% non-white): NR Country: Coexisting conditions: Major depression: 36%, Panic disorder: 10%, panic disorder with agoraphobia: 19% Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Single ITT or completer continuous data: ITT	Başoğlu M, Şalcioğlu E and Livanou M (2007) A randomized controlled study of single-session behavioural treatment of earthquake-related post-traumatic stress disorder using an earthquake simulator. Psychological medicine 37(2), 203-13

Resilience-oriented treatment

Resilience-oriented treatment							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
88	Kent 2011	Resilience-oriented treatment: Resilience-oriented treatment	Clinically important PTSD symptoms (scoring above a threshold on validated scale)	Mixed - All participants were veterans from the Vietnam war era up through the Gulf war. The traumas indexed by the CAPS were combat (31%), childhood sexual abuse (21%), childhood physical abuse (18%), violent unexpected death of another	39	Age range (mean): 34-66 (54) Gender (% female): 33 BME (% non-white): 24 Country: US Coexisting conditions: NR	Kent M, Davis MC, Stark SL and Stewart LA (2011) A resilience-oriented treatment for posttraumatic stress disorder: Results of a preliminary randomized clinical trial. Journal of traumatic stress 24(5), 591-5

Resilience-oriented treatment							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
		Waitlist		(14%), sexual assault (6%), physical assault (5%), and accident (5%)		Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Multiple ITT or completer continuous data: ITT	

Family therapy

Family therapy							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
89	Kazak 2004	Family therapy: Family therapy group Waitlist	Clinically important PTSD symptoms (scoring above a threshold on validated scale)	Family member or carer of person with life-threatening illness or injury (Mothers of childhood cancer survivors)	146	Age range (median): 26-59 (42.9) Gender (% female): 100 BME (% non-white): 12 Country: US Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Single ITT or completer continuous data: modified ITT	Kazak AE, Alderfer MA, Streisand R, et al (2004) Treatment of posttraumatic stress symptoms in adolescent survivors of childhood cancer and their families: A randomized clinical trial. Journal of Family Psychology 18(3), 493-504

Psychodynamic therapy

Psychodynamic therapy							
	Study ID	**NMA node: intervention**	**PTSD details**	**Trauma type**	**N**	**Demographics**	**Reference**
90	Steinert 2017	Psychodynamic therapy: Resource activation Waitlist	PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)	Mixed - Domestic violence (23%), sexual abuse (15%), traffic accident (24%), other serious accident, e.g. stepping on a mine (7%), witnessing death of someone close (12%), assault (10%), 'other' such as combat or trafficking (10%)	86	Age range (mean): NR (27.5) Gender (% female): 61 BME (% non-white): NR Country: Cambodia Coexisting conditions: NR Lifetime experience of trauma (mean number of prior traumas/% with previous trauma): NR Single or multiple incident index trauma: Single ITT or completer continuous data: NA (only dichotomous data used)	Steinert C, Bumke PJ, Hollekamp RL, et al. (2017) Resource activation for treating post-traumatic stress disorder, co-morbid symptoms and impaired functioning: a randomized controlled trial in Cambodia. Psychological medicine 47(3), 553-64

Appendix 6: List of excluded studies with reasons for exclusion

Excluded from the systematic review of psychological, psychosocial and other non-pharmacological treatments for PTSD in adults

	Study ID	Reference	Reason for exclusion
1	Acosta 2017	Acosta MC, Possemato K, Maisto SA, Marsch LA, Barrie K, Lantinga L, Fong C, Xie H, Grabinski M, Rosenblum A. Web-delivered CBT reduces heavy drinking in OEF-OIF veterans in primary care with symptomatic substance use and PTSD. Behavior therapy. 2017 Mar 31;48(2):262-76.	Efficacy or safety data cannot be extracted
2	Adenauer 2011/Catani 2010	Adenauer H, Catani C, Gola H, Keil J, Ruf M, Schauer M, Neuner F. Narrative exposure therapy for PTSD increases top-down processing of aversive stimuli-evidence from a randomized controlled treatment trial. BMC neuroscience. 2011 Dec 19;12(1):127. Catani C, Neuner F. Change of Neural Network Indicators Through Narrative Treatment of PTSD in Torture Victims [NCT00563888]. 2010. Available from: https://clinicaltrials.gov/ct2/show/NCT00563888 [accessed 28.07.2017]	Sample size (N<10/arm)
3	Aderka 2013	Aderka IM, Gillihan SJ, McLean CP, Foa EB. The relationship between posttraumatic and depressive symptoms during prolonged exposure with and without cognitive restructuring for the treatment of posttraumatic stress disorder. Journal of consulting and clinical psychology. 2013 Jun;81(3):375.	Subgroup/secondary analysis of RCT already included
4	Adler 2008	Adler AB, Litz BT, Castro CA, Suvak M, Thomas JL, Burrell L, McGurk D, Wright KM, Bliese PD. A group randomized trial of critical incident stress debriefing provided to US peacekeepers. Journal of traumatic stress. 2008 Jun 1;21(3):253-63.	Population outside scope: Trials of soldiers on active service
5	Ahmadi 2015	Ahmadi K, Hazrati M, Ahmadizadeh M, Noohi S. REM desensitization as a new therapeutic method for post-traumatic stress disorder: a randomized controlled trial. Acta Medica Indonesiana. 2015;47(2).	Population outside scope: Trials of soldiers on active service
6	Albright 2010	Albright DL, Thyer B. Does EMDR reduce post-traumatic stress disorder symptomatology in combat veterans?. Behavioral Interventions. 2010 Feb 1;25(1):1-9.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
7	Allan 2015	Allan NP, Short NA, Albanese BJ, Keough ME, Schmidt NB. Direct and mediating effects of an anxiety sensitivity intervention on posttraumatic stress disorder symptoms in trauma-exposed individuals. Cognitive behaviour therapy. 2015 Nov 2;44(6):512-24.	Efficacy or safety data cannot be extracted
8	Amir 2008	Amir N. Information Processing Modification in the Treatment of PTSD [NCT00604045]. 2014. Available from: https://clinicaltrials.gov/ct2/show/study/NCT00604045 [accessed 08.08.2017]	Sample size (N<10/arm)
9	Anderson 2010	Anderson T, Fende Guajardo J, Luthra R, Edwards KM. Effects of clinician-assisted emotional disclosure for sexual assault survivors: A pilot study. Journal of interpersonal violence. 2010 Jun;25(6):1113-31.	Efficacy or safety data cannot be extracted

	Study ID	Reference	Reason for exclusion
10	Anderson 2014	Anderson ML, Najavits LM. Does seeking safety reduce PTSD symptoms in women receiving physical disability compensation?. Rehabilitation psychology. 2014 Aug;59(3):349.	Subgroup/secondary analysis that is not relevant
11	Andersson 2013	Andersson MA, Conley CS. Optimizing the perceived benefits and health outcomes of writing about traumatic life events. Stress and Health. 2013 Feb 1;29(1):40-9.	Comparison outside protocol
12	Andre 1997	Andre, C., Lelord, F., Legeron, P., Reignier, A., & Delattre, A. (1997). Effectiveness of early intervention on 132 bus drivers who have been victims of aggression: A controlled study. Encephale, 23, 65-71.	Non-English language paper
13	Angelakis 2010	Angelakis, S. The utility of combining cognitive processing therapy and behavioural activation for individuals with comorbid posttraumatic stress disorder and major depressive disorders: Is there added benefit to combining treatments? 2010. Available from: https://www.anzctr.org.au/Trial/Registration/TrialReview.aspx?ACTRN=12611000541909 [accessed 26.07.2017]	Unpublished (registered on clinical trials registry and author contacted for full trial report but not provided)
14	Anonymous 2004	NCT00055354. Acupuncture Diagnosis and Treatment of DSM-IV PTSD. Available from: https://clinicaltrials.gov/ct2/show/NCT00055354 [accessed 26.07.2017]	Paper unavailable
15	Arabia 2011	Arabia E, Manca ML, Solomon RM. EMDR for survivors of life-threatening cardiac events: results of a pilot study. Journal of EMDR Practice and Research. 2011 Feb 1;5(1):2-13.	Efficacy or safety data cannot be extracted
16	Arntz 2007	Arntz A, Tiesema M, Kindt M. Treatment of PTSD: A comparison of imaginal exposure with and without imagery rescripting. Journal of behavior therapy and experimental psychiatry. 2007 Dec 31;38(4):345-70.	Comparison outside protocol
17	Arroyo 2017	Arroyo K, Lundahl B, Butters R, Vanderloo M, Wood DS. Short-term interventions for survivors of intimate partner violence: a systematic review and meta-analysis. Trauma, Violence, & Abuse. 2017 Apr;18(2):155-71.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
18	Augedal 2013	Augedal AW, Hansen KS, Kronhaug CR, Harvey AG, Pallesen S. Randomized controlled trials of psychological and pharmacological treatments for nightmares: A meta-analysis. Sleep Medicine Reviews. 2013 Apr 30;17(2):143-52.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
19	Back 2011	Back, S. Integrated Treatment of OEF/OIF Veterans With PTSD & Substance Use Disorders (COPE). NCT01338506. 2011. Available from: https://clinicaltrials.gov/ct2/show/NCT01338506 [accessed 26.07.2017]	Unpublished (registered on clinical trials.gov and author contacted for full trial report but not provided)
20	Badour 2017	Badour CL, Flanagan JC, Gros DF, Killeen T, Pericot-Valverde I, Korte KJ, Allan NP, Back SE. Habituation of distress and craving during treatment as predictors of change in PTSD symptoms and substance use severity. Journal of consulting and clinical psychology. 2017 Mar;85(3):274.	Subgroup/secondary analysis that is not relevant
21	Badura-Brack 2018	Badura-Brack A, McDermott TJ, Becker KM, Ryan TJ, Khanna MM, Pine DS, Bar-Haim Y, Heinrichs-Graham E, Wilson TW. Attention training modulates resting-state neurophysiological abnormalities in posttraumatic stress disorder. Psychiatry Research: Neuroimaging. 2018 Jan 30;271:135-41.	Subgroup/secondary analysis of RCT already included
22	Banerjee 2007	Banerjee, B., Vadiraj, H. S., Ram, A., Rao, R., Jayapal, M., Gopinath, K. S., Ramesh, B. S., Rao, N., Kumar, A., Raghuram, N., Hegde, S., Nagendra, H. R., Prakash Hande, M. (2007) Effects of an integrated yoga program in modulating psychological stress and radiation-induced genotoxic stress in breast cancer patients undergoing radiotherapy, Integrative Cancer Therapies, 6, 242-250	Intervention not targeted at PTSD symptoms

	Study ID	Reference	Reason for exclusion
23	Banks 2015	Banks K, Newman E, Saleem J. An overview of the research on mindfulness-based interventions for treating symptoms of posttraumatic stress disorder: A systematic review. Journal of clinical psychology. 2015 Oct 1;71(10):935-63.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
24	Banos 2011	Baños RM, Guillen V, Quero S, Garcia-Palacios A, Alcaniz M, Botella C. A virtual reality system for the treatment of stress-related disorders: A preliminary analysis of efficacy compared to a standard cognitive behavioral program. International Journal of Human-Computer Studies. 2011 Aug 31;69(9):602-13.	Intervention not targeted at PTSD symptoms
25	Barabasz 2013	Barabasz A, Barabasz M, Christensen C, French B, Watkins JG. Efficacy of single-session abreactive ego state therapy for combat stress injury, PTSD, and ASD. International Journal of Clinical and Experimental Hypnosis. 2013 Jan 1;61(1):1-9.	Non-randomised group assignment
26	Barrera 2013	Barrera, TL.; Mott, JM.; Hofstein, RF.; Teng, EJ.; (2013) A meta-analytic review of exposure in group cognitive behavioral therapy for posttraumatic stress disorder. Clin Psych Rev 33 (1): 24-32	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
27	Barton 2014	Barton, S.; Karner, C.; Salih, F.; Baldwin, DS.; Edwards, SJ.; (2014) Clinical effectiveness of interventions for treatment-resisitant anxiety in older people: a systematic review. Health Tech Ass 18 (50): 1366-5278	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
28	Basoglu (unpublished)	Basoglu, M., Salcioglu, E., Livanou, M., Kalender, D., Acar, G. Single-session behavioral treatment of earthquake-related posttraumatic stress disorder: A randomized waitlist controlled trial. Journal of Traumatic Stress (in press).	Paper unavailable
29	Basoglu 2003	Basoglu, M., Livanou, M., Salcioglu, E., & Kalender, D. (2003). A brief behavioural treatment of chronic post-traumatic stress disorder in earthquake survivors: results from an open clinical trial. Psychol.Med, 33, 647-654.	Non-RCT (no control group)
30	Battersby 2013	Battersby MW, Beattie J, Pols RG, Smith DP, Condon J, Blunden S. A randomised controlled trial of the Flinders Program™ of chronic condition management in Vietnam veterans with co-morbid alcohol misuse, and psychiatric and medical conditions. Australian & New Zealand Journal of Psychiatry. 2013 May;47(5):451-62.	Population not relevant for this review (to be considered for other relevant RQ)
31	Bean 2017	Bean RC, Ong CW, Lee J, Twohig MP. Acceptance and commitment therapy for PTSD and trauma: An empirical review. The Behavior Therapist. 2017;4,145-150.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
32	Beatty 2016	Beatty L, Koczwara B, Wade T. Evaluating the efficacy of a self-guided Web-based CBT intervention for reducing cancer-distress: a randomised controlled trial. Supportive Care in Cancer. 2016 Mar 1;24(3):1043-51.	Comparison outside protocol
33	Beidel 2011	Beidel DC, Frueh BC, Uhde TW, Wong N, Mentrikoski JM. Multicomponent behavioral treatment for chronic combat-related posttraumatic stress disorder: A randomized controlled trial. Journal of anxiety disorders. 2011 Mar 31;25(2):224-31.	Comparison outside protocol
34	Beidel 2017	Beidel DC, Frueh BC, Neer SM, Bowers CA, Trachik B, Uhde TW, Grubaugh A. Trauma management therapy with virtual-reality augmented exposure therapy for combat-related PTSD: A randomized controlled trial. Journal of anxiety disorders. 2017 Aug 23.	Comparison outside protocol

	Study ID	Reference	Reason for exclusion
35	Bekker 2007	Bekker, MHJ.; van Mens-Verhulst J.; (2007) Anxiety Disorders: Sex Differences in Prevalence, Degree and Background, But Gender-Neutral Treatment. Gender Med 4 (S2): S178-S193.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
36	Belleau 2017	Belleau EL, Chin EG, Wanklyn SG, Zambrano-Vazquez L, Schumacher JA, Coffey SF. Pre-treatment predictors of dropout from prolonged exposure therapy in patients with chronic posttraumatic stress disorder and comorbid substance use disorders. Behaviour Research and Therapy. 2017 Apr 30;91:43-50.	Efficacy or safety data cannot be extracted
37	Benish 2008	Benish, SG.; Imel, ZE.; Wampold, BE.; (2008) The relative efficacy of bona fide psychotherapies for treating post-traumatic stress disorder: A meta-analysis of direct comparisons.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
38	Bergen-Cico 2014	Bergen-Cico D, Possemato K, Pigeon W. Reductions in cortisol associated with primary care brief mindfulness program for veterans with PTSD. Medical Care. 2014 Dec 1;52:S25-31.	Outcomes are not of interest
39	Berlim 2014	Berlim, MT.; Wan den Eynde, F.; (2014) Repetitive Transcranial Magnetic Stimulation over the Dorsolateral Prefrontal Cortex for Treating Posttraumatic Stress Disorder: An Exploratory Meta-Analysis of Randomized Double-Blind and Sham-Controlled Trials. The Canadian J of Psychiartry 59 (9)	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
40	Bichescu 2007	Bichescu D, Neuner F, Schauer M, Elbert T. Narrative exposure therapy for political imprisonment-related chronic posttraumatic stress disorder and depression. Behaviour research and therapy. 2007 Sep 30;45(9):2212-20.	Sample size (N<10/arm)
41	Bisson 2005	Bisson, J.; Andrew,; Psychological treatment of post-traumatic stress disorder (PTSD) (2007)Cochrane Database of Systematic Reviews	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
42	Bisson 2007	Bisson, JI.; Ehlers, A.; Matthews, R.; Pilling, S.; Richards, D.; Turner, S.; (2007) Psychological treatments for chronic post-traumatic stress disorder. Systematic review and meta-analysis. British J Psych 190: 97-104	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
43	Bisson 2013	Bisson, J.; Roberts, NP.; Andre, M.; Cooper, R.; Lewis, C.; (2013). Psychological therapies for chronic post-traumatice stress disorder (PTSD) in adults. Cochrane Database of Systematic Reviews	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
44	Boals 2016	Boals A, Murrell AR. I am> trauma: Experimentally reducing event centrality and PTSD symptoms in a clinical trial. Journal of Loss and Trauma. 2016 Nov 1;21(6):471-83.	Non-randomised group assignment
45	Boccia 2015	Boccia, M.; Piccardi, L.; Cordellieri, P.; Guariglia, C.; Giannini, AM.; (2015) EMDR therapy for PTSD after motor vehicle accidents: meta-analytic evidence for specific treatment. Front Hum Neurosci 9: 213	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
46	Boden 2012/2014	Boden MT, Kimerling R, Jacobs-Lentz J, Bowman D, Weaver C, Carney D, Walser R, Trafton JA. Seeking Safety treatment for male veterans with a substance use disorder and post-traumatic stress disorder symptomatology. Addiction. 2012 Mar 1;107(3):578-86.	Non-randomised group assignment

	Study ID	Reference	Reason for exclusion
		Boden MT, Kimerling R, Kulkarni M, Bonn-Miller MO, Weaver C, Trafton J. Coping among military veterans with PTSD in substance use disorder treatment. Journal of substance abuse treatment. 2014 Aug 31;47(2):160-7.	
47	Boggio 2010	Boggio PS, Rocha M, Oliveira MO, Fecteau S, Cohen RB, Campanhã C, Ferreira-Santos E, Meleiro A, Corchs F, Zaghi S, Pascual-Leone A. Noninvasive brain stimulation with high-frequency and low-intensity repetitive transcranial magnetic stimulation treatment for posttraumatic stress disorder. The Journal of clinical psychiatry. 2010 Aug;71(8):992.	Efficacy or safety data cannot be extracted
48	Bolton 2015	Bolton, AJ.; Dorstyn, DS.; (2015) Telepsychology for Posttraumatic Stress Disorder: A Systematic reivew. J Telemedicine and Telecare 21 (5)	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
49	Bomyea 2015	Bomyea J, Stein MB, Lang AJ. Interference control training for PTSD: A randomized controlled trial of a novel computer-based intervention. Journal of anxiety disorders. 2015 Aug 31;34:33-42.	Comparison outside protocol
50	Bomyea 2017	Bomyea J, Lang AJ, Schnurr PP. TBI and Treatment Response in a Randomized Trial of Acceptance and Commitment Therapy. The Journal of head trauma rehabilitation. 2017 Jan.	Intervention not targeted at PTSD symptoms
51	Bordow 1979	Bordow, S. & Porritt, D. (1979). An experimental evaluation of crisis intervention. Social Science & Medicine, 13A, 251-256.	Non-randomised group assignment
52	Boritz 2016	Boritz T, Barnhart R, McMain SF. The influence of posttraumatic stress disorder on treatment outcomes of patients with borderline personality disorder. Journal of personality disorders. 2016 Jun;30(3):395-407.	Intervention not targeted at PTSD symptoms
53	Bottche 2016	Böttche M, Kuwert P, Pietrzak RH, Knaevelsrud C. Predictors of outcome of an Internet-based cognitive-behavioural therapy for post-traumatic stress disorder in older adults. Psychology and Psychotherapy: Theory, Research and Practice. 2016 Mar 1;89(1):82-96.	Subgroup/secondary analysis of RCT already included
54	Boudewyns 1990	Boudewyns, P.A.; Hyer, L. (1990) Physiological response to combat memories and preliminary treatment outcome in Vietnam veteren PTSD patients treated with direct therapeutic exposure. Behavior Therapy, 21, 63-87	Intervention not targeted at PTSD symptoms
55	Bowland 2012	Bowland S, Edmond T, Fallot RD. Evaluation of a spiritually focused intervention with older trauma survivors. Social work. 2012 Jan 1;57(1):73-82.	Intervention not targeted at PTSD symptoms
56	Bradley 2003	Bradley, RG.; Follingstad DR.; (2003) Group Therapy for Incarcerated Women Who Experienced Interpersonal Violence: A Pilot Study. J Trau Stress 16(4):337-340	Population outside scope: Trials of adults in contact with the criminal justice system (not solely as a result of being a witness or victim)
57	Bradley 2005	Bradley, R.; Greene, J.; Russ, E.; Dutra, L.; Westen, D.; (2005) A Multidimensional Meta-Analysis of Psychotherapy for PTSD. Am J Psych 162 (2): 214-227	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
58	Bradshaw 2014	Bradshaw RA, McDonald MJ, Grace R, Detwiler L, Austin K. A randomized clinical trial of Observed and Experiential Integration (OEI): A simple, innovative intervention for affect regulation in clients with PTSD. Traumatology. 2014 Sep;20(3):161.	Sample size (N<10/arm)

	Study ID	Reference	Reason for exclusion
59	Bremner 2017	Bremner JD, Mishra S, Campanella C, Shah M, Kasher N, Evans S, Fani N, Shah AJ, Reiff C, Davis LL, Vaccarino V and Carmody J (2017) A Pilot Study of the Effects of Mindfulness-Based Stress Reduction on Post-traumatic Stress Disorder Symptoms and Brain Response to Traumatic Reminders of Combat in Operation Enduring Freedom/Operation Iraqi Freedom Combat Veterans with Post-traumatic Stress Disorder. Front. Psychiatry 8:157. doi: 10.3389/fpsyt.2017.00157	Sample size (N<10/arm)
60	Brief 2013	Brief DJ, Rubin A, Keane TM, Enggasser JL, Roy M, Helmuth E, Hermos J, Lachowicz M, Rybin D, Rosenbloom D. Web intervention for OEF/OIF veterans with problem drinking and PTSD symptoms: A randomized clinical trial. Journal of consulting and clinical psychology. 2013 Oct;81(5):890.	Intervention not targeted at PTSD symptoms
61	Brown 2013	Brown LA, Craske MG, Glenn DE, Stein MB, Sullivan G, Sherbourne C, Bystritsky A, Welch SS, Campbell-Sills L, Lang A, Roy-Byrne P. CBT competence in novice therapists improves anxiety outcomes. Depression and anxiety. 2013 Feb 1;30(2):97-115.	Intervention not targeted at PTSD symptoms
62	Brown 2014	Brown AJ, Bollini AM, Craighead LW, Astin MC, Norrholm SD, Bradley B. Self-Monitoring of Reexperiencing Symptoms: A Randomized Trial. Journal of traumatic stress. 2014 Oct 1;27(5):519-25.	Efficacy or safety data cannot be extracted
63	Bryant 2008b	Bryant RA, Moulds ML, Guthrie RM, Dang ST, Mastrodomenico J, Nixon RD, Felmingham KL, Hopwood S, Creamer M. A randomized controlled trial of exposure therapy and cognitive restructuring for posttraumatic stress disorder. Journal of consulting and clinical psychology. 2008 Aug;76(4):695.	Comparison outside protocol
64	Bryant 2013	Bryant RA, Mastrodomenico J, Hopwood S, Kenny L, Cahill C, Kandris E, Taylor K. Augmenting cognitive behaviour therapy for post-traumatic stress disorder with emotion tolerance training: a randomized controlled trial. FOCUS. 2013 Jul;11(3):379-86.	Paper unavailable
65	Butollo 2016	Butollo W, Karl R, König J, Rosner R. A Randomized Controlled Clinical Trial of Dialogical Exposure Therapy versus Cognitive Processing Therapy for Adult Outpatients Suffering from PTSD after Type I Trauma in Adulthood. Psychotherapy and psychosomatics. 2016;85(1):16-26.	Comparison outside protocol
66	Cabral 2011	Cabral, P.; Meyer, HB.; Ames, D.; (2011) Effectiveness of Yoga Therapy as a Complementary Treatment for Major Psychiatric Disorders: A Meta-Analysis . Primary Care Companion for CNS Disorders 13 (4)	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
67	Carlson 2013/2016	Carlson LE, Doll R, Stephen J, Faris P, Tamagawa R, Drysdale E, Speca M. Randomized controlled trial of mindfulness-based cancer recovery versus supportive expressive group therapy for distressed survivors of breast cancer (MINDSET). Journal of clinical oncology. 2013 Aug 5;31(25):3119-26. Carlson LE, Tamagawa R, Stephen J, Drysdale E, Zhong L, Speca M. Randomized-controlled trial of mindfulness-based cancer recovery versus supportive expressive group therapy among distressed breast cancer survivors (MINDSET): long-term follow-up results. Psycho-Oncology. 2016 Jul 1;25(7):750-9.	Intervention not targeted at PTSD symptoms
68	Carlson 2014	Carlson, L.E., Tamagawa, R., Stephen, J., Doll, R., Faris, P., Dirkse, D. and Speca, M., 2014. Tailoring mind-body therapies to individual needs: patients' program preference and psychological traits as moderators of the effects of mindfulness-based cancer recovery and supportive-expressive therapy in distressed breast cancer survivors. Journal of the National Cancer Institute Monographs, 2014(50), pp.308-314.	Subgroup/secondary analysis that is not relevant

	Study ID	Reference	Reason for exclusion
69	Carpenter 2014	Carpenter KM, Stoner SA, Schmitz K, McGregor BA, Doorenbos AZ. An online stress management workbook for breast cancer. Journal of behavioral medicine. 2014 Jun 1;37(3):458-68.	Efficacy or safety data cannot be extracted
70	Carter 2006b	Carter JJ. A controlled breathing course promoting social and emotional health for Vietnam veterans with chronic posttraumatic stress disorder - A randomised controlled trial [NCT00256477]. 2006. Available from: https://clinicaltrials.gov/ct2/show/NCT00256477 [accessed 28.07.2017]	Paper unavailable
71	Carter 2006a	Carter J, Byrne G. A two year study of the use of yoga in a series of pilot studies as an adjunct to ordinary psychiatric treatment in a group of Vietnam War veterans suffering from post traumatic stress disorder. Online document at: www. Therapywithyoga. com Accessed November. 2004;27.	Design: Non-randomised group assignment
72	Carter 2013	Carter J, Gerbarg PL, Brown RP, Ware RS, D'Ambrosio C. Multi-component yoga breath program for Vietnam veteran post traumatic stress disorder: randomized controlled trial. J Trauma Stress Disor Treat 2. 2013;3:2.	Efficacy or safety data cannot be extracted
73	Casement 2012	Casement, MD.; Swanson, LM.; (2012) A meta-analysis of imagery rehearsal for post-traumatic nightmares: Effects on nightmare frequency, sleep quality and posttraumatic stress. Clinical Psychology Review. 32 (6): 566-574	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
74	Chemtob 1997b	Chemtob, C. M., Novaco, R. W., Hamada, R. S., & Gross, D. M. (1997). Cognitive-behavioral treatment for severe anger in posttraumatic stress disorder. Journal of Consulting & Clinical Psychology, 65, 184-189	Sample size (N<10/arm)
75	Chen 2014	Chen, Y-R.; Hung, K-W.; Tsai, J-C.; Chu, H.; Chung, M-H.; Chen, S-R.; Liao, Y-M.; Ou, K-L.; Chang, Y-C.; Chou, K-R.; (2014) Efficacy of Eye-Movement Desensitization and Reprocessing for patients with Posttraumatic-Stress Disorder: A Meta-Analysis of Randomized Controlled Trials. PLOS-One 9 (8)	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
76	Chen 2015	Chen, L.; Zhang, G.; Hu M.; Liang, X.; (2015) Eye Movement Desensitization and Reprocessing Versus Cognitive-Behavioural Therapy for Adult Posttraumatic Stress Disorder: Systematic Review and Meta-Analysis. J of Nervous and Mental Disease. 203 (6):443-451	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
77	Chiesa 2010	Chiesa, A.; (2010) Vipassana Meditation: Systematic Review of Current Evidence. The Jornal of Alternative and Complementary Medicine 16 (1): 37-46	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
78	Christensen 2013	Christensen C, Barabasz A, Barabasz M. Efficacy of abreactive ego state therapy for PTSD: Trauma resolution, depression, and anxiety. International Journal of Clinical and Experimental Hypnosis. 2013 Jan 1;61(1):20-37.	Efficacy or safety data cannot be extracted
79	Church 2016b	Church D, Yount G, Rachlin K, Fox L, Nelms J. Epigenetic Effects of PTSD Remediation in Veterans Using Clinical Emotional Freedom Techniques: A Randomized Controlled Pilot Study. American Journal of Health Promotion. 2016 Aug 12:0890117116661154.	Sample size (N<10/arm)
80	Cimpianu 2017	Cimpianu, C-L.; Strube, W.; Falkai, P.; Palm, U.; Hasan, A.; (2017) Vagus nerve stimulation in psychiarty: a systematic review of the available evidence. J Nerual Transmission 124 (1): 145-158	Systematic review with no new useable data and any meta-analysis results not appropriate to extract

	Study ID	Reference	Reason for exclusion
81	Clarke 2008	Clarke SB, Rizvi SL, Resick PA. Borderline personality characteristics and treatment outcome in cognitive-behavioral treatments for PTSD in female rape victims. Behavior therapy. 2008 Mar 31;39(1):72-8.	Subgroup/secondary analysis of RCT already included
82	Classen 2001	Classen, C., Koopman, C., Nevill-Manning, K., & Spiegel, D. (2001). A preliminary report comparing trauma-focused and present-focused group therapy against a wait-listed condition among childhood sexual abuse survivors with PTSD. Journal of Aggression, Maltreatment & Trauma, 4, 265-288.	Efficacy or safety data cannot be extracted
83	Clausen 2012	Clausen, J., Ruff, S., Von Wiederhold, W., Heineman, T. (2012) For as long as it takes: Relationship-based play therapy for children in foster care, Psychoanalytic Social Work, 19, 43-53	Non-RCT (no control group)
84	Cloitre 2012	Cloitre M, Petkova E, Wang J. An examination of the influence of a sequential treatment on the course and impact of dissociation among women with PTSD related to childhood abuse. Depression and Anxiety. 2012 Aug 1;29(8):709-17.	Subgroup/secondary analysis of RCT already included
85	Cloitre 2017	Cloitre M, Garvert DW, Weiss BJ. Depression as a moderator of STAIR Narrative Therapy for women with post-traumatic stress disorder related to childhood abuse. European journal of psychotraumatology. 2017 Jan 1;8(1):1377028.	Subgroup/secondary analysis of RCT already included
86	Clond 2016	Clond, M.; (2016) Emotional Freedom Techniques for Anxiety: A Systematic Review With Meta-analysis. J of Nervous and Mental disease 204 (5):388-395	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
87	Connolly 2013	Connolly SM, Roe-Sepowitz D, Sakai C, Edwards J. Utilizing community resources to treat PTSD: A randomized controlled study using Thought Field Therapy. African J Trauma Studies. 2013;3:24-32.	Non-randomised group assignment
88	Coffey 2006	Coffey SF, Stasiewicz PR, Hughes PM, Brimo ML. Trauma-focused imaginal exposure for individuals with comorbid posttraumatic stress disorder and alcohol dependence: Revealing mechanisms of alcohol craving in a cue reactivity paradigm. Psychology of Addictive Behaviors. 2006 Dec;20(4):425.	Sample size (N<10/arm)
89	Cohen 2004b	Cohen, H., Kaplan, Z., Kotler, M., Kouperman, I., Moisa, R., & Grisaru, N. (2004). Repetitive transcranial magnetic stimulation of the right dorsolateral prefrontal cortex in posttraumatic stress disorder: a double-blind, placebo-controlled study. American Journal of Psychiatry, 161(3), 515-524.	Sample size (N<10/arm)
90	Cook 2013	Cook JM, Thompson R, Harb GC, Ross RJ. Cognitive− behavioral treatment for posttraumatic nightmares: An investigation of predictors of dropout and outcome. Psychological Trauma: Theory, Research, Practice, and Policy. 2013 Nov;5(6):545.	Subgroup/secondary analysis that is not relevant
91	Cooper 1989	Cooper, N.A.; Clum, G.A. (1989) Imaginal flooding as a supplimentary treatment for PTSD in combat veterens: a controlled study. Behavior Therapy, 20, 381-391	Sample size (N<10/arm)
92	Cooper 2017a	Cooper AA, Kline AC, Graham B, Bedard-Gilligan M, Mello PG, Feeny NC, Zoellner LA. Homework “dose,” type, and helpfulness as predictors of clinical outcomes in prolonged exposure for PTSD. Behavior therapy. 2017 Mar 1;48(2):182-94.	Subgroup/secondary analysis that is not relevant
93	Cooper 2017b	Cooper AA, Zoellner LA, Roy-Byrne P, Mavissakalian MR, Feeny NC. Do changes in trauma-related beliefs predict PTSD symptom improvement in prolonged exposure and sertraline?. Journal of consulting and clinical psychology. 2017 Sep;85(9):873.	Subgroup/secondary analysis that is not relevant

	Study ID	Reference	Reason for exclusion
94	Cort 2012	Cort NA, Gamble SA, Smith PN, Chaudron LH, Lu N, He H, Talbot NL. Predictors of treatment outcomes among depressed women with childhood sexual abuse histories. Depression and anxiety. 2012 Jun 1;29(6):479-86.	Subgroup/secondary analysis of RCT already included
95	Craft 2013	Craft MA, Davis GC, Paulson RM. Expressive writing in early breast cancer survivors. Journal of Advanced Nursing. 2013 Feb 1;69(2):305-15.	Intervention not targeted at PTSD symptoms
96	Craske 2011	Craske MG, Stein MB, Sullivan G, Sherbourne C, Bystritsky A, Rose RD, Lang AJ, Welch S, Campbell-Sills L, Golinelli D, Roy-Byrne P. Disorder-specific impact of coordinated anxiety learning and management treatment for anxiety disorders in primary care. Archives of General Psychiatry. 2011 Apr 4;68(4):378-88.	Intervention outside protocol
97	Crawford 2016	Crawford JJ, Vallance JK, Holt NL, Steed H, Courneya KS. A phase I/II pilot study assessing the preliminary efficacy of wall climbing for improving posttraumatic growth and quality of life in gynecologic cancer survivors. Mental Health and Physical Activity. 2016 Oct 31;11:60-6.	Outcomes are not of interest
98	Crespo 2010	Crespo M, Arinero M. Assessment of the efficacy of a psychological treatment for women victims of violence by their intimate male partner. The Spanish journal of psychology. 2010 Nov;13(2):849-63.	Non-randomised group assignment
99	Crumlish 2010	Crumlish, N.; O'Rourke, K.; (2010) A systematic review of treatments for post-traumatic stress disorder among refugees and asylum-seekers. J Nervous and Mental Disease 198 (4): 237-251	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
100	Cuijpers 2009	Cuijpers, P.; Marks, IM.; Van Straten, A.; Cavanagh, K.; Gega, L.; Andersson, G.; (2009) Computer-Aided Psychotherapy for Anxiety Disorders: A Meta-Analytic Review. Cog Beh Therapy 38(2): 66-82	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
101	Cuijpers 2013	Cuijpers, P.; Sijbrandij, M.; Koole, SL.; Andersson, G.; Beekman, AT.; Reynolds, CF.; (2013) The efficacy of psychotherapy and pharmacotherapy in treating depressive and anxiety disorders: a meta-analysis of direct comparisons. World Psychiatry 12 (2): 137-148	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
102	Cusack 1999	Cusack, K. & Spates, C. R. (1999). The cognitive dismantling of Eye Movement Desensitization and Reprocessing (EMDR) treatment of Posttraumatic Stress Disorder (PTSD). Journal of Anxiety Disorders, 13, 87-99.	Non-randomised group assignment
103	Cusack 2016	Cusack, K.; Jonas, DE.; Forneris, CA.; Wines, C.; Sonis, J.; Middleton, JC.; Feltner, C.; Brownley, KA.; Olmsted, KR.; Greenblatt, A.; Weil, A.; Gaynes, BN.; (2016) Psychological treatments for adults with posttraumatic stress disorder: A systematic review and meta-analysis. Clin Pscy Rev 43: 128-141	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
104	Cyniak-Cieciura 2015	Cyniak-Cieciura M, Popiel A, Zawadzki B. General self-efficacy level and changes in negative postttraumatic cognitions and posttraumatic stress disorder (PTSD) symptoms among motor vehicle accident survivors after PTSD therapy. Psychol Stud. 2015;53:18-29.	Subgroup/secondary analysis of RCT already included
105	Da Silva	Da Silva, TL.; Ravindran, LN.; Ravindran, AV.; (2009) Yoga in the treatment of mood and anxiety disorders: A review. Asian J Psychiatry 2 (1): 6-16	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
106	Dalton 2013	Dalton EJ, Greenman PS, Classen CC, Johnson SM. Nurturing connections in the aftermath of childhood trauma: A randomized controlled trial of emotionally focused couple therapy for female	Efficacy or safety data cannot be extracted

	Study ID	Reference	Reason for exclusion
		survivors of childhood abuse. Couple and Family Psychology: Research and Practice. 2013 Sep;2(3):209.	
107	Deacon 2004	Deacon, BJ.; Abramowitz, JS.; (2004) Cognitive and behavioral treatments for anxiety disorders: A review of meta-analytic findings. J Clin Psyh 60 (4): 429-441	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
108	Detweiler 2015	Detweiler MB, Lane S, Spencer L, Lutgens B, Halling MH, Rudder TF, Lehmann L. Horticultural therapy: A pilot study on modulating cortisol levels and indices of substance craving, posttraumatic stress disorder, depression, and quality of life in veterans. Alternative therapies in health and medicine. 2015 Jul 1;21(4):36.	Sample size (N<10/arm)
109	Devilly 1998	Devilly, G. J., Spence, S. H., & Rapee, R. M. (1998). Statistical and reliable change with eye movement desensitization and reprocessing: Treating trauma within a veteran population. Behavior Therapy, 29, 435-455.	Non-randomised group assignment
110	Devilly 1999	Devilly GJ, Spence SH. The relative efficacy and treatment distress of EMDR and a cognitive-behavior trauma treatment protocol in the amelioration of posttraumatic stress disorder. Journal of anxiety disorders. 1999 Apr 30;13(1):131-57.	Non-randomised group assignment
111	Devilly 2001	Devilly GJ. The successful treatment of PTSD through overt cognitive behavioral therapy in non-responders to EMDR. Behavioural and Cognitive Psychotherapy. 2001 Jan;29(1):57-70.	Non-RCT (no control group)
112	Diehle 2014	Diehle, J.; Schmitt, K.; Daams, JG.; Boer, F.; Lindauer, RJL.; (2014) Effects of Psychotherapy on Trauma-Related Cognitions in Posttraumatic Stress Disorder: A Meta-Analysis. J Traumatic Stress 27 (3): 257-264	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
113	Difede 2007a	Difede J, Cukor J, Jayasinghe N, Patt I, Jedel S, Spielman L, Giosan C, Hoffman HG. Virtual reality exposure therapy for the treatment of posttraumatic stress disorder following September 11, 2001. Journal of Clinical Psychiatry. 2007 Nov 11;68(11):1639.	Sample size (N<10/arm)
114	DiMauro 2014	DiMauro, J.; (2014) Exposure Therapy for Posttraumatic Stress Disorder: A Meta-Analysis. Military Psychology 26(2):120-130	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
115	Dinnen 2014	Dinnen, S.; Simiola, V.; Cook, JM.; (2014) Post-traumatic stress disorder in older adults: a systematic review of the psychotherapy treatment literature. Aging and Mental Health 19 (2): 144-150	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
116	Dodds 2015	Dodds SE, Pace TW, Bell ML, Fiero M, Negi LT, Raison CL, Weihs KL. Feasibility of Cognitively-Based Compassion Training (CBCT) for breast cancer survivors: a randomized, wait list controlled pilot study. Supportive Care in Cancer. 2015 Dec 1;23(12):3599-608.	Efficacy or safety data cannot be extracted
117	Dorrepaal 2010	Dorrepaal E, Thomaes K, Smit JH, van Balkom AJ, van Dyck R, Veltman DJ, Draijer N. Stabilizing group treatment for complex posttraumatic stress disorder related to childhood abuse based on psycho-education and cognitive behavioral therapy: A pilot study. Child Abuse & Neglect. 2010 Apr 30;34(4):284-8.	Non-RCT (no control group)

	Study ID	Reference	Reason for exclusion
118	Dorrepaal 2013	Dorrepaal E, Thomaes K, Smit JH, Veltman DJ, Hoogendoorn AW, van Balkom AJ, Draijer N. Treatment compliance and effectiveness in complex PTSD patients with co-morbid personality disorder undergoing stabilizing cognitive behavioral group treatment: A preliminary study. European journal of psychotraumatology. 2013 Dec 1;4(1):21171.	Subgroup/secondary analysis of RCT already included
119	Dorrepaal 2014	Dorrepaal, E.; Thomaes, K.; Hoogendoorn, AW.; Veltman, DJ.; Drijer, N.; Van Balkom, AJLM.; (2014) Evidence-based treatment for adult women with child abouse-related Complex PTSD: a quantitative review. Eur J Psychotraumatology 5(1):	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
120	Dossa 2012	Dossa, NI.; Hatem, M.; (2012) Cognitive-Behavioral Therapy versus Other PTSD Psychotherapies as Treatment for Women Victims of War-Related Violence: A Systematic Review. The Scientific World Journal:ID, 181847	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
121	Drožđek 2010	Drožđek B, Bolwerk N. Evaluation of group therapy with traumatized asylum seekers and refugees—The Den Bosch Model. Traumatology. 2010 Dec;16(4):117.	Non-randomised group assignment
122	Drožđek 2012	Droždek B, Kamperman AM, Bolwerk N, Tol WA, Kleber RJ. Group therapy with male asylum seekers and refugees with posttraumatic stress disorder: A controlled comparison cohort study of three day-treatment programs. The Journal of nervous and mental disease. 2012 Sep 1;200(9):758-65.	Non-randomised group assignment
123	Drummond 2009	Drummond SP. Treating Insomnia & Nightmares After Trauma: Impact on Symptoms & Quality of Life [NCT01009112]. Available from: https://clinicaltrials.gov/ct2/show/NCT01009112 [accessed 08.08.2017]	Comparison outside protocol
124	Duan-Porter 2016	Duan-Porter, W.; Coeytaux, RR.; McDuffie, JR.; Goode, AP.; Sharma, P.; Mennella, H.; Nagi, A.; Williams, JW.; (2016) Evidence Map of Yoga for Depression, Anxiety and Posttraumatic Stress Disorder. J Phsyical Activity Health 13: 281-288	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
125	Dybdahl 2001	Dybdahl, R. (2001) Children and mothers in war: an outcome study of a psychosocial intervention program. Child Development, 72, 4, 1214-1230	Efficacy or safety data cannot be extracted
126	Echeburua 1996	Echeburua, E; Corral, P.; Sarasua, B; Zubizarreta, I. (1996) Treatment of acute posttraumatic stress disorder in rape victims: an experimental study. Journal of Anxiety Disorders, 10, 3, 185-199	Non-randomised group assignment
127	Echeburua 1997	Echeburua, E., de Corral, P., Zubizarreta, I., & Sarasua, B. (1997). Psychological treatment of chronic posttraumatic stress disorder in victims of sexual aggression. Behavior Modification, 21, 433- 456.	Sample size (N<10/arm)
128	Edzard 2012	Edzard, E.; Snyder, J.; Dunlop, RA.; (2012) National Centre for Complementary and Alternative Medicine-funded randomised controlled trials of acupuncture: a systematic review. Focus on Alternative and Complementary Therapies, 17(1):15-22.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
129	Ehring 2014	Ehring, T.; Welboren, R.; Morina, N.; Wicherts, JM.; Freitag, J.; Emmelkamp, PMG.; (2014) Meta-analysis of psychological treatments for posttraumatic stress disorder in adult survivors of childhood abuse. Clin Pscyh Rev 34(8):645-657	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
130	Elkjaer 2014	Elkjaer H, Kristensen E, Mortensen EL, Poulsen S, Lau M. Analytic versus systemic group therapy for women with a history of child sexual abuse: 1-Year follow-up of a randomized controlled trial. Psychology and Psychotherapy: Theory, Research and Practice. 2014 Jun 1;87(2):191-208.	Intervention not targeted at PTSD symptoms
131	Engel 2015	Engel CC, Litz B, Magruder KM, Harper E, Gore K, Stein N, Yeager D, Liu X, Coe TR. Delivery of self training and education for stressful situations (DESTRESS-PC): a randomized trial of nurse assisted	Population outside scope: Trials of soldiers on active service

	Study ID	Reference	Reason for exclusion
		online self-management for PTSD in primary care. General hospital psychiatry. 2015 Aug 31;37(4):323-8.	
132	Erford 2016	Erford, BT.; Gunther, C.; Duncan, K.; Bardhoshi, G.; Dummett, B.; Kraft, J.; Deferio, K.; Falco, M.; Ross, M.; (2016) Meta-Analysis of Counseling Outcomes for the Treatment of Posttraumatic Stress Disorder. J Couns Devplt 94 (1); 13-30	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
133	Erickson 2007	Erickson DH, Janeck AS, Tallman K. A cognitive-behavioral group for patients with various anxiety disorders. Psychiatric Services. 2007 Sep;58(9):1205-11.	Population outside scope: <80% of the study's participants are eligible for the review and disaggregated data cannot be obtained
134	Falsetti 2001	Falsetti, S.A.; Resnick, H.S. & Gallagher, N.G. (2001) Treatment of posttraumatic stress disorder with comorbid panic attacks: combining cognitive processing therapy with panic control treatment techniques. Group Dynamics: Theory, Research, and Practice, 5, 4, 252-260	Cross-over study and first phase data not available
135	Feeny 2002	Feeny, CC.; Zoellner, LA.; Foa, EB.; (2002) Treatment Outcome for Chronic PTSD Among Gemal Assault Victims with Borderline Personality Characteristics: A Preliminary Examination. J Personality Disorders 16 (1): 30-40	Non-randomised group assignment
136	Feeny 2004	NCT00127673. Effectiveness of PTSD Treatment: CBT Versus Sertraline. Available from: https://clinicaltrials.gov/show/NCT00127673 [accessed 06.01.17]	Unpublished (registered on clinical trials.gov and author contacted for full trial report but not provided)
137	Felmingham 2012	Felmingham KL, Bryant RA. Gender differences in the maintenance of response to cognitive behavior therapy for posttraumatic stress disorder. Journal of Consulting and Clinical Psychology. 2012 Apr;80(2):196.	Comparison outside protocol
138	Fernandez 2008	Fernández I, Páez D. The benefits of expressive writing after the Madrid terrorist attack: Implications for emotional activation and positive affect. British Journal of Health Psychology. 2008 Feb 1;13(1):31-4.	Intervention not targeted at PTSD symptoms
139	Feske 2008	Feske U. Treating low-income and minority women with posttraumatic stress disorder: A pilot study comparing prolonged exposure and treatment as usual conducted by community therapists. Journal of interpersonal violence. 2008 Aug;23(8):1027-40.	Sample size (N<10/arm)
140	Fetzner 2015	Fetzner MG, Asmundson GJ. Aerobic exercise reduces symptoms of posttraumatic stress disorder: A randomized controlled trial. Cognitive behaviour therapy. 2015 Jul 4;44(4):301-13.	Comparison outside protocol
141	Foa (unpublished)	Foa, E.B.; Zoellner, L.A. & Feeny, N.C. (unpublished) Recovery after trauma.	Paper unavailable
142	Foa 1999	Foa, EB.; Dancu CV.; Hembree EX.; Joycos LH.; Meadows EA.; Street,GP.; A comparison of exposure therapy, stress incoulation training, and their combination for reducing postraumatic stress disorder in female assult victims (1999). J Consult and Clin Psy 67 (2): 194-200	Non-randomised group assignment
143	Foa 2004	Foa EB, Rauch SA. Cognitive changes during prolonged exposure versus prolonged exposure plus cognitive restructuring in female assault survivors with posttraumatic stress disorder. Journal of consulting and clinical psychology. 2004 Oct;72(5):879.	Outcomes are not of interest

	Study ID	Reference	Reason for exclusion
144	Forbes 1994	Forbes, D.; Creamer, M.; Rycroft, P. (1994) Eye movement desensitization and reprocessing in posttraumatic stress disorder: a pilot study using assessment measures. Journal of Behaviour Therapy & Experimental Psychiatry, 25, 2, 113-120	Non-randomised group assignment
145	Forbes 2001	Forbes, D., Phelps, A., & McHugh, T. (2001). Treatment of combat-related nightmares using imagery rehearsal: a pilot study. Journal of Traumatic Stress, 14, 433-442	Non-randomised group assignment
146	Ford 2016	Ford J, Rosman L, Wuensch K, Irvine J, Sears SF. Cognitive–Behavioral Treatment of Posttraumatic Stress in Patients With Implantable Cardioverter Defibrillators: Results From a Randomized Controlled Trial. Journal of traumatic stress. 2016 Aug 1;29(4):388-92.	Efficacy or safety data cannot be extracted
147	Forman 2012	Forman EM, Shaw JA, Goetter EM, Herbert JD, Park JA, Yuen EK. Long-term follow-up of a randomized controlled trial comparing acceptance and commitment therapy and standard cognitive behavior therapy for anxiety and depression. Behavior Therapy. 2012 Dec 31;43(4):801-11.	Intervention not targeted at PTSD symptoms
148	Forshay 2011	Forshay, E. Cognitive Behavioral Therapy (CBT) for PTSD in Veterans With Co-Occurring SUDs [NCT01357577]. Available from: https://clinicaltrials.gov/ct2/show/NCT01357577 [accessed 02.08.2017]	Protocol
149	Frank 1998b	Frank, E.; Anderson, B.; Stewart, B.D.; Dancu, C.; Hughes, C.; West, D. (1988) Efficacy of cognitive behavior therpy and systematic desensitization in the treatment of rape trauma. Behavior therapy, 19, 403-420	Non-randomised group assignment
150	Franklin 2017	Franklin CL, Cuccurullo LA, Walton JL, Arseneau JR, Petersen NJ. Face to face but not in the same place: A pilot study of prolonged exposure therapy. Journal of Trauma & Dissociation. 2017 Jan 1;18(1):116-30.	Sample size (N<10/arm)
151	Fredette 2016	Fredette, C.; El-Baalbaki, G.; Palardy, V.; Rizkallah, E.; Guay, S.; (2016) Social support and cognitive-behavioral therapy for posttraumatic stress disorder: A systematic review. Traumatology 22(2): 131-144.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
152	Fredman 2016	Fredman SJ, Pukay-Martin ND, Macdonald A, Wagner AC, Vorstenbosch V, Monson CM. Partner accommodation moderates treatment outcomes for couple therapy for posttraumatic stress disorder. Journal of consulting and clinical psychology. 2016 Jan;84(1):79.	Subgroup/secondary analysis that is not relevant
153	Frisman 2008	Frisman L, Ford J, Lin HJ, Mallon S, Chang R. Outcomes of trauma treatment using the TARGET model. Journal of Groups in Addiction & Recovery. 2008 Nov 3;3(3-4):285-303.	Non-randomised group assignment
154	Frommberger 2004	Frommberger U, Stieglitz RD, Nyberg E, Richter H, Novelli-Fischer U, Angenendt J, Zaninelli R, Berger M. Comparison between paroxetine and behaviour therapy in patients with posttraumatic stress disorder (PTSD): a pilot study. International Journal of Psychiatry in Clinical Practice. 2004 Jan 1;8(1):19-23.	Sample size (N<10/arm)
155	Frost 2014	Frost, ND.; Laska, KM.; Wampold, BE.; (2014) The Evidence for Present-Centred Therapy as a Treatment for Posttraumatic Stress Disorder. J Trau Stress 27(1):1-8	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
156	Frueh 1996	Frueh, B.C.; Turner, S.T.; Beidel, D.C.; Mirabella, R.F.; Jones, W.J. (1996) Trauma management therapy: a preliminary evaluation of a multicomponent behavioral treatment for combat-related PTSD. Behavior Research & Therapy, 34, 7, 533-543	Non-randomised group assignment

	Study ID	Reference	Reason for exclusion
157	Gallagher 2012	Gallagher MW, Resick PA. Mechanisms of change in cognitive processing therapy and prolonged exposure therapy for PTSD: Preliminary evidence for the differential effects of hopelessness and habituation. Cognitive therapy and research. 2012 Dec 1;36(6):750-5.	Subgroup/secondary analysis of RCT already included
158	Gallegos 2016	Gallegos AM, Streltzov NA, Stecker T. Improving Treatment Engagement for Returning Operation Enduring Freedom and Operation Iraqi Freedom Veterans With Posttraumatic Stress Disorder, Depression, and Suicidal Ideation. The Journal of nervous and mental disease. 2016 May 1;204(5):339-43.	Subgroup/secondary analysis of RCT already included
159	Gallegos 2017	Gallegos AM, Crean HF, Pigeon WR, Heffner KL. Meditation and yoga for posttraumatic stress disorder: A meta-analytic review of randomized controlled trials. Clinical psychology review. 2017 Oct 31.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
160	Galovski 2009	Galovski TE, Monson C, Bruce SE, Resick PA. Does cognitive–behavioral therapy for PTSD improve perceived health and sleep impairment?. Journal of traumatic stress. 2009 Jun 1;22(3):197-204.	Subgroup/secondary analysis of RCT already included
161	Galovski 2012	Galovski TE, Blain LM, Mott JM, Elwood L, Houle T. Manualized therapy for PTSD: Flexing the structure of cognitive processing therapy. Journal of consulting and clinical psychology. 2012 Dec;80(6):968.	Cross-over study and first phase data not available
162	Galovski 2014	Galovski TE, Elwood LS, Blain LM, Resick PA. Changes in anger in relationship to responsivity to PTSD treatment. Psychological trauma: theory, research, practice, and policy. 2014 Jan;6(1):56.	Subgroup/secondary analysis that is not relevant
163	Gamito 2010	Gamito P, Oliveira J, Rosa P, Morais D, Duarte N, Oliveira S, Saraiva T. PTSD elderly war veterans: A clinical controlled pilot study. Cyberpsychology, Behavior, and Social Networking. 2010 Feb 1;13(1):43-8.	Sample size (N<10/arm)
164	Geiger-Brown 2015	Geiger-Brown, JM.; Rogers, VE.; Liu, W.; Ludeman, EM.; Downton, KD.; Diaz-Abad, M.; (2015) Cognitive behavioral therapy in persons with comorbid insomnia: A meta-analysis. Sleep Medicine Reviews 23:54-67	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
165	Gelkopf 2013	Gelkopf M, Hasson-Ohayon I, Bikman M, Kravetz S. Nature adventure rehabilitation for combat-related posttraumatic chronic stress disorder: A randomized control trial. Psychiatry research. 2013 Oct 30;209(3):485-93.	Outcome measures are not validated
166	Gerardi 2010	Gerardi M, Rothbaum BO, Astin MC, Kelley M. Cortisol response following exposure treatment for PTSD in rape victims. Journal of aggression, maltreatment & trauma. 2010 May 27;19(4):349-56.	Subgroup/secondary analysis of RCT already included
167	Gerger 2014a	Gerger, H.; Munder, T.; Barth, J.; (2014) Specific and Nonspecific psychological Interventions for PTSD Symptoms: A Meta-analysis with Problem Complexity as a Moderator. J Clink Psych 70(7): 601-615.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
168	Gerger 2014b	Gerger, H.; Munder, T.; Gemperli, A.; Nuesch, E.; Trelle, S.; Juni, P.; Barth,J.; (2014) Integrating fragmented evidence by network meta-analysis: relative effectiveness of psychological interventions for adults with post-traumatic stress disorder. Pscyh Med 44(15): 3151-3164	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
169	Germain 2009	Germain, V.; Marchand, A.; Bouchard, S.; Drouin, MS.; Guay, S.; (2009) Effectiveness of Cognitive Behavioural Therapy Administered by Videoconference for Posttraumatic Stress Disorder. Cog Behav Therapy 38 (1): 42-53	Non-randomised group assignment

	Study ID	Reference	Reason for exclusion
170	Gham 2010	Gham GA, Reger G. Comparing Virtual Reality Exposure Therapy to Prolonged Exposure in the Treatment of Soldiers With PTSD [NCT01193725]. 2010. Available from: https://clinicaltrials.gov/ct2/show/NCT01193725 [accessed 02.08.2017]	Population outside scope: Trials of soldiers on active service
171	Ginzburg 2009	Ginzburg K, Butler LD, Giese-Davis J, Cavanaugh CE, Neri E, Koopman C, Classen CC, Spiegel D. Shame, guilt, and posttraumatic stress disorder in adult survivors of childhood sexual abuse at risk for human immunodeficiency virus: outcomes of a randomized clinical trial of group psychotherapy treatment. The Journal of nervous and mental disease. 2009 Jul 1;197(7):536-42.	Subgroup/secondary analysis of RCT already included
172	Glavin 2017	Glavin CE, Montgomery P. Creative bibliotherapy for post-traumatic stress disorder (PTSD): a systematic review. Journal of Poetry Therapy. 2017 Apr 3;30(2):95-107.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
173	Glynn 1999	Glynn, S. M., Eth, S., Randolph, E. T., Foy, D. W., Urbaitis, M., Boxer, L. et al. (1999). A test of behavioral family therapy to augment exposure for combat-related posttraumatic stress disorder. Journal of Consulting & Clinical Psychology, 67, 243-251.	Efficacy or safety data cannot be extracted
174	Goetter 2015	Goetter, EM.; bui, E.; Ojserkis, RA.; Zakarian, RJ.; Brendel, RW.; Simon, NM.; (2015) A systematic Review of Dropout From Psychotherapy for Posttraumatic Stress disorder Among Iraq and Afanistan Combat Veterans. J Traum Stress 28(5): 401-409	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
175	Goncalves 2011	Goncalves, R.; Lages, AC.; Rodrigues, H.; Pedrozo, AL.; Coutinho, ESF.; Neylan, T.; Figueira, I.; Ventura, P.; (2011) Potenciais biomarcadores da terapia cognitivo-comportamental para o transtorno de estresse pos-traumatico: uma revisao sistematica. Arch of Clin Psyh	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
176	Gonclaves 2012	Gancalves, R.; Pedrozo, AL.; Coutinho, ESF.; Figueria, I.; Ventura, P.; (2012) Efficacy of Virtual Reality Exposure Therapy in the Treatment of PTSD: A Systematic Review. PLoS ONE 7(12): e48469.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
177	Goodson 2011	Goodson, J.; Helstrom, A.; Halpern,JM.; Ferenschak, MP.; Gillihan,SJ.; Powers, MB.; (2011) Treatment of Posttraumatic Stress Disorder in U.S. Combat Veterans: A Meta-Analytic Review. Pscyh Reports 109(2): 573-599	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
178	Grainger 1997	Grainger, R.D.; Levin, C.; Allen-Byrd, L.; Doctor, R.M., Lee, H. (1997) An empirical evaluation of eye movement desensitization and reprocessing (EMDR) with survivors of a natural disaster. Journal of Traumatic Stress, 10, 4, 665-671	Efficacy or safety data cannot be extracted
179	Green 2006	Green BL, Krupnick JL, Chung J, Siddique J, Krause ED, Revicki D, Frank L, Miranda J. Impact of PTSD comorbidity on one-year outcomes in a depression trial. Journal of clinical psychology. 2006 Jul 1;62(7):815-35.	Intervention not targeted at PTSD symptoms
180	Gregg 2007	Gregg, L.; Tarrier, N.; (2007) Virtual realisty in mental health. Social Psychiatry and Psychiactric Epidimilogy 42(5):343-354	Non-systematic review
181	Griffiths 2010	Griffiths, KM.; Farrer, L.; Christensen, H.; (2010) The efficacy of internet interventions for depression and anxiety disorders: a review of randomised controlled trials. MJA 192:S4-S11	Non-systematic review

	Study ID	Reference	Reason for exclusion
182	Grist 2013	Grist, R.; Cavanagh, K.; (2013) Computerised Cognitive Behavioural Therapy for Common Mental Health Disorders, What Works, for Whom Under What Circumstances? A Systematic Review and Meta-analysis. J Contemporary Pscyhotherapy 43(4):243-251	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
183	Gutner 2013	Gutner CA, Casement MD, Gilbert KS, Resick PA. Change in sleep symptoms across cognitive processing therapy and prolonged exposure: a longitudinal perspective. Behaviour research and therapy. 2013 Dec 31;51(12):817-22.	Subgroup/secondary analysis of RCT already included
184	Gutner 2016a	Gutner CA, Gallagher MW, Baker AS, Sloan DM, Resick PA. Time course of treatment dropout in cognitive–behavioral therapies for posttraumatic stress disorder. Psychological Trauma: Theory, Research, Practice, and Policy. 2016 Jan;8(1):115.	Non-primary study
185	Gutner 2016b	Gutner CA, Suvak MK, Sloan DM, Resick PA. Does timing matter? Examining the impact of session timing on outcome. Journal of consulting and clinical psychology. 2016 Dec;84(12):1108.	Subgroup/secondary analysis of RCT already included
186	Gwodzdziewycz 2013	Gwozdziewycz, N.; Mehl-Madrona, L.; (2013) Meta-Analysis of the Use of Narrative Exposure Therapy for the Effects of Trauma Among Refuge Populations. Permanente Journal 17(1): 70-76	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
187	Haagen 2015	Haagen, JFG.; Smid, GE.; Knipscgeer, JW.; Kleber, RJ.; (2015) The efficacy of recommended treatments for veterans with PTSD: A metaregression analysis. Clinical Psychology Review 40:184-94.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
188	Haagen 2016	Haagen JF, Heide F, Mooren TM, Knipscheer JW, Kleber RJ. Predicting post-traumatic stress disorder treatment response in refugees: Multilevel analysis. British Journal of Clinical Psychology. 2017 Mar 1;56(1):69-83.	Subgroup/secondary analysis that is not relevant
189	Haller 2016	Haller M, Norman SB, Cummins K, Trim RS, Xu X, Cui R, Allard CB, Brown SA, Tate SR. Integrated cognitive behavioral therapy versus cognitive processing therapy for adults with depression, substance use disorder, and trauma. Journal of substance abuse treatment. 2016 Mar 31;62:38-48.	Comparison outside protocol
190	Halvorsen 2014	Halvorsen JØ, Stenmark H, Neuner F, Nordahl HM. Does dissociation moderate treatment outcomes of narrative exposure therapy for PTSD? A secondary analysis from a randomized controlled clinical trial. Behaviour Research and Therapy. 2014 Jun 30;57:21-8.	Subgroup/secondary analysis that is not relevant
191	Hansen 2013	Hansen, K.; Hofling, V.; Kroner-Borowik, T.; Stangier, U.; Steil, R.; (2013) Efficacy of psychological interventions aiming to reduce chronic nightmares: A meta-analysis. Clinical Psychology Review 33(1): 146-155	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
192	Harned 2014	Harned MS, Korslund KE, Linehan MM. A pilot randomized controlled trial of Dialectical Behavior Therapy with and without the Dialectical Behavior Therapy Prolonged Exposure protocol for suicidal and self-injuring women with borderline personality disorder and PTSD. Behaviour research and therapy. 2014 Apr 30;55:7-17.	Sample size (N<10/arm)
193	Hart 2011	Hart J. Novel Treatment of Emotional Dysfunction in Post Traumatic Stress Disorder (PTSD) [NCT01391832]. 2011. Available from: https://clinicaltrials.gov/show/NCT01391832 [accessed 03.08.2017]	Unpublished (registered on clinical trials.gov and author contacted for full trial report but not provided)

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194	Haug 2012	Haug, t.; Nordgreen, T.; Ost, LG.; Havik, OE.; (2012) Self-help treatment of anxiety disorders: A meta-analysis and meta-regression of effects and potential moderators. Clinical Psychology Review 32(5): 425-445.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
195	Haugen 2012	Haugen, PT.; Evces, M.; Weiss, DS.; (2012) Treating posttraumatic stress disorder in first responders: A systematic review. Clinical Psychology Review 32(5): 370-380	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
196	Hembree 2003	Hembree EA, Foa EB, Gaulin AE. Effectiveness of treatment for PTSD in community agencies [NCT00057629]. 2003. Available from: https://clinicaltrials.gov/ct2/show/NCT00057629 [accessed 03.08.2017]	Unpublished (registered on clinical trials registry and author contacted for full trial report but not provided)
197	Hembree 2004	Hembree EA, Cahill SP, Foa EB. Impact of personality disorders on treatment outcome for female assault survivors with chronic posttraumatic stress disorder. Journal of Personality Disorders. 2004 Feb 1;18(1):117-27.	Comparison outside protocol
198	Hertlein 2004	Hertlein, KM.; Ricci, RJ.; (2004) A Systematic Research Synthesis of EMDR Studies. Implementation of the Platinum Standard. Trauma, Violence and Abuse 5(3): 285-300	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
199	Hickling 1997	Hickling, E.J.; Blanchard, E.B. (1997) The private practice psychologist and manual-based treatments: post-traumatic stress disorder secondary to motor vehicle accidents. Behavior Research & Therapy, 35, 3, 191-203	Non-randomised group assignment
200	Hien 2004	Hien DA, Cohen LR, Miele GM, Litt LC, Capstick C. Promising treatments for women with comorbid PTSD and substance use disorders. American journal of Psychiatry. 2004 Aug 1;161(8):1426-32.	Comparison outside protocol
201	Hien 2010a/2010b/2010c/2012	Hien DA, Campbell AN, Killeen T, Hu MC, Hansen C, Jiang H, Hatch-Maillette M, Miele GM, Cohen LR, Gan W, Resko SM. The impact of trauma-focused group therapy upon HIV sexual risk behaviors in the NIDA Clinical Trials Network "Women and trauma" multi-site study. AIDS and Behavior. 2010 Apr 1;14(2):421-30. Hien DA, Campbell AN, Ruglass LM, Hu MC, Killeen T. The role of alcohol misuse in PTSD outcomes for women in community treatment: A secondary analysis of NIDA's Women and Trauma Study. Drug and Alcohol Dependence. 2010 Sep 1;111(1):114-9.	Subgroup/secondary analysis of RCT already included
202	Hien 2017	Hien DA, Lopez-Castro T, Papini S, Gorman B, Ruglass LM. Emotion dysregulation moderates the effect of cognitive behavior therapy with prolonged exposure for co-occurring PTSD and substance use disorders. Journal of anxiety disorders. 2017 Dec 31;52:53-61.	Subgroup/secondary analysis of RCT already included
203	Hilton 2017	Hilton, L.; Maher, AR.; Colaiaco, B.; Apaydin, E.; Sorbero, ME.; Booth, M.; Shanman, RM.; Hempel, S.; (2017) Meditation for Posttraumatic Stress: Systematic Review and Meta-Analysis. Psychological Trauma: Theory, Research, Practice and Policy 9(4): 453-460	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
204	Hirai 2012	Hirai M, Skidmore ST, Clum GA, Dolma S. An investigation of the efficacy of online expressive writing for trauma-related psychological distress in Hispanic individuals. Behavior therapy. 2012 Dec 31;43(4):812-24.	Comparison outside protocol

	Study ID	Reference	Reason for exclusion
205	Ho 2012	Ho, MSK.; Lee, CW.; (2012) Cognitive behaviour therapy versus eye movement desensitization and reprocessing for post-traumatic disorder- is it all in the homework then? European Review of Applied Psychology 62 (4): 253-260	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
206	Ho 2016	Ho, FY-Y.; Chan, CS.; Tang,KN-S.; (2016) Cognitive-behavioral therapy for sleep disturbances in treating posttraumatic stress disorder symptoms: A met-analysis of randomised controlled trials. Clinical Pscyhology Review 43: 90-102	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
207	Hoffart 2015	Hoffart A, Øktedalen T, Langkaas TF. Self-compassion influences PTSD symptoms in the process of change in trauma-focused cognitive-behavioral therapies: a study of within-person processes. Frontiers in psychology. 2015;6.	Comparison outside protocol
208	Holder 2017	Holder N, Holliday R, Pai A, Surís A. Role of Borderline Personality Disorder in the Treatment of Military Sexual Trauma-related Posttraumatic Stress Disorder with Cognitive Processing Therapy. Behavioral Medicine. 2017 Jul 3;43(3):184-90.	Subgroup/secondary analysis of RCT already included
209	Hopwood 2017	Hopwood TL, Schutte NS. A meta-analytic investigation of the impact of mindfulness-based interventions on post traumatic stress. Clinical psychology review. 2017 Nov 1;57:12-20.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
210	Hinsberger 2016	Hinsberger, M., Holtzhausen, L., Sommer, J., Kaminer, D., Elbert, T., Seedat, S., ... & Weierstall, R. (2016). Feasibility and Effectiveness of Narrative Exposure Therapy and Cognitive Behavioral Therapy in a Context of Ongoing Violence in South Africa.	Efficacy or safety data cannot be extracted
211	Hofman 2008	Hofman, SG.; Smits,JAJ.; (2008) Cognitive-behavioral therapy for adult anxiety disorders: A meta-analysis of randomised placebo-controlled trials. J Clinical Psychiatry 69(4): 621-632	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
212	Hofman 2014	Hofman, SG.l Wu, JQ.; Boettcher, H.; (2014) Effect of Cognitive-Behavioral Therapy for Anxiety Disorders on Quality of Life: A Meta-Analysis. J Cons and Clin Psychology 82(3): 375-391	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
213	Hofmann 1996	Hofmann, A. (1996). Eye movement desensitization and reprocessing: A new treatment method for post-traumatic stress disorder. Psychotherapeut, 41, 368-372.	Non-randomised group assignment
214	Hogberg 2007	Högberg G, Pagani M, Sundin Ö, Soares J, Åberg-Wistedt A, Tärnell B, Hällström T. On treatment with eye movement desensitization and reprocessing of chronic post-traumatic stress disorder in public transportation workers–A randomized controlled trial. Nordic journal of psychiatry. 2007 Jan 1;61(1):54-61.	Sample size (N<10/arm)
215	Holliday 2014	Holliday R, Link-Malcolm J, Morris EE, Surís A. Effects of cognitive processing therapy on PTSD-related negative cognitions in veterans with military sexual trauma. Military medicine. 2014 Oct;179(10):1077-82.	Efficacy or safety data cannot be extracted
216	Holliday 2015	Holliday R, Williams R, Bird J, Mullen K, Surís A. The role of cognitive processing therapy in improving psychosocial functioning, health, and quality of life in veterans with military sexual trauma-related posttraumatic stress disorder. Psychological services. 2015 Nov;12(4):428.	Efficacy or safety data cannot be extracted

	Study ID	Reference	Reason for exclusion
217	Holliday 2017	Holliday RP, Holder ND, Williamson ML, Surís A. Therapeutic response to Cognitive Processing Therapy in White and Black female veterans with military sexual trauma-related PTSD. Cognitive behaviour therapy. 2017 Sep 3;46(5):432-46.	Efficacy or safety data cannot be extracted
218	Hollifield 2016	Hollifield, M.; Gory, A.; Siedjak, J.; Nguyen, L.; Holmgreen, L.; Hobfoll, S.; (2016) The Benefit of Conserving and Gaining Resources after Trauma: A Systematic Review. J Clin Med 5(11: 104	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
219	Hossack 1996	Hossack, Alex and Bentall, Richard P. (1996) Elimination of Post-traumatic Symptomatology by Relaxation and Visual-Kinesthetic Dissociation. Journal of Traumatic Stress, Vol 9, No1, 99-110	Non-randomised group assignment
220	Hunt 2014	Hunt, M., Chizkov, R. (2014) Are therapy dogs like Xanax? Does animal-assisted therapy impact processes relevant to cognitive behavioral psychotherapy?, Anthrozoos, 27, 457-469	Population outside scope: Trials of people without PTSD
221	Igreja 2004	Igreja, V., Kleijn, W. C., Schreuder, B. J., Van Dijk, J. A., & Verschuur, M. (2004). Testimony method to ameliorate post-traumatic stress symptoms. Community-based intervention study with Mozambican civil war survivors. Br.J.Psychiatry, 184, 251-257	Non-randomised group assignment
222	Imel 2013	Imel, ZE.; Laska, K.; Jakupcak, M.; Simpson, TL.; (2013) Meta-Analysis of Dropout in Treatment for Posttrumatic Stress Disorder. J Cons and Clin Psyh 81(3): 394-404	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
223	Ironson 2002	Ironson, G.I., Freund, B., Strauss, J.L., & Williams, J. (2002). A comparison of two treatments for traumatic stress: A community based study of EMDR and prolonged exposure. Journal of Clinical Psychology, 58, 113-128	Sample size (N<10/arm)
224	Isserles 2013	Isserles M, Shalev AY, Roth Y, Peri T, Kutz I, Zlotnick E, Zangen A. Effectiveness of deep transcranial magnetic stimulation combined with a brief exposure procedure in post-traumatic stress disorder–a pilot study. Brain stimulation. 2013 May 31;6(3):377-83.	Sample size (N<10/arm)
225	Iverson 2011	Iverson KM, Gradus JL, Resick PA, Suvak MK, Smith KF, Monson CM. Cognitive–behavioral therapy for PTSD and depression symptoms reduces risk for future intimate partner violence among interpersonal trauma survivors. Journal of consulting and clinical psychology. 2011 Apr;79(2):193.	Subgroup/secondary analysis that is not relevant
226	Jayakody 2013	Jayakody, K.; Gunadasa, S.; Hosker, C.; (2013) Exercise for anxiety disorders: systematic review. Br J Sports Med 00:1-11	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
227	Jayawickreme 2014	Jayawickreme, N.; Cahill, SP.; Riggs, DS.; Rauch, SAM.; Resick, PA.; Rothbaum, BO.; Foa, EB.; (2014) Primum non nocere (first do no harm): Symptom worsening and improvement in female assault victims after prolonged exposure for PTSD. Depression and Anxiety 31(5): 412-419	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
228	Jerud 2016	Jerud AB, Pruitt LD, Zoellner LA, Feeny NC. The effects of prolonged exposure and sertraline on emotion regulation in individuals with posttraumatic stress disorder. Behaviour research and therapy. 2016 Feb 29;77:62-7.	Subgroup/secondary analysis that is not relevant
229	Johnson 2002	Johnson, D. R. & Lubin, H. (2002). Effect of brief versus long-term inpatient treatment on homecoming stress in combat-related posttraumatic stress disorder: Three-year follow-up. Journal of Nervous & Mental Disease, 190, 47-51	Non-randomised group assignment

	Study ID	Reference	Reason for exclusion
230	Johnson 2006	Johnson DR, Lubin H. The Counting Method: Applying the Rule of Parsimony to the Treatment of Posttraumatic Stress Disorder. Traumatology. 2006 Mar;12(1):83.	Sample size (N<10/arm)
231	Johnson 2018	Johnson RA, Albright DL, Marzolf JR, Bibbo JL, Yaglom HD, Crowder SM, Carlisle GK, Willard A, Russell CL, Grindler K, Osterlind S. Effects of therapeutic horseback riding on post-traumatic stress disorder in military veterans. Military Medical Research. 2018 Dec;5(1):3.	Cross-over study and first phase data not available
232	Jonas 2013	Jonas, DE.; Cusack, K.; Forneris, CA.; (2103) Psychological and Pharmacological Treatments for Adults with Posttraumatic Stress Disorder (PTSD). Comparative Effectiveness Reviews 92	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
233	Jun 2013	Jun JJ, Zoellner LA, Feeny NC. Sudden gains in prolonged exposure and sertraline for chronic PTSD. Depression and anxiety. 2013 Jul 1;30(7):607-13.	Efficacy or safety data cannot be extracted
234	Kar 2011	Kar, N.; (2011) Cognitive behavioral therapy for the treatment of post-traumatic stress disorder: a review. Neuropsychiatric Disase and Treatment 7: 167-181	Non-systematic review
235	Karatzias 2007	Karatzias A, Power K, McGoldrick T, Brown K, Buchanan R, Sharp D, Swanson V. Predicting treatment outcome on three measures for post-traumatic stress disorder. European archives of psychiatry and clinical neuroscience. 2007 Feb 1;257(1):40-6.	Subgroup/secondary analysis of RCT already included
236	Keane 1982	Keane TM, Kaloupek DG. Imaginal flooding in the treatment of a posttraumatic stress disorder. Journal of Consulting and Clinical Psychology. 1982 Feb;50(1):138.	Non-RCT (no control group)
237	Keane 1989	Keane, T. M., Fairbank, J. A., Caddell, J. M., & Zimering, R. T. (1989). Implosive (flooding) therapy reduces symptoms of PTSD in Vietnam combat veterans. Behavior Therapy, 20, 245-260.	Efficacy or safety data cannot be extracted
238	Keefe 2014	Keefe, JR.; McCarthy, KS.; Dinger, U.; Zilcha-Mano, S.; Barber, JP.; (2014) A meta-analytic review of psychodynamic therapies for anxiety disorders. Clinc Psych Rev 34(4): 309-323	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
239	Kehle-Forbes 2013	Kehle-Forbes, SM.; Polusny, MA.; MacDonald, R.; Murdoch, M.; Meis, LA.; Wilt, TJ.; (2013) A Systematic Review of the Efficacy of Adding Nonexposure Components to Exposure Therapy for Posttraumatic Stress Disorder. Psychological Trauma: Theory, Research, Practice and Policy 5(4): 317-322.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
240	Killeen 2008	Killeen T, Hien D, Campbell A, Brown C, Hansen C, Jiang H, Kristman-Valente A, Neuenfeldt C, Rocz-de la Luz N, Sampson R, Suarez-Morales L. Adverse events in an integrated trauma-focused intervention for women in community substance abuse treatment. Journal of substance abuse treatment. 2008 Oct 31;35(3):304-11.	Efficacy or safety data cannot be extracted
241	Kim 2013	Kim, Y-D.; Heo, I.; Shin, B-C.; Crawford, C.; Kang, H-W.; Lim, J-H.; (2013) Acupuncture for Posttraumatic Stress Disorder: A systematic Reivew of Randomised Controlled Trials and Prospective Clinical Trials. Evidence-Based Complementary and Alternative Medicine: ID 615857	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
242	Kimbrell 2009	Kimbrell TA. Adjunctive Biofeedback Intervention for OIF-OEF PTSD [NCT00920036]. Available from: https://clinicaltrials.gov/show/NCT00920036 [accessed 08.08.2017]	Sample size (N<10/arm)

	Study ID	Reference	Reason for exclusion
243	King 2013	King AP, Erickson TM, Giardino ND, Favorite T, Rauch SA, Robinson E, Kulkarni M, Liberzon I. A pilot study of group mindfulness-based cognitive therapy (MBCT) for combat veterans with posttraumatic stress disorder (PTSD). Depression and anxiety. 2013 Jul 1;30(7):638-45.	Non-randomised group assignment
244	King 2015	King HC, Spence DL, Hickey AH, Sargent P, Elesh R, Connelly CD. Auricular acupuncture for sleep disturbance in veterans with post-traumatic stress disorder: a feasibility study. Military medicine. 2015 May;180(5):582-90.	Sample size (N<10/arm)
245	Kip 2013	Kip KE, Rosenzweig L, Hernandez DF, Shuman A, Sullivan KL, Long CJ, Taylor J, McGhee S, Girling SA, Wittenberg T, Sahebzamani FM. Randomized controlled trial of accelerated resolution therapy (ART) for symptoms of combat-related post-traumatic stress disorder (PTSD). Military Medicine. 2013 Dec;178(12):1298-309.	Cross-over study and first phase data not available
246	Kip 2014	Kip KE, Rosenzweig L, Hernandez DF, Shuman A, Diamond DM, Ann Girling S, Sullivan KL, Wittenberg T, Witt AM, Lengacher CA, Anderson B. Accelerated Resolution Therapy for treatment of pain secondary to symptoms of combat-related posttraumatic stress disorder. European journal of psychotraumatology. 2014 Dec 1;5(1):24066.	Subgroup/secondary analysis that is not relevant
247	Kitchiner 2012	Kitchiner, NP.; Roberts, NJ.; Wilcox, D.; Bisson, JI.; (2012) Systematic review and meta-analsyis of psychosocial interventions for veterans of the military. Eur J Pscyhotraumatology 3(1)	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
248	Kline 2018	Kline AC, Cooper AA, Rytwinksi NK, Feeny NC. Long-term efficacy of psychotherapy for posttraumatic stress disorder: A meta-analysis of randomized controlled trials. Clinical psychology review. 2017 Nov 21.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
249	Knaevelsrud 2011	Knaevelsrud C. Additive Effect of Cognitive Restructuring in a Web-based Treatment for Traumatized Arab People [NCT01508377]. 2011. Available from: https://clinicaltrials.gov/ct2/show/NCT01508377 [accessed 04.08.2017]	Comparison outside protocol
250	Kobach 2015	Köbach, A., Schaal, S., Hecker, T., & Elbert, T. (2015). Psychotherapeutic Intervention in the Demobilization Process: Addressing Combat-related Mental Injuries with Narrative Exposure in a First and Second Dissemination Stage. Clinical psychology & psychotherapy.	Non-randomised group assignment
251	Konig 2014	König J, Karl R, Rosner R, Butollo W. Sudden gains in two psychotherapies for posttraumatic stress disorder. Behaviour research and therapy. 2014 Sep 30;60:15-22.	Subgroup/secondary analysis that is not relevant
252	Konuk 2006	Konuk E, Knipe J, Eke I, Yuksek H, Yurtsever A, Ostep S. The effects of eye movement desensitization and reprocessing (EMDR) therapy on posttraumatic stress disorder in survivors of the 1999 Marmara, Turkey, earthquake. International Journal of Stress Management. 2006 Aug;13(3):291.	Non-randomised group assignment
253	Korte 2017	Korte KJ, Bountress KE, Tomko RL, Killeen T, Moran-Santa Maria M, Back SE. Integrated Treatment of PTSD and Substance Use Disorders: The Mediating Role of PTSD Improvement in the Reduction of Depression. Journal of clinical medicine. 2017 Jan 13;6(1):9.	Efficacy or safety data cannot be extracted
254	Krakow 2001a	Krakow B, Hollifield M, Johnston L, Koss M, Schrader R, Warner TD, Tandberg D, Lauriello J, McBride L, Cutchen L, Cheng D. Imagery rehearsal therapy for chronic nightmares in sexual assault survivors with posttraumatic stress disorder: a randomized controlled trial. Jama. 2001 Aug 1;286(5):537-45.	Efficacy or safety data cannot be extracted

	Study ID	Reference	Reason for exclusion
255	Krakow 2001b	Krakow, B., Johnston, L., Melendrez, D., Hollifield, M., Warner, T. D., Chavez-Kennedy, D. et al. (2001). An open-label trial of evidence-based cognitive behavior therapy for nightmares and insomnia in crime victims with PTSD. American Journal of Psychiatry, 158, 2043-2047.	Non-RCT (no control group)
256	Kredlow 2017	Kredlow MA, Szuhany KL, Lo S, Xie H, Gottlieb JD, Rosenberg SD, Mueser KT. Cognitive behavioral therapy for posttraumatic stress disorder in individuals with severe mental illness and borderline personality disorder. Psychiatry research. 2017 Mar 31;249:86-93.	Subgroup/secondary analysis that is not relevant
257	Krinsley 2011	Krinsley K. Pilot Study of an Integrated Exposure-Based Model for Posttraumatic Stress Disorder and Substance Use Disorder [NCT01274741]. Available from: https://clinicaltrials.gov/ct2/show/NCT01274741 [accessed 08.08.2017]	Unpublished (registered on clinical trials.gov and author contacted for full trial report but not provided)
258	Kruger 2014a	Krüger A, Ehring T, Priebe K, Dyer AS, Steil R, Bohus M. Sudden losses and sudden gains during a DBT-PTSD treatment for posttraumatic stress disorder following childhood sexual abuse. European journal of psychotraumatology. 2014 Dec 1;5(1):24470.	Subgroup/secondary analysis of RCT already included
259	Kruger 2014b	Krüger A, Kleindienst N, Priebe K, Dyer AS, Steil R, Schmahl C, Bohus M. Non-suicidal self-injury during an exposure-based treatment in patients with posttraumatic stress disorder and borderline features. Behaviour research and therapy. 2014 Oct 31;61:136-41.	Subgroup/secondary analysis of RCT already included
260	Krupnick 2017	Krupnick JL, Green BL, Amdur R, Alaoui A, Belouali A, Roberge E, Cueva D, Roberts M, Melnikoff E, Dutton MA. An Internet-based writing intervention for PTSD in veterans: A feasibility and pilot effectiveness trial. Psychological Trauma: Theory, Research, Practice, and Policy. 2017 Jul;9(4):461.	Sample size (N<10/arm)
261	Kruse 2009	Kruse J, Joksimovic L, Cavka M, Wöller W, Schmitz N. Effects of trauma-focused psychotherapy upon war refugees. Journal of Traumatic Stress. 2009 Dec 1;22(6):585-92.	Non-randomised group assignment
262	Kuckertz 2014	Kuckertz JM, Amir N, Boffa JW, Warren CK, Rindt SE, Norman S, Ram V, Ziajko L, Webb-Murphy J, McLay R. The effectiveness of an attention bias modification program as an adjunctive treatment for post-traumatic stress disorder. Behaviour research and therapy. 2014 Dec 31;63:25-35.	Population outside scope: Trials of soldiers on active service
263	Kuester 2016	Kuester, A. Niemeyer, H.; Knaevelsrud, C.; (2016) Internet-based interventions for posttraumatic stress: A meta-analysis of randomised controlled trials. Clin Pscyh Rev 43:1-16	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
264	Lambert 2015	Lambert, JE.; Alhassoon, OM.; (2015) Trauma-Focused therapy for Refugees: Meta-Analytic Findings. J Counseling Pscychology 62(1): 28-37	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
265	Lamprecht 2004	Lamprecht F, Köhnke C, Lempa W, Sack M, Matzke M, Münte TF. Event-related potentials and EMDR treatment of post-traumatic stress disorder. Neuroscience Research. 2004 Jun 30;49(2):267-72.	Non-randomised group assignment
266	Lancee 2010	Lancee J, Van Den Bout J, Spoormaker VI. Expanding self-help imagery rehearsal therapy for nightmares with sleep hygiene and lucid dreaming: a waiting-list controlled trial. Universitätsbibliothek der Universität Heidelberg; 2010	Population outside scope: <80% of the study's participants are eligible for the review and disaggregated data cannot be obtained

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267	Langkaas 2017	Langkaas TF, Hoffart A, Øktedalen T, Ulvenes PG, Hembree EA, Smucker M. Exposure and non-fear emotions: A randomized controlled study of exposure-based and rescripting-based imagery in PTSD treatment. Behaviour research and therapy. 2017 Oct 1;97:33-42.	Comparison outside protocol
268	Lau 2007	Lau M, Kristensen E. Outcome of systemic and analytic group psychotherapy for adult women with history of intrafamilial childhood sexual abuse: a randomized controlled study. Acta Psychiatrica Scandinavica. 2007 Aug 1;116(2):96-104.	Comparison outside protocol
269	Lawrence 2010	Lawrence, S., De Silva, M., Henley, R. (2010) Sports and games for post-traumatic stress disorder (PTSD), Cochrane database of systematic reviews, CD007171	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
270	Le 2013/2014	Le QA, Doctor JN, Zoellner LA, Feeny NC. Minimal clinically important differences for the EQ-5D and QWB-SA in Post-traumatic Stress Disorder (PTSD): results from a Doubly Randomized Preference Trial (DRPT). Health and quality of life outcomes. 2013 Apr 12;11(1):1. Le QA, Doctor JN, Zoellner LA, Feeny NC. Cost-effectiveness of prolonged exposure therapy versus pharmacotherapy and treatment choice in posttraumatic stress disorder (the Optimizing PTSD Treatment Trial): a doubly randomized preference trial. The Journal of clinical psychiatry. 2014 Mar 15;75(3):222-30.	Efficacy or safety data cannot be extracted
271	LeBouthillier 2016	LeBouthillier DM, Fetzner MG, Asmundson GJ. Lower cardiorespiratory fitness is associated with greater reduction in PTSD symptoms and anxiety sensitivity following aerobic exercise. Mental Health and Physical Activity. 2016 Mar 31;10:33-9.	Subgroup/secondary analysis that is not relevant
272	Lee 2002	Lee, C., Gavriel, H., Drummond, P., Richards, J., & Greenwald, R. (2002). Treatment of PTSD: stress inoculation training with prolonged exposure compared to EMDR. Journal of Clinical Psychology, 58, 1071-1089.	Non-randomised group assignment
273	Lee 2016	Lee, DJ.; Schnitzlein, CW.; Wolf, JP.; Vythilingam, M.; Rasmusson, AM.; Hoge,CW.; (2016) Psychotherapy versus Pharmacotherapy for posttraumatic stress disorder: Systemic Review and meta-analyses to determine first line treatments. Depression and Anxiety. 33: 792-806	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
274	Leeman 2017	Leeman, RF.; Hefner, K.; Frohe, T.; Murrany, A.; Rosenheck, RA.; Watts, BV.; Sofuoglu, M.; (2017) Exclusion of participants based on substance use status: Findings from randomized controlled trials of treatments for PTSD. Behviour Research and Therapsy 89: 33-40	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
275	Leichsenring 2005	Leichsenring, F.; 92005) Are psychodynamic and psychoanalytic therapies effective? A review of empirical data. Int j Psychoanalysis 86(3): 841-868.	Non-systematic review
276	Leichsenring 2014	Leichsenring, F.; Klein, S.; (2014) Evidence for psychodynamic psychotherapy in specific mental disorders: a systematic review. Psychoanalytic Psychotherapy 28(1): 4-32	Non-systematic review
277	Leichsenring 2015	Leichsenring, F.; Luyten, P.; Hilsenroth, MJ.; Abbas, A.; Barber, JP.; Keefe, JR.; Leweke, F.; Rabung, S.; Steinert, C.; (2015) Psychodynamic therapy meets evidence-based medicine: a systematic review using updated criteria. The Lancet 2(7): 648-660.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract

	Study ID	Reference	Reason for exclusion
278	Leiner 2012	Leiner AS, Kearns MC, Jackson JL, Astin MC, Rothbaum BO. Avoidant coping and treatment outcome in rape-related posttraumatic stress disorder. Journal of consulting and clinical psychology. 2012 Apr;80(2):317.	Subgroup/secondary analysis of RCT already included
279	Lenz 2016	Lenz, SA.; Henesy, R.; Callender, K.; (2016) Effectiveness of Seeking Safety for Co-Occurring Posttraumatic Stress Disorder and Substance Use. J Counseling and Development 94(1): 51-61	Non-systematic review
280	Lenz 2017	Lenz AS, Haktanir A, Callender K. Meta-Analysis of Trauma-Focused Therapies for Treating the Symptoms of Posttraumatic Stress Disorder. Journal of Counseling & Development. 2017 Jul 1;95(3):339-53.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
281	Lester 2010	Lester K, Artz C, Resick PA, Young-Xu Y. Impact of race on early treatment termination and outcomes in posttraumatic stress disorder treatment. Journal of consulting and clinical psychology. 2010 Aug;78(4):480.	Subgroup/secondary analysis that is not relevant
282	Lester 2016	Lester P, Liang LJ, Milburn N, Mogil C, Woodward K, Nash W, Aralis H, Sinclair M, Semaan A, Klosinski L, Beardslee W. Evaluation of a family-centered preventive intervention for military families: parent and child longitudinal outcomes. Journal of the American Academy of Child & Adolescent Psychiatry. 2016 Jan 31;55(1):14-24.	Subgroup/secondary analysis that is not relevant
283	Liedl 2011	Liedl A, Müller J, Morina N, Karl A, Denke C, Knaevelsrud C. Retracted: physical activity within a CBT intervention improves coping with pain in traumatized refugees: results of a randomized controlled design. Pain Medicine. 2011 Feb 1;12(2):234-45.	Article has been retracted
284	Lindauer 2006	Lindauer RT, van Meijel EP, Jalink M, Olff M, Carlier IV, Gersons BP. Heart rate responsivity to script-driven imagery in posttraumatic stress disorder: specificity of response and effects of psychotherapy. Psychosomatic medicine. 2006 Jan 1;68(1):33-40.	Subgroup/secondary analysis that is not relevant
285	Litz 2007	Litz BT, Engel CC, Bryant RA, Papa A. A randomized, controlled proof-of-concept trial of an Internet-based, therapist-assisted self-management treatment for posttraumatic stress disorder. American Journal of Psychiatry. 2007 Nov;164(11):1676-84.	Comparison outside protocol
286	Liverant 2012	Liverant GI, Suvak MK, Pineles SL, Resick PA. Changes in posttraumatic stress disorder and depressive symptoms during cognitive processing therapy: Evidence for concurrent change. Journal of Consulting and Clinical Psychology. 2012 Dec;80(6):957.	Subgroup/secondary analysis that is not relevant
287	Lloyd 2014	Lloyd D, Nixon RD, Varker T, Elliott P, Perry D, Bryant RA, Creamer M, Forbes D. Comorbidity in the prediction of Cognitive Processing Therapy treatment outcomes for combat-related posttraumatic stress disorder. Journal of anxiety disorders. 2014 Mar 31;28(2):237-40.	Efficacy or safety data cannot be extracted
288	Lopez-Castro 2015	López-Castro T, Hu MC, Papini S, Ruglass LM, Hien DA. Pathways to change: Use trajectories following trauma-informed treatment of women with co-occurring post-traumatic stress disorder and substance use disorders. Drug and alcohol review. 2015 May 1;34(3):242-51.	Subgroup/secondary analysis that is not relevant
289	Lunney 2007	Lunney CA, Schnurr PP. Domains of quality of life and symptoms in male veterans treated for posttraumatic stress disorder. Journal of traumatic stress. 2007 Dec 1;20(6):955-64.	Subgroup/secondary analysis of RCT already included

	Study ID	Reference	Reason for exclusion
290	Macdonald 2011	Macdonald A, Monson CM, Doron-Lamarca S, Resick PA, Palfai TP. Identifying patterns of symptom change during a randomized controlled trial of cognitive processing therapy for military-related posttraumatic stress disorder. Journal of Traumatic Stress. 2011 Jun 1;24(3):268-76.	Subgroup/secondary analysis of RCT already included
291	Macdonald 2016b	Macdonald A, Pukay-Martin ND, Wagner AC, Fredman SJ, Monson CM. Cognitive–behavioral conjoint therapy for PTSD improves various PTSD symptoms and trauma-related cognitions: Results from a randomized controlled trial. Journal of Family Psychology. 2016 Feb;30(1):157.	Subgroup/secondary analysis of RCT already included
292	Marcus 1997/2004	Marcus, S. V., Marquis, P., & Sakai, C. (1997). Controlled study of treatment of PTSD using EMDR in an HMO setting. Psychotherapy: Theory, Research, Practice, Training, 34, 307-315. Marcus S, Marquis P, Sakai C. Three-and 6-Month Follow-Up of EMDR Treatment of PTSD in an HMO Setting. International Journal of Stress Management. 2004 Aug;11(3):195.	Efficacy or safety data cannot be extracted
293	Markowitz 2014	Markowitz, JC.; Lipsitz, J.; Milrod, BL.; (2014) Critical review of outcome research on interpersonal psychotherapy for anxiety disorders. Depression and Anxiety 31(4): 316-325	Non-systematic review
294	Markowitz 2015b	Markowitz JC, Petkova E, Biyanova T, Ding K, Suh EJ, Neria Y. Exploring personality diagnosis stability following acute psychotherapy for chronic posttraumatic stress disorder. Depression and anxiety. 2015 Dec 1;32(12):919-26.	Subgroup/secondary analysis of RCT already included
295	Markowitz 2017	Markowitz JC, Neria Y, Lovell K, Meter PE, Petkova E. History of sexual trauma moderates psychotherapy outcome for posttraumatic stress disorder. Depression and anxiety. 2017 Aug 1;34(8):692-700.	Subgroup/secondary analysis of RCT already included
296	Markowitz 2018	Markowitz, J. C., Choo, T. H., & Neria, Y. (2018). Do Acute Benefits of Interpersonal Psychotherapy for Posttraumatic Stress Disorder Endure?. The Canadian Journal of Psychiatry, 63(1), 37-43 .	Efficacy or safety data cannot be extracted
297	Marks 1998/Lovell 2001	Marks, I., Lovell, K., Noshirvani, H., Livanou, M., & Thrasher, S. (1998). Treatment of posttraumatic stress disorder by exposure and/or cognitive restructuring: a controlled study. Archives of General Psychiatry, 55, 317-325. Lovell, K., Marks, I. M., Noshirvani, H., Thrasher, S., & Livanou, M. (2001). Do cognitive and exposure treatments improve various PTSD symptoms differently? A randomized controlled trial. Behavioural & Cognitive Psychotherapy, 29, 107-112.	Efficacy or safety data cannot be extracted
298	Martin 2015	Martin EC, Dick AM, Scioli-Salter ER, Mitchell KS. Impact of a yoga intervention on physical activity, self-efficacy, and motivation in women with PTSD symptoms. The Journal of Alternative and Complementary Medicine. 2015 Jun 1;21(6):327-32.	Outcomes are not of interest
299	Marzabadi 2014	Marzabadi A, SM HZ. The Effectiveness of Mindfulness Training in Improving the Quality of Life of the War Victims with Post Traumatic stress disorder (PTSD). Iranian journal of psychiatry. 2014 Oct;9(4):228-36.	Intervention not targeted at PTSD symptoms
300	Maxwell 2016	Maxwell K, Callahan JL, Holtz P, Janis BM, Gerber MM, Connor DR. Comparative study of group treatments for posttraumatic stress disorder. Psychotherapy. 2016 Dec;53(4):433.	Sample size (N<10/arm)

	Study ID	Reference	Reason for exclusion
301	Mayo-Wilson 2013	Mayo-Wilson, E.; Montgomery, P.; (2013) Media-delivered cognitive behavioural therapy and behavioural therapy (self-help) for anxiety disorders in adults. Cochrane database of Systematic Reviews.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
302	McCann 2014	McCann, RA.; Armstrong, CM.; Skopp, NA.; Edwards-Stewart, A.; Smolenshi, DJ.; June, JD.; Metger-Abamukong, M.; Reger, GM.; (2014) Virtual reality exposure therapy for the treatment of anxiety disorders: An evaluation of research quality. J of Anxiety Disorders 28(6): 625-631	Non-systematic review
303	McFarlane 2012	McFarlane, CA.; Kaplan, I.; (2012) Evidence-based psychological interventions for adult survivors of torture and trauma: A 30-year review. Transcultural Psychiatry 49: 3-4	Non-systematic review
304	McHugh 2014	McHugh RK, Hu MC, Campbell AN, Hilario E, Weiss RD, Hien DA. Changes in sleep disruption in the treatment of co-occurring posttraumatic stress disorder and substance use disorders. Journal of traumatic stress. 2014 Feb 1;27(1):82-9.	Subgroup/secondary analysis that is not relevant
305	McLay 2009	McLay RN. A Head-to-head Comparison of Virtual Reality Treatment for Post Traumatic Stress Disorder [NCT00978484]. 2009. Available from: https://clinicaltrials.gov/ct2/show/NCT00978484 [accessed 08.08.2017]	Population outside scope: Trials of soldiers on active service
306	McLay 2011	McLay RN, Wood DP, Webb-Murphy JA, Spira JL, Wiederhold MD, Pyne JM, Wiederhold BK. A randomized, controlled trial of virtual reality-graded exposure therapy for post-traumatic stress disorder in active duty service members with combat-related post-traumatic stress disorder. Cyberpsychology, behavior, and social networking. 2011 Apr 1;14(4):223-9.	Population outside scope: Trials of soldiers on active service
307	McLay 2017	McLay RN, Baird A, Webb-Murphy J, Deal W, Tran L, Anson H, Klam W, Johnston S. A randomized, head-to-head study of virtual reality exposure therapy for posttraumatic stress disorder. Cyberpsychology, Behavior, and Social Networking. 2017 Apr 1;20(4):218-24.	Comparison outside protocol
308	McLean 2016	McLean, CP.; Fitzgerald, H.; (2016) Treating Posttraumatic Stress Symptoms Among people Living with HIV: a Critical Review of Intervention Trials. Current Psychiatry Reports	Non-systematic review
309	McPherson 2011	McPherson, J.; (2011) Does Narrative Exposure Therapy Reduce PTSD in Survivors of Mass Violence? Reseach on Social Work Practice 22(1): 29-42	Non-systematic review
310	Meffert 2014	Meffert SM, Abdo AO, Alla OA, Elmakki YO, Omer AA, Yousif S, Metzler TJ, Marmar CR. A pilot randomized controlled trial of interpersonal psychotherapy for Sudanese refugees in Cairo, Egypt. Psychological Trauma: Theory, Research, Practice, and Policy. 2014 May;6(3):240.	Sample size (N<10/arm)
311	Meier 2015	Meier A, McGovern MP, Lambert-Harris C, McLeman B, Franklin A, Saunders EC, Xie H. Adherence and competence in two manual-guided therapies for co-occurring substance use and posttraumatic stress disorders: clinician factors and patient outcomes. The American journal of drug and alcohol abuse. 2015 Nov 2;41(6):527-34.	Subgroup/secondary analysis that is not relevant
312	Mello 2014	Mello, PG.; Silva, GR.; Donat, JC.; Kristensen, CH.; (2014) An Update on the Efficacy of Cognitive-Behavioral Therapy, Cognitive Therapy, and Exposure Therapy for Posttraumatic Stress Disorder. The Int J Psychiatry in Med 46(4): 339-357	Systematic review with no new useable data and any meta-analysis results not appropriate to extract

	Study ID	Reference	Reason for exclusion
313	Mendes 2008	Mendes, DD.; Mello, MF.; Ventura, P.; Passarela, CDM.; Mari,JDJ.; (2008) A Systematic Review on the Effectiveness of Cognitive Behavioral Therapy for Posttraumatic Stress Disorder. The Int J Psychiatry in Med 38(3): 241-259	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
314	Metcalf 2016	Metcalf, O.; Varker, T.; Forbes, D.; Phelps, A.; Dell, L.; DiBattista, A.; Ralph, N.; O'Donnell, M.; (2016) Efficacy of Fifteen Emerging Interventions for the Treatment of Posttraumatic Stress Disorder: A Systematic Review. 29(1): 88-92	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
315	Meyerbroker 2010	Meyerbroker, K.; Emmelkamp, PMG.; (2010) Virtual reality exposure therapy in anxiety disorders: a systematic review of the process-and-outcome studies. Depresion and Aniety 27(10): 9330944	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
316	Mills 2016	Mills KL, Barrett EL, Merz S, Rosenfeld J, Ewer PL, Sannibale C, Baker AL, Hopwood S, Back SE, Brady KT, Teesson M. Integrated Exposure-Based Therapy for Co-Occurring Post Traumatic Stress Disorder (PTSD) and Substance Dependence: Predictors of Change in PTSD Symptom Severity. Journal of clinical medicine. 2016 Nov 15;5(11):101.	Subgroup/secondary analysis of RCT already included
317	Minnen 2006	Minnen AV, Foa EB. The effect of imaginal exposure length on outcome of treatment for PTSD. Journal of Traumatic Stress. 2006 Aug 1;19(4):427-38.	Non-randomised group assignment
318	Mitchell 2012	Mitchell KS, Wells SY, Mendes A, Resick PA. Treatment improves symptoms shared by PTSD and disordered eating. Journal of traumatic stress. 2012 Oct 1;25(5):535-42.	Subgroup/secondary analysis that is not relevant
319	Miyahira 2012	Miyahira SD, Folen RA, Hoffman HG, Garcia-Palacios A, Spira JL, Kawasaki M. The effectiveness of VR exposure therapy for PTSD in returning warfighters. Annual Review of Cybertherapy and Telemedicine. 2012 Sep 14;181:128-32.	Population outside scope: Trials of soldiers on active service
320	Mogk 2006	Mogk, C.; Otte, S.; Reinhold-Hurley, B.; Kroner-Herwig, B.; (2006) Health effects of expressive writing on stressful or traumatic experiences - a meta-analysis. Psychosoc Med, 3 Doc06	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
321	Monson 2005	Monson CM, Rodriguez BF, Warner R. Cognitive-Behavioral therapy for PTSD in the real world: Do interpersonal relationships make a real difference?. Journal of Clinical Psychology. 2005 Jun 1;61(6):751-61.	Non-randomised group assignment
322	Moradi 2014	Moradi AR, Moshirpanahi S, Parhon H, Mirzaei J, Dalgleish T, Jobson L. A pilot randomized controlled trial investigating the efficacy of MEmory Specificity Training in improving symptoms of posttraumatic stress disorder. Behaviour research and therapy. 2014 May 31;56:68-74.	Efficacy or safety data cannot be extracted
323	Morgan-Lopez 2014	Morgan-Lopez AA, Saavedra LM, Hien DA, Campbell AN, Wu E, Ruglass L, Patock-Peckham JA, Bainter SC. Indirect effects of 12-session seeking safety on substance use outcomes: Overall and attendance class-specific effects. The American journal on addictions. 2014 May 1;23(3):218-25.	Subgroup/secondary analysis of RCT already included
324	Morina 2014	Mornina, N.; Wicherts, JM.; Lobbrecht, J.; Priebe, S.; (2014) Remission from post-traumatic stress disorder in adults: A systematic review and meta-analysis of long term outcome studies. Clin Psych Rev 34(3): 249-255	Systematic review with no new useable data and any meta-analysis results not appropriate to extract

	Study ID	Reference	Reason for exclusion
325	Morina 2017a	Mornina, N.; Lancee, J.; Arntz, A.; (2017) Imagery rescripting as a clinical intervention for aversive memories: A meta-analysis. J Behaviour Therapy and Experimental Psychiatry 55: 6-15	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
326	Morina 2017c	Morina N, Malek M, Nickerson A, Bryant RA. Meta-analysis of interventions for posttraumatic stress disorder and depression in adult survivors of mass violence in low-and middle-income countries. Depression and anxiety. 2017 Apr 1.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
327	Morkved 2014	Morkved, N.; Hartmann, K.; Aarsheim, LM.; Holen, D.; Milde, AM.; Bomyea, J.; Thorp SR.; (2014) A comparison of Narrative Exposure Therapy and Prolonged Exposure therapy for PTSD. Clinical Psychology Review 34(6): 453-467	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
328	Moser 2010	Moser JS, Cahill SP, Foa EB. Evidence for poorer outcome in patients with severe negative trauma-related cognitions receiving prolonged exposure plus cognitive restructuring: implications for treatment matching in posttraumatic stress disorder. The Journal of nervous and mental disease. 2010 Jan 1;198(1):72-5.	Subgroup/secondary analysis that is not relevant
329	Motraghi 2013	Motraghi, TE.; Seim, RW.; Meyer, EC.; Morissette, SB.; (2014) Virtual Reality Exposure Therapy for the Treatment of Posttraumatic Stress Disorder: A Methodological Review Using CONSORT Guidelines. J Clin Psyh 70(3): 197-208	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
330	Muss 1991	Muss D.C. (1991) A New Technique for treating post-traumatic stress disorder. British Journal of Clinical Psychology, Vol 30, pp 91-92.	Non-randomised group assignment
331	Myers 2015	Myers US, Browne KC, Norman SB. Treatment engagement: female survivors of intimate partner violence in treatment for PTSD and alcohol use disorder. Journal of dual diagnosis. 2015 Oct 2;11(3-4):238-47.	Subgroup/secondary analysis of RCT already included
332	Nacasch 2015	Nacasch N, Huppert JD, Su YJ, Kivity Y, Dinshtein Y, Yeh R, Foa EB. Are 60-minute prolonged exposure sessions with 20-minute imaginal exposure to traumatic memories sufficient to successfully treat PTSD? A randomized noninferiority clinical trial. Behavior therapy. 2015 May 31;46(3):328-41.	Comparison outside protocol
333	Nakeyar 2016	Nakeyar, C.; Frewen, PA.; (2016) Evidence-Based Care for Iraqi, Kurdish, and Syrian Asylum Seekers and Refugees of the Syrian Civil War: A systematic review. Canadian Psychology 57(4): 233-245	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
334	Nelson 2013	Nelson, RJ.; (2013) Is Virtual Reality Exposure Therapy Effective for Service Members and Veterans Experiencing Combat-Related PTSD? Traumatology 19(3): 171-178	Non-systematic review
335	Nemiro 2015	Nemiro, A., & Papworth, S. (2015). Efficacy of two evidence-based therapies, emotional freedom techniques (EFT) and cognitive behavioral therapy (CBT) for the treatment of gender violence in the congo: a randomized controlled trial. Energy Psychol, 7(2), 13-25.	Paper unavailable
336	Nicholl 2009	Nicholl, C.; Thompson, A.; (2004) The psychological treatment of Post Traumatic Stress Disorder (PTSD) in adult refugees: A review of the current state of psychological therapies. J Ment Health 13(4): 351-362	Non-systematic review

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337	Nijdam 2015	Nijdam MJ, Van Amsterdam JG, Gersons BP, Olff M. Dexamethasone-suppressed cortisol awakening response predicts treatment outcome in posttraumatic stress disorder. Journal of affective disorders. 2015 Sep 15;184:205-8.	Subgroup/secondary analysis of RCT already included
338	Nijdam 2018	Nijdam MJ, van der Meer CA, van Zuiden M, Dashtgard P, Medema D, Qing Y, Zhutovsky P, Bakker A, Olff M. Turning wounds into wisdom: Posttraumatic growth over the course of two types of trauma-focused psychotherapy in patients with PTSD. Journal of affective disorders. 2018 Feb 1;227:424-31.	Subgroup/secondary analysis of RCT already included
339	Niles 2012	Niles BL, Klunk-Gillis J, Ryngala DJ, Silberbogen AK, Paysnick A, Wolf EJ. Comparing mindfulness and psychoeducation treatments for combat-related PTSD using a telehealth approach. Psychological Trauma: Theory, Research, Practice, and Policy. 2012 Sep;4(5):538.	Comparison outside protocol
340	Nolan 2016	Nolan CR. Bending without breaking: A narrative review of trauma-sensitive yoga for women with PTSD. Complementary therapies in clinical practice. 2016 Aug 1;24:32-40.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
341	Noordik 2010	Noordik, E.; Van der Kling, JJL.; Klingen, EF.; Nieuwenhuijsen, K.; Van Dijk, FJH.; (2010) Exposure-in-vivo containing interventions to improve work functioning of workers with anxiety disorder: a systematic review. BMC Public Health 10:598	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
342	Norman 2007	Norman S. AUDs and PTSD Treatment for Victims of Partner Violence [NCT00607412]. 2007. Available from: https://clinicaltrials.gov/ct2/show/NCT00607412 [accessed 08.08.2017]	Unpublished (registered on clinical trials.gov and author contacted for full trial report but not provided)
343	Norton 2007	Norton, P.; Price, EC.; (2007) A Meta-Analytic Review of Adult Cognitive-Behavioral Treatment Outcome Across the Anxiety Disorders. The J Nervous and Mental Disease 195(6): 521-531	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
344	Nose 2017	Nosè M, Ballette F, Bighelli I, Turrini G, Purgato M, Tol W, Priebe S, Barbui C. Psychosocial interventions for post-traumatic stress disorder in refugees and asylum seekers resettled in high-income countries: Systematic review and meta-analysis. PloS one. 2017 Feb 2;12(2):e0171030.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
345	Nosen 2014	Nosen E, Littlefield AK, Schumacher JA, Stasiewicz PR, Coffey SF. Treatment of co-occurring PTSD–AUD: Effects of exposure-based and non-trauma focused psychotherapy on alcohol and trauma cue-reactivity. Behaviour research and therapy. 2014 Oct 31;61:35-42.	Subgroup/secondary analysis of RCT already included
346	Nyssen 2016	Nyssen, OP.; Taylor, SJ.; Wong, G.; Steed, E.; Bourke, L.; Lord, J.; Ross, CA.; Hayman, S.; Field, V.; Higgins, A.; Greenhalgh, T.; Meads, C.; (2016) Does herapeutic writing help people with long-term conditions? Systematic review, realist synthesis and economic considerations. Health Technlogy Assessment 20(27)	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
347	Oktedalen 2015	Øktedalen T, Hoffart A, Langkaas TF. Trauma-related shame and guilt as time-varying predictors of posttraumatic stress disorder symptoms during imagery exposure and imagery rescripting—A randomized controlled trial. Psychotherapy Research. 2015 Sep 3;25(5):518-32.	Comparison outside protocol
348	Olatunji 2010a	Olatunji, B.; Cisler, JM.; Deacon, BJ.; (2010) Efficacy of Cognitive Behavioral Therapy for Anxiety Disorders: A Review of Meta-Analytic Findings. Psychiatric Clinics of North America 33(3): 557-577	Paper unavailable

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349	Olatunji 2010b	Olatunji, BO.; Cisler, JM.; Tolin, DF.; (2010) A meta-analysis of the influence of comorbidity on treatment outcome in the anxiety disorders. Clin Psych Rew 30(6): 642-654	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
350	Olthuis 2016	Olthuis JV, Wozney L, Asmundson GJ, Cramm H, Lingley-Pottie P, McGrath PJ. Distance-delivered interventions for PTSD: A systematic review and meta-analysis. Journal of anxiety disorders. 2016 Dec 1;44:9-26.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
351	Oman 2015	Oman D, Bormann JE. Mantram repetition fosters self-efficacy in veterans for managing PTSD: A randomized trial. Psychology of Religion and Spirituality. 2015 Feb;7(1):34.	Efficacy or safety data cannot be extracted
352	Omidi 2013	Omidi A, Mohammadi A, Zargar F, Akbari H. Efficacy of mindfulness-based stress reduction on mood States of veterans with post-traumatic stress disorder. Archives of trauma research. 2013;1(4):151.	Outcome measures are not validated
353	Onton 2012	Onton JA. Placebo-controlled Study of EEG Biofeedback Therapy as an Adjunct Treatment for PTSD, Evaluating Symptoms and EEG Dynamics [NCT01591408]. 2012. Available from: https://clinicaltrials.gov/show/NCT01591408 [accessed 08.08.2017]	Population outside scope: Trials of soldiers on active service
354	Ost 2003	Ost, L.G.; Paunovic, N.; Gillow, A.M. (Unpublished) Cognitive behavior therapy in the prevention of chronic PTSD in crime victims.	Paper unavailable
355	Ost 2009	Ost, LG.; (2009) Cognitive behaviour therapy for anxiety disorders: 40 years of progress. Nordic J Psychiatry 62(S47): 5-10	Non-systematic review
356	Otis 2005	Otis J. Integrated Treatment for Chronic Pain and PTSD [NCT00127413]. 2005. Available from: https://clinicaltrials.gov/ct2/show/NCT00127413 [accessed 11.05.2017]	Sample size (N<10/arm)
357	Otis 2010	Otis J. Intensive Treatment of Chronic Pain and PTSD for OEF/OIF Veterans [NCT01120067]. 2010. Available from: https://clinicaltrials.gov/ct2/show/study/NCT01120067 [accessed 08.08.2017]	Intervention not targeted at PTSD symptoms
358	O'Toole 2016	O'Toole, SK.; Solomon, SL.; Bergdahl, SA.; (2016) A Meta-Analysis of Hypnotherapeutic Techniques in the Treatment of PTSD Symptoms. J Traumatic Stress 29(1): 97-100	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
359	Otto 2003	Otto, M.W. et al (2003) Treatment of pharmacotherapy-refratory posttraumatic stress disorder among Cambodian refugees: a pilot study of combination treatment with cognitive-behavior therapy vs sertraline alone. Behaviour Research and Therapy, 41, 1271-1276	Sample size (N<10/arm)
360	Ougrin 2011	Ougrin, D.; (2011) Efficacy of exposure versus cognitive therapy in anxiety disorders: systematic review and meta-analysis. BMC Psychiatry 11:200	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
361	Ovaert 2003	Ovaert, L. B., Cashel, M. L., & Sewell, K. W. (2003). Structured group therapy for posttraumatic stress disorder in incarcerated male juveniles. Am.J.Orthopsychiatry, 73, 294-301.	Non-randomised group assignment
362	Pacella 2014	Pacella ML, Feeny N, Zoellner L, Delahanty DL. The impact of PTSD treatment on the cortisol awakening response. Depression and anxiety. 2014 Oct 1;31(10):862-9.	Efficacy or safety data cannot be extracted
363	Paivio 2010	Paivio SC, Jarry JL, Chagigiorgis H, Hall I, Ralston M. Efficacy of two versions of emotion-focused therapy for resolving child abuse trauma. Psychotherapy Research. 2010 May 1;20(3):353-66.	Comparison outside protocol

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364	Palic 2011	Palic, S.; Elklit, A.; (2011) Psychosocial treatment of posttraumatic stress disorder in adult refugees. A systematic review of prospective treatment outcome studies and a critique. J Affective Disorders 131(1-3): 8-23	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
365	Pantalon 1998	Pantalon, M. V. & Motta, R. W. (1998). Effectiveness of anxiety management training in the treatment of posttraumatic stress disorder: a preliminary report. Journal of Behavior Therapy & Experimental Psychiatry, 29, 21-29.	Non-randomised group assignment
366	Parcesepe 2015	Parcesepe, AM>; Martin, SL.; Pollock, MD.; Garcia-Moreno, C.; (2015) The effectiveness of mental health interventions for adult female survivors of sexual assault: A systematic review. Aggression and Violent Behvior 25(A): 15-25	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
367	Paunovic 2001	Paunovic, N. & Ost, L. G. (2001). Cognitive-behavior therapy vs exposure therapy in the treatment of PTSD in refugees. Behaviour Research & Therapy, 39, 1183-1197.	Sample size (N<10/arm)
368	Pease 2009	Pease, M., Sollom, R., Wayne, P. (2009) Acupuncture for Refugees With Posttraumatic Stress Disorder: Initial Experiences Establishing a Community Clinic, Explore: The Journal of Science and Healing, 5, 51-54	Non-RCT (no control group)
369	Peleikis 2005	Peleikis, DE.; Dahl, AA.; (2005) A systematic review of empirical studies of psychotherapy with women who were sexually abused as children. Psychotherapy Research 15(3): 304-315	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
370	Peniston 1991	Peniston, E.G. & Kulkosky, P.J. (1991) Alpha-theta brainwave neuro-feedback therapy for Vietnam veterans with combat-related post-traumatic stress disorder. Medical Psychotherapy, 4, 47-60	Outcomes are not of interest
371	Pigeon 2015	Pigeon WR, Heffner KL, Crean H, Gallegos AM, Walsh P, Seehuus M, Cerulli C. Responding to the need for sleep among survivors of interpersonal violence: A randomized controlled trial of a cognitive–behavioral insomnia intervention followed by PTSD treatment. Contemporary clinical trials. 2015 Nov 30;45:252-60.	Protocol
372	Pitman 1996	Pitman, R. K., Orr, S. P., Altman, B., Longpre, R. E., Poire, R. E., & Macklin, M. L. (1996). Emotional processing during eye movement desensitization and reprocessing therapy of Vietnam veterans with chronic posttraumatic stress disorder. Comprehensive Psychiatry, 37, 419-429.	Non-randomised group assignment
373	Possemato 2010	Possemato K, Ouimette P, Geller PA. Internet-based expressive writing for kidney transplant recipients: Effects on posttraumatic stress and quality of life. Traumatology. 2010 Mar;16(1):49-54.	Efficacy or safety data cannot be extracted
374	Postel 2008	Postel MG.; de Hann, HA.; De Jong, CAJ.; (2008) E-Therapy for Mental Health Problems: A Systematic Review. Telemedicine and e-Health 14(7):707-714	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
375	Powers 2010	Powers, MB.; Halpern, JM.; Ferenschak, MP.; Gilihan, SJ.; Foa, EB.; (2010) A meta-analytic review of prolonged exposure for posttraumatic stress disorder. Clin Psych Rev 30(6): 635-641	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
376	Pratchett 2011	Pratchett, LC.; Daly, K.; Bierer, LM.; Yehuda, R.; (2011) New approaches to combining pharmacotherapy and psychotherapy for posttraumatic stress disorder. Expert Opinion on Pharmacotherapy 12(15): 2339-2354	Systematic review with no new useable data and any meta-analysis results not appropriate to extract

	Study ID	Reference	Reason for exclusion
377	Prisco 2013	Prisco MK, Jecmen MC, Bloeser KJ, McCarron KK, Akhter JE, Duncan AD, Balish MS, Amdur RL, Reinhard MJ. Group auricular acupuncture for PTSD-related insomnia in veterans: a randomized trial. Medical Acupuncture. 2013 Dec 1;25(6):407-22.	Sample size (N<10/arm)
378	Pruiksma 2016	Pruiksma, K. E., Cranston, C. C., Rhudy, J. L., Micol, R. L., & Davis, J. L. (2016, December 15). Randomized Controlled Trial to Dismantle Exposure, Relaxation, and Rescripting Therapy (ERRT) for Trauma-Related Nightmares. Psychological Trauma: Theory, Research, Practice, and Policy. Advance online publication. http://dx.doi.org/10.1037/tra0000238	Comparison outside protocol
379	Rabe 2006	Rabe S, Dörfel D, Zöllner T, Maercker A, Karl A. Cardiovascular correlates of motor vehicle accident related posttraumatic stress disorder and its successful treatment. Applied psychophysiology and biofeedback. 2006 Dec 1;31(4):315-30.	Subgroup/secondary analysis of RCT already included
380	Rabe 2008	Rabe S, Zoellner T, Beauducel A, Maercker A, Karl A. Changes in brain electrical activity after cognitive behavioral therapy for posttraumatic stress disorder in patients injured in motor vehicle accidents. Psychosomatic medicine. 2008 Jan 1;70(1):13-9.	Subgroup/secondary analysis of RCT already included
381	Ragsdale 1996	Ragsdale, K. G., Cox, R. D., Finn, P., & Eisler, R. M. (1996). Effectiveness of short-term specialized inpatient treatment for war-related posttraumatic stress disorder: A role for adventure-based counseling and psychodrama. Journal of Traumatic Stress, 9, 269-283.	Non-randomised group assignment
382	Rauch 2009	Rauch SA, Grunfeld TE, Yadin E, Cahill SP, Hembree E, Foa EB. Changes in reported physical health symptoms and social function with prolonged exposure therapy for chronic posttraumatic stress disorder. Depression and anxiety. 2009 Aug 1;26(8):732-8.	Subgroup/secondary analysis of RCT already included
383	Ready 2010	Ready DJ, Gerardi RJ, Backscheider AG, Mascaro N, Rothbaum BO. Comparing virtual reality exposure therapy to present-centered therapy with 11 US Vietnam veterans with PTSD. Cyberpsychology, Behavior, and Social Networking. 2010 Feb 1;13(1):49-54.	Sample size (N<10/arm)
384	Rees 2013	Rees B, Travis F, Shapiro D, Chant R. Reduction in posttraumatic stress symptoms in Congolese refugees practicing transcendental meditation. Journal of traumatic stress. 2013 Apr 1;26(2):295-8.	Non-randomised group assignment
385	Reiter 2016	Reiter, K.; Anderson, S.; Carlsson, J.; (2016) Neurofeedback Treatment and Posttraumatic Stress Disorder: Efectiveness of Neurofeedback on Posttraumatic Stress Disorder and the Optimal Choice of Protocol. J Nervous and Mental Disease 204(2): 69-77	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
386	Renfrey 1994	Renfrey, G. & Spates, C. R. (1994). Eye movement desensitization: a partial dismantling study. Journal of Behavior Therapy & Experimental Psychiatry, 25, 231-239.	Non-randomised group assignment
387	Renner 2011	Renner, W., Banninger-Huber, E. & Peltzer, K. (2011) Culture-sensitive and resource oriented peer (CROP) - groups as a community based intervention for trauma survivors: a randomized controlled pilot study with refugees and asylum seekers from Chechnya. The Australasian Journal of Disaster and Trauma Studies. 2011-1:1-13	Efficacy or safety data cannot be extracted
388	Resick 1992	Resick, P.A.; Schnicke, M.K. (1992) Cognitive processing therapy for sexual assault victims. Journal of consulting and clinical psychology, 60, 5, 748-756	Non-randomised group assignment

	Study ID	Reference	Reason for exclusion
389	Resick 2003	Resick, P. A., Nishith, P., & Griffin, M. G. (2003). How well does cognitive-behavioral therapy treat symptoms of complex PTSD? An examination of child sexual abuse survivors within a clinical trial. CNS.Spectr, 8, 340-355.	Subgroup/secondary analysis of RCT already included
390	Resick 2008	Resick PA, Galovski TE, Uhlmansiek MO, Scher CD, Clum GA, Young-Xu Y. A randomized clinical trial to dismantle components of cognitive processing therapy for posttraumatic stress disorder in female victims of interpersonal violence. Journal of consulting and clinical psychology. 2008 Apr;76(2):243.	Comparison outside protocol
391	Resick 2012a	Resick PA, Suvak MK, Johnides BD, Mitchell KS, Iverson KM. The impact of dissociation on PTSD treatment with cognitive processing therapy. Depression and Anxiety. 2012 Aug 1;29(8):718-30.	Comparison outside protocol
392	Resick 2012b	Resick PA, Suvak MK, Johnides BD, Mitchell KS, Iverson KM. The impact of dissociation on PTSD treatment with cognitive processing therapy. Depression and Anxiety. 2012 Aug 1;29(8):718-30.	Subgroup/secondary analysis that is not relevant
393	Resick 2015	Resick PA, Wachen JS, Mintz J, Young-McCaughan S, Roache JD, Borah AM, Borah EV, Dondanville KA, Hembree EA, Litz BT, Peterson AL. A randomized clinical trial of group cognitive processing therapy compared with group present-centered therapy for PTSD among active duty military personnel. Journal of consulting and clinical psychology. 2015 Dec;83(6):1058.	Population outside scope: Trials of soldiers on active service
394	Rhodes 2016	Rhodes A, Spinazzola J, van der Kolk B. Yoga for adult women with chronic PTSD: A long-term follow-up study. The journal of alternative and complementary medicine. 2016 Mar 1;22(3):189-96.	Efficacy or safety data cannot be extracted
395	Rhudy 2010	Rhudy JL, Davis JL, Williams AE, McCabe KM, Bartley EJ, Byrd PM, Pruiksma KE. Cognitive-behavioral treatment for chronic nightmares in trauma-exposed persons: assessing physiological reactions to nightmare-related fear. Journal of clinical psychology. 2010 Apr 1;66(4):365-82.	Outcomes are not of interest
396	Richards 1994	Richards, D. A., Lovell, K., & Marks, I. M. (1994). Post-traumatic stress disorder: evaluation of a behavioral treatment program. Journal of Traumatic Stress, 7, 669-680.	Non-randomised group assignment
397	Rizvi 2009	Rizvi SL, Vogt DS, Resick PA. Cognitive and affective predictors of treatment outcome in cognitive processing therapy and prolonged exposure for posttraumatic stress disorder. Behaviour Research and Therapy. 2009 Sep 30;47(9):737-43.	Subgroup/secondary analysis of RCT already included
398	Roberts 2015	Roberts, NP.; Roberts, PA.; Jones, N.; Bisson, JI.; (2015) Psychological interventions for post-traumatic stress disorder and comorbid substance use disorder: A systematic review and meta-analysis. Clin Psyc Rev 38: 25-38	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
399	Roberts 2016	Roberts, NP.; Roberts, PA.; Jones, N.; Bisson, JI.; (2016) Psychological therapies for post-traumatic stress disorder and comorbid substance use disorder. Cochrane Database of Systematic Reviews.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
400	Robjant 2010	Robjant, K., Fazel, M. (2010) The emerging evidence for Narrative Exposure Therapy: A review, Clinical Psychology Review, 1030-1039	Non-systematic review
401	Rodrigues 2011	Rodrigues, H.; Figueira, I.; Goncalves, R.; Mendlowicz, M.; Macedo, T.; Ventura, P.; (2011) CBT for pharmacotherapy non-remitters - a systetmatic review of a next-step strategy. J Affective Disorders 129(1-3): 219-228	Systematic review with no new useable data and any meta-analysis results not appropriate to extract

	Study ID	Reference	Reason for exclusion
402	Rogers 1999	Rogers, S.; Silver, S.M.; Goss, J.; Obenchain, J.; Willis, A.; Whitney, R.L. (1999) A single session, group study of exposure and eye movement desensitization and reprocessing in treating posttraumatic stress disorder among Vietnam war veterens: Preliminary data. Journal of Anxiety Disorders, 13, 1-2, 119-130	Sample size (N<10/arm)
403	Ronconi 2015	Ronconi, JM.; Shiner, B.; Watts, BV.; (2015) A Meta-Analysis of Depresive Symptom Outcomes in Randomized, Controlled Trials for PTSD. J Nervous and Mental Disease 203(7): 522-529.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
404	Rosendbaum 2015	Rosenbaum, S.; Vancampfort, D.; Steel, Z.; Newby, J.; Ward, PB.; Stubbs, B.; (2015) Physical activity in the treatment of Post-traumatic stress disorder: A systematic review and meta-analysis. Psychiatry resarch 230(2): 130-136	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
405	Rotaru 2016	Rotaru,T-S.; Rusu A.; (2016) A Meta-Analysis for the Efficacy of Hypnotherapy in Alleviating PTSD Symptoms. Int J Clin and Expt Hypnosis 64(1): 116-136	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
406	Rothbaum (unpublished)	Rothbaum, B, et al. Randomised controlled trial of Exposure, EMDR and waitlist treatment for rape survivors with PTSD. (unpublished)	Paper unavailable
407	Rothbaum 1997	Rothbaum, B. O. (1997). A controlled study of eye movement desensitization and reprocessing in the treatment of posttraumatic stress disordered sexual assault victims. Bulletin of the Menninger Clinic, 61, 317-334.	Sample size (N<10/arm)
408	Rothbaum 2001	Rothbaum, B. O., Hodges, L. F., Ready, D., Graap, K., & Alarcon, R. D. (2001). Virtual reality exposure therapy for Vietnam veterans with posttraumatic stress disorder. Journal of Clinical Psychiatry, 62, 617-622	Non-randomised group assignment
409	Roy 2006	Roy MJ, Law W, Patt I, Difede J, Rizzo A, Graap K, Rothbaum B. Randomized controlled trial of CBT with virtual reality exposure therapy for PTSD. Annu. Rev. Cyberther. Telemed. 2006;4:39-44.	Protocol
410	Ruglass 2012	Ruglass LM, Miele GM, Hien DA, Campbell AN, Hu MC, Caldeira N, Jiang H, Litt L, Killeen T, Hatch-Maillette M, Najavits L. Helping alliance, retention, and treatment outcomes: A secondary analysis from the NIDA clinical trials network women and trauma study. Substance use & misuse. 2012 Apr 17;47(6):695-707.	Subgroup/secondary analysis of RCT already included
411	Ruglass 2014a	Ruglass LM, Hien DA, Hu MC, Campbell AN. Associations between post-traumatic stress symptoms, stimulant use, and treatment outcomes: A secondary analysis of NIDA's women and trauma study. The American journal on addictions. 2014 Jan 1;23(1):90-5.	Subgroup/secondary analysis of RCT already included
412	Ruglass 2014b	Ruglass LM, Hien DA, Hu MC, Campbell AN, Caldeira NA, Miele GM, Chang DF. Racial/ethnic match and treatment outcomes for women with PTSD and substance use disorders receiving community-based treatment. Community mental health journal. 2014 Oct 1;50(7):811-22.	Efficacy or safety data cannot be extracted
413	Russell (unpublished)	Russell, M.C., Treating combat related stress disorder: A multiple case study utilizing eye movement desensitization and reprocessing procedure with battlefield casualties from the Iraqi war	Non-randomised group assignment
414	Ryan 2005	Ryan M, Nitsun M, Gilbert L, Mason H. A prospective study of the effectiveness of group and individual psychotherapy for women CSA survivors. Psychology and Psychotherapy: Theory, Research and Practice. 2005 Dec 1;78(4):465-80.	Comparison outside protocol

	Study ID	Reference	Reason for exclusion
415	Sack 2016	Sack M, Zehl S, Otti A, Lahmann C, Henningsen P, Kruse J, Stingl M. A Comparison of Dual Attention, Eye Movements, and Exposure Only during Eye Movement Desensitization and Reprocessing for Posttraumatic Stress Disorder: Results from a Randomized Clinical Trial. Psychotherapy and psychosomatics. 2016;85(6):357-65.	Comparison outside protocol
416	Salcioglu 2007	Şalcıoğlu E, Başoğlu M, Livanou M. Effects of live exposure on symptoms of posttraumatic stress disorder: The role of reduced behavioral avoidance in improvement. Behaviour Research and Therapy. 2007 Oct 31;45(10):2268-79.	Subgroup/secondary analysis of RCT already included
417	Salcioglu 2010	Şalcıoğlu E, Başoğlu M. Control-focused behavioral treatment of earthquake survivors using live exposure to conditioned and simulated unconditioned stimuli. Cyberpsychology, Behavior, and Social Networking. 2010 Feb 1;13(1):13-9.	Non-systematic review
418	Saunders 2015	Saunders EC, McGovern MP, Lambert-Harris C, Meier A, McLeman B, Xie H. The impact of addiction medications on treatment outcomes for persons with co-occurring PTSD and opioid use disorders. The American journal on addictions. 2015 Dec 1;24(8):722-31.	Subgroup/secondary analysis of RCT already included
419	Saunders 2016	Saunders EC, McLeman BM, McGovern MP, Xie H, Lambert-Harris C, Meier A. The influence of family and social problems on treatment outcomes of persons with co-occurring substance use disorders and PTSD. Journal of substance use. 2016 May 3;21(3):237-43.	Subgroup/secondary analysis of RCT already included
420	Sautter 2016	Sautter FJ, Glynn SM, Becker-Cretu JJ, Senturk D, Armelie AP, Wielt DB. Structured Approach Therapy for Combat-Related PTSD in Returning US Veterans: Complementary Mediation by Changes in Emotion Functioning. Journal of traumatic stress. 2016 Aug 1;29(4):384-7.	Subgroup/secondary analysis of RCT already included
421	Schaal 2009	Schaal S, Elbert T, Neuner F. Narrative exposure therapy versus interpersonal psychotherapy. Psychotherapy and psychosomatics. 2009;78(5):298-306.	Non-randomised group assignment
422	Scher 2017	Scher CD, Suvak MK, Resick PA. Trauma cognitions are related to symptoms up to 10 years after cognitive behavioral treatment for posttraumatic stress disorder. Psychological trauma: theory, research, practice, and policy. 2017 Nov;9(6):750.	Efficacy or safety data cannot be extracted
423	Schnurr 2001	Schnurr, P. P., Friedman, M. J., Lavori, P. W., & Hsieh, F. Y. (2001). Design of Department of Veterans Affairs Cooperative Study no. 420: group treatment of posttraumatic stress disorder. Controlled Clinical Trials, 22, 74-88.	Non-randomised group assignment
424	Schnurr 2009	Schnurr PP, Lunney CA, Forshay E, Thurston VL, Chow BK, Resick PA, Foa EB. Sexual function outcomes in women treated for posttraumatic stress disorder. Journal of Women's Health. 2009 Oct 1;18(10):1549-57.	Subgroup/secondary analysis of RCT already included
425	Schnurr 2012	Schnurr PP, Lunney CA. Work-related outcomes among female veterans and service members after treatment of posttraumatic stress disorder. Psychiatric Services. 2012 Nov;63(11):1072-9.	Subgroup/secondary analysis of RCT already included
426	Schnurr 2015	Schnurr PP, Lunney CA. Differential effects of prolonged exposure on posttraumatic stress disorder symptoms in female veterans. Journal of consulting and clinical psychology. 2015 Dec;83(6):1154.	Subgroup/secondary analysis of RCT already included
427	Schnurr 2016	Schnurr PP, Lunney CA. Symptom benchmarks of improved quality of life in PTSD. Depression and anxiety. 2016 Mar 1;33(3):247-55.	Subgroup/secondary analysis of RCT already included

	Study ID	Reference	Reason for exclusion
428	Schnyder 2011	Schnyder U, Müller J, Maercker A, Wittmann L. Brief eclectic psychotherapy for PTSD: a randomized controlled trial. The Journal of clinical psychiatry. 2011 Apr;72(4):564.	Efficacy or safety data cannot be extracted
429	Schouten 2014	Schouten, KA.; de Niet, GJ.; Knipscheer, JW.; Kleber, RJ.; Hutschemaekers, GJM.; (2014) The Effectiveness of Art Therapy in the Treatment of Traumatized Adults. A Systematic Review on Art Therapy and Trauma. Trauma, Viloence and Abuse 16(2): 220-228	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
430	Sciarrino 2017	Sciarrino NA, DeLucia C, O'Brien K, McAdams K. Assessing the Effectiveness of Yoga as a Complementary and Alternative Treatment for Post-Traumatic Stress Disorder: A Review and Synthesis. The Journal of Alternative and Complementary Medicine. 2017 Oct 1;23(10):747-55.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
431	Scott 2017	Scott JC, Harb G, Brownlow JA, Greene J, Gur RC, Ross RJ. Verbal memory functioning moderates psychotherapy treatment response for PTSD-Related nightmares. Behaviour research and therapy. 2017 Apr 30;91:24-32.	Subgroup/secondary analysis that is not relevant
432	Seal 2010	Scott K. Enhancing Cognitive Function and Reintegration in Iraq and Afghanistan Veterans With PTSD Using Computer-Based Cognitive Training [NCT01087775]. 2010. Available from: https://clinicaltrials.gov/show/NCT01552278 [accessed 09.08.2017]	Intervention not targeted at PTSD symptoms
433	Seal 2012	Seal, K. H., Abadjian, L., McCamish, N., Shi, Y., Tarasovsky, G., Weingardt, K. (2012) A randomized controlled trial of telephone motivational interviewing to enhance mental health treatment engagement in Iraq and Afghanistan veterans, General Hospital Psychiatry, 34, 450-459	Intervention not targeted at PTSD symptoms
434	Sebastian 2017	Sebastian, B.; Nelms, J.; (2017) the Effectiveness of Emotional Freedom Techniques in te Treatment of Posttraumatic Stress Disorder: A Meta-Analysis. EXPOLRE: the J of Science and Healing 13(1): 16-25	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
435	Seda 2015	Seda, G.; Sanchez-Ortuno, MM.; Welsh, CH.; Halbower, AC.; Edinger, JD.; (2015) Comparative Meta-Analysis of Prazosin and Imagery Rehersal Therapy for Nightmare Frequency, Sleep Quality, and Posttraumatic Stress. J Clin Sleep Med 11)1): 11-22	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
436	Seehausen 2015	Seehausen A, Ripper S, Germann G, Hartmann B, Wind G, Renneberg B. Efficacy of a burn-specific cognitive-behavioral group training. Burns. 2015 Mar 31;41(2):308-16.	Non-randomised group assignment
437	Seidler 2006	Seidler, GH.; Wagner, FE.; (2006) Comparing the efficacy of EMDR and trauma-focused cognitive-behavioral therapy in the treatment of PTSD: a meta-analytic study. Psychological medicine 36: 1515-1522	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
438	Seligowski 2015	Seligowski, AV.; Lee, DJ.; Bardeen, JR.; Orcutt, HK.; (2015) Emotion Regulation and Posttraumatic Stress Symptoms: A Meta-Analysis. Cognitive Behaviour Therapy 44(2): 87-102	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
439	Serfaty 2016	Serfaty M, Ridgewell A, Drennan V, Kessel A, Brewin CR, Wright A, Laycock G, Blanchard M. Helping Aged Victims of Crime (the HAVoC Study): Common crime, older people and mental illness. Behavioural and cognitive psychotherapy. 2016 Mar;44(2):140-55.	Sample size (N<10/arm)
440	Servan-Schreiber 2006	Servan-Schreiber D, Schooler J, Dew MA, Carter C, Bartone P. Eye movement desensitization and reprocessing for posttraumatic stress disorder: a pilot blinded, randomized study of stimulation type. Psychotherapy and Psychosomatics. 2006;75(5):290-7.	Comparison outside protocol

	Study ID	Reference	Reason for exclusion
441	Shapiro 1989	Shapiro, F. Eye movement desensitization: a new treatment for post-traumatic stress disorder (1989) Journal of Behaviour Therapy and Experimental Psychiatry, 20, 3, 211-217	Non-RCT (no control group)
442	Shapiro 2002	Shapiro, F. & Maxfield, L. (2002). Eye movement desensitization and reprocessing (EMDR): Information processing in the treatment of trauma. Journal of Clinical Psychology, 58, 933-946	Non-RCT (no control group)
443	Shemesh 2011	Shemesh E, Annunziato RA, Weatherley BD, Cotter G, Feaganes JR, Santra M, Yehuda R, Rubinstein D. A randomized controlled trial of the safety and promise of cognitive-behavioral therapy using imaginal exposure in patients with posttraumatic stress disorder resulting from cardiovascular illness. Journal of Clinical Psychiatry. 2011 Feb 1;72(2):168.	Efficacy or safety data cannot be extracted
444	Sherr 2011	Sherr, L.; Nagra, N.; Kulubya, G.; Catalan, J.; Clucas, C.; Harding, R.; (2011) HIV infection associated post-traumatic stress disorder and post-traumatic growth - A systematic review. Psychology, Health & Medicine, 16(5): 612-629	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
445	Shnaider 2017	Shnaider P, Sijercic I, Wanklyn SG, Suvak MK, Monson CM. The Role of Social Support in Cognitive-Behavioral Conjoint Therapy for Posttraumatic Stress Disorder. Behavior Therapy. 2017 May 31;48(3):285-94.	Subgroup/secondary analysis of RCT already included
446	Sijbrandik 2016	Sijbrandij, M.; Kunovski, I.; Cuijpers, P.; (2016) Effectiveness of internet-delivered cognitive behavioral therapy for posttraumatic stress disorder: A systematic review and meta-analysis. Depression and Anxiety 33: 783-791	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
447	Silver 2005	Silver SM, Rogers S, Knipe J, Colelli G. EMDR therapy following the 9/11 terrorist attacks: a community-based intervention project in New York City. International Journal of Stress Management. 2005 Feb;12(1):29.	Non-randomised group assignment
448	Skowronek 2014	Skowronek, IB.; Handler, L.; Guthmann, R.; (2014) Can yoga reduce symtpoms of anxiety and depression? J Fam Prac 63(7): 398-399	Non-systematic review
449	Sloan 2011	Sloan, DM.; Gallagher, MW.; Feinstein, BA.; Lee, DJ.; Pruneau, GM.; (2011) Efficacy of Telehealth Treatments for Posttraumatic Stress-Related Symptoms: A Meta-Analysis. Cognitive Behaviour Therapy 40(2): 111-125	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
450	Sloan 2013	Sloan, DM.; Feinstein, BA.; Gallagher, MW.; Beck, GJ.; Keane, TM.; (2013) Efficacy of Group Treatment for Posttraumatic Stress Disorder Symptoms: A Meta-Analysis. Psychological Trauma: Theory, Research, Practice, and Policy 5(2): 176-183	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
451	Slobodin 2015	Slobodin, O.; De Jong JTVM.; (2015) Mental health interventions for traumatized asylum seekers and refugees: What do we know about their efficacy? Int J Social Psychiartry 61(1): 17-26	Non-systematic review
452	Smith 2005	Smith, MT.; Huany, MI.; Manber, R.; (2005) Cognitive behaviour therapy for chronic insomnia occurring within the context of medical and psychiatric disorders. Clin Psych Rev 25(5): 559-592	Non-systematic review
453	Smith 2015	Smith MJ, Boteler Humm L, Fleming MF, Jordan N, Wright MA, Ginger EJ, Wright K, Olsen D, Bell MD. Virtual reality job interview training for veterans with posttraumatic stress disorder. Journal of vocational rehabilitation. 2015 Jan 1;42(3):271-9.	Outcomes are not of interest

	Study ID	Reference	Reason for exclusion
454	Smyth 2008	Smyth JM, Hockemeyer JR, Tulloch H. Expressive writing and post-traumatic stress disorder: Effects on trauma symptoms, mood states, and cortisol reactivity. British Journal of Health Psychology. 2008 Feb 1;13(1):85-93.	Efficacy or safety data cannot be extracted
455	Soo 2007	Soo, C.; Tate, RL.; (2007) Psychological treatment for anxiety in people with traumatic brain injury. Cochrane Database of Systematic Reviews. CD005239	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
456	Spence 2014	Spence J, Titov N, Johnston L, Jones MP, Dear BF, Solley K. Internet-based trauma-focused cognitive behavioural therapy for PTSD with and without exposure components: a randomised controlled trial. Journal of affective disorders. 2014 Jun 20;162:73-80.	Comparison outside protocol
457	Stalker 1999	Stalker CA, Fry R. A comparison of short-term group and individual therapy for sexually abused women. The Canadian Journal of Psychiatry. 1999 Mar 1;44(2):168-74.	Comparison outside protocol
458	Stapleton 2006	Stapleton, JA.; Taylor, S.; Asmundson, GJG.; (2006) Effects of Three PTSD Treatments on Anger and Guilt: Exposure Therapy, Eye Movement Desensitization and Reprocessing, and Relaxation. J Traumatic Stress 19 (1): 19-28	Outcomes are not of interest
459	Steenkamp 2015	Steenkamp, MM.; Litz, BT.; Hoge, CW.; (2015) Psychotherapy for Military-Related PTSD. A Review of Randomized Clinical Trials. JAMA 314(5): 489-500	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
460	Steinmetz 2012	Steinmetz SE, Benight CC, Bishop SL, James LE. My Disaster Recovery: a pilot randomized controlled trial of an Internet intervention. Anxiety, Stress & Coping. 2012 Sep 1;25(5):593-600.	Comparison outside protocol
461	Stephenson 2017	Stephenson KR, Simpson TL, Martinez ME, Kearney DJ. Changes in mindfulness and posttraumatic stress disorder symptoms among veterans enrolled in mindfulness-based stress reduction. Journal of clinical psychology. 2017 Mar 1;73(3):201-17.	Efficacy or safety data cannot be extracted
462	Stergiopoulos 2011	Stergiopoulos, E.; Cimo, A.; Cheng, C.; Bonato, S.; Dewa, CS.; (2011) Interventions to improve work outcomes in wrok-related PTSD: a systematic review. BMC Public Health 11:838	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
463	Stewart 2009a	Stewart, CL.; Wrobel, TA.; (2009) Evaluation of the Efficacy of Pharmacotherapy and Psychotherapy in Treatment of Combat-Related Post-Traumatic Stress Disorder: A Meta-Analytic Review of Outcome Studies. Military Medicine 174.5: 460-469	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
464	Stewart 2009b	Stewart, RE.; Chambless, DL.; (2009) Cognitive-Behavioral Therapy for Adult Anxiety Disorders in Clinical Practice: A Meta-Analysis of Effectiveness Studies. J Consulting and Clinical Psychology 77(4): 595-606	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
465	Strauss 2009	Strauss JL, Calhoun PS, Marx CE. Guided Imagery as a Therapeutic Tool in Post-Traumatic Stress Disorder. InPost-Traumatic Stress Disorder 2009 (pp. 363-373). Humana Press.	Non-RCT (no control group)
466	Stubbs 2017	Stubbs, B.; Vancampfort, D.; Rosenbaum, S.; Firth, J.; Cosco, T.; Veronese, N.; Salum, GA.; Schuch, FB.; (2017) An examination of the anxiolytic effects of exercise for people with anxiety and stress-related disorders: A meta-analysis. Psychiatry Research 249: 102-108	Systematic review with no new useable data and any meta-analysis results not appropriate to extract

	Study ID	Reference	Reason for exclusion
467	Swift 2014	Swift, JK.; Greenberg, RP.; (2014) A Treatment by Disorder Meta-Analysis of Dropout From Psychotherapy. J Psychotherapy Integration 24(3): 193-207	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
468	Tarrier 1999a/1999b	Tarrier, N., Sommerfield, C., Pilgrim, H., & Humphreys, L. (1999). Cognitive therapy or imaginal exposure in the treatment of post- traumatic stress disorder: Twelve-month follow-up. British Journal of Psychiatry, 175, 571-575. Tarrier, N., Pilgrim, H., Sommerfield, C., Faragher, B., Reynolds, M., Graham, E. et al. (1999). A randomized trial of cognitive therapy and imaginal exposure in the treatment of chronic posttraumatic stress disorder. Journal of Consulting & Clinical Psychology, 67, 13-18.	Comparison outside protocol
469	Tarrier 2004	Tarrier N, Sommerfield C. Treatment of chronic PTSD by cognitive therapy and exposure: 5-year follow-up. Behavior Therapy. 2004 May 31;35(2):231-46.	Subgroup/secondary analysis that is not relevant
470	Taylor 2009	Taylor, JE.; Harvey, ST.; (2009) Effects of psychotherapy with people who have been sexually assaulted: A meta-analysis. 14(5): 273-285	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
471	Taylor 2010	Taylor, JE.; Harvey, ST.; (2010) A meta-analysis of the effects of psychotherapy with adults sexually abused in childhood. Clinical Psychology Review 30(6): 749-767	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
472	Taylor 2014	Taylor, DJ.; Pruiksma, KE.; (2014) Cognitive and behavioural therapy for insomnia (CBT-I) in psychiatric populations: A systematic review. Int Rev Psychiatry 26(2): 205-213	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
473	Taylor 2017	Taylor M, Petrakis I, Ralevski E. Treatment of alcohol use disorder and co-occurring PTSD. The American journal of drug and alcohol abuse. 2017 Jul 4;43(4):391-401.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
474	Teng 2008	Teng, EJ.; Bailey, SD.; Chaison, AD.; Peterson, NJ.; Hamilton, JD.; Dunn, NJ.; (2008) Treating Comorbid Panic Disorder in Veterans with Posttraumatic Stress Disorder. J Consul and Clin Psych 76(4): 704-710	Intervention not targeted at PTSD symptoms
475	Teng 2013	Teng, EJ.; Hiatt, EL.; McClair, V.; Kunik, ME.; Frueh, BC.; Stanley, MA.; (2013) Efficacy of Posttraumatic Stress Disorder Treatment for Comorbid Panic Disorder: A Critical Review and Future Directions for Treatment Research. Clinical Psychology, Science and Practice 20(3): 268-284	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
476	Ter Heide 2011	Ter Heide FJ, Mooren T, Kleijn W, de Jongh A, Kleber R. EMDR versus stabilisation in traumatised asylum seekers and refugees: Results of a pilot study. European journal of psychotraumatology. 2011 Jan 1;2(1):5881.	Sample size (N<10/arm)
477	Thompson 1995	Thompson J, Chung MC, Jackson G, Rosser R. A comparative trial of psychotherapy in the treatment of post-trauma stress reactions. Clinical Psychology & Psychotherapy. 1995 Oct 1;2(3):168-76.	Intervention outside protocol

	Study ID	Reference	Reason for exclusion
478	Thrasher 2010	Thrasher S, Power M, Morant N, Marks I, Dalgleish T. Social support moderates outcome in a randomized controlled trial of exposure therapy and (or) cognitive restructuring for chronic posttraumatic stress disorder. The Canadian Journal of Psychiatry. 2010 Mar;55(3):187-90.	Subgroup/secondary analysis of RCT already included
479	Thunker 2012	Thünker J, Pietrowsky R. Effectiveness of a manualized imagery rehearsal therapy for patients suffering from nightmare disorders with and without a comorbidity of depression or PTSD. Behaviour Research and Therapy. 2012 Sep 30;50(9):558-64.	Sample size (N<10/arm)
480	Tirado-Munoz 2014	Tirado-Munoz, J.; Gilchrist, G.; Farre, M.; Hegarty, K.; Torrens, M.; (2014) The efficay of cognitive behavioural therap and advocacy interventions for women who have experienced intimate partner violence: A systematic review and meta-analysis. Annals of Medicine 46(8): 567-586	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
481	Torchalla 2012	Torchally, I.; Nosen, L.; Rostam, H.; Allen, P.; (2012) Integrated treatment programs for individulas with concurrent substance use disorders and trauma experiences: A systematic review and meta-analysis. J Substance Abuse Treatment 42(1): 65-77	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
482	Tran 2016	Tran, US.; Gregor, B.; (2016) The relative efficacy of bona fide psychotherapies for post-traumatic stress disorder: a meta-analytical evaluatoin of randomized controlled trials. BMC Psychiatry 16:266	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
483	Triffleman 2000	Triffleman, E. (2000). Gender differences in a controlled pilot study of psychosocial treatments in substance dependent patients with post-traumatic stress disorder: Design considerations and outcomes. Alcoholism Treatment Quarterly, 18, 113-126.	Sample size (N<10/arm)
484	Turner 2014	Turner, WA.; Casey, LM.; (2014) Outcomes associated with virtual reality in psychological interventions: where are we now? Clinical Psychology Review 34(8): 634-644	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
485	Ulmer 2008/2011	Ulmer CS.Treating Co-Morbid Sleep Difficulties in Veterans With PTSD: A Pilot Study [NCT00734799]. 2008. Available from: https://www.clinicaltrials.gov/ct2/show/NCT00734799 [accessed 09.08.2017] Ulmer CS, Edinger JD, Calhoun PS. A multi-component cognitive-behavioral intervention for sleep disturbance in veterans with PTSD: a pilot study. Journal of clinical sleep medicine: JCSM: official publication of the American Academy of Sleep Medicine. 2011 Feb 15;7(1):57.	Sample size (N<10/arm)
486	Uttley 2015	Uttley, L.; Stevenson, M.; Scope, A.; Rawdin, A.; Sutton, A.; (2015) The clinical and cost effectiveness of group art therapy for people with non-psychotic mental health disorders: a systematic review and cost effectiveness analysis. BMS Psychiatry 15:151	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
487	Valentine (unpublished a)	Valentine, P. V. & Smith, T. E. (US). Evaluating traumatic incident reduction therapy with female inmates: A randomized controlled clinical trial. Research on Social Work Practice, 11, Jan-52.	Paper unavailable
488	Valentine (unpublished b)	Valentine, P. V. (US). Traumatic Incident Reduction I: Traumatized women inmates: Particulars of practice and research. Journal of Offender Rehabilitation, 31, 2000-2015.	Paper unavailable
489	Vally 2016	Vally Z, Abrahams L. The effectiveness of peer-delivered services in the management of mental health conditions: a meta-analysis of studies from low-and middle-income countries. International Journal for the Advancement of Counselling. 2016 Dec 1;38(4):330-44.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract

	Study ID	Reference	Reason for exclusion
490	Valmaggia 2016	Valmaggia, LR.; Latif, L.; Kempton, MJ.; Rus-Calafell, MR.; (2016) Virtual reality in the psychological treatment for mental health problems: An systematic review of recent evidence. Psychiatry Research 236(28): 189-195	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
491	Van Dam 2012	Van Dam, D.; Vedel, E.; Ehring, T.; Emmelkamp, PMG.; (2012) Psychological treatments for concurrent posttraumatic stess disorder and substance use disorder: A systematic review. Clinical Psychology Review 32(3): 202-214	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
492	Van Emmerik 2013	Van Emmerik, AP.; Reijntes, A.; Kamphuis, JH.; (2013) Writing Therapy for Posttraumatic Stress: A Meta-Analysis. Psychotherapy and Psychosomatics 82(2): 82-88	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
493	Van Loon 2013	Van Loon, A.; Van Schaik, A.; Dekker, J.; Beekman, A.; (2013) Bridging the gap for ethnic minority adult outpatients with depression and anxiety disorders by culturally adapted treatments. J Affective Disorders 147(1-3): 9-16	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
494	van Minnen 2006	van Minnen A, Foa EB. The effect of imaginal exposure length on outcome of treatment for PTSD. Journal of Traumatic Stress. 2006 Aug 1;19(4):427-38.	Comparison outside protocol
495	Van Minnen 2015	Van Minnen, A.; Zoellner, LA.; Harned, MS.; Mills, K.; (2015) Changes in Comorbid Conditions After Prolonged Exposure for PTSD: a Literature Review. Current Psychiatry Reports 17:17	Non-systematic review
496	Van Til 2013	Van Til, L.; Fikretogul, D.; Pranger, T.; Patten, S.; Wang, J.; Wong, M.; Zamorski, M.; Loisel, P.; Corbiere, M.; Shields, N.; Thompson, J.; Pedler, D. (2013) Work Reintegration for Veterans With Mental Disorders: A Systematic Literature Review to Inform Research. Physical Therapy 93(9): 1163-1174	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
497	Van't Hof 2011	Van't Hof, E.; Stein, DJ.; Van't Hof, E.; Cuijpers, P.; Waheed, W.; (2011) Psychological treatments for depression and anxiety disorders in low- and middle- income countries: a meta-analysis: a review. African Journal of Psychiatry 14(3): 200-207	Paper unavailable
498	Vaughan 1994a	Vaughan, K., Armstrong, M. S., Gold, R., O'Connor, N., Jenneke, W., & Tarrier, N. (1994). A trial of eye movement desensitization compared to image habituation training and applied muscle relaxation in post-traumatic stress disorder. Journal of Behavior Therapy & Experimental Psychiatry, 25, 283-291.	Cross-over study and first phase data not available
499	Vaughan 1994b	Vaughan, K.; Wiese, M.; Gold, R, Tarrier, N. (1994) Eye movement desensitization. Symptom change in post-traumatic stress disorder. British Journal of Psychiatry, 164, 533-541	Non-randomised group assignment
500	Verhey 2016	Verhey, R.; Chibanda, D.; Brakarsh, J.; Seedat, S.; (2016) Psychological interventions for post-traumatic stress disorder in peple living with HIV in Resource poor settings: a systematic review. Tropical Medicine and and Int Health 21(10): 1198-1208	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
501	Voshaar 2009	Voshaar, RCO.; Hendriks, GJ.; Keijsers, G.; Van Balkom, AJ.; (2009) Cognitive behavioural therapy for anxiety disorders in later life. Cochrane Database for Systematic Reveiws. CD007674	Non-systematic review
502	Wade 2016	Wade, D.; Varker, T.; Kartal, D.; Hetrick, S.; O'Donnell, M.; Forbes, D.; (2016) Gender Differences in Outcomes Following Trauma-Focused Interventions for Posttraumatic Stress Disorder: Systematic Review and Meta-Analysis. Psychological Trauma: Theory, Research, Practice and Policy. 8(3): 356-364	Systematic review with no new useable data and any meta-analysis results not appropriate to extract

	Study ID	Reference	Reason for exclusion
503	Wagner 2016	Wagner AC, Torbit L, Jenzer T, Landy MS, Pukay-Martin ND, Macdonald A, Fredman SJ, Monson CM. The Role of Posttraumatic Growth in a Randomized Controlled Trial of Cognitive–Behavioral Conjoint Therapy for PTSD. Journal of traumatic stress. 2016 Aug 1;29(4):379-83.	Subgroup/secondary analysis of RCT already included
504	Wahbeh 2014	Wahbeh, H.; Senders, A.; Neuendorf, R.; (2014) Complementary and Alternative Medicine for Posttraumatic Stress Disorder Symtoms. A Systematic Review. J Evidence-Based Complementary and Alternative Medicine 19(3): 161-175	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
505	Wang 2013	Wang Z, Wang J, Maercker A. Chinese My Trauma Recovery, a Web-based intervention for traumatized persons in two parallel samples: randomized controlled trial. Journal of medical Internet research. 2013 Sep;15(9).	Efficacy or safety data cannot be extracted
506	Watson 1997	Watson, C. G., Tuorila, J. R., Vickers, K. S., Gearhart, L. P., & Mendez, C. M. (1997). The efficacies of three relaxation regimens in the treatment of PTSD in Vietnam war veterans. Journal of Clinical Psychology, 53, 917-923.	Comparison outside protocol
507	Watts 2013	Watts, BV.; Schnurr, PP.; Mayo, L.; Young-Xu, Y.; Weeks, WB.; Friedman, MJ.; (2013) Meta-analysis of the efficacy of treatments for posttraumatic stress disorder. Journal Clinical Psychiatry 74)6): e541-550	Paper unavailable
508	Weine 1998	Weine, S. M., Kulenovic, A. D., Pavkovic, I., & Gibbons, R. (1998). Testimony psychotherapy in Bosnian refugees: A pilot study. American Journal of Psychiatry, 155, 1720-1726.	Non-randomised group assignment
509	Weine 2008	Weine S, Kulauzovic Y, Klebic A, Besic S, Mujagic A, Muzurovic J, Spahovic D, Sclove S, Pavkovic I, Feetham S, Rolland J. Evaluating a multiple-family group access intervention for refugees with PTSD. 2008. April; 34(2):149-64.	Intervention not targeted at PTSD symptoms
510	Wells 2004	Wells A, Sembi S. Metacognitive therapy for PTSD: A preliminary investigation of a new brief treatment. Journal of Behavior Therapy and Experimental Psychiatry. 2004 Dec 31;35(4):307-18.	Non-RCT (no control group)
511	Whitworth 2016	Whitworth JW, Ciccolo JT. Exercise and post-traumatic stress disorder in military veterans: a systematic review. Military medicine. 2016 Sep 1;181(9):953-60.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
512	Williams 2013	Williams JK, Glover DA, Wyatt GE, Kisler K, Liu H, Zhang M. A sexual risk and stress reduction intervention designed for HIV-positive bisexual African American men with childhood sexual abuse histories. Am J Public Health. 2013 Aug;103(8):1476-84. doi: 10.2105/AJPH.2012.301121.	Intervention not targeted at PTSD symptoms
513	Wilson 1995/1997	Wilson, S. A., Becker, L. A., & Tinker, R. H. (1995). Eye movement desensitization and reprocessing (EMDR) treatment for psychologically traumatized individuals. Journal of Consulting & Clinical Psychology, 63, 928-937. Wilson, S.A.; Becker, L.A.; Tinker, R.H. (1997) Fifteen-month follow-up of eye movement desensitization and reprocessing (EMDR) treatment for posttraumatic stress disorder and psychological trauma. Journal of Consulting & Clinical Psychology, 65, 6, 1047-1056	Efficacy or safety data cannot be extracted
514	Wilson 1996	Wilson, D. L., Silver, S. M., Covi, W. G., & Foster, S. (1996). Eye movement desensitization and reprocessing: effectiveness and autonomic correlates. Journal of Behavior Therapy & Experimental Psychiatry, 27, 219-229.	Sample size (N<10/arm)

	Study ID	Reference	Reason for exclusion
515	Wilson 2018	Wilson, G., Farrell, D., Kiernan, M. The Use of Eye-Movement Desensitization Reprocessing (EMDR) Therapy in Treating Post-traumatic Stress Disorder-A Systematic Narrative Review. Frontiers in Psychology 2018 Jun 6;9:923.	Systematic review with no new useable data and any meta-analysis results not appropriate to extract
516	Winhusen 2012	Winhusen T, Winstanley EL, Somoza E, Brigham G. The potential impact of recruitment method on sample characteristics and treatment outcomes in a psychosocial trial for women with co-occurring substance use disorder and PTSD. Drug and alcohol dependence. 2012 Jan 1;120(1):225-8.	Subgroup/secondary analysis of RCT already included
517	Wisco 2013	Wisco BE, Sloan DM, Marx BP. Cognitive emotion regulation and written exposure therapy for posttraumatic stress disorder. Clinical Psychological Science. 2013 Oct;1(4):435-42.	Subgroup/secondary analysis of RCT already included
518	Wisco 2016	Wisco BE, Baker AS, Sloan DM. Mechanisms of change in written exposure treatment of posttraumatic stress disorder. Behavior therapy. 2016 Jan 31;47(1):66-74.	Subgroup/secondary analysis of RCT already included
519	Wolf 2016	Wolf EJ, Lunney CA, Schnurr PP. The influence of the dissociative subtype of posttraumatic stress disorder on treatment efficacy in female veterans and active duty service members. Journal of consulting and clinical psychology. 2016 Jan;84(1):95.	Subgroup/secondary analysis of RCT already included
520	Woodward 2017	Woodward E, Hackmann A, Wild J, Grey N, Clark DM, Ehlers A. Effects of psychotherapies for posttraumatic stress disorder on sleep disturbances: Results from a randomized clinical trial. Behaviour research and therapy. 2017 Oct 1;97:75-85.	Subgroup/secondary analysis of RCT already included
521	Wynn 2015	Wynn, G. (2015) Complementary and Alternative Medicine Approaches in the Treatment of PTSD, Current Psychiatry Reports, 62	Non-systematic review
522	York 2011	York, A.; Crawford, C.; Walter, JAG.; Jonas, WB.; Coeytaux,R.; (2011) Acupuncture Research in Military and Veteran Populations: A Rapid Evidence Assessment of the Literature. Medical Acupuncture 23(4): 229-236	Non-systematic review
523	Yun 2013	Yun YH, Lee MK, Bae Y, Shon EJ, Shin BR, Ko H, Lee ES, Noh DY, Lim JY, Kim S, Kim SY. Efficacy of a training program for long-term disease-free cancer survivors as health partners: a randomized controlled trial in Korea. Asian Pacific Journal of Cancer Prevention. 2013;14(12):7229-35.	Efficacy or safety data cannot be extracted
524	Zandberg 2016a	Zandberg LJ, Rosenfield D, McLean CP, Powers MB, Asnaani A, Foa EB. Concurrent treatment of posttraumatic stress disorder and alcohol dependence: Predictors and moderators of outcome. Journal of consulting and clinical psychology. 2016 Jan;84(1):43.	Subgroup/secondary analysis of RCT already included
525	Zandberg 2016b	Zandberg LJ, Rosenfield D, Alpert E, McLean CP, Foa EB. Predictors of dropout in concurrent treatment of posttraumatic stress disorder and alcohol dependence: Rate of improvement matters. Behaviour research and therapy. 2016 May 31;80:1-9.	Subgroup/secondary analysis of RCT already included
526	Zang 2013	Zang, Y., Hunt, N. & Cox, T. (2013). A randomized controlled pilot study: the effectiveness of narrative exposure therapy with adult survivors of the Sichuan earthquake. BMC Psychiatry, 13, 41.	Efficacy or safety data cannot be extracted
527	Zang 2017	Zang Y, Yu J, Chazin D, Asnaani A, Zandberg LJ, Foa EB. Changes in coping behavior in a randomized controlled trial of concurrent treatment for PTSD and alcohol dependence. Behaviour research and therapy. 2017 Mar 31;90:9-15.	Subgroup/secondary analysis of RCT already included
528	Zoellner 1999	Zoellner LA, Feeny NC, Fitzgibbons LA, Foa EB. Response of African American and Caucasian women to cognitive behavioral therapy for PTSD. Behavior Therapy. 1999 Nov 30;30(4):581-95.	Efficacy or safety data cannot be extracted

	Study ID	Reference	Reason for exclusion
529	Zucker 2009	Zucker TL, Samuelson KW, Muench F, Greenberg MA, Gevirtz RN. The effects of respiratory sinus arrhythmia biofeedback on heart rate variability and posttraumatic stress disorder symptoms: A pilot study. Applied psychophysiology and biofeedback. 2009 Jun 1;34(2):135.	Comparison outside protocol

Included in the systematic review but excluded from the network meta-analysis of psychological treatments for PTSD in adults

	Study ID	Reference	Reason for exclusion
1	Abramowitz 2008	Abramowitz EG, Barak Y, Ben-Avi I, et al. (2008) Hypnotherapy in the treatment of chronic combat-related PTSD patients suffering from insomnia: a randomized, zolpidem-controlled clinical trial. Intl. Journal of Clinical and Experimental Hypnosis 56(3), 270-80	Hypnotherapy – intervention not of interest
2	Galovski 2008/2016	Galovski T (2008) Sleep-directed Hypnosis As A Complement To CPT In Treating PTSD [NCT00725192]. Available from: https://clinicaltrials.gov/ct2/show/NCT00725192 [accessed 02.08.2017] Galovski TE, Harik JM, Blain LM, et al. (2016) Augmenting cognitive processing therapy to improve sleep impairment in PTSD: A randomized controlled trial. Journal of consulting and clinical psychology 84(2), 167	Hypnotherapy – intervention not of interest
3	Bormann 2008	Bormann JE, Thorp S, Wetherell JL, et al. (2008) A spiritually based group intervention for combat veterans with posttraumatic stress disorder: feasibility study. Journal of Holistic Nursing 26(2), 109-16	Meditation or Mindfulness-based stress - intervention not of interest
4	Bormann 2012/2013	Bormann JE, Liu L, Thorp SR, et al. (2012) Spiritual wellbeing mediates PTSD change in veterans with military-related PTSD. International journal of behavioural medicine 19(4), 496-502 Bormann JE, Thorp SR, Wetherell JL, et al. (2013) Meditation-based mantram intervention for veterans with posttraumatic stress disorder: a randomized trial. Psychological Trauma: Theory, Research, Practice, and Policy 5(3), 259	Meditation or Mindfulness-based stress - intervention not of interest
5	Branstrom 2010/2012	Bränström R, Kvillemo P, Brandberg Y, et al. (2010) Self-report mindfulness as a mediator of psychological well-being in a stress reduction intervention for cancer patients—a randomized study. Annals of behavioural medicine 39(2), 151-61 Bränström R, Kvillemo P and Moskowitz JT (2012) A randomized study of the effects of mindfulness training on psychological well-being and symptoms of stress in patients treated for cancer at 6-month follow-up. International journal of behavioural medicine 19(4), 535-42	Meditation or Mindfulness-based stress - intervention not of interest
6	Kearney 2013	Kearney DJ, McDermott K, Malte C, et al. (2013) Effects of participation in a mindfulness program for veterans with posttraumatic stress disorder: a randomized controlled pilot study. Journal of clinical psychology 69(1), 14-27	Meditation or Mindfulness-based stress - intervention not of interest

7	Kearney 2016	Kearney DJ, Simpson TL, Malte CA, et al. (2016) Mindfulness-based stress reduction in addition to usual care is associated with improvements in pain, fatigue, and cognitive failures among veterans with gulf war illness. The American journal of medicine 129(2), 204-14	Meditation or Mindfulness-based stress - intervention not of interest
8	Levine 2005	Levine EG, Eckhardt J and Targ E (2005) Change in post-traumatic stress symptoms following psychosocial treatment for breast cancer. Psycho-Oncology 14(8), 618-35	Meditation or Mindfulness-based stress - intervention not of interest
9	Polusny 2015	Polusny MA, Erbes CR, Thuras P, et al. (2015) Mindfulness-based stress reduction for posttraumatic stress disorder among veterans: A randomized clinical trial. JAMA 314(5), 456-65	Meditation or Mindfulness-based stress - intervention not of interest
10	Possemato 2016	Possemato K, Bergen-Cico D, Treatman S, et al. (2016) A randomized clinical trial of primary care brief mindfulness training for veterans with PTSD. Journal of clinical psychology 72(3), 179-93	Meditation or Mindfulness-based stress - intervention not of interest
11	Wahbeh 2016/Colgan 2016	Wahbeh H, Goodrich E, Goy E and Oken BS (2016) Mechanistic pathways of mindfulness meditation in combat veterans with posttraumatic stress disorder. Journal of clinical psychology 72(4), 365-83 Colgan DD, Christopher M, Michael P and Wahbeh H (2016) The body scan and mindful breathing among veterans with PTSD: Type of intervention moderates the relationship between changes in mindfulness and post-treatment depression. Mindfulness 7(2), 372-83	Meditation or Mindfulness-based stress - intervention not of interest
12	Davis 2012	Davis LL, Leon AC, Toscano R, et al. (2012) A randomized controlled trial of supported employment among veterans with posttraumatic stress disorder. Psychiatric Services 63(5), 464-70	Individual placement and support / supported employment - intervention not of interest
13	Weinstein 2016	Weinstein N, Khabbaz F and Legate N (2016) Enhancing need satisfaction to reduce psychological distress in Syrian refugees. Journal of consulting and clinical psychology 84(7), 645	Practical support - intervention not of interest
14	Wang 2012	Wang Y, Hu YP, Wang WC, et al. (2012) Clinical studies on treatment of earthquake-caused posttraumatic stress disorder using electroacupuncture. Evidence-Based Complementary and Alternative Medicine 2012 [ID: 431279]	Electroacupuncture – intervention not of interest
15	Goldstein 2018	Goldstein LA, Mehling WE, Metzler TJ, et al. (2018) Veterans Group Exercise: A randomized pilot trial of an Integrative Exercise program for veterans with posttraumatic stress. Journal of affective disorders 227, 345-52	Exercise – intervention not of interest
16	Rosenbaum 2011/2015	Rosenbaum S, Nguyen D, Lenehan T, et al. (2011) Exercise augmentation compared to usual care for Post Traumatic Stress Disorder: A Randomised Controlled Trial (The REAP study: R andomised E xercise A ugmentation for P TSD). BMC psychiatry 11(1), 115 Rosenbaum S, Sherrington C and Tiedemann A (2015) Exercise augmentation compared with usual care for post-traumatic stress disorder: a randomized controlled trial. Acta Psychiatrica Scandinavica 131(5), 350-9	Exercise – intervention not of interest
17	Watts 2012	Watts BV, Landon B, Groft A and Young-Xu Y (2012) A sham controlled study of repetitive transcranial magnetic stimulation for posttraumatic stress disorder. Brain stimulation 5(1), 38-43	Repetitive transcranial magnetic stimulation - intervention not of interest
18	Jindani 2015	Jindani F, Turner N and Khalsa SB (2015) A yoga intervention for posttraumatic stress: A preliminary randomized control trial. Evidence-Based Complementary and Alternative Medicine 2015	Yoga – intervention not of interest
19	Mitchell 2014/Dick 2014/Reddy 2014	Mitchell KS, Dick AM, DiMartino DM, et al. (2014) A pilot study of a randomized controlled trial of yoga as an intervention for PTSD symptoms in women. Journal of Traumatic Stress 27(2), 121-8	Yoga – intervention not of interest

		Dick AM, Niles BL, Street AE, et al. (2014) Examining mechanisms of change in a yoga intervention for women: the influence of mindfulness, psychological flexibility, and emotion regulation on PTSD symptoms. Journal of clinical psychology 70(12), 1170-82 Reddy S, Dick AM, Gerber MR and Mitchell K (2014) The effect of a yoga intervention on alcohol and drug abuse risk in veteran and civilian women with posttraumatic stress disorder. The Journal of Alternative and Complementary Medicine 20(10), 750-6	
20	van der Kolk 2014	van der Kolk BA, Stone L, West J, et al. (2014) Yoga as an adjunctive treatment for posttraumatic stress disorder: A randomized controlled trial. J Clin Psychiatry 75(6), e559-65	Yoga – intervention not of interest
21	Noohi 2017	Noohi S, Miraghaie AM, Arabi A and Nooripour R (2017) Effectiveness of neuro-feedback treatment with alpha/theta method on PTSD symptoms and their executing function. Biomedical Research 28(5)	Neurofeedback – intervention not of interest
22	Tan 2011	Tan G, Dao TK, Farmer L, et al. (2011) Heart rate variability (HRV) and posttraumatic stress disorder (PTSD): A pilot study. Applied Psychophysiology and Biofeedback 36, 27–35	Biofeedback – intervention not of interest
23	van der Kolk 2016	van der Kolk BA, Hodgdon H, Gapen M, et al. (2016) A Randomized Controlled Study of Neurofeedback for Chronic PTSD. PloS one 11(12), e0166752	Neurofeedback – intervention not of interest
24	Bisson 2004	Bisson JI, Shepherd JP, Joy D, et al. (2004) Early cognitive-behavioural therapy for post-traumatic stress symptoms after physical injury. Randomised controlled trial. The British Journal of Psychiatry: The Journal of Mental Science 184, 63–69	Early treatment (within 3 months from traumatic event)
25	Jarero 2013	Jarero I, Amaya C, Givaudan M and Miranda A. (2013) EMDR individual protocol for paraprofessional use: A randomized controlled trial with first responders. Journal of EMDR Practice and Research 7(2), 55-64	Early treatment (within 3 months from traumatic event)
26	Johnson 2011	Johnson DM, Zlotnick C and Perez S (2011) Cognitive behavioral treatment of PTSD in residents of battered women's shelters: results of a randomized clinical trial. Journal of consulting and clinical psychology 79(4), 542	Early treatment (within 3 months from traumatic event)
27	Johnson 2016	Johnson DM, Johnson NL, Perez SK, et al. (2016) Comparison of adding treatment of PTSD during and after shelter stay to standard care in residents of battered women's shelters: results of a randomized clinical trial. Journal of traumatic stress 29(4), 365-73	Early treatment (within 3 months from traumatic event)
28	Sahler 2013	Sahler OJ, Dolgin MJ, Phipps S, et al. (2013) Specificity of problem-solving skills training in mothers of children newly diagnosed with cancer: results of a multisite randomized clinical trial. Journal of Clinical Oncology 31(10), 1329-35	Early treatment (within 3 months from traumatic event)
29	Sijbrandij 2007	Sijbrandij M, Olff M, Reitsma JB, et al. (2007) Treatment of acute posttraumatic stress disorder with brief cognitive behavioral therapy: a randomized controlled trial. American Journal of Psychiatry 164(1), 82-90	Early treatment (within 3 months from traumatic event)
30	Turpin 2005	Turpin, G., Downs, M., Mason, S. (2005) Effectiveness of providing self-help information following acute traumatic injury: Randomised controlled trial, British Journal of Psychiatry, 187, 76-82	Early treatment (within 3 months from traumatic event)
31	Neuner 2010	Neuner F, Kurreck S, Ruf M, et al. (2010) Can asylum-seekers with posttraumatic stress disorder be successfully treated? A randomized controlled pilot study. Cognitive Behavior Therapy 39, 81-91	Intervention (TF-CBT) added onto TAU
32	Ruglass 2017/ Hien 2011	Ruglass LM, Lopez-Castro T, Papini S, et al. (2017) Concurrent treatment with prolonged exposure for co-occurring full or subthreshold posttraumatic stress disorder and substance use disorders: A randomized clinical trial. Psychotherapy and Psychosomatics 86(3), 150-61 Hien D (2011) A Randomized Trial of Concurrent Treatment for PTSD and Substance Dependence [NCT01365247]. Available from: https://clinicaltrials.gov/ct2/show/NCT01365247 [accessed 03.08.2017]	Intervention (TF-CBT) added onto TAU

33	Pabst 2014	Pabst A, Schauer M, Bernhardt K, et al. (2014) Evaluation of Narrative Exposure Therapy (NET) for Borderline Personality Disorder with comorbid Posttraumatic Stress Disorder. Clinical Neuropsychiatry 11(4), 108-117	Intervention (TF-CBT) added onto TAU
34	Asukai 2010	Asukai N, Saito A, Tsuruta N, et al. (2010) Efficacy of exposure therapy for Japanese patients with posttraumatic stress disorder due to mixed traumatic events: A randomized controlled study. Journal of traumatic stress 23(6), 744-50	Intervention (TF-CBT) compared with TAU
35	Beck 2009	Beck JG, Coffey SF, Foy DW, et al. (2009) Group cognitive behavior therapy for chronic posttraumatic stress disorder: An initial randomized pilot study. Behavior therapy 40(1), 82-92	Intervention (TF-CBT) added onto TAU
36	Brom 1989	Brom D, Kleber RJ and Defares PB (1989) Brief psychotherapy for posttraumatic stress disorders. Journal of consulting and clinical psychology 57(5), 607	Interventions (TF-CBT, psychodynamic therapy) added onto TAU
37	Power 2002	Power K, McGoldrick T, Brown K, et al. (2002) A controlled comparison of Eye Movement Desensitization and Reprocessing versus exposure plus cognitive restructuring versus waiting list in the treatment of Posttraumatic Stress Disorder. Clinical Psychology and Psychotherapy 9, 299-318	Interventions (TF-CBT, EMDR) added onto TAU
38	Resick 2002	Resick PA, Nishith P, Weaver TL, et al. (2002) A comparison of cognitive-processing therapy with prolonged exposure and a waiting condition for the treatment of chronic posttraumatic stress disorder in female rape victims. Journal of Consulting & Clinical Psychology 70, 867-879	Intervention (TF-CBT) added onto TAU
39	Rothbaum 2005	Rothbaum B, Astin M and Marsteller F (2005) Prolonged exposure versus eye movement desensitization and reprocessing (EMDR) for PTSD rape victims. Journal of Traumatic Stress 18, 607–616	Interventions (TF-CBT, EMDR) added onto TAU
40	Foa 2013b	Foa EB, Yusko DA, McLean CP, et al. (2013) Concurrent naltrexone and prolonged exposure therapy for patients with comorbid alcohol dependence and PTSD: a randomized clinical trial. JAMA 310(5), 488-95	Intervention (TF-CBT) added onto TAU
41	Sannibale 2013	Sannibale C, Teesson M, Creamer M, et al. (2013) Randomized controlled trial of cognitive behaviour therapy for comorbid post-traumatic stress disorder and alcohol use disorders. Addiction 108(8), 1397-410	Intervention (TF-CBT) added onto TAU
42	Cook 2010	Cook JM, Harb GC, Gehrman PR, et al. (2010) Imagery rehearsal for posttraumatic nightmares: a randomized controlled trial. Journal of traumatic stress 23(5), 553-63	Interventions (TF-CBT, non-TF-CBT) added onto TAU
43	Wells 2015	Wells A, Walton D, Lovell K and Proctor D (2015) Metacognitive therapy versus prolonged exposure in adults with chronic post-traumatic stress disorder: A parallel randomized controlled trial. Cognitive Therapy and Research 39(1), 70-80	Interventions (TF-CBT, metacognitive therapy) added onto TAU
44	Bohus 2013	Bohus M, Dyer AS, Priebe K, et al. (2013) Dialectical Behaviour therapy for Post-traumatic Stress Disorder after Childhood Sexual Abuse in Patients with and without Borderline Personality Disorder: A randomised controlled trial. Psychotherapy and psychosomatics 82(4), 221-33	Intervention (TF-CBT) added onto TAU
45	Coffey 2016	Coffey SF, Schumacher JA, Nosen E, et al. (2016) Trauma-focused exposure therapy for chronic posttraumatic stress disorder in alcohol and drug dependent patients: A randomized controlled trial. Psychology of Addictive Behaviors 30(7), 778	Intervention (TF-CBT) added onto TAU
46	Dorrepaal 2012	Dorrepaal E, Thomaes K, Smit JH, et al. (2012) Stabilizing group treatment for complex posttraumatic stress disorder related to child abuse based on psychoeducation and cognitive behavioural therapy: A multisite randomized controlled trial. Psychotherapy and psychosomatics 81(4), 217-25	Intervention (TF-CBT) added onto TAU
47	Duffy 2007	Duffy M, Gillespie K and Clark DM (2007) Post-traumatic stress disorder in the context of terrorism and other civil conflict in Northern Ireland: randomised controlled trial. BMJ 334(7604), 1147	Intervention (TF-CBT) added onto TAU
48	Forbes 2012	Forbes D, Lloyd D, Nixon RD, et al. (2012) A multisite randomized controlled effectiveness trial of cognitive processing therapy for military-related posttraumatic stress disorder. Journal of Anxiety Disorders 26(3), 442-52	Intervention (TF-CBT) added onto TAU

49	Maguen 2017	Maguen S, Burkman K, Madden E, et al. (2017) Impact of killing in war: A randomized, controlled pilot trial. Journal of clinical psychology 73(9), 997-1012	Intervention (TF-CBT) added onto TAU
50	Monson 2006	Monson CM, Schnurr PP, Resick PA, et al. (2006) Cognitive processing therapy for veterans with military-related posttraumatic stress disorder. Journal of Consulting and clinical Psychology 74(5), 898	Intervention (TF-CBT) added onto TAU
51	Neuner 2004	Neuner F, Schauer M, Klaschik C, et al. (2004) A Comparison of Narrative Exposure Therapy, Supportive Counseling, and Psychoeducation for Treating Posttraumatic Stress Disorder in an African Refugee Settlement. Journal of Consulting & Clinical Psychology 72(4), 579-587	Interventions (TF-CBT and counselling) added onto TAU
52	Akbarian 2015	Akbarian F, Bajoghli H, Haghighi M, et al. (2015) The effectiveness of cognitive behavioural therapy with respect to psychological symptoms and recovering autobiographical memory in patients suffering from post-traumatic stress disorder. Neuropsychiatric disease and treatment 11, 395	Intervention (TF-CBT) added onto TAU
53	Paunovic 2011	Paunović N. (2011) Exposure inhibition therapy as a treatment for chronic posttraumatic stress disorder: A controlled pilot study. Psychology 2(06), 605	Intervention (TF-CBT) added onto TAU
54	Bass 2013	Bass JK, Annan J, McIvor Murray S, et al. (2013) Controlled trial of psychotherapy for Congolese survivors of sexual violence. New England Journal of Medicine 368(23), 2182-91	Intervention (TF-CBT) added onto TAU
55	Hermenau 2013	Hermenau K, Hecker T, Schaal S, et al. (2013) Addressing post-traumatic stress and aggression by means of narrative exposure: A randomized controlled trial with ex-combatants in the eastern DRC. Journal of Aggression, Maltreatment and Trauma 22(8), 916-934	Intervention (TF-CBT) added onto TAU
56	Hinton 2005	Hinton DE, Chhean D, Pich V, et al. (2005) A randomized controlled trial of cognitive-behavior therapy for Cambodian refugees with treatment-resistant PTSD and panic attacks: A cross-over design. Journal of traumatic stress 18(6), 617-29	Intervention (TF-CBT) added onto TAU
57	Hinton 2009	Hinton DE, Hofmann SG, Pollack MH and Otto MW (2009) Mechanisms of efficacy of CBT for Cambodian refugees with PTSD: Improvement in emotion regulation and orthostatic blood pressure response. CNS neuroscience & therapeutics 15(3), 255-63	Intervention (TF-CBT) added onto TAU
58	Kubany 2003	Kubany ES, Hill EE and Owens JA (2003) Cognitive trauma therapy for battered women with PTSD: preliminary findings. Journal of Traumatic Stress 16(1), 81-91	Intervention (TF-CBT) added onto TAU
59	Kubany 2004	Kubany ES, Hill E E, Owens JA, et al. (2004) Cognitive trauma therapy for battered women with PTSD (CTT-BW) Journal of Consult. Clin.Psychol 72, 3-18	Intervention (TF-CBT) added onto TAU
60	Mills 2012	Mills KL, Teesson M, Back SE, et al. (2012) Integrated exposure-based therapy for co-occurring posttraumatic stress disorder and substance dependence: a randomized controlled trial. JAMA 308(7), 690-9	Intervention (TF-CBT) added onto TAU
61	Mueser 2008	Mueser KT, Rosenberg SD, Xie H, et al. (2008) A randomized controlled trial of cognitive-behavioral treatment for posttraumatic stress disorder in severe mental illness. Journal of consulting and clinical psychology 76(2), 259	Intervention (TF-CBT) added onto TAU
62	Foa 2005	Foa EB, Hembree EA, Cahill SP, et al. (2005) Randomized trial of prolonged exposure for posttraumatic stress disorder with and without cognitive restructuring: outcome at academic and community clinics. Journal of consulting and clinical psychology 73(5), 953	Intervention (TF-CBT) added onto TAU
63	Taylor 2003	Taylor S, Thordarson DS, Maxfield L, et al. (2003) Comparative efficacy, speed, and adverse effects of three PTSD treatments: exposure therapy, EMDR and relaxation training. Journal of Consulting & Clinical Psychology 71(2), 330-338	Interventions (TF-CBT, EMDR) added onto TAU
64	Laugharne 2016	Laugharne J, Kullack C, Lee CW, et al. (2016) Amygdala volumetric change following psychotherapy for posttraumatic stress disorder. The Journal of neuropsychiatry and clinical neurosciences 28(4), 312-8	Interventions (TF-CBT, EMDR) added onto TAU

65	Nijdam 2012	Nijdam MJ, Gersons BP, Reitsma JB, et al. (2012) Brief eclectic psychotherapy v. eye movement desensitisation and reprocessing therapy for post-traumatic stress disorder: randomised controlled trial. The British Journal of Psychiatry 200(3), 224-31	Interventions (TF-CBT, EMDR) added onto TAU
66	Nacasch 2011	Nacasch N, Foa EB, Huppert JD, et al. (2011) Prolonged exposure therapy for combat-and terror-related posttraumatic stress disorder: a randomized control comparison with treatment as usual. Journal of Clinical Psychiatry 72(9), 1174	Interventions (TF-CBT, counselling) added onto TAU
67	Schnurr 2003	Schnurr PP, Friedman MJ, Foy DW, et al. (2003) Randomized trial of trauma-focused group therapy for posttraumatic stress disorder. Archives of General Psychiatry 60, 481-489	Interventions (TF-CBT, present-centered therapy) added onto TAU
68	Schnurr 2007/ Haug 2004	Schnurr PP, Friedman MJ, Engel CC, et al. (2007) Cognitive behavioral therapy for posttraumatic stress disorder in women: A randomized controlled trial. JAMA 297(8), 820-30 Haug R, Engel CC, Sheliga V, et al. (2004) A randomized clinical trial of cognitive behavioral treatment for PTSD in women veterans [NCT00032617]. Available from: https://clinicaltrials.gov/ct2/show/NCT00032617 [accessed 03.08.2017]	Interventions (TF-CBT, present-centered therapy) added onto TAU
69	Suris 2013	Surís A, Link-Malcolm J, Chard K, et al. (2013) A randomized clinical trial of cognitive processing therapy for veterans with PTSD related to military sexual trauma. Journal of Traumatic Stress 26(1), 28-37	Interventions (TF-CBT, present-centered therapy) added onto TAU
70	Rauch 2015	Rauch SA, King AP, Abelson J, et al. (2015) Biological and symptom changes in posttraumatic stress disorder treatment: a randomized clinical trial. Depression and anxiety 32(3), 204-12	Interventions (TF-CBT, present-centered therapy) added onto TAU
71	Sloan 2016b/ 2018	Sloan DM, Unger W and Beck JG (2016) Cognitive-behavioral group treatment for veterans diagnosed with PTSD: Design of a hybrid efficacy-effectiveness clinical trial. Contemporary clinical trials 47, 123-30 Sloan DM, Unger W, Lee DJ and Beck JG (2018) A randomised controlled trail of cognitive-behavioural group treatment for veterans diagnosed with PTSD. A Randomized Controlled Trial of Group Cognitive Behavioral Treatment for Veterans Diagnosed With Chronic Posttraumatic Stress Disorder. Journal of traumatic stress. https://doi.org/10.1002/jts.22338	Interventions (TF-CBT, present-centered therapy) added onto TAU
72	Sloan 2016a/2018	Sloan DM, Marx BP and Resick PA (2016) Brief treatment for PTSD: A non-inferiority trial. Contemporary clinical trials 48, 76-82 Sloan DM, Marx BP, Lee DJ and Resick PA (2018) A Brief Exposure-Based Treatment vs Cognitive Processing Therapy for Posttraumatic Stress Disorder: A Randomized Noninferiority Clinical Trial. JAMA psychiatry	Interventions (TF-CBT, self-help without support) added onto TAU
73	Morath 2014	Morath J, Gola H, Sommershof A, et al. (2014) The effect of trauma-focused therapy on the altered T cell distribution in individuals with PTSD: Evidence from a randomized controlled trial. Journal of Psychiatric Research 54, 1-0	Intervention (TF-CBT) added onto TAU
74	Stenmark 2013	Stenmark H, Catani C, Neuner F, et al. (2013) Treating PTSD in refugees and asylum seekers within the general health care system. A randomized controlled multicenter study. Behaviour research and therapy 51(10), 641-647	Intervention (TF-CBT) added onto TAU
75	Hinton 2011	Hinton DE, Hofmann SG, Rivera E, et al. (2011) Culturally adapted CBT (CA-CBT) for Latino women with treatment-resistant PTSD: A pilot study comparing CA-CBT to applied muscle relaxation. Behaviour research and therapy 49(4), 275-80	Intervention (TF-CBT) added onto TAU

76	Margolies 2013	Margolies SO, Rybarczyk B, Vrana SR, et al. (2013) Efficacy of a cognitive-behavioral treatment for insomnia and nightmares in Afghanistan and Iraq veterans with PTSD. Journal of Clinical Psychology 69(10), 1026-42	Intervention (non-TF-CBT) added onto TAU
77	Zlotnick 1997	Zlotnick C, Shea TM, Rosen K, et al. (1997) An affect-management group for women with posttraumatic stress disorder and histories of childhood sexual abuse. Journal of Traumatic Stress 10, 425-436	Intervention (non-TF-CBT) added onto TAU
78	Talbot 2014	Talbot LS, Maguen S, Metzler TJ, et al. (2014) Cognitive behavioral therapy for insomnia in posttraumatic stress disorder: a randomized controlled trial. Sleep 37(2), 327-41	Intervention (non-TF-CBT) added onto TAU
79	McGovern 2011	McGovern MP, Lambert-Harris C, Alterman AI, et al. (2011) A randomized controlled trial comparing integrated cognitive behavioral therapy versus individual addiction counseling for co-occurring substance use and posttraumatic stress disorders. Journal of dual diagnosis 7(4), 207-27	Intervention (non-TF-CBT) added onto TAU
80	McGovern 2015	McGovern MP, Lambert-Harris C, Xie H, et al. (2015) A randomized controlled trial of treatments for co-occurring substance use disorders and post-traumatic stress disorder. Addiction 110(7), 1194-204	Intervention (non-TF-CBT) added onto TAU
81	Hien 2009	Hien DA, Wells EA, Jiang H, et al. (2009) Multisite randomized trial of behavioral interventions for women with co-occurring PTSD and substance use disorders. Journal of consulting and clinical psychology 77(4), 607	Intervention (non-TF-CBT) added onto TAU
82	Dunn 2007	Dunn NJ, Rehm LP, Schillaci J, et al. (2007) A randomized trial of self-management and psychoeducational group therapies for comorbid chronic posttraumatic stress disorder and depressive disorder. Journal of Traumatic Stress 20(3), 221-37	Intervention (non-TF-CBT) added onto TAU
83	Himmerich 2016	Himmerich HD, Willmund G, Zimmermann P, et al. (2016) Serum concentrations of Tnf-A and its soluble receptors during psychotherapy in German soldiers suffering from combat-related PTSD. Psychiatria Danubina 28(3), 293-8	Intervention (EMDR) added onto TAU
84	Jensen 1994	Jensen JA (1994) An investigation of eye movement desensitization and reprocessing (EMD/R) as a treatment for posttraumatic stress disorder (PTSD) symptoms of Vietnam combat veterans. Behavior Therapy 25, 311-325	Intervention (EMDR) compared with TAU
85	Brom 2017	Brom D, Stokar Y, Lawi C, et al. (2017) Somatic Experiencing for Posttraumatic Stress Disorder: A Randomized Controlled Outcome Study. Journal of traumatic stress 30(3), 304-12	Intervention (combined somatic & cognitive therapies) added onto TAU
86	Gray 2017	Gray, R., Budden-Potts, D., & Bourke, F. (2017). Reconsolidation of Traumatic Memories for PTSD: A randomized controlled trial of 74 male veterans. Psychotherapy Research, 1-19.	Intervention (cognitive therapies) added onto TAU
87	Tylee 2017	Tylee, D. S., Gray, R., Glatt, S. J., & Bourke, F. (2017). Evaluation of the reconsolidation of traumatic memories protocol for the treatment of PTSD: a randomized, wait-list-controlled trial. Journal of Military, Veteran and Family Health, 3(1), 21-33.	Intervention (cognitive therapies) added onto TAU
88	Geronilla 2016	Geronilla L, Minewiser L, Sacramento CA and McWilliams M (2016) EFT (emotional freedom techniques) remediates PTSD and psychological symptoms in veterans: a randomized controlled replication trial. Energy 8(2), 29	Intervention (combined somatic & cognitive therapies) added onto TAU
89	Kaslow 2010	Kaslow NJ, Leiner AS, Reviere S, et al. (2010) Suicidal, abused African American women's response to a culturally informed intervention. Journal of consulting and clinical psychology 78(4), 449	Intervention (psychoeducation) added onto TAU
90	van Dam 2013	van Dam D, Ehring T, et al. (2013) Trauma-focused treatment for posttraumatic stress disorder combined with CBT for severe substance use disorder: a randomized controlled trial. BMC psychiatry 13(1), 172	Intervention (self-help with support) added onto TAU
91	Meshberg-Cohen 2014	Meshberg-Cohen S, Svikis D and McMahon TJ (2014) Expressive writing as a therapeutic process for drug-dependent women. Substance abuse 35(1), 80-8	Intervention (self-help without support) added onto TAU

92	Bass 2016	Bass J, Murray SM, Mohammed TA, et al. (2016) A randomized controlled trial of a trauma-informed support, skills, and psychoeducation intervention for survivors of torture and related trauma in Kurdistan, Northern Iraq. Global Health: Science and Practice 4(3), 452-66	Intervention (counselling) added onto TAU
93	Jensen 2016	Jensen JF, Egerod I, Bestle MH, et al. (2016) A recovery program to improve quality of life, sense of coherence and psychological health in ICU survivors: a multicenter randomized controlled trial, the RAPIT study. Intensive Care Medicine 42, 1733-1743	Intervention (psychoeducation) added onto TAU
94	Lange 2003	Lange A, Rietdijk D, Hudcovicova M, et al. (2003) Interapy: a controlled randomized trial of the standardized treatment of posttraumatic stress through the internet. J.Consult.Clin.Psychol 71, 901-909	Study did not report PTSD symptom change scores (only endpoint scores)
95	Knaevelsrud 2007	Knaevelsrud C and Maercker A (2007) Internet-based treatment for PTSD reduces distress and facilitates the development of a strong therapeutic alliance: a randomized controlled clinical trial. BMC psychiatry 7(1), 13	Outcomes of interest not reported or not possible to extract
96	Lieberman 2005 / 2006 / Ghosh Ippen 2011	Lieberman AF, Van Horn P and Ippen CG (2005) Toward evidence-based treatment: child-parent psychotherapy with preschoolers exposed to marital violence. J Am Acad Child Adolesc Psychiatry 44(12), 1241-8 Lieberman AF, Ippen CG and Van Horn P (2006) Child-parent psychotherapy: 6-month follow-up of a randomized controlled trial. Journal of the American Academy of Child & Adolescent Psychiatry 45(8), 913-8 Ghosh I, Harris WW, Van Horn and Lieberman AF (2011) Traumatic and stressful events in early childhood: can treatment help those at highest risk? Child abuse & neglect 35(7), 504-513	Interventions (parent child psychotherapy using play, parent training) not linked to the network

Appendix 7: NMA data files

A. Changes in PTSD symptom scores between baseline and treatment endpoint

t[,1]	y[,1]	sd[,1]	n[,1]	t[,2]	y[,2]	sd[,2]	n[,2]	t[,3]	y[,3]	sd[,3]	n[,3]	t[,4]	y[,4]	sd[,4]	n[,4]	na[]	#Study
1	-2.00	9.72	24	5	-11.20	10.36	27	6	-23.10	9.47	27	NA	NA	NA	NA	3	#Blanchard 2002/2003/2004
1	-5.00	8.96	16	6	-7.69	10.53	15	NA	NA	NA	NA	NA	NA	NA	NA	2	#Difede 2007b
1	0.00	5.60	11	6	-5.77	6.10	12	NA	NA	NA	NA	NA	NA	NA	NA	2	#Dunne 2012
1	-1.40	5.56	14	6	-22.10	5.89	14	NA	NA	NA	NA	NA	NA	NA	NA	2	#Ehlers 2005
1	-2.10	7.68	10	6	-34.55	6.55	20	NA	NA	NA	NA	NA	NA	NA	NA	2	#Zang 2014
1	-0.58	2.98	17	6	-6.65	2.74	17	NA	NA	NA	NA	NA	NA	NA	NA	2	#Alghamdi 2015
1	-0.10	0.35	48	6	0.00	0.46	52	18	-0.10	0.40	62	19	0.00	0.47	55	4	#Buhmann 2016
1	0.18	18.63	27	6	-50.03	16.93	28	NA	NA	NA	NA	NA	NA	NA	NA	2	#Chard 2005
1	-15.00	19.13	24	6	-40.00	18.71	22	NA	NA	NA	NA	NA	NA	NA	NA	2	#Cloitre 2002
1	-6.47	17.48	31	6	-18.37	19.42	22	NA	NA	NA	NA	NA	NA	NA	NA	2	#Falsetti 2008
1	-1.10	6.50	14	6	-5.80	7.48	14	NA	NA	NA	NA	NA	NA	NA	NA	2	#Jung 2013
1	-3.22	6.22	30	5	-14.28	9.48	30	6	-23.05	7.30	31	NA	NA	NA	NA	3	#Ehlers 2014
1	-2.87	8.16	24	6	-12.50	7.10	25	NA	NA	NA	NA	NA	NA	NA	NA	2	#Hollifield 2007
1	-2.70	16.86	10	6	-33.40	21.16	10	NA	NA	NA	NA	NA	NA	NA	NA	2	#Fecteau 1999
1	-0.29	0.65	66	6	-0.60	1.11	101	NA	NA	NA	NA	NA	NA	NA	NA	2	#Bolton 2014a
1	-1.00	2.95	10	6	-8.00	3.85	10	NA	NA	NA	NA	NA	NA	NA	NA	2	#Lindauer 2008
1	-6.50	12.83	23	6	-16.80	19.64	29	9	-20.50	14.98	22	NA	NA	NA	NA	3	#McDonagh 2005
1	-3.46	8.16	23	6	-12.85	7.54	41	NA	NA	NA	NA	NA	NA	NA	NA	2	#Pacella 2012
6	-19.03	7.96	89	18	-23.12	6.81	23	19	-20.94	7.16	26	NA	NA	NA	NA	3	#Popiel 2015
18	0.40	10.10	31	19	-5.90	7.09	34	NA	NA	NA	NA	NA	NA	NA	NA	2	#Rothbaum 2006
6	-8.1	9.346	10	8	-30.36	12.45	11	NA	NA	NA	NA	NA	NA	NA	NA	2	#Capezzani 2013
5	-6.3	4.885	11	6	-10.38	8.05	10	7	-13.41	4.49	14	NA	NA	NA	NA	3	#Foa 1991
5	-12.06	13.86	15	6	-15.18	12.90	27	NA	NA	NA	NA	NA	NA	NA	NA	2	#Cottraux 2008
5	-25.4	8.995	38	6	-22.70	8.70	33	NA	NA	NA	NA	NA	NA	NA	NA	2	#Cloitre 2010

5	-2.5	15.48	11	6	-18.30	15.57	10	NA	NA	NA	NA	NA	NA	NA	NA	2	#Katz 2014
5	-3.38	13.78	42	6	-24.37	11.04	42	NA	NA	NA	NA	NA	NA	NA	NA	2	#Castillo 2016
6	-29.30	10.50	47	9	-36.30	10.88	24	NA	NA	NA	NA	NA	NA	NA	NA	2	#Ghafoori 2017
4	-18.50	18.87	13	6	-43.60	17.64	17	10	-32.60	17.27	23	NA	NA	NA	NA	3	#Markowitz 2015a
3	-7.15	11.42	131	6	-10.01	11.38	99	NA	NA	NA	NA	NA	NA	NA	NA	2	#Chambers 2014
6	-19.56	7.37	29	18	-13.43	6.90	20	NA	NA	NA	NA	NA	NA	NA	NA	2	#Echiverri-Cohen 2016
1	2.19	23.02	22	7	-14.26	26.80	21	NA	NA	NA	NA	NA	NA	NA	NA	2	#Davis 2007
1	-3.48	8.76	41	7	-12.60	7.41	39	NA	NA	NA	NA	NA	NA	NA	NA	2	#Krakow 2000
1	-3.47	20.70	23	7	-15.54	20.70	24	NA	NA	NA	NA	NA	NA	NA	NA	2	#Davis 2011
1	-6.20	15.42	45	7	-23.60	16.97	48	9	-22.20	15.10	53	NA	NA	NA	NA	3	#Ford 2011
2	-0.20	11.16	27	7	-5.90	11.32	33	NA	NA	NA	NA	NA	NA	NA	NA	2	#Nakamura 2017
1	-1.40	8.18	10	11	-32.70	12.06	10	NA	NA	NA	NA	NA	NA	NA	NA	2	#Wells 2012
1	-1.23	4.79	26	8	-14.72	4.41	25	NA	NA	NA	NA	NA	NA	NA	NA	2	#Aldahadha 2012
1	-2.72	11.88	14	8	-41.93	13.77	15	NA	NA	NA	NA	NA	NA	NA	NA	2	#Acarturk 2015
1	-3.54	13.82	49	8	-38.33	12.81	49	NA	NA	NA	NA	NA	NA	NA	NA	2	#Acarturk 2016
4	-8.40	12.10	12	8	-17.30	16.37	10	NA	NA	NA	NA	NA	NA	NA	NA	2	#Carlson 1998
1	-7.50	11.25	19	8	-24.60	11.43	20	NA	NA	NA	NA	NA	NA	NA	NA	2	#Edmond 1999/2004
1	-3.35	11.51	29	8	-14.22	12.13	18	NA	NA	NA	NA	NA	NA	NA	NA	2	#Yurtsever 2018
5	-8.45	11.26	29	8	-24.64	12.30	28	NA	NA	NA	NA	NA	NA	NA	NA	2	#Scheck 1998
7	-0.11	0.41	30	8	-0.23	0.38	32	NA	NA	NA	NA	NA	NA	NA	NA	2	#Ter Heide 2016
8	-17.70	15.35	23	12	-15.80	11.20	23	NA	NA	NA	NA	NA	NA	NA	NA	2	#Karatzias 2011
8	-39.15	15.69	29	18	-33.23	14.66	30	NA	NA	NA	NA	NA	NA	NA	NA	2	#van der Kolk 2007
1	-5.78	12.23	16	10	-24.54	16.92	32	NA	NA	NA	NA	NA	NA	NA	NA	2	#Krupnick 2008
1	0.07	0.37	38	5	-0.26	0.37	75	NA	NA	NA	NA	NA	NA	NA	NA	2	#Yeomans 2010
1	0.52	7.73	25	12	-22.60	9.63	29	NA	NA	NA	NA	NA	NA	NA	NA	2	#Church 2013/2014
1	-13.39	30.20	74	12	-21.09	29.70	71	NA	NA	NA	NA	NA	NA	NA	NA	2	#Connolly 2011
1	-14.20	9.13	122	12	-31.90	8.43	114	NA	NA	NA	NA	NA	NA	NA	NA	2	#Robson 2016
1	-0.63	6.87	19	13	-12.90	8.10	20	NA	NA	NA	NA	NA	NA	NA	NA	2	#Kent 2011

2	-12.95	2.51	25	14	-3.82	1.83	27	NA	NA	NA	NA	NA	NA	NA	NA	2	#Bar-Haim 2011/Badura-Brack 2015 study 1
2	-8.76	2.21	24	14	-1.51	2.01	22	NA	NA	NA	NA	NA	NA	NA	NA	2	#Bar-Haim 2011/Badura-Brack 2015 study 2
2	-5.30	7.61	38	14	-4.90	9.09	34	NA	NA	NA	NA	NA	NA	NA	NA	2	#Schoorl 2013
3	-6.90	8.08	21	15	-18.68	7.99	22	NA	NA	NA	NA	NA	NA	NA	NA	2	#Sautter 2015
1	-5.68	12.12	26	16	-23.69	10.68	28	NA	NA	NA	NA	NA	NA	NA	NA	2	#Ivarsson 2014
1	1.36	8.34	21	16	-25.34	10.50	21	NA	NA	NA	NA	NA	NA	NA	NA	2	#Lewis 2017
1	-0.48	5.97	80	16	-10.06	8.32	79	NA	NA	NA	NA	NA	NA	NA	NA	2	#Knaevelsrud 2015
1	-2.85	6.38	47	16	-7.56	6.41	47	NA	NA	NA	NA	NA	NA	NA	NA	2	#Knaevelsrud 2017
16	-12.50	4.40	23	17	-12.60	5.70	28	NA	NA	NA	NA	NA	NA	NA	NA	2	#Littleton 2016
1	-15.79	14.61	14	17	-25.15	9.85	13	NA	NA	NA	NA	NA	NA	NA	NA	2	#Hirai 2005
1	-6.69	9.12	58	17	-11.26	9.37	62	NA	NA	NA	NA	NA	NA	NA	NA	2	#Kuhn 2017
1	-5.21	8.28	19	17	-16.00	11.81	23	NA	NA	NA	NA	NA	NA	NA	NA	2	#Spence 2011
1	-2.57	6.90	29	17	-10.48	8.99	21	NA	NA	NA	NA	NA	NA	NA	NA	2	#Xu 2016
1	-3.56	8.74	24	17	-6.69	7.74	25	NA	NA	NA	NA	NA	NA	NA	NA	2	#Miner 2016
2	-0.30	5.64	17	17	-1.32	6.43	19	NA	NA	NA	NA	NA	NA	NA	NA	2	#Henderson 2007
2	-12.30	9.10	19	17	-17.02	10.03	42	NA	NA	NA	NA	NA	NA	NA	NA	2	#Truijens 2014
2	1.80	4.70	23	17	-6.10	6.58	26	NA	NA	NA	NA	NA	NA	NA	NA	2	#Sloan 2004
2	-0.90	4.11	27	17	-7.54	6.72	55	NA	NA	NA	NA	NA	NA	NA	NA	2	#Sloan 2007
2	-10.20	4.77	21	17	-8.80	5.46	21	NA	NA	NA	NA	NA	NA	NA	NA	2	#Sloan 2011

t1, t2, t3, t4 indicate the coded treatment in each trial arm
y1, y2, y3, y4 indicate the mean change in effect in each trial arm
sd1, sd2, sd3, sd4 indicate the standard deviation of the mean change in effect in each trial arm
n1, n2, n3, n4 indicate the number of participants in each trial arm
na indicates number of arms in each trial
NA: non-applicable

Treatment codes: 1. Waitlist; 2. Attention placebo; 3. Psychoeducation; 4. Relaxation; 5. Counselling; 6. TF-CBT; 7. non-TF-CBT; 8. EMDR; 9. Present-centered therapy; 10. IPT; 11. Metacognitive therapy; 12. Combined somatic/cognitive therapies; 13. Resilience-oriented treatment; 14. Attention bias modification; 15. Couple intervention; 16. Self-help with support; 17. Self-help without support; 18. SSRI; 19. TF-CBT + SSRI

CBT: cognitive behavioural therapy; EMDR: eye movement desensitisation and reprocessing; IPT: interpersonal psychotherapy; SSRI: selective serotonin reuptake inhibitor; TF: trauma-focused

B. Changes in PTSD symptom scores between baseline and 1-4 month follow-up

t[,1]	y[,1]	sd[,1]	n[,1]	t[,2]	y[,2]	sd[,2]	n[,2]	t[,3]	y[,3]	sd[,3]	n[,3]	na[]	#Study
1	-3.48	10.05	41	5	-14.4	13.75	41	12	-13.55	15.26	44	3	#van Emmerik 2008
1	-0.11	0.35	22	5	-0.24	0.44	41	NA	NA	NA	NA	2	#Hijazi 2014
1	-5.64	11.23	38	5	-13.69	15.69	38	NA	NA	NA	NA	2	#Jacob 2014
1	-0.32	0.90	50	5	-0.91	0.38	99	NA	NA	NA	NA	2	#Weiss 2015 (study 1)
1	-0.92	0.36	64	5	-1.08	0.57	154	NA	NA	NA	NA	2	#Weiss 2015 (study 2)
1	-10	6.90	23	5	-13.47	7.93	41	NA	NA	NA	NA	2	#Pacella 2012
5	-19.74	17.72	11	6	-2.55	12.49	10	NA	NA	NA	NA	2	#Hensel-Dittmann 2011
4	-14.2	10.29	26	5	-23.3	9.52	26	NA	NA	NA	NA	2	#Blanchard 2002/2003/2004
4	-22.6	8.39	38	5	-24.2	8.69	33	NA	NA	NA	NA	2	#Cloitre 2010
4	-21.4	9.05	111	5	-20.5	9.33	111	NA	NA	NA	NA	2	#Neuner 2008
4	-15.33	8.90	30	5	-22.29	8.09	31	NA	NA	NA	NA	2	#Ehlers 2014
5	-34.3	13.84	17	8	-23.1	11.85	17	NA	NA	NA	NA	2	#McDonagh 2005
3	-9.21	11.77	134	5	-8.95	11.17	110	NA	NA	NA	NA	2	#Chambers 2014
2	-2.6	12.22	27	6	-9.3	11.54	33	NA	NA	NA	NA	2	#Nakamura 2017
6	-25	17.11	48	8	-24.4	15.53	53	NA	NA	NA	NA	2	#Ford 2011
1	-2.18	14.33	49	7	-33.82	14.10	49	NA	NA	NA	NA	2	#Acarturk 2016
1	-3.62	10.22	29	7	-10.50	11.65	18	NA	NA	NA	NA	2	#Yurtsever 2018
6	-0.14	0.41	32	7	-0.13	0.42	31	NA	NA	NA	NA	2	#Ter Heide 2016
7	-16.2	15.17	23	9	-16.8	12.08	23	NA	NA	NA	NA	2	#Karatzias 2011
1	-18.89	18.17	16	10	-26.63	20.54	32	NA	NA	NA	NA	2	#Krupnick 2008
3	-9.04	8.06	20	11	-21.3	8.05	21	NA	NA	NA	NA	2	#Sautter 2015
1	-4.7	10.37	30	3	-7.22	11.09	29	NA	NA	NA	NA	2	#Ghafoori 2016
1	-5.13	9.63	21	12	-28.52	11.18	21	NA	NA	NA	NA	2	#Lewis 2017
12	-15.8	4.53	20	13	-16.2	4.83	21	NA	NA	NA	NA	2	#Littleton 2016
2	-0.24	5.72	17	13	-5.95	5.64	19	NA	NA	NA	NA	2	#Henderson 2007
1	-4.47	4.04	70	14	-3.66	6.56	72	NA	NA	NA	NA	2	#Kazak 2004

1	-7.3	8.97	28	15	-16.7	9.95	31	NA	NA	NA	NA	2	#Basoglu 2005
1	-13.2	13.45	15	15	-32.9	14.37	16	NA	NA	NA	NA	2	#Basoglu 2007

t1, t2, t3 indicate the coded treatment in each trial arm; y1, y2, y3 indicate the mean change in effect in each trial arm
sd1, sd2, sd3 indicate the standard deviation of the mean change in effect in each trial arm; n1, n2, n3 indicate the number of participants in each trial arm
na indicates number of arms in each trial; NA: non-applicable

Treatment codes: 1. Waitlist; 2. Attention placebo; 3. Psychoeducation; 4. Counselling; 5. TF-CBT; 6. non-TF-CBT; 7. EMDR; 8. Present-centered therapy; 9. Combined somatic/cognitive therapies; 10. IPT; 11. Couple intervention; 12. Self-help with support; 13. Self-help without support; 14. Family therapy; 15. Behavioural therapy

CBT: cognitive behavioural therapy; EMDR: eye movement desensitisation and reprocessing; IPT: interpersonal psychotherapy; TF: trauma-focused

C. Dichotomous remission at treatment endpoint

t[,1]	r[,1]	n[,1]	t[,2]	r[,2]	n[,2]	t[,3]	r[,3]	n[,3]	na[]	#Study
1	5	21	5	10	21	6	16	21	3	#Blanchard 2002/2003/2004
1	8	29	6	24	28	14	6	28	3	#Ehlers 2003
1	0	14	6	10	14	NA	NA	NA	2	#Ehlers 2005
1	0	11	6	5	13	NA	NA	NA	2	#Fecteau 1999
1	3	12	6	10	12	NA	NA	NA	2	#Lindauer 2005
1	7	35	6	26	36	NA	NA	NA	2	#Chard 2005
1	6	27	6	17	31	NA	NA	NA	2	#Cloitre 2002
1	5	31	6	17	29	NA	NA	NA	2	#Falsetti 2008
1	10	20	6	20	22	NA	NA	NA	2	#Gersons 2000
1	1	17	6	5	17	NA	NA	NA	2	#Jung 2013
1	2	10	6	8	10	NA	NA	NA	2	#Lindauer 2008
1	4	23	6	8	29	10	7	22	3	#McDonagh 2005
1	1	30	5	6	30	6	16	31	3	#Ehlers 2014
1	4	27	6	9	28	NA	NA	NA	2	#Hollifield 2007
6	72	114	15	13	57	16	20	57	3	#Popiel 2015
6	1	10	8	10	11	NA	NA	NA	2	#Capezzani 2013

t[,1]	r[,1]	n[,1]	t[,2]	r[,2]	n[,2]	t[,3]	r[,3]	n[,3]	na[]	#Study
5	1	14	6	4	14	7	7	17	3	#Foa 1991
5	6	18	6	23	40	NA	NA	NA	2	#Bryant 2003a
5	4	29	6	10	31	NA	NA	NA	2	#Cottraux 2008
5	18	38	6	20	33	NA	NA	NA	2	#Cloitre 2010
3	5	32	6	7	38	9	8	40	3	#Markowitz 2015a
1	0	45	7	10	48	10	8	53	3	#Ford 2011
1	3	49	8	30	49	NA	NA	NA	2	#Acarturk 2016
1	3	29	8	10	18	NA	NA	NA	2	#Yurtsever 2018
3	16	25	8	17	25	NA	NA	NA	2	#Carletto 2016
8	8	29	15	4	30	NA	NA	NA	2	#van der Kolk 2007
1	7	29	11	47	49	NA	NA	NA	2	#Steinert 2017
1	2	16	9	16	32	NA	NA	NA	2	#Krupnick 2008
1	4	20	12	13	20	NA	NA	NA	2	#Monson 2008/2012
4	2	28	12	15	29	NA	NA	NA	2	#Sautter 2015
1	14	31	13	22	31	NA	NA	NA	2	#Ivarsson 2014
1	5	75	13	31	74	NA	NA	NA	2	#Knaevelsrud 2015
1	3	24	14	21	22	NA	NA	NA	2	#Sloan 2012
2	5	23	14	7	24	NA	NA	NA	2	#Sloan 2011

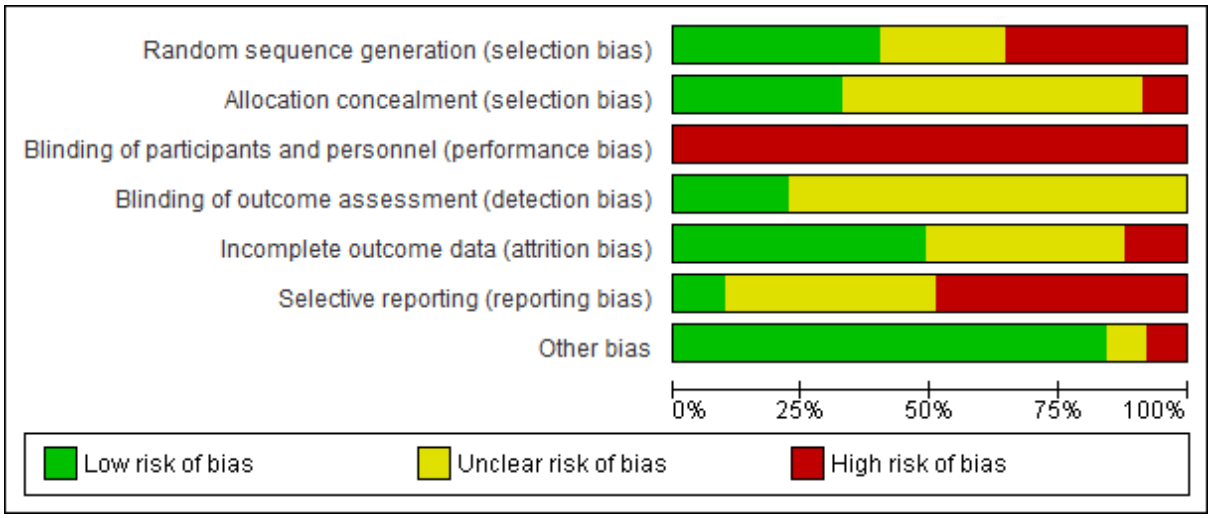
t1, t2, t3 indicate the coded treatment in each trial arm; r1, r2, r3 indicate the number of events in each trial arm; n1, n2, n3 indicate the number of participants in each trial arm
na indicates number of arms in each trial

Treatment codes: 1. Waitlist; 2. Attention placebo; 3. Relaxation; 4. Psychoeducation; 5. Counselling; 6. TF-CBT; 7. non-TF-CBT; 8. EMDR; 9. IPT; 10. Present-centered therapy; 11. Psychodynamic therapy; 12. Couple intervention; 13. Self-help with support; 14. Self-help without support; 15. SSRI; 16. TF-CBT + SSRI

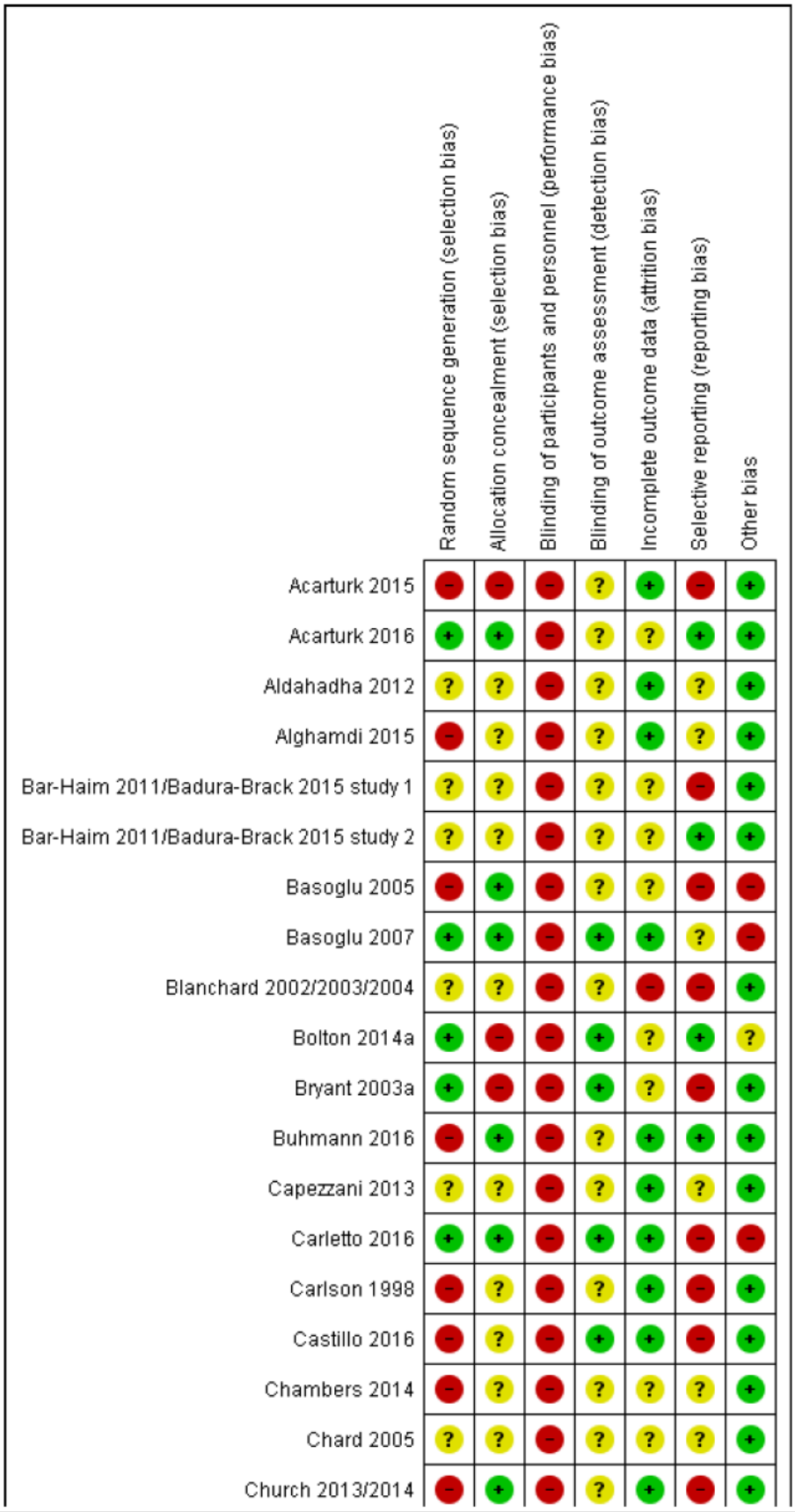
CBT: cognitive behavioural therapy; EMDR: eye movement desensitisation and reprocessing; IPT: interpersonal psychotherapy; SSRI: selective serotonin reuptake inhibitor; TF: trauma-focused

Appendix 8: Risk of bias of studies included in the NMA

Risk of bias graph: reviewer's judgements about each risk of bias item presented as percentages across all included studies

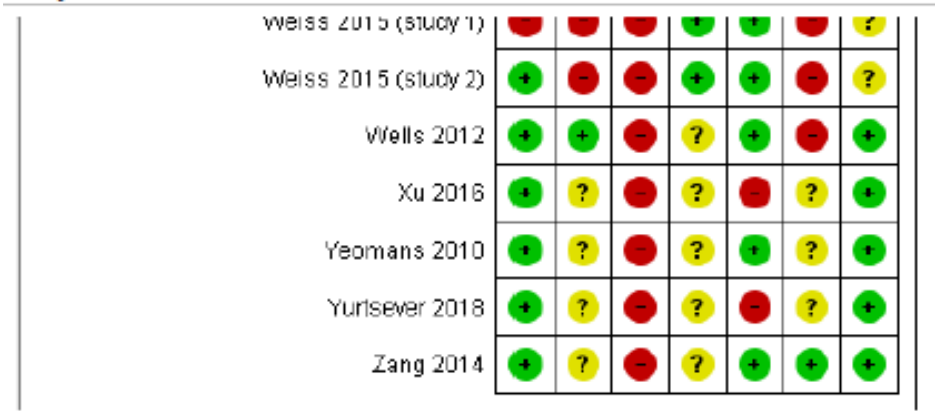


Risk of bias graph: reviewer's judgements about each risk of bias item presented by study.




Cloitre 2002
Cloitre 2010
Connolly 2011
Cottraux 2008
Davis 2007
Davis 2011
Difede 2007b
Dunne 2012
Echiverri-Cohen 2016
Edmond 1999/2004
Ehlers 2003
Ehlers 2005
Ehlers 2014
Falsetti 2008
Fecteau 1999
Foa 1991
Ford 2011
Gersons 2000
Ghafoori 2016
Ghafoori 2017
Henderson 2007
Hensel-Dittmann 2011
Hijazi 2014
Hiral 2005
Hollifield 2007
Ivarsson 2014
Jacob 2014
Jung 2013
Karatzias 2011
Katz 2014
Kazak 2004
Kent 2011


Knaevelsrud 2015
Knaevelsrud 2017
Krakow 2000
Krupnick 2008
Kuhn 2017
Lewis 2017
Lindauer 2005
Lindauer 2008
Littleton 2016
Markowitz 2015a
McDonagh 2005
Miner 2016
Monson 2008/2012
Nakamura 2017
Neuner 2008
Pacella 2012
Popiel 2015
Robson 2016
Rothbaum 2008
Sautter 2015
Scheck 1998
Schoorl 2013
Sloan 2004
Sloan 2007
Sloan 2011
Sloan 2012
Spence 2011
Steinert 2017
Ter Heide 2016
Truijens 2014
van der Kolk 2007
van Emmerik 2008


Weiss 2015 (study 1)
Weiss 2015 (study 2)
Wells 2012
Xu 2016
Yeomans 2010
Yurtsever 2018
Zang 2014

Appendix 9: Model fit statistics

A. Changes in PTSD symptom scores between baseline and treatment endpoint

Convergence was satisfactory for both fixed and random effects after 20,000 iterations, and the models were compared using results based on samples from a further 40,000 iterations on two chains. The random effects model provided a better fit over the fixed effect model; however, the between-trial standard deviation (posterior median sd 0.93, 95% CrI 0.77 to 1.15) was high when compared with the size of the intervention effect estimates.

Model	Between Study Heterogeneity - Standard Deviation			Residual deviance[a]	DIC[b]
	Posterior mean	Posterior median	95% CrI		
Fixed effect - consistency	-			893.4	1381.00
Random effects - consistency	0.94	0.93	0.77 - 1.15	151.6	695.68
Random effects - inconsistency	1.03	1.02	0.82 - 1.29	151.1	697.11

[a] Posterior mean residual deviance compared to 151 total data points
[b] Deviance information criteria (DIC) – lower values preferred
CrI: credible intervals

B. Changes in PTSD symptom scores between baseline and 1-4 month follow-up

Convergence was satisfactory for both fixed and random effects after 20,000 iterations, and the models were compared using results based on samples from a further 40,000 iterations on two chains. The random effects model provided a better fit over the fixed effect model; however, moderate-to-high between trial heterogeneity (posterior median sd 0.59, 95% CrI 0.38 to 0.95) was observed relative to the size of the intervention effect estimates.

Model	Between Study Heterogeneity - Standard Deviation			Residual deviance[a]	DIC[b]
	Posterior mean	Posterior median	95% CrI		
Fixed effect – consistency	-			136.00	300.24
Random effects - consistency	0.61	0.59	0.38 - 0.95	57.36	234.62
Random effects - inconsistency	0.58	0.56	0.33 - 1.00	57.26	235.08

[a] Posterior mean residual deviance compared to 57 total data points
[b] Deviance information criteria (DIC) – lower values preferred
CrI: credible intervals

C. Dichotomous remission at treatment endpoint

Convergence was satisfactory for both fixed and random effects after 20,000 iterations, and the models were compared using results based on samples from a further 40,000 iterations on two chains. The random effects model provided a better fit over the fixed effect model; however, high between trial heterogeneity (posterior median sd 1.05, 95% CrI 0.60 to 1.68) was observed relative to the size of the intervention effect estimates.

Model	Between Study Heterogeneity - Standard Deviation			Residual deviance[a]	DIC[b]
	Posterior mean	Posterior median	95% CrI		
Fixed effect - consistency		-		120.10	410.60
Random effects - consistency	1.07	1.05	0.60 - 1.68	79.29	387.20
Random effects - inconsistency	1.05	1.01	0.54 - 1.76	78.95	388.55

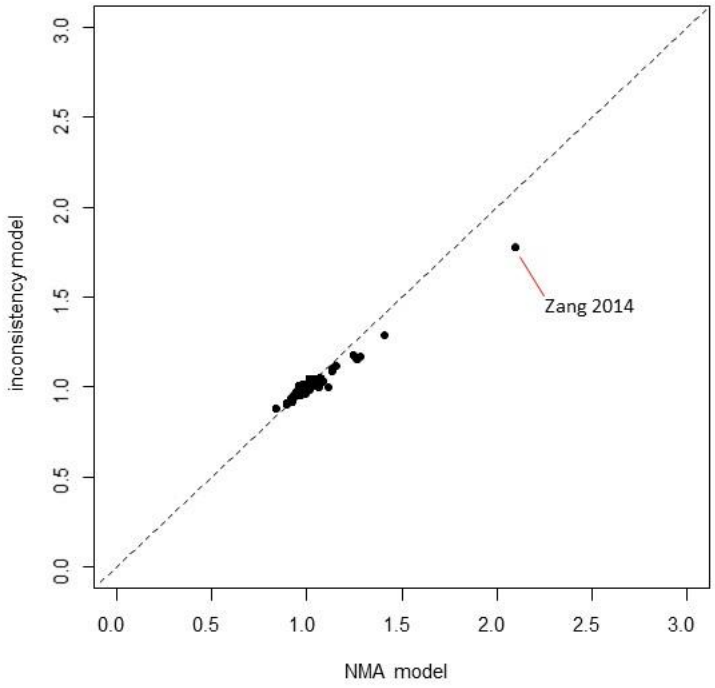
[a] Posterior mean residual deviance compared to 76 total data points
[b] Deviance information criteria (DIC) – lower values preferred
CrI: credible intervals

Appendix 10: Inconsistency checks

A. Changes in PTSD symptom scores between baseline and treatment endpoint

No evidence of inconsistency was found through comparison of the consistency and inconsistency random effects models, as there were no meaningful differences between the fit of the random effects consistency and inconsistency models, and the between-study standard deviation was smaller in the consistency model (Appendix 9). Further checks for inconsistency using the node-splitting method (random effects model) did not find any evidence of inconsistency between the direct and indirect estimates. However, the difference between the direct and indirect evidence contributing to the pooled estimate of TF-CBT + SSRI versus waitlist is worth noting. Buhmann 2016 is the only study directly comparing these treatments. However the inconsistency model does not make any considerable improvements in the prediction of data points in this study, compared with the consistency model. The only study with data points that were slightly better predicted by the inconsistency model compared with the NMA model was Zang 2014. This study compared TF-CBT versus waitlist but the pooled direct and indirect estimates for this comparison are in agreement (see Deviance plot in Figure below).

Deviance contributions for the random effects consistency and inconsistency models



Summary of node-splitting results

Node split model	Heterogeneity (SD)		Residual deviance	Data points[a]	p-value[b]
	Median	95% CrI			
non-TF-CBT vs. Waitlist	0.86	(0.70, 1.08)	82.35	79	0.32
EMDR vs. Waitlist	0.86	(0.69, 1.07)	83.85	80	0.58
Present-centered therapy vs. Waitlist	0.87	(0.70, 1.09)	81.28	78	0.30
IPT vs. Waitlist	0.86	(0.70, 1.08)	83.67	80	0.93
Combined somatic/cognitive therapies vs. Waitlist	0.86	(0.70, 1.08)	83.60	80	0.78
Self-help with support vs. Waitlist	0.86	(0.70, 1.07)	83.57	80	0.47
Self-help without support vs. Waitlist	0.86	(0.69, 1.07)	83.66	80	0.39
SSRI vs. Waitlist	0.83	(0.67, 1.04)	83.00	79	0.18
TF-CBT + SSRI vs. Waitlist	0.83	(0.67, 1.04)	83.02	79	0.07
Counselling vs. Waitlist	0.85	(0.69, 1.08)	82.32	78	0.41
TF-CBT vs. Waitlist	0.89	(0.72, 1.12)	79.06	76	0.43
EMDR vs. non-TF-CBT	0.86	(0.70, 1.08)	83.63	80	0.51
Present-centered therapy vs. non-TF-CBT	0.87	(0.70, 1.09)	82.44	79	0.65
Attention placebo vs. non-TF-CBT	0.86	(0.70, 1.08)	83.61	80	0.68
Counselling vs. non-TF-CBT	0.86	(0.70, 1.08)	82.65	79	0.39
TF-CBT vs. non-TF-CBT	0.86	(0.70, 1.08)	82.65	79	0.39
Combined somatic/cognitive therapies vs. EMDR	0.86	(0.70, 1.08)	83.62	80	0.79
SSRI vs. EMDR	0.86	(0.70, 1.07)	83.65	80	0.48
Relaxation vs. EMDR	0.85	(0.69, 1.07)	83.75	80	0.31
Counselling vs. EMDR	0.86	(0.70, 1.08)	83.63	80	0.95
TF-CBT vs. EMDR	0.85	(0.68, 1.06)	83.56	80	0.15

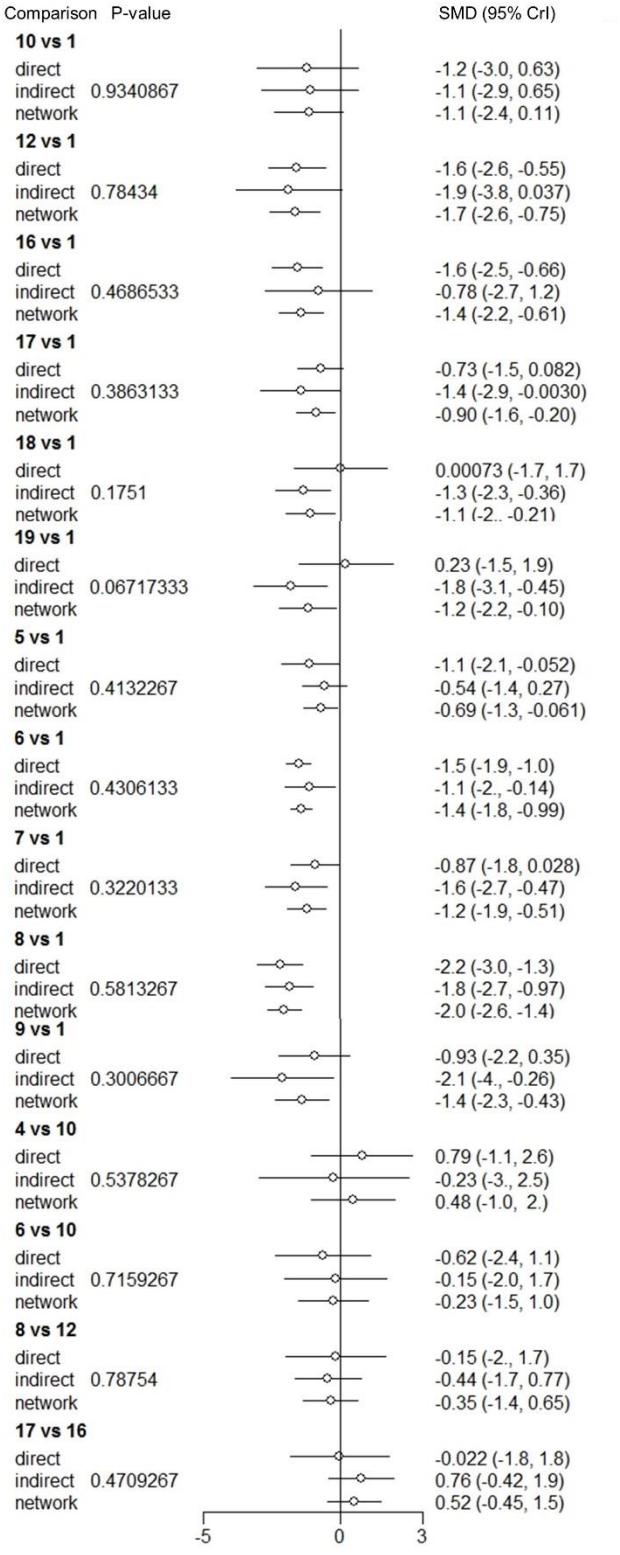
TF-CBT vs. Present-centered therapy	0.86	(0.70, 1.08)	82.47	79	0.41
Relaxation vs. IPT	0.86	(0.70, 1.08)	82.72	79	0.54
TF-CBT vs. IPT	0.86	(0.70, 1.08)	82.68	79	0.72
Self-help without support vs. Attention placebo	0.86	(0.70, 1.08)	83.58	80	0.68
Self-help without support vs. Self-help with support	0.86	(0.70, 1.07)	83.63	80	0.47
TF-CBT vs. SSRI	0.86	(0.70, 1.08)	81.60	78	0.44
TF-CBT vs. TF-CBT + SSRI	0.84	(0.67, 1.05)	81.94	78	0.91
TF-CBT vs. Relaxation	0.86	(0.70, 1.08)	82.67	79	0.29
TF-CBT vs. Counselling	0.86	(0.69, 1.08)	81.03	77	0.74
NMA (no nodes split)	**0.85**	**(0.69, 1.07)**	**83.75**	**80**	**---**

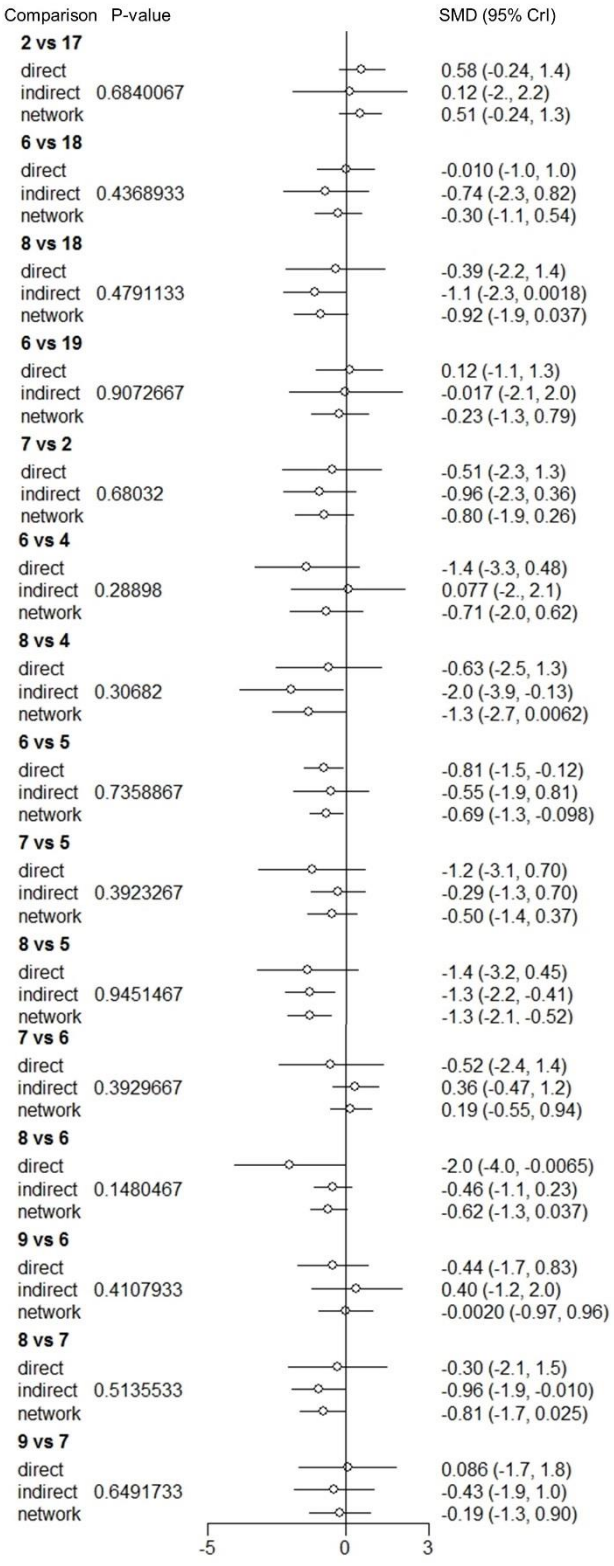
a The number of data points varies due to the inclusion of multi-arm trials (van Valkenhoef *et al.* 2016). Continuous trial data were inputted as standardised mean differences, accompanied with the standard error of the mean of the baseline arm on the standardised scale in order to compute the covariance of the differences in multi-arm trials

b p-values < 0.05 are indicative of evidence of inconsistency between the direct and indirect estimates

CBT: cognitive behavioural therapy; EMDR: eye movement desensitisation and reprocessing; indiv: individual; NMA: network meta-analysis; SD: standard deviation; SSRI: selective serotonine re-uptake inhibitor; TF: trauma-focused

Direct, indirect, and network estimates of relative treatment effects based on node-splitting results



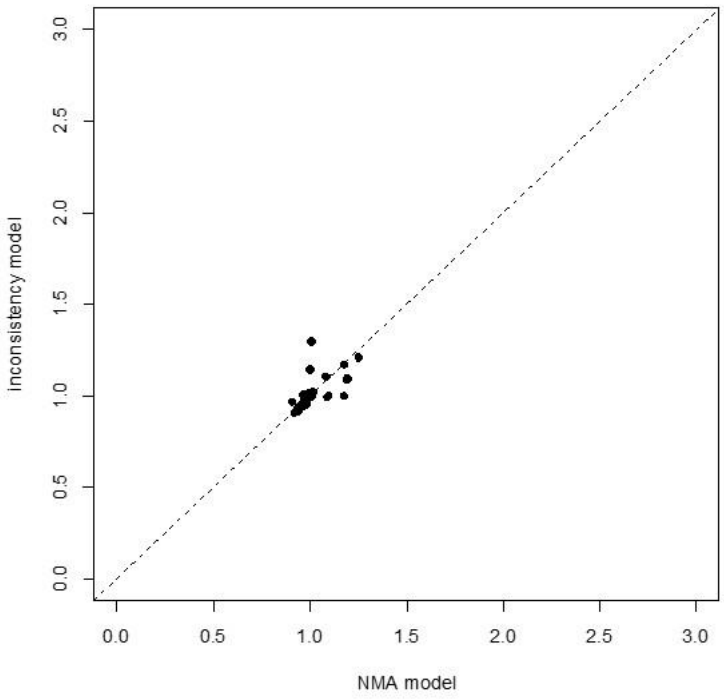


Treatment codes: 1. Waitlist; 2. Attention placebo; 3. Psychoeducation; 4. Relaxation; 5. Counselling; 6. TF-CBT; 7. non-TF-CBT; 8. EMDR; 9. Present-centered therapy; 10. IPT; 11. Metacognitive therapy; 12. Combined somatic/cognitive therapies; 13. Resilience-oriented treatment; 14. Attention bias modification; 15. Couple intervention; 16. Self-help with support; 17. Self-help without support; 18. SSRI; 19. TF-CBT + SSRI

B. Changes in PTSD symptom scores between baseline and 1-4 month follow-up

No evidence of inconsistency was found through comparison of the consistency and inconsistency random effects models, as little difference was observed between the models in terms of the posterior median between-study standard deviation, posterior mean residual deviance and DIC (Appendix 9). In addition, there were no meaningful improvements in the prediction of data points by the inconsistency model. No evidence of inconsistency was found through further checks for inconsistency using the node-splitting method (random effects model) (see Deviance plot in Figure below).

Deviance contributions for the random effects consistency and inconsistency models



Summary of node-splitting results

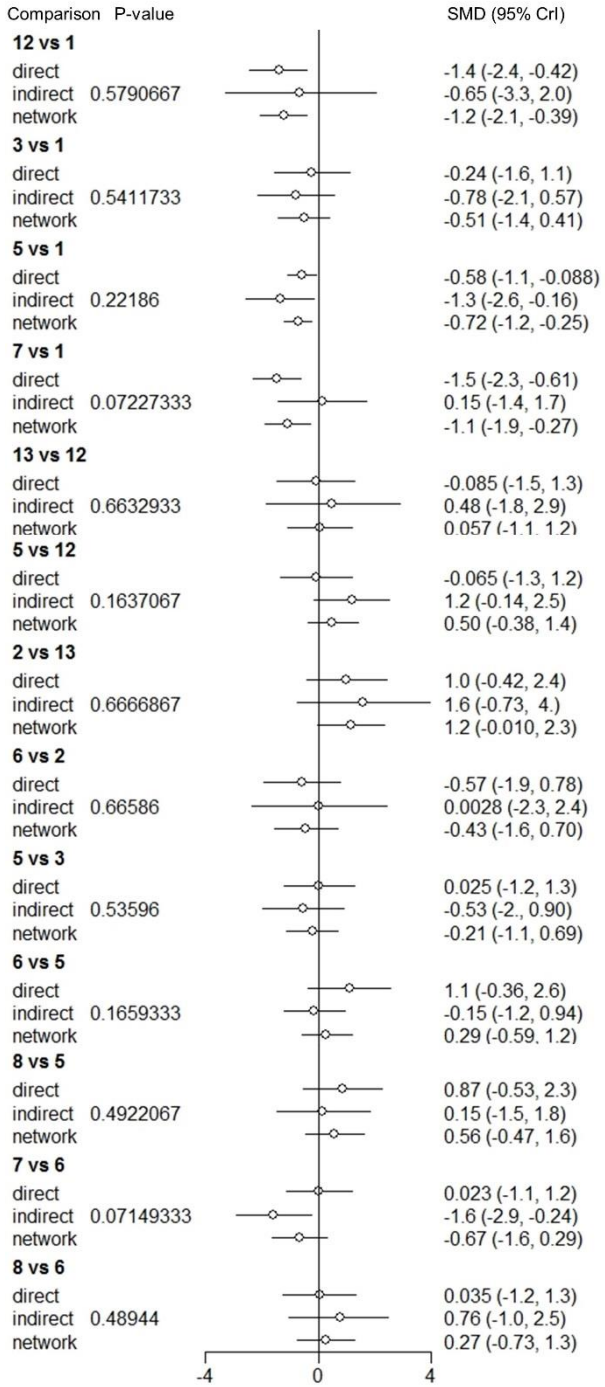
Node split model	Heterogeneity (SD)		Residual deviance	Data points[a]	p-value[b]
	Median	95% CrI			
Self-help with support vs. Waitlist	0.6	(0.37, 1.02)	28.51	28	0.58
Psychoeducation vs. Waitlist	0.57	(0.35, 0.98)	29.69	29	0.54
TF-CBT vs. Waitlist	0.53	(0.32, 0.90)	28.19	28	0.22
EMDR vs. Waitlist	0.49	(0.28, 0.85)	30.1	29	0.07
TF-CBT vs. Present-centered therapy	0.56	(0.34, 0.96)	30.04	29	0.49
non-TF-CBT vs. Present-centered therapy	0.56	(0.34, 0.96)	30.06	29	0.49
Self-help without support vs. Self-help with support	0.58	(0.36, 0.98)	29.73	29	0.66
TF-CBT vs. Self-help with support	0.56	(0.33, 0.97)	28.62	28	0.16
Attention placebo vs. Self-help without support	0.58	(0.36, 0.97)	29.68	29	0.67
non-TF-CBT vs. Attention placebo	0.58	(0.36, 0.97)	29.68	29	0.67
TF-CBT vs. Psychoeducation	0.57	(0.35, 0.97)	29.7	29	0.54
non-TF-CBT vs. TF-CBT	0.53	(0.32, 0.90)	29.72	29	0.17
EMDR vs. non-TF-CBT	0.49	(0.28, 0.85)	30.09	29	0.07
NMA (no nodes split)	**0.56**	**(0.34, 0.92)**	**29.83**	**29**	**---**

a The number of data points varies due to the inclusion of multi-arm trials (van Valkenhoef *et al.* 2016). Continuous trial data were inputted as standardised mean differences, accompanied with the standard error of the mean of the baseline arm on the standardised scale in order to compute the covariance of the differences in multi-arm trials

b p-values < 0.05 are indicative of evidence of inconsistency between the direct and indirect estimates

CBT: cognitive behavioural therapy; EMDR: eye movement desensitisation and reprocessing; indiv: individual; NMA: network meta-analysis; SD: standard deviation; TF: trauma-focused

Direct, indirect, and network estimates of relative treatment effects based on node-splitting results

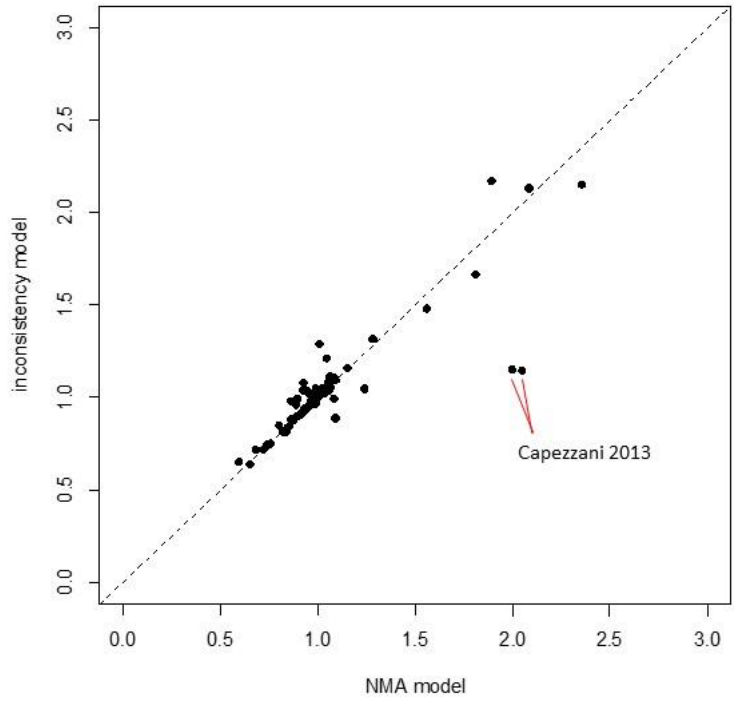


Treatment codes: 1. Waitlist; 2. Attention placebo; 3. Psychoeducation; 4. Counselling; 5. TF-CBT; 6. non-TF-CBT; 7. EMDR; 8. Present-centered therapy; 9. Combined somatic/cognitive therapies; 10. IPT; 11. Couple intervention; 12. Self-help with support; 13. Self-help without support; 14. Family therapy; 15. Behavioural therapy

C. Dichotomous remission at treatment endpoint

No evidence of inconsistency was found through comparison of the consistency and inconsistency random effects models, as little difference was observed between the models in terms of the posterior median between-study standard deviation, posterior mean residual deviance and DIC (Appendix 9). Nevertheless, the inconsistency model notably better predicted data points in Capezzani 2013 (comparing TF-CBT and EMDR), indicating evidence of potential inconsistency. Further checks for inconsistency using the node-splitting method (random effects model) revealed evidence of inconsistency between the direct and indirect estimates contributing to the pooled estimate of TF-CBT versus EMDR. In addition, there was evidence of inconsistency between the direct and indirect estimates of TF-CBT versus self-help without support, which were directly compared in Ehlers 2003. The inconsistency model minimally improved the prediction of one data point in this study, compared to the consistency model (see Deviance plot in Figure below).

Deviance contributions for the random effects consistency and inconsistency models



Summary of node-splitting results

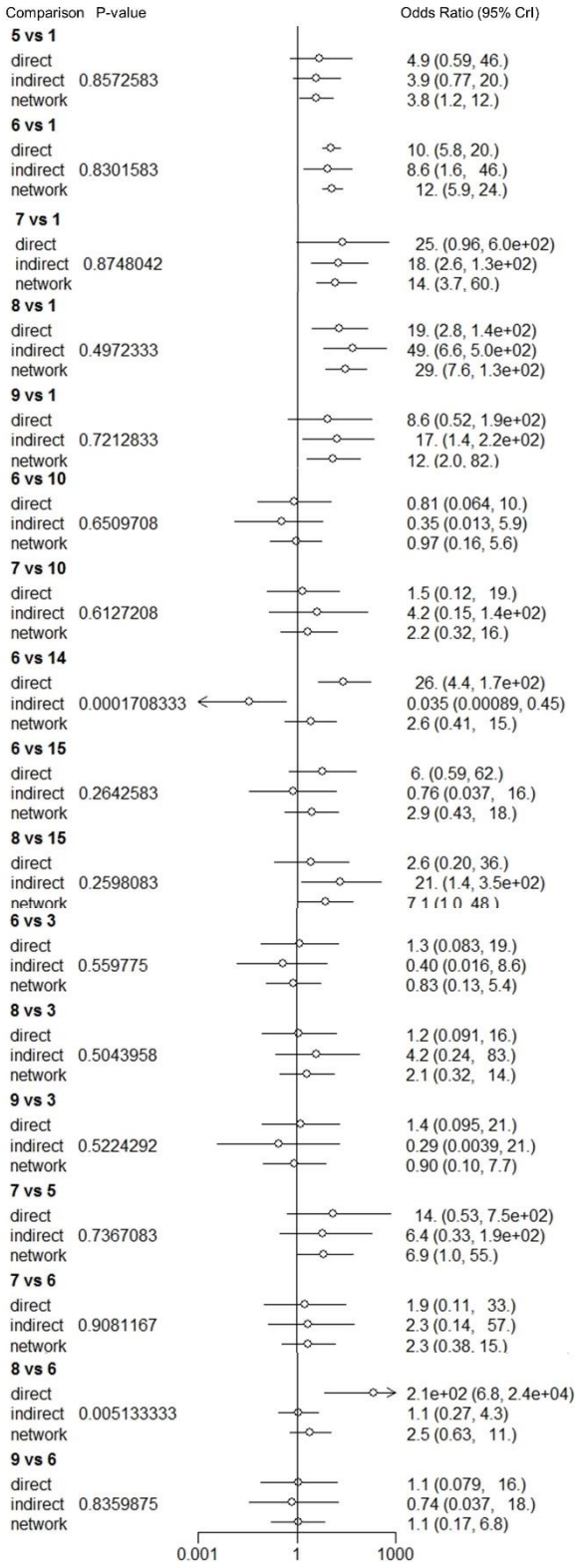
Node split model	Heterogeneity (SD)		Residual deviance	Data points[a]	p-value[b]
	Median	95% CrI			
non-TF-CBT vs. Waitlist	0.64	(0.07, 1.26)	48.58	41	0.87
EMDR vs. Waitlist	1.10	(0.64, 1.76)	78.58	76	0.50
IPT vs. Waitlist	1.09	(0.62, 1.77)	79.08	76	0.72
Counselling vs. Waitlist	1.18	(0.69, 1.93)	76.75	74	0.86
TF-CBT vs. Waitlist	0.68	(0.12, 1.38)	77.09	72	0.83
Present-centred therapy vs. non-TF-CBT	1.08	(0.62, 1.75)	78.01	75	0.61
Counselling vs. non-TF-CBT	1.12	(0.64, 1.82)	78.35	75	0.74
TF-CBT vs. non-TF-CBT	1.12	(0.65, 1.84)	78.25	75	0.91
SSRI vs. EMDR	1.03	(0.57, 1.70)	79.32	76	0.26
Relaxation vs. EMDR	1.08	(0.62, 1.76)	79.02	76	0.50
TF-CBT vs. EMDR	0.87	(0.44, 1.45)	78.96	76	0.01
Relaxation vs. IPT	1.12	(0.65, 1.84)	77.9	75	0.52
TF-CBT vs. IPT	1.13	(0.65, 1.83)	77.87	75	0.84
TF-CBT vs. Present-centred therapy	1.04	(0.58, 1.73)	77.63	75	0.65
TF-CBT vs. Self-help without support	0.47	(0.04, 1.08)	82.32	75	0.00
TF-CBT vs. SSRI	1.04	(0.57, 1.71)	78.26	75	0.26
TF-CBT vs. Relaxation	1.13	(0.65, 1.85)	77.82	75	0.56
NMA (no nodes split)	**1.05**	**(0.60, 1.69)**	**79.22**	**76**	**---**

a The number of data points varies due to the inclusion of multi-arm trials (van Valkenhoef *et al.* 2016). Data for the non-TF-CBT vs. Waitlist node split model were inputted as log odds ratios, accompanied with the standard error of the log odds of the baseline arm in order to compute the covariance of the differences in multi-arm trials; a continuity correction was applied. Data for all other node split models were inputted at arm-level (i.e., numerators and denominators).

b p-values < 0.05 are indicative of evidence of inconsistency between the direct and indirect estimates

CBT: cognitive behavioural therapy; EMDR: eye movement desensitisation and reprocessing; indiv: individual; NMA: network meta-analysis; SD: standard deviation; SSRI: selective serotonine uptake inhibitor; TF: trauma-focused

Direct, indirect, and network estimates of relative treatment effects based on node-splitting results



Treatment codes: 1. Waitlist; 2. Attention placebo; 3. Relaxation; 4. Psychoeducation; 5. Counselling; 6. TF-CBT; 7. non-TF-CBT; 8. EMDR; 9. IPT; 10. Present-centred therapy; 11. Psychodynamic therapy; 12. Couple intervention; 13. Self-help with support; 14. Self-help without support; 15. SSRI; 16. TF-CBT + SSRI. Continuity correction was applied in node split model for 7 vs. 1 comparison.

Appendix 11: Relative effects between all pairs of interventions: direct, indirect and combined (NMA) results

A. Standardised mean differences (changes in PTSD symptom scores) between baseline and treatment endpoint

All NMA estimates are reported based on the results from the random effects model that assumes consistency (Dias *et al.* 2013a); the direct and indirect estimates are reported based on results given by the node-split models (Dias *et al.* 2013b). Direct and indirect estimates are presented when available.

Negative values favour first intervention in the comparison.

Comparison	Effect: standardised mean difference (SMD)		
	NMA median SMD (95% CrI)	Direct median SMD (95% CI)	Indirect median SMD (95% CI)
Attention placebo vs. Waitlist	-0.39 (-1.42, 0.63)		-0.39 (-1.42, 0.63)
Psychoeducation vs. Waitlist	-1.21 (-3.13, 0.71)		-1.21 (-3.13, 0.71)
Relaxation vs. Waitlist	-0.73 (-2.15, 0.70)		-0.73 (-2.15, 0.70)
Counselling vs. Waitlist	-0.72 (-1.41, -0.05)	-1.08 (-2.11, -0.05)	-0.54 (-1.36, 0.27)
TF-CBT vs. Waitlist	-1.46 (-1.87, -1.05)	-1.48 (-1.94, -1.03)	-1.07 (-2.00, -0.14)
non-TF-CBT vs. Waitlist	-1.22 (-1.95, -0.49)	-0.87 (-1.77, 0.03)	-1.58 (-2.69, -0.47)
EMDR vs. Waitlist	-2.07 (-2.70, -1.44)	-2.16 (-3.00, -1.33)	-1.83 (-2.71, -0.97)
Present-centered therapy vs. Waitlist	-1.42 (-2.45, -0.40)	-0.93 (-2.22, 0.35)	-2.11 (-3.97, -0.26)
IPT vs. Waitlist	-1.19 (-2.54, 0.15)	-1.20 (-3.04, 0.63)	-1.10 (-2.86, 0.65)
Metacognitive therapy vs. Waitlist	-3.04 (-5.09, -0.98)	-3.04 (-5.09, -0.98)	
Combined somatic/cognitive therapies vs. Waitlist	-1.69 (-2.66, -0.73)	-1.59 (-2.62, -0.55)	-1.89 (-3.81, 0.04)
Resilience-oriented treatment vs. Waitlist	-1.63 (-3.59, 0.32)	1.63 (-3.59, 0.32)	-
Attention bias modification vs. Waitlist	2.13 (0.63, 3.65)		2.13 (0.63, 3.65)
Couple intervention vs. Waitlist	-2.67 (-5.41, 0.06)		-2.67 (-5.41, 0.06)
Self-help with support vs. Waitlist	-1.46 (-2.33, -0.59)	-1.56 (-2.47, -0.66)	-0.78 (-2.73, 1.17)
Self-help without support vs. Waitlist	-0.91 (-1.67, -0.15)	-0.73 (-1.54, 0.08)	-1.45 (-2.89, 0.00)
SSRI vs. Waitlist	-1.14 (-2.09, -0.19)	0.00 (-1.69, 1.70)	-1.34 (-2.34, -0.36)
TF-CBT + SSRI vs. Waitlist	-1.21 (-2.35, -0.07)	0.23 (-1.46, 1.94)	-1.78 (-3.11, -0.45)
Psychoeducation vs. Attention placebo	-0.81 (-2.99, 1.34)		-0.81 (-2.99, 1.34)
Relaxation vs. Attention placebo	-0.33 (-2.09, 1.41)		-0.33 (-2.09, 1.41)
Counselling vs. Attention placebo	-0.33 (-1.55, 0.88)		-0.33 (-1.55, 0.88)
TF-CBT vs. Attention placebo	-1.07 (-2.16, 0.02)		-1.07 (-2.16, 0.02)
non-TF-CBT vs. Attention placebo	-0.83 (-1.97, 0.32)	-0.51 (-2.30, 1.29)	-0.96 (-2.29, 0.36)
EMDR vs. Attention placebo	-1.67 (-2.87, -0.48)		-1.67 (-2.87, -0.48)
Present-centered therapy vs. Attention placebo	-1.03 (-2.46, 0.40)		-1.03 (-2.46, 0.40)
IPT vs. Attention placebo	-0.79 (-2.48, 0.88)		-0.79 (-2.48, 0.88)

Metacognitive therapy vs. Attention placebo	-2.64 (-4.95, -0.35)		-2.64 (-4.95, -0.35)
Combined somatic/cognitive therapies vs. Attention placebo	-1.30 (-2.71, 0.11)		-1.30 (-2.71, 0.11)
Resilience-oriented treatment vs. Attention placebo	-1.23 (-3.47, 0.97)		-1.23 (-3.47, 0.97)
Attention bias modification vs. Attention placebo	2.53 (1.42, 3.65)	2.53 (1.42, 3.65)	
Couple intervention vs. Attention placebo	-2.28 (-5.22, 0.64)		-2.28 (-5.22, 0.64)
Self-help with support vs. Attention placebo	-1.06 (-2.34, 0.20)		-1.06 (-2.34, 0.20)
Self-help without support vs. Attention placebo	-0.52 (-1.32, 0.29)	-0.58 (-1.39, 0.24)	-0.12 (-2.21, 1.96)
SSRI vs. Attention placebo	-0.75 (-2.14, 0.64)		-0.75 (-2.14, 0.64)
TF-CBT + SSRI vs. Attention placebo	-0.82 (-2.35, 0.71)		-0.82 (-2.35, 0.71)
Relaxation vs. Psychoeducation	0.48 (-1.88, 2.84)		0.48 (-1.88, 2.84)
Counselling vs. Psychoeducation	0.48 (-1.50, 2.46)		0.48 (-1.50, 2.46)
TF-CBT vs. Psychoeducation	-0.25 (-2.12, 1.62)	-0.25 (-2.12, 1.62)	
non-TF-CBT vs. Psychoeducation	-0.01 (-2.05, 2.03)		-0.01 (-2.05, 2.03)
EMDR vs. Psychoeducation	-0.86 (-2.86, 1.14)		-0.86 (-2.86, 1.14)
Present-centered therapy vs. Psychoeducation	-0.21 (-2.34, 1.93)		-0.21 (-2.34, 1.93)
IPT vs. Psychoeducation	0.02 (-2.29, 2.33)		0.02 (-2.29, 2.33)
Metacognitive therapy vs. Psychoeducation	-1.83 (-4.66, 0.98)		-1.83 (-4.66, 0.98)
Combined somatic/cognitive therapies vs. Psychoeducation	-0.49 (-2.61, 1.65)		-0.49 (-2.61, 1.65)
Resilience-oriented treatment vs. Psychoeducation	-0.43 (-3.16, 2.31)		-0.43 (-3.16, 2.31)
Attention bias modification vs. Psychoeducation	3.34 (0.91, 5.80)		3.34 (0.91, 5.80)
Couple intervention vs. Psychoeducation	-1.47 (-3.40, 0.49)	-1.47 (-3.40, 0.49)	
Self-help with support vs. Psychoeducation	-0.25 (-2.35, 1.86)		-0.25 (-2.35, 1.86)
Self-help without support vs. Psychoeducation	0.30 (-1.76, 2.36)		0.30 (-1.76, 2.36)
SSRI vs. Psychoeducation	0.06 (-2.04, 2.16)		0.06 (-2.04, 2.16)
TF-CBT + SSRI vs. Psychoeducation	0.00 (-2.20, 2.18)		0.00 (-2.20, 2.18)
Counselling vs. Relaxation	0.00 (-1.54, 1.52)		0.00 (-1.54, 1.52)
TF-CBT vs. Relaxation	-0.73 (-2.16, 0.69)	-1.41 (-3.30, 0.48)	0.08 (-1.97, 2.12)
non-TF-CBT vs. Relaxation	-0.49 (-2.06, 1.09)		-0.49 (-2.06, 1.09)
EMDR vs. Relaxation	-1.34 (-2.76, 0.09)	-0.63 (-2.54, 1.29)	-2.00 (-3.86, -0.13)
Present-centered therapy vs. Relaxation	-0.69 (-2.43, 1.03)		-0.69 (-2.43, 1.03)
IPT vs. Relaxation	-0.46 (-2.10, 1.17)	-0.79 (-2.64, 1.07)	0.23 (-2.50, 2.96)
Metacognitive therapy vs. Relaxation	-2.31 (-4.81, 0.20)		-2.31 (-4.81, 0.20)
Combined somatic/cognitive therapies vs. Relaxation	-0.97 (-2.67, 0.72)		-0.97 (-2.67, 0.72)
Resilience-oriented treatment vs. Relaxation	-0.90 (-3.34, 1.51)		-0.90 (-3.34, 1.51)
Attention bias modification vs. Relaxation	2.86 (0.80, 4.94)		2.86 (0.80, 4.94)
Couple intervention vs. Relaxation	-1.95 (-5.01, 1.13)		-1.95 (-5.01, 1.13)
Self-help with support vs. Relaxation	-0.73 (-2.40, 0.93)		-0.73 (-2.40, 0.93)
Self-help without support vs. Relaxation	-0.18 (-1.80, 1.42)		-0.18 (-1.80, 1.42)
SSRI vs. Relaxation	-0.42 (-2.07, 1.24)		-0.42 (-2.07, 1.24)

TF-CBT + SSRI vs. Relaxation	-0.48 (-2.26, 1.31)		-0.48 (-2.26, 1.31)
TF-CBT vs. Counselling	-0.73 (-1.37, -0.09)	-0.81 (-1.50, -0.12)	-0.55 (-1.91, 0.81)
non-TF-CBT vs. Counselling	-0.49 (-1.43, 0.44)	-1.22 (-3.15, 0.70)	-0.29 (-1.28, 0.70)
EMDR vs. Counselling	-1.34 (-2.19, -0.49)	-1.38 (-3.20, 0.45)	-1.30 (-2.20, -0.41)
Present-centered therapy vs. Counselling	-0.69 (-1.88, 0.48)		-0.69 (-1.88, 0.48)
IPT vs. Counselling	-0.46 (-1.93, 1.01)		-0.46 (-1.93, 1.01)
Metacognitive therapy vs. Counselling	-2.31 (-4.46, -0.15)		-2.31 (-4.46, -0.15)
Combined somatic/cognitive therapies vs. Counselling	-0.97 (-2.13, 0.19)		-0.97 (-2.13, 0.19)
Resilience-oriented treatment vs. Counselling	-0.90 (-2.98, 1.16)		-0.90 (-2.98, 1.16)
Attention bias modification vs. Counselling	2.86 (1.23, 4.51)		2.86 (1.23, 4.51)
Couple intervention vs. Counselling	-1.95 (-4.71, 0.83)		-1.95 (-4.71, 0.83)
Self-help with support vs. Counselling	-0.74 (-1.84, 0.38)		-0.74 (-1.84, 0.38)
Self-help without support vs. Counselling	-0.18 (-1.19, 0.82)		-0.18 (-1.19, 0.82)
SSRI vs. Counselling	-0.42 (-1.50, 0.67)		-0.42 (-1.50, 0.67)
TF-CBT + SSRI vs. Counselling	-0.48 (-1.74, 0.78)		-0.48 (-1.74, 0.78)
non-TF-CBT vs. TF-CBT	0.24 (-0.56, 1.04)	-0.52 (-2.39, 1.35)	0.36 (-0.47, 1.20)
EMDR vs. TF-CBT	-0.61 (-1.30, 0.08)	-2.01 (-4.01, -0.01)	-0.46 (-1.14, 0.23)
Present-centered therapy vs. TF-CBT	0.04 (-0.99, 1.07)	-0.44 (-1.71, 0.83)	0.40 (-1.21, 2.02)
IPT vs. TF-CBT	0.27 (-1.09, 1.63)	0.62 (-1.12, 2.37)	0.15 (-1.72, 2.03)
Metacognitive therapy vs. TF-CBT	-1.58 (-3.67, 0.51)		-1.58 (-3.67, 0.51)
Combined somatic/cognitive therapies vs. TF-CBT	-0.23 (-1.28, 0.80)		-0.23 (-1.28, 0.80)
Resilience-oriented treatment vs. TF-CBT	-0.17 (-2.18, 1.83)		-0.17 (-2.18, 1.83)
Attention bias modification vs. TF-CBT	3.59 (2.03, 5.16)		3.59 (2.03, 5.16)
Couple intervention vs. TF-CBT	-1.21 (-3.91, 1.49)		-1.21 (-3.91, 1.49)
Self-help with support vs. TF-CBT	0.00 (-0.96, 0.97)		0.00 (-0.96, 0.97)
Self-help without support vs. TF-CBT	0.55 (-0.31, 1.41)		0.55 (-0.31, 1.41)
SSRI vs. TF-CBT	0.31 (-0.60, 1.23)	0.01 (-1.02, 1.04)	0.74 (-0.82, 2.29)
TF-CBT + SSRI vs. TF-CBT	0.25 (-0.86, 1.35)	-0.12 (-1.34, 1.09)	0.02 (-2.03, 2.06)
EMDR vs. non-TF-CBT	-0.85 (-1.75, 0.05)	-0.30 (-2.08, 1.49)	-0.96 (-1.92, -0.01)
Present-centered therapy vs. non-TF-CBT	-0.20 (-1.37, 0.97)	0.09 (-1.67, 1.85)	-0.43 (-1.87, 1.01)
IPT vs. non-TF-CBT	0.04 (-1.50, 1.55)		0.04 (-1.50, 1.55)
Metacognitive therapy vs. non-TF-CBT	-1.82 (-4.00, 0.35)		-1.82 (-4.00, 0.35)
Combined somatic/cognitive therapies vs. non-TF-CBT	-0.47 (-1.67, 0.72)		-0.47 (-1.67, 0.72)
Resilience-oriented treatment vs. non-TF-CBT	-0.41 (-2.51, 1.68)		-0.41 (-2.51, 1.68)
Attention bias modification vs. non-TF-CBT	3.36 (1.76, 4.95)		3.36 (1.76, 4.95)
Couple intervention vs. non-TF-CBT	-1.46 (-4.27, 1.36)		-1.46 (-4.27, 1.36)
Self-help with support vs. non-TF-CBT	-0.24 (-1.37, 0.88)		-0.24 (-1.37, 0.88)
Self-help without support vs. non-TF-CBT	0.31 (-0.68, 1.30)		0.31 (-0.68, 1.30)

SSRI vs. non-TF-CBT	0.08 (-1.09, 1.24)		0.08 (-1.09, 1.24)
TF-CBT + SSRI vs. non-TF-CBT	0.01 (-1.32, 1.35)		0.01 (-1.32, 1.35)
Present-centered therapy vs. EMDR	0.65 (-0.54, 1.82)		0.65 (-0.54, 1.82)
IPT vs. EMDR	0.88 (-0.56, 2.31)		0.88 (-0.56, 2.31)
Metacognitive therapy vs. EMDR	-0.97 (-3.12, 1.18)		-0.97 (-3.12, 1.18)
Combined somatic/cognitive therapies vs. EMDR	0.37 (-0.69, 1.44)	0.15 (-1.68, 1.96)	0.44 (-0.77, 1.66)
Resilience-oriented treatment vs. EMDR	0.44 (-1.63, 2.49)		0.44 (-1.63, 2.49)
Attention bias modification vs. EMDR	4.20 (2.58, 5.83)		4.20 (2.58, 5.83)
Couple intervention vs. EMDR	-0.61 (-3.39, 2.20)		-0.61 (-3.39, 2.20)
Self-help with support vs. EMDR	0.61 (-0.47, 1.69)		0.61 (-0.47, 1.69)
Self-help without support vs. EMDR	1.16 (0.18, 2.14)		1.16 (0.18, 2.14)
SSRI vs. EMDR	0.92 (-0.10, 1.95)	0.39 (-1.40, 2.18)	1.14 (0.00, 2.29)
TF-CBT + SSRI vs. EMDR	0.86 (-0.38, 2.10)		0.86 (-0.38, 2.10)
IPT vs. Present-centered therapy	0.23 (-1.44, 1.90)		0.23 (-1.44, 1.90)
Metacognitive therapy vs. Present-centered therapy	-1.62 (-3.93, 0.67)		-1.62 (-3.93, 0.67)
Combined somatic/cognitive therapies vs. Present-centered therapy	-0.28 (-1.67, 1.13)		-0.28 (-1.67, 1.13)
Resilience-oriented treatment vs. Present-centered therapy	-0.21 (-2.44, 2.01)		-0.21 (-2.44, 2.01)
Attention bias modification vs. Present-centered therapy	3.56 (1.75, 5.37)		3.56 (1.75, 5.37)
Couple intervention vs. Present-centered therapy	-1.26 (-4.14, 1.64)		-1.26 (-4.14, 1.64)
Self-help with support vs. Present-centered therapy	-0.04 (-1.38, 1.31)		-0.04 (-1.38, 1.31)
Self-help without support vs. Present-centered therapy	0.51 (-0.76, 1.77)		0.51 (-0.76, 1.77)
SSRI vs. Present-centered therapy	0.28 (-1.08, 1.63)		0.28 (-1.08, 1.63)
TF-CBT + SSRI vs. Present-centered therapy	0.21 (-1.29, 1.70)		0.21 (-1.29, 1.70)
Metacognitive therapy vs. IPT	-1.85 (-4.30, 0.61)		-1.85 (-4.30, 0.61)
Combined somatic/cognitive therapies vs. IPT	-0.51 (-2.14, 1.14)		-0.51 (-2.14, 1.14)
Resilience-oriented treatment vs. IPT	-0.45 (-2.83, 1.94)		-0.45 (-2.83, 1.94)
Attention bias modification vs. IPT	3.33 (1.32, 5.34)		3.33 (1.32, 5.34)
Couple intervention vs. IPT	-1.49 (-4.52, 1.55)		-1.49 (-4.52, 1.55)
Self-help with support vs. IPT	-0.27 (-1.87, 1.33)		-0.27 (-1.87, 1.33)
Self-help without support vs. IPT	0.28 (-1.26, 1.82)		0.28 (-1.26, 1.82)
SSRI vs. IPT	0.04 (-1.56, 1.66)		0.04 (-1.56, 1.66)
TF-CBT + SSRI vs. IPT	-0.02 (-1.75, 1.71)		-0.02 (-1.75, 1.71)
Combined somatic/cognitive therapies vs. Metacognitive therapy	1.34 (-0.92, 3.62)		1.34 (-0.92, 3.62)
Resilience-oriented treatment vs. Metacognitive therapy	1.41 (-1.43, 4.25)		1.41 (-1.43, 4.25)
Attention bias modification vs. Metacognitive therapy	5.18 (2.63, 7.71)		5.18 (2.63, 7.71)
Couple intervention vs. Metacognitive therapy	0.37 (-3.06, 3.79)		0.37 (-3.06, 3.79)
Self-help with support vs. Metacognitive therapy	1.58 (-0.65, 3.81)		1.58 (-0.65, 3.81)

Self-help without support vs. Metacognitive therapy	2.13 (-0.07, 4.32)		2.13 (-0.07, 4.32)
SSRI vs. Metacognitive therapy	1.89 (-0.36, 4.15)		1.89 (-0.36, 4.15)
TF-CBT + SSRI vs. Metacognitive therapy	1.82 (-0.52, 4.19)		1.82 (-0.52, 4.19)
Resilience-oriented treatment vs. Combined somatic/cognitive therapies	0.06 (-2.13, 2.25)		0.06 (-2.13, 2.25)
Attention bias modification vs. Combined somatic/cognitive therapies	3.83 (2.05, 5.63)		3.83 (2.05, 5.63)
Couple intervention vs. Combined somatic/cognitive therapies	-0.98 (-3.88, 1.91)		-0.98 (-3.88, 1.91)
Self-help with support vs. Combined somatic/cognitive therapies	0.23 (-1.06, 1.54)		0.23 (-1.06, 1.54)
Self-help without support vs. Combined somatic/cognitive therapies	0.79 (-0.46, 2.01)		0.79 (-0.46, 2.01)
SSRI vs. Combined somatic/cognitive therapies	0.55 (-0.78, 1.88)		0.55 (-0.78, 1.88)
TF-CBT + SSRI vs. Combined somatic/cognitive therapies	0.48 (-0.99, 1.96)		0.48 (-0.99, 1.96)
Attention bias modification vs. Resilience-oriented treatment	3.77 (1.31, 6.24)		3.77 (1.31, 6.24)
Couple intervention vs. Resilience-oriented treatment	-1.04 (-4.39, 2.29)		-1.04 (-4.39, 2.29)
Self-help with support vs. Resilience-oriented treatment	0.17 (-1.96, 2.32)		0.17 (-1.96, 2.32)
Self-help without support vs. Resilience-oriented treatment	0.72 (-1.37, 2.83)		0.72 (-1.37, 2.83)
SSRI vs. Resilience-oriented treatment	0.49 (-1.68, 2.67)		0.49 (-1.68, 2.67)
TF-CBT + SSRI vs. Resilience-oriented treatment	0.42 (-1.84, 2.70)		0.42 (-1.84, 2.70)
Couple intervention vs. Attention bias modification	-4.81 (-7.95, -1.70)		-4.81 (-7.95, -1.70)
Self-help with support vs. Attention bias modification	-3.59 (-5.29, -1.91)		-3.59 (-5.29, -1.91)
Self-help without support vs. Attention bias modification	-3.05 (-4.42, -1.68)		-3.05 (-4.42, -1.68)
SSRI vs. Attention bias modification	-3.28 (-5.06, -1.50)		-3.28 (-5.06, -1.50)
TF-CBT + SSRI vs. Attention bias modification	-3.34 (-5.24, -1.46)		-3.34 (-5.24, -1.46)
Self-help with support vs. Couple intervention	1.22 (-1.65, 4.09)		1.22 (-1.65, 4.09)
Self-help without support vs. Couple intervention	1.77 (-1.07, 4.60)		1.77 (-1.07, 4.60)
SSRI vs. Couple intervention	1.52 (-1.32, 4.38)		1.52 (-1.32, 4.38)
TF-CBT + SSRI vs. Couple intervention	1.46 (-1.47, 4.39)		1.46 (-1.47, 4.39)
Self-help without support vs. Self-help with support	0.55 (-0.51, 1.60)	-0.02 (-1.82, 1.79)	0.76 (-0.42, 1.95)
SSRI vs. Self-help with support	0.31 (-0.96, 1.60)		0.31 (-0.96, 1.60)
TF-CBT + SSRI vs. Self-help with support	0.25 (-1.20, 1.68)		0.25 (-1.20, 1.68)
SSRI vs. Self-help without support	-0.23 (-1.44, 0.98)		-0.23 (-1.44, 0.98)
TF-CBT + SSRI vs. Self-help without support	-0.30 (-1.67, 1.06)		-0.30 (-1.67, 1.06)
TF-CBT + SSRI vs. SSRI	-0.07 (-1.11, 0.99)	-0.07 (-1.11, 0.99)	
CBT: cognitive behavioural therapy; CI: confidence intervals; CrI: credible intervals; EMDR: eye movement desensitisation and reprocessing; SMD: standardised mean difference; SSRI: selective serotonine reuptake inhibitor; TF: trauma-focused			

B. Standardised mean differences (changes in PTSD symptom scores) between baseline and 1-4 month follow-up

All NMA estimates are reported based on the results from the random effects model that assumes consistency (Dias *et al.* 2013a); the direct and indirect estimates are reported based on results given by the node-split models (Dias *et al.* 2013b). Direct and indirect estimates are presented when available.

Negative values favour first intervention in the comparison.

Comparison	Effect: standardised mean difference (SMD)		
	NMA median SMD (95% CrI)	Direct median SMD (95% CrI)	Indirect median SMD (95% CrI)
Attention placebo vs. Waitlist	-0.02 (-1.35, 1.33)		-0.02 (-1.35, 1.33)
Psychoeducation vs. Waitlist	-0.51 (-1.47, 0.44)	-0.24 (-1.57, 1.10)	-0.78 (-2.15, 0.57)
Counselling vs. Waitlist	-0.30 (-1.12, 0.53)		-0.30 (-1.12, 0.53)
TF-CBT vs. Waitlist	-0.73 (-1.23, -0.25)	-0.58 (-1.08, -0.09)	-1.34 (-2.59, -0.16)
non-TF-CBT vs. Waitlist	-0.43 (-1.35, 0.53)		-0.43 (-1.35, 0.53)
EMDR vs. Waitlist	-1.13 (-1.94, -0.27)	-1.47 (-2.31, -0.61)	0.15 (-1.42, 1.72)
Present-centered therapy vs. Waitlist	-0.16 (-1.29, 1.01)		-0.16 (-1.29, 1.01)
Combined somatic/cognitive therapies vs. Waitlist	-1.18 (-2.75, 0.43)		-1.18 (-2.75, 0.43)
IPT vs. Waitlist	-0.39 (-1.76, 0.97)	-0.39 (-1.76, 0.97)	
Couple intervention vs. Waitlist	-2.04 (-3.72, -0.36)		-2.04 (-3.72, -0.36)
Self-help with support vs. Waitlist	-1.26 (-2.12, -0.42)	-1.40 (-2.43, -0.42)	-0.65 (-3.31, 2.05)
Self-help without support vs. Waitlist	-1.19 (-2.52, 0.13)		-1.19 (-2.52, 0.13)
Family therapy vs. Waitlist	0.15 (-1.13, 1.43)	0.15 (-1.13, 1.43)	
Behavioural therapy vs. Waitlist	-1.19 (-2.16, -0.21)	-1.19 (-2.16, -0.21)	
Psychoeducation vs. Attention placebo	-0.49 (-2.11, 1.10)		-0.49 (-2.11, 1.10)
Counselling vs. Attention placebo	-0.28 (-1.77, 1.20)		-0.28 (-1.77, 1.20)
TF-CBT vs. Attention placebo	-0.71 (-2.06, 0.61)		-0.71 (-2.06, 0.61)
non-TF-CBT vs. Attention placebo	-0.41 (-1.58, 0.76)	-0.57 (-1.91, 0.78)	0.00 (-2.35, 2.45)
EMDR vs. Attention placebo	-1.11 (-2.53, 0.33)		-1.11 (-2.53, 0.33)
Present-centered therapy vs. Attention placebo	-0.14 (-1.65, 1.39)		-0.14 (-1.65, 1.39)
Combined somatic/cognitive therapies vs. Attention placebo	-1.16 (-3.11, 0.83)		-1.16 (-3.11, 0.83)
IPT vs. Attention placebo	-0.37 (-2.31, 1.53)		-0.37 (-2.31, 1.53)
Couple intervention vs. Attention placebo	-2.02 (-4.16, 0.10)		-2.02 (-4.16, 0.10)
Self-help with support vs. Attention placebo	-1.25 (-2.62, 0.10)		-1.25 (-2.62, 0.10)
Self-help without support vs. Attention placebo	-1.17 (-2.37, 0.03)	-1.01 (-2.43, 0.42)	-1.57 (-3.95, 0.73)
Family therapy vs. Attention placebo	0.17 (-1.70, 2.02)		0.17 (-1.70, 2.02)
Behavioural therapy vs. Attention placebo	-1.17 (-2.83, 0.47)		-1.17 (-2.83, 0.47)
Counselling vs. Psychoeducation	0.22 (-0.94, 1.38)		0.22 (-0.94, 1.38)
TF-CBT vs. Psychoeducation	-0.22 (-1.17, 0.73)	0.02 (-1.23, 1.29)	-0.53 (-1.96, 0.90)
non-TF-CBT vs. Psychoeducation	0.08 (-1.18, 1.38)		0.08 (-1.18, 1.38)

EMDR vs. Psychoeducation	-0.62 (-1.84, 0.65)		-0.62 (-1.84, 0.65)
Present-centered therapy vs. Psychoeducation	0.36 (-1.05, 1.79)		0.36 (-1.05, 1.79)
Combined somatic/cognitive therapies vs. Psychoeducation	-0.67 (-2.49, 1.20)		-0.67 (-2.49, 1.20)
IPT vs. Psychoeducation	0.12 (-1.55, 1.80)		0.12 (-1.55, 1.80)
Couple intervention vs. Psychoeducation	-1.53 (-2.91, -0.14)	-1.53 (-2.91, -0.14)	
Self-help with support vs. Psychoeducation	-0.75 (-2.01, 0.49)		-0.75 (-2.01, 0.49)
Self-help without support vs. Psychoeducation	-0.67 (-2.28, 0.93)		-0.67 (-2.28, 0.93)
Family therapy vs. Psychoeducation	0.67 (-0.94, 2.26)		0.67 (-0.94, 2.26)
Behavioural therapy vs. Psychoeducation	-0.67 (-2.04, 0.69)		-0.67 (-2.04, 0.69)
TF-CBT vs. Counselling	-0.43 (-1.10, 0.22)	-0.43 (-1.10, 0.22)	
non-TF-CBT vs. Counselling	-0.13 (-1.25, 1.02)		-0.13 (-1.25, 1.02)
EMDR vs. Counselling	-0.83 (-1.95, 0.31)		-0.83 (-1.95, 0.31)
Present-centered therapy vs. Counselling	0.15 (-1.11, 1.43)		0.15 (-1.11, 1.43)
Combined somatic/cognitive therapies vs. Counselling	-0.88 (-2.62, 0.91)		-0.88 (-2.62, 0.91)
IPT vs. Counselling	-0.09 (-1.70, 1.51)		-0.09 (-1.70, 1.51)
Couple intervention vs. Counselling	-1.74 (-3.54, 0.06)		-1.74 (-3.54, 0.06)
Self-help with support vs. Counselling	-0.96 (-2.09, 0.15)		-0.96 (-2.09, 0.15)
Self-help without support vs. Counselling	-0.89 (-2.39, 0.60)		-0.89 (-2.39, 0.60)
Family therapy vs. Counselling	0.45 (-1.08, 1.97)		0.45 (-1.08, 1.97)
Behavioural therapy vs. Counselling	-0.89 (-2.17, 0.38)		-0.89 (-2.17, 0.38)
non-TF-CBT vs. TF-CBT	0.30 (-0.60, 1.24)	1.11 (-0.36, 2.57)	-0.15 (-1.23, 0.94)
EMDR vs. TF-CBT	-0.40 (-1.30, 0.54)		-0.40 (-1.30, 0.54)
Present-centered therapy vs. TF-CBT	0.58 (-0.49, 1.68)	0.87 (-0.53, 2.27)	0.15 (-1.45, 1.85)
Combined somatic/cognitive therapies vs. TF-CBT	-0.45 (-2.06, 1.22)		-0.45 (-2.06, 1.22)
IPT vs. TF-CBT	0.34 (-1.11, 1.79)		0.34 (-1.11, 1.79)
Couple intervention vs. TF-CBT	-1.31 (-2.98, 0.37)		-1.31 (-2.98, 0.37)
Self-help with support vs. TF-CBT	-0.53 (-1.43, 0.37)	0.07 (-1.20, 1.34)	-1.18 (-2.50, 0.14)
Self-help without support vs. TF-CBT	-0.46 (-1.79, 0.89)		-0.46 (-1.79, 0.89)
Family therapy vs. TF-CBT	0.88 (-0.49, 2.26)		0.88 (-0.49, 2.26)
Behavioural therapy vs. TF-CBT	-0.45 (-1.54, 0.63)		-0.45 (-1.54, 0.63)
EMDR vs. non-TF-CBT	-0.70 (-1.69, 0.30)	0.02 (-1.14, 1.19)	-1.59 (-2.92, -0.24)
Present-centered therapy vs. non-TF-CBT	0.28 (-0.78, 1.33)	0.04 (-1.24, 1.31)	0.76 (-1.03, 2.45)
Combined somatic/cognitive therapies vs. non-TF-CBT	-0.74 (-2.43, 0.94)		-0.74 (-2.43, 0.94)
IPT vs. non-TF-CBT	0.04 (-1.64, 1.69)		0.04 (-1.64, 1.69)
Couple intervention vs. non-TF-CBT	-1.60 (-3.51, 0.26)		-1.60 (-3.51, 0.26)
Self-help with support vs. non-TF-CBT	-0.83 (-2.01, 0.30)		-0.83 (-2.01, 0.30)
Self-help without support vs. non-TF-CBT	-0.76 (-2.14, 0.60)		-0.76 (-2.14, 0.60)
Family therapy vs. non-TF-CBT	0.58 (-1.03, 2.17)		0.58 (-1.03, 2.17)

Behavioural therapy vs. non-TF-CBT	-0.75 (-2.13, 0.58)		-0.75 (-2.13, 0.58)
Present-centered therapy vs. EMDR	0.97 (-0.31, 2.24)		0.97 (-0.31, 2.24)
Combined somatic/cognitive therapies vs. EMDR	-0.05 (-1.42, 1.32)	-0.05 (-1.42, 1.32)	
IPT vs. EMDR	0.73 (-0.88, 2.33)		0.73 (-0.88, 2.33)
Couple intervention vs. EMDR	-0.91 (-2.78, 0.93)		-0.91 (-2.78, 0.93)
Self-help with support vs. EMDR	-0.14 (-1.31, 0.99)		-0.14 (-1.31, 0.99)
Self-help without support vs. EMDR	-0.06 (-1.57, 1.41)		-0.06 (-1.57, 1.41)
Family therapy vs. EMDR	1.28 (-0.27, 2.79)		1.28 (-0.27, 2.79)
Behavioural therapy vs. EMDR	-0.06 (-1.35, 1.20)		-0.06 (-1.35, 1.20)
Combined somatic/cognitive therapies vs. Present-centered therapy	-1.02 (-2.86, 0.85)		-1.02 (-2.86, 0.85)
IPT vs. Present-centered therapy	-0.24 (-2.04, 1.54)		-0.24 (-2.04, 1.54)
Couple intervention vs. Present-centered therapy	-1.88 (-3.88, 0.09)		-1.88 (-3.88, 0.09)
Self-help with support vs. Present-centered therapy	-1.11 (-2.47, 0.22)		-1.11 (-2.47, 0.22)
Self-help without support vs. Present-centered therapy	-1.03 (-2.64, 0.56)		-1.03 (-2.64, 0.56)
Family therapy vs. Present-centered therapy	0.30 (-1.43, 2.00)		0.30 (-1.43, 2.00)
Behavioural therapy vs. Present-centered therapy	-1.03 (-2.54, 0.45)		-1.03 (-2.54, 0.45)
IPT vs. Combined somatic/cognitive therapies	0.78 (-1.33, 2.86)		0.78 (-1.33, 2.86)
Couple intervention vs. Combined somatic/cognitive therapies	-0.86 (-3.19, 1.42)		-0.86 (-3.19, 1.42)
Self-help with support vs. Combined somatic/cognitive therapies	-0.09 (-1.89, 1.67)		-0.09 (-1.89, 1.67)
Self-help without support vs. Combined somatic/cognitive therapies	-0.01 (-2.05, 1.99)		-0.01 (-2.05, 1.99)
Family therapy vs. Combined somatic/cognitive therapies	1.33 (-0.73, 3.36)		1.33 (-0.73, 3.36)
Behavioural therapy vs. Combined somatic/cognitive therapies	-0.01 (-1.90, 1.83)		-0.01 (-1.90, 1.83)
Couple intervention vs. IPT	-1.65 (-3.81, 0.52)		-1.65 (-3.81, 0.52)
Self-help with support vs. IPT	-0.88 (-2.50, 0.74)		-0.88 (-2.50, 0.74)
Self-help without support vs. IPT	-0.80 (-2.71, 1.11)		-0.80 (-2.71, 1.11)
Family therapy vs. IPT	0.54 (-1.35, 2.43)		0.54 (-1.35, 2.43)
Behavioural therapy vs. IPT	-0.80 (-2.47, 0.89)		-0.80 (-2.47, 0.89)
Self-help with support vs. Couple intervention	0.77 (-1.10, 2.63)		0.77 (-1.10, 2.63)
Self-help without support vs. Couple intervention	0.85 (-1.26, 2.97)		0.85 (-1.26, 2.97)
Family therapy vs. Couple intervention	2.19 (0.08, 4.30)		2.19 (0.08, 4.30)
Behavioural therapy vs. Couple intervention	0.85 (-1.09, 2.78)		0.85 (-1.09, 2.78)
Self-help without support vs. Self-help with support	0.07 (-1.11, 1.27)	-0.08 (-1.46, 1.29)	0.48 (-1.85, 2.91)
Family therapy vs. Self-help with support	1.41 (-0.12, 2.96)		1.41 (-0.12, 2.96)
Behavioural therapy vs. Self-help with support	0.08 (-1.21, 1.37)		0.08 (-1.21, 1.37)

Family therapy vs. Self-help without support	1.34 (-0.50, 3.19)		1.34 (-0.50, 3.19)
Behavioural therapy vs. Self-help without support	0.00 (-1.64, 1.64)		0.00 (-1.64, 1.64)
Behavioural therapy vs. Family therapy	-1.34 (-2.94, 0.27)		-1.34 (-2.94, 0.27)
CBT: cognitive behavioural therapy; CI: confidence intervals; CrI: credible intervals; EMDR: eye movement desensitisation and reprocessing; SMD: standardised mean difference; TF: trauma-focused			

C. Dichotomous remission at treatment endpoint

All NMA estimates are reported based on the results from the random effects model that assumes consistency (Dias *et al.* 2013a); the direct and indirect estimates are reported based on results given by the node-split models (Dias *et al.* 2013b). Direct and indirect estimates are presented when available.

Positive values favour first intervention in the comparison.

Comparison	Effect: log-odds ratio (LOR)		
	NMA median LOR (95% CrI)	Direct median LOR (95% CrI)	Indirect median LOR (95% CrI)
Attention placebo vs. Waitlist	1.08 (-1.97, 4.24)		1.08 (-1.97, 4.24)
Relaxation vs. Waitlist	2.64 (0.77, 4.59)		2.64 (0.77, 4.59)
Psychoeducation vs. Waitlist	-0.74 (-4.66, 3.07)		-0.74 (-4.66, 3.07)
Counselling vs. Waitlist	1.33 (0.20, 2.51)	1.59 (-0.52, 3.83)	1.36 (-0.26, 3.01)
TF-CBT vs. Waitlist	2.45 (1.79, 3.19)	2.33 (1.76, 3.00)	2.15 (0.44, 3.83)
non-TF-CBT vs. Waitlist	3.01 (1.31, 4.84)	3.20 (-0.04, 6.40)	2.90 (0.96, 4.90)
EMDR vs. Waitlist	3.36 (2.04, 4.84)	2.95 (1.04, 4.91)	3.89 (1.89, 6.22)
IPT vs. Waitlist	2.52 (0.71, 4.40)	2.15 (-0.65, 5.22)	2.83 (0.35, 5.39)
Present-centred therapy vs. Waitlist	2.48 (0.75, 4.36)	2.48 (0.75, 4.36)	
Psychodynamic therapy vs. Waitlist	4.58 (1.87, 7.57)	4.58 (1.87, 7.57)	
Couple intervention vs. Waitlist	2.12 (-0.51, 4.83)	2.12 (-0.51, 4.83)	
Self-help with support vs. Waitlist	1.76 (0.03, 3.49)	1.76 (0.03, 3.49)	
Self-help without support vs. Waitlist	1.50 (-0.16, 3.32)	1.50 (-0.16, 3.32)	
SSRI vs. Waitlist	1.39 (-0.45, 3.42)		1.39 (-0.45, 3.42)
TF-CBT + SSRI vs. Waitlist	1.63 (-0.61, 4.00)		1.63 (-0.61, 4.00)
Relaxation vs. Attention placebo	1.57 (-2.09, 5.16)		1.57 (-2.09, 5.16)
Psychoeducation vs. Attention placebo	-1.82 (-6.86, 3.05)		-1.82 (-6.86, 3.05)
Counselling vs. Attention placebo	0.26 (-3.07, 3.49)		0.26 (-3.07, 3.49)
TF-CBT vs. Attention placebo	1.37 (-1.79, 4.47)		1.37 (-1.79, 4.47)
non-TF-CBT vs. Attention placebo	2.20 (-1.39, 5.82)		2.20 (-1.39, 5.82)
EMDR vs. Attention placebo	2.28 (-1.09, 5.67)		2.28 (-1.09, 5.67)
IPT vs. Attention placebo	1.45 (-2.16, 5.01)		1.45 (-2.16, 5.01)
Present-centred therapy vs. Attention placebo	1.41 (-2.16, 4.96)		1.41 (-2.16, 4.96)
Psychodynamic therapy vs. Attention placebo	3.53 (-0.70, 7.72)		3.53 (-0.70, 7.72)
Couple intervention vs. Attention placebo	1.05 (-3.08, 5.13)		1.05 (-3.08, 5.13)
Self-help with support vs. Attention placebo	0.69 (-2.92, 4.18)		0.69 (-2.92, 4.18)
Self-help without support vs. Attention placebo	0.43 (-2.13, 3.02)	0.43 (-2.13, 3.02)	
SSRI vs. Attention placebo	0.32 (-3.29, 3.94)		0.32 (-3.29, 3.94)
TF-CBT + SSRI vs. Attention placebo	0.55 (-3.25, 4.37)		0.55 (-3.25, 4.37)
Psychoeducation vs. Relaxation	-3.38 (-7.81, 0.85)		-3.38 (-7.81, 0.85)

Counselling vs. Relaxation	-1.31 (-3.44, 0.80)		-1.31 (-3.44, 0.80)
TF-CBT vs. Relaxation	-0.19 (-2.07, 1.69)	0.23 (-2.49, 2.95)	-0.93 (-4.11, 2.15)
non-TF-CBT vs. Relaxation	0.64 (-1.90, 3.31)		0.64 (-1.90, 3.31)
EMDR vs. Relaxation	0.72 (-1.12, 2.64)	0.18 (-2.39, 2.78)	1.43 (-1.44, 4.42)
IPT vs. Relaxation	-0.11 (-2.28, 2.03)	0.33 (-2.35, 3.05)	-1.24 (-5.55, 3.05)
Present-centred therapy vs. Relaxation	-0.15 (-2.69, 2.43)		-0.15 (-2.69, 2.43)
Psychodynamic therapy vs. Relaxation	1.95 (-1.42, 5.44)		1.95 (-1.42, 5.44)
Couple intervention vs. Relaxation	-0.51 (-3.82, 2.77)		-0.51 (-3.82, 2.77)
Self-help with support vs. Relaxation	-0.87 (-3.47, 1.67)		-0.87 (-3.47, 1.67)
Self-help without support vs. Relaxation	-1.14 (-3.64, 1.45)		-1.14 (-3.64, 1.45)
SSRI vs. Relaxation	-1.24 (-3.65, 1.28)		-1.24 (-3.65, 1.28)
TF-CBT + SSRI vs. Relaxation	-1.01 (-3.80, 1.85)		-1.01 (-3.80, 1.85)
Counselling vs. Psychoeducation	2.07 (-1.89, 6.19)		2.07 (-1.89, 6.19)
TF-CBT vs. Psychoeducation	3.19 (-0.65, 7.20)		3.19 (-0.65, 7.20)
non-TF-CBT vs. Psychoeducation	4.02 (-0.19, 8.47)		4.02 (-0.19, 8.47)
EMDR vs. Psychoeducation	4.11 (0.11, 8.32)		4.11 (0.11, 8.32)
IPT vs. Psychoeducation	3.26 (-0.95, 7.61)		3.26 (-0.95, 7.61)
Present-centred therapy vs. Psychoeducation	3.24 (-0.94, 7.57)		3.24 (-0.94, 7.57)
Psychodynamic therapy vs. Psychoeducation	5.35 (0.64, 10.23)		5.35 (0.64, 10.23)
Couple intervention vs. Psychoeducation	2.86 (0.16, 5.81)	2.86 (0.16, 5.81)	
Self-help with support vs. Psychoeducation	2.50 (-1.69, 6.79)		2.50 (-1.69, 6.79)
Self-help without support vs. Psychoeducation	2.24 (-1.87, 6.58)		2.24 (-1.87, 6.58)
SSRI vs. Psychoeducation	2.14 (-2.04, 6.58)		2.14 (-2.04, 6.58)
TF-CBT + SSRI vs. Psychoeducation	2.37 (-2.01, 6.98)		2.37 (-2.01, 6.98)
TF-CBT vs. Counselling	1.12 (0.12, 2.15)	1.12 (0.12, 2.15)	
non-TF-CBT vs. Counselling	1.94 (0.03, 4.01)	2.61 (-0.63, 6.62)	1.86 (-1.12, 5.25)
EMDR vs. Counselling	2.03 (0.37, 3.79)		2.03 (0.37, 3.79)
IPT vs. Counselling	1.19 (-0.89, 3.26)		1.19 (-0.89, 3.26)
Present-centred therapy vs. Counselling	1.16 (-0.79, 3.18)		1.16 (-0.79, 3.18)
Psychodynamic therapy vs. Counselling	3.25 (0.29, 6.43)		3.25 (0.29, 6.43)
Couple intervention vs. Counselling	0.79 (-2.10, 3.71)		0.79 (-2.10, 3.71)
Self-help with support vs. Counselling	0.43 (-1.66, 2.48)		0.43 (-1.66, 2.48)
Self-help without support vs. Counselling	0.17 (-1.81, 2.25)		0.17 (-1.81, 2.25)
SSRI vs. Counselling	0.06 (-1.97, 2.24)		0.06 (-1.97, 2.24)
TF-CBT + SSRI vs. Counselling	0.29 (-2.08, 2.80)		0.29 (-2.08, 2.80)
non-TF-CBT vs. TF-CBT	0.82 (-0.95, 2.75)	0.62 (-2.21, 3.49)	0.84 (-1.97, 4.04)
EMDR vs. TF-CBT	0.91 (-0.46, 2.35)	5.37 (1.91, 10.09)	0.08 (-1.31, 1.45)
IPT vs. TF-CBT	0.07 (-1.76, 1.92)	0.11 (-2.54, 2.77)	-0.31 (-3.31, 2.87)

Present-centred therapy vs. TF-CBT	0.03 (-1.72, 1.85)	0.21 (-2.35, 2.75)	1.05 (-1.78, 4.35)
Psychodynamic therapy vs. TF-CBT	2.13 (-0.70, 5.16)		2.13 (-0.70, 5.16)
Couple intervention vs. TF-CBT	-0.32 (-3.08, 2.43)		-0.32 (-3.08, 2.43)
Self-help with support vs. TF-CBT	-0.69 (-2.59, 1.13)		-0.69 (-2.59, 1.13)
Self-help without support vs. TF-CBT	-0.95 (-2.70, 0.88)	-3.24 (-5.15, -1.48)	3.36 (0.79, 7.03)
SSRI vs. TF-CBT	-1.06 (-2.86, 0.85)	-1.79 (-4.13, 0.53)	0.28 (-2.74, 3.31)
TF-CBT + SSRI vs. TF-CBT	-0.82 (-3.01, 1.42)	-0.82 (-3.01, 1.42)	
EMDR vs. non-TF-CBT	0.08 (-2.22, 2.33)		0.08 (-2.22, 2.33)
IPT vs. non-TF-CBT	-0.75 (-3.40, 1.76)		-0.75 (-3.40, 1.76)
Present-centred therapy vs. non-TF-CBT	-0.79 (-2.79, 1.15)	-0.41 (-2.93, 2.12)	-1.44 (-4.93, 1.93)
Psychodynamic therapy vs. non-TF-CBT	1.31 (-2.10, 4.74)		1.31 (-2.10, 4.74)
Couple intervention vs. non-TF-CBT	-1.15 (-4.50, 2.11)		-1.15 (-4.50, 2.11)
Self-help with support vs. non-TF-CBT	-1.51 (-4.19, 0.95)		-1.51 (-4.19, 0.95)
Self-help without support vs. non-TF-CBT	-1.77 (-4.33, 0.74)		-1.77 (-4.33, 0.74)
SSRI vs. non-TF-CBT	-1.88 (-4.50, 0.69)		-1.88 (-4.50, 0.69)
TF-CBT + SSRI vs. non-TF-CBT	-1.64 (-4.55, 1.19)		-1.64 (-4.55, 1.19)
IPT vs. EMDR	-0.83 (-3.02, 1.27)		-0.83 (-3.02, 1.27)
Present-centred therapy vs. EMDR	-0.87 (-3.10, 1.34)		-0.87 (-3.10, 1.34)
Psychodynamic therapy vs. EMDR	1.22 (-1.90, 4.46)		1.22 (-1.90, 4.46)
Couple intervention vs. EMDR	-1.23 (-4.28, 1.74)		-1.23 (-4.28, 1.74)
Self-help with support vs. EMDR	-1.60 (-3.89, 0.54)		-1.60 (-3.89, 0.54)
Self-help without support vs. EMDR	-1.86 (-4.06, 0.33)		-1.86 (-4.06, 0.33)
SSRI vs. EMDR	-1.96 (-3.86, -0.05)	-0.97 (-3.58, 1.60)	-3.04 (-5.87, -0.30)
TF-CBT + SSRI vs. EMDR	-1.73 (-4.19, 0.72)		-1.73 (-4.19, 0.72)
Present-centred therapy vs. IPT	-0.03 (-2.53, 2.52)		-0.03 (-2.53, 2.52)
Psychodynamic therapy vs. IPT	2.07 (-1.26, 5.54)		2.07 (-1.26, 5.54)
Couple intervention vs. IPT	-0.39 (-3.66, 2.85)		-0.39 (-3.66, 2.85)
Self-help with support vs. IPT	-0.76 (-3.30, 1.75)		-0.76 (-3.30, 1.75)
Self-help without support vs. IPT	-1.02 (-3.47, 1.53)		-1.02 (-3.47, 1.53)
SSRI vs. IPT	-1.13 (-3.62, 1.48)		-1.13 (-3.62, 1.48)
TF-CBT + SSRI vs. IPT	-0.90 (-3.69, 2.01)		-0.90 (-3.69, 2.01)
Psychodynamic therapy vs. Present-centred therapy	2.10 (-1.23, 5.53)		2.10 (-1.23, 5.53)
Couple intervention vs. Present-centred therapy	-0.36 (-3.61, 2.85)		-0.36 (-3.61, 2.85)
Self-help with support vs. Present-centred therapy	-0.72 (-3.29, 1.70)		-0.72 (-3.29, 1.70)
Self-help without support vs. Present-centred therapy	-0.98 (-3.45, 1.49)		-0.98 (-3.45, 1.49)
SSRI vs. Present-centred therapy	-1.09 (-3.62, 1.48)		-1.09 (-3.62, 1.48)
TF-CBT + SSRI vs. Present-centred therapy	-0.86 (-3.67, 1.98)		-0.86 (-3.67, 1.98)

Couple intervention vs. Psychodynamic therapy	-2.46 (-6.40, 1.38)		-2.46 (-6.40, 1.38)
Self-help with support vs. Psychodynamic therapy	-2.83 (-6.23, 0.40)		-2.83 (-6.23, 0.40)
Self-help without support vs. Psychodynamic therapy	-3.09 (-6.46, 0.23)		-3.09 (-6.46, 0.23)
SSRI vs. Psychodynamic therapy	-3.19 (-6.64, 0.22)		-3.19 (-6.64, 0.22)
TF-CBT + SSRI vs. Psychodynamic therapy	-2.96 (-6.64, 0.67)		-2.96 (-6.64, 0.67)
Self-help with support vs. Couple intervention	-0.36 (-3.56, 2.78)		-0.36 (-3.56, 2.78)
Self-help without support vs. Couple intervention	-0.63 (-3.79, 2.62)		-0.63 (-3.79, 2.62)
SSRI vs. Couple intervention	-0.74 (-3.97, 2.64)		-0.74 (-3.97, 2.64)
TF-CBT + SSRI vs. Couple intervention	-0.50 (-3.95, 3.08)		-0.50 (-3.95, 3.08)
Self-help without support vs. Self-help with support	-0.26 (-2.65, 2.26)		-0.26 (-2.65, 2.26)
SSRI vs. Self-help with support	-0.36 (-2.88, 2.30)		-0.36 (-2.88, 2.30)
TF-CBT + SSRI vs. Self-help with support	-0.14 (-2.94, 2.81)		-0.14 (-2.94, 2.81)
SSRI vs. Self-help without support	-0.11 (-2.64, 2.46)		-0.11 (-2.64, 2.46)
TF-CBT + SSRI vs. Self-help without support	0.13 (-2.71, 2.97)		0.13 (-2.71, 2.97)
TF-CBT + SSRI vs. SSRI	0.23 (-2.02, 2.46)	0.23 (-2.02, 2.46)	
CBT: cognitive behavioural therapy; CI: confidence intervals; CrI: credible intervals; EMDR: eye movement desensitisation and reprocessing; LOR: log-odds ratio; SSRI: selective serotonine reuptake inhibitor; TF: trauma-focused			

Appendix 12: Results of the NICE guideline NMA

A. Changes in PTSD symptom scores between baseline and treatment endpoint

Random effects model used
Posterior median standard deviation: 0.88 (95% CrI 0.73 to 1.10); residual deviance 157.3
No evidence of inconsistency detected

Intervention	N	k	Mean SMD (95% CrI) vs waitlist
Couple intervention	22	1	**-3.49 (-6.22 to -0.75)**
Metacognitive therapy	10	1	**-3.03 (-4.99 to -1.06)**
TF-CBT mixed	28	1	**-2.83 (-4.70 to -0.98)**
TF-CBT group >12 sessions	42	1	**-2.38 (-4.34 to -0.46)**
TF-CBT individual <8 sessions	160	5	**-2.26 (-3.23 to -1.30)**
Psychoeducation	152	2	**-2.02 (-4.01 to -0.02)**
EMDR	260	11	**-1.98 (-2.59 to -1.37)**
Combined somatic/cognitive therapies	237	4	**-1.67 (-2.59 to -0.75)**
Resilience-oriented treatment	20	1	-1.62 (-3.50 to 0.25)
Self-help with support	198	5	**-1.46 (-2.28 to -0.64)**
TF-CBT individual 8-12 sessions	443	13	**-1.43 (-2.00 to -0.88)**
Present-centered therapy	99	3	**-1.32 (-2.33 to -0.33)**
Behavioural therapy	47	2	-1.20 (-2.52 to 0.11)
non-TF-CBT	209	7	**-1.19 (-1.90 to -0.49)**
IPT	55	2	-1.16 (-2.47 to 0.13)
TF-CBT individual 8-12 sessions + SSRI	115	3	-1.06 (-2.17 to 0.02)
SSRI	166	5	**-1.02 (-1.94 to -0.11)**
TF-CBT individual >12 sessions	173	6	**-0.94 (-1.71 to -0.17)**
Self-help without support	335	11	**-0.91 (-1.64 to -0.18)**
Counselling	278	9	**-0.70 (-1.39 to -0.01)**
Relaxation	25	2	-0.67 (-2.07 to 0.69)
TF-CBT group 8-12 sessions	57	3	-0.65 (-1.75 to 0.45)
Attention placebo	221	9	-0.39 (-1.36 to 0.59)
Family therapy	72	1	0.15 (-1.66 to 1.94)
Waitlist	1425	46	Reference
Attention bias modification	83	3	2.14 (0.73 to 3.59)

CrI: credible intervals; EMDR: eye movement desensitisation reprocessing; IPT: interpersonal psychotherapy; SMD: standardised mean difference; SSRI: selective serotonin reuptake inhibitor; TF-CBT: trauma-focused cognitive behavioural therapy

k: number of randomised controlled trials (RCTs) that assessed each intervention; N: number randomised to each treatment across RCTs

Negative values indicate a better effect for the intervention compared with the reference treatment (waitlist).

In bold effects where the 95% CrI do not cross the line of no effect (SMD=0)

B. Changes in PTSD symptom scores between baseline and 1-4 month follow-up

Random effects model used
Posterior median standard deviation: 0.65 (95% CrI 0.41 to 1.13); residual deviance 51.37
Evidence of inconsistency detected

Intervention	N	K	Mean SMD (95% CrI) vs waitlist
Couple intervention	21	1	**-1.93 (-3.84 to -0.03)**
Self-help with support	85	3	**-1.22 (-2.17 to -0.26)**
Self-help without support	40	2	-1.17 (-2.60 to 0.30)
Combined somatic/cognitive therapies	23	1	-1.16 (-2.95 to 0.61)
EMDR	121	4	**-1.13 (-2.06 to -0.19)**
TF-CBT individual 8-12 sessions	400	7	**-0.86 (-1.52 to -0.21)**
TF-CBT individual >12 sessions	50	2	-0.75 (-2.24 to 0.72)
TF-CBT individual <8 sessions	303	4	-0.52 (-1.33 to 0.30)
non-TF-CBT	123	4	-0.45 (-1.53 to 0.67)
Psychoeducation	183	3	-0.40 (-1.51 to 0.71)
IPT	32	1	-0.39 (-1.92 to 1.14)
Counselling	205	4	-0.30 (-1.29 to 0.69)
Present-centered therapy	70	2	-0.17 (-1.67 to 1.35)
Attention placebo	44	2	-0.01 (-1.50 to 1.52)
Waitlist	383	11	reference

CrI: credible intervals; EMDR: eye movement desensitisation reprocessing; IPT: interpersonal psychotherapy; SMD: standardised mean difference; TF-CBT: trauma-focused cognitive behavioural therapy

k: number of randomised controlled trials (RCTs) that assessed each intervention; N: number randomised to each treatment across RCTs

Negative values indicate a better effect for the intervention compared with the reference treatment (waitlist).

In bold effects where the 95% CrI do not cross the line of no effect (SMD=0)

C. Dichotomous remission at treatment endpoint

Random effects model used
Posterior median standard deviation: 1.00 (95% CrI 0.51 to 1.74); residual deviance 78.51
Evidence of inconsistency detected

Intervention	N	k	Mean LOR (95% CrI) vs waitlist
Psychodynamic therapy	49	1	**4.60 (1.84 to 7.53)**
non-TF-CBT	65	2	**3.66 (1.80 to 5.73)**
TF-CBT individual 8-12 sessions	300	8	**3.39 (2.33 to 4.59)**
TF-CBT individual <8 sessions	30	2	**3.37 (0.67 to 6.95)**
EMDR	132	5	**3.35 (1.98 to 4.82)**
Relaxation	57	2	**3.02 (1.13 to 4.98)**
IPT	72	2	**2.96 (1.10 to 4.91)**
Present-centered therapy	75	2	**2.58 (0.78 to 4.50)**
TF-CBT group >12 sessions	22	1	2.54 (-0.25 to 5.45)
TF-CBT mixed	36	1	2.43 (-0.02 to 4.94)
TF-CBT individual 8-12 sessions + SSRI	57	1	**2.38 (0.05 to 4.85)**
TF-CBT individual >12 sessions	146	6	**2.25 (1.12 to 3.46)**
Couple intervention	49	2	2.14 (-0.47 to 4.79)
SSRI	87	2	**1.95 (0.01 to 4.01)**
Self-help without support	74	3	**1.79 (0.11 to 3.65)**
Self-help with support	105	2	**1.76 (0.08 to 3.48)**
Counselling	150	6	**1.71 (0.51 to 2.98)**
Attention placebo	23	1	1.38 (-1.63 to 4.56)
TF-CBT group 8-12 sessions	67	3	0.93 (-0.74 to 2.53)
Psychoeducation	28	1	-0.76 (-4.61 to 2.99)
Waitlist	625	23	Reference

CrI: credible intervals; EMDR: eye movement desensitisation reprocessing; IPT: interpersonal psychotherapy; LOR: log-odds ratio; SSRI: selective serotonin reuptake inhibitor; TF-CBT: trauma-focused cognitive behavioural therapy

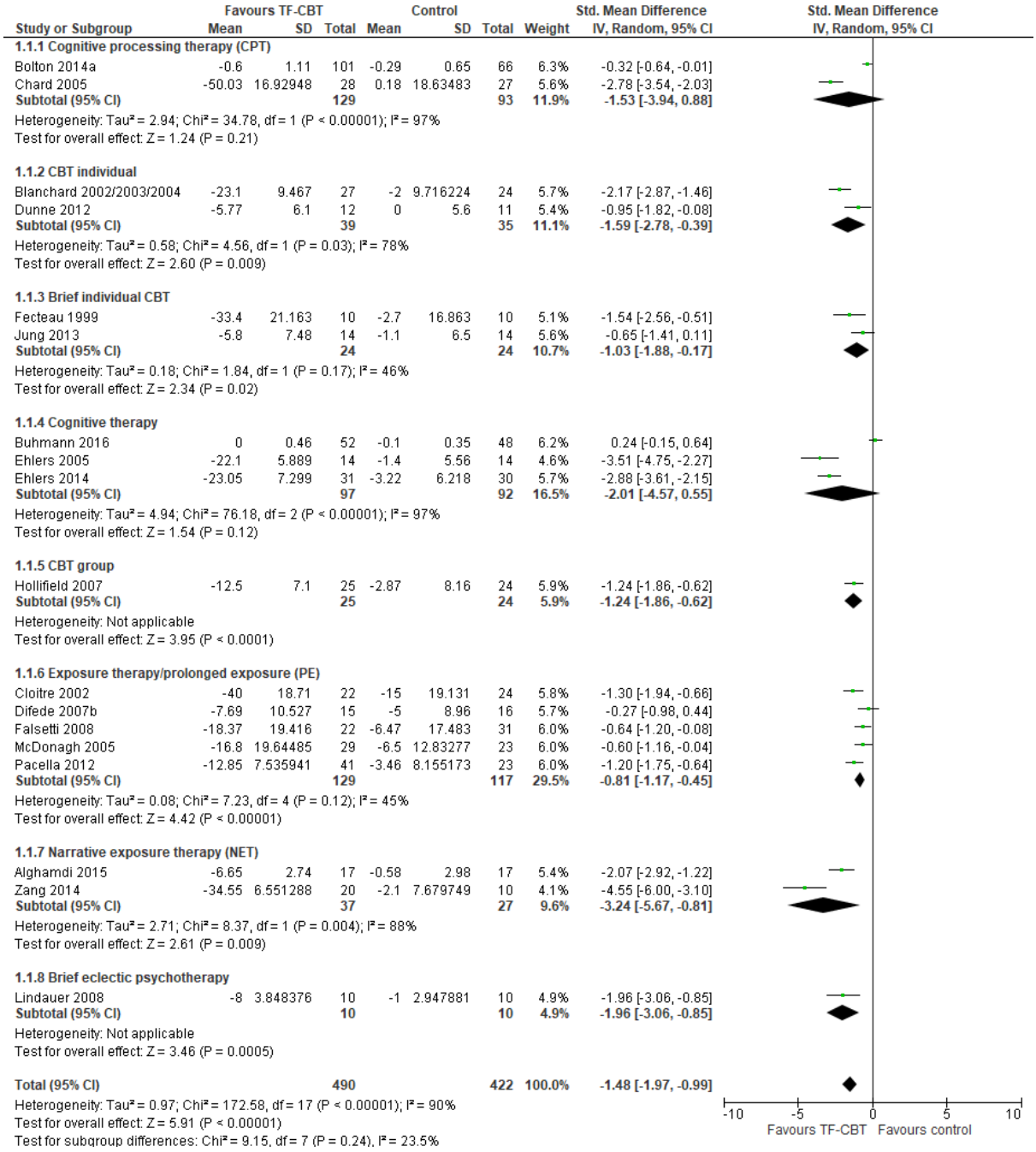
k: number of randomised controlled trials (RCTs) that assessed each intervention; N: number randomised to each treatment across RCTs

Positive values indicate a better effect for the intervention compared with the reference treatment (waitlist).

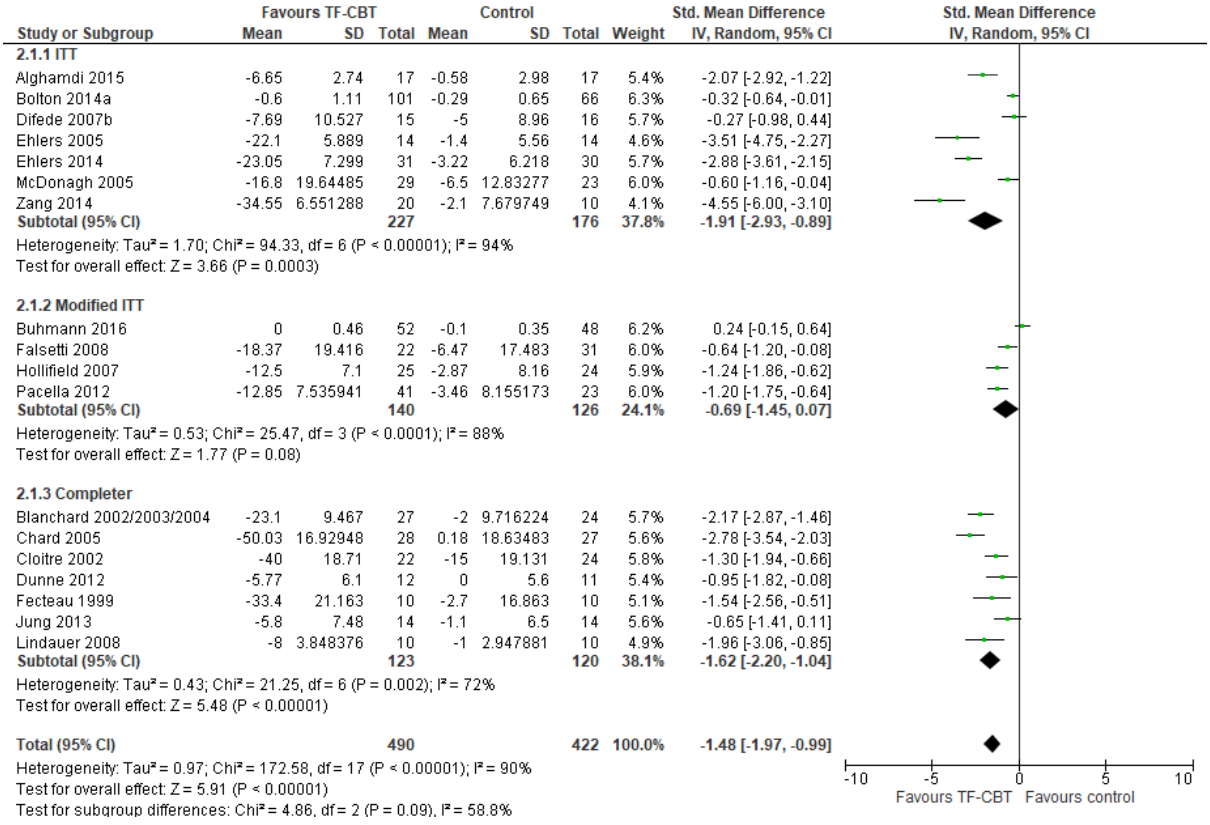
In bold effects where the 95% CrI do not cross the line of no effect (LOR=0)

Appendix 13: Pairwise sub-analyses

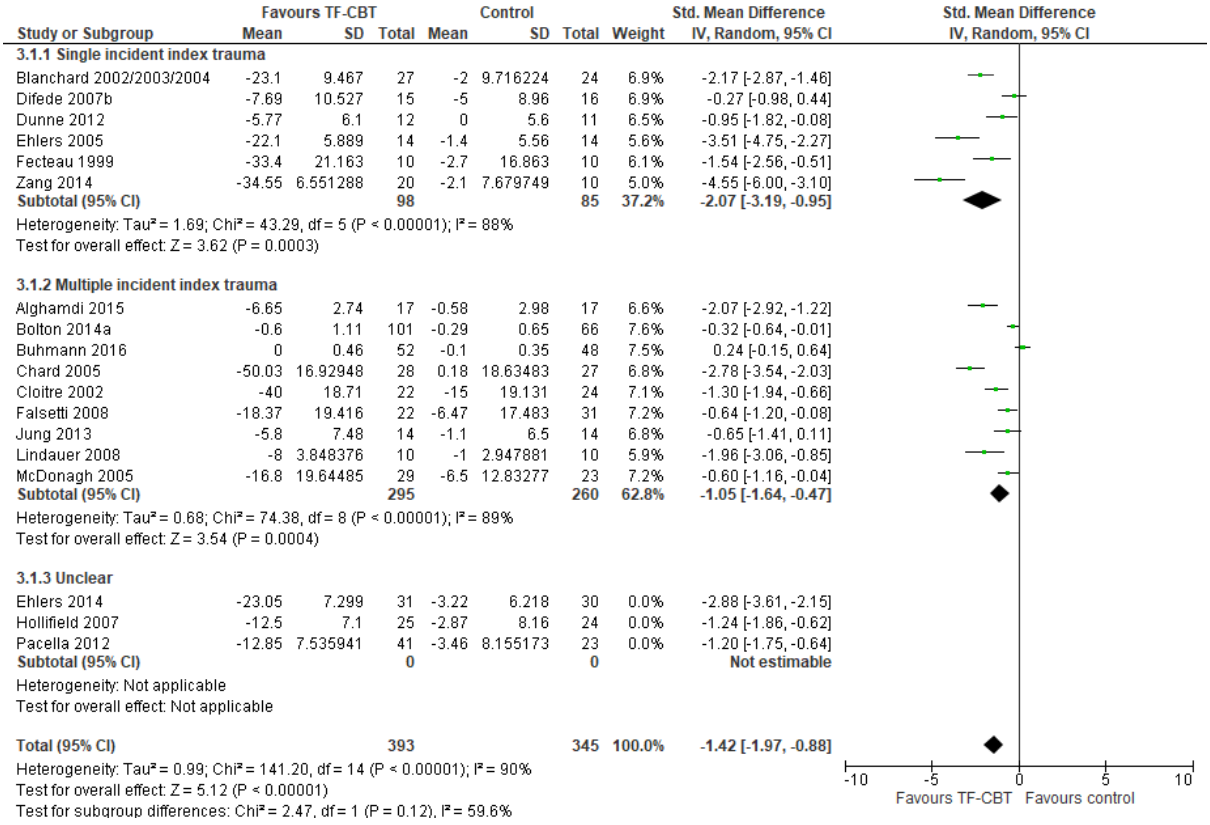
A. Trauma-focused CBT versus waitlist – PTSD symptom scores between baseline and treatment endpoint: Sub-analysis by specific TF-CBT intervention



B. Trauma-focused CBT versus waitlist – PTSD symptom scores between baseline and treatment endpoint: Sub-analysis by method of analysis (intention to treat [ITT] or completer)



C. Trauma-focused CBT versus waitlist – PTSD symptom scores between baseline and treatment endpoint: Sub-analysis by multiplicity of trauma



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