



**Technical Brief
Number 32**

Pharmacologic and Nonpharmacologic Treatments for Posttraumatic Stress Disorder: Groundwork for a Publicly Available Repository of Randomized Controlled Trial Data



Pharmacologic and Nonpharmacologic Treatments for Posttraumatic Stress Disorder: Groundwork for a Publicly Available Repository of Randomized Controlled Trial Data

Prepared for:

Agency for Healthcare Research and Quality
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857
www.ahrq.gov

Contract No. 290-2015-00009-I

Prepared by:

Pacific Northwest Evidence-based Practice Center
Portland, OR

Investigators:

Maya O'Neil, Ph.D.
Marian McDonagh, Pharm.D.
Frances Hsu, M.S.
Tamara Cheney, M.D.
Kathleen Carlson, Ph.D., M.S.
Rebecca Holmes, M.D., M.S.
Shaun Ramirez, M.P.H.
Erica Hart, M.S.T.
Katrina Murphy, B.S.
Elaine Graham, M.L.S.
Roger Chou, M.D.

AHRQ Publication No. 19-EHC018-EF
May 2019

Key Messages

Purpose

The purpose of this project was to identify and abstract data from randomized controlled trials (RCTs) of posttraumatic stress disorder (PTSD) interventions to support the development of a publicly accessible data repository by the National Center for Posttraumatic Stress Disorder.

Key Messages

- We abstracted data from 318 RCTs, including psychotherapeutic interventions (55%), pharmacologic interventions (30%), and complementary and integrative or nonpharmacologic biological treatments (15%).
- Studies included community (57%) and military/veteran (43%) populations.
- Less than half of the studies reported on the loss of PTSD diagnosis or clinically meaningful response/remission of symptoms. Reporting was incomplete for many data elements.
- Information on gaps in the evidence may inform future research.

This report is based on research conducted by the Pacific Northwest Evidence-based Practice Center (EPC) under contract to the Agency for Healthcare Research and Quality (AHRQ), Rockville, MD (Contract No. 290-2015-00009-I). The findings and conclusions in this document are those of the authors, who are responsible for its contents; the findings and conclusions do not necessarily represent the views of AHRQ. Therefore, no statement in this report should be construed as an official position of AHRQ or of the U.S. Department of Health and Human Services.

None of the investigators have any affiliations or financial involvement that conflicts with the material presented in this report.

The information in this report is intended to help healthcare decision makers—patients and clinicians, health system leaders, and policymakers, among others—make well-informed decisions and thereby improve the quality of healthcare services. This report is not intended to be a substitute for the application of clinical judgment. Anyone who makes decisions concerning the provision of clinical care should consider this report in the same way as any medical reference and in conjunction with all other pertinent information, i.e., in the context of available resources and circumstances presented by individual patients.

This report is made available to the public under the terms of a licensing agreement between the author and the Agency for Healthcare Research and Quality. This report may be used and reprinted without permission except those copyrighted materials that are clearly noted in the report. Further reproduction of those copyrighted materials is prohibited without the express permission of copyright holders.

AHRQ or U.S. Department of Health and Human Services endorsement of any derivative products that may be developed from this report, such as clinical practice guidelines, other quality enhancement tools, or reimbursement or coverage policies, may not be stated or implied.

This report may periodically be assessed for the currency of conclusions. If an assessment is done, the resulting surveillance report describing the methodology and findings will be found on the Effective Health Care Program website at www.effectivehealthcare.ahrq.gov. Search on the title of the report.

Persons using assistive technology may not be able to fully access information in this report. For assistance contact EPC@ahrq.hhs.gov.

Suggested citation: O’Neil M, McDonagh M, Hsu F, Cheney T, Carlson K, Holmes R, Ramirez S, Hart E, Murphy K, Graham E, Chou R. Pharmacologic and Nonpharmacologic Treatments for Posttraumatic Stress Disorder: Groundwork for a Publicly Available Repository of Randomized Controlled Trial Data. Technical Brief No. 32. (Prepared by the Pacific Northwest Evidence-based Practice Center under Contract No. 290-2015-00009-I.) AHRQ Publication No. 19-EHC018-EF. Rockville, MD: Agency for Healthcare Research and Quality; May 2019. Posted final reports are located on the Effective Health Care Program [search page](#). DOI: <https://doi.org/10.23970/AHRQEPCTB32>.

Preface

The Agency for Healthcare Research and Quality (AHRQ), through its Evidence-based Practice Centers (EPCs), sponsors the development of evidence reports and technology assessments to assist public- and private-sector organizations in their efforts to improve the quality of healthcare in the United States. The U.S. Department of Veterans Affairs requested this report from the EPC Program at AHRQ. The reports and assessments provide organizations with comprehensive, science-based information on common, costly medical conditions and new healthcare technologies and strategies. The EPCs systematically review the relevant scientific literature on topics assigned to them by AHRQ and conduct additional analyses, when appropriate, prior to developing their reports and assessments.

This EPC evidence report is a Technical Brief. A Technical Brief is a rapid report, typically on an emerging medical technology, strategy, or intervention. It provides an overview of key issues related to the intervention—for example, current indications, relevant patient populations and subgroups of interest, outcomes measured, and contextual factors that may affect decisions regarding the intervention.

This Technical Brief includes data abstracted from published randomized controlled trials on interventions for posttraumatic stress disorder. These data were adapted to support the development of a publicly available repository by the National Center for Posttraumatic Stress Disorder.

AHRQ expects that the EPC evidence reports and technology assessments will inform individual health plans, providers, and purchasers, as well as the healthcare system as a whole, by providing important information to help improve healthcare quality.

If you have comments on this Technical Brief, they may be sent by mail to the Task Order Officer named below at: Agency for Healthcare Research and Quality, 5600 Fishers Lane, Rockville, MD 20857, or by email to epc@ahrq.hhs.gov.

Gopal Khanna, M.B.A.
Director
Agency for Healthcare Research and Quality

Arlene S. Bierman, M.D., M.S.
Director, Center for Evidence and Practice
Improvement
Agency for Healthcare Research and Quality

Stephanie Chang, M.D., M.P.H.
Director
Evidence-based Practice Center Program
Center for Evidence and Practice
Improvement
Agency for Healthcare Research and Quality

Kim Marie Wittenberg, M.A.
Task Order Officer
Evidence-based Practice Center Program
Center for Evidence and Practice
Improvement
Agency for Healthcare Research and Quality

Sonya B. Norman, Ph.D.
PTSD Consultation Program Director
National Center for Posttraumatic Stress
Disorder
Department of Veterans Affairs

Jessica L. Hamblen, Ph.D.
Deputy for Education
National Center for Posttraumatic Stress
Disorder
Department of Veterans Affairs

Juliette M. Harik, Ph.D.
Psychologist
National Center for Posttraumatic Stress
Disorder
Department of Veterans Affairs

Acknowledgments

The authors gratefully acknowledge the following individuals for their contributions to this project: Tracy Dana, M.L.S., for assistance with the literature search and data abstraction; Misty Carrillo, M.L.I.S., for peer review of the literature search strategies; Leah Williams, B.S., for editorial support; Kim Peterson, M.S., for assistance in designing the evidence tables; Melissa Fulton, B.S., for administrative assistance; and Ian Blazina, M.P.H., for assistance with data abstraction.

Technical Expert Panel

In designing the research methodology (e.g., inclusion criteria and elements for abstraction) at the outset of this report, the EPC consulted several technical and content experts. Broad expertise and perspectives were sought. Divergent and conflicting opinions are common and perceived as healthy scientific discourse that results in a thoughtful, relevant Technical Brief. Therefore, in the end, decisions on methodologic approaches for searching for and determining eligibility of studies for inclusion, and the elements of each included study that were abstracted in this work do not necessarily represent the views of individual technical and content experts.

Technical Experts must disclose any financial conflicts of interest greater than \$5,000 and any other relevant business or professional conflicts of interest. Because of their unique clinical or content expertise, individuals with potential conflicts may be retained. The Task Order Officer (TOO) and the EPC work to balance, manage, or mitigate any potential conflicts of interest identified.

The list of Technical Experts who provided input to this report follows:

Susan Borja, Ph.D.*
Program Chief, Dimensional Measurement
and Intervention Program, Traumatic Stress
Program, Division of Translational Research
National Institute of Mental Health
Rockville, MD

Anke Ehlers, Dipl.-Psych., Ph.D., Dr. rer.
nat. habil., C.Clin.Psychol.*
Co-Director, Oxford Centre for Anxiety
Disorders and Trauma, Professor of
Experimental Psychopathology, and
Wellcome Trust Principal Research Fellow,
Department of Experimental Psychology,
Medical Sciences Division
University of Oxford
Oxford, UK

Edna Foa, Ph.D.
Director, Center for the Treatment and
Study of Anxiety
Professor, Clinical Psychology in
Psychiatry, Perelman School of Medicine
University of Pennsylvania
Philadelphia, PA

Ariel Lang, Ph.D., M.P.H.
Acting Director, VA Center of Excellence
for Stress and Mental Health
VA San Diego Healthcare System
Professor in Residence, Psychiatry
Adjunct Professor, Family Medicine and
Public Health,
University of California, San Diego
San Diego, CA

Murray Raskind, M.D., MRM
Professor and Vice Chair
Psychiatry and Behavioral Sciences
University of Washington
VA Puget Sound Health Care System
Seattle, WA

Sheila A.M. Rauch, Ph.D., ABPP*
Psychiatry and Behavioral Sciences
Emory University
VA Atlanta Healthcare System
Atlanta, GA

Patricia Resick, Ph.D., ABPP
Professor
Psychiatry and Behavioral Sciences,
Translational Neuroscience, School of
Medicine
Duke University Medical Center
Durham, NC

Todd Semla, Pharm.D.*
Clinical Associate Professor
General Internal Medicine and Geriatrics,
Psychiatry and Behavioral Sciences,
Feinberg School of Medicine
Northwestern University
Chicago, IL

Jeffrey Sonis, M.D., M.P.H.
Associate Professor
Family Medicine, Social Medicine
University of North Carolina
Chapel Hill, NC

Farris Tuma, Sc.D., M.H.S.
Health Scientist Administrator Chief
Traumatic Stress Disorders Research
Program, Division of Translational Research
National Institute of Mental Health
Bethesda, MD

*Provided input on draft report.

Peer Reviewers

Prior to publication of the final evidence report, the EPC sought input from independent Peer Reviewers without financial conflicts of interest. However, the conclusions and synthesis of the scientific literature presented in this report do not necessarily represent the views of individual reviewers.

Peer Reviewers must disclose any financial conflicts of interest greater than \$5,000 and any other relevant business or professional conflicts of interest. Because of their unique clinical or content expertise, individuals with potential nonfinancial conflicts may be retained. The TOO and the EPC work to balance, manage, or mitigate any potential nonfinancial conflicts of interest identified.

The list of Peer Reviewers follows:

Laura Fochtmann, M.D., M.B.I.
SUNY Distinguished Service Professor
Departments of Psychiatry, Pharmacological
Sciences and Biomedical Informatics
Stony Brook University
Stony Brook, NY

Daniel E. Jonas, M.D., M.P.H.
Associate Professor of Medicine, Section
Chief for Research
Division of General Medicine and Clinical
Epidemiology
University of North Carolina
Chapel Hill, NC

Pharmacologic and Nonpharmacologic Treatments for Posttraumatic Stress Disorder: Groundwork for a Publicly Available Repository of Randomized Controlled Trial Data

Structured Abstract

Background. Posttraumatic stress disorder (PTSD) reduces quality of life and functioning. People with PTSD have symptoms such as intrusive thoughts, nightmares, flashbacks, avoidance of trauma-related stimuli, negative beliefs about themselves and/or others, and hypervigilance. The symptoms may be due to direct or indirect exposure to trauma, such as witnessing actual or threatened death, injury, or violence, including sexual violence and threats of harm. Although recent clinical practice guidelines and reviews exist, providing a single, updatable source of PTSD treatment trials would be useful for clinicians, researchers, and policymakers.

Purpose. To provide detailed information on PTSD treatment research, we systematically abstracted data from randomized controlled trials (RCTs) of PTSD interventions. The National Center for Posttraumatic Stress Disorder (NCPTSD) intends to use the data to develop a publicly available data repository. The NCPTSD is part of the U.S. Department of Veterans Affairs.

Data sources. We searched PTSDpubs (formerly PILOTS), Ovid® MEDLINE®, Cochrane CENTRAL, PsycINFO®, Embase®, CINAHL®, and Scopus® for eligible RCTs and reviewed reference lists of selected systematic reviews and clinical practice guidelines.

Methods. In consultation with NCPTSD, we established inclusion criteria for RCTs and specific data elements to be abstracted. We dually reviewed citations from the literature search, and then the full text of potentially includable articles for eligibility, resolving any disagreements using consensus. One team member abstracted data from included RCTs into evidence tables, and a second reviewer checked abstracted data for accuracy and completeness. The primary publication for each RCT was abstracted; data and citations from any secondary publications (i.e., companion papers) appear in the same record.

Findings. We identified 318 RCTs of PTSD interventions for abstraction (106 pharmacologic studies and 212 nonpharmacologic studies) published from 1988 to 2018, with a peak number of publications (31) in 2015. Psychotherapeutic interventions were the most commonly studied (55%), whereas 30 percent evaluated pharmacologic interventions. Most studies were conducted in the United States (61%), and most had sample sizes in the range of 25 to 100 participants (60% of studies), with a relatively small number of studies enrolling fewer than 25 participants (18%). More studies enrolled participants from a community population (57%) than from a military, veteran, or other population, and the majority of studies were conducted in the outpatient setting (67%). Studies most often enrolled participants with a mix of trauma types (51%), followed by studies of participants with combat-related trauma (20%).

Although there was wide variation, the most commonly used PTSD assessment methods were the Clinician-Administered PTSD Scale (CAPS) and the Structured Clinical Interview for DSM (SCID). Less than half of the studies reported loss of PTSD diagnosis or clinically meaningful

response/remission of symptoms. Several other data elements were infrequently reported, including the number of participants with a history of traumatic brain injuries and the number of trauma types.

Conclusions. The data abstracted from 318 RCTs of treatments for PTSD can be used to create a publicly available data repository. By identifying important gaps in the research, such a data repository can inform future study design and conduct.

Contents

Executive Summary	ES-1
Introduction.....	1
Background	1
Guiding Questions	2
PICOTS	2
Methods.....	4
Criteria for Inclusion/Exclusion of Studies.....	4
Literature Search Strategy.....	5
Technical Expert Panel, Peer Review, and Public Comment	6
Data Abstraction and Data Management	7
Findings.....	8
Results of Literature Searches	8
Included Studies.....	9
Characteristics of Included Studies.....	9
Summary and Implications.....	18
Next Steps	19
References	20
Abbreviations and Acronyms	45

Tables

Table 1. Inclusion and exclusion criteria	4
Table 2. Pharmacologic intervention examples	5
Table 3. Nonpharmacologic intervention categories with examples	6
Table 4. Number of studies reporting data element of interest.....	17
Table 5. Lack of reporting by evidence category	17

Figures

Figure 1. Literature flow diagram	8
Figure 2. Distribution of included publications by year (N=318)	10
Figure 3. Distribution of treatment arms by VA/DoD CPG intervention category	11
Figure 4. Studies by sample size.....	12
Figure 5. Distribution of included studies by country	13
Figure 6. Distribution of included studies by population type.....	14
Figure 7. Distribution of included studies by clinical setting	14
Figure 8. Distribution of included studies by trauma type.....	15
Figure 9. Distribution of included studies by PTSD assessment method	169

Appendixes

Appendix A. Literature Search Strategies
Appendix B. Data Abstraction Guide for Posttraumatic Stress Disorder Randomized Clinical Trials
Appendix C. Included Studies
Appendix D. Excluded Studies

Appendix E. Evidence Table—Pharmacologic Studies
Appendix F. Evidence Table—Nonpharmacologic Studies

Executive Summary

Background

The purpose of this project was to identify and abstract data from randomized controlled trials of treatments for posttraumatic stress disorder (PTSD). The National Center for Posttraumatic Stress Disorder (NCPTSD) intends to use the data to develop a publicly available data repository of randomized controlled trials of PTSD treatments.

People who have experienced direct or indirect exposure to trauma, such as witnessing actual or threatened death, injury, or violence, including sexual violence and threats of harm, may develop PTSD. People with PTSD can present with a diverse collection of symptoms such as intrusive thoughts, nightmares, flashbacks, avoidance of trauma-related stimuli, negative beliefs about oneself and/or others, and hypervigilance. Untreated, these symptoms can last for years and reduce quality of life and functioning. While there are treatments that have been found to improve symptoms, there is not one single treatment known to be most effective, and selecting a treatment for a given patient can be fraught with uncertainty.

The NCPTSD data repository will serve multiple stakeholders and purposes—

- Support clinicians, policymakers, researchers, and patients and their families in selecting treatments, and understanding the benefits and harms of different treatments.
- Offer a place to search for evidence on specific interventions, including the participant characteristics and settings in which they have been studied (or identify which treatments have not been studied).
- Identify evidence gaps to determine research priorities, and serve as a data source for researchers to understand these gaps more fully as they design new research.

Methods

We consulted with the Agency for Healthcare Research and Quality (AHRQ); its sponsoring partner, the NCPTSD; and members of a multidisciplinary Technical Expert Panel to guide our work on this project. We searched multiple databases for eligible studies: PTSDpubs (formerly PILOTS), Ovid® MEDLINE®, Cochrane CENTRAL, PsycINFO®, Embase®, CINAHL®, and Scopus®. In addition, we reviewed reference lists of selected systematic reviews and clinical practice guidelines. With input from NCPTSD and from AHRQ, the EPC team established criteria to determine eligibility for inclusion and exclusion of studies. We abstracted data on population, study characteristics, and outcomes reported in the included studies into evidence tables. The evidence tables for this report are more detailed than the typical systematic review evidence tables in order to achieve the end goal of displaying information on PTSD treatment studies in a searchable and interactive repository that will be formatted for public availability. We devoted considerable time and attention to developing and documenting standard conventions for recording study data. This documentation supports consistent and comprehensive reporting of study data in the current project and potential future projects.

Findings

After reviewing 7,842 article abstracts and 1,101 full-text publications, we identified 318 randomized controlled trials that met inclusion criteria. Studies were published from 1988 to 2018, with increased volume in the past 10 years, particularly for nonpharmacologic intervention studies. Psychotherapeutic interventions were the most commonly studied (55% of studies),

whereas 33 percent evaluated pharmacologic interventions. The majority of studies were conducted in the United States (61%), and most had sample sizes in the range of 25 to 100 participants (60% of studies), with a relatively small number of studies enrolling fewer than 25 participants (18%). More participants were enrolled from a community population (57%) than from a military, veteran, or other population for both pharmacologic and nonpharmacologic intervention studies. The majority of studies were conducted in the outpatient setting (73%). Studies most often enrolled participants with a mix of trauma types (50%), followed by participants with combat-related trauma (19%).

Although there was wide variation, the most commonly used PTSD assessment methods were the Clinician-Administered PTSD Scale (CAPS), Structured Clinical Interview for DSM (SCID), and clinician-assessed Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria (55%). Less than half of the studies reported key outcomes of loss of PTSD diagnosis and clinically meaningful response/remission of symptoms. Only 16% of pharmacologic studies reported diagnosis change. In addition, several other data elements were infrequently reported in publications of both types of studies. For instance, history and mean number of traumatic events were reported in only a small number of nonpharmacologic (4%) and pharmacologic (19%) studies.

Next Steps

Future work to help support and expand the eventual NCPTSD repository may include adding either studies or outcomes and analyses that were not eligible to be included here. Conversion of the abstracted data into an interactive and searchable repository will be completed by the NCPTSD during a later phase of this project.

Introduction

Background

Posttraumatic stress disorder (PTSD) is characterized by symptoms such as intrusive thoughts, nightmares, flashbacks, avoidance of trauma-related stimuli, negative beliefs about self and/or others, and hypervigilance due to direct or indirect exposure to trauma such as witnessing actual or threatened death, injury, or violence including sexual violence/abuse and threats of harm.¹ PTSD has significant negative impacts on quality of life and functioning.² U.S. civilian 12-month and lifetime prevalence estimates of PTSD are 4.7 percent and 6.1 percent, respectively,³ compared to the lifetime prevalence of 6.9 percent in veterans.⁴ Slightly higher lifetime prevalence estimates are common among wartime veterans.⁵⁻⁷ In a RAND Corporation survey conducted in 2008, point-prevalence of PTSD among U.S. service members deployed in Operation Enduring Freedom or Operation Iraqi Freedom was 13.8 percent.⁸

In addition to being quite prevalent, PTSD is associated with a host of other health concerns. In multivariable models adjusting for age, race/ethnicity, sex, education, income, marital status, urbanicity, geographic region, and additional psychiatric disorders, PTSD was highly associated with comorbid anxiety, mood, and personality disorders in both civilians and veterans.^{3,4} PTSD is also associated with cardiovascular disease, arthritis, asthma, chronic pain, diabetes, bone and joint conditions, and gastrointestinal disorders,³ leading to high utilization of health services.

The prevalence of PTSD and its impact on health and healthcare utilization has prompted extensive research on effective ways to treat it. In 2017, the Department of Veterans Affairs (VA) and the Department of Defense (DoD) released an updated clinical practice guideline (CPG) on the treatment of PTSD.⁹ This CPG was based on literature available through March 2016, and it addressed pharmacologic and nonpharmacologic (including complementary and integrative health) interventions for PTSD.⁹ The CPG recommended individual, manualized trauma-focused psychotherapy with exposure and/or cognitive restructuring, such as prolonged exposure (PE), cognitive processing therapy (CPT), eye movement desensitization and reprocessing (EMDR), specific cognitive behavioral therapies (CBT) for PTSD, brief eclectic psychotherapy (BEP), narrative exposure therapy (NET), and written narrative exposure. If trauma-focused psychotherapy is not readily available or not preferred, the CPG recommended individual non-trauma-focused psychotherapy or pharmacotherapy. Currently, only the selective serotonin reuptake inhibitors (SSRIs) sertraline and paroxetine are approved by the U.S. Food and Drug Administration (FDA) for treatment of PTSD. However, the CPG recommended the SSRI fluoxetine and the serotonin-norepinephrine reuptake inhibitor (SNRI) venlafaxine as well.

The systematic review used to develop the CPG included many randomized controlled trials (RCTs); more recent RCTs have examined new populations, combinations of interventions, or different treatment durations or modalities.⁹⁻¹² Additional recent RCTs investigated new or emerging interventions such as pharmacotherapies effective for depression or other mental health disorders associated with PTSD, repetitive transcranial magnetic stimulation, and ketamine.^{13,14}

Whereas recent CPGs and reviews exist, providing a single, updatable source of PTSD treatment studies would be useful for clinicians, researchers, and policymakers. Therefore, the purpose of this project is to systematically identify and abstract data from RCTs of PTSD interventions to support development of a new data repository of PTSD treatment research. These data, when available as a publicly accessible data repository, as is planned by the National Center for PTSD (NCPTSD) through their website, could serve multiple stakeholders and purposes. For example, such a data repository could (1) provide policymakers with an up-to-date

accounting of evidence to facilitate quick and accurate responses to urgent government or media inquiries; (2) serve as a data source for future systematic reviews or meta-analyses; (3) identify research gaps to determine future research priorities on intervention harms or effectiveness; (4) provide the public with a place to search for evidence on interventions they or their loved ones are considering; (5) augment and inform the use of existing tools to assist in patient decision-making such as “AboutFace” videos on PTSD treatments,¹⁵ PTSD apps,¹⁶ or online decision aids available on the NCPTSD website;¹⁷ and (6) serve as a resource for clinicians who are seeking information on effectiveness of interventions for PTSD in patients with particular demographics or exposures.

To effectively serve a variety of stakeholders and purposes, a data repository of PTSD treatment research would need to take into account the nuance and complexity of the available research data on PTSD treatments. There are several challenges to reviewing and compiling the existing PTSD RCT literature in adequate detail to serve the aforementioned clinical, research, and policy purposes. For example, many PTSD trials evaluate complex (multicomponent) interventions (e.g., participants receiving multiple types of psychotherapy components comprising one intervention arm, or receiving both medication and psychotherapy).¹⁸ Another example of the complexity of PTSD RCTs relates to how PTSD is diagnosed in the studies. There are numerous methods of diagnosing PTSD that are not always consistent or validated. Only some are designed to diagnose PTSD (primarily structured clinical interviews such as the Clinician-Administered PTSD Scale [CAPS]¹⁹), whereas self-report questionnaires often use cutoffs as a proxy for diagnosis.²⁰ To address these and other challenges in the data reported in PTSD RCTs, development of a repository needs to be detailed enough to include relevant, unique data from each study, yet also be cohesive enough to compare data across studies. This Technical Brief, guided by the sponsoring partner, NCPTSD, is designed to take the first steps in developing this type of large-scale data repository. Because of the modified format of this Technical Brief project that primarily involved abstracting data from a very large number of studies rather than serving as the basis for scoping a future systematic review, the total number of included studies for this project was limited to a maximum of 400.

Guiding Questions

The Guiding Questions for this Technical Brief are:

1. What pharmacologic interventions have been studied for the treatment of PTSD (since 1980)?
2. What nonpharmacologic interventions have been studied for the treatment of PTSD (since 1980)?

PICOTS

The PICOTS (Population, Intervention, Comparator, Outcome, Timing, Setting, and Study design) framework was used to define the scope of the review, as outlined below. The publication dates of studies reviewed for this project are January 1, 1980 (the year PTSD first appeared in the Diagnostic and Statistical Manual of Mental Disorders [DSM]¹) to July 15, 2018.

- Population—Adults (≥ 18 years old) with PTSD (*DSM-III*, *DSM-III-R*, *DSM-IV*, *DSM-IV-TR*, *DSM-5*, *International Classification of Diseases, Ninth Revision (ICD-9)*, *ICD-10*).

- Interventions—Pharmacologic treatments (defined as any drug used to treat PTSD, whether approved by FDA for any use in the United States or not, including Drug Enforcement Administration (DEA) Schedule I drugs), nonpharmacologic treatments including complementary and integrative approaches, and combination of pharmacologic and nonpharmacologic treatments.
- Comparators—No restrictions on the type of comparator were applied. Direct (head-to-head) comparisons of interventions (Table 1) were included. We categorized waitlist/minimal attention, usual care, placebo, or other minimally active intervention (e.g., education or attention control) as “Control” interventions.
- Outcomes—PTSD outcomes including outcomes related to overall PTSD symptoms (e.g., change in total PTSD symptom severity score, diagnostic change, meaningful/reliable/clinically significant change); functional outcomes (e.g., social, family, vocational, education); return to school/work; comorbid psychiatric symptoms; quality of life; and adverse effects and other harms (e.g., sleep disturbance, agitation, mortality, and other serious adverse events, including harm to self or others); number who completed treatment; percent of total sessions attended; number who completed measurement; and method of handling of missing data.
- Timing—No restriction by length of intervention or length of followup.
- Settings—No restriction by location of either the provider or patient (e.g., military base, Veterans Affairs clinic, community clinic, intervention delivered via telehealth, inpatient, outpatient, residential).
- Study Design—RCTs.

Methods

This Technical Brief follows applicable methods guidance from the Agency for Healthcare Research & Quality (AHRQ) Methods Guide for Effectiveness and Comparative Effectiveness Reviews.²¹ The full protocol for this project contains a detailed description of the methods and is available at the AHRQ Effective Health Care website (<http://effectivehealthcare.ahrq.gov/index.cfm>).

Criteria for Inclusion/Exclusion of Studies

The criteria for inclusion and exclusion of studies (Table 1) are based on the Guiding Questions and are consistent with the Population, Interventions, Comparators, Outcomes, Timing, Settings, and Study Design (PICOTS).

Table 1. Inclusion and exclusion criteria

Category	Inclusion Criteria	Exclusion Criteria
Population	Adults (≥18 years old) with a PTSD diagnosis (DSM-III, DSM-III-R, DSM-IV, DSM-IV-TR, DSM-5, ICD-9, or ICD-10) diagnosed by a clinician or through the administration of a validated clinician-administered or patient-reported assessment tool	Children (<18 years old) Diagnosis of acute stress disorder Studies that do not specify criteria used to diagnose PTSD Sample population <80% of participants diagnosed with PTSD
Interventions	Pharmacologic treatments—studies with any pharmacologic component, whether singly, in combination with other treatment categories, or compared with another intervention category Nonpharmacologic treatments—interventions without any pharmacologic component; including complementary and integrative approaches, nonpharmacologic biological treatments, and psychotherapeutic treatments	Interventions designed to simultaneously treat PTSD and comorbid conditions if they cannot be standalone PTSD interventions (i.e., interventions targeting PTSD and a comorbidity such as depression are included if the intervention can be a treatment for PTSD alone) Interventions designed to prevent PTSD
Comparators	No limitations applied. Direct head-to-head comparison of PTSD interventions were included. Interventions such as waitlist/minimal attention, usual care, placebo, or other minimally-active treatment (e.g., education or attention control) were categorized as “Controls”	None
Outcomes	Any overall PTSD outcome	Studies reporting only individual symptoms or symptom clusters without overall PTSD outcome
Timing	Any study duration and length of followup	None
Settings	All	None
Study Design	Randomized controlled trials	Studies that do not have a randomized controlled trial design. Selected systematic reviews will be considered as reference sources for studies to be reviewed for possible inclusion; however, data will be abstracted from individual studies, rather than from systematic reviews.
Publication Language and Dates	English language articles 1980 to present	Non-English language articles Unpublished data Publication date prior to 1980

DSM = Diagnostic and Statistical Manual of Mental Disorders; PTSD = posttraumatic stress disorder, ICD = International Classification of Diseases

Literature Search Strategy

Multiple databases were searched: PTSDpubs (formerly PILOTS), Ovid®, MEDLINE®, PsycINFO®, Cochrane CENTRAL, Embase®, CINAHL®, and Scopus® through July 15, 2018. Search strategies for PTSDpubs and MEDLINE are provided in Appendix A. The search strategies were developed and conducted by the Pacific Northwest Evidence-based Practice Center (EPC) librarian and peer reviewed by the National Center for PTSD (NCPTSD) librarian. A gray literature (unpublished, or published in sources other than the medical literature) search was not conducted. Due to the nature of the project, an AHRQ portal for submission of Supplemental Evidence And Data for Systematic review (SEADS) was not requested.

NCPTSD identified 20 studies²²⁻⁴¹ (“exemplars”) that were expected to be screened for inclusion in the technical brief and that highlighted challenging decision points in reviewing the literature on posttraumatic stress disorder (PTSD) treatment RCTs. In addition, studies included in the Veterans Affairs/Department of Defense (VA/DoD) clinical practice guideline⁹ and in the recent AHRQ review of PTSD⁴² were identified for review.

PICOTS and criteria in Table 1 were used to determine eligibility for inclusion and exclusion of citations (title/abstract review) as well as for full-text inclusion. Tables 2 and 3 illustrate the range of interventions that might be included. Due to the breadth of interventions for (PTSD) this list is not comprehensive and some interventions may not be included here. For studies deemed potentially includable at the title/abstract review stage, the full-text was pulled. Each full-text article was independently reviewed for eligibility, and disagreements were resolved by consensus of the team. No additional articles were suggested by peer reviewers or during the public comment period of the draft report.

Table 2. Pharmacologic intervention examples^a

Pharmacologic Treatments
<ul style="list-style-type: none">• Antiadrenergic drugs (e.g., clonidine, guanfacine, propranolol)• Antidepressants (e.g., SSRIs, SNRIs, TCAs, MAOIs, other)• Antipsychotics (1st and 2nd generation)• Benzodiazepines• Cannabinoids (e.g., cannabidiol, dronabinol, tetrahydrocannabinol)• Mood stabilizers (e.g., anticonvulsants, lithium)• Psychostimulants (e.g., MDMA, amphetamine, methylphenidate, modafanil)• Sedatives (e.g., diphenhydramine, eszopiclone)• Steroids (e.g., dehydroepiandrosterone, hydrocortisone)• Miscellaneous (e.g., D-cycloserine, ketamine, mifepristone, others)

^aAdapted from the Department of Veterans Affairs and the Department of Defense Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder. Version 3.0; 2017.⁹

MAOI = monoamine oxidase inhibitor; MDMA = 3,4-methylenedioxy-methamphetamine; SNRI = serotonin and norepinephrine reuptake inhibitor; SSRI = selective serotonin reuptake inhibitor; TCA = tricyclic antidepressant.

Table 3. Nonpharmacologic intervention categories with examples^a

Nonpharmacologic Biological Treatments	Complementary and Integrative Treatments	Psychotherapeutic Treatments
<ul style="list-style-type: none"> • Biofeedback (including neurofeedback) • Convulsive therapy • Electric shock therapy • Electroconvulsive therapy (ECT) • Hyperbaric oxygen therapy (HBOT) • Repetitive transcranial magnetic stimulation (TMS) • Shock therapy • Stellate ganglion block (SGB) • Vagal nerve stimulation (VNS) 	<ul style="list-style-type: none"> • Acupuncture • Animal-assisted therapy • Art therapy • Dietary supplements • Drama therapy • Exercise therapy (e.g., dance) • Homeopathy • Mantram • Meditation (including mindfulness) • Movement therapy • Music therapy • Natural products (e.g., ginkgo biloba, herbs) • Phytotherapy • Progressive muscle relaxation • Psychodrama • Recreational therapies (e.g., drama, fishing, sailing) • Tai Chi • Tai Ji • Yoga 	<ul style="list-style-type: none"> • Behavioral activation • Brief eclectic psychotherapy • Cognitive behavioral therapy (CBT) • Cognitive processing therapy (CPT) • Couples therapy • Eye movement desensitization and reprocessing (EMDR) • Interpersonal therapy (IPT) • Present-centered therapy • Prolonged exposure (PE) • Psychoanalysis • Stress inoculation therapy • Supportive counseling • Traditional psychotherapy • Written exposure therapy

^aAdapted from the Department of Veterans Affairs and the Department of Defense Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder. Version 3.0; 2017.⁹

Technical Expert Panel, Peer Review, and Public Comment

The Evidence-based Practice Center (EPC) convened a multidisciplinary Technical Expert Panel (TEP) whose members represented a range of clinical and research perspectives on PTSD treatments, including pharmacologic and nonpharmacologic interventions and combination therapies. Three conference calls were held in April and May 2018. The Technical Experts were invited to review the draft protocol and provide feedback. The following are examples of questions posed to the group.

1. Please review the PICOTS and inclusion/exclusion criteria in the attached protocol. Do you have any questions or feedback about these?
2. Given that the scope of the project is limited to 400 studies, we may not be able to include all of the available randomized controlled trials (RCTs). Which types of evidence are more/less important to include at this stage (e.g., based on timing of study, clinical population or group, outcomes reported, time point of outcome assessment, or sample size)?
3. Can you comment on new or “emerging” interventions that we should include and also on interventions that are no longer relevant that we should not include?
4. Are there any particularly complex or confusing issues we should be aware of or can plan for during the data abstraction process?
5. What are your ideas about future uses for this type of database?

Based on the open-ended questions that we posed to the TEP members, we received input that ultimately helped to shape the final scope, eligibility criteria, and components of data abstraction for this project. For example, we did not institute a sample size threshold for

inclusion given feedback that many psychotherapeutic treatment trials, older trials, and trials investigating emerging interventions have small samples. Similarly, we did not exclude older studies from the data set.

In response to TEP feedback, we augmented the data abstraction template to include sexual orientation, ethnicity (separately from race), previous posttraumatic stress disorder (PTSD) treatment, inclusion/exclusion of suicidal participants, psychotherapist level of training, type of index trauma, duration since trauma (or illness), and mean number of trauma types and events experienced, and definition of PTSD diagnosis (e.g., DSM-IV, DSM-5, ICD-10). These elements help to portray study characteristics that will allow stakeholders to identify studies relevant to their areas of interest.

Although abstraction of symptom cluster outcomes may be helpful, we could not accommodate this due to time and resource constraints. However, as a compromise and to prepare for possible future stages of this project, we indicated which studies reported item- and symptom-level outcomes. While individual participant-level data, additional data elements (e.g., symptom-level data and treatment fidelity for psychotherapy interventions), other study designs (e.g., nonrandomized trials, unpublished trials), and quality or risk-of-bias assessment for included studies may also be desirable we could not incorporate or address these elements in this current work plan, and these are potential additions for any future expansion of this project.

A draft of this report was distributed to peer reviewers, and all TEP members were invited to comment as well. A revised draft was subsequently posted on the AHRQ website for public comment. The EPC team carefully considered all comments received and made appropriate revisions for the final report.

Data Abstraction and Data Management

We constructed two evidence tables identifying the study characteristics and results of interest for all included studies. The evidence tables were developed using Microsoft Excel® and include components from the statement of work and additional elements based on discussions with NCPTSD representatives and the Technical Expert Panel. The NCPTSD partner reviewed and approved updates and changes to the evidence tables at weekly meetings with AHRQ Task Order Officers and the EPC investigators. Future plans for converting the abstracted data into a searchable and interactive repository will be handled by NCPTSD.

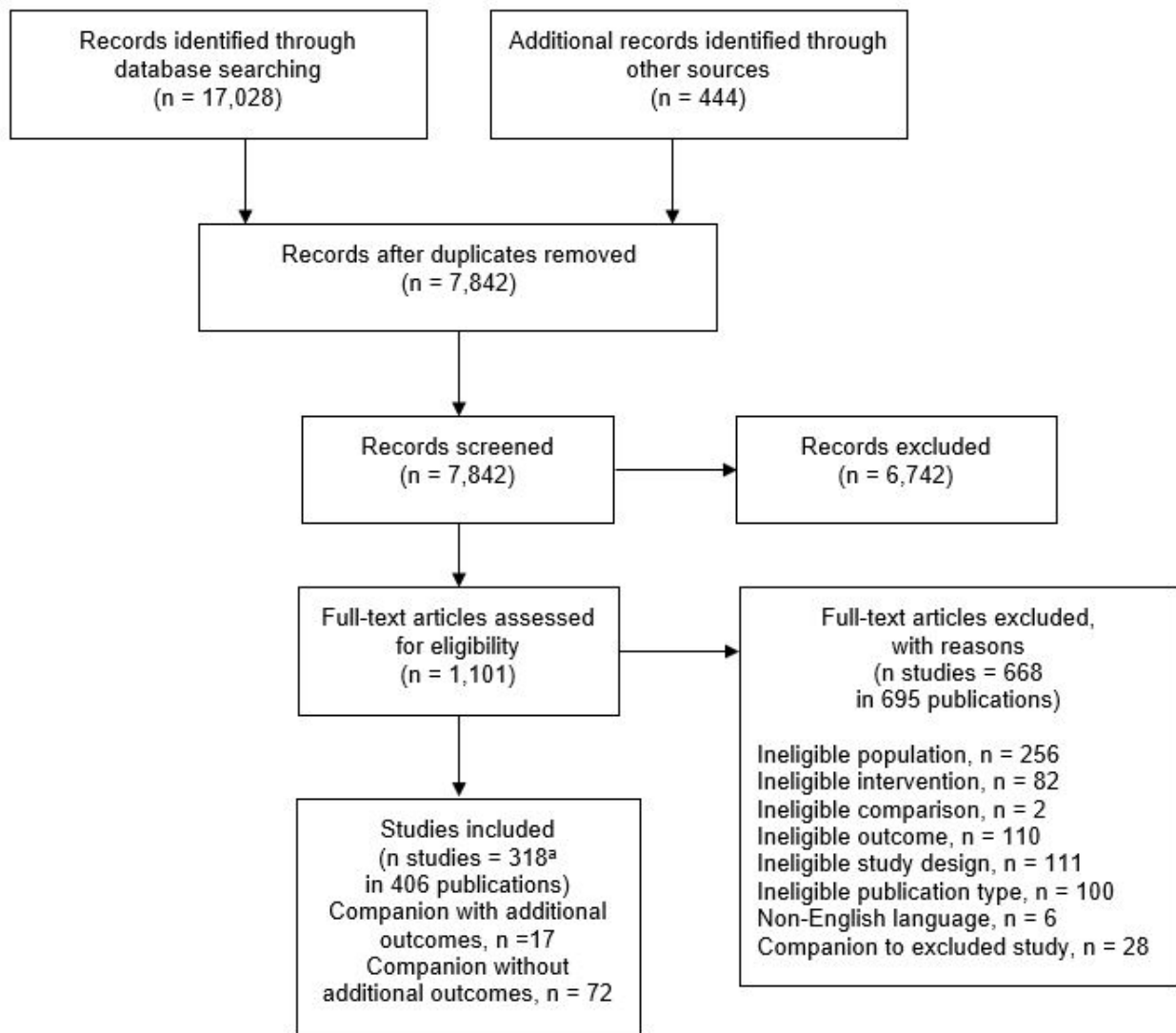
After studies were deemed to meet inclusion criteria, team members abstracted the study design, year, setting, country, sample size, eligibility criteria, study characteristics, population characteristics, intervention characteristics, results relevant to the Guiding Questions, and sources of funding, following instructions in the project data abstraction guide (Appendix B). A senior team member verified data abstracted from included studies (listed in Appendix C) for accuracy and completeness. A record of studies excluded at the full-text level with reasons for exclusion was maintained (Appendix D). Risk of bias (quality assessment) was not conducted.

Findings

Results of Literature Searches

The search and selection of articles are summarized in the literature flow diagram (Figure 1). Database searches and examination of other sources resulted in 7,842 potentially relevant articles. After review of abstracts and titles, 1,101 articles were selected for full-text review, and 318 studies were determined to meet inclusion criteria and were designated for data abstraction. Reasons for exclusion of studies were ineligible population, intervention, outcomes, study design, publication type, and foreign language articles.

Figure 1. Literature flow diagram



^a Badura-Brack, 2015¹ is a single publication that includes 2 studies

Included Studies

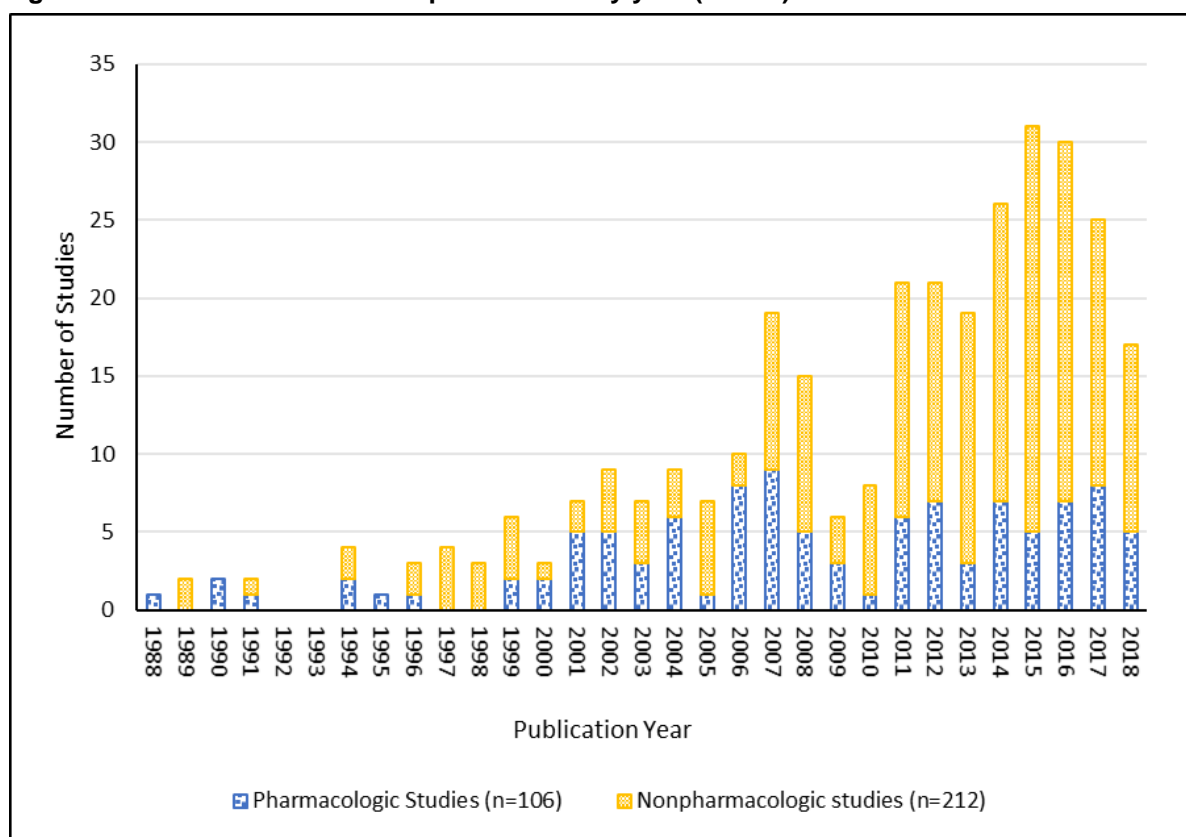
We identified 318 randomized controlled trials (RCTs) of interventions for posttraumatic stress disorder (PTSD) as includable and designated for data abstraction. The included studies list appears in Appendix C. Appendix D lists studies excluded upon full-text review and documents the reasons for exclusion.

The evidence tables (Appendixes E and F) for this report present detailed information on study and population characteristics and study outcomes for 106 studies of pharmacologic interventions^{25,27,34,40,41,43-143} (Appendix E) and 212 studies of nonpharmacologic interventions, which included nonpharmacologic biological treatments, complementary and integrative treatments, and psychotherapeutic treatments^{22,23,26,28,30-32,35,36,38,144-344} (Appendix F). Studies with any pharmacologic treatment component, whether singly (e.g., pharmacologic vs. placebo), in combination with treatment in another category (e.g., psychotherapy plus pharmacologic treatment vs. psychotherapy plus pill placebo), or directly compared with another intervention category (e.g., pharmacologic treatment vs. psychotherapeutic treatment), were all included in the pharmacologic evidence table. This classification stems from the observation that most studies with a pharmacologic component examined the potential additional benefits of the pharmacologic component or arm (e.g., as a standalone arm or as an augmentation or add-on to another intervention). Studies without any pharmacologic arm were categorized into the nonpharmacologic table. The National Center for Posttraumatic Stress Disorder (NCPTSD) identified 20 studies as exemplars to be considered in designing and testing the screening criteria and evidence table template,²²⁻⁴¹ of which 15 studies are included in the evidence tables.^{22,23,25-28,30-32,34-36,38,40,41} Of the 20 exemplars identified, 5 were excluded as they did not meet the final inclusion criteria, and those 5 do not appear in the evidence tables.^{24,29,33,37,39} Appendix D provides the specific reasons for exclusion.

Characteristics of Included Studies

We evaluated the characteristics of the 318 included studies based on year of study publication, treatment type (pharmacologic, nonpharmacologic, and subtype of nonpharmacologic), study sample size, study population demographics, proportion of military/veteran participants, PTSD assessment method, study setting variables, and study reporting of trauma type and number of traumas. The publication dates of the included studies range from 1988 to July of 2018 (Figure 2). The number of studies published per year increased in the 2000s, reaching a peak of 31 in 2015. This increase was seen particularly with nonpharmacologic intervention studies—26 nonpharmacologic studies were published in 2015, compared with 5 pharmacologic studies.

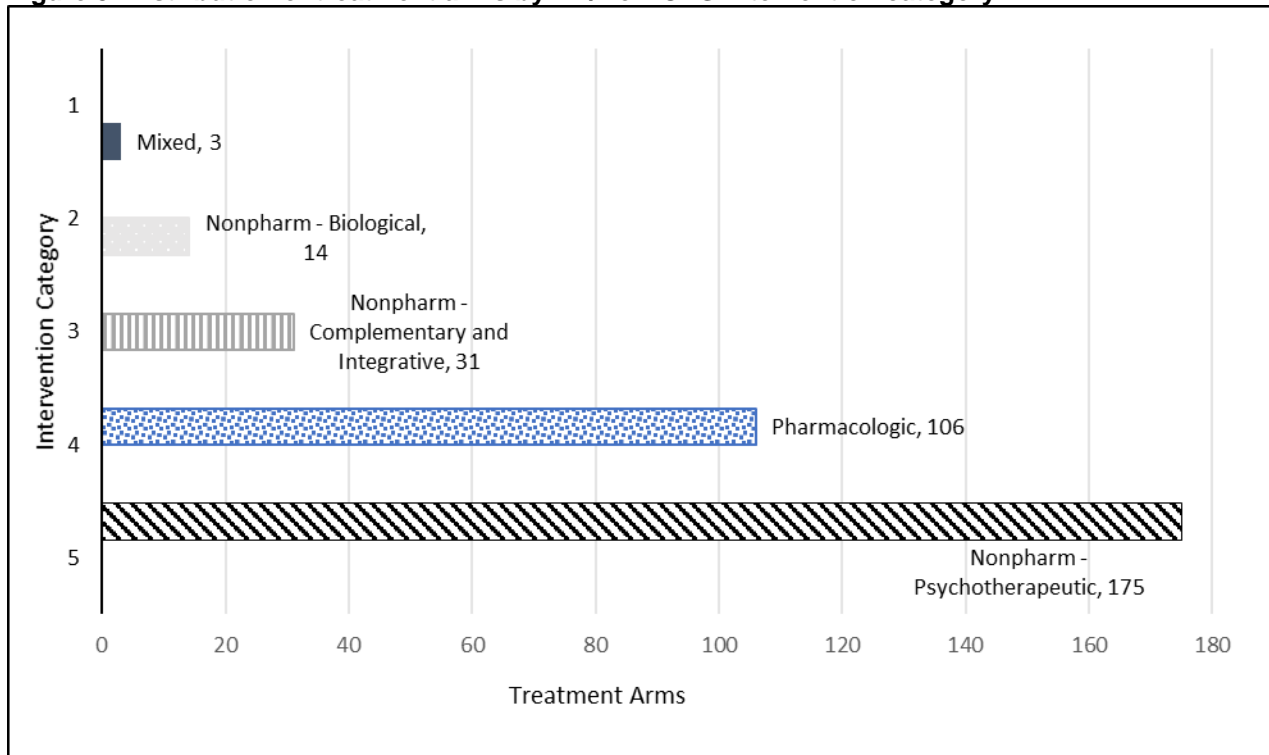
Figure 2. Distribution of included publications by year (N=318)



Studies were distributed broadly across the two treatment types, nonpharmacologic and pharmacologic. Studies investigating combination pharmacologic and nonpharmacologic therapies typically applied the same psychotherapy to both experimental and control (placebo) arms. Most included studies used only nonpharmacologic interventions (212/318, or approximately 67%); whereas 106/318 studies (33%) used one or more pharmacologic components.

In addition to these two overarching categories (pharmacologic and nonpharmacologic), each represented by separate evidence tables in this Technical Brief, we also identified individual treatment arms within each study. Study arms were classified by intervention categories that align with the 2017 Department of Veterans Affairs/Department of Defense clinical practice guideline,⁹ as recommended by the Technical Expert Panel and NCPTSD. These categories include pharmacologic treatments and three nonpharmacologic treatment subtypes, which are nonpharmacologic biological treatments, complementary and integrative treatments, and psychotherapeutic treatments (Figure 3). Psychotherapeutic intervention was the most frequently studied treatment, employed in 55 percent of the total number of included studies, followed by pharmacologic intervention in 33 percent of studies. Multicomponent treatment consisting of different intervention categories within a single arm of the study were labeled as “mixed” interventions. Specific intervention categories were listed in the evidence tables (Appendix E and F).

Figure 3. Distribution of treatment arms by VA/DoD CPG intervention category^a

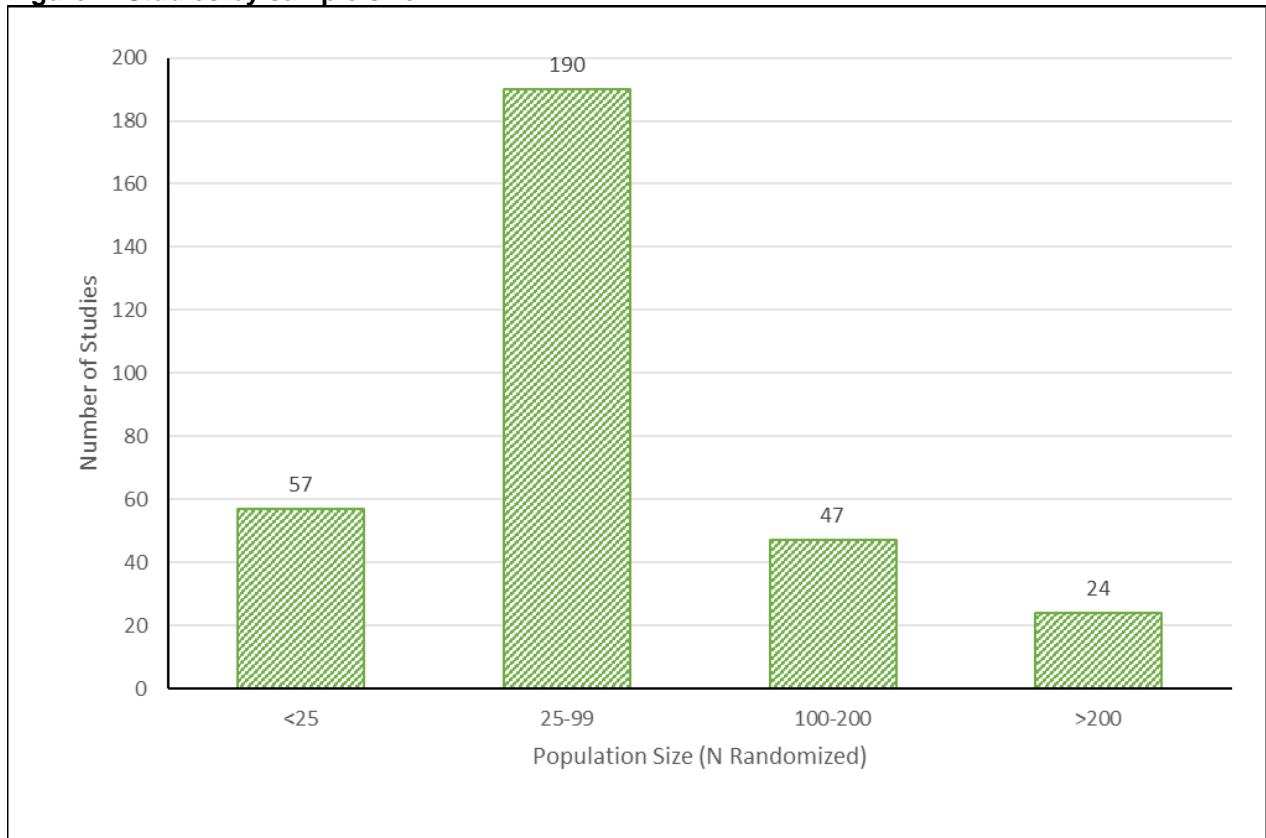


^a Studies may have more than one treatment arm

CPG = clinical practice guideline; DoD = Department of Defense; VA = Department of Veterans Affairs; Nonpharm = nonpharmacologic interventions

Figure 4 shows the overall distribution of sample sizes for the included studies. The majority of studies (60%) had sample sizes in the range of 25 to 100 participants, and a relatively small number of studies enrolled fewer than 25 participants (57 studies or 18%).

Figure 4. Studies by sample size



Figures 5 through 7 characterize studies by setting, including country, population type, and clinical setting where the intervention was delivered. The majority of included studies were conducted in the United States (61%), and more participants were enrolled from a community population (57%) than a military, veteran, or other population for both pharmacologic and nonpharmacologic RCTs. The majority of studies were conducted in the outpatient setting (73%).

Figure 5. Distribution of included studies by country

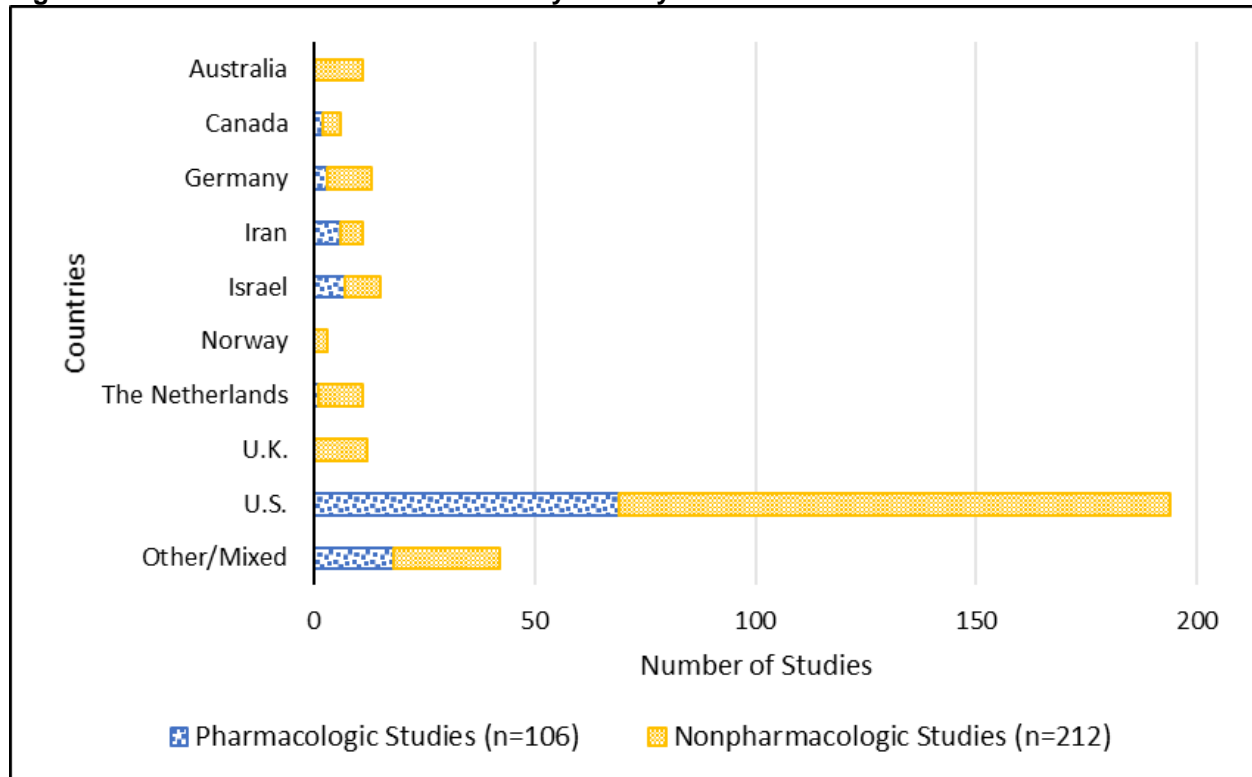
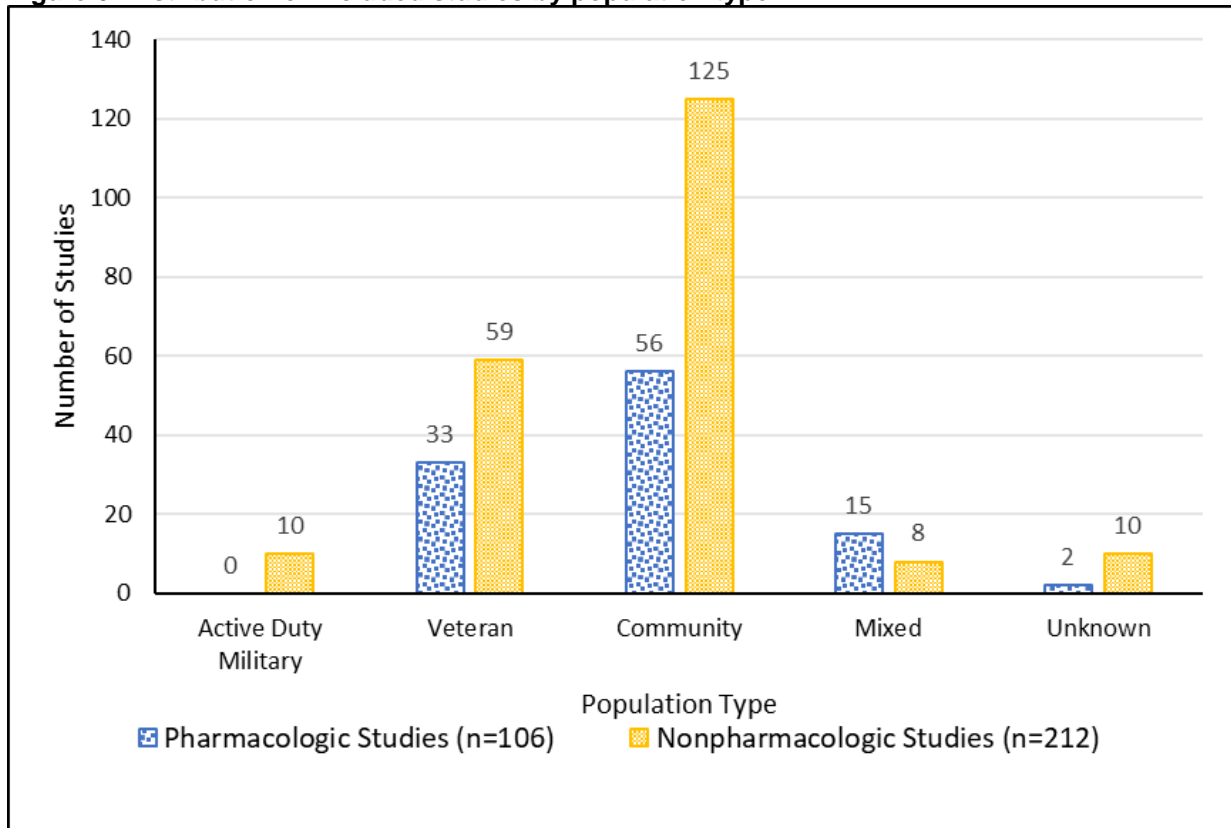
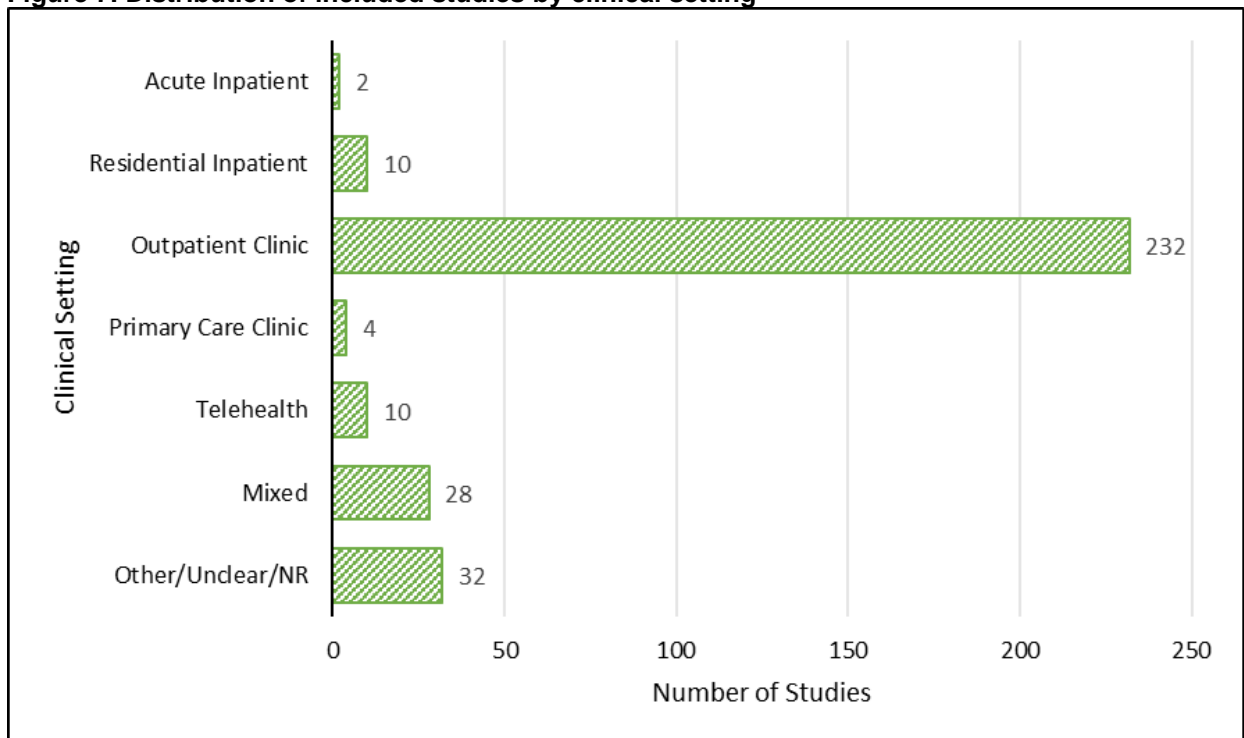


Figure 6. Distribution of included studies by population type



Mixed = Any combination of Active Duty Military, Veteran, and Community based population

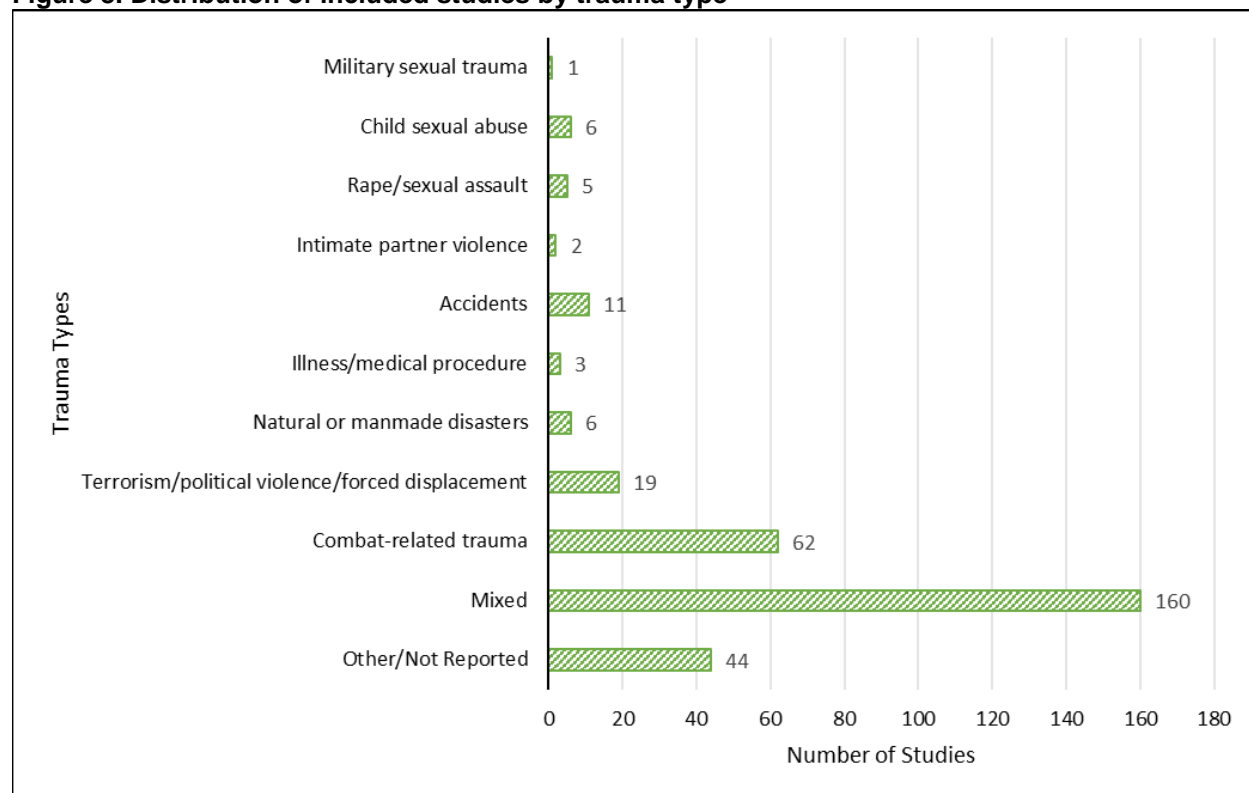
Figure 7. Distribution of included studies by clinical setting



NR = not reported

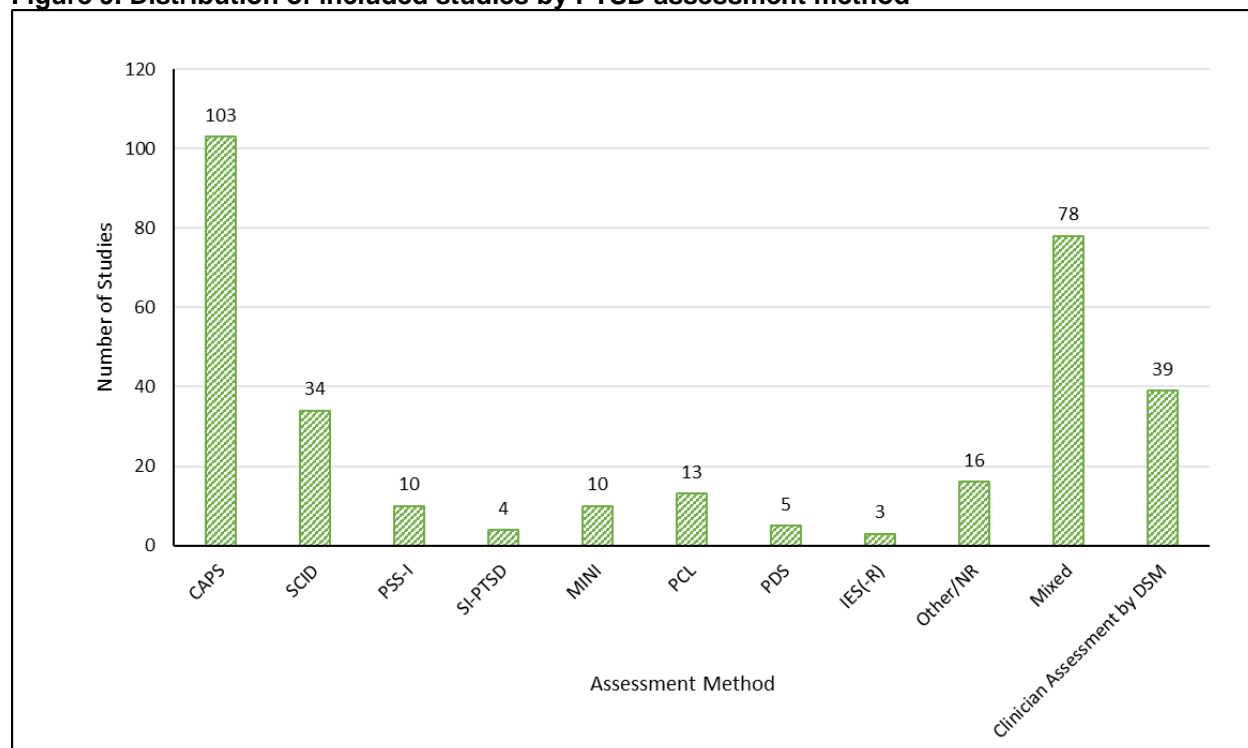
Some studies targeted specific types of trauma (e.g., required participants to have experienced combat-related trauma or sexual assault), though in most cases other additional trauma types were allowed. Other studies did not target specific types of trauma and included multiple types. The distribution of included studies by trauma type are shown in Figure 8, with “mixed” trauma types being most prevalent among these study populations (50%), followed by combat-related trauma (19%).

Figure 8. Distribution of included studies by trauma type



Numerous instruments, whether administered by clinicians or self-reported by patients, were used to diagnose PTSD and assess participants’ eligibility for study entry. Figure 9 shows the most commonly used PTSD assessment methods found in the 318 RCTs, with the Clinician-Administered PTSD Scale (CAPS), the Structured Clinical Interview for DSM (SCID), and clinician-assessed Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria being the most commonly used assessment methods. In some instances, the instrument used to diagnose PTSD differed from the instrument used to assess the PTSD outcome throughout the treatment and/or at followup (e.g., CAPS may have been used to determine PTSD diagnosis and eligibility, but only the PTSD checklist [PCL] was used to track symptom severity changes longitudinally in some studies).

Figure 9. Distribution of included studies by PTSD assessment method



CAPS = Clinician-Administered PTSD Scale; IES(-R) = Impact of Event Scale (-Revised); MINI = Mini-International Neuropsychiatric Interview; NR = not reported; PCL = PTSD Checklist; PDS = Posttraumatic Diagnostic Scale; PSS-I = PTSD Symptom Scale - Interview; PTSD = posttraumatic stress disorder; SI-PTSD = Structured Interview for PTSD; SCID = Structured Clinical Interview for DSM; clinician assessment by DSM Criteria = diagnosis according to medical classifications of the Diagnostic and Statistical Manual of Mental Disorders (DSM).

NOTE: Other category includes all other assessment instruments such as the Composite International Diagnostic Interview (CIDI) and the Primary Care PTSD Screen (PC-PTSD), and diagnosis according to medical classifications such the International Statistical Classification of Diseases and Related Health Problems (ICD). Assessment instruments reported less than two times were excluded from this graph to conserve space.

Table 4 shows the number of studies that included a subthreshold PTSD population and the number of studies that reported loss of PTSD diagnosis or clinically meaningful response as an outcome. Overall, less than half of the included studies reported any of these outcomes, particularly loss of PTSD diagnosis in the pharmacologic RCTs (only 16% reported this outcome). Few studies included participants with subthreshold PTSD (no pharmacologic RCTs and only 1 percent of the nonpharmacologic RCTs). However, studies including more than 20 percent of participants with subthreshold PTSD were excluded, and therefore these data should be interpreted in the context of being from a pool of RCTs with 80 to 100 percent of participants having a full rather than subthreshold PTSD diagnosis.

Table 4. Number of studies reporting data element of interest

Data Element	Pharmacologic Studies Reporting Data Element, % (n/N)	Nonpharmacologic Studies Reporting Data Element, % (n/N)
Included Subthreshold PTSD	0% (0/106)	<1% (1/212)
Loss of PTSD Diagnosis	16% (17/106)	40% (84/212)
Clinically Meaningful Response/Remission for PTSD	55% (58/106)	38% (81/212)

PTSD = posttraumatic stress disorder

Finally, we found that studies did not consistently report all data elements that were intended to be abstracted for this Technical Brief. Table 5 displays the prevalence of missing data across both pharmacologic and nonpharmacologic studies. These particular data elements were selected, with guidance from the Technical Expert Panel and NCPTSD, for their relevance to current research and clinical practice. As seen in Table 5, there are several data elements that are more likely to be missing from both types of studies. For instance, history and number of traumatic brain injuries among participants is reported in only a small number of nonpharmacologic (9%) and pharmacologic (11%) studies. In addition, almost none of the pharmacologic studies reported the mean number of trauma types experienced per participant.

Table 5. Lack of reporting by evidence category^a

Evidence Table Category	Data Element	Pharmacologic Studies Missing Data Element, % (n/N)	Nonpharmacologic Studies Missing Data Element, % (n/N)
Study Characteristics	Nonpharmacologic treatment provider education level	NA	28% (60/212)
	Allowed PTSD or other psychotherapy co-intervention?	76% (81/106)	52% (110/212)
	PTSD assessment method threshold	19% (20/106)	43% (91/212)
Population Characteristics	Duration of PTSD symptoms	54% (57/106)	64% (135/212)
	Comorbid traumatic brain injury	89% (94/106)	91% (192/212)
	Comorbid substance use disorder	19% (20/106)	45% (96/212)
	Number trauma types per participant	98% (104/106)	91% (193/212)
	Number of traumatic events per participant	96% (102/106)	81% (172/212)
Intervention Characteristics	Definition of treatment completion or adherence	73% (77/106)	56% (119/212)
	Pharmacologic intervention treatment adherence or completion	75% (80/106)	NA
PTSD Outcomes	Within-group effect size or p-value	79% (84/106)	38% (81/212)
	Score difference from baseline between groups	83% (88/106)	84% (178/212)

^aWe calculated within group score difference from baseline when possible, resulting in fewer gaps in the evidence tables even when these data were not reported in publications.

NA = not applicable; PTSD = posttraumatic stress disorder

Summary and Implications

This data abstraction project was undertaken with guidance from the National Center for PTSD (NCPTSD) and Technical Expert Panel (TEP) to create evidence tables that can be used for a data repository of randomized controlled trials (RCTs) evaluating treatments for posttraumatic stress disorder (PTSD). This repository will eventually serve a variety of clinical, research, and policy purposes. To accomplish this goal, we developed detailed evidence tables informed by discussions with the TEP and NCPTSD. These discussions emphasized how to scope the current project, which data elements and studies to abstract, how to maintain data accuracy and relevance in large evidence tables, and potential next steps for the planned data repository.

The 318 included studies identified for this report were published from 1988 through 2018. Research on PTSD interventions greatly increased during the last decade, which is not surprising given the early research on the Operation Enduring Freedom and Operation Iraqi Freedom conflicts published in 2008, which showed a high prevalence of PTSD among deployed service members.⁸ Heightened awareness of PTSD prevalence and its negative impacts on quality of life and functioning likely spurred interest in research to develop and assess effective interventions to treat the disorder, and associated funding increases by the Department of Defense also likely increased the amount of research conducted on PTSD during this timeframe.

The PTSD evidence tables (Appendixes E and F) for this report are extensive and more detailed than the typical systematic review evidence tables, reflecting the objective of displaying detailed data elements in a data repository that will eventually be formatted for public availability. We devoted considerable time and attention to developing standard conventions for recording data (e.g., abbreviations, data formatting) and data abstraction instructions to ensure consistent and comprehensive reporting of the many elements of study data being abstracted for this repository.

Variations in study designs and approaches to reporting presented many challenges to the data abstractors. For example, some studies reported difference in change from baseline between groups, while some reported only within-group change from baseline or endpoint difference between groups. For other studies, determining which outcomes were primary PTSD outcomes and which were secondary was difficult, particularly in studies that report many outcomes. In some instances, the RCT may have analyzed a primary outcome other than PTSD, for example, anxiety or sleep outcomes. However, provided that a study analyzed and reported an overall PTSD outcome, the study was included in the evidence tables. In some instances, distinguishing harms from negative outcomes (i.e., unintended adverse consequences of treatment vs. lack in efficacy of the intervention) was challenging, and many studies of both pharmacologic and nonpharmacologic interventions did not report details about adverse events. For some data elements, standardization was not possible, and our data abstraction was guided by what the study reported and how the study reported the data (e.g., labeling of control interventions as placebo, usual care, minimal intervention, active placebo etc.; gender categories and/or sexual orientation; current or historical substance use disorder or depression; clinically meaningful response; loss of diagnosis as an outcome). Lastly, gaps in reporting of certain data elements meant that some study abstractions may seem incomplete because, while no evidence table cells were left empty, there are many cells that say only “not reported” (NR). Recognition of these gaps may help future researchers to report study methods and results more comprehensively.

Next Steps

The completion of this project signifies the end of one phase for development of the data repository. The National Center for Posttraumatic Stress Disorder (NCPTSD) will create the anticipated searchable and interactive repository as part of future stages of this project, using the current work as a foundation. Future additions to the repository could include outcomes for posttraumatic stress disorder (PTSD) symptom clusters, item-level data, subgroup analyses (e.g., to provide data on what works for whom), participant populations with >20 percent subthreshold PTSD, broader PTSD diagnostic criteria applied for inclusion, interventions with a dual diagnoses focus (e.g., treating comorbid PTSD and substance use disorders), interventions designed to prevent PTSD, non-randomized trials or other types of observational studies, and quality or risk of bias assessment. We base these suggestions on our interaction with the evidence base, the Technical Expert Panel (TEP), and NCPTSD, the sponsoring partner with the Agency for Healthcare Research and Quality for this project. We consulted with the sponsors weekly throughout this project to ensure compatibility with NCPTSD goals for the final data repository and to refine and improve our methods as the evidence tables were being developed. Additionally, we consulted with both the sponsors and with the TEP early in the project to determine the appropriate level of granularity of data for abstraction, ensuring that comprehensiveness of data abstraction balanced with feasibility of data presentation and interpretation. Many of the recommendations by the TEP and NCPTSD emphasized the potential uses for such a repository, highlighting how adding variables, outcomes, subpopulations, risk of bias assessment, and other studies in the future could be useful to researchers, policymakers, clinicians, and patients. These comments provide a guide for future work in developing the evidence content of the repository; our experience with the studies suggests that the evidence base is available to support these next steps.

References

1. Diagnostic and Statistical Manual of Mental Disorders (DSM-5). 5th ed. Washington, DC: American Psychiatric Association; 2013.
2. Giacco D, Matanov A, Priebe S. Symptoms and subjective quality of life in post-traumatic stress disorder: a longitudinal study. *PLoS One*. 2013;8(4):e60991. doi: 10.1371/journal.pone.0060991. PMID: 23585868.
3. Goldstein RB, Smith SM, Chou SP, et al. The epidemiology of DSM-5 posttraumatic stress disorder in the United States: results from the National Epidemiologic Survey on Alcohol and Related Conditions-III. *Soc Psychiatry Psychiatr Epidemiol*. 2016;51(8):1137-48. PMID: 27106853
4. Smith SM, Goldstein RB, Grant BF. The association between post-traumatic stress disorder and lifetime DSM-5 psychiatric disorders among veterans: data from the National Epidemiologic Survey on Alcohol and Related Conditions-III (NESARC-III). *J Psychiatr Res*. 2016;82:16-22. PMID: 27455424
5. LeardMann CA, Smith TC, Smith B, et al. Baseline self reported functional health and vulnerability to post-traumatic stress disorder after combat deployment: prospective US military cohort study. *BMJ*. 2009 Apr 16;338:b1273. doi: 10.1136/bmj.b1273. PMID: 19372117.
6. Smith TC, Ryan MA, Wingard DL, et al. New onset and persistent symptoms of post-traumatic stress disorder self reported after deployment and combat exposures: prospective population based US military cohort study. *BMJ*. 2008 Feb 16;336(7640):366-71. doi: 10.1136/bmj.39430.638241.AE. PMID: 18198395.
7. Wisco BE, Marx BP, Wolf EJ, et al. Posttraumatic stress disorder in the US veteran population: results from the National Health and Resilience in Veterans Study. *J Clin Psychiatry*. 2014 Dec;75(12):1338-46. doi: 10.4088/JCP.14m09328. PMID: 25551234.
8. Schell T, Marshall G. Chapter 4: Survey of Individuals Previously Deployed for OEF/OIF. In: Tanielian T, Jaycox LH, eds. *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery* Sponsored by the California Community Foundation. Santa Monica, CA: RAND Center for Military Health Policy Research; 2008.
9. The Management of Posttraumatic Stress Disorder Work Group with support from The Office of Quality, Safety and Value, Office of Evidence Based Practice, U.S. Army Medical Command. VA/DOD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder, Version 3.0. Washington, DC: U.S. Department of Veterans Affairs and Department of Defense; 2017. <https://www.healthquality.va.gov/guidelines/MH/ptsd/>. Accessed March 16, 2018.
10. Chen S, Spry C. Group Cognitive Processing Therapy for Adults with Post-Traumatic Stress Disorder, Anxiety, or Mood Disorders: A Review of Clinical Effectiveness and Guidelines. Rapid Response Summary with Critical Appraisal. Project Number: RC0891-000. Ottawa, ON, Canada: Canadian Agency for Drugs and Technologies in Health; June 12, 2017.
11. Gobin RL, Mackintosh MA, Willis E, et al. Predictors of Differential PTSD Treatment Outcomes Between Veteran and Civilian Women After Cognitive Processing Therapy. *Psychol Trauma*. 2017 Apr 17 Epub. doi: 10.1037/tra0000266. PMID: 28414493.
12. Levi O, Wald I, Svetlitsky V, et al. Combat-Related Multifaceted Trauma-Focused Group Therapy: A Pilot Study. *J Nerv Ment Dis*. 2017 Feb;205(2):133-9. doi: 10.1097/NMD.0000000000000619. PMID: 27861458.

13. Pradhan B, Kluewer D'Amico J, Makani R, et al. Nonconventional interventions for chronic post-traumatic stress disorder: Ketamine, repetitive trans-cranial magnetic stimulation (rTMS), and alternative approaches. *J Trauma Dissociation*. 2016;17(1):35-54. doi: 10.1080/15299732.2015.1046101. PMID: 26162001.
14. Rasmusson AM, Marx CE, Jain S, et al. A randomized controlled trial of ganaxolone in posttraumatic stress disorder. *Psychopharmacology (Berl)*. 2017 Aug;234(15):2245-57. doi: 10.1007/s00213-017-4649-y. PMID: 28667510.
15. National Center for PTSD. PTSD Videos for Veterans, General Public, Family & Friends. Washington, DC: U.S. Department of Veterans Affairs; 2016. <https://www.ptsd.va.gov/PTSD/public/materials/videos/index.asp>. Accessed March 16, 2018.
16. National Center for PTSD. PTSD Mobile Applications (for Veterans, General Public, Family and Friends). Washington, DC: U.S. Department of Veterans Affairs; 2017. <https://www.ptsd.va.gov/public/materials/apps/>. Accessed March 16, 2018.
17. National Center for PTSD. PTSD Treatment Decision Aid: The Choice is Yours. U.S. Department of Veterans Affairs. <https://www.ptsd.va.gov/apps/decisionaid/>. Accessed March 16, 2018.
18. Hien DA, Morgan-Lopez AA, Campbell AN, et al. Attendance and substance use outcomes for the Seeking Safety program: sometimes less is more. *J Consult Clin Psychol*. 2012 Feb;80(1):29-42. doi: 10.1037/a0026361. PMID: 22182262.
19. National Center for PTSD. Clinician-Administered PTSD Scale for DSM-5 (CAPS-5). U.S. Department of Veterans Affairs. <https://www.ptsd.va.gov/PTSD/professional/assessment/adult-int/caps.asp>. Accessed March 16, 2018.
20. National Center for PTSD. PTSD Checklist for DSM-5 (PCL-5). Washington, DC: U.S. Department of Veterans Affairs; 2017. <https://www.ptsd.va.gov/PTSD/professional/assessment/adult-sr/ptsd-checklist.asp>. Accessed March 16, 2018.
21. Methods Guide for Effectiveness and Comparative Effectiveness Reviews. AHRQ Publication No. 10(14)-EHC063-EF. Rockville, MD: Agency for Healthcare Research and Quality; January 2014. Chapters available at: <https://effectivehealthcare.ahrq.gov/topics/ce-r-methods-guide/overview>.
22. Bormann JE, Thorp SR, Wetherell JL, et al. Meditation-based mantram intervention for veterans with posttraumatic stress disorder: a randomized trial. *Psychol Trauma*. 2013;5(3):259-67. doi: 10.1037/a0027522.
23. Cloitre M, Stovall-McClough KC, Noonan K, et al. Treatment for PTSD related to childhood abuse: a randomized controlled trial. *Am J Psychiatry*. 2010;167(8):915-24. doi: 10.1176/appi.ajp.2010.09081247. PMID: 20595411.
24. Connolly SM, Roe-Sepowitz D, Sakai C, et al. Utilizing community resources to treat PTSD: a randomized controlled study using thought field therapy. *Afr J Trauma Stress*. 2013;3(1):24-32.
25. Davidson JR, Rothbaum BO, van der Kolk BA, et al. Multicenter, double-blind comparison of sertraline and placebo in the treatment of posttraumatic stress disorder. *Arch Gen Psychiatry*. 2001 May;58(5):485-92. PMID: 11343529.
26. Foa EB, Hembree EA, Cahill SP, et al. Randomized trial of prolonged exposure for posttraumatic stress disorder with and without cognitive restructuring: outcome at academic and community clinics. *J Consult Clin Psychol*. 2005;73(5):953. doi: 10.1037/0022-006X.73.5.953. PMID: 16287395.
27. Golier JA, Caramanica K, Demaria R, et al. A pilot study of mifepristone in combat-related PTSD. *Depress Res Treat*. 2012;2012:393251. doi: 10.1155/2012/393251. PMID: 22611490.
28. Hanling SR, Hickey A, Lesnik I, et al. Stellate Ganglion Block for the treatment of posttraumatic stress disorder: a randomized, double-blind, controlled trial. *Reg Anesth Pain Med*. 2016 Jul-Aug;41(4):494-500. doi: 10.1097/aap.0000000000000402. PMID: 27187898.

29. Hien DA, Levin FR, Ruglass LM, et al. Combining Seeking Safety with sertraline for PTSD and alcohol use disorders: a randomized controlled trial. *J Consult Clin Psychol*. 2015 Apr;83(2):359-69. doi: 10.1037/a0038719. PMID: 25622199.
30. Hogberg G, Pagani M, Sundin O, et al. On treatment with Eye Movement Desensitization and Reprocessing of chronic post-traumatic stress disorder in public transportation workers--a randomized controlled trial. *Nord J Psychiatry*. 2007;61(1):54-61. doi: 10.1080/08039480601129408. PMID: 17365790.
31. Isserles M, Shalev AY, Roth Y, et al. Effectiveness of deep transcranial magnetic stimulation combined with a brief exposure procedure in post-traumatic stress disorder--a pilot study. *Brain Stimul*. 2013 May;6(3):377-83. doi: 10.1016/j.brs.2012.07.008. PMID: 22921765.
32. Ivarsson D, Blom M, Hesser H, et al. Guided internet-delivered cognitive behavior therapy for post-traumatic stress disorder: a randomized controlled trial. *Internet Interv*. 2014 March;1(1):33-40. doi: 10.1016/j.invent.2014.03.002.
33. Kangas M, Milross C, Taylor A, et al. A pilot randomized controlled trial of a brief early intervention for reducing posttraumatic stress disorder, anxiety and depressive symptoms in newly diagnosed head and neck cancer patients. *Psychooncology*. 2013 Jul;22(7):1665-73. doi: 10.1002/pon.3208. PMID: 23042612.
34. Mithoefer MC, Wagner MT, Mithoefer AT, et al. The safety and efficacy of $\pm 3,4$ -psychotherapy in subjects with chronic, treatment-resistant posttraumatic stress disorder: the first randomized controlled pilot study. [Erratum appears in *J Psychopharmacol*. 2010;25(6):852.]. *J Psychopharmacol*. 2010 Jun;25(4):439-52. doi: 10.1177/0269881110378371. PMID: 20643699.
35. Morland LA, Mackintosh MA, Rosen CS, et al. Telemedicine versus in-person delivery of cognitive processing therapy for women with posttraumatic stress disorder: a randomized noninferiority trial. *Depress Anxiety*. 2015 Nov;32(11):811-20. doi: 10.1002/da.22397. PMID: 26243685.
36. Mueser KT, Gottlieb JD, Xie H, et al. Evaluation of cognitive restructuring for post-traumatic stress disorder in people with severe mental illness. *Br J Psychiatry*. 2015 Jun;206(6):501-8. doi: 10.1192/bjp.bp.114.147926. PMID: 25858178.
37. Seppala EM, Nitschke JB, Tudorascu DL, et al. Breathing-based meditation decreases posttraumatic stress disorder symptoms in U.S. military veterans: a randomized controlled longitudinal study. *J Trauma Stress*. 2014 Aug;27(4):397-405. doi: 10.1002/jts.21936. PMID: 25158633.
38. Surís A, Link-Malcolm J, Chard K, et al. A randomized clinical trial of cognitive processing therapy for veterans with PTSD related to military sexual trauma. *J Trauma Stress*. 2013 Feb;26(1):28-37. doi: 10.1002/jts.21765. PMID: 23325750.
39. Suris A, North C, Adinoff B, et al. Effects of exogenous glucocorticoid on combat-related PTSD symptoms. *Ann Clin Psychiatry*. 2010 Nov;22(4):274-9. PMID: 21180658.
40. Tucker P, Potter-Kimball R, Wyatt DB, et al. Can physiologic assessment and side effects tease out differences in PTSD trials? A double-blind comparison of citalopram, sertraline, and placebo. *Psychopharmacol Bull*. 2003 Summer;37(3):135-49. PMID: 14608246.
41. Wang Y, Hu YP, Wang WC, et al. Clinical studies on treatment of earthquake-caused posttraumatic stress disorder using electroacupuncture. *Evid Based Complement Alternat Med*. 2012;2012:431279. doi: 10.1155/2012/431279. PMID: 23049609.

42. Hoffman V, Middleton JC, Feltner C, et al. Psychological and Pharmacological Treatments for Adults With Posttraumatic Stress Disorder: A Systematic Review Update. Comparative Effectiveness Review No. 207. (Prepared by the RTI International–University of North Carolina at Chapel Hill Evidence-based Practice Center under Contract No. 290-2015-00011-I for AHRQ and PCORI.) AHRQ Publication No. 18-EHC011-EF. PCORI Publication No. 2018-SR-01. Rockville, MD: Agency for Healthcare Research and Quality; May 2018. doi: 10.23970/AHRQEPCCER207.
43. Ahmadpanah M, Sabzeiee P, Hosseini SM, et al. Comparing the effect of prazosin and hydroxyzine on sleep quality in patients suffering from posttraumatic stress disorder. *Neuropsychobiology*. 2014 Jul;69(4):235-42. doi: 10.1159/000362243. PMID: 24993832.
44. Akuchekian S, Amanat S. The comparison of topiramate and placebo in the treatment of posttraumatic stress disorder: a randomized, double-blind study. *J Res Med Sci*. 2004;9(5):240-4.
45. Ardani AR, Hosseini G, Bordbar MRF, et al. Effect of rivastigmine augmentation in treatment of male patients with combat-related chronic posttraumatic stress disorder: a randomized controlled trial. *J Clin Psychopharmacol*. 2017 Feb;37(1):54-60. doi: 10.1097/jcp.0000000000000624. PMID: 27930500.
46. Baker DG, Diamond BI, Gillette GM, et al. A double-blind, randomized, placebo-controlled, multi-center study of brofaromine in the treatment of post-traumatic stress disorder. *Psychopharmacology (Berl)*. 1995 Dec;122(4):386-9. doi: 10.1007/BF02246271. PMID: 8657838.
47. Baniasadi M, Hosseini G, Fayyazi Bordbar MR, et al. Effect of pregabalin augmentation in treatment of patients with combat-related chronic posttraumatic stress disorder: a randomized controlled trial. *J Psychiatr Pract*. 2014 Nov;20(6):419-27. doi: 10.1097/01.pra.0000456590.12998.41. PMID: 25406046.
48. Becker ME, Hertzberg MA, Moore SD, et al. A placebo-controlled trial of bupropion SR in the treatment of chronic posttraumatic stress disorder. *J Clin Psychopharmacol*. 2007 Apr;27(2):193-7. doi: 10.1097/JCP.0b013e318032eae. PMID: 17414245.
49. Brady K, Pearlstein T, Asnis GM, et al. Efficacy and safety of sertraline treatment of posttraumatic stress disorder: a randomized controlled trial. *JAMA*. 2000 Apr;283(14):1837-44. doi: 10.1001/jama.283.14.1837. PMID: 10770145.
50. Brady KT, Sonne SC, Anton RF, et al. Sertraline in the treatment of co-occurring alcohol dependence and posttraumatic stress disorder. *Alcohol Clin Exp Res*. 2005 Mar;29(3):395-401. doi: 10.1097/01.ALC.0000156129.98265.57. PMID: 15770115.
51. Braun P, Greenberg D, Dasberg H, et al. Core symptoms of posttraumatic stress disorder unimproved by alprazolam treatment. *J Clin Psychiatry*. 1990 Jun;51(6):236-8. PMID: 2189869.
52. Brunet A, Saumier D, Liu A, et al. Reduction of PTSD Symptoms with pre-reactivation propranolol therapy: a randomized controlled trial. *Am J Psychiatry*. 2018 May 1;175(5):427-33. doi: 10.1176/appi.ajp.2017.17050481. PMID: 29325446.
53. Buhmann CB, Nordentoft M, Ekstrom M, et al. The effect of flexible cognitive-behavioural therapy and medical treatment, including antidepressants on post-traumatic stress disorder and depression in traumatised refugees: pragmatic randomised controlled clinical trial. *Br J Psychiatry*. 2016 Mar;208(3):252-9. doi: 10.1192/bjp.bp.114.150961. PMID: 26541687.
54. Butterfield M, Becker M, Connor K, et al. Olanzapine in the treatment of post-traumatic stress disorder: a pilot study. *Int Clin Psychopharmacol*. 2001;16(4):197-203. PMID: 11459333.

55. Carey P, Suliman S, Ganesan K, et al. Olanzapine monotherapy in posttraumatic stress disorder: efficacy in a randomized, double-blind, placebo-controlled study. *Hum Psychopharmacol*. 2012 Jul;27(4):386-91. doi: 10.1002/hup.2238. PMID: 22730105.
56. Celik C, Ozdemir B, Ozmenler KN, et al. Efficacy of paroxetine and amitriptyline in posttraumatic stress disorder: an open-label comparative study. *Klinik Psikofarmakol Bülteni*. 2011 Sep;21(3):179-85. doi: 10.5455/bcp.20110627111141.
57. Chung MY, Min KH, Jun YJ, et al. Efficacy and tolerability of mirtazapine and sertraline in Korean veterans with posttraumatic stress disorder: a randomized open label trial. *Hum Psychopharmacol*. 2004 Oct;19(7):489-94. doi: 10.1002/hup.615. PMID: 15378676.
58. Connor KM, Davidson JRT, Weisler RH, et al. Tiagabine for posttraumatic stress disorder: effects of open-label and double-blind discontinuation treatment. *Psychopharmacology (Berl)*. 2006 Jan;184(1):21-5. doi: 10.1007/s00213-005-0265-3. PMID: 16341846.
59. Connor KM, Sutherland SM, Tupler LA, et al. Fluoxetine in post-traumatic stress disorder: randomised, double-blind study. *Br J Psychiatry*. 1999 Jul;175:17-22. PMID: 10621763.
60. Davidson J, Kudler H, Smith R, et al. Treatment of posttraumatic stress disorder with amitriptyline and placebo. *Arch Gen Psychiatry*. 1990 Mar;47(3):259-66. PMID: 2407208.
61. Davidson JR, Brady K, Mellman TA, et al. The efficacy and tolerability of tiagabine in adult patients with post-traumatic stress disorder. *J Clin Psychopharmacol*. 2007 Feb;27(1):85-8. doi: 10.1097/JCP.0b013e31802e5115. PMID: 17224720.
62. Davidson JR, Weisler RH, Butterfield MI, et al. Mirtazapine vs. placebo in posttraumatic stress disorder: a pilot trial. *Biol Psychiatry*. 2003 Jan 15;53(2):188-91. PMID: 12547477.
63. Davidson JRT, Baldwin DV, Stein DJ, et al. Treatment of posttraumatic stress disorder with venlafaxine extended release: a 6-month randomized controlled trial. *Arch Gen Psychiatry*. 2006 Oct;63(10):1158-65. doi: 10.1001/archpsyc.63.10.1158. PMID: 17015818.
64. Davidson JRT, Rothbaum BO, Tucker PM, et al. Venlafaxine extended release in posttraumatic stress disorder: a sertraline- and placebo-controlled study. *J Clin Psychopharmacol*. 2006 Jun 1;26(3):259-67. doi: 10.1097/01.jcp.0000222514.71390.c1. PMID: 16702890.
65. Davis LL, Davidson JR, Ward LC, et al. Divalproex in the treatment of posttraumatic stress disorder: a randomized, double-blind, placebo-controlled trial in a veteran population. *J Clin Psychopharmacol*. 2008 Feb;28(1):84-8. doi: 10.1097/JCP.0b013e318160f83b. PMID: 18204347.
66. Davis LL, Jewell ME, Ambrose S, et al. A placebo-controlled study of nefazodone for the treatment of chronic posttraumatic stress disorder: a preliminary study. *J Clin Psychopharmacol*. 2004;24(3):291-7. PMID: 15118483.
67. Davis LL, Ward C, Rasmusson A, et al. A placebo-controlled trial of guanfacine for the treatment of posttraumatic stress disorder in veterans. *Psychopharmacol Bull*. 2008;41(1):8-18. PMID: 18362867.
68. De Kleine RA, Hendriks G-J, Kusters WJC, et al. A randomized placebo-controlled trial of D-cycloserine to enhance exposure therapy for posttraumatic stress disorder. *Biol Psychiatry*. 2012 Jun 1;71(11):962-8. doi: 10.1016/j.biopsych.2012.02.033. PMID: 22480663.
69. Difede J, Cukor J, Wyka KE, et al. D-cycloserine augmentation of exposure therapy for post-traumatic stress disorder: a pilot randomized clinical trial. *Neuropsychopharmacology*. 2014 Apr;39(5):1052-108. doi: 10.1038/npp.2013.317. PMID: 24217129.

70. Dunlop BW, Binder EB, Iosifescu D, et al. Corticotropin-releasing factor receptor 1 antagonism is ineffective for women with posttraumatic stress disorder. *Biol Psychiatry*. 2017 Dec;82(12):866-74. doi: 10.1016/j.biopsych.2017.06.024. PMID: 28793974.
71. Fani N, Kitayama N, Ashraf A, et al. Neuropsychological functioning in patients with posttraumatic stress disorder following short-term paroxetine treatment. *Psychopharmacol Bull*. 2009 Jan 1;42(1):53-68. PMID: 19204651.
72. Feder A, Parides MK, Murrough JW, et al. Efficacy of intravenous ketamine for treatment of chronic posttraumatic stress disorder: a randomized clinical trial. *JAMA Psychiatry*. 2014 Jun;71(6):681-8. doi: 10.1001/jamapsychiatry.2014.62. PMID: 24740528.
73. Flanagan JC, Sippel LM, Wahlquist A, et al. Augmenting prolonged exposure therapy for PTSD with intranasal oxytocin: a randomized, placebo-controlled pilot trial. *J Psychiatr Res*. 2018 Mar;98:64-9. doi: 10.1016/j.jpsychires.2017.12.014. PMID: 29294429.
74. Friedman MJ, Marmar CR, Baker DG, et al. Randomized, double-blind comparison of sertraline and placebo for posttraumatic stress disorder in a Department of Veterans Affairs setting. *J Clin Psychiatry*. 2007 May;68(5):711-20. PMID: 17503980.
75. Frommberger UH, Stieglitz R-D, Nyberg E, et al. Comparison between paroxetine and behaviour therapy in patients with posttraumatic stress disorder (PTSD): a pilot study. *Int J Psychiatry Clin Pract*. 2004;8(1):19-24. doi: 10.1080/13651500310004803. PMID: 24937579.
76. Hamner MB, Faldowski RA, Robert S, et al. A preliminary controlled trial of divalproex in posttraumatic stress disorder. *Ann Clin Psychiatry*. 2009 Apr-Jun;21(2):89-94. PMID: 19439158.
77. Heresco-Levy U, Kremer I, Javitt DC, et al. Pilot-controlled trial of D-cycloserine for the treatment of post-traumatic stress disorder. *Int J Neuropsychopharmacol*. 2002 Dec;5(4):301-7. doi: 10.1017/S1461145702003061. PMID: 12466030.
78. Heresco-Levy U, Vass A, Bloch B, et al. Pilot controlled trial of D-serine for the treatment of post-traumatic stress disorder. *Int J Neuropsychopharmacol*. 2009 Oct;12(9):1275-82. doi: 10.1017/S1461145709000339. PMID: 19366490.
79. Hertzberg MA, Butterfield MI, Feldman ME, et al. A preliminary study of lamotrigine for the treatment of posttraumatic stress disorder. *Biol Psychiatry*. 1999 May 1;45(9):1226-9. PMID: 10331117.
80. Hertzberg MA, Feldman ME, Beckham JC, et al. Lack of efficacy for fluoxetine in PTSD: a placebo controlled trial in combat veterans. *Ann Clin Psychiatry*. 2000 Jun;12(2):101-5. doi: 10.1023/A:1009076231175. PMID: 10907802.
81. Kaplan Z, Amir M, Swartz M, et al. Inositol treatment of post-traumatic stress disorder. *Anxiety*. 1996;2(1):51-2. doi: 10.1002/(SICI)1522-7154(1996)2:1<51::AID-ANXI8>3.0.CO;2-G. PMID: 9160600.
82. Katz RJ, Lott MH, Arbus P, et al. Pharmacotherapy of post-traumatic stress disorder with a novel psychotropic. *Anxiety*. 1994-1995;1(4):169-74. PMID: 9160569.
83. Kosten TR, Frank JB, Dan E, et al. Pharmacotherapy for posttraumatic stress disorder using phenelzine or imipramine. *J Nerv Ment Dis*. 1991 Jun;179(6):366-70. PMID: 2051152.
84. Krystal JH, Rosenheck RA, Cramer JA, et al. Adjunctive risperidone treatment for antidepressant-resistant symptoms of chronic military service-related PTSD: a randomized trial. *JAMA*. 2011 Aug 3;306(5):493-502. doi: 10.1001/jama.2011.1080. PMID: 21813427.

85. Li W, Ma YB, Yang Q, et al. Effect and safety of sertraline for treat posttraumatic stress disorder: a multicenter randomised controlled study. *Int J Psychiatry Clin Pract*. 2017 Jun;21(2):151-5. doi: 10.1080/13651501.2017.1291838. PMID: 28266242.
86. Lindley SE, Carlson EB, Hill K. A randomized, double-blind, placebo-controlled trial of augmentation topiramate for chronic combat-related posttraumatic stress disorder. *J Clin Psychopharmacol*. 2007 Dec;27(6):677-81. doi: 10.1097/jcp.0b013e31815a43ee. PMID: 18004136.
87. Litz BT, Salters-Pedneault K, Steenkamp MM, et al. A randomized placebo-controlled trial of D-cycloserine and exposure therapy for posttraumatic stress disorder. *J Psychiatr Res*. 2012 Sep;46(9):1184-90. doi: 10.1016/j.jpsychires.2012.05.006. PMID: 22694905.
88. Ludascher P, Schmahl C, Feldmann RE, Jr., et al. No evidence for differential dose effects of hydrocortisone on intrusive memories in female patients with complex post-traumatic stress disorder--a randomized, double-blind, placebo-controlled, crossover study. *J Psychopharmacol*. 2015 Oct;29(10):1077-84. doi: 10.1177/0269881115592339. PMID: 26152322.
89. Mahabir M, Ashbaugh AR, Saumier D, et al. Propranolol's impact on cognitive performance in post-traumatic stress disorder. *J Affect Disord*. 2016 Mar 1;192:98-103. doi: 10.1016/j.jad.2015.11.051. PMID: 26707354.
90. Manteghi AA, Hebrani P, Mortezaia M, et al. Baclofen add-on to citalopram in treatment of posttraumatic stress disorder. *J Clin Psychopharmacol*. 2014 Apr;34(2):240-3. doi: 10.1097/jcp.0000000000000089. PMID: 24525635.
91. Marshall RD, Beebe KL, Oldham M, et al. Efficacy and safety of paroxetine treatment for chronic PTSD: a fixed-dose, placebo-controlled study. *Am J Psychiatry*. 2001 Dec;158(12):1982-8. doi: 10.1176/appi.ajp.158.12.1982. PMID: 11729013.
92. Marshall RD, Lewis-Fernández R, Blanco C, et al. A controlled trial of paroxetine for chronic PTSD, dissociation, and interpersonal problems in mostly minority adults. *Depress Anxiety*. 2007;24(2):77-84. doi: 10.1002/da.20176. PMID: 16892419.
93. Martényi F, Brown EB, Caldwell CD. Failed efficacy of fluoxetine in the treatment of posttraumatic stress disorder: results of a fixed-dose, placebo-controlled study. *J Clin Psychopharmacol*. 2007 Apr;27(2):166-70. doi: 10.1097/JCP.0b013e31803308ce. PMID: 17414240.
94. Martényi F, Brown EB, Zhang H, et al. Fluoxetine versus placebo in posttraumatic stress disorder. *J Clin Psychiatry*. 2002 Mar;63(3):199-206. PMID: 11926718.
95. Mathew SJ, Vythilingam M, Murrough JW, et al. A selective neurokinin-1 receptor antagonist in chronic PTSD: a randomized, double-blind, placebo-controlled, proof-of-concept trial. *Eur Neuropsychopharmacol*. 2011 Mar;21(3):221-9. doi: 10.1016/j.euroneuro.2010.11.012. PMID: 21194898.
96. McRae AL, Brady KT, Mellman TA, et al. Comparison of nefazodone and sertraline for the treatment of posttraumatic stress disorder. *Depress Anxiety*. 2004;19(3):190-6. doi: 10.1002/da.20008. PMID: 15129422.
97. Mithoefer MC, Mithoefer AT, Feduccia AA, et al. 3,4-methylenedioxymethamphetamine (MDMA)-assisted psychotherapy for post-traumatic stress disorder in military veterans, firefighters, and police officers: a randomised, double-blind, dose-response, phase 2 clinical trial. *Lancet Psychiatry*. 2018 Jun;5(6):486-97. doi: 10.1016/S2215-0366(18)30135-4. PMID: 29728331.
98. Naylor JC, Kilts JD, Bradford DW, et al. A pilot randomized placebo-controlled trial of adjunctive aripiprazole for chronic PTSD in US military veterans resistant to antidepressant treatment. *Int Clin Psychopharmacol*. 2015 May;30(3):167-74. doi: 10.1097/YIC.0000000000000061. PMID: 25647451.

99. Neylan TC, Lenoci M, Samuelson KW, et al. No improvement of posttraumatic stress disorder symptoms with guanfacine treatment. *Am J Psychiatry*. 2006 Dec;163(12):2186-8. doi: 10.1176/appi.ajp.163.12.2186. PMID: 17151174.
100. Numata T, GunFan S, Takayama S, et al. Treatment of posttraumatic stress disorder using the traditional Japanese herbal medicine saikokeishikankyoto: a randomized, observer-blinded, controlled trial in survivors of the great East Japan earthquake and tsunami. *Evid Based Complement Alternat Med*. 2014;2014:683293. doi: 10.1155/2014/683293. PMID: 24790634.
101. Oehen P, Traber R, Widmer V, et al. A randomized, controlled pilot study of MDMA (\pm 3,4-Methylenedioxymethamphetamine)-assisted psychotherapy for treatment of resistant, chronic post-traumatic stress disorder (PTSD). *J Psychopharmacol*. 2013 Jan;27(1):40-52. doi: 10.1177/0269881112464827. PMID: 23118021.
102. Önder E, Tural Ü, Aker AT. A comparative study of fluoxetine, moclobemide, and tianeptine in the treatment of posttraumatic stress disorder following an earthquake. *Eur Psychiatry*. 2006 Apr;21(3):174-9. doi: 10.1016/j.eurpsy.2005.03.007. PMID: 15964747.
103. Padala PR, Madison J, Monnahan M, et al. Risperidone monotherapy for post-traumatic stress disorder related to sexual assault and domestic abuse in women. *Int Clin Psychopharmacol*. 2006 Sep;21(5):275-80. PMID: 16877898.
104. Panahi Y, Moghaddam BR, Sahebkar A, et al. A randomized, double-blind, placebo-controlled trial on the efficacy and tolerability of sertraline in Iranian veterans with post-traumatic stress disorder. *Psychol Med*. 2011 Oct;41(10):2159-66. doi: 10.1017/S0033291711000201. PMID: 21349225.
105. Petrakis IL, Desai N, Gueorguieva R, et al. Prazosin for veterans with posttraumatic stress disorder and comorbid alcohol dependence: a clinical trial. *Alcohol Clin Exp Res*. 2016 Jan;40(1):178-86. doi: 10.1111/acer.12926. PMID: 26683790.
106. Petrakis IL, Ralevski E, Desai N, et al. Noradrenergic vs serotonergic antidepressant with or without naltrexone for veterans with PTSD and comorbid alcohol dependence. *Neuropsychopharmacology*. 2012 Mar;37(4):996-1004. doi: 10.1038/npp.2011.283. PMID: 22089316.
107. Popiel A, Zawadzki B, Pragłowska E, et al. Prolonged exposure, paroxetine and the combination in the treatment of PTSD following a motor vehicle accident. A randomized clinical trial - the "TRAKT" study. *J Behav Ther Exp Psychiatry*. 2015 Sep;48:17-26. doi: 10.1016/j.jbtep.2015.01.002. PMID: 25677254.
108. Ramaswamy S, Driscoll D, Reist C, et al. A double-blind, placebo-controlled randomized trial of vilazodone in the treatment of posttraumatic stress disorder and comorbid depression. *Prim Care Companion CNS Disord*. 2017 Aug 24;19(4):17m02138. doi: 10.4088/PCC.17m02138. PMID: 28858440.
109. Ramaswamy S, Driscoll D, Smith LM, et al. Failed efficacy of ziprasidone in the treatment of post-traumatic stress disorder. *Contemp Clin Trials Commun*. 2016 Dec;2:1-5. doi: 10.1016/j.conctc.2015.12.003. PMID: 29736440.
110. Raskind MA, Peskind ER, Chow B, et al. Trial of prazosin for post-traumatic stress disorder in military veterans. *N Engl J Med*. 2018 Feb 8;378(6):507-17. doi: 10.1056/NEJMoa1507598. PMID: 29414272.
111. Raskind MA, Peskind ER, Hoff DJ, et al. A parallel group placebo controlled study of prazosin for trauma nightmares and sleep disturbance in combat veterans with post-traumatic stress disorder. *Biol Psychiatry*. 2007 Apr 15;61(8):928-34. doi: 10.1016/j.biopsych.2006.06.032. PMID: 17069768.

112. Raskind MA, Peskind ER, Kanter ED, et al. Reduction of nightmares and other PTSD symptoms in combat veterans by prazosin: a placebo-controlled study. *Am J Psychiatry*. 2003 Feb;160(2):371-3. doi: 10.1176/appi.ajp.160.2.371. PMID: 12562588.
113. Raskind MA, Peterson K, Williams T, et al. A trial of prazosin for combat trauma PTSD with nightmares in active-duty soldiers returned from Iraq and Afghanistan. *Am J Psychiatry*. 2013 Sep;170(9):1003-10. doi: 10.1176/appi.ajp.2013.12081133. PMID: 23846759.
114. Rasmusson AM, Marx CE, Jain S, et al. A randomized controlled trial of ganaxolone in posttraumatic stress disorder. *Psychopharmacology (Berl)*. 2017 Aug;234(15):2245-57. doi: 10.1007/s00213-017-4649-y. PMID: 28667510.
115. Reich DB, Winternitz S, Hennen J, et al. A preliminary study of risperidone in the treatment of posttraumatic stress disorder related to childhood abuse in women. *J Clin Psychiatry*. 2004 Dec;65(12):1601-6. PMID: 15641864.
116. Rodgman C, Verrico CD, Holst M, et al. Doxazosin XL reduces symptoms of posttraumatic stress disorder in veterans with PTSD: a pilot clinical trial. *J Clin Psychiatry*. 2016 May;77(5):e561-5. doi: 10.4088/JCP.14m09681. PMID: 27249080.
117. Rothbaum BO, Cahill SP, Foa EB, et al. Augmentation of sertraline with prolonged exposure in the treatment of posttraumatic stress disorder. *J Trauma Stress*. 2006 Oct;19(5):625-38. doi: 10.1002/jts.20170. PMID: 17075912.
118. Rothbaum BO, Killeen TK, Davidson JRT, et al. Placebo-controlled trial of risperidone augmentation for selective serotonin reuptake inhibitor-resistant civilian posttraumatic stress disorder. *J Clin Psychiatry*. 2008 Apr;69(4):520-5. doi: 10.4088/JCP.v69n0402. PMID: 18278987.
119. Rothbaum BO, Price M, Jovanovic T, et al. A randomized, double-blind evaluation of D-cycloserine or alprazolam combined with virtual reality exposure therapy for posttraumatic stress disorder in Iraq and Afghanistan War veterans. *Am J Psychiatry*. 2014 Jun;171(6):640-8. doi: 10.1176/appi.ajp.2014.13121625. PMID: 24743802.
120. Sack M, Spieler D, Wizelman L, et al. Intranasal oxytocin reduces provoked symptoms in female patients with posttraumatic stress disorder despite exerting sympathomimetic and positive chronotropic effects in a randomized controlled trial. *BMC Med*. 2017 Feb 17;15(1):40. doi: 10.1186/s12916-017-0801-0. PMID: 28209155.
121. Saygin MZ, Sungur MZ, Sabol EU, et al. Nefazodone versus sertraline in the treatment of posttraumatic stress disorder. *Klinik Psikofarmakol Bülteni*. 2002 Jan;12(1):1-5.
122. Schneier FR, Campeas R, Carcamo J, et al. Combined mirtazapine and SSRI treatment of PTSD: a placebo-controlled trial. *Depress Anxiety*. 2015 Aug;32(8):570-9. doi: 10.1002/da.22384. PMID: 26115513.
123. Schneier FR, Neria Y, Pavlicova M, et al. Combined prolonged exposure therapy and paroxetine for PTSD related to the World Trade Center attack: a randomized controlled trial. *Am J Psychiatry*. 2012 Jan;169(1):80-8. doi: 10.1176/appi.ajp.2011.11020321. PMID: 21908494.
124. Seo H-J, Jung Y-E, Bahk W-M, et al. A comparison of mirtazapine and paroxetine for the treatment of patients with posttraumatic stress disorder: a randomized open-label trial. *Clin Psychopharmacol Neurosci*. 2010;8(2):84-9.
125. Shestatsky M, Greenberg D, Lerer B. A controlled trial of phenelzine in posttraumatic stress disorder. *Psychiatry Res*. 1988 May;24(2):149-55. doi: 10.1016/0165-1781(88)90057-1. PMID: 3406235.

126. Simon NM, Connor KM, Lang AJ, et al. Paroxetine CR augmentation for posttraumatic stress disorder refractory to prolonged exposure therapy. *J Clin Psychiatry*. 2008 Mar;69(3):400-5. PMID: 18348595.
127. Smajkic A, Weine SM, Djuric-Bijedic Z, et al. Sertraline, paroxetine, and venlafaxine in refugee posttraumatic stress disorder with depression symptoms. *J Trauma Stress*. 2001 Jul;14(3):445-52. doi: 10.1023/A:1011177420069. PMID: 11534876.
128. Sonne C, Carlsson JM, Bech P, et al. Treatment of trauma-affected refugees with venlafaxine versus sertraline combined with psychotherapy - a randomised study. *BMC Psychiatry*. 2016 Nov 8;16(1):383. doi: 10.1186/s12888-016-1081-5. PMID: 27825327.
129. Spivak B, Strous RD, Shaked G, et al. Reboxetine versus fluvoxamine in the treatment of motor vehicle accident-related posttraumatic stress disorder: a double-blind, fixed-dosage, controlled trial. *J Clin Psychopharmacol*. 2006 Apr;26(2):152-6. doi: 10.1097/01.jcp.0000203195.65710.f0. PMID: 16633143.
130. Stein MB, Kline NA, Matloff JL. Adjunctive olanzapine for SSRI-resistant combat-related PTSD: a double-blind, placebo-controlled study. *Am J Psychiatry*. 2002 Oct;159(10):1777-9. doi: 10.1176/appi.ajp.159.10.1777. PMID: 12359687.
131. Surís A, Holliday R, Adinoff B, et al. Facilitating fear-based memory extinction with dexamethasone: a randomized controlled trial in male veterans with combat-related PTSD. *Psychiatry*. 2017 Winter;80(4):399-410. doi: 10.1080/00332747.2017.1286892. PMID: 29466111.
132. Surís AM, Smith JC, Powell CM, et al. Interfering with the reconsolidation of traumatic memory: sirolimus as a novel agent for treating veterans with posttraumatic stress disorder. *Ann Clin Psychiatry*. 2013;25(1):33-40. PMID: 23376868.
133. Taylor FB, Martin P, Thompson C, et al. Prazosin effects on objective sleep measures and clinical symptoms in civilian trauma posttraumatic stress disorder: a placebo-controlled study. *Biol Psychiatry*. 2008 Mar 15;63(6):629-32. doi: 10.1016/j.biopsych.2007.07.001. PMID: 17868655.
134. Tucker P, Trautman RP, Wyatt DB, et al. Efficacy and safety of topiramate monotherapy in civilian posttraumatic stress disorder: a randomized, double-blind, placebo-controlled study. *J Clin Psychiatry*. 2007 Feb;68(2):201-6. PMID: 17335317.
135. Tucker PM, Zaninelli R, Yehuda R, et al. Paroxetine in the treatment of chronic posttraumatic stress disorder: results of a placebo-controlled, flexible-dosage trial. *J Clin Psychiatry*. 2001 Nov;62(11):860-8. PMID: 11775045.
136. Tuerk PW, Wangelin BC, Powers MB, et al. Augmenting treatment efficiency in exposure therapy for PTSD: a randomized double-blind placebo-controlled trial of yohimbine HCl. *Cogn Behav Ther*. 2018 Sep;47(5):351-71. doi: 10.1080/16506073.2018.1432679. PMID: 29448886.
137. Van der Kolk BA, Dreyfuss D, Michaels MJ, et al. Fluoxetine in posttraumatic stress disorder. *J Clin Psychiatry*. 1994 Dec;55(12):517-22. PMID: 7814344.
138. Van der Kolk BA, Spinazzola J, Blaustein ME, et al. A randomized clinical trial of Eye Movement Desensitization and Reprocessing (EMDR), fluoxetine, and pill placebo in the treatment of posttraumatic stress disorder: treatment effects and long-term maintenance. *J Clin Psychiatry*. 2007 Jan;68(1):37-46. doi: 10.4088/JCP.v68n0105. PMID: 17284128.
139. Villarreal G, Hamner MB, Cañive JM, et al. Efficacy of quetiapine monotherapy in posttraumatic stress disorder: a randomized, placebo-controlled trial. *Am J Psychiatry*. 2016 Dec;173(12):1205-12. doi: 10.1176/appi.ajp.2016.15070967. PMID: 27418378.

140. Yeh MS, Mari JJ, Costa MC, et al. A double-blind randomized controlled trial to study the efficacy of topiramate in a civilian sample of PTSD. *CNS Neurosci Ther*. 2011 Oct;17(5):305-10. doi: 10.1111/j.1755-5949.2010.00188.x. PMID: 21554564.
141. Yehuda R, Bierer LM, Pratchett LC, et al. Cortisol augmentation of a psychological treatment for warfighters with posttraumatic stress disorder: randomized trial showing improved treatment retention and outcome. *Psychoneuroendocrinology*. 2015 Jan;51:589-97. doi: 10.1016/j.psyneuen.2014.08.004. PMID: 25212409.
142. Zoellner LA, Telch M, Foa EB, et al. Enhancing extinction learning in posttraumatic stress disorder with brief daily imaginal exposure and methylene blue: a randomized controlled trial. *J Clin Psychiatry*. 2017 Jul;78(7):e782-e9. doi: 10.4088/JCP.16m10936. PMID: 28686823.
143. Zohar J, Amital D, Miodownik C, et al. Double-blind placebo-controlled pilot study of sertraline in military veterans with posttraumatic stress disorder. *J Clin Psychopharmacol*. 2002 Apr;22(2):190-5. doi: 10.1097/00004714-200204000-00013. PMID: 11910265.
144. Acarturk C, Konuk E, Cetinkaya M, et al. The efficacy of Eye Movement Desensitization and Reprocessing for post-traumatic stress disorder and depression among Syrian refugees: results of a randomized controlled trial. *Psychol Med*. 2016 Sep;46(12):2583-93. doi: 10.1017/S0033291716001070. PMID: 27353367.
145. Acierno RE, Knapp RG, Tuerk PW, et al. A non-inferiority trial of prolonged exposure for posttraumatic stress disorder: in person versus home-based telehealth. *Behav Res Ther*. 2017 Feb;89:57-65. doi: 10.1016/j.brat.2016.11.009. PMID: 27894058.
146. Adenauer H, Catani C, Gola H, et al. Narrative exposure therapy for PTSD increases top-down processing of aversive stimuli -- evidence from a randomized controlled treatment trial. *BMC Neurosci*. 2011 Dec 19;12:127. doi: 10.1186/1471-2202-12-127. PMID: 22182346.
147. Ahmadi K, Hazrati M, Ahmadizadeh MJ, et al. REM desensitization as a new therapeutic method for post-traumatic stress disorder: a randomized controlled trial. *Acta Med Indones*. 2015 Apr;47(2):111-9. PMID: 26260553.
148. Ahmadizadeh MJ, Rezaei M. Unilateral right and bilateral dorsolateral prefrontal cortex transcranial magnetic stimulation in treatment post-traumatic stress disorder: a randomized controlled study. *Brain Res Bull*. 2018;140:334-40. doi: 10.1016/j.brainresbull.2018.06.001. PMID: 29883597.
149. Akbarian F, Bajoghli H, Haghighi M, et al. The effectiveness of cognitive behavioral therapy with respect to psychological symptoms and recovering autobiographical memory in patients suffering from post-traumatic stress disorder. *Neuropsychiatr Dis Treat*. 2015;11:395-404. doi: 10.2147/NDT.S79581. PMID: 25737635.
150. Aldahadha B, Al-Harthi H, Sulaiman S. The efficacy of Eye Movement Desensitization and Reprocessing in resolving the trauma caused by the road accidents in the Sultanate of Oman. *Journal of Instructional Psychology*. 2012;39(3/4):146-58.
151. Arntz A, Tiesema M, Kindt M. Treatment of PTSD: a comparison of imaginal exposure with and without imagery rescripting. *J Behav Ther Exp Psychiatry*. 2007 Dec;38(4):345-70. doi: 10.1016/j.jbtep.2007.10.006. PMID: 18005935.
152. Asukai N, Saito A, Tsuruta N, et al. Efficacy of exposure therapy for Japanese patients with posttraumatic stress disorder due to mixed traumatic events: a randomized controlled study. *J Trauma Stress*. 2010 Dec;23(6):744-50. doi: 10.1002/jts.20589. PMID: 21171135.
153. Badura-Brack AS, Naim R, Ryan TJ, et al. Effect of attention training on attention bias variability and PTSD symptoms: randomized controlled trials in Israeli and U.S. combat veterans. *Am J Psychiatry*. 2015 Dec;172(12):1233-41. doi: 10.1176/appi.ajp.2015.14121578. PMID: 26206075.

154. Basoglu M, Salcioglu E, Livanou M, et al. Single-session behavioral treatment of earthquake-related posttraumatic stress disorder: a randomized waiting list controlled trial. *J Trauma Stress*. 2005;18(1):1-11. doi: 10.1002/jts.20011. PMID: 16281190.
155. Beck JG, Coffey SF, Foy DW, et al. Group cognitive behavior therapy for chronic posttraumatic stress disorder: an initial randomized pilot study. *Behav Ther*. 2009 Mar;40(1):82-92. doi: 10.1016/j.beth.2008.01.003. PMID: 19187819.
156. Beidel DC, Frueh BC, Uhde TW, et al. Multicomponent behavioral treatment for chronic combat-related posttraumatic stress disorder: a randomized controlled trial. *J Anxiety Disord*. 2011 Mar;25(2):224-31. doi: 10.1016/j.janxdis.2010.09.006. PMID: 20951543.
157. Bichescu D, Neuner F, Schauer M, et al. Narrative exposure therapy for political imprisonment-related chronic posttraumatic stress disorder and depression. *Behav Res Ther*. 2007 Sep;45(9):2212-20. doi: 10.1016/j.brat.2006.12.006. PMID: 17288990.
158. Blanchard EB, Hickling EJ, Devineni T, et al. A controlled evaluation of cognitive behavioural therapy for posttraumatic stress in motor vehicle accident survivors. *Behav Res Ther*. 2003 Jan;41(1):79-96. PMID: 12488121.
159. Boals A, Murrell AR, Berntsen D, et al. Experimentally reducing event centrality using a modified expressive writing intervention. *J Contextual Behav Sci*. 2015 Oct;4(4):269-76. doi: 10.1016/j.jcbs.2015.10.001.
160. Boggio PS, Rocha M, Oliveira MO, et al. Noninvasive brain stimulation with high-frequency and low-intensity repetitive transcranial magnetic stimulation treatment for posttraumatic stress disorder. *J Clin Psychiatry*. 2010 Aug;71(8):992-9. doi: 10.4088/JCP.08m04638blu. PMID: 20051219.
161. Bohus MJ, Dyer AS, Priebe K, et al. Dialectical behaviour therapy for post-traumatic stress disorder after childhood sexual abuse in patients with and without borderline personality disorder: a randomised controlled trial. *Psychother Psychosom*. 2013 Jun;82(4):221-33. doi: 10.1159/000348451. PMID: 23712109.
162. Bomyea JA, Stein MB, Lang AJ. Interference control training for PTSD: a randomized controlled trial of a novel computer-based intervention. *J Anxiety Disord*. 2015 Aug;34:33-42. doi: 10.1016/j.janxdis.2015.05.010. PMID: 26114901.
163. Bormann JE, Thorp S, Wetherell JL, et al. A spiritually based group intervention for combat veterans with posttraumatic stress disorder: feasibility study. *J Holist Nurs*. 2008 Jun;26(2):109-16. doi: 10.1177/0898010107311276. PMID: 18356284.
164. Bradshaw RA, McDonald MJ, Grace R, et al. A randomized clinical trial of Observed and Experiential Integration (OEI): a simple, innovative intervention for affect regulation in clients with PTSD. *Traumatology (Tallahass Fla)*. 2014 Sep;20(3):161-71. doi: 10.1037/h0099401.
165. Bremner JD, Mishra S, Campanella C, et al. 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*. 2017 Aug 25;8:157. doi: 10.3389/fpsy.2017.00157. PMID: 28890702.
166. Brom D, Kleber RJ, Defares PB. Brief psychotherapy for posttraumatic stress disorders. *J Consult Clin Psychol*. 1989 Oct;57(5):607-12. PMID: 2571625.
167. Brom D, Stokar Y, Lawi C, et al. Somatic experiencing for posttraumatic stress disorder: a randomized controlled outcome study. *J Trauma Stress*. 2017 Jun;30(3):304-12. doi: 10.1002/jts.22189. PMID: 28585761.

168. Bryant RA, Ekassawin S, Chakkraband MLS, et al. A randomized controlled effectiveness trial of cognitive behavior therapy for post-traumatic stress disorder in terrorist-affected people in Thailand. *World Psychiatry*. 2011 Oct;10(3):205-9. PMID: 21991280.
169. Bryant RA, Mastrodomenico JA, Hopwood S, et al. Augmenting cognitive behaviour therapy for post-traumatic stress disorder with emotion tolerance training: a randomized controlled trial. *Psychol Med*. 2013 Oct;43(10):2153-60. doi: 10.1017/S0033291713000068. PMID: 23406821.
170. Bryant RA, Moulds ML, Guthrie RM, et al. A randomized controlled trial of exposure therapy and cognitive restructuring for posttraumatic stress disorder. *J Consult Clin Psychol*. 2008 Aug;76(4):695-703. doi: 10.1037/a0012616. PMID: 18665697.
171. Bryant RA, Moulds ML, Guthrie RM, et al. Imaginal exposure alone and imaginal exposure with cognitive restructuring in treatment of posttraumatic stress disorder. *J Consult Clin Psychol*. 2003 Aug;71(4):706. PMID: 12924676.
172. Butollo WH, Karl R, König J, et al. 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. *Psychother Psychosom*. 2016 Jan;85(1):16-26. doi: 10.1159/000440726. PMID: 26610167.
173. Carlson JG, Chemtob CM, Rusnak K, et al. Eye Movement Desensitization and Reprocessing (EMDR) treatment for combat-related posttraumatic stress disorder. *J Trauma Stress*. 1998 Jan;11(1):3-24. doi: 10.1023/A:1024448814268. PMID: 9479673.
174. Carlsson J, Sonne C, Vindbjerg E, et al. Stress management versus cognitive restructuring in trauma-affected refugees—a pragmatic randomised study. *Psychiatry Res*. 2018 Aug;266:116-23. doi: 10.1016/j.psychres.2018.05.015. PMID: 29859498
175. Carr C, D'Ardenne P, Sloboda A, et al. Group music therapy for patients with persistent post-traumatic stress disorder -- an exploratory randomized controlled trial with mixed methods evaluation. *Psychol Psychother*. 2012 Jun;85(2):179-202. doi: 10.1111/j.2044-8341.2011.02026.x. PMID: 22903909.
176. Carter JJ, Gerbarg PL, Brown RP, et al. Multi-component yoga breath program for Vietnam veteran post traumatic stress disorder: randomized controlled trial. *J Trauma Stress Disord Treat*. 2013 Jul 31;2(3)doi: 10.4172/2324-8947.1000108.
177. Castillo DT, Chee CL, Nason E, et al. Group-delivered cognitive/exposure therapy for PTSD in women veterans: a randomized controlled trial. *Psychol Trauma*. 2016 May;8(3):404-12. doi: 10.1037/tra0000111. PMID: 26854355.
178. Chard KM. An evaluation of cognitive processing therapy for the treatment of posttraumatic stress disorder related to childhood sexual abuse. *J Consult Clin Psychol*. 2005 Oct;73(5):965-71. doi: 10.1037/0022-006X.73.5.965. PMID: 16287396.
179. Church D, Hawk C, Brooks AJ, et al. Psychological trauma symptom improvement in veterans using Emotional Freedom Techniques. *J Nerv Ment Dis*. 2013 Feb;201(2):153-60. doi: 10.1097/NMD.0b013e31827f6351. PMID: 23364126.
180. Classen CC, Koopman C, Nevill-Manning K, et al. A preliminary report comparing trauma-focused and present-focused group therapy against a wait-listed condition among childhood sexual abuse survivors with PTSD. *J Aggress Maltreat Trauma*. 2001 Jun;4(2):265-88. doi: 10.1300/J146v04n02_12.
181. Cloitre M, Koenen KC, Cohen LR, et al. Skills training in affective and interpersonal regulation followed by exposure: a phase-based treatment for PTSD related to childhood abuse. *J Consult Clin Psychol*. 2002 Oct;70(5):1067-74. doi: 10.1037//0022-006X.70.5.1067. PMID: 12362957.

182. Coffey SF, Schumacher JA, Nosen E, et al. Trauma-focused exposure therapy for chronic posttraumatic stress disorder in alcohol and drug dependent patients: a randomized controlled trial. *Psychol Addict Behav*. 2016 Nov;30(7):778-90. doi: 10.1037/adb0000201. PMID: 27786516.
183. Coffey SF, Stasiewicz PR, Hughes PM, et al. Trauma-focused imaginal exposure for individuals with comorbid posttraumatic stress disorder and alcohol dependence: revealing mechanisms of alcohol craving in a cue reactivity paradigm. *Psychol Addict Behav*. 2006 Dec;20(4):425-35. doi: 10.1037/0893-164X.20.4.425. PMID: 17176177.
184. Cohen H, Kaplan Z, Kotler M, et al. Repetitive transcranial magnetic stimulation of the right dorsolateral prefrontal cortex in posttraumatic stress disorder: a double-blind, placebo-controlled study. *Am J Psychiatry*. 2004 Mar;161(3):515-24. doi: 10.1176/appi.ajp.161.3.515. PMID: 14992978.
185. Cook JM, Harb GC, Gehrman PR, et al. Imagery rehearsal for posttraumatic nightmares: a randomized controlled trial. *J Trauma Stress*. 2010 Oct;23(5):553-63. doi: 10.1002/jts.20569. PMID: 20839311.
186. Cottraux J, Note I, Yao S-N, et al. Randomized controlled comparison of cognitive behavior therapy with Rogerian supportive therapy in chronic post-traumatic stress disorder: a 2-year follow-up. *Psychother Psychosom*. 2008 Jan;77(2):101-10. doi: 10.1159/000112887. PMID: 18230943.
187. Devilly GJ, Spence SH, Rapee RM. Statistical and reliable change with Eye Movement Desensitization and Reprocessing: treating trauma within a veteran population. *Behav Ther*. 1998 Summer;29(3):435-55. doi: 10.1016/S0005-7894(98)80042-7.
188. Difede J, Cukor J, Jayasinghe N, et al. Virtual reality exposure therapy for the treatment of posttraumatic stress disorder following September 11, 2001. *J Clin Psychiatry*. 2007 Nov;68(11):1639-47. PMID: 18052556.
189. Dorrepaal E, Thomaes K, Smit JH, et al. Stabilizing group treatment for complex posttraumatic stress disorder related to child abuse based on psychoeducation and cognitive behavioural therapy: a multisite randomized controlled trial. *Psychother Psychosom*. 2012;81(4):217-25. doi: 10.1159/000335044. PMID: 22585094.
190. Duffy M, Gillespie K, Clark DM. Post-traumatic stress disorder in the context of terrorism and other civil conflict in Northern Ireland: randomised controlled trial. *BMJ*. 2007 Jun 2;334(7604):1147-50. doi: 10.1136/bmj.39021.846852.BE. PMID: 17495988.
191. Dunne RL, Kenardy JA, Sterling M. A randomized controlled trial of cognitive-behavioral therapy for the treatment of PTSD in the context of chronic whiplash. *Clin J Pain*. 2012 Nov-Dec;28(9):755-65. doi: 10.1097/AJP.0b013e318243e16b. PMID: 22209798.
192. Echeburua E, de Corral P, Sarasua B, et al. Treatment of acute posttraumatic stress disorder in rape victims: an experimental study. *J Anxiety Disord*. 1996 May-Jun;10(3):185-99. doi: 10.1016/0887-6185(96)89842-2.
193. Ehlers A, Clark DM, Hackmann A, et al. A randomized controlled trial of cognitive therapy, a self-help booklet, and repeated assessments as early interventions for posttraumatic stress disorder. *Arch Gen Psychiatry*. 2003;60(10):1024-32. doi: 10.1001/archpsyc.60.10.1024. PMID: 14557148.
194. Ehlers A, Hackmann A, Grey N, et al. A randomized controlled trial of 7-day intensive and standard weekly cognitive therapy for PTSD and emotion-focused supportive therapy. *Am J Psychiatry*. 2014 Mar;171(3):294-304. doi: 10.1176/appi.ajp.2013.13040552. PMID: 24480899.
195. Engel CC, Cordova EH, Benedek DM, et al. Randomized effectiveness trial of a brief course of acupuncture for posttraumatic stress disorder. *Med Care*. 2014 Dec;52(12 Suppl 5):S57-64. doi: 10.1097/mlr.0000000000000237. PMID: 25397825.

196. Engel CC, Jaycox LH, Freed MC, et al. Centrally assisted collaborative telecare for posttraumatic stress disorder and depression among military personnel attending primary care: a randomized clinical trial. *JAMA Intern Med.* 2016 Jul 1;176(7):948-56. doi: 10.1001/jamainternmed.2016.2402. PMID: 27294447.
197. Engel CC, Litz B, Magruder KM, et al. DELivery of Self-Training and Education for Stressful Situations for Primary Care (DESTRESS-PC): a randomized trial of nurse assisted online self-management for PTSD in primary care. *Gen Hosp Psychiatry.* 2015 Jul-Aug;37(4):323-8. doi: 10.1016/j.genhosppsych.2015.04.007. PMID: 25929985.
198. Falsetti SA, Resnick HS, Davis JL. Multiple channel exposure therapy for women with PTSD and comorbid panic attacks. *Cogn Behav Ther.* 2008;37(2):117-30. doi: 10.1080/16506070801969088. PMID: 18470742.
199. Fecteau GW, Nicki RM. Cognitive behavioural treatment of post traumatic stress disorder after motor vehicle accident. *Behav Cogn Psychother.* 1999 Jul;27(3):201-14.
200. 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. *J Interpers Violence.* 2008 Aug;23(8):1027-40. doi: 10.1177/0886260507313967. PMID: 18292398.
201. Foa EB, Dancu CV, Hembree EA, et al. A comparison of exposure therapy, stress inoculation training, and their combination for reducing posttraumatic stress disorder in female assault victims. *J Consult Clin Psychol.* 1999;67(2):194. PMID: 10224729.
202. Foa EB, McLean CP, Zang Y, et al. Effect of prolonged exposure therapy delivered over 2 weeks vs 8 weeks vs present-centered therapy on PTSD symptom severity in military personnel: a randomized clinical trial. *JAMA.* 2018 Jan 23;319(4):354-64. doi: 10.1001/jama.2017.21242. PMID: 29362795.
203. Foa EB, Rothbaum BO, Riggs DS, et al. Treatment of posttraumatic stress disorder in rape victims: a comparison between cognitive-behavioral procedures and counseling. *J Consult Clin Psychol.* 1991;59(5):715. PMID: 1955605.
204. Fonzo GA, Goodkind MS, Oathes DJ, et al. PTSD psychotherapy outcome predicted by brain activation during emotional reactivity and regulation. *Am J Psychiatry.* 2017 Dec 1;174(12):1163-74. doi: 10.1176/appi.ajp.2017.16091072. PMID: 28715908.
205. Forbes D, Lloyd D, Nixon RDV, et al. A multisite randomized controlled effectiveness trial of cognitive processing therapy for military-related posttraumatic stress disorder. *J Anxiety Disord.* 2012 Apr;26(3):442-52. doi: 10.1016/j.janxdis.2012.01.006. PMID: 22366446.
206. Ford J, Rosman L, Wuensch KL, et al. Cognitive-behavioral treatment of posttraumatic stress in patients with implantable cardioverter defibrillators: results from a randomized controlled trial. *J Trauma Stress.* 2016;29(4):388-92. doi: 10.1002/jts.22111. PMID: 27415850.
207. Ford JD, Grasso DJ, Greene CA, et al. Randomized clinical trial pilot study of prolonged exposure versus present centred affect regulation therapy for PTSD and anger problems with male military combat veterans. *Clin Psychol Psychother.* 2018 Sep;25(5):641-9. doi: 10.1002/cpp.2194. PMID: 29687524.
208. Fortney JC, Pyne JM, Kimbrell TA, et al. Telemedicine-based collaborative care for posttraumatic stress disorder: a randomized clinical trial. *JAMA Psychiatry.* 2015 Jan;72(1):58-67. doi: 10.1001/jamapsychiatry.2014.1575. PMID: 25409287.
209. Franklin CL, Cuccurullo LA, Walton JL, et al. Face to face but not in the same place: a pilot study of prolonged exposure therapy. *J Trauma Dissociation.* 2017 Jan-Feb;18(1):116-30. doi: 10.1080/15299732.2016.1205704. PMID: 27348462.

210. Frueh BC, Monnier J, Yim E, et al. A randomized trial of telepsychiatry for post-traumatic stress disorder. *J Telemed Telecare*. 2007 Apr 1;13(3):142-7. doi: 10.1258/135763307780677604. PMID: 17519056.
211. Galovski TE, Blain LM, Mott JM, et al. Manualized therapy for PTSD: flexing the structure of cognitive processing therapy. *J Consult Clin Psychol*. 2012 Dec;80(6):968-81. doi: 10.1037/a0030600. PMID: 23106761.
212. Galovski TE, Harik JM, Blain LM, et al. Augmenting cognitive processing therapy to improve sleep impairment in PTSD: a randomized controlled trial. *J Consult Clin Psychol*. 2016 Feb;84(2):167-77. doi: 10.1037/ccp0000059. PMID: 26689303.
213. Gamito P, Oliveira J, Rosa P, et al. PTSD elderly war veterans: a clinical controlled pilot study. *Cyberpsychol Behav Soc Netw*. 2010 Feb;13(1):43-8. doi: 10.1089/cyber.2009.0237. PMID: 20528292.
214. Gapen MA, van der Kolk BA, Hamlin E, et al. A pilot study of neurofeedback for chronic PTSD. *Appl Psychophysiol Biofeedback*. 2016 Sep;41(3):251-61. doi: 10.1007/s10484-015-9326-5. PMID: 26782083.
215. Gelkopf M, Hasson-Ohayon I, Bikman M, et al. Nature adventure rehabilitation for combat-related posttraumatic chronic stress disorder: a randomized control trial. *Psychiatry Res*. 2013 Oct 30;209(3):485-93. doi: 10.1016/j.psychres.2013.01.026. PMID: 23541513.
216. Geronilla L, Minewiser L, Mollon P, et al. EFT (Emotional Freedom Techniques) remediates PTSD and psychological symptoms in veterans: a randomized controlled replication trial. *Energy Psychology*. 2016;8(2):29.
217. Gersons BP, Carlier IV, Lamberts RD, et al. Randomized clinical trial of brief eclectic psychotherapy for police officers with posttraumatic stress disorder. *J Trauma Stress*. 2000 Apr;13(2):333-47. doi: 10.1023/A:1007793803627. PMID: 10838679.
218. Ghafoori B, Hansen MC, Garibay E, et al. 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. *J Nerv Ment Dis*. 2017 Apr;205(4):283-93. doi: 10.1097/NMD.0000000000000659. PMID: 28157725.
219. Goldstein LA, Mehling WE, Metzler TJ, et al. Veterans group exercise: a randomized pilot trial of an integrative exercise program for veterans with posttraumatic stress. *J Affect Disord*. 2018 Feb;227:345-52. doi: 10.1016/j.jad.2017.11.002. PMID: 29145076.
220. Gray R, Budden-Potts D, Bourke F. Reconsolidation of traumatic memories for PTSD: a randomized controlled trial of 74 male veterans. *Psychother Res*. 2017 Dec 14;1-19. doi: 10.1080/10503307.2017.1408973. PMID: 29241423.
221. Harris JI, Usset T, Voecks C, et al. Spiritually integrated care for PTSD: a randomized controlled trial of "Building Spiritual Strength". *Psychiatry Res*. 2018 Jun 20;267:420-8. doi: 10.1016/j.psychres.2018.06.045. PMID: 29980120.
222. Hensel-Dittmann D, Schauer M, Ruf M, et al. Treatment of traumatized victims of war and torture: a randomized controlled comparison of narrative exposure therapy and stress inoculation training. *Psychother Psychosom*. 2011 Oct;80(6):345-52. doi: 10.1159/000327253. PMID: 21829046.
223. Hijazi AM, Lumley MA, Ziadni MS, et al. Brief narrative exposure therapy for posttraumatic stress in Iraqi refugees: a preliminary randomized clinical trial. *J Trauma Stress*. 2014 Jun;27(3):314-22. doi: 10.1002/jts.21922. PMID: 24866253.
224. Hinton DE, Hofmann SG, Pollack MH, et al. Mechanisms of efficacy of CBT for Cambodian refugees with PTSD: improvement in emotion regulation and orthostatic blood pressure response. *CNS Neurosci Ther*. 2009 Fall;15(3):255-63. doi: 10.1111/j.1755-5949.2009.00100.x. PMID: 19691545.

225. Hinton DE, Hofmann SG, Rivera E, et al. Culturally adapted CBT (CA-CBT) for Latino women with treatment-resistant PTSD: a pilot study comparing CA-CBT to applied muscle relaxation. *Behav Res Ther*. 2011 Apr;49(4):275-80. doi: 10.1016/j.brat.2011.01.005. PMID: 21333272.
226. Hoffart A, Øktedalen T, Langkaas TF, et al. Alliance and outcome in varying imagery procedures for PTSD: a study of within-person processes. *J Couns Psychol*. 2013 Oct;60(4):471-82. doi: 10.1037/a0033604. PMID: 23957768.
227. Hollifield M, Sinclair-Lian N, Warner TD, et al. Acupuncture for posttraumatic stress disorder: a randomized controlled pilot trial. *J Nerv Ment Dis*. 2007 Jun;195(6):504-13. doi: 10.1097/NMD.0b013e31803044f8. PMID: 17568299.
228. Hyer L, Boyd S, Scurfield R, et al. Effects of Outward Bound experience as an adjunct to inpatient PTSD treatment of war veterans. *J Clin Psychol*. 1996 May;52(3):263-78. doi: 10.1002/(SICI)1097-4679(199605)52:3<263::AID-JCLP3>3.0.CO;2-T. PMID: 8835688.
229. Jacob N, Neuner F, Maedl A, et al. Dissemination of psychotherapy for trauma spectrum disorders in postconflict settings: a randomized controlled trial in Rwanda. *Psychother Psychosom*. 2014 Nov;83(6):354-63. doi: 10.1159/000365114. PMID: 25323203.
230. Jensen JA. An investigation of Eye Movement Desensitization and Reprocessing (EMD/R) as a treatment for posttraumatic stress disorder (PTSD) symptoms of Vietnam combat veterans. *Behav Ther*. 1994 Spring;25(2):311-25. doi: 10.1016/S0005-7894(05)80290-4.
231. Jespersen KV, Vuust P. The effect of relaxation music listening on sleep quality in traumatized refugees: a pilot study. *J Music Ther*. 2012;49(2):205-29. PMID: 26753218.
232. Jindani FA, Turner N, Khalsa SBS. A yoga intervention for posttraumatic stress: a preliminary randomized control trial. *Evid Based Complement Alternat Med*. 2015;2015:351746. doi: 10.1155/2015/351746. PMID: 26366179.
233. Johnson DM, Zlotnick C, Perez SK. Cognitive behavioral treatment of PTSD in residents of battered women's shelters: results of a randomized clinical trial. *J Consult Clin Psychol*. 2011 Aug;79(4):542-51. doi: 10.1037/a0023822. PMID: 21787052.
234. Johnson RA, Albright DL, Marzolf JR, et al. Effects of therapeutic horseback riding on post-traumatic stress disorder in military veterans. *Mil Med Res*. 2018 Jan 19;5(1):3. doi: 10.1186/s40779-018-0149-6. PMID: 29502529.
235. Jung K, Steil R. 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. *Psychother Psychosom*. 2013 Jun;82(4):213-20. doi: 10.1159/000348450. PMID: 23712073.
236. Karatzias A, Power KG, Brown KW, et al. 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. *J Nerv Ment Dis*. 2011 Jun;199(6):372-8. doi: 10.1097/NMD.0b013e31821cd262. PMID: 21629014.
237. Katz LS, Douglas S, Zaleski K, et al. Comparing holographic reprocessing and prolonged exposure for women veterans with sexual trauma: a pilot randomized trial. *J Contemp Psychother*. 2014 Mar;44(1):9-19. doi: 10.1007/s10879-013-9248-6.
238. Keane TM, Fairbank JA, Caddell JM, et al. Implosive (flooding) therapy reduces symptoms of PTSD in Vietnam combat veterans. *Behav Ther*. 1989 Spring;20(2):245-60. doi: 10.1016/S0005-7894(89)80072-3.
239. Kearney DJ, McDermott K, Malte C, et al. Effects of participation in a mindfulness program for veterans with posttraumatic stress disorder: a randomized controlled pilot study. *J Clin Psychol*. 2013 Jan;69(1):14-27. doi: 10.1002/jclp.21911. PMID: 22930491.

240. Kent M, Davis MC, Stark SL, et al. A resilience-oriented treatment for posttraumatic stress disorder: results of a preliminary randomized clinical trial. *J Trauma Stress*. 2011 Oct;24(5):591-5. doi: 10.1002/jts.20685. PMID: 21898603.
241. King AP, Block SR, Sripada RK, et al. Altered Default Mode Network (DMN) resting state functional connectivity following a mindfulness-based exposure therapy for posttraumatic stress disorder (PTSD) in combat veterans of Afghanistan and Iraq. *Depress Anxiety*. 2016 Apr;33(4):289-99. doi: 10.1002/da.22481. PMID: 27038410.
242. King AP, Block SR, Sripada RK, et al. A pilot study of mindfulness-based exposure therapy in OEF/OIF combat veterans with PTSD: altered medial frontal cortex and amygdala responses in social-emotional processing. *Front Psychiatry*. 2016 Sep 20;7:154. doi: 10.3389/fpsy.2016.00154. PMID: 27703434.
243. Kip KE, Rosenzweig L, Hernandez DF, et al. Randomized controlled trial of Accelerated Resolution Therapy (ART) for symptoms of combat-related post-traumatic stress disorder (PTSD). *Mil Med*. 2013 Dec;178(12):1298-309. doi: 10.7205/MILMED-D-13-00298. PMID: 24306011.
244. Knaevelsrud C, Böttche M, Pietrzak RH, et al. Efficacy and feasibility of a therapist-guided internet-based intervention for older persons with childhood traumatization: a randomized controlled trial. *Am J Geriatr Psychiatry*. 2017 Aug;25(8):878-88. doi: 10.1016/j.jagp.2017.02.024. PMID: 28365000.
245. Knaevelsrud C, Brand J, Lange A, et al. Web-based psychotherapy for posttraumatic stress disorder in war-traumatized Arab patients: randomized controlled trial. *J Med Internet Res*. 2015 Mar 20;17(3):e71. doi: 10.2196/jmir.3582. PMID: 25799024.
246. Kozel FA, Motes MA, Didehbani N, et al. Repetitive TMS to augment cognitive processing therapy in combat veterans of recent conflicts with PTSD: a randomized clinical trial. *J Affect Disord*. 2018 Mar 15;229:506-14. doi: 10.1016/j.jad.2017.12.046. PMID: 29351885.
247. Krupnick JL, Green BL, Amdur RL, et al. An internet-based writing intervention for PTSD in veterans: a feasibility and pilot effectiveness trial. *Psychol Trauma*. 2017 Jul;9(4):461-70. doi: 10.1037/tra0000176. PMID: 27607767.
248. Krupnick JL, Green BL, Stockton P, et al. Group interpersonal psychotherapy for low-income women with posttraumatic stress disorder. *Psychother Res*. 2008 Sep;18(5):497-507. doi: 10.1080/10503300802183678. PMID: 18816001.
249. Kubany ES, Hill EE, Owens JA, et al. Cognitive trauma therapy for battered women with PTSD (CTT-BW). *J Consult Clin Psychol*. 2004 Feb;72(1):3-18. doi: 10.1037/0022-006x.72.1.3. PMID: 14756610.
250. Kuckertz JM, Amir N, Boffa JW, et al. The effectiveness of an attention bias modification program as an adjunctive treatment for post-traumatic stress disorder. *Behav Res Ther*. 2014 Dec;63:25-35. doi: 10.1016/j.brat.2014.09.002. PMID: 25277496.
251. Langkaas TF, Hoffart A, Øktedalen T, et al. Exposure and non-fear emotions: a randomized controlled study of exposure-based and rescripting-based imagery in PTSD treatment. *Behav Res Ther*. 2017 Oct;97:33-42. doi: 10.1016/j.brat.2017.06.007. PMID: 28689041.
252. Lee CW, Gavriel H, Drummond PD, et al. Treatment of PTSD: stress inoculation training with prolonged exposure compared to EMDR. *J Clin Psychol*. 2002 Sep;58(9):1071-89. doi: 10.1002/jclp.10039. PMID: 12209866.
253. Levine EG, Eckhardt J, Targ E. Change in post-traumatic stress symptoms following psychosocial treatment for breast cancer. *Psychooncology*. 2005 Aug;14(8):618-35. doi: 10.1002/pon.882. PMID: 15651074.
254. Lewis CE, Farewell D, Groves V, et al. Internet-based guided self-help for posttraumatic stress disorder (PTSD): randomized controlled trial. *Depress Anxiety*. 2017 Jun;34(6):555-65. doi: 10.1002/da.22645. PMID: 28557299.

255. Littleton HL, Grills AE, Kline KD, et al. The From Survivor to Thriver program: RCT of an online therapist-facilitated program for rape-related PTSD. *J Anxiety Disord.* 2016 Oct;43:41-51. doi: 10.1016/j.janxdis.2016.07.010. PMID: 27513363.
256. Maguen S, Burkman KM, Madden E, et al. Impact of killing in war: a randomized, controlled pilot trial. *J Clin Psychol.* 2017 Sep;73(9):997-1012. doi: 10.1002/jclp.22471. PMID: 28294318.
257. Maieritsch KP, Smith TL, Hessinger JD, et al. Randomized controlled equivalence trial comparing videoconference and in person delivery of cognitive processing therapy for PTSD. *J Telemed Telecare.* 2016 Jun;22(4):238-43. doi: 10.1177/1357633x15596109. PMID: 26231819.
258. Marcus SV, Marquis P, Sakai CE. Controlled study of treatment of PTSD using EMDR in an HMO setting. *Psychotherapy (Chic).* 1997;34(3):307-15. doi: 10.1037/h0087791.
259. Markowitz JC, Petkova E, Neria Y, et al. Is exposure necessary? A randomized clinical trial of interpersonal psychotherapy for PTSD. *Am J Psychiatry.* 2015 May;172(5):430-40. doi: 10.1176/appi.ajp.2014.14070908. PMID: 25677355.
260. Marks I, Lovell K, Noshirvani H, et al. Treatment of posttraumatic stress disorder by exposure and/or cognitive restructuring: a controlled study. *Arch Gen Psychiatry.* 1998 Apr;55(4):317-25. PMID: 9554427.
261. Maxwell K, Callahan JL, Holtz P, et al. Comparative study of group treatments for posttraumatic stress disorder. *Psychotherapy (Chic).* 2016 Dec;53(4):433-45. doi: 10.1037/pst0000032. PMID: 26390014.
262. McDonagh A, Friedman MJ, McHugo GJ, et al. Randomized trial of cognitive-behavioral therapy for chronic posttraumatic stress disorder in adult female survivors of childhood sexual abuse. *J Consult Clin Psychol.* 2005 Jun;73(3):515-24. doi: 10.1037/0022-006X.73.3.515. PMID: 15982149.
263. McLay RN, Baird A, Webb-Murphy J, et al. A randomized, head-to-head study of virtual reality exposure therapy for posttraumatic stress disorder. *Cyberpsychol Behav Soc Netw.* 2017 Apr;20(4):218-24. doi: 10.1089/cyber.2016.0554. PMID: 28394217.
264. McLay RN, Wood DP, Webb-Murphy JA, et al. 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. *Cyberpsychol Behav Soc Netw.* 2011 Apr;14(4):223-9. doi: 10.1089/cyber.2011.0003. PMID: 21332375.
265. Meredith LS, Eisenman DP, Han B, et al. Impact of collaborative care for underserved patients with PTSD in primary care: a randomized controlled trial. *J Gen Intern Med.* 2016 May;31(5):509-17. doi: 10.1007/s11606-016-3588-3. PMID: 26850413.
266. Miyahira SD, Folen RA, Hoffman HG, et al. The effectiveness of VR exposure therapy for PTSD in returning warfighters. *Stud Health Technol Inform.* 2012;181:128-32. PMID: 22954842.
267. Monson CM, Fredman SJ, Macdonald A, et al. Effect of cognitive-behavioral couple therapy for PTSD: a randomized controlled trial. *JAMA.* 2012 Aug 15;308(7):700-9. doi: 10.1001/jama.2012.9307. PMID: 22893167.
268. Monson CM, Schnurr PP, Resick PA, et al. Cognitive processing therapy for veterans with military-related posttraumatic stress disorder. *J Consult Clin Psychol.* 2006 Oct;74(5):898-907. doi: 10.1037/0022-006X.74.5.898. PMID: 17032094.
269. Moradi AR, Moshirpanahi S, Parhon H, et al. A pilot randomized controlled trial investigating the efficacy of Memory Specificity Training in improving symptoms of posttraumatic stress disorder. *Behav Res Ther.* 2014 May;56:68-74. doi: 10.1016/j.brat.2014.03.002. PMID: 24705337.

270. Morath J, Gola H, Sommershof A, et al. The effect of trauma-focused therapy on the altered T cell distribution in individuals with PTSD: evidence from a randomized controlled trial. *J Psychiatr Res.* 2014 Jul;54:1-10. doi: 10.1016/j.jpsychires.2014.03.016. PMID: 24726027.
271. Morland LA, Mackintosh M-A, Greene CJ, et al. Cognitive processing therapy for posttraumatic stress disorder delivered to rural veterans via telemental health: a randomized noninferiority clinical trial. *J Clin Psychiatry.* 2014;75(5):470-6. doi: 10.4088/JCP.13m08842. PMID: 24922484.
272. Mueser KT, Rosenberg SD, Xie HY, et al. A randomized controlled trial of cognitive-behavioral treatment for posttraumatic stress disorder in severe mental illness. *J Consult Clin Psychol.* 2008 Apr;76(2):259-71. doi: 10.1037/0022-006X.76.2.259. PMID: 18377122.
273. Nacasch N, Foa EB, Huppert JD, et al. Prolonged exposure therapy for combat- and terror-related posttraumatic stress disorder: a randomized control comparison with treatment as usual. *J Clin Psychiatry.* 2011 Sep;72(9):1174-80. doi: 10.4088/JCP.09m05682blu. PMID: 21208581.
274. Nacasch N, Huppert JD, Su Y-J, et al. Are 60-minute prolonged exposure sessions with 20-minute imaginal exposure to traumatic memories sufficient to successfully treat PTSD? A randomized noninferiority clinical trial. *Behav Ther.* 2015 May;46(3):328-41. doi: 10.1016/j.beth.2014.12.002. PMID: 25892169.
275. Nam D-H, Pae C-U, Chae J-H. Low-frequency, repetitive transcranial magnetic stimulation for the treatment of patients with posttraumatic stress disorder: a double-blind, sham-controlled study. *Clin Psychopharmacol Neurosci.* 2013 Aug;11(2):96-102. doi: 10.9758/cpn.2013.11.2.96. PMID: 24023554.
276. Neuner F, Kurreck S, Ruf M, et al. Can asylum-seekers with posttraumatic stress disorder be successfully treated? A randomized controlled pilot study. *Cogn Behav Ther.* 2010;39(2):81-91. doi: 10.1080/16506070903121042. PMID: 19816834.
277. Neuner F, Onyut PL, Ertl V, et al. Treatment of posttraumatic stress disorder by trained lay counselors in an African refugee settlement: a randomized controlled trial. *J Consult Clin Psychol.* 2008 Aug;76(4):686-94. doi: 10.1037/0022-006X.76.4.686. PMID: 18665696.
278. Nijdam MJ, Gersons BP, Reitsma JB, et al. Brief eclectic psychotherapy v. Eye Movement Desensitization and Reprocessing therapy for post-traumatic stress disorder: randomised controlled trial. *Br J Psychiatry.* 2012 Mar;200(3):224-31. doi: 10.1192/bjp.bp.111.099234. PMID: 22322458.
279. Niles BL, Klunk-Gillis J, Ryngala DJ, et al. Comparing mindfulness and psychoeducation treatments for combat-related PTSD using a telehealth approach. *Psychol Trauma.* 2012 Sep;4(5):538-47. doi: 10.1037/a0026161
280. Noohi S, Miraghaie AM, Arabi A, et al. Effectiveness of neuro-feedback treatment with alpha/theta method on PTSD symptoms and their executing function. *Biomed Res.* 2017;28(5):2019-27.
281. Paunovic N, Öst L-G. Cognitive-behavior therapy vs exposure therapy in the treatment of PTSD in refugees. *Behav Res Ther.* 2001 Oct;39(10):1183-97. doi: 10.1016/S0005-7967(00)00093-0. PMID: 11579988.
282. Perez-Dandieu B, Tapia G. Treating trauma in addiction with EMDR: a pilot study. *J Psychoactive Drugs.* 2014 Oct-Dec;46(4):303-9. doi: 10.1080/02791072.2014.921744. PMID: 25188700.
283. Polak AR, Witteveen AB, Denys D, et al. Breathing biofeedback as an adjunct to exposure in cognitive behavioral therapy hastens the reduction of PTSD symptoms: a pilot study. *Appl Psychophysiol Biofeedback.* 2015 Mar;40(1):25-31. doi: 10.1007/s10484-015-9268-y. PMID: 25750106.

284. Polusny MA, Erbes CR, Thuras P, et al. Mindfulness-based stress reduction for posttraumatic stress disorder among veterans: a randomized clinical trial. *JAMA*. 2015 Aug 4;314(5):456-65. doi: 10.1001/jama.2015.8361. PMID: 26241597.
285. Possemato K, Kuhn E, Johnson E, et al. Using PTSD Coach in primary care with and without clinician support: a pilot randomized controlled trial. *Gen Hosp Psychiatry*. 2016 Jan-Feb;38:94-8. doi: 10.1016/j.genhosppsych.2015.09.005. PMID: 26589765.
286. Power K, McGoldrick T, Brown K, et al. A controlled comparison of Eye Movement Desensitization and Reprocessing versus exposure plus cognitive restructuring versus waiting list in the treatment of post-traumatic stress disorder. *Clin Psychol Psychother*. 2002 Sep/Oct;9(5):299-318. doi: 10.1002/cpp.341.
287. Powers MB, Medina JL, Burns S, et al. Exercise augmentation of exposure therapy for PTSD: rationale and pilot efficacy data. *Cogn Behav Ther*. 2015;44(4):314-27. doi: 10.1080/16506073.2015.1012740. PMID: 25706090.
288. Quinones N, Maquet YG, Velez DM, et al. Efficacy of a Satyananda yoga intervention for reintegrating adults diagnosed with posttraumatic stress disorder. *Int J Yoga Therap*. 2015;25(1):89-99. doi: 10.17761/1531-2054-25.1.89. PMID: 26667292.
289. Rauch SAM, King AP, Abelson JL, et al. Biological and symptom changes in posttraumatic stress disorder treatment: a randomized clinical trial. *Depress Anxiety*. 2015 Mar;32(3):204-12. doi: 10.1002/da.22331. PMID: 25639570.
290. Ready DJ, Gerardi RJ, Backscheider AG, et al. Comparing virtual reality exposure therapy to present-centered therapy with 11 U.S. Vietnam veterans with PTSD. *Cyberpsychol Behav Soc Netw*. 2010 Feb;13(1):49-54. PMID: 20528293.
291. Reger GM, Koenen-Woods P, Zetocha K, et al. Randomized controlled trial of prolonged exposure using imaginal exposure vs. virtual reality exposure in active duty soldiers with deployment-related posttraumatic stress disorder (PTSD). *J Consult Clin Psychol*. 2016 Nov;84(11):946-59. doi: 10.1037/ccp0000134. PMID: 27606699.
292. Reinhardt KM, Noggle Taylor JJ, Johnston J, et al. Kripalu yoga for military veterans With PTSD: a randomized trial. *J Clin Psychol*. 2018 Jan;74(1):93-108. doi: 10.1002/jclp.22483. PMID: 28524358.
293. Resick PA, Galovski TE, Uhlmansiek MOB, et al. A randomized clinical trial to dismantle components of cognitive processing therapy for posttraumatic stress disorder in female victims of interpersonal violence. *J Consult Clin Psychol*. 2008 Apr;76(2):243. doi: 10.1037/0022-006X.76.2.243. PMID: 18377121.
294. Resick PA, Nishith P, Weaver TL, et al. 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. *J Consult Clin Psychol*. 2002;70(4):867. PMID: 12182270.
295. Resick PA, Wachen JS, Dondanville KA, et al. Effect of group vs individual cognitive processing therapy in active-duty military seeking treatment for posttraumatic stress disorder: a randomized clinical trial. *JAMA Psychiatry*. 2017 Jan;74(1):28-36. doi: 10.1001/jamapsychiatry.2016.2729. PMID: 27893032.
296. Resick PA, Wachen JS, Mintz J, et al. A randomized clinical trial of group cognitive processing therapy compared with group present-centered therapy for PTSD among active duty military personnel. *J Consult Clin Psychol*. 2015 Dec;83(6):1058-68. doi: 10.1037/ccp0000016. PMID: 25939018.
297. Richards DA, Lovell K, Marks IM. Post-traumatic stress disorder: evaluation of a behavioral treatment program. *J Trauma Stress*. 1994 Oct;7(4):669-80. doi: 10.1007/BF02103014. PMID: 7820356.

298. Rogers S, Silver SM, Goss J, et al. A single session, group study of exposure and Eye Movement Desensitization and Reprocessing in treating posttraumatic stress disorder among Vietnam War veterans: preliminary data. *J Anxiety Disord.* 1999 Jan-Apr;13(1-2):119-30. doi: 10.1016/S0887-6185(98)00043-7. PMID: 10225504.
299. Rosenbaum S, Sherrington C, Tiedemann A. Exercise augmentation compared with usual care for post-traumatic stress disorder: a randomized controlled trial. *Acta Psychiatr Scand.* 2015 May;131(5):350-9. doi: 10.1111/acps.12371. PMID: 25443996.
300. Rothbaum BO. A controlled study of Eye Movement Desensitization and Reprocessing in the treatment of posttraumatic stress disorder sexual assault victims. *Bull Menninger Clin.* 1997 Summer;61(3):317-34. PMID: 9260344.
301. Rothbaum BO, Astin MC, Marsteller F. Prolonged exposure versus Eye Movement Desensitization and Reprocessing (EMDR) for PTSD rape victims. *J Trauma Stress.* 2005 Dec;18(6):607-16. doi: 10.1002/jts.20069. PMID: 16382428.
302. Sack M, Zehl S, Otti A, et al. 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. *Psychother Psychosom.* 2016;85(6):357-65. doi: 10.1159/000447671. PMID: 27744424.
303. Sautter FJ, Glynn SM, Cretu JB, et al. Efficacy of structured approach therapy in reducing PTSD in returning veterans: a randomized clinical trial. *Psychol Serv.* 2015 Aug;12(3):199-212. doi: 10.1037/ser0000032. PMID: 26213789.
304. Schacht RL, Brooner RK, King VL, et al. Incentivizing attendance to prolonged exposure for PTSD with opioid use disorder patients: a randomized controlled trial. *J Consult Clin Psychol.* 2017 Jul;85(7):689-701. doi: 10.1037/ccp0000208. PMID: 28414485.
305. Schnurr PP, Friedman MJ, Engel CC, et al. Cognitive behavioral therapy for posttraumatic stress disorder in women: a randomized controlled trial. *JAMA.* 2007 Feb 28;297(8):820-30. doi: 10.1001/jama.297.8.820. PMID: 17327524.
306. Schnurr PP, Friedman MJ, Foy DW, et al. Randomized trial of trauma-focused group therapy for posttraumatic stress disorder. *Arch Gen Psychiatry.* 2003 May;60(5):481-9. doi: 10.1001/archpsyc.60.5.481. PMID: 12742869.
307. Schnurr PP, Friedman MJ, Oxman TE, et al. RESPECT-PTSD: re-engineering systems for the primary care treatment of PTSD, a randomized controlled trial. *J Gen Intern Med.* 2013 Jan;28(1):32-40. doi: 10.1007/s11606-012-2166-6. PMID: 22865017.
308. Schoorl M, Putman P, Van Der Does W. Attentional bias modification in posttraumatic stress disorder: a randomized controlled trial. *Psychother Psychosom.* 2013;82(2):99-105. doi: 10.1159/000341920. PMID: 23295710.
309. Shapiro E, Laub B. Early EMDR intervention following a community critical incident: a randomized clinical trial. *Journal of EMDR Practice and Research.* 2015 Feb;9(1):17-27. doi: 10.1891/1933-3196.9.1.17.
310. Shemesh E, Annunziato RA, Weatherley BD, et al. A randomized controlled trial for the safety and promise of cognitive-behavioral therapy using imaginal exposure in patients with posttraumatic stress disorder resulting from cardiovascular illness. *J Clin Psychiatry.* 2011 Feb;72(2):168-74. doi: 10.4088/JCP.09m05116blu. PMID: 20441725.
311. Sloan DM, Marx BP. A closer examination of the structured written disclosure procedure. *J Consult Clin Psychol.* 2004 Apr;72(2):165-75. doi: 10.1037/0022-006X.72.2.165. PMID: 15065952.
312. Sloan DM, Marx BP, Bovin MJ, et al. Written exposure as an intervention for PTSD: a randomized clinical trial with motor vehicle accident survivors. *Behav Res Ther.* 2012 Oct;50(10):627-35. doi: 10.1016/j.brat.2012.07.001. PMID: 22863540.

313. Sloan DM, Marx BP, Epstein EM, et al. Does altering the writing instructions influence outcome associated with written disclosure? *Behav Ther.* 2007 Jun;38(2):155-68. doi: 10.1016/j.beth.2006.06.005. PMID: 17499082.
314. Sloan DM, Marx BP, Greenberg EM. A test of written emotional disclosure as an intervention for posttraumatic stress disorder. *Behav Res Ther.* 2011 Apr;49(4):299-304. doi: 10.1016/j.brat.2011.02.001. PMID: 21367400.
315. Sloan DM, Marx BP, Lee DJ, et al. A brief exposure-based treatment vs cognitive processing therapy for posttraumatic stress disorder: a randomized noninferiority clinical trial. *JAMA Psychiatry.* 2018 Mar 1;75(3):233-9. doi: 10.1001/jamapsychiatry.2017.4249. PMID: 29344631.
316. Smyth JM, Hockemeyer JR, Tulloch H. Expressive writing and post-traumatic stress disorder: effects on trauma symptoms, mood states, and cortisol reactivity. *Br J Health Psychol.* 2008 Feb;13(1):85-93. doi: 10.1348/135910707X250866. PMID: 18230238.
317. Spence J, Titov N, Dear BF, et al. Randomized controlled trial of internet-delivered cognitive behavioral therapy for posttraumatic stress disorder. *Depress Anxiety.* 2011 Jul;28(7):541-50. doi: 10.1002/da.20835. PMID: 21721073.
318. Spence J, Titov N, Johnston L, et al. Internet-based trauma-focused cognitive behavioural therapy for PTSD with and without exposure components: a randomised controlled trial. *J Affect Disord.* 2014 Jun;162:73-80. doi: 10.1016/j.jad.2014.03.009. PMID: 24767009.
319. Stecker T, McHugo GJ, Xie HY, et al. RCT of a brief phone-based CBT intervention to improve PTSD treatment utilization by returning service members. *Psychiatr Serv.* 2014 Oct;65(10):1232-7. doi: 10.1176/appi.ps.201300433. PMID: 24933496.
320. Steinert C, Bumke PJ, Hollekamp RL, et al. Treating post-traumatic stress disorder by resource activation in Cambodia. *World Psychiatry.* 2016 Jun;15(2):183-5. doi: 10.1002/wps.20303. PMID: 27265714.
321. Stenmark H, Catani C, Neuner F, et al. Treating PTSD in refugees and asylum seekers within the general health care system. A randomized controlled multicenter study. *Behav Res Ther.* 2013 Oct;51(10):641-7. doi: 10.1016/j.brat.2013.07.002. PMID: 23916633.
322. Talbot LS, Maguen S, Metzler TJ, et al. Cognitive behavioral therapy for insomnia in posttraumatic stress disorder: a randomized controlled trial. *Sleep.* 2014 Feb 1;37(3):327-41. doi: 10.5665/sleep.3408. PMID: 24497661.
323. Tarrier N, Pilgrim H, Sommerfield C, et al. A randomized trial of cognitive therapy and imaginal exposure in the treatment of chronic posttraumatic stress disorder. *J Consult Clin Psychol.* 1999 Feb;67(1):13-8. doi: 10.1037//0022-006X.67.1.13. PMID: 10028204.
324. Ter Heide FJJ, Mooren TM, Van de Schoot R, et al. Eye Movement Desensitisation and Reprocessing therapy v. stabilisation as usual for refugees: randomised controlled trial. *Br J Psychiatry.* 2016 Oct;209(4):311-8. doi: 10.1192/bjp.bp.115.167775. PMID: 26892849.
325. Tylee DS, Gray R, Glatt SJ, et al. Evaluation of the reconsolidation of traumatic memories protocol for the treatment of PTSD: a randomized, wait-list-controlled trial. *J Mil Veteran Fam Health.* 2017;3(1):21-33. doi: 10.3138/jmvfh.4120.
326. Ulmer CS, Edinger JD, Calhoun PS. A multi-component cognitive-behavioral intervention for sleep disturbance in veterans with PTSD: a pilot study. *J Clin Sleep Med.* 2011 Feb 15;7(1):57-68. PMID: 21344046.

327. van den Berg DP, de Bont PA, van der Vleugel BM, et al. Prolonged exposure vs Eye Movement Desensitization and Reprocessing vs waiting list for posttraumatic stress disorder in patients with a psychotic disorder: a randomized clinical trial. *JAMA Psychiatry*. 2015 Mar;72(3):259-67. doi: 10.1001/jamapsychiatry.2014.2637. PMID: 25607833.
328. van Denderen M, de Keijser J, Stewart R, et al. Treating complicated grief and posttraumatic stress in homicidally bereaved individuals: a randomized controlled trial. *Clin Psychol Psychother*. 2018 Feb 26(25):497-508. doi: 10.1002/cpp.2183. PMID: 29479767.
329. Van der Kolk BA, Hodgdon HB, Gapen MA, et al. A randomized controlled study of neurofeedback for chronic PTSD. *PLoS One*. 2016 Dec 16;11(12):e0166752. doi: 10.1371/journal.pone.0166752. PMID: 27992435.
330. van der Kolk BA, Stone L, West J, et al. Yoga as an adjunctive treatment for posttraumatic stress disorder: a randomized controlled trial. *J Clin Psychiatry*. 2014 Jun;75(6):e559-65. doi: 10.4088/JCP.13m08561. PMID: 25004196.
331. Vera M, Reyes-Rabanillo ML, Juarbe D, et al. Prolonged exposure for the treatment of Spanish-speaking Puerto Ricans with posttraumatic stress disorder: a feasibility study. *BMC Res Notes*. 2011 Oct 17;4:415. doi: 10.1186/1756-0500-4-415. PMID: 22005187.
332. Wagner AW, Zatzick DF, Ghesquiere A, et al. Behavioral activation as an early intervention for posttraumatic stress disorder and depression among physically injured trauma survivors. *Cogn Behav Pract*. 2007 Nov;14(4):341-9. doi: 10.1016/j.cbpra.2006.05.002.
333. Wahbeh H, Goodrich E, Goy E, et al. Mechanistic pathways of mindfulness meditation in combat veterans with posttraumatic stress disorder. *J Clin Psychol*. 2016 Apr;72(4):365-83. doi: 10.1002/jclp.22255. PMID: 26797725.
334. Watson CG, Tuorila JR, Vickers KS, et al. The efficacies of three relaxation regimens in the treatment of PTSD in Vietnam War veterans. *J Clin Psychol*. 1997 Dec;53(8):917-23. doi: 10.1002/(SICI)1097-4679(199712)53:8<917::AID-JCLP17>3.0.CO;2-N. PMID: 9403395.
335. Watts BV, Landon B, Groft A, et al. A sham controlled study of repetitive transcranial magnetic stimulation for posttraumatic stress disorder. *Brain Stimul*. 2012 Jan;5(1):38-43. doi: 10.1016/j.brs.2011.02.002. PMID: 22264669.
336. Wells A, Colbear JS. Treating posttraumatic stress disorder with metacognitive therapy: a preliminary controlled trial. *J Clin Psychol*. 2012 Apr;68(4):373-81. doi: 10.1002/jclp.20871. PMID: 24469928.
337. Wells A, Walton D, Lovell K, et al. Metacognitive therapy versus prolonged exposure in adults with chronic post-traumatic stress disorder. *Cognit Ther Res*. 2015 February;39(1):70-80. doi: 10.1007/s10608-014-9636-6.
338. Yehuda R, Pratchett LC, Elmes MW, et al. Glucocorticoid-related predictors and correlates of post-traumatic stress disorder treatment response in combat veterans. *Interface Focus*. 2014 Oct 6;4(5):20140048. doi: 10.1098/rsfs.2014.0048. PMID: 25285201.
339. Yuen EK, Gros DF, Price M, et al. Randomized controlled trial of home-based telehealth versus in-person prolonged exposure for combat-related PTSD in veterans: preliminary results. *J Clin Psychol*. 2015 Jun;71(6):500-12. doi: 10.1002/jclp.22168. PMID: 25809565.
340. Yurtsever A, Konuk E, Akyüz T, et al. An Eye Movement Desensitization and Reprocessing (EMDR) group intervention for Syrian refugees with post-traumatic stress symptoms: results of a randomized controlled trial. *Front Psychol*. 2018 Jun 12;9:493. doi: 10.3389/fpsyg.2018.00493. PMID: 29946275.

- 341. Zang Y, Hunt NC, Cox T. Adapting narrative exposure therapy for Chinese earthquake survivors: a pilot randomised controlled feasibility study. *BMC Psychiatry*. 2014 Oct 3;14:262. doi: 10.1186/s12888-014-0262-3. PMID: 25927297.
- 342. Ziemba SJ, Bradley NS, Landry L-AP, et al. Posttraumatic stress disorder treatment for Operation Enduring Freedom/Operation Iraqi Freedom combat veterans through a civilian community-based telemedicine network. *Telemed J E Health*. 2014 May;20(5):446-50. doi: 10.1089/tmj.2013.0312. PMID: 24617961.
- 343. Zlotnick C, Shea MT, Rosen KH, et al. An affect-management group for women with posttraumatic stress disorder and histories of childhood sexual abuse. *J Trauma Stress*. 1997 Jul;10(3):425-36. doi: 10.1023/A:1024841321156. PMID: 9246650.
- 344. Zucker TL, Samuelson KW, Muench F, et al. The effects of respiratory sinus arrhythmia biofeedback on heart rate variability and posttraumatic stress disorder symptoms: a pilot study. *Appl Psychophysiol Biofeedback*. 2009;34(2):135-43. doi: 10.1007/s10484-009-9085-2. PMID: 19396540.

Abbreviations and Acronyms

AHRQ	Agency for Healthcare Research and Quality
BEP	brief eclectic psychotherapy
CAPS	Clinician-Administered PTSD Scale
CBT	cognitive behavioral therapy
CPG	Clinical Practice Guideline
CPT	cognitive processing therapy
DoD	Department of Defense
DSM	Diagnostic and Statistical Manual of Mental Disorders
EMDR	eye movement desensitization and reprocessing
EPC	Evidence-based Practice Center
FDA	U.S. Food and Drug Administration
MST	Military Sexual Trauma
NCPTSD	National Center for Posttraumatic Stress Disorder
NESARC-III	National Epidemiologic Survey on Alcohol and Related Conditions-III
NET	narrative exposure therapy
NR	not reported
PE	prolonged exposure
PICOTS	Population, Intervention, Comparator, Outcomes, Timing, Setting, and Study design
PTSD	Posttraumatic Stress Disorder
RCT	randomized controlled trial
SEADS	Supplemental Evidence And Data for Systematic review
SNRI	serotonin-norepinephrine reuptake inhibitor
SSRI	selective serotonin reuptake inhibitor
VA	U.S. Department of Veterans Affairs

Appendix A. Literature Search Strategies

Database: Ovid MEDLINE®, Ovid MEDLINE® In-Process & Other Non-Indexed Citations
Pharmacologic interventions

1. stress disorders, post-traumatic/
2. ("posttraumatic stress disorder" or "post traumatic stress disorder" or PTSD).ti,ab.
3. exp Drug Therapy/
4. dt.fs.
5. (medication* or pharmacologic* or pharmaco-therap* or pharmacotherap*).ti,ab.
6. (drug* adj2 (therap* or treatment*)).ti,ab.
7. exp Adrenergic alpha-Antagonists/ or Sympatholytics/ or Doxazosin/ or Prazosin/
8. ("adrenergic alpha antagonist*" or "adrenergic receptor block*" or "alpha adrenergic antagonist*" or "alpha block*" or antiadrenergic* or doxazosin or prazosin or sympatholytic* or terazosin).ti,ab.
9. exp Antipsychotic Agents/
10. ("anti-psychotic*" or antipsychotic* or FGA* or SGA* or aripiprazole or asenapine or brexpiprazole or cariprazine or chlorpromazine or clozapine or fluphenazine or haloperidol or iloperidone or loxapine or lurasidone or olanzapine or paliperidone or perphenazine or pimozide or quetiapine or risperidone or thioridazine or thiothixene or trifluoperazine or ziprasidone).ti,ab.
11. exp Benzodiazepines/
12. (alprazolam or benzodiazepine* or benzodiazepinone* or chlordiazepoxide or clonazepam or clorazepate or diazepam or estazolam or flurazepam or lorazepam or midazolam or oxazepam or quazepam or temazepam or triazolam).ti,ab.
13. exp Monoamine Oxidase Inhibitors/
14. (("monoamine oxidase" adj2 inhibitor*) or MAOI or isocarboxazid or phenelzine or selegiline or tranylcypromine).ti,ab.
15. carbamazepine/ or clonidine/ or lithium/ or pregabalin/ or valproic acid/
16. exp Anticonvulsants/
17. exp Antimanic Agents/
18. exp Cyclohexanecarboxylic Acids/
19. (anticonvuls* or carbamazepine or clonidine or divalproex or gabapentin or lamotrigine or lithium or oxcarbazepine or pregabalin or tiagabine or topiramate or valproate or "valproic acid").ti,ab.
20. exp "hypnotics and sedatives"/ or exp anti-anxiety agents/
21. ("anti anxiety" or antianxiety or buspirone or diphenhydramine or eszopiclone or guanfacine or hydroxyzine or hypnotic* or ramelteon or sedative* or suvorexant or tasimelteon or zaleplon or zolpidem or zopiclone).ti,ab.
22. exp Antidepressive Agents/
23. (antidepressant* or "anti-depressant*" or "selective serotonin" or (serotonin adj3 reuptake) or SNRI* or SSRI* or tricyclic or amitriptyline or amoxapine or bupropion or citalopram or clomipramine or desipramine or desvenlafaxine or doxepin or duloxetine or escitalopram or fluoxetine or fluvoxamine or hydroxyzine or imipramine or levomilnacipran or maprotiline or milnacipran or mirtazapine or nefazodone or nortriptyline or paroxetine or protriptyline or sertraline or trazadone or trimipramine or venlafaxine or vilazodone or vortioxetine).ti,ab.
24. exp Amphetamines/

25. (amphetamine or armodafanil or atomoxetine or dexamethylphenidate or dextroamphetamine or lisdexamphetamine or MDMA or methamphetamine or methylphenidate or modafanil).ti,ab.
26. exp Steroids/
27. (DHEA or hydrocortisone or steroid*).ti,ab.
28. exp Cannabinoids/
29. Cannabis/
30. Medical Marijuana/
31. (cannabi* or marijuana or tetrahydrocannabinol or THC).ti,ab.
32. ketamine/
33. ketamine.ti,ab.
34. Propranolol/
35. propranolol.ti,ab.
36. exp Randomized Controlled Trials as Topic/
37. exp Randomized Controlled Trial/
38. double-blind method/ or random allocation/ or single-blind method/
39. Placebos/
40. (random* or control* or trial or sham or placebo* or blind* or dumm* or mask*).ti,ab,kw.
41. (1 or 2) and (or/3-35)
42. 41 and (or/36-40)

Nonpharmacologic interventions

1. stress disorders, post-traumatic/
2. ("posttraumatic stress disorder" or "post traumatic stress disorder" or PTSD).ti,ab.
3. th.fs.
4. exp Psychotherapy/
5. exp Complementary Therapies/
6. exp Convulsive Therapy/
7. Hyperbaric Oxygenation/
8. Transcranial Magnetic Stimulation/
9. exp Rehabilitation/
10. exp Dietary Supplements/
11. exp "Delivery of Health Care, Integrated"/
12. exp Self-Help Groups/
13. exp peer group/
14. exp social support/
15. exp Telemedicine/
16. telephone/ or exp cell phone/
17. (therap* or psychotherap* or counsel* or nonpharma* or non-pharma*).ti,ab.
18. ("alternative medicine" or acupuncture or "animal assist*" or art or "cell phone" or "cognitive behavior*" or CBT or complementary or dance or drama or electroconvulsive or ECT or exercise or "eye movement desensitization and reprocessing" or EMDR or family or "hyperbaric oxygen*" or integrated or meditation or "mind body" or mindfulness or music or "prolonged exposure" or relaxation or "seeking safety" or "self help" or "tai chi" or "tai ji" or "text messag*" or "transcranial magnetic stimulation" or TMS or yoga).ti,ab.
19. exp Randomized Controlled Trials as Topic/
20. exp Randomized Controlled Trial/

21. double-blind method/ or random allocation/ or single-blind method/
22. (random* or control* or trial or sham or blind* or dumm* or mask*).ti,ab,kw.
23. (1 or 2) and (or/3-18)
24. 23 and (or/19-22)

Database: ProQuest Published International Literature On Traumatic Stress (PILOTS)
(MAINSUBJECT.EXACT("PTSD") OR MAINSUBJECT.EXACT("PTSD (DSM-III-R)") OR
MAINSUBJECT.EXACT("PTSD (DSM-III)") OR MAINSUBJECT.EXACT("PTSD (DSM-
IV)") OR MAINSUBJECT.EXACT("PTSD (DSM-5)") OR
MAINSUBJECT.EXACT("Complex PTSD") OR MAINSUBJECT.EXACT("PTSD (ICD-11)")
OR MAINSUBJECT.EXACT("PTSD (ICD-10)") OR MAINSUBJECT.EXACT("PTSD (ICD-
9)") OR (ptsd OR "posttraumatic stress disorder" OR "post-traumatic stress disorder")) AND
(MAINSUBJECT.EXACT("Randomized Clinical Trial") OR ti(random* OR control* OR trial))
Additional limits: Scholarly Journals

Appendix B. Data Abstraction Guide for Posttraumatic Stress Disorder Randomized Clinical Trials

Contents

Chapter 1. Inclusion and Exclusion Criteria	B-2
Chapter 2. Intervention Categories with Examples	B-3
Chapter 3. PTSD Measures	B-4
Chapter 4. Other Outcome Measures	B-5
Chapter 5. Data Abstraction Instructions	B-7
1. General	B-7
2. Table Fields: Study & Intervention Tab	B-10
3. Table Fields: PTSD Outcomes Tab	B-18
4. Table Fields: Other Outcomes and Harms tab	B-21
Chapter 6. Abbreviations	B-27
Tables	
Table B-1. Inclusion and exclusion criteria	B-2
Table B-2. Intervention categories	B-3
Table B-3. Clinician-administered PTSD measures in priority order for primary outcome	B-4
Table B-4. Self-report PTSD measures in priority order for primary outcome (if no clinician-administered PTSD measure)	B-4
Table B-5. Other outcome measures	B-5
Table B-6. Example of multiple entries within a cell (<6 months)	B-10
Table B-7. Example of multiple measures for an outcome	B-10
Table B-8. Example of data abstraction of race	B-15
Table B-9. Example of methods for handling missing data	B-20
Table B-10. Example 1 (A vs. B, Time Point of Assessment <6 Months)	B-21
Table B-11. Example 2 (A vs. B, Time Point of Assessment <6 Months)	B-22
Table B-12. Example of other outcomes (separating comparisons and timepoints) data abstraction	B-23
Table B-13. Example of other outcomes data formatting: <i>do this</i>	B-24
Table B-14. Example of other outcomes data formatting: <i>do not do this</i>	B-24
Table B-15. Example of harms data abstraction	B-25
Table B-16. Abbreviations	B-257

Chapter 1. Inclusion and Exclusion Criteria

Table B-1. Inclusion and exclusion criteria

Category	Inclusion Criteria	Exclusion Criteria
Population	Adults (≥18 years old) with a PTSD diagnosis (DSM-III, DSM-III-R, DSM-IV, DSM-IV-TR, DSM-5, ICD-9, or ICD-10) diagnosed by a clinician or through the administration of a validated clinician-administered or patient-reported assessment tool	Children (<18 years old) Diagnosis of acute stress disorder Studies that do not specify criteria used to diagnose PTSD Sample population <80% of participants diagnosed with PTSD
Interventions	Pharmacologic treatments—studies with any pharmacologic component, whether singly, in combination with other treatment categories, or compared with another intervention category Nonpharmacologic treatments—interventions without any pharmacologic component; including complementary and integrative approaches, nonpharmacologic biological treatments, and psychotherapeutic treatments	Interventions designed to simultaneously treat PTSD and comorbid conditions if they cannot be standalone PTSD interventions (e.g., interventions targeting PTSD and a comorbidity such as depression are included if the intervention can be a treatment for PTSD alone) Interventions designed to prevent PTSD
Comparators	No limitations applied. Direct head-to-head comparison of PTSD interventions were included. Interventions such as waitlist/minimal attention, usual care, placebo, or other minimally-active treatment (e.g. education or attention control) were categorized as “Controls”	None
Outcomes	Any overall PTSD outcome	Studies reporting only individual symptoms or symptom clusters without overall PTSD outcome
Timing	Any study duration and length of followup	None
Settings	All	None
Study Design	Randomized controlled trials	Studies that do not have a randomized controlled trial design. Selected systematic reviews will be considered as reference sources for studies to be reviewed for possible inclusion; however, data will be abstracted from individual studies, rather than from systematic reviews.
Publication Language and Dates	English language articles 1980 to present	Non-English language articles Unpublished data Publication date prior to 1980

DSM = Diagnostic and Statistical Manual of Mental Disorders; PTSD = Posttraumatic Stress Disorder

Chapter 2. Intervention Categories With Examples

Table B-2. Intervention categories^a

Pharmacologic Treatments	Nonpharmacologic Biological Treatments	Complementary and Integrative Treatments	Psychotherapeutic Treatments	Control
Antiadrenergic drugs (e.g., clonidine, guanfacine, propranolol) Antidepressants (e.g., SSRI's, SNRI's, TCA's, MAOI's, other) Antipsychotics (first and second generation) Benzodiazepines Cannabinoids (e.g., cannabidiol, dronabinol, tetrahydrocannabinol) Mood Stabilizers (e.g., anticonvulsants, lithium) Psychostimulants (e.g., MDMA, amphetamine, methylphenidate, modafinil) Sedatives (e.g., diphenhydramine, eszopiclone) Steroids (e.g., dehydroepiandrosterone, hydrocortisone) Miscellaneous (e.g., D-cycloserine, ketamine, mifepristone, others)	Biofeedback (including neurofeedback) Convulsive therapy Electric shock therapy Electroconvulsive therapy (ECT) Hyperbaric oxygen therapy (HBOT) Repetitive transcranial magnetic stimulation (TMS) Shock therapy Stellate ganglion block (SGB) Vagal nerve stimulation (VNS)	Acupuncture Animal-Assisted Therapy Art Therapy Dietary Supplements Drama Therapy Exercise Therapy (e.g., dance) Homeopathy Hypnosis Mantram Repetition Program (MRP) Meditation (including mindfulness) Mindfulness-Based Stress Reduction (MBSR) Movement Therapy Music Therapy Natural products (e.g., ginkgo biloba, herbs) Phytotherapy Progressive Muscle Relaxation Psychodrama Recreational Therapies (e.g., drama, fishing, sailing) Tai Chi Tai Ji Yoga	Accelerated Resolution Therapy Acceptance and Commitment Therapy (ACT) Anger Management Therapy Attention Control Behavioral Activation and Therapeutic Exposure Brief Eclectic Psychotherapy (BEP) Brief Psychodynamic Therapy Cognitive Behavioral Therapy (CBT) Cognitive Behavioral Therapy for Insomnia (CBT for Insomnia) Cognitive Behavioral Therapy for Sleep (CBT for sleep) Cognitive Processing Therapy (CPT) Cognitive Restructuring (CR) Couples Therapy Dialectic Behavior Therapy (DBT) Emotional Freedom Techniques Exposure Therapy Eye Movement Desensitization and Reprocessing (EMDR) Graded Exposure Therapy Interpersonal Psychotherapy (IPT) Mindfulness-Based Exposure Therapy Narrative Exposure Therapy (NET) Present-Centered Therapy (PCT) Prolonged Exposure (PE) Psychoanalysis Seeking Safety Skills Training in Affect and Interpersonal Regulation (STAIR) Stress Inoculation Training (SIT) Supportive Counseling Trauma Management Therapy Written Emotional Disclosure Written Exposure Therapy Written Narrative Exposure	Placebo Psychoeducation Sham Treatment as Usual (TAU) Waitlist (WL)

^aAdapted from the Department of Veterans Affairs and the Department of Defense Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder. Version 3.0; 2017.

Chapter 3. PTSD Measures

Primary PTSD outcome measure priority order:

1. Clinician-administered measures, in order as listed in Table B-3.
2. Self-report measures, in order as listed in Table B-4.

Table B-3. Clinician-administered PTSD measures in priority order for primary outcome

Abbreviation	Name	Notes
CAPS	Clinician-Administered PTSD Scale (any version)	Total (also called “severity”) Could also report intensity
SCID	Structured Clinical Interview for DSM	No quantitative score. PTSD module.
PSS-I	PTSD Symptom Scale - Interview	
STI or SAI	Standardized Trauma Interview or Standardized Assault Interview	STI is modified version of SAI
SI-PTSD	Structured Interview for PTSD	
MINI	Mini-International Neuropsychiatric Interview	
TOP-8	Treatment-Outcome Posttraumatic Stress Disorder Scale	
CIDI	Composite International Diagnostic Interview	

Table B-4. Self-report PTSD measures in priority order for primary outcome (if no clinician-administered PTSD measure)

Abbreviation	Name	Notes
PCL	PTSD Checklist (any version) Versions include: -C (civilian), -M (military), -S (specific), -5 (for DSM-5)	
PSS-SR	PTSD Symptom Scale - Self Report	
PDS	Posttraumatic Diagnostic Scale	
IES or IES-R	Impact of Event Scale (- Revised)	IES 15 items, IES-R 22
DTS	Davidson Trauma Scale	
	Dissociative Subtype of PTSD Scale	
HTQ	Harvard Trauma Questionnaire	
M-PTSD	Mississippi Scale for Combat-Related PTSD	
MPSS	Modified PTSD Symptom Scale	
	Penn Inventory for Posttraumatic Stress Disorder	
SPRINT	Short Post-Traumatic Stress Disorder Rating Interview	
	Trauma Symptom Checklist - 40	
TSI	Trauma Symptom Inventory	
PC-PTSD	Primary Care PTSD Screen	
	Minnesota Multiphasic Personality Inventory PTSD subscale	
SASRQ	Stanford Acute Stress Reaction Questionnaire	

Chapter 4. Other Outcome Measures

Table B-5. Other outcome measures

Outcome Type	Abbreviation	Name
Anger	BDHI	Buss-Durkee Hostility Inventory
Anger	BSI-Hostility	Brief Symptom Inventory-Hostility
Anger	DAR7	Dimensions of Anger Reactions
Anger	HSCL (-90 Hostility)	Hopkins Symptom Checklist 90 (abstract as SCL-90)
Anger	SCL-90 Hostility	Symptom Checklist 90-Hostility
Anger	STAS	State-Trait Anger Scale
Anger	STAXI (-2)	State-Trait Anger Expression Inventory (-Version 2)
Anger	TSI-Anger/Irritability	Trauma Symptom Inventory-Anger/Irritability
Anxiety	BAI	Beck Anxiety Inventory
Anxiety	BSI-Anxiety	Brief Symptom Inventory-Anxiety
Anxiety	ECR (-R)	Experiences in Close Relationship (-Revised)
Anxiety	GAD-7	Generalized Anxiety Disorder 7-Item
Anxiety	HAM-A	Hamilton Rating Scale for Anxiety
Anxiety	HSCL (-90 Anxiety)	Hopkins Symptom Checklist 90 (abstract as SCL-90)
Anxiety	MASQ-AA	Mood and Anxiety Symptom Questionnaire-Anxious Arousal
Anxiety	PHQ-9	Patient Health Questionnaire-9 item
Anxiety	SCL-90-Anxiety	Symptom Checklist-Anxiety (SCL also known as Hopkins Symptom Checklist)
Anxiety	STAI (-S; -T)	State-Trait Anxiety Inventory (-State; -Trait)
Anxiety	TSI-AA	Trauma Symptom Inventory-Anxious Arousal
Depression	BADS	Behavioral Activation for Depression Scale
Depression	BDI (-II)	Beck Depression Inventory (-2 nd version)
Depression	BSI-Depression	Brief Symptom Inventory-Depression
Depression	CES-D	Center for Epidemiologic Studies-Depression Scale
Depression	DASS 21	Depression Anxiety Stress Scale
Depression	HADS (-A; -D)	Hospital Anxiety and Depression Scale (-Anxiety; -Depression)
Depression	HAM-D	Hamilton Depression Rating Scale
Depression	HSCL (-90 Depression)	Hopkins Symptom Checklist 90 (abstract as SCL-90)
Depression	MADRS	Montgomery-Asberg Depression Rating Scale

Outcome Type	Abbreviation	Name
Depression	MASQ-AD	Mood and Anxiety Symptom Questionnaire-Anhedonic Depression
Depression	PANAS	Positive and Negative Affect Scale
Depression	PHQ-9	Patient Health Questionnaire-9 item
Depression	QIDS	Quick Inventory of Depressive Symptomatology
Depression	SCL-20	20-item Symptom Checklist Depression Scale
Depression	SCL-90-Depression	Symptom Checklist 90-Depression (SCL also known as Hopkins Symptom Checklist)
Functioning	ASEX	Arizona Sexual Experience Scale
Functioning	FACIT (-Sp)	Functional Assessment of Chronic Illness Therapy (-Spiritual Well-being Scale)
Functioning	GAF	Global Assessment of Function
Functioning	GHQ28	General Health Questionnaire-28
Functioning	ODI	Oswestry Disability Index
Functioning	SAS	Social Adjustment Scale
Functioning	SDI	Social Disability Index
Functioning	SDS	Sheehan Disability Scale
Functioning	SF-12	12-Item Short Form Health Survey
Functioning	SF-36	36-Item Short Form Health Survey
Functioning	SF-36 PCS	Physical Component Summary
Functioning	SF-36 MCS	Mental Component Summary
Functioning	WAS	Work and Social Adjustment Scale
Other/mixed		Symptom Assessment-45
Quality of Life	EUROHIS-QOL	European Health Interview Surveys-Quality of Life
Quality of Life	SF-8 MCS	Short Form Health Survey-Mental Component Score
Quality of Life	SF-8 PCS	Short Form Health Survey-Physical Component Score
Quality of Life	Q-LES-Q (-SF)	Quality of Life Enjoyment and Satisfaction Questionnaire (-Short Form)
Quality of Life	QOLI	Quality of Life Inventory
Quality of Life	WHOQOL (-BREF)	World Health Organization Quality of Life (abbreviated version)
Quality of Life	WHO-5	
Relationship	ECR-R	Experiences in Close Relationships-Revised
Sleep	ISI	Insomnia Severity Index

Outcome Type	Abbreviation	Name
Sleep	PSQI	Pittsburgh Sleep Quality Index
Substance Use	ACQ-Now	Alcohol Craving Questionnaire-Now
Substance Use	ADS	Alcohol Dependence Scale
Substance Use	ASI (-alcohol; -drug)	Addiction Severity Index (alcohol use; drug use)
Substance Use	AUDIT	Alcohol Use Disorders Identification Test
Substance Use	TLFB	Time Line Follow-Back

Chapter 5. Data Abstraction Instructions

1. General

“NR” for not reported; “NA” for not applicable

- If outcome was not assessed at a time point, enter “NA” for all cells corresponding to that time point
- If a secondary outcome was not assessed, enter “NA” for measure name and all comparisons for that outcome
- If a study did not define “PTSD Diagnostic Change” and/or “Clinically Meaningful Response,” keep both labels in cell and enter “NR”

Hard returns

- Use hard returns for comparison between multiple arms: A vs B, A vs C, B vs C
- Use hard returns for different analyses (e.g., ITT and completer)
- Use hard returns for different measures (e.g., BDI and HAM-D for depression)

Report up to 2 decimal places except for p-values

- If study provides a value with 0 or 1 decimal place, abstract as reported. Do not add additional 0 at the end
- If calculating, such as n/N, round to 2 decimal places
- Abstract p-values to as many decimals as reported

Keep all pre-filled categories except for race (e.g., Completion, Adherence, PTSD Diagnostic Change, Clinically Meaningful Response, SAE’s, etc.), and input “NR” or “NA” as appropriate

a. Calculations and Reporting Statistics

Calculate percentages from n/N, report to 2 decimal places

Calculate these pooled means for overall study characteristics if only reported by intervention arms

- **PTSD severity at baseline** (mean and SD)
- **Duration of PTSD symptoms** (mean and SD)
- **Mean age** (mean and SD)
- **Number of trauma types experienced per patient** (mean and SD)
- **Number of traumatic events experienced per patient** (mean and SD)

Score difference from baseline

- Within group: abstract or calculate (if not provided) difference between mean score at time point being entered and score at baseline. Abstract SD or other error estimate if provided in parentheses, indicate if not SD (e.g., 95% CI, SEM, etc.)
- Between group (and/or across groups): abstract mean difference in change from baseline and SD (or other error estimates) if reported in study. **DO NOT** calculate

Effect sizes

- **DO NOT** calculate effect size (e.g., OR, RR, standardized difference of means), CI, or p-values

- If multiple methods of score difference are reported, enter only 1 based on priority in order of:
 - Adjusted difference in change from baseline (e.g., ANCOVA, other models); abstract for most adjusted model if more than 1 model reported
 - Unadjusted difference in change from baseline (e.g., ANOVA, other unadjusted models)
 - Difference between scores at time point (not adjusted for baseline differences)
- Abstract effect size name
 - Common effect size names: eta-squared, partial eta-squared, Cohen's d, Hedges' g, omega-squared, odds ratio, relative risk, treatment effect (ANOVA), group x time interaction
 - Note: Cohen's d and Hedges' g are standardized mean differences, which are effect sizes
- General format: "statistic name effect size (95% CI), p-value"
 - Indicate type of effect size (e.g., Cohen's d, OR)
 - Abstract all elements, even if not significant
 - For 95% CI, enter up to 2 decimal points and enter range using "to" (no dash or hyphen). Do not re-type "95% CI" inside parentheses. Indicate if other than 95% (e.g., 90% CI 0.45 to 0.70)
 - Do not report test statistics (e.g., F- or t-values, degrees of freedom)
 - **Examples:**
 - RR 0.56 (0.50 to 0.62), p=0.02
 - Eta-squared 0.56 (NR), p=0.02
 - Cohen's d 0.56 (NR), NR
 - NR (NR), p<0.05 (e.g., when study specified α -level and reported comparison and significant)
 - NR (NR), p=NS (e.g., when study did not specify α -level and reported comparison as not significant)
 - NR (if study did not report effect size, 95% CI, or p-value)

b. Multiple Entries Within a Cell

If an outcome is measured multiple times within a category (e.g., at 1 and 3 months), abstract results for both time points separated by carriage return with extra space in between. Group comparisons by measure, then by time points.

Table B-6. Example of multiple entries within a cell (<6 months)

Time Point of Assessment	N Completed Outcome Measurement	Mean Measure Score (SD)	Score Difference from Baseline	Within Group Effect Size and Statistical Significance	% Achieved PTSD Diagnostic Change	% Achieved Clinically Meaningful Response
1 month	100	46.8 (12.2)	-23.4 (NR)	Hedges' g 1.7 (NR), p=0.02	52.00% (13/25)	80.00% (20/25)
3 months	96	42.3 (NR)	-27.9 (NR)	NR (NR), p=0.015	NR	88.00% (22/25)

If an outcome was measured using multiple measures (e.g., BDI and HAM-D for depression), abstract all scales separated by carriage return with extra space in between.

Group comparisons together by each measure.

Table B-7. Example of multiple measures for an outcome

Depression Outcome Measures	Arms Compared	End of Treatment [Effect size (95% CI), p-value]
BDI	A vs B	Cohen's d 0.12 (NR), p>0.05
	A vs C	Cohen's d 0.27 (NR), p>0.05
HAM-D	B vs C	Cohen's d 0.15 (NR), p>0.05
	A vs B	Cohen's d 0.08 (NR), p>0.05
	A vs C	Cohen's d 0.23 (NR), p>0.05
	B vs C	Cohen's d 0.16 (NR), p>0.05

c. Pharmacologic/Nonpharmacologic Table Assignment

Pharmacologic table will include any study that includes an intervention arm with a pharmacologic component.

Nonpharmacologic table will include studies with psychotherapy, complementary and/or integrative approach, and non-pharmacologic biological interventions (see Chapter 2, Intervention Categories, adapted from the VA/DoD CPG).

2. Table Fields: Study & Intervention Tab

a. Study Characteristics

Country/countries

- List all countries, separated by commas.
- Acceptable abbreviations: U.A.E., U.K., U.S.

Site Type

- Likely will be specified in study design, based on where study was conducted
- For U.S. settings, use “VA/DoD” for a military or veteran clinic
- For non-U.S. settings, use “MIL” for a military or veteran clinic or “non-MIL” for a community setting

Clinical Setting Options

- Acute inpatient: mainly crisis management
- Residential inpatient: participant voluntarily checks into treatment center
- Intensive outpatient: multiple sessions per week, but patient not living in a treatment center; studies will typically state if intervention is “intensive”
- Outpatient clinic: up to 3 normal clinical appointments per week
- Primary care clinic
- Telehealth: includes interaction with therapist (e.g., via webcam)
- Other: give brief description in cell (e.g., mobile application, expressive writing, internet)
- Mixed: list out included categories (e.g., primary care clinic and mobile application)

Study Design

- Common designs: crossover, parallel
- If study is a crossover study and reports results by each period, abstract only the 1st period results (to minimize order and carry-over effects)
- If waitlist control group receives intervention after end of specified treatment period, do not abstract subsequent treatment’s data

Subscale or Symptom Cluster Data Reported?

- For PTSD measures only (primary or secondary), does not consider other outcomes
- Enter “Y” if study reported subscale or symptom cluster data for PTSD measures (e.g., on CAPS, study reported Criterion B – Re-experiencing symptoms; Criterion C – Avoidance symptoms; Criterion D – Negative alterations in cognitions and mood; Criterion E – Alterations in arousal and reactivity)
- Do not abstract which PTSD measure (e.g., name or primary PTSD) and subscale name

Subgroup Analyses Reported?

- For PTSD measures only (primary or secondary)
- Indicate “Y” if publication includes subgroup analysis (e.g., analysis by gender, duration of PTSD symptoms); abstractors do not need to seek potential secondary publications that include subgroup analysis

All Providers Have Graduate Degree?

- Enter “Y” if study specifies that all psychotherapy/complementary and integrative approach providers have graduate degree
- Graduate degree includes master degree and above

- Doctoral students do not qualify as having graduate degree unless study specified that they have already obtained master degree
- Enter “NA” for pharmacologic studies

Intervention Includes Group Therapy?

- Enter “Y” if any treatment arm includes group therapy
- Enter “N” for pharmacologic study comparing drug vs. placebo
- Enter “N” if study offers optional group therapy, but interventions being studied did not include a group therapy component

Allowed PTSD Psychotherapy Co-Intervention?

- Enter “Y” only if study specifically states that participants were allowed to continue other psychotherapy for PTSD
- If study only states that participants were allowed to continue current psychotherapy without specifying indication, enter “NR”
- If study specifically allows/prohibits a particular method of psychotherapy for PTSD but did not specify for other forms of psychotherapy, enter “NR” and indicate in parentheses type of psychotherapy allowed/prohibited

Allowed Other Psychotherapy Co-Intervention?

- If study only states that participants were allowed to continue current psychotherapy without specifying indication, enter “Y”
- If study specifically allows/prohibits a particular method of psychotherapy but did not specify for other forms of psychotherapy, enter “NR” and indicate in parentheses type of psychotherapy allowed/prohibited

Allowed Psychotropic Medication Co-Intervention?

- Enter “Y” if study states patients allowed to continue current psychotropic medication

b. PTSD Definition

Diagnostic Instruments

- List all instruments used to diagnose PTSD and specify version of criteria
- If multiple instruments used for diagnosis, enter all and separate with carriage return
 - Indicate if participants must satisfy all diagnostic instruments’ criteria or any (“and” vs “or”)
- Indicate version of criteria (e.g., CAPS or CAPS-5; DSM-IV or DSM-V)
 - Indicate both instrument and diagnostic version (e.g., CAPS for DSM-IV)
Examples: CAPS used to diagnose PTSD according to DSM-IV criteria, abstract “CAPS for DSM-IV”
 - CAPS-5 is based on DSM-5
 - PCL-M (military), PCL-C (civilian), and PCL-S (specific) were based on DSM-IV; PCL-5 is for DSM-5

- If study only reports “diagnosis of PTSD” as an inclusion criterion, abstract “NR”
- If study reports “diagnosis of PTSD according to DSM-IV” as an inclusion criterion, abstract “DSM-IV”

Threshold

- Abstract as specified by study
- Threshold for total score, not the “1/2 Rule” for CAPS
- **Do not assume** threshold is the typical cut-off (e.g., do not enter 33 for PCL-5 unless specified)
- If multiple diagnostic instruments were used, enter each measure name and threshold. (e.g., CAPS: >55 \ PCL-5: NR)
- Enter “NA” if measure doesn’t have cut-off (e.g., The MINI International Neuropsychiatric Interview, SCID)
- Enter “NR” if threshold not reported

c. Population Characteristics

Overall study population, not individual arm (calculate if reported by arm)

N randomized: preferentially use numbers as reported in figure

N randomized ≠ N enrolled (participants may drop out before being randomized to an intervention arm)

Study may exclude participants in the ITT population if they met exclusion criteria *during* the trial (e.g., trauma event during therapy, change in medication). In this case, use N for ITT as indicated by study for baseline and subsequent assessments

% Meeting Criteria for PTSD at Baseline

- Abstract “100%” if diagnosis of PTSD is an inclusion criterion
- If patients with subthreshold PTSD were included, enter only % meeting full PTSD diagnosis
- If study reports results for 2 populations separately, then only abstract results for population with full PTSD
- If not reported for overall population, calculate from individual arms

PTSD severity at baseline: abstract for entire study population

- Abstract instrument used to measure PTSD severity, whether or not it is the same instrument used to diagnose PTSD (e.g., CAPS)
- If not reported for overall population, calculate from individual arms

Duration of PTSD symptoms: abstract mean (SD) in years, indicate if not mean/SD/years

- If study reports years since index trauma, enter “NR” but mean years since trauma in parentheses: NR (7.9 [SD 1.3] years since index trauma)
- If not reported for overall population, calculate from individual arms

% Active Duty Military: 100% if conducted at a DoD base (or equivalent non-U.S. site), or as indicated by study

- If possible, calculate from n/N for overall study population

% Veteran: 100% if conducted at a VA clinic (or equivalent non-U.S. site), or as indicated by study

- If possible, calculate from n/N for overall study population

% Community: assume 100% if conducted outside of VA/DoD or equivalent veteran/military site (e.g., community clinic)

- The three categories should sum to 100% (for this purpose the variables are considered mutually exclusive)
- If possible, calculate from n/N for overall study population
- If a study is conducted in non-VA/DoD setting but does not indicate that all participants were civilians, enter “NR” for “**% Active Duty Military**” and “**% Veteran**”

Mean Age: abstract mean age and SD for overall group

- If not reported for overall population, calculate from individual arms
- Indicate if not mean or SD
Examples: 54.6 (SEM 2.5), Median 59.4 (IQR 45 to 65)

Gender and Sexual Orientation:

- If population by gender was not reported, enter NR
- If possible, calculate from n/N for overall study population
- Unless otherwise stated, if a study reports %M, assume %F = 100% - %M
- Abstract sexual orientation if reported, do not enter “NR” if not provided

Race: will be pre-populated with census categories (i.e., White, Black, Asian, American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander)

- If calculating for overall study population, such as from n/N, round to 2 decimal places
- All categories should sum to 100%
 - If study provides some categories but all categories do not sum to 100%, consider remainder population as “Other”
- Delete pre-filled categories if not reported (don’t enter “NR”); if reported as 0 then enter as such
- Match reported categories with census names when possible (e.g. African American, enter as Black).
 - If a category cannot be matched to a Census category, classify it as “Other”
 - Do not combine categories (e.g., Asian/Native Hawaiian/Pacific Islander)
 - Categorize “Hispanics” as “Other” race if race and ethnicity are not reported independently, and also report it under “**Ethnicity**” column
- Census category definitions:
 - White: a person from Europe, the Middle East, or North Africa
 - Black or African American: a person having origins in any of the Black racial groups of Africa
 - American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment

- Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., Cambodia, India, Pakistan)
- Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Table B-8. Example of data abstraction of race

Race	Ethnicity (% Hispanic)
White: 55.00%	0%
Black: 40.00%	
Asian: 3.00%	
Other: 2.00%	

Ethnicity

- Defined as a person of Hispanic origin, includes Latino
- If possible, calculate from n/N for overall study population

% Treatment-naïve: abstract % without any prior PTSD treatment

- If unclear (e.g., study reports number of patients received psychotropic medication without specifying it for PTSD), enter “NR”
- If possible, calculate from n/N for overall study population

% with Depression

- If possible, calculate from n/N for overall study population
- Does NOT require diagnosis of depression, but preferentially abstract % with major depressive disorder (MDD) if study also reports % dysthymia
- Do not need to indicate MDD or dysthymia
 - Preferentially enter % with current diagnosis (as opposed to lifetime)
 - Only indicate if % reported is for lifetime symptoms

% with Substance Use Diagnoses

- Requires diagnosis of SUD, which includes alcohol use disorder (AUD)
- If possible, calculate from n/N for overall study population
- If AUD and SUD reported separately or only 1 was reported, abstract all data and indicate which type
- If reported by individual substance, enter as reported (still requires diagnosis)
- If enrollment criteria exclude participants with AUD but did not report for other substances, abstract “AUD: 0% AUD / SUD: NR”

Patients with Suicidality Excluded?

- Enter “Y” if study mentioned excluded patient with any intensity of suicidal ideation (e.g., study excluded patients with severe depression with suicidal ideation→Y)
- If study did not specify patients with suicidal ideation were excluded→N

Trauma Type

- Classify preferentially by index trauma, not participant's current status (e.g., traumatic event was childhood sexual assault but participant is currently an active duty member, trauma type is "child sexual abuse" and not "MST")
- Abstract included trauma types for **mixed** (e.g., Mixed: child physical abuse, child sexual abuse)
- Abstract brief description for "**Other**"
- Notes on some trauma types:
 - Child other abuse includes neglect, psychological maltreatment
 - Intimate partner violence includes domestic violence
 - Accidents include motor vehicle accidents, transportation-related accidents (e.g., cyclist or pedestrian hit by a vehicle), and accidents due to construction
 - Community/school violence includes bullying, physical abuse/assault, gang-related violence, interracial violence, police and citizen altercations, mass shootings, etc.
 - Natural or manmade disasters include tornadoes, hurricanes, floods, wildfires, mudslide, drought, chemical spills, etc.

Number of Trauma Types

- Average number of types of trauma experienced by patient for entire study population (for example, patients who experienced child abuse and intimate partner violence would have 2 types of trauma)
 - If not reported for overall population, calculate from individual arms

Number of Traumatic Events

- Average number of traumatic events per patient (e.g., patients may have had repeated traumas such as combat)
- If not reported for overall population, calculate from individual arms

d. Intervention

Intervention Class

- Enter classification according to "**Intervention Classification**" table
- Unless a study requires a specific psychotherapy (e.g., Hien 2015 compared Seeking Safety + Sertraline vs. Seeking Safety), typical control arm (e.g., treatment as usual, medication management, supportive counseling, minimal attention, attention control, placebo, waitlist, etc.) will be classified as "Control"
- If a study is investigating combined psychotherapy with pharmacotherapy, enter "Mixed: psychotherapy + pharmacologic" for intervention arm with 2 active components, and "Mixed: psychotherapy + control" for intervention arm with psychotherapy and placebo

- If a study offers same intervention for all treatment arms (e.g., comparing drug vs. placebo but all participants received psychotherapy), classify by intervention(s) that differ across treatment arms (pharmacologic in this scenario, not mixed)
 - Describe any treatment provided to all groups in Treatment Description column for all interventions (not allowed co-intervention)

Treatment Name

- Short name of intervention (e.g., CBT)
- Refer to **Chapter 2. Intervention Categories with Examples** for current list of acceptable abbreviations

Treatment Description:

- Brief description, specific components included/excluded (e.g., DTMS after script-driven imagery of a positive experience immediately followed by script-driven imagery of a neutral event)
- Abstract details of titration schedule if given (e.g., 25 mg for 1 week, then 50 mg for 1 week, then titrated to 100 to 150 mg for 6 weeks)
- Do not include information abstracted in other cells (e.g., dose, frequency, duration)
- Enter drug class for pharmacotherapy if possible (e.g., SSRI for sertraline)

Dose and/or Session Length

- For example, 60-minute sessions; 4 mg; 1-Hz for 20 minutes
- If an intervention drug is started at a dose that can be titrated up to a maximum dose, enter as “start at xx mg up to xx mg”
 - Abstract additional details of titration schedule under Treatment Description
 - Otherwise abstract drug dose range
- Report as study reported for active placebo (e.g., dose of low-dose MDMA, time spent on expressive writing)
- Abstract for active therapy session (e.g., group therapy session or time with therapist), does not include homework time
- If intervention combines pharmacologic and nonpharmacologic treatments, abstract details for both (e.g., Session length: 60 minutes \ Dose: 25 mg)
- Enter “NA” for placebo

Frequency

- Indicate whether daily or weekly, no abbreviations (e.g. “twice daily” not “BID”)
- If intervention was administered only once, enter “once”

Definition of Treatment Completion and/or Adherence: as defined by study (e.g., participants must attend 80% of weekly sessions)

- This is not the same definition as those who qualify for completer analysis. Study must clearly state “definition of treatment completion”
- Study may define completer as those who completed x number of sessions
- Pharmacotherapy may include riboflavin as a tracer of medication compliance

- Enter “NR” for either category if not reported; both definitions may be defined for either psychotherapy or pharmacotherapy

% Completed and/or Adhered to Treatment

- % Completed is not % with end-of-treatment outcome measure, only those that meet pre-specified treatment completion definition
- Keep both categories in cell, enter “NR” if not reported (rather than “NA”)

Sessions Completed/Dose at Study End Point, Mean (SD): likely used when study does not report % adhered to treatment, but gives an average number of sessions attended by all participants

- Sessions completed: abstract (mean number of sessions completed)/(total planned sessions)
- Dose: abstract average final dose at end of study
 - For placebo, do not abstract drug equivalence dose
- Keep both pre-filled categories, enter “NR” or “NA” as appropriate

3. Table Fields: PTSD Outcomes Tab

Primary PTSD Outcome Measure

- Refer to **Chapter 3. PTSD Measures** for full list of PTSD outcome measures and priority
 Prioritization of primary PTSD outcome: note which version (in order of priority)
 - CAPS: total (sometimes called severity)
 - Structured Clinical Interview for DSM (SCID)
 - PTSD Symptom Scale – Interview (PSS-I)
 - Standardized Assault Interview (SAI, sometimes called STI)
 - Structured Interview for PTSD (SI-PTSD)
 - Mini-International Neuropsychiatric Interview (MINI)
 - Other structured clinical interview
 - PTSD Checklist (PCL)
 - PTSD Symptom Scale – Self-Report (PSS-SR)
 - Posttraumatic Diagnostic Scale (PDS)
 - Impact of Event Scale (IES)
 - Other self-reported measure of PTSD

Definition of PTSD Diagnostic Change

- If study stated a threshold that defines PTSD diagnosis (e.g., CAPS score >40) but did not otherwise define “PTSD Diagnostic Change”, use score threshold as definition (e.g., in this case report CAPS score ≤40)
- If study only lists diagnosis of PTSD as an inclusion criterion without providing threshold, use “NR” but still abstract % and n/N of participants that achieved PTSD diagnostic change
- If a study reports proportion of participants in “remission” without defining remission as change in diagnosis, **do not** abstract as “PTSD Diagnostic Change;” abstract as “Clinically Meaningful Response” instead

- If a study reports proportion of participants with less than a certain score (e.g., CAPS score <50) but did not state same cutoff score for PTSD diagnosis, **do not** assume this is equivalent to diagnostic change (it is possible to have CAPS score >40 but not qualify as having a diagnosis of PTSD if not all criteria are satisfied); abstract as “**Clinically Meaningful Response**” instead

Indicator of Clinically Meaningful Response:

- Abstract outcomes for all if more than 1 reported
- Abstract definition(s) may include:
 - A PTSD measure (e.g., ≥ 10 -point reduction in CAPS score)
 - Clinical Global Impression – Improvement Scale (CGI-I) (e.g., CGI-I rated as very much [score of 1] or much [score of 2] improved)
 - Reliable Change Index (RCI) (e.g., ≥ 2 standard deviation change from baseline SI-PTSD score), or
 - Combination of a PTSD measure and non-PTSD measure (e.g., ≥ 10 -point reduction on CAPS and BDI score <10)
- Abstract Clinical Global Impression – Improvement scale (CGI-I) as dichotomous outcome, **do not** abstract as continuous outcome (mean score)
- **Do not** abstract Clinical Global Impression – Severity scale (CGI-S)
- Use carriage return if multiple indicators were analyzed (do not need to re-type criteria, but separate by carriage return with blank line)

Methods for Handling Missing Data

- Abstract how study reported handling missing data, even if method was not specified by outcome. If method differs for primary PTSD outcome from other outcomes, abstract for primary PTSD outcome
 - There should be a method for handling missing data for completer analysis too (participants who met completion criteria may have missing assessment scores)
- Possible methods: list-wise or pairwise deletion, substitution, excluded, last observation carried forward, models
- If study conducted both ITT and completer analysis, report method for both (e.g., ITT: multiple imputation/ Completer: excluded)

Analysis Type

- Report if analyzed by ITT and/or Completer (abstract for both)
- If study reported both types of analysis, group results by analysis type and indicate

Table B-9. Example of methods for handling missing data

Analysis Type	Score Difference from Baseline (SD)	Score Difference Effect Size (95% CI), p-value
ITT	ITT: -10.2 (NR)	ITT: (for 3 arms) Eta-squared 0.7 (0.1 to 1.3), $p > 0.05$ Eta-squared 4.5 (4.2 to 4.8), $p < 0.05$ Eta-squared 3.6 (3.2 to 3.9), $p < 0.05$
Completer	Completer: -13.1 (NR)	Completer: Eta-squared 0.9 (0.4 to 1.4), $p < 0.05$ Eta-squared 4.8 (4.6 to 5.4) $p < 0.05$ Eta-squared 4.2 (3.9 to 4.7), $p < 0.05$

Statistical Analysis: type of statistical analysis used to analyze data

- Abstract as given in study
- If study reported multiple methods, indicate method for change in mean scores, diagnostic change, and clinically meaningful response

N completed Outcome Measurement

- Report number of participants who completed assessment and contributed outcome data at a time point using N for ITT and/or completer

Mean Measure Score (SD)

- Abstract both mean and SD if possible (if SD not reported, abstract “(NR)”)
 - If mean is not stated but study reported difference from baseline, calculate mean (SD would be “NR” in this case)

Score Difference from Baseline

- Abstract or calculate (if not provided) difference between mean score at time point being entered and score at baseline. Abstract SD or other error estimate (e.g., 95% CI, SEM, etc.) if provided in parentheses, indicate if not SD

Within Group Effect Size

- See Section 1a on general instruction for abstracting effect sizes
- If actual P-value given, report raw number, do not categorize into $p < 0.05$, $p < 0.01$

% Achieved PTSD Diagnostic Change: according to pre-defined criteria or study indicates as “loss of PTSD diagnosis” (if study did not define)

- Abstract as “% (n/N)”
- If study did not report n/N, report “NR”

% Achieved Clinically Meaningful Response: abstract as defined by study, include global and/or reliable change index (e.g., Clinician Global Impression)

- Abstract as “% (n/N)”

Variables Adjusted for in Primary PTSD Outcome Between-Group Statistical Analysis

- Abstract most comprehensive list of variables adjusted for (e.g., if adjusting for 1, 2, then 3 variables, list all 3 variables)
- Abstract results with most adjustments

Across Group and Pairwise Comparisons

- Indicate time points of assessment and separate using carriage return if an outcome is assessed multiple times within a time point category. If outcome was only assessed once in the category, do not abstract time point again

- If an outcome is assessed multiple times within a time point category, group by time point then by outcome category (e.g., PTSD diagnostic change, clinically meaningful response)
- For “Score Difference,” enter only if reported by the study.
- If study did not compare “PTSD diagnostic change” and/or “Clinically meaningful response,” in across-group or pairwise comparison, keep both categories in cell and abstract “NR” for each category
 - Only input “NA” for cell when outcomes were not assessed at a time point
 - See second example below (Table B-11)

Table B-10. Example 1 (A vs. B, Time Point of Assessment <6 Months)

Score Difference	Score Difference Effect Size [Effect Size (95% CI), p-value]		PTSD Diagnostic Change and Clinically Meaningful Response [Effect Size (95% CI), p- value]
1 month: NR 3 months: -10.81	1 month: Cohen's d 0.95 (0.91 to 0.97), p=0.021 3 months: Cohen's d 1.12 (0.99 to 1.25), p=0.030		1 month: PTSD diagnostic change: NR Clinically meaningful response: RR NR (NR), p=0.02 3 months: PTSD diagnostic change: RR 0.49 (NR), p=0.06 Clinically meaningful response: RR 0.77 (NR), p=0.03

Table B-11. Example 2 (A vs. B, Time Point of Assessment <6 Months)

PTSD Diagnostic Change and Clinically Meaningful Response [Effect Size (95% CI), p-value]	PTSD Diagnostic Change and Clinically Meaningful Response [Effect Size (95% CI), p-value]	PTSD Diagnostic Change and Clinically Meaningful Response [Effect Size (95% CI), p-value]
<p>1 month:</p> <p>PTSD diagnostic change: NR</p> <p>Clinically meaningful response: RR NR (NR), p=0.02</p> <p>3 months:</p> <p>PTSD diagnostic change: RR 0.49 (NR), p=0.06</p> <p>Clinically meaningful response: RR 0.77 (NR), p=0.033</p>	<p>PTSD diagnostic change: NR</p> <p>Clinically meaningful response: RR NR (NR), p=0.02</p>	<p>NA</p>
Scenario: outcomes assessed multiple times (1 and 3 months) within a time point category (<6 months)	Scenario: outcomes assessed once within a time point category. Do not repeat time point because this should match the time point abstracted in Primary PTSD Outcome by intervention arm	Scenario: no outcome assessed during this time point

4. Table Fields: Other Outcomes and Harms tab

Refer to Chapter 4 – Other Outcome Measures for common outcomes

- Note: the list is not comprehensive
- Abstract other outcome measures not listed if outcome category is included (e.g., anxiety)
- If unsure whether an outcome measure should be abstracted, ask group

Use carriage return to report each pairwise comparison for “Arms Compared” and “Effect Size”

Use carriage return to separate multiple time points within a category (e.g., 1 and 3 months for “<6 Months”) and if multiple instruments were used to measure an outcome (e.g., HAM-D and BDI for Depression)

- Group comparisons by measure, then analysis type, then time point
- If an outcome was assessed using multiple instruments, retype comparisons in “Arms Compared” (may differ across instruments)

Table B-12. Example of other outcomes (separating comparisons and timepoints) data abstraction

Depression Outcome Measure(s)	Arms Compared	<6 Months [Effect size (95% CI), p-value]
BDI HAM-D	1 month:	1 month:
	A vs B	Hedges' g 0.12 (NR), p > 0.05
	A vs C	Hedges' g 0.27 (NR), p > 0.05
	B vs C	Hedges' g 0.15 (NR), p > 0.05
	3 months:	3 months:
	A vs B	Hedges' g 0.08 (NR), p > 0.05
	A vs C	Hedges' g 0.23 (NR), p > 0.05
	B vs C	Hedges' g 0.16 (NR), p > 0.05
	1 month:	1 month:
	A vs B	Hedges' g 0.12 (NR), p > 0.05
	A vs C	Hedges' g 0.27 (NR), p > 0.05
	B vs C	Hedges' g 0.15 (NR), p > 0.05
	3 months:	3 months:
	A vs B	Hedges' g 0.08 (NR), p > 0.05
	A vs C	Hedges' g 0.23 (NR), p > 0.05
	B vs C	Hedges' g 0.16 (NR), p > 0.05

Harms

- Abstract as % (n/N) [e.g., 25.00% (150/600)]
- Report to 2 decimal places
- If study did not report any harms outcome, keep categories and input “NR” after each category
- If a study did not report harms by intervention arm, abstract as reported and indicate that data is for entire study population, then copy-and-paste data into other intervention arm

Table B-15. Example of harms data abstraction

Intervention A	Intervention B	Intervention C	Intervention D
For entire study population, not by intervention arm SAE: 4% (1/25) Withdrawal due to AEs: 16% (4/25) Attempted suicide: 0% (0/25) Completed suicide: 0% (0/25)	For entire study population, not by intervention arm SAE: 4% (1/25) Withdrawal due to AEs: 16% (4/25) Attempted suicide: 0% (0/25) Completed suicide: 0% (0/25)	For entire study population, not by intervention arm SAE: 4% (1/25) Withdrawal due to AEs: 16% (4/25) Attempted suicide: 0% (0/25) Completed suicide: 0% (0/25)	NA

- Adverse event: any untoward medical occurrence associated with the use of a drug in humans, whether or not considered drug related (FDA)
- Serious adverse events
 - Serious adverse event: in the view of either the investigator or sponsor, it results in any of the following outcomes (FDA):
 - death
 - a life-threatening adverse event
 - inpatient hospitalization or prolongation of existing hospitalization
 - a persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions
 - a congenital anomaly/birth defect
 - Important medical events that may not result in death, be life-threatening, or require hospitalization may be considered serious when, based upon appropriate medical judgment, they may jeopardize the patient or subject and may require medical or surgical intervention to prevent one of the outcomes listed in this definition (e.g., allergic bronchospasm requiring intensive

treatment in an emergency room or at home, blood dyscrasias or convulsions, or development of drug dependency or drug abuse)

- Withdrawals due to adverse events
 - Subjects who discontinued treatment because of an adverse event

Study Comments

- Note if participants randomized to waitlist group received treatment (e.g., name of treatment, duration of waiting period)
- Note if study states that additional, unpublished data is available and where to find such data
- Note any other unique aspects of study (e.g., provides information on treatment fidelity for psychotherapy)
- Note if related studies are available (e.g., study is a pilot study, note citation of larger RCT)

Chapter 6. Abbreviations

Table B-16. Abbreviations

Abbreviation	Term
AC	Attention Control
ACQ-Now	Alcohol Craving Questionnaire-Now
ACT	Acceptance and Commitment Therapy
ADS	Alcohol Dependence Scale
ANCOVA	Analysis of covariance
ANOVA	Analysis of variance
ASEX	Arizona Sexual Experience Scale
AUD	Alcohol Use Disorder
AUDIT	Alcohol Use Disorders Identification Test
BADS	Behavioral Activation for Depression Scale
BAI	Beck Anxiety Inventory
BDI (-II)	Beck Depression Inventory (-2 nd version)
BEP	Brief Eclectic Psychotherapy
BSI	Brief Symptom Inventory
CAPS	Clinician-Administered PTSD Scale
CBT	Cognitive Behavioral Therapy
CBT for Insomnia	Cognitive Behavioral Therapy for Insomnia
CBT for Sleep	Cognitive Behavioral Therapy for Sleep
CES-D	Center for Epidemiologic Studies-Depression Scale
CGI (-C; -I; -S)	Clinical Global Impression (-Change; -Improvement; -Severity)
CI	Confidence Interval
CIDI	Composite International Diagnostic Interview
CPT	Cognitive Processing Therapy
CR	Cognitive Restructuring
CRF-1	Corticotropin-releasing hormone (or factor) -1
DBT	Dialectic Behavior Therapy
DSM (-III; -IV; -IV-TR; -5)	Diagnostic and Statistical Manual of Mental Disorders (3rd edition, 4th edition, 4th edition text revision, 5th edition)
DTMS	Deep Transcranial Magnetic Stimulation
DTS	Davidson Trauma Scale

Abbreviation	Term
ECR (-R)	Experiences in Close Relationship (-Revised)
ECT	Electroconvulsive Therapy
EMDR	Eye Movement Desensitization and Reprocessing
FACIT (-Sp)	Functional Assessment of Chronic Illness Therapy (-Spiritual Well-being Scale)
GAD-7	Generalized Anxiety Disorder 7-Item
GAF	Global Assessment of Function
GHQ28	General Health Questionnaire-28
HADS	Hospital Anxiety and Depression Scale
HAM-A	Hamilton Rating Scale for Anxiety
HAM-D	Hamilton Depression Rating Scale
HBOT	Hyperbaric oxygen therapy
HDRS	Hamilton Depression Rating Scale
HSCL	Hopkins Symptom Checklist
HTQ	Harvard Trauma Questionnaire
Hz	Hertz
IES (-R)	Impact of Event Scale (-Revised)
IPT	Interpersonal Psychotherapy
ITT	Intent-to-Treat
LOCF	Last observation carried forward
LSM	Least squares mean
MADRS	Montgomery-Asberg Depression Rating Scale
MANCOVA	Multivariate analysis of covariance
MANOVA	Multivariate analysis of variance
MAOI	Monoamine oxidase inhibitor
MASQ (-AA; -AD)	Mood and Anxiety Symptom Questionnaire (-Anxious Arousal; -Anhedonic Depression)
MBCT	Mindfulness-Based Cognitive Therapy
MBSR	Mindfulness-Based Stress Reduction
MCS	Mental Composite Score
MDMA	3,4-methylenedioxymethamphetamine (recreational drug ecstasy)
mg	Milligram
MINI	Mini-International Neuropsychiatric Interview

Abbreviation	Term
MPSS	Modified PTSD Symptom Scale
M-PTSD	Mississippi Scale for Combat-related PTSD
MRP	Mantram Repetition Program
NA	Not applicable
NET	Narrative Exposure Therapy
NMDA	N-Methyl-D-Aspartic Acid
NR	Not reported
NS	Not significant
OR	Odds Ratio
PANAS	Positive and Negative Affect Scale
PCL (-C; -M; -S; -5)	PTSD Checklist (-Civilian; -Military; -Specific; -DSM-5)
PC-PTSD	Primary Care PTSD Screen
PCS	Physical Health Composite Score
PCT	Present-Centered Therapy
PDS	Posttraumatic Diagnostic Scale
PE	Prolonged Exposure
PHQ-9	Patient Health Questionnaire-9 item
PSQI	Pittsburgh Sleep Quality Index
PSS (-I; -SR)	PTSD Symptom Scale (-Interview; -Self-Report)
PTCI	Posttraumatic Cognitions Inventory
QIDS	Quick Inventory of Depressive Symptomatology
Q-LES-Q (-SF)	Quality of Life Enjoyment and Satisfaction Questionnaire (-Short Form)
QOLI	Quality of Life Inventory
rTMS	Repetitive Transcranial Magnetic Stimulation
SAI	Standardized Assault Interview
SAS	Social Adjustment Scale
SCID	Structured Clinical Interview for DSM
SCL-90	Symptom Checklist-90 (also known as Hopkins Symptom Checklist)
SD	Standard deviation
SDI	Social Disability Index
SDS	Sheehan Disability Scale

Abbreviation	Term
SE	Standard Error
SEM	Standard Error of the Mean
SF-12	12-Item Short Form Health Survey
SF-36	36-Item Short Form Health Survey
SGB	Stellate ganglion block
SI-PTSD	Structured Interview for PTSD
SIT	Stress Inoculation Training
SNRI	Serotonin and norepinephrine reuptake inhibitor
SPRINT	Short PTSD Rating Interview
SSRI	Selective serotonin reuptake inhibitor
STAI (-S)	State-Trait Anxiety Inventory (-State)
STAIR	Skills Training in Affect and Interpersonal Regulation
STAS	State-Trait Anger Scale
STAXI (-2)	State-Trait Anger Expression Inventory (-Version 2)
STI	Standardized Trauma Interview
SUD	Substance Use Disorder
TAU	Treatment as usual
TBI	Traumatic Brain Injury
TCA	Tricyclic antidepressant
TLFB	Time Line Follow-Back
TOP-8	Treatment Outcome Posttraumatic Stress Disorder Scale
TSI	Trauma Symptom Inventory
VNS	Vagal nerve stimulation
vs	Versus
WAS	Work and Social Adjustment Scale
WHOQOL (-BREF)	World Health Organization Quality of Life (Abbreviated Version)
WL	Waitlist

Appendix C. Included Studies

1. Acarturk C, Konuk E, Cetinkaya M, et al. The efficacy of Eye Movement Desensitization and Reprocessing for post-traumatic stress disorder and depression among Syrian refugees: results of a randomized controlled trial. *Psychol Med*. 2016 Sep;46(12):2583-93. doi: 10.1017/S0033291716001070. PMID: 27353367.
2. Acierno RE, Knapp RG, Tuerk PW, et al. A non-inferiority trial of prolonged exposure for posttraumatic stress disorder: in person versus home-based telehealth. *Behav Res Ther*. 2017 Feb;89:57-65. doi: 10.1016/j.brat.2016.11.009. PMID: 27894058.
3. Adenauer H, Catani C, Gola H, et al. Narrative exposure therapy for PTSD increases top-down processing of aversive stimuli -- evidence from a randomized controlled treatment trial. *BMC Neurosci*. 2011 Dec 19;12:127. doi: 10.1186/1471-2202-12-127. PMID: 22182346.
4. Aderka IM, Gillihan SJ, McLean CP, et al. The relationship between posttraumatic and depressive symptoms during prolonged exposure with and without cognitive restructuring for the treatment of posttraumatic stress disorder. *J Consult Clin Psychol*. 2013 Jun;81(3):375-82. doi: 10.1037/a0031523. PMID: 23339538.
5. Ahmadi K, Hazrati M, Ahmadizadeh MJ, et al. REM desensitization as a new therapeutic method for post-traumatic stress disorder: a randomized controlled trial. *Acta Med Indones*. 2015 Apr;47(2):111-9. PMID: 26260553.
6. Ahmadizadeh MJ, Rezaei M. Unilateral right and bilateral dorsolateral prefrontal cortex transcranial magnetic stimulation in treatment post-traumatic stress disorder: a randomized controlled study. *Brain Res Bull*. 2018;140:334-40. doi: 10.1016/j.brainresbull.2018.06.001. PMID: 29883597.
7. Ahmadpanah M, Sabzeiee P, Hosseini SM, et al. Comparing the effect of prazosin and hydroxyzine on sleep quality in patients suffering from posttraumatic stress disorder. *Neuropsychobiology*. 2014 Jul;69(4):235-42. doi: 10.1159/000362243. PMID: 24993832.
8. Akbarian F, Bajoghli H, Haghighi M, et al. The effectiveness of cognitive behavioral therapy with respect to psychological symptoms and recovering autobiographical memory in patients suffering from post-traumatic stress disorder. *Neuropsychiatr Dis Treat*. 2015;11:395-404. doi: 10.2147/NDT.S79581. PMID: 25737635.
9. Akuchekian S, Amanat S. The comparison of topiramate and placebo in the treatment of posttraumatic stress disorder: a randomized, double-blind study. *J Res Med Sci*. 2004;9(5):240-4.
10. Aldahadha B, Al-Harthy H, Sulaiman S. The efficacy of Eye Movement Desensitization and Reprocessing in resolving the trauma caused by the road accidents in the Sultanate of Oman. *Journal of Instructional Psychology*. 2012;39(3/4):146-58.
11. Ardani AR, Hosseini G, Bordbar MRF, et al. Effect of rivastigmine augmentation in treatment of male patients with combat-related chronic posttraumatic stress disorder: a randomized controlled trial. *J Clin Psychopharmacol*. 2017 Feb;37(1):54-60. doi: 10.1097/jcp.0000000000000624. PMID: 27930500.
12. Arntz A, Tiesema M, Kindt M. Treatment of PTSD: a comparison of imaginal exposure with and without imagery rescripting. *J Behav Ther Exp Psychiatry*. 2007 Dec;38(4):345-70. doi: 10.1016/j.jbtep.2007.10.006. PMID: 18005935.
13. Asukai N, Saito A, Tsuruta N, et al. Efficacy of exposure therapy for Japanese patients with posttraumatic stress disorder due to mixed traumatic events: a randomized controlled study. *J Trauma Stress*. 2010 Dec;23(6):744-50. doi: 10.1002/jts.20589. PMID: 21171135.

14. Badura-Brack AS, Naim R, Ryan TJ, et al. Effect of attention training on attention bias variability and PTSD symptoms: randomized controlled trials in Israeli and U.S. combat veterans. *Am J Psychiatry*. 2015 Dec;172(12):1233-41. doi: 10.1176/appi.ajp.2015.14121578. PMID: 26206075.
15. Baker DG, Diamond BI, Gillette GM, et al. A double-blind, randomized, placebo-controlled, multi-center study of brofaromine in the treatment of post-traumatic stress disorder. *Psychopharmacology (Berl)*. 1995 Dec;122(4):386-9. doi: 10.1007/BF02246271. PMID: 8657838.
16. Baniasadi M, Hosseini G, Fayyazi Bordbar MR, et al. Effect of pregabalin augmentation in treatment of patients with combat-related chronic posttraumatic stress disorder: a randomized controlled trial. *J Psychiatr Pract*. 2014 Nov;20(6):419-27. doi: 10.1097/01.pra.0000456590.12998.41. PMID: 25406046.
17. Basoglu M, Salcioglu E, Livanou M, et al. Single-session behavioral treatment of earthquake-related posttraumatic stress disorder: a randomized waiting list controlled trial. *J Trauma Stress*. 2005;18(1):1-11. doi: 10.1002/jts.20011. PMID: 16281190.
18. Beck JG, Coffey SF, Foy DW, et al. Group cognitive behavior therapy for chronic posttraumatic stress disorder: an initial randomized pilot study. *Behav Ther*. 2009 Mar;40(1):82-92. doi: 10.1016/j.beth.2008.01.003. PMID: 19187819.
19. Becker ME, Hertzberg MA, Moore SD, et al. A placebo-controlled trial of bupropion SR in the treatment of chronic posttraumatic stress disorder. *J Clin Psychopharmacol*. 2007 Apr;27(2):193-7. doi: 10.1097/JCP.0b013e318032eae. PMID: 17414245.
20. Beidel DC, Frueh BC, Uhde TW, et al. Multicomponent behavioral treatment for chronic combat-related posttraumatic stress disorder: a randomized controlled trial. *J Anxiety Disord*. 2011 Mar;25(2):224-31. doi: 10.1016/j.janxdis.2010.09.006. PMID: 20951543.
21. Bichescu D, Neuner F, Schauer M, et al. Narrative exposure therapy for political imprisonment-related chronic posttraumatic stress disorder and depression. *Behav Res Ther*. 2007 Sep;45(9):2212-20. doi: 10.1016/j.brat.2006.12.006. PMID: 17288990.
22. Blanchard EB, Hickling EJ, Devineni T, et al. A controlled evaluation of cognitive behavioural therapy for posttraumatic stress in motor vehicle accident survivors. *Behav Res Ther*. 2003 Jan;41(1):79-96. PMID: 12488121.
23. Boals A, Murrell AR, Berntsen D, et al. Experimentally reducing event centrality using a modified expressive writing intervention. *J Contextual Behav Sci*. 2015 Oct;4(4):269-76. doi: 10.1016/j.jcbs.2015.10.001.
24. Boggio PS, Rocha M, Oliveira MO, et al. Noninvasive brain stimulation with high-frequency and low-intensity repetitive transcranial magnetic stimulation treatment for posttraumatic stress disorder. *J Clin Psychiatry*. 2010 Aug;71(8):992-9. doi: 10.4088/JCP.08m04638blu. PMID: 20051219.
25. Bohus MJ, Dyer AS, Priebe K, et al. Dialectical behaviour therapy for post-traumatic stress disorder after childhood sexual abuse in patients with and without borderline personality disorder: a randomised controlled trial. *Psychother Psychosom*. 2013 Jun;82(4):221-33. doi: 10.1159/000348451. PMID: 23712109.
26. Bomyea JA, Stein MB, Lang AJ. Interference control training for PTSD: a randomized controlled trial of a novel computer-based intervention. *J Anxiety Disord*. 2015 Aug;34:33-42. doi: 10.1016/j.janxdis.2015.05.010. PMID: 26114901.
27. Bormann JE, Thorp S, Wetherell JL, et al. A spiritually based group intervention for combat veterans with posttraumatic stress disorder: feasibility study. *J Holist Nurs*. 2008 Jun;26(2):109-16. doi: 10.1177/0898010107311276. PMID: 18356284.

28. Bormann JE, Thorp SR, Wetherell JL, et al. Meditation-based mantram intervention for veterans with posttraumatic stress disorder: a randomized trial. *Psychol Trauma*. 2013;5(3):259-67. doi: 10.1037/a0027522.
29. Bottche M, Kuwert P, Pietrzak RH, et al. Predictors of outcome of an internet-based cognitive-behavioural therapy for post-traumatic stress disorder in older adults. *Psychol Psychother*. 2016 Mar;89(1):82-96. doi: 10.1111/papt.12069. PMID: 26234801.
30. Bradshaw RA, McDonald MJ, Grace R, et al. A randomized clinical trial of Observed and Experiential Integration (OEI): a simple, innovative intervention for affect regulation in clients with PTSD. *Traumatology* (Tallahass Fla). 2014 Sep;20(3):161-71. doi: 10.1037/h0099401.
31. Brady K, Pearlstein T, Asnis GM, et al. Efficacy and safety of sertraline treatment of posttraumatic stress disorder: a randomized controlled trial. *JAMA*. 2000 Apr;283(14):1837-44. doi: 10.1001/jama.283.14.1837. PMID: 10770145.
32. Brady KT, Sonne SC, Anton RF, et al. Sertraline in the treatment of co-occurring alcohol dependence and posttraumatic stress disorder. *Alcohol Clin Exp Res*. 2005 Mar;29(3):395-401. doi: 10.1097/01.ALC.0000156129.98265.57. PMID: 15770115.
33. Braun P, Greenberg D, Dasberg H, et al. Core symptoms of posttraumatic stress disorder unimproved by alprazolam treatment. *J Clin Psychiatry*. 1990 Jun;51(6):236-8. PMID: 2189869.
34. Bremner JD, Mishra S, Campanella C, et al. 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*. 2017 Aug 25;8:157. doi: 10.3389/fpsy.2017.00157. PMID: 28890702.
35. Brom D, Kleber RJ, Defares PB. Brief psychotherapy for posttraumatic stress disorders. *J Consult Clin Psychol*. 1989 Oct;57(5):607-12. PMID: 2571625.
36. Brom D, Stokar Y, Lawi C, et al. Somatic experiencing for posttraumatic stress disorder: a randomized controlled outcome study. *J Trauma Stress*. 2017 Jun;30(3):304-12. doi: 10.1002/jts.22189. PMID: 28585761.
37. Brunet A, Saumier D, Liu A, et al. Reduction of PTSD Symptoms with pre-reactivation propranolol therapy: a randomized controlled trial. *Am J Psychiatry*. 2018 May 1;175(5):427-33. doi: 10.1176/appi.ajp.2017.17050481. PMID: 29325446.
38. Bryant RA, Ekassawin S, Chakkraband MLS, et al. A randomized controlled effectiveness trial of cognitive behavior therapy for post-traumatic stress disorder in terrorist-affected people in Thailand. *World Psychiatry*. 2011 Oct;10(3):205-9. PMID: 21991280.
39. Bryant RA, Mastrodomenico JA, Hopwood S, et al. Augmenting cognitive behaviour therapy for post-traumatic stress disorder with emotion tolerance training: a randomized controlled trial. *Psychol Med*. 2013 Oct;43(10):2153-60. doi: 10.1017/S0033291713000068. PMID: 23406821.
40. Bryant RA, Moulds ML, Guthrie RM, et al. A randomized controlled trial of exposure therapy and cognitive restructuring for posttraumatic stress disorder. *J Consult Clin Psychol*. 2008 Aug;76(4):695-703. doi: 10.1037/a0012616. PMID: 18665697.
41. Bryant RA, Moulds ML, Guthrie RM, et al. Imaginal exposure alone and imaginal exposure with cognitive restructuring in treatment of posttraumatic stress disorder. *J Consult Clin Psychol*. 2003 Aug;71(4):706. PMID: 12924676.
42. Buhmann CB, Nordentoft M, Ekstroem M, et al. Long-term treatment effect of trauma-affected refugees with flexible cognitive behavioural therapy and antidepressants. *Psychiatry Res*. 2018 Jun;264:217-23. doi: 10.1016/j.psychres.2018.03.069. PMID: 29655114.

43. Buhmann CB, Nordentoft M, Ekstrom M, et al. The effect of flexible cognitive-behavioural therapy and medical treatment, including antidepressants on post-traumatic stress disorder and depression in traumatised refugees: pragmatic randomised controlled clinical trial. *Br J Psychiatry*. 2016 Mar;208(3):252-9. doi: 10.1192/bjp.bp.114.150961. PMID: 26541687.
44. Butollo WH, Karl R, König J, et al. 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. *Psychother Psychosom*. 2016 Jan;85(1):16-26. doi: 10.1159/000440726. PMID: 26610167.
45. Butterfield M, Becker M, Connor K, et al. Olanzapine in the treatment of post-traumatic stress disorder: a pilot study. *Int Clin Psychopharmacol*. 2001;16(4):197-203. PMID: 11459333.
46. Cahill SP, Rauch SA, Hembree EA, et al. Effect of Cognitive-Behavioral Treatments for PTSD on Anger. *J Cogn Psychother*. 2003 Apr;17(2):113-31. doi: 10.1891/jcop.17.2.113.57434.
47. Carey P, Suliman S, Ganesan K, et al. Olanzapine monotherapy in posttraumatic stress disorder: efficacy in a randomized, double-blind, placebo-controlled study. *Hum Psychopharmacol*. 2012 Jul;27(4):386-91. doi: 10.1002/hup.2238. PMID: 22730105.
48. Carlson JG, Chemtob CM, Rusnak K, et al. Eye Movement Desensitization and Reprocessing (EMDR) treatment for combat-related posttraumatic stress disorder. *J Trauma Stress*. 1998 Jan;11(1):3-24. doi: 10.1023/A:1024448814268. PMID: 9479673.
49. Carlsson J, Sonne C, Vindbjerg E, et al. Stress management versus cognitive restructuring in trauma-affected refugees—a pragmatic randomised study. *Psychiatry Res*. 2018 Aug;266:116-23. doi: 10.1016/j.psychres.2018.05.015. PMID: 29859498
50. Carr C, D'Ardenne P, Sloboda A, et al. Group music therapy for patients with persistent post-traumatic stress disorder -- an exploratory randomized controlled trial with mixed methods evaluation. *Psychol Psychother*. 2012 Jun;85(2):179-202. doi: 10.1111/j.2044-8341.2011.02026.x. PMID: 22903909.
51. Carter JJ, Gerbarg PL, Brown RP, et al. Multi-component yoga breath program for Vietnam veteran post traumatic stress disorder: randomized controlled trial. *J Trauma Stress Disord Treat*. 2013 Jul 31;2(3) doi: 10.4172/2324-8947.1000108.
52. Castillo DT, Chee CL, Nason E, et al. Group-delivered cognitive/exposure therapy for PTSD in women veterans: a randomized controlled trial. *Psychol Trauma*. 2016 May;8(3):404-12. doi: 10.1037/tra0000111. PMID: 26854355.
53. Celik C, Ozdemir B, Ozmenler KN, et al. Efficacy of paroxetine and amitriptyline in posttraumatic stress disorder: an open-label comparative study. *Klinik Psikofarmakol Bülteni*. 2011 Sep;21(3):179-85. doi: 10.5455/bcp.20110627111141.
54. Chard KM. An evaluation of cognitive processing therapy for the treatment of posttraumatic stress disorder related to childhood sexual abuse. *J Consult Clin Psychol*. 2005 Oct;73(5):965-71. doi: 10.1037/0022-006X.73.5.965. PMID: 16287396.
55. Chung MY, Min KH, Jun YJ, et al. Efficacy and tolerability of mirtazapine and sertraline in Korean veterans with posttraumatic stress disorder: a randomized open label trial. *Hum Psychopharmacol*. 2004 Oct;19(7):489-94. doi: 10.1002/hup.615. PMID: 15378676.
56. Church D, Hawk C, Brooks AJ, et al. Psychological trauma symptom improvement in veterans using Emotional Freedom Techniques. *J Nerv Ment Dis*. 2013 Feb;201(2):153-60. doi: 10.1097/NMD.0b013e31827f6351. PMID: 23364126.

57. Classen CC, Koopman C, Nevill-Manning K, et al. A preliminary report comparing trauma-focused and present-focused group therapy against a wait-listed condition among childhood sexual abuse survivors with PTSD. *J Aggress Maltreat Trauma*. 2001 Jun;4(2):265-88. doi: 10.1300/J146v04n02_12.
58. 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. *Eur J Psychotraumatol*. 2017 Oct 10;8(1):1377028. doi: 10.1080/20008198.2017.1377028. PMID: 29038682.
59. Cloitre M, Koenen KC, Cohen LR, et al. Skills training in affective and interpersonal regulation followed by exposure: a phase-based treatment for PTSD related to childhood abuse. *J Consult Clin Psychol*. 2002 Oct;70(5):1067-74. doi: 10.1037//0022-006X.70.5.1067. PMID: 12362957.
60. Cloitre M, Petkova E, Su Z, et al. Patient characteristics as a moderator of post-traumatic stress disorder treatment outcome: combining symptom burden and strengths. *BJPsych Open*. 2016 Mar;2(2):101-6. doi: 10.1192/bjpo.bp.115.000745. PMID: 27703762.
61. Cloitre M, Petkova E, Wang J, et al. An examination of the influence of a sequential treatment on the course and impact of dissociation among women with PTSD related to childhood abuse. *Depress Anxiety*. 2012;29(8):709-17. doi: 10.1002/da.21920. PMID: 22550033.
62. Cloitre M, Stovall-McClough KC, Noonan K, et al. Treatment for PTSD related to childhood abuse: a randomized controlled trial. *Am J Psychiatry*. 2010;167(8):915-24. doi: 10.1176/appi.ajp.2010.09081247. PMID: 20595411.
63. Coffey SF, Schumacher JA, Nosen E, et al. Trauma-focused exposure therapy for chronic posttraumatic stress disorder in alcohol and drug dependent patients: a randomized controlled trial. *Psychol Addict Behav*. 2016 Nov;30(7):778-90. doi: 10.1037/adb0000201. PMID: 27786516.
64. Coffey SF, Stasiewicz PR, Hughes PM, et al. Trauma-focused imaginal exposure for individuals with comorbid posttraumatic stress disorder and alcohol dependence: revealing mechanisms of alcohol craving in a cue reactivity paradigm. *Psychol Addict Behav*. 2006 Dec;20(4):425-35. doi: 10.1037/0893-164X.20.4.425. PMID: 17176177.
65. Cohen H, Kaplan Z, Kotler M, et al. Repetitive transcranial magnetic stimulation of the right dorsolateral prefrontal cortex in posttraumatic stress disorder: a double-blind, placebo-controlled study. *Am J Psychiatry*. 2004 Mar;161(3):515-24. doi: 10.1176/appi.ajp.161.3.515. PMID: 14992978.
66. Colgan DD, Christopher M, Michael P, et al. 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 (N Y)*. 2016 Apr;7(2):372-83. doi: 10.1007/s12671-015-0453-0.
67. Connor KM, Davidson JRT, Weisler RH, et al. Tiagabine for posttraumatic stress disorder: effects of open-label and double-blind discontinuation treatment. *Psychopharmacology (Berl)*. 2006 Jan;184(1):21-5. doi: 10.1007/s00213-005-0265-3. PMID: 16341846.
68. Connor KM, Sutherland SM, Tupler LA, et al. Fluoxetine in post-traumatic stress disorder: randomised, double-blind study. *Br J Psychiatry*. 1999 Jul;175:17-22. PMID: 10621763.
69. Cook JM, Harb GC, Gehrman PR, et al. Imagery rehearsal for posttraumatic nightmares: a randomized controlled trial. *J Trauma Stress*. 2010 Oct;23(5):553-63. doi: 10.1002/jts.20569. PMID: 20839311.
70. Cook JM, Thompson R, Harb GC, et al. Cognitive-behavioral treatment for posttraumatic nightmares: an investigation of predictors of dropout and outcome. *Psychol Trauma*. 2013;5(6):545-53. doi: 10.1037/a0030724.

71. Cottraux J, Note I, Yao S-N, et al. Randomized controlled comparison of cognitive behavior therapy with Rogerian supportive therapy in chronic post-traumatic stress disorder: a 2-year follow-up. *Psychother Psychosom.* 2008 Jan;77(2):101-10. doi: 10.1159/000112887. PMID: 18230943.
72. Davidson J, Kudler H, Smith R, et al. Treatment of posttraumatic stress disorder with amitriptyline and placebo. *Arch Gen Psychiatry.* 1990 Mar;47(3):259-66. PMID: 2407208.
73. Davidson J, Landerman LR, Clary CM. Improvement of anger at one week predicts the effects of sertraline and placebo in PTSD. *J Psychiatr Res.* 2004 Sep-Oct;38(5):497-502. doi: 10.1016/j.jpsychires.2004.01.005. PMID: 15380400.
74. Davidson JR. Remission in post-traumatic stress disorder (PTSD): effects of sertraline as assessed by the Davidson Trauma Scale, Clinical Global Impressions and the Clinician-Administered PTSD scale. *Int Clin Psychopharmacol.* 2004 Mar;19(2):85-7. PMID: 15076016.
75. Davidson JR, Brady K, Mellman TA, et al. The efficacy and tolerability of tiagabine in adult patients with post-traumatic stress disorder. *J Clin Psychopharmacol.* 2007 Feb;27(1):85-8. doi: 10.1097/JCP.0b013e31802e5115. PMID: 17224720.
76. Davidson JR, Kudler HS, Saunders WB, et al. Predicting response to amitriptyline in posttraumatic stress disorder. *Am J Psychiatry.* 1993 Jul;150(7):1024-9. doi: 10.1176/ajp.150.7.1024. PMID: 8317571.
77. Davidson JR, Payne VM, Connor KM, et al. Trauma, resilience and saliostasis: effects of treatment in post-traumatic stress disorder. *Int Clin Psychopharmacol.* 2005 Jan;20(1):43-8. PMID: 15602116.
78. Davidson JR, Rothbaum BO, van der Kolk BA, et al. Multicenter, double-blind comparison of sertraline and placebo in the treatment of posttraumatic stress disorder. *Arch Gen Psychiatry.* 2001 May;58(5):485-92. PMID: 11343529.
79. Davidson JR, Weisler RH, Butterfield MI, et al. Mirtazapine vs. placebo in posttraumatic stress disorder: a pilot trial. *Biol Psychiatry.* 2003 Jan 15;53(2):188-91. PMID: 12547477.
80. Davidson JRT, Baldwin DS, Stein DJ, et al. Effects of venlafaxine extended release on resilience in posttraumatic stress disorder: an item analysis of the Connor-Davidson Resilience Scale. *Int Clin Psychopharmacol.* 2008;23(5):299-303. doi: 10.1097/YIC.0b013e32830c202d. PMID: 18703940.
81. Davidson JRT, Baldwin DV, Stein DJ, et al. Treatment of posttraumatic stress disorder with venlafaxine extended release: a 6-month randomized controlled trial. *Arch Gen Psychiatry.* 2006 Oct;63(10):1158-65. doi: 10.1001/archpsyc.63.10.1158. PMID: 17015818.
82. Davidson JRT, Rothbaum BO, Tucker PM, et al. Venlafaxine extended release in posttraumatic stress disorder: a sertraline- and placebo-controlled study. *J Clin Psychopharmacol.* 2006 Jun 1;26(3):259-67. doi: 10.1097/01.jcp.0000222514.71390.c1. PMID: 16702890.
83. Davis LL, Davidson JR, Ward LC, et al. Divalproex in the treatment of posttraumatic stress disorder: a randomized, double-blind, placebo-controlled trial in a veteran population. *J Clin Psychopharmacol.* 2008 Feb;28(1):84-8. doi: 10.1097/JCP.0b013e318160f83b. PMID: 18204347.
84. Davis LL, Jewell ME, Ambrose S, et al. A placebo-controlled study of nefazodone for the treatment of chronic posttraumatic stress disorder: a preliminary study. *J Clin Psychopharmacol.* 2004;24(3):291-7. PMID: 15118483.
85. Davis LL, Ward C, Rasmusson A, et al. A placebo-controlled trial of guanfacine for the treatment of posttraumatic stress disorder in veterans. *Psychopharmacol Bull.* 2008;41(1):8-18. PMID: 18362867.

86. De Kleine RA, Hendriks G-J, Kusters WJC, et al. A randomized placebo-controlled trial of D-cycloserine to enhance exposure therapy for posttraumatic stress disorder. *Biol Psychiatry*. 2012 Jun 1;71(11):962-8. doi: 10.1016/j.biopsych.2012.02.033. PMID: 22480663.
87. De Kleine RA, Hendriks G-J, Smits JAJ, et al. Prescriptive variables for d-cycloserine augmentation of exposure therapy for posttraumatic stress disorder. *J Psychiatr Res*. 2014;48(1):40-6. doi: 10.1016/j.jpsychires.2013.10.008. PMID: 24183818.
88. de Kleine RA, Smits JAJ, Hendriks G-J, et al. Extinction learning as a moderator of D-cycloserine efficacy for enhancing exposure therapy in posttraumatic stress disorder. *J Anxiety Disord*. 2015 Aug;34:63-7. doi: 10.1016/j.janxdis.2015.06.005. PMID: 26121495.
89. Devilly GJ, Spence SH, Rapee RM. Statistical and reliable change with Eye Movement Desensitization and Reprocessing: treating trauma within a veteran population. *Behav Ther*. 1998 Summer;29(3):435-55. doi: 10.1016/S0005-7894(98)80042-7.
90. Difede J, Cukor J, Jayasinghe N, et al. Virtual reality exposure therapy for the treatment of posttraumatic stress disorder following September 11, 2001. *J Clin Psychiatry*. 2007 Nov;68(11):1639-47. PMID: 18052556.
91. Difede J, Cukor J, Patt I, et al. The application of virtual reality to the treatment of PTSD following the WTC attack. *Ann N Y Acad Sci*. 2006 Jul;1071:500-1. doi: 10.1196/annals.1364.052. PMID: 16891607.
92. Difede J, Cukor J, Wyka KE, et al. D-cycloserine augmentation of exposure therapy for post-traumatic stress disorder: a pilot randomized clinical trial. *Neuropsychopharmacology*. 2014 Apr;39(5):1052-108. doi: 10.1038/npp.2013.317. PMID: 24217129.
93. Dorrepaal E, Thomaes K, Smit JH, et al. Stabilizing group treatment for complex posttraumatic stress disorder related to child abuse based on psychoeducation and cognitive behavioural therapy: a multisite randomized controlled trial. *Psychother Psychosom*. 2012;81(4):217-25. doi: 10.1159/000335044. PMID: 22585094.
94. Dorrepaal E, Thomaes K, Smit JH, et al. Treatment compliance and effectiveness in complex PTSD patients with co-morbid personality disorder undergoing stabilizing cognitive behavioral group treatment: a preliminary study. *Eur J Psychotraumatol*. 2013 Nov 6;4:21171. doi: 10.3402/ejpt.v4i0.21171. PMID: 24224077.
95. Duffy M, Gillespie K, Clark DM. Post-traumatic stress disorder in the context of terrorism and other civil conflict in Northern Ireland: randomised controlled trial. *BMJ*. 2007 Jun 2;334(7604):1147-50. doi: 10.1136/bmj.39021.846852.BE. PMID: 17495988.
96. Dunlop BW, Binder EB, Iosifescu D, et al. Corticotropin-releasing factor receptor 1 antagonism is ineffective for women with posttraumatic stress disorder. *Biol Psychiatry*. 2017 Dec;82(12):866-74. doi: 10.1016/j.biopsych.2017.06.024. PMID: 28793974.
97. Dunne RL, Kenardy JA, Sterling M. A randomized controlled trial of cognitive-behavioral therapy for the treatment of PTSD in the context of chronic whiplash. *Clin J Pain*. 2012 Nov-Dec;28(9):755-65. doi: 10.1097/AJP.0b013e318243e16b. PMID: 22209798.
98. Echeburua E, de Corral P, Sarasua B, et al. Treatment of acute posttraumatic stress disorder in rape victims: an experimental study. *J Anxiety Disord*. 1996 May-Jun;10(3):185-99. doi: 10.1016/0887-6185(96)89842-2.
99. Ehlers A, Clark DM, Hackmann A, et al. A randomized controlled trial of cognitive therapy, a self-help booklet, and repeated assessments as early interventions for posttraumatic stress disorder. *Arch Gen Psychiatry*. 2003;60(10):1024-32. doi: 10.1001/archpsyc.60.10.1024. PMID: 14557148.

100. Ehlers A, Hackmann A, Grey N, et al. A randomized controlled trial of 7-day intensive and standard weekly cognitive therapy for PTSD and emotion-focused supportive therapy. *Am J Psychiatry*. 2014 Mar;171(3):294-304. doi: 10.1176/appi.ajp.2013.13040552. PMID: 24480899.
101. Engel CC, Cordova EH, Benedek DM, et al. Randomized effectiveness trial of a brief course of acupuncture for posttraumatic stress disorder. *Med Care*. 2014 Dec;52(12 Suppl 5):S57-64. doi: 10.1097/mlr.000000000000237. PMID: 25397825.
102. Engel CC, Jaycox LH, Freed MC, et al. Centrally assisted collaborative telecare for posttraumatic stress disorder and depression among military personnel attending primary care: a randomized clinical trial. *JAMA Intern Med*. 2016 Jul 1;176(7):948-56. doi: 10.1001/jamainternmed.2016.2402. PMID: 27294447.
103. Engel CC, Litz B, Magruder KM, et al. DELivery of Self-Training and Education for Stressful Situations for Primary Care (DESTRESS-PC): a randomized trial of nurse assisted online self-management for PTSD in primary care. *Gen Hosp Psychiatry*. 2015 Jul-Aug;37(4):323-8. doi: 10.1016/j.genhosppsych.2015.04.007. PMID: 25929985.
104. Falsetti SA, Erwin BA, Resnick HS, et al. Multiple channel exposure therapy of PTSD: impact of treatment on functioning and resources. *Advances in the Treatment of Posttraumatic Stress Disorder: Cognitive-Behavioral Perspectives*. New York, NY: Springer Publishing Co; US; 2004:39-56.
105. Falsetti SA, Resnick HS, Davis J. Multiple channel exposure therapy: combining cognitive-behavioral therapies for the treatment of posttraumatic stress disorder with panic attacks. *Behav Modif*. 2005 Jan;29(1):70-94. doi: 10.1177/0145445504270874. PMID: 15557479.
106. Falsetti SA, Resnick HS, Davis JL. Multiple channel exposure therapy for women with PTSD and comorbid panic attacks. *Cogn Behav Ther*. 2008;37(2):117-30. doi: 10.1080/16506070801969088. PMID: 18470742.
107. Falsetti SA, Resnick HS, Davis JL, et al. Treatment of posttraumatic stress disorder with comorbid panic attacks: combining cognitive processing therapy with panic control treatment techniques. *Group Dyn*. 2001;5(4):252-60. doi: 10.1037//1089-2699.5.4.252.
108. Fani N, Kitayama N, Ashraf A, et al. Neuropsychological functioning in patients with posttraumatic stress disorder following short-term paroxetine treatment. *Psychopharmacol Bull*. 2009 Jan 1;42(1):53-68. PMID: 19204651.
109. Fecteau GW, Nicki RM. Cognitive behavioural treatment of post traumatic stress disorder after motor vehicle accident. *Behav Cogn Psychother*. 1999 Jul;27(3):201-14.
110. Feder A, Parides MK, Murrough JW, et al. Efficacy of intravenous ketamine for treatment of chronic posttraumatic stress disorder: a randomized clinical trial. *JAMA Psychiatry*. 2014 Jun;71(6):681-8. doi: 10.1001/jamapsychiatry.2014.62. PMID: 24740528.
111. 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. *J Interpers Violence*. 2008 Aug;23(8):1027-40. doi: 10.1177/0886260507313967. PMID: 18292398.
112. Flanagan JC, Sippel LM, Wahlquist A, et al. Augmenting prolonged exposure therapy for PTSD with intranasal oxytocin: a randomized, placebo-controlled pilot trial. *J Psychiatr Res*. 2018 Mar;98:64-9. doi: 10.1016/j.jpsychires.2017.12.014. PMID: 29294429.
113. Foa EB, Dancu CV, Hembree EA, et al. A comparison of exposure therapy, stress inoculation training, and their combination for reducing posttraumatic stress disorder in female assault victims. *J Consult Clin Psychol*. 1999;67(2):194. PMID: 10224729.

114. Foa EB, Hembree EA, Cahill SP, et al. Randomized trial of prolonged exposure for posttraumatic stress disorder with and without cognitive restructuring: outcome at academic and community clinics. *J Consult Clin Psychol*. 2005;73(5):953. doi: 10.1037/0022-006X.73.5.953. PMID: 16287395.
115. Foa EB, McLean CP, Zang Y, et al. Effect of prolonged exposure therapy delivered over 2 weeks vs 8 weeks vs present-centered therapy on PTSD symptom severity in military personnel: a randomized clinical trial. *JAMA*. 2018 Jan 23;319(4):354-64. doi: 10.1001/jama.2017.21242. PMID: 29362795.
116. Foa EB, Rothbaum BO, Riggs DS, et al. Treatment of posttraumatic stress disorder in rape victims: a comparison between cognitive-behavioral procedures and counseling. *J Consult Clin Psychol*. 1991;59(5):715. PMID: 1955605.
117. Fonzo GA, Goodkind MS, Oathes DJ, et al. PTSD psychotherapy outcome predicted by brain activation during emotional reactivity and regulation. *Am J Psychiatry*. 2017 Dec 1;174(12):1163-74. doi: 10.1176/appi.ajp.2017.16091072. PMID: 28715908.
118. Forbes D, Lloyd D, Nixon RDV, et al. A multisite randomized controlled effectiveness trial of cognitive processing therapy for military-related posttraumatic stress disorder. *J Anxiety Disord*. 2012 Apr;26(3):442-52. doi: 10.1016/j.janxdis.2012.01.006. PMID: 22366446.
119. Ford J, Rosman L, Wuensch KL, et al. Cognitive-behavioral treatment of posttraumatic stress in patients with implantable cardioverter defibrillators: results from a randomized controlled trial. *J Trauma Stress*. 2016;29(4):388-92. doi: 10.1002/jts.22111. PMID: 27415850.
120. Ford JD, Grasso DJ, Greene CA, et al. Randomized clinical trial pilot study of prolonged exposure versus present centred affect regulation therapy for PTSD and anger problems with male military combat veterans. *Clin Psychol Psychother*. 2018 Sep;25(5):641-9. doi: 10.1002/cpp.2194. PMID: 29687524.
121. Fortney JC, Pyne JM, Kimbrell TA, et al. Telemedicine-based collaborative care for posttraumatic stress disorder: a randomized clinical trial. *JAMA Psychiatry*. 2015 Jan;72(1):58-67. doi: 10.1001/jamapsychiatry.2014.1575. PMID: 25409287.
122. Frank JB, Kosten TR, Giller EL, et al. A randomized clinical trial of phenelzine and imipramine for posttraumatic stress disorder. *Am J Psychiatry*. 1988 Oct;145(10):1289-91. doi: 10.1176/ajp.145.10.1289. PMID: 3048121.
123. Frank JB, Kosten TR, Giller EL, Jr., et al. Antidepressants in the treatment of posttraumatic stress disorder. *Posttraumatic Stress Disorder: Etiology, Phenomenology, and Treatment*. Arlington, VA: American Psychiatric Association; US; 1990:171-83.
124. Franklin CL, Cuccurullo LA, Walton JL, et al. Face to face but not in the same place: a pilot study of prolonged exposure therapy. *J Trauma Dissociation*. 2017 Jan-Feb;18(1):116-30. doi: 10.1080/15299732.2016.1205704. PMID: 27348462.
125. Fredman SJ, Pukay-Martin ND, Macdonald A, et al. Partner accommodation moderates treatment outcomes for couple therapy for posttraumatic stress disorder. *J Consult Clin Psychol*. 2016 Jan;84(1):79-87. doi: 10.1037/ccp0000061. PMID: 26501498.
126. Friedman MJ, Marmar CR, Baker DG, et al. Randomized, double-blind comparison of sertraline and placebo for posttraumatic stress disorder in a Department of Veterans Affairs setting. *J Clin Psychiatry*. 2007 May;68(5):711-20. PMID: 17503980.
127. Frommberger UH, Stieglitz R-D, Nyberg E, et al. Comparison between paroxetine and behaviour therapy in patients with posttraumatic stress disorder (PTSD): a pilot study. *Int J Psychiatry Clin Pract*. 2004;8(1):19-24. doi: 10.1080/13651500310004803. PMID: 24937579.
128. Frueh BC, Monnier J, Yim E, et al. A randomized trial of telepsychiatry for post-traumatic stress disorder. *J Telemed Telecare*. 2007 Apr 1;13(3):142-7. doi: 10.1258/135763307780677604. PMID: 17519056.

129. Gallegos AM, Streltsov NA, Stecker T. Improving treatment engagement for returning Operation Enduring Freedom and Operation Iraqi Freedom veterans with posttraumatic stress disorder, depression, and suicidal ideation. *J Nerv Ment Dis.* 2016 May;204(5):339-43. doi: 10.1097/NMD.0000000000000489. PMID: 26894313.
130. Gallegos AM, Wolff KB, Streltsov NA, et al. Gender differences in service utilization among OEF/OIF veterans with posttraumatic stress disorder after a brief cognitive-behavioral intervention to increase treatment engagement: a mixed methods study. *Womens Health Issues.* 2015;25(5):542-7. doi: 10.1016/j.whi.2015.04.008. PMID: 26051022.
131. Galovski TE, Blain LM, Mott JM, et al. Manualized therapy for PTSD: flexing the structure of cognitive processing therapy. *J Consult Clin Psychol.* 2012 Dec;80(6):968-81. doi: 10.1037/a0030600. PMID: 23106761.
132. Galovski TE, Harik JM, Blain LM, et al. Augmenting cognitive processing therapy to improve sleep impairment in PTSD: a randomized controlled trial. *J Consult Clin Psychol.* 2016 Feb;84(2):167-77. doi: 10.1037/ccp0000059. PMID: 26689303.
133. Gamito P, Oliveira J, Morais D, et al. Virtual reality therapy controlled study for war veterans with PTSD. Preliminary results. *Stud Health Technol Inform.* 2009;144:269-72. PMID: 19592779.
134. Gamito P, Oliveira J, Rosa P, et al. PTSD elderly war veterans: a clinical controlled pilot study. *Cyberpsychol Behav Soc Netw.* 2010 Feb;13(1):43-8. doi: 10.1089/cyber.2009.0237. PMID: 20528292.
135. Gapen MA, van der Kolk BA, Hamlin E, et al. A pilot study of neurofeedback for chronic PTSD. *Appl Psychophysiol Biofeedback.* 2016 Sep;41(3):251-61. doi: 10.1007/s10484-015-9326-5. PMID: 26782083.
136. Gelkopf M, Hasson-Ohayon I, Bikman M, et al. Nature adventure rehabilitation for combat-related posttraumatic chronic stress disorder: a randomized control trial. *Psychiatry Res.* 2013 Oct 30;209(3):485-93. doi: 10.1016/j.psychres.2013.01.026. PMID: 23541513.
137. Gerardi M, Rothbaum BO, Astin MC, et al. Cortisol response following exposure treatment for PTSD in rape victims. *J Aggress Maltreat Trauma.* 2010 Jun 1;19(4):349-56. doi: 10.1080/10926771003781297. PMID: 20526437.
138. Geronilla L, Minewiser L, Mollon P, et al. EFT (Emotional Freedom Techniques) remediates PTSD and psychological symptoms in veterans: a randomized controlled replication trial. *Energy Psychology.* 2016;8(2):29.
139. Gersons BP, Carlier IV, Lamberts RD, et al. Randomized clinical trial of brief eclectic psychotherapy for police officers with posttraumatic stress disorder. *J Trauma Stress.* 2000 Apr;13(2):333-47. doi: 10.1023/A:1007793803627. PMID: 10838679.
140. Ghafoori B, Hansen MC, Garibay E, et al. 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. *J Nerv Ment Dis.* 2017 Apr;205(4):283-93. doi: 10.1097/NMD.0000000000000659. PMID: 28157725.
141. Goldstein LA, Mehling WE, Metzler TJ, et al. Veterans group exercise: a randomized pilot trial of an integrative exercise program for veterans with posttraumatic stress. *J Affect Disord.* 2018 Feb;227:345-52. doi: 10.1016/j.jad.2017.11.002. PMID: 29145076.
142. Golier JA, Caramanica K, Demaria R, et al. A pilot study of mifepristone in combat-related PTSD. *Depress Res Treat.* 2012;2012:393251. doi: 10.1155/2012/393251. PMID: 22611490.

143. Gray R, Budden-Potts D, Bourke F. Reconsolidation of traumatic memories for PTSD: a randomized controlled trial of 74 male veterans. *Psychother Res*. 2017 Dec 14;1-19. doi: 10.1080/10503307.2017.1408973. PMID: 29241423.
144. Gros DF, Lancaster CL, Lopez CM, et al. Treatment satisfaction of home-based telehealth versus in-person delivery of prolonged exposure for combat-related PTSD in veterans. *J Telemed Telecare*. 2018 Jan;24(1):51-5. doi: 10.1177/1357633X16671096. PMID: 27672059.
145. Gutner CA, Suvak MK, Sloan DM, et al. Does timing matter? Examining the impact of session timing on outcome. *J Consult Clin Psychol*. 2016 Dec;84(12):1108-15. doi: 10.1037/ccp0000120. PMID: 27213491.
146. Hamner MB, Faldowski RA, Robert S, et al. A preliminary controlled trial of divalproex in posttraumatic stress disorder. *Ann Clin Psychiatry*. 2009 Apr-Jun;21(2):89-94. PMID: 19439158.
147. Hanling SR, Hickey A, Lesnik I, et al. Stellate Ganglion Block for the treatment of posttraumatic stress disorder: a randomized, double-blind, controlled trial. *Reg Anesth Pain Med*. 2016 Jul-Aug;41(4):494-500. doi: 10.1097/aap.0000000000000402. PMID: 27187898.
148. Harris JI, Usset T, Voecks C, et al. Spiritually integrated care for PTSD: a randomized controlled trial of "Building Spiritual Strength". *Psychiatry Res*. 2018 Jun 20;267:420-8. doi: 10.1016/j.psychres.2018.06.045. PMID: 29980120.
149. Hensel-Dittmann D, Schauer M, Ruf M, et al. Treatment of traumatized victims of war and torture: a randomized controlled comparison of narrative exposure therapy and stress inoculation training. *Psychother Psychosom*. 2011 Oct;80(6):345-52. doi: 10.1159/000327253. PMID: 21829046.
150. Heresco-Levy U, Kremer I, Javitt DC, et al. Pilot-controlled trial of D-cycloserine for the treatment of post-traumatic stress disorder. *Int J Neuropsychopharmacol*. 2002 Dec;5(4):301-7. doi: 10.1017/S1461145702003061. PMID: 12466030.
151. Heresco-Levy U, Vass A, Bloch B, et al. Pilot controlled trial of D-serine for the treatment of post-traumatic stress disorder. *Int J Neuropsychopharmacol*. 2009 Oct;12(9):1275-82. doi: 10.1017/S1461145709000339. PMID: 19366490.
152. Hertzberg MA, Butterfield MI, Feldman ME, et al. A preliminary study of lamotrigine for the treatment of posttraumatic stress disorder. *Biol Psychiatry*. 1999 May 1;45(9):1226-9. PMID: 10331117.
153. Hertzberg MA, Feldman ME, Beckham JC, et al. Lack of efficacy for fluoxetine in PTSD: a placebo controlled trial in combat veterans. *Ann Clin Psychiatry*. 2000 Jun;12(2):101-5. doi: 10.1023/A:1009076231175. PMID: 10907802.
154. Hijazi AM, Lumley MA, Ziadni MS, et al. Brief narrative exposure therapy for posttraumatic stress in Iraqi refugees: a preliminary randomized clinical trial. *J Trauma Stress*. 2014 Jun;27(3):314-22. doi: 10.1002/jts.21922. PMID: 24866253.
155. Hinton DE, Hofmann SG, Pollack MH, et al. Mechanisms of efficacy of CBT for Cambodian refugees with PTSD: improvement in emotion regulation and orthostatic blood pressure response. *CNS Neurosci Ther*. 2009 Fall;15(3):255-63. doi: 10.1111/j.1755-5949.2009.00100.x. PMID: 19691545.
156. Hinton DE, Hofmann SG, Rivera E, et al. Culturally adapted CBT (CA-CBT) for Latino women with treatment-resistant PTSD: a pilot study comparing CA-CBT to applied muscle relaxation. *Behav Res Ther*. 2011 Apr;49(4):275-80. doi: 10.1016/j.brat.2011.01.005. PMID: 21333272.

157. Hodgens GE, Blommel JG, Dunlop BW, et al. Placebo effects across self-report, clinician rating, and objective performance tasks among women with post-traumatic stress disorder: investigation of placebo response in a pharmacological treatment study of post-traumatic stress disorder. *J Clin Psychopharmacol*. 2018 Jun;38(3):200-6. doi: 10.1097/JCP.0000000000000858. PMID: 29505471.
158. 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. *Front Psychol*. 2015 Aug 27;6:1273. doi: 10.3389/fpsyg.2015.01273. PMID: 26379596
159. Hoffart A, Øktedalen T, Langkaas TF, et al. Alliance and outcome in varying imagery procedures for PTSD: a study of within-person processes. *J Couns Psychol*. 2013 Oct;60(4):471-82. doi: 10.1037/a0033604. PMID: 23957768.
160. Hogberg G, Pagani M, Sundin O, et al. On treatment with Eye Movement Desensitization and Reprocessing of chronic post-traumatic stress disorder in public transportation workers--a randomized controlled trial. *Nord J Psychiatry*. 2007;61(1):54-61. doi: 10.1080/08039480601129408. PMID: 17365790.
161. Holder N, Holliday R, Williams R, et al. A preliminary examination of the role of psychotherapist fidelity on outcomes of cognitive processing therapy during an RCT for military sexual trauma-related PTSD. *Cogn Behav Ther*. 2018 Jan;47(1):76-89. doi: 10.1080/16506073.2017.1357750. PMID: 28793834.
162. Holliday R, Link-Malcolm J, Morris EE, et al. Effects of cognitive processing therapy on PTSD-related negative cognitions in veterans with military sexual trauma. *Mil Med*. 2014 Oct;179(10):1077-82. doi: 10.7205/MILMED-D-13-00309. PMID: 25269124.
163. Holliday R, Williams R, Bird J, et al. 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. *Psychol Serv*. 2015 Nov;12(4):428-34. doi: 10.1037/ser0000058. PMID: 26524285.
164. Hollifield M, Sinclair-Lian N, Warner TD, et al. Acupuncture for posttraumatic stress disorder: a randomized controlled pilot trial. *J Nerv Ment Dis*. 2007 Jun;195(6):504-13. doi: 10.1097/NMD.0b013e31803044f8. PMID: 17568299.
165. Hyer L, Boyd S, Scurfield R, et al. Effects of Outward Bound experience as an adjunct to inpatient PTSD treatment of war veterans. *J Clin Psychol*. 1996 May;52(3):263-78. doi: 10.1002/(SICI)1097-4679(199605)52:3<263::AID-JCLP3>3.0.CO;2-T. PMID: 8835688.
166. Irvine J, Firestone JS, Ong L, et al. A randomized controlled trial of cognitive behavior therapy tailored to psychological adaptation to an implantable cardioverter defibrillator. *Psychosom Med*. 2011 Apr;73(3):226-33. doi: 10.1097/PSY.0b013e31820afc63. PMID: 21321256.
167. Isserles M, Shalev AY, Roth Y, et al. Effectiveness of deep transcranial magnetic stimulation combined with a brief exposure procedure in post-traumatic stress disorder--a pilot study. *Brain Stimul*. 2013 May;6(3):377-83. doi: 10.1016/j.brs.2012.07.008. PMID: 22921765.
168. Ivarsson D, Blom M, Hesser H, et al. Guided internet-delivered cognitive behavior therapy for post-traumatic stress disorder: a randomized controlled trial. *Internet Interv*. 2014 March;1(1):33-40. doi: 10.1016/j.invent.2014.03.002.
169. Iverson KM, Gradus JL, Resick PA, et al. Cognitive-behavioral therapy for PTSD and depression symptoms reduces risk for future intimate partner violence among interpersonal trauma survivors. *J Consult Clin Psychol*. 2011 Apr;79(2):193-202. doi: 10.1037/a0022512. PMID: 21341889.

170. Iverson KM, Resick PA, Suvak MK, et al. Intimate partner violence exposure predicts PTSD treatment engagement and outcome in cognitive processing therapy. *Behav Ther.* 2011 Jun;42(2):236-48. doi: 10.1016/j.beth.2010.06.003. PMID: 21496509.
171. Jacob N, Neuner F, Maedl A, et al. Dissemination of psychotherapy for trauma spectrum disorders in postconflict settings: a randomized controlled trial in Rwanda. *Psychother Psychosom.* 2014 Nov;83(6):354-63. doi: 10.1159/000365114. PMID: 25323203.
172. Jensen JA. An investigation of Eye Movement Desensitization and Reprocessing (EMD/R) as a treatment for posttraumatic stress disorder (PTSD) symptoms of Vietnam combat veterans. *Behav Ther.* 1994 Spring;25(2):311-25. doi: 10.1016/S0005-7894(05)80290-4.
173. Jespersen KV, Vuust P. The effect of relaxation music listening on sleep quality in traumatized refugees: a pilot study. *J Music Ther.* 2012;49(2):205-29. PMID: 26753218.
174. Jindani FA, Turner N, Khalsa SBS. A yoga intervention for posttraumatic stress: a preliminary randomized control trial. *Evid Based Complement Alternat Med.* 2015;2015:351746. doi: 10.1155/2015/351746. PMID: 26366179.
175. Johnson DM, Zlotnick C, Perez SK. Cognitive behavioral treatment of PTSD in residents of battered women's shelters: results of a randomized clinical trial. *J Consult Clin Psychol.* 2011 Aug;79(4):542-51. doi: 10.1037/a0023822. PMID: 21787052.
176. Johnson RA, Albright DL, Marzolf JR, et al. Effects of therapeutic horseback riding on post-traumatic stress disorder in military veterans. *Mil Med Res.* 2018 Jan 19;5(1):3. doi: 10.1186/s40779-018-0149-6. PMID: 29502529.
177. Jung K, Steil R. 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. *Psychother Psychosom.* 2013 Jun;82(4):213-20. doi: 10.1159/000348450. PMID: 23712073.
178. Kachadourian LK, Gandelman E, Ralevski E, et al. Suicidal ideation in military veterans with alcohol dependence and PTSD: the role of hostility. *Am J Addict.* 2018 Mar;27(2):124-30. doi: 10.1111/ajad.12688. PMID: 29489046.
179. Kaplan Z, Amir M, Swartz M, et al. Inositol treatment of post-traumatic stress disorder. *Anxiety.* 1996;2(1):51-2. doi: 10.1002/(SICI)1522-7154(1996)2:1<51::AID-ANXI8>3.0.CO;2-G. PMID: 9160600.
180. Karatzias A, Power KG, Brown KW, et al. 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. *J Nerv Ment Dis.* 2011 Jun;199(6):372-8. doi: 10.1097/NMD.0b013e31821cd262. PMID: 21629014.
181. Katz LS, Douglas S, Zaleski K, et al. Comparing holographic reprocessing and prolonged exposure for women veterans with sexual trauma: a pilot randomized trial. *J Contemp Psychother.* 2014 Mar;44(1):9-19. doi: 10.1007/s10879-013-9248-6.
182. Katz RJ, Lott MH, Arbus P, et al. Pharmacotherapy of post-traumatic stress disorder with a novel psychotropic. *Anxiety.* 1994-1995;1(4):169-74. PMID: 9160569.
183. Keane TM, Fairbank JA, Caddell JM, et al. Implosive (flooding) therapy reduces symptoms of PTSD in Vietnam combat veterans. *Behav Ther.* 1989 Spring;20(2):245-60. doi: 10.1016/S0005-7894(89)80072-3.
184. Kearney DJ, McDermott K, Malte C, et al. Effects of participation in a mindfulness program for veterans with posttraumatic stress disorder: a randomized controlled pilot study. *J Clin Psychol.* 2013 Jan;69(1):14-27. doi: 10.1002/jclp.21911. PMID: 22930491.
185. Kent M, Davis MC, Stark SL, et al. A resilience-oriented treatment for posttraumatic stress disorder: results of a preliminary randomized clinical trial. *J Trauma Stress.* 2011 Oct;24(5):591-5. doi: 10.1002/jts.20685. PMID: 21898603.

186. King AP, Block SR, Sripada RK, et al. Altered Default Mode Network (DMN) resting state functional connectivity following a mindfulness-based exposure therapy for posttraumatic stress disorder (PTSD) in combat veterans of Afghanistan and Iraq. *Depress Anxiety*. 2016 Apr;33(4):289-99. doi: 10.1002/da.22481. PMID: 27038410.
187. King AP, Block SR, Sripada RK, et al. A pilot study of mindfulness-based exposure therapy in OEF/OIF combat veterans with PTSD: altered medial frontal cortex and amygdala responses in social-emotional processing. *Front Psychiatry*. 2016 Sep 20;7:154. doi: 10.3389/fpsyt.2016.00154. PMID: 27703434.
188. Kip KE, Rosenzweig L, Hernandez DF, et al. Randomized controlled trial of Accelerated Resolution Therapy (ART) for symptoms of combat-related post-traumatic stress disorder (PTSD). *Mil Med*. 2013 Dec;178(12):1298-309. doi: 10.7205/MILMED-D-13-00298. PMID: 24306011.
189. Knaevelsrud C, Böttche M, Pietrzak RH, et al. Efficacy and feasibility of a therapist-guided internet-based intervention for older persons with childhood traumatization: a randomized controlled trial. *Am J Geriatr Psychiatry*. 2017 Aug;25(8):878-88. doi: 10.1016/j.jagp.2017.02.024. PMID: 28365000.
190. Knaevelsrud C, Brand J, Lange A, et al. Web-based psychotherapy for posttraumatic stress disorder in war-traumatized Arab patients: randomized controlled trial. *J Med Internet Res*. 2015 Mar 20;17(3):e71. doi: 10.2196/jmir.3582. PMID: 25799024.
191. Kosten TR, Frank JB, Dan E, et al. Pharmacotherapy for posttraumatic stress disorder using phenelzine or imipramine. *J Nerv Ment Dis*. 1991 Jun;179(6):366-70. PMID: 2051152.
192. Kosten TR, Krystal JH, Giller EL, et al. Alexithymia as a predictor of treatment response in post-traumatic stress disorder. *J Trauma Stress*. 1992 Oct;5(4):563-73. doi: 10.1002/jts.2490050406.
193. Kozel FA, Motes MA, Didehbani N, et al. Repetitive TMS to augment cognitive processing therapy in combat veterans of recent conflicts with PTSD: a randomized clinical trial. *J Affect Disord*. 2018 Mar 15;229:506-14. doi: 10.1016/j.jad.2017.12.046. PMID: 29351885.
194. Kredlow MA, Szuhany KL, Lo S, et al. Cognitive behavioral therapy for posttraumatic stress disorder in individuals with severe mental illness and borderline personality disorder. *Psychiatry Res*. 2017 Mar;249:86-93. doi: 10.1016/j.psychres.2016.12.045. PMID: 28086181.
195. Krupnick JL, Green BL, Amdur RL, et al. An internet-based writing intervention for PTSD in veterans: a feasibility and pilot effectiveness trial. *Psychol Trauma*. 2017 Jul;9(4):461-70. doi: 10.1037/tra0000176. PMID: 27607767.
196. Krupnick JL, Green BL, Stockton P, et al. Group interpersonal psychotherapy for low-income women with posttraumatic stress disorder. *Psychother Res*. 2008 Sep;18(5):497-507. doi: 10.1080/10503300802183678. PMID: 18816001.
197. Krystal JH, Pietrzak RH, Rosenheck RA, et al. Sleep disturbance in chronic military-related PTSD: clinical impact and response to adjunctive risperidone in the Veterans Affairs cooperative study #504. *J Clin Psychiatry*. 2016 Apr;77(4):483-91. doi: 10.4088/JCP.14m09585. PMID: 26890894.
198. Krystal JH, Rosenheck RA, Cramer JA, et al. Adjunctive risperidone treatment for antidepressant-resistant symptoms of chronic military service-related PTSD: a randomized trial. *JAMA*. 2011 Aug 3;306(5):493-502. doi: 10.1001/jama.2011.1080. PMID: 21813427.
199. Kubany ES, Hill EE, Owens JA, et al. Cognitive trauma therapy for battered women with PTSD (CTT-BW). *J Consult Clin Psychol*. 2004 Feb;72(1):3-18. doi: 10.1037/0022-006x.72.1.3. PMID: 14756610.

200. Kuckertz JM, Amir N, Boffa JW, et al. The effectiveness of an attention bias modification program as an adjunctive treatment for post-traumatic stress disorder. *Behav Res Ther.* 2014 Dec;63:25-35. doi: 10.1016/j.brat.2014.09.002. PMID: 25277496.
201. Langkaas TF, Hoffart A, Øktedalen T, et al. Exposure and non-fear emotions: a randomized controlled study of exposure-based and rescripting-based imagery in PTSD treatment. *Behav Res Ther.* 2017 Oct;97:33-42. doi: 10.1016/j.brat.2017.06.007. PMID: 28689041.
202. Larsen SE, Stirman SW, Smith BN, et al. Symptom exacerbations in trauma-focused treatments: associations with treatment outcome and non-completion. *Behav Res Ther.* 2016 Feb;77:68-77. doi: 10.1016/j.brat.2015.12.009. PMID: 26731171.
203. Lavelle TA, Kommareddi M, Jaycox LH, et al. Cost-effectiveness of collaborative care for depression and PTSD in military personnel. *Am J Manag Care.* 2018 Feb;24(2):91-8. PMID: 29461856.
204. Lee CW, Gavriel H, Drummond PD, et al. Treatment of PTSD: stress inoculation training with prolonged exposure compared to EMDR. *J Clin Psychol.* 2002 Sep;58(9):1071-89. doi: 10.1002/jclp.10039. PMID: 12209866.
205. Levine EG, Eckhardt J, Targ E. Change in post-traumatic stress symptoms following psychosocial treatment for breast cancer. *Psychooncology.* 2005 Aug;14(8):618-35. doi: 10.1002/pon.882. PMID: 15651074.
206. Lewis CE, Farewell D, Groves V, et al. Internet-based guided self-help for posttraumatic stress disorder (PTSD): randomized controlled trial. *Depress Anxiety.* 2017 Jun;34(6):555-65. doi: 10.1002/da.22645. PMID: 28557299.
207. Li W, Ma YB, Yang Q, et al. Effect and safety of sertraline for treat posttraumatic stress disorder: a multicenter randomised controlled study. *Int J Psychiatry Clin Pract.* 2017 Jun;21(2):151-5. doi: 10.1080/13651501.2017.1291838. PMID: 28266242.
208. Lindley SE, Carlson EB, Hill K. A randomized, double-blind, placebo-controlled trial of augmentation topiramate for chronic combat-related posttraumatic stress disorder. *J Clin Psychopharmacol.* 2007 Dec;27(6):677-81. doi: 10.1097/jcp.0b013e31815a43ee. PMID: 18004136.
209. Littleton HL, Grills AE, Kline KD, et al. The From Survivor to Thriver program: RCT of an online therapist-facilitated program for rape-related PTSD. *J Anxiety Disord.* 2016 Oct;43:41-51. doi: 10.1016/j.janxdis.2016.07.010. PMID: 27513363.
210. Litz BT, Salters-Pedneault K, Steenkamp MM, et al. A randomized placebo-controlled trial of D-cycloserine and exposure therapy for posttraumatic stress disorder. *J Psychiatr Res.* 2012 Sep;46(9):1184-90. doi: 10.1016/j.jpsychires.2012.05.006. PMID: 22694905.
211. Livanou M, Basoglu M, Marks IM, et al. Beliefs, sense of control and treatment outcome in post-traumatic stress disorder. *Psychol Med.* 2002 Jan;32(1):157-65. PMID: 11883725.
212. Liverant GI, Suvak MK, Pineles SL, et al. Changes in posttraumatic stress disorder and depressive symptoms during cognitive processing therapy: evidence for concurrent change. *J Consult Clin Psychol.* 2012 Dec;80(6):957-67. doi: 10.1037/a0030485. PMID: 23067427.
213. Lloyd D, Nixon RDV, Varker T, et al. Comorbidity in the prediction of cognitive processing therapy treatment outcomes for combat-related posttraumatic stress disorder. *J Anxiety Disord.* 2014 Mar;28(2):237-40. doi: 10.1016/j.janxdis.2013.12.002. PMID: 24507630.
214. Lønborg PD, Hegel MT, Goldstein S, et al. Sertraline treatment of posttraumatic stress disorder: results of 24 weeks of open-label continuation treatment. *J Clin Psychiatry.* 2001 May;62(5):325-31. PMID: 11411812.

215. Ludascher P, Schmahl C, Feldmann RE, Jr., et al. No evidence for differential dose effects of hydrocortisone on intrusive memories in female patients with complex post-traumatic stress disorder--a randomized, double-blind, placebo-controlled, crossover study. *J Psychopharmacol*. 2015 Oct;29(10):1077-84. doi: 10.1177/0269881115592339. PMID: 26152322.
216. Maguen S, Burkman KM, Madden E, et al. Impact of killing in war: a randomized, controlled pilot trial. *J Clin Psychol*. 2017 Sep;73(9):997-1012. doi: 10.1002/jclp.22471. PMID: 28294318.
217. Mahabir M, Ashbaugh AR, Saumier D, et al. Propranolol's impact on cognitive performance in post-traumatic stress disorder. *J Affect Disord*. 2016 Mar 1;192:98-103. doi: 10.1016/j.jad.2015.11.051. PMID: 26707354.
218. Maieritsch KP, Smith TL, Hessinger JD, et al. Randomized controlled equivalence trial comparing videoconference and in person delivery of cognitive processing therapy for PTSD. *J Telemed Telecare*. 2016 Jun;22(4):238-43. doi: 10.1177/1357633x15596109. PMID: 26231819.
219. Manteghi AA, Hebrani P, Mortezaia M, et al. Baclofen add-on to citalopram in treatment of posttraumatic stress disorder. *J Clin Psychopharmacol*. 2014 Apr;34(2):240-3. doi: 10.1097/jcp.0000000000000089. PMID: 24525635.
220. Marcus S, Marquis P, Sakai C. Three- and 6-Month Follow-Up of EMDR Treatment of PTSD in an HMO Setting. *Int J Stress Manag*. 2004 Aug;11(3):195-208. doi: 10.1037/1072-5245.11.3.195.
221. Marcus SV, Marquis P, Sakai CE. Controlled study of treatment of PTSD using EMDR in an HMO setting. *Psychotherapy (Chic)*. 1997;34(3):307-15. doi: 10.1037/h0087791.
222. Markowitz JC, Choo TH, Neria Y. Do acute benefits of interpersonal psychotherapy for posttraumatic stress disorder endure? *Can J Psychiatry*. 2018 Jan;63(1):37-43. doi: 10.1177/0706743717720690. PMID: 28743198.
223. Markowitz JC, Neria Y, Lovell K, et al. History of sexual trauma moderates psychotherapy outcome for posttraumatic stress disorder. *Depress Anxiety*. 2017 Aug;34(8):692-700. doi: 10.1002/da.22619. PMID: 28376282.
224. Markowitz JC, Petkova E, Biyanova T, et al. Exploring personality diagnosis stability following acute psychotherapy for chronic posttraumatic stress disorder. *Depress Anxiety*. 2015 Dec;32(12):919-26. doi: 10.1002/da.22436. PMID: 26439430.
225. Markowitz JC, Petkova E, Neria Y, et al. Is exposure necessary? A randomized clinical trial of interpersonal psychotherapy for PTSD. *Am J Psychiatry*. 2015 May;172(5):430-40. doi: 10.1176/appi.ajp.2014.14070908. PMID: 25677355.
226. Marks I, Lovell K, Noshirvani H, et al. Treatment of posttraumatic stress disorder by exposure and/or cognitive restructuring: a controlled study. *Arch Gen Psychiatry*. 1998 Apr;55(4):317-25. PMID: 9554427.
227. Marshall RD, Beebe KL, Oldham M, et al. Efficacy and safety of paroxetine treatment for chronic PTSD: a fixed-dose, placebo-controlled study. *Am J Psychiatry*. 2001 Dec;158(12):1982-8. doi: 10.1176/appi.ajp.158.12.1982. PMID: 11729013.
228. Marshall RD, Lewis-Fernández R, Blanco C, et al. A controlled trial of paroxetine for chronic PTSD, dissociation, and interpersonal problems in mostly minority adults. *Depress Anxiety*. 2007;24(2):77-84. doi: 10.1002/da.20176. PMID: 16892419.
229. Martényi F, Brown EB, Caldwell CD. Failed efficacy of fluoxetine in the treatment of posttraumatic stress disorder: results of a fixed-dose, placebo-controlled study. *J Clin Psychopharmacol*. 2007 Apr;27(2):166-70. doi: 10.1097/JCP.0b013e31803308ce. PMID: 17414240.
230. Martényi F, Brown EB, Zhang H, et al. Fluoxetine versus placebo in posttraumatic stress disorder. *J Clin Psychiatry*. 2002 Mar;63(3):199-206. PMID: 11926718.

231. Martényi F, Soldatenkova V. Fluoxetine in the acute treatment and relapse prevention of combat-related post-traumatic stress disorder: analysis of the veteran group of a placebo-controlled, randomized clinical trial. *Eur Neuropsychopharmacol.* 2006 Jul;16(5):340-9. doi: 10.1016/j.euroneuro.2005.10.007. PMID: 16356696.
232. Mathew SJ, Vythilingam M, Murrough JW, et al. A selective neurokinin-1 receptor antagonist in chronic PTSD: a randomized, double-blind, placebo-controlled, proof-of-concept trial. *Eur Neuropsychopharmacol.* 2011 Mar;21(3):221-9. doi: 10.1016/j.euroneuro.2010.11.012. PMID: 21194898.
233. Maxwell K, Callahan JL, Holtz P, et al. Comparative study of group treatments for posttraumatic stress disorder. *Psychotherapy (Chic).* 2016 Dec;53(4):433-45. doi: 10.1037/pst0000032. PMID: 26390014.
234. McDonagh A, Friedman MJ, McHugo GJ, et al. Randomized trial of cognitive-behavioral therapy for chronic posttraumatic stress disorder in adult female survivors of childhood sexual abuse. *J Consult Clin Psychol.* 2005 Jun;73(3):515-24. doi: 10.1037/0022-006X.73.3.515. PMID: 15982149.
235. McLay RN, Baird A, Webb-Murphy J, et al. A randomized, head-to-head study of virtual reality exposure therapy for posttraumatic stress disorder. *Cyberpsychol Behav Soc Netw.* 2017 Apr;20(4):218-24. doi: 10.1089/cyber.2016.0554. PMID: 28394217.
236. McLay RN, Wood DP, Webb-Murphy JA, et al. 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. *Cyberpsychol Behav Soc Netw.* 2011 Apr;14(4):223-9. doi: 10.1089/cyber.2011.0003. PMID: 21332375
237. McRae AL, Brady KT, Mellman TA, et al. Comparison of nefazodone and sertraline for the treatment of posttraumatic stress disorder. *Depress Anxiety.* 2004;19(3):190-6. doi: 10.1002/da.20008. PMID: 15129422.
238. Meredith LS, Eisenman DP, Han B, et al. Impact of collaborative care for underserved patients with PTSD in primary care: a randomized controlled trial. *J Gen Intern Med.* 2016 May;31(5):509-17. doi: 10.1007/s11606-016-3588-3. PMID: 26850413.
239. Mills AC, Badour CL, Korte KJ, et al. Integrated treatment of PTSD and substance use disorders: examination of imaginal exposure length. *J Trauma Stress.* 2017 Apr;30(2):166-72. doi: 10.1002/jts.22175. PMID: 28329434.
240. Mitchell KS, Wells SY, Mendes A, et al. Treatment improves symptoms shared by PTSD and disordered eating. *J Trauma Stress.* 2012 Oct;25(5):535-42. doi: 10.1002/jts.21737. PMID: 23073973.
241. Mithoefer MC, Mithoefer AT, Feduccia AA, et al. 3,4-methylenedioxymethamphetamine (MDMA)-assisted psychotherapy for post-traumatic stress disorder in military veterans, firefighters, and police officers: a randomised, double-blind, dose-response, phase 2 clinical trial. *Lancet Psychiatry.* 2018 Jun;5(6):486-97. doi: 10.1016/S2215-0366(18)30135-4. PMID: 29728331.
242. Mithoefer MC, Wagner MT, Mithoefer AT, et al. Erratum: The safety and efficacy of \pm 3,4-psychotherapy in subjects with chronic, treatment-resistant posttraumatic stress disorder: the first randomized controlled pilot study (*Journal of Psychopharmacology* (2010) 25 (439-452)). *J Psychopharmacol.* 2011 Jun;25(6):852. doi: 10.1177/0269881110381185.
243. Mithoefer MC, Wagner MT, Mithoefer AT, et al. Durability of improvement in post-traumatic stress disorder symptoms and absence of harmful effects or drug dependency after 3,4-methylenedioxymethamphetamine-assisted psychotherapy: a prospective long-term follow-up study. *J Psychopharmacol.* 2013 Jan;27(1):28-39. doi: 10.1177/0269881112456611. PMID: 23172889.
244. Miyahira SD, Folen RA, Hoffman HG, et al. The effectiveness of VR exposure therapy for PTSD in returning warfighters. *Stud Health Technol Inform.* 2012;181:128-32. PMID: 22954842.

245. Monson CM, Fredman SJ, Macdonald A, et al. Effect of cognitive-behavioral couple therapy for PTSD: a randomized controlled trial. *JAMA*. 2012 Aug 15;308(7):700-9. doi: 10.1001/jama.2012.9307. PMID: 22893167.
246. Monson CM, Gradus JL, Young-Xu Y, et al. Change in posttraumatic stress disorder symptoms: do clinicians and patients agree? *Psychol Assess*. 2008 Jun;20(2):131-8. doi: 10.1037/1040-3590.20.2.131. PMID: 18557690.
247. Monson CM, Macdonald A, Vorstenbosch V, et al. Changes in social adjustment with cognitive processing therapy: effects of treatment and association with PTSD symptom change. *J Trauma Stress*. 2012 Oct;25(5):519-26. doi: 10.1002/jts.21735. PMID: 23073971.
248. Monson CM, Schnurr PP, Resick PA, et al. Cognitive processing therapy for veterans with military-related posttraumatic stress disorder. *J Consult Clin Psychol*. 2006 Oct;74(5):898-907. doi: 10.1037/0022-006X.74.5.898. PMID: 17032094.
249. Moradi AR, Moshirpanahi S, Parhon H, et al. A pilot randomized controlled trial investigating the efficacy of Memory Specificity Training in improving symptoms of posttraumatic stress disorder. *Behav Res Ther*. 2014 May;56:68-74. doi: 10.1016/j.brat.2014.03.002. PMID: 24705337.
250. Morath J, Gola H, Sommershof A, et al. The effect of trauma-focused therapy on the altered T cell distribution in individuals with PTSD: evidence from a randomized controlled trial. *J Psychiatr Res*. 2014 Jul;54:1-10. doi: 10.1016/j.jpsychires.2014.03.016. PMID: 24726027.
251. Morland LA, Mackintosh MA, Rosen CS, et al. Telemedicine versus in-person delivery of cognitive processing therapy for women with posttraumatic stress disorder: a randomized noninferiority trial. *Depress Anxiety*. 2015 Nov;32(11):811-20. doi: 10.1002/da.22397. PMID: 26243685.
252. Morland LA, Mackintosh M-A, Greene CJ, et al. Cognitive processing therapy for posttraumatic stress disorder delivered to rural veterans via telemental health: a randomized noninferiority clinical trial. *J Clin Psychiatry*. 2014;75(5):470-6. doi: 10.4088/JCP.13m08842. PMID: 24922484.
253. Moser JS, Cahill SP, Foa EB. Evidence for poorer outcome in patients with severe negative trauma-related cognitions receiving prolonged exposure plus cognitive restructuring. *J Nerv Ment Dis*. 2010 Jan;198(1):72-5. doi: 10.1097/NMD.0b013e3181c81fac. PMID: 20061873.
254. Mueser KT, Gottlieb JD, Xie H, et al. Evaluation of cognitive restructuring for post-traumatic stress disorder in people with severe mental illness. *Br J Psychiatry*. 2015 Jun;206(6):501-8. doi: 10.1192/bjp.bp.114.147926. PMID: 25858178.
255. Mueser KT, Rosenberg SD, Xie HY, et al. A randomized controlled trial of cognitive-behavioral treatment for posttraumatic stress disorder in severe mental illness. *J Consult Clin Psychol*. 2008 Apr;76(2):259-71. doi: 10.1037/0022-006X.76.2.259. PMID: 18377122.
256. Nacasch N, Foa EB, Huppert JD, et al. Prolonged exposure therapy for combat- and terror-related posttraumatic stress disorder: a randomized control comparison with treatment as usual. *J Clin Psychiatry*. 2011 Sep;72(9):1174-80. doi: 10.4088/JCP.09m05682blu. PMID: 21208581.
257. Nacasch N, Huppert JD, Su Y-J, et al. Are 60-minute prolonged exposure sessions with 20-minute imaginal exposure to traumatic memories sufficient to successfully treat PTSD? A randomized noninferiority clinical trial. *Behav Ther*. 2015 May;46(3):328-41. doi: 10.1016/j.beth.2014.12.002. PMID: 25892169.

258. Nam D-H, Pae C-U, Chae J-H. Low-frequency, repetitive transcranial magnetic stimulation for the treatment of patients with posttraumatic stress disorder: a double-blind, sham-controlled study. *Clin Psychopharmacol Neurosci*. 2013 Aug;11(2):96-102. doi: 10.9758/cpn.2013.11.2.96. PMID: 24023554.
259. Naylor JC, Kilts JD, Bradford DW, et al. A pilot randomized placebo-controlled trial of adjunctive aripiprazole for chronic PTSD in US military veterans resistant to antidepressant treatment. *Int Clin Psychopharmacol*. 2015 May;30(3):167-74. doi: 10.1097/YIC.0000000000000061. PMID: 25647451.
260. Neuner F, Kurreck S, Ruf M, et al. Can asylum-seekers with posttraumatic stress disorder be successfully treated? A randomized controlled pilot study. *Cogn Behav Ther*. 2010;39(2):81-91. doi: 10.1080/16506070903121042. PMID: 19816834.
261. Neuner F, Onyut PL, Ertl V, et al. Treatment of posttraumatic stress disorder by trained lay counselors in an African refugee settlement: a randomized controlled trial. *J Consult Clin Psychol*. 2008 Aug;76(4):686-94. doi: 10.1037/0022-006X.76.4.686. PMID: 18665696.
262. Neylan TC, Lenoci M, Samuelson KW, et al. No improvement of posttraumatic stress disorder symptoms with guanfacine treatment. *Am J Psychiatry*. 2006 Dec;163(12):2186-8. doi: 10.1176/appi.ajp.163.12.2186. PMID: 17151174.
263. Nijdam MJ, Gersons BP, Reitsma JB, et al. Brief eclectic psychotherapy v. Eye Movement Desensitization and Reprocessing therapy for post-traumatic stress disorder: randomised controlled trial. *Br J Psychiatry*. 2012 Mar;200(3):224-31. doi: 10.1192/bjp.bp.111.099234. PMID: 22322458.
264. Niles BL, Klunk-Gillis J, Ryngala DJ, et al. Comparing mindfulness and psychoeducation treatments for combat-related PTSD using a telehealth approach. *Psychol Trauma*. 2012 Sep;4(5):538-47. doi: 10.1037/a0026161
265. Nishith P, Nixon RD, Resick PA. Resolution of trauma-related guilt following treatment of PTSD in female rape victims: a result of cognitive processing therapy targeting comorbid depression? *J Affect Disord*. 2005 Jun;86(2-3):259-65. doi: 10.1016/j.jad.2005.02.013. PMID: 15935245.
266. Nishith P, Weaver TL, Resick PA, et al. General memory functioning at pre- and posttreatment in female rape victims with posttraumatic stress disorder. In: *Trauma & Memory*. Thousand Oaks, CA: Sage Publications, Inc; US; 1999:47-55.
267. Noohi S, Miraghaie AM, Arabi A, et al. Effectiveness of neuro-feedback treatment with alpha/theta method on PTSD symptoms and their executing function. *Biomed Res*. 2017;28(5):2019-27.
268. Norrholm SD, Jovanovic T, Gerardi M, et al. Baseline psychophysiological and cortisol reactivity as a predictor of PTSD treatment outcome in virtual reality exposure therapy. *Behav Res Ther*. 2016 Jul;82:28-37. doi: 10.1016/j.brat.2016.05.002. PMID: 27183343.
269. Numata T, GunFan S, Takayama S, et al. Treatment of posttraumatic stress disorder using the traditional Japanese herbal medicine saikokeishikankyoto: a randomized, observer-blinded, controlled trial in survivors of the great East Japan earthquake and tsunami. *Evid Based Complement Alternat Med*. 2014;2014:683293. doi: 10.1155/2014/683293. PMID: 24790634.
270. Oehen P, Traber R, Widmer V, et al. A randomized, controlled pilot study of MDMA (\pm 3,4-Methylenedioxymethamphetamine)-assisted psychotherapy for treatment of resistant, chronic post-traumatic stress disorder (PTSD). *J Psychopharmacol*. 2013 Jan;27(1):40-52. doi: 10.1177/0269881112464827. PMID: 23118021.
271. Oman D, Bormann JE. Mantram repetition fosters self-efficacy in veterans for managing PTSD: a randomized trial. *Psycholog Relig Spiritual*. 2015;7(1):34-45. doi: 10.1037/a0037994.

272. Önder E, Tural Ü, Aker AT. A comparative study of fluoxetine, moclobemide, and tianeptine in the treatment of posttraumatic stress disorder following an earthquake. *Eur Psychiatry*. 2006 Apr;21(3):174-9. doi: 10.1016/j.eurpsy.2005.03.007. PMID: 15964747.
273. Padala PR, Madison J, Monnahan M, et al. Risperidone monotherapy for post-traumatic stress disorder related to sexual assault and domestic abuse in women. *Int Clin Psychopharmacol*. 2006 Sep;21(5):275-80. PMID: 16877898.
274. Panahi Y, Moghaddam BR, Sahebkar A, et al. A randomized, double-blind, placebo-controlled trial on the efficacy and tolerability of sertraline in Iranian veterans with post-traumatic stress disorder. *Psychol Med*. 2011 Oct;41(10):2159-66. doi: 10.1017/S0033291711000201. PMID: 21349225.
275. Paunovic N, Öst L-G. Cognitive-behavior therapy vs exposure therapy in the treatment of PTSD in refugees. *Behav Res Ther*. 2001 Oct;39(10):1183-97. doi: 10.1016/S0005-7967(00)00093-0. PMID: 11579988.
276. Peck KR, Schumacher JA, Stasiewicz PR, et al. Adults with comorbid posttraumatic stress disorder, alcohol use disorder, and opioid use disorder: the effectiveness of modified prolonged exposure. *J Trauma Stress*. 2018 Jun;31(3):373-82. doi: 10.1002/jts.22291. PMID: 29786898.
277. Perez-Dandieu B, Tapia G. Treating trauma in addiction with EMDR: a pilot study. *J Psychoactive Drugs*. 2014 Oct-Dec;46(4):303-9. doi: 10.1080/02791072.2014.921744. PMID: 25188700.
278. Peskin M, Wyka K, Cukor J, et al. The relationship between posttraumatic and depressive symptoms during virtual reality exposure therapy with a cognitive enhancer. *J Anxiety Disord*. 2018 Mar 10;pii: S0887-6185(17):30426-7. doi: 10.1016/j.janxdis.2018.03.001. PMID: 29580634.
279. Petrakis IL, Desai N, Gueorguieva R, et al. Prazosin for veterans with posttraumatic stress disorder and comorbid alcohol dependence: a clinical trial. *Alcohol Clin Exp Res*. 2016 Jan;40(1):178-86. doi: 10.1111/acer.12926. PMID: 26683790.
280. Petrakis IL, Ralevski E, Desai N, et al. Noradrenergic vs serotonergic antidepressant with or without naltrexone for veterans with PTSD and comorbid alcohol dependence. *Neuropsychopharmacology*. 2012 Mar;37(4):996-1004. doi: 10.1038/npp.2011.283. PMID: 22089316.
281. Polak AR, Witteveen AB, Denys D, et al. Breathing biofeedback as an adjunct to exposure in cognitive behavioral therapy hastens the reduction of PTSD symptoms: a pilot study. *Appl Psychophysiol Biofeedback*. 2015 Mar;40(1):25-31. doi: 10.1007/s10484-015-9268-y. PMID: 25750106.
282. Polusny MA, Erbes CR, Thurans P, et al. Mindfulness-based stress reduction for posttraumatic stress disorder among veterans: a randomized clinical trial. *JAMA*. 2015 Aug 4;314(5):456-65. doi: 10.1001/jama.2015.8361. PMID: 26241597.
283. Popiel A, Zawadzki B, Pragłowska E, et al. Prolonged exposure, paroxetine and the combination in the treatment of PTSD following a motor vehicle accident. A randomized clinical trial - the "TRAKT" study. *J Behav Ther Exp Psychiatry*. 2015 Sep;48:17-26. doi: 10.1016/j.jbtep.2015.01.002. PMID: 25677254.
284. Possemato K, Kuhn E, Johnson E, et al. Using PTSD Coach in primary care with and without clinician support: a pilot randomized controlled trial. *Gen Hosp Psychiatry*. 2016 Jan-Feb;38:94-8. doi: 10.1016/j.genhosppsych.2015.09.005. PMID: 26589765.
285. Power K, McGoldrick T, Brown K, et al. A controlled comparison of Eye Movement Desensitization and Reprocessing versus exposure plus cognitive restructuring versus waiting list in the treatment of post-traumatic stress disorder. *Clin Psychol Psychother*. 2002 Sep/Oct;9(5):299-318. doi: 10.1002/cpp.341.

286. Powers MB, Medina JL, Burns S, et al. Exercise augmentation of exposure therapy for PTSD: rationale and pilot efficacy data. *Cogn Behav Ther.* 2015;44(4):314-27. doi: 10.1080/16506073.2015.1012740. PMID: 25706090.
287. Quinones N, Maquet YG, Velez DM, et al. Efficacy of a Satyananda yoga intervention for reintegrating adults diagnosed with posttraumatic stress disorder. *Int J Yoga Therap.* 2015;25(1):89-99. doi: 10.17761/1531-2054-25.1.89. PMID: 26667292.
288. Ramaswamy S, Driscoll D, Reist C, et al. A double-blind, placebo-controlled randomized trial of vilazodone in the treatment of posttraumatic stress disorder and comorbid depression. *Prim Care Companion CNS Disord.* 2017 Aug 24;19(4):17m02138. doi: 10.4088/PCC.17m02138. PMID: 28858440.
289. Ramaswamy S, Driscoll D, Smith LM, et al. Failed efficacy of ziprasidone in the treatment of post-traumatic stress disorder. *Contemp Clin Trials Commun.* 2016 Dec;2:1-5. doi: 10.1016/j.conctc.2015.12.003. PMID: 29736440.
290. Rapaport MH, Endicott J, Clary CM. Posttraumatic stress disorder and quality of life: results across 64 weeks of sertraline treatment. *J Clin Psychiatry.* 2002 Jan;63(1):59-65. PMID: 11838628.
291. Raskind MA, Millard SP, Petrie EC, et al. Higher pretreatment blood pressure is associated with greater posttraumatic stress disorder symptom reduction in soldiers treated with prazosin. *Biol Psychiatry.* 2016 Nov;80(10):736-42. doi: 10.1016/j.biopsych.2016.03.2108. PMID: 27320368.
292. Raskind MA, Peskind ER, Chow B, et al. Trial of prazosin for post-traumatic stress disorder in military veterans. *N Engl J Med.* 2018 Feb 8;378(6):507-17. doi: 10.1056/NEJMoa1507598. PMID: 29414272.
293. Raskind MA, Peskind ER, Hoff DJ, et al. A parallel group placebo controlled study of prazosin for trauma nightmares and sleep disturbance in combat veterans with post-traumatic stress disorder. *Biol Psychiatry.* 2007 Apr 15;61(8):928-34. doi: 10.1016/j.biopsych.2006.06.032. PMID: 17069768.
294. Raskind MA, Peskind ER, Kanter ED, et al. Reduction of nightmares and other PTSD symptoms in combat veterans by prazosin: a placebo-controlled study. *Am J Psychiatry.* 2003 Feb;160(2):371-3. doi: 10.1176/appi.ajp.160.2.371. PMID: 12562588.
295. Raskind MA, Peterson K, Williams T, et al. A trial of prazosin for combat trauma PTSD with nightmares in active-duty soldiers returned from Iraq and Afghanistan. *Am J Psychiatry.* 2013 Sep;170(9):1003-10. doi: 10.1176/appi.ajp.2013.12081133. PMID: 23846759.
296. Rasmusson AM, Marx CE, Jain S, et al. A randomized controlled trial of ganaxolone in posttraumatic stress disorder. *Psychopharmacology (Berl).* 2017 Aug;234(15):2245-57. doi: 10.1007/s00213-017-4649-y. PMID: 28667510.
297. Rauch SAM, Grunfeld TEE, Yadin E, et al. Changes in reported physical health symptoms and social function with prolonged exposure therapy for chronic posttraumatic stress disorder. *Depress Anxiety.* 2009;26(8):732-8. doi: 10.1002/da.20518. PMID: 18781660.
298. Rauch SAM, King AP, Abelson JL, et al. Biological and symptom changes in posttraumatic stress disorder treatment: a randomized clinical trial. *Depress Anxiety.* 2015 Mar;32(3):204-12. doi: 10.1002/da.22331. PMID: 25639570.
299. Ready DJ, Gerardi RJ, Backscheider AG, et al. Comparing virtual reality exposure therapy to present-centered therapy with 11 U.S. Vietnam veterans with PTSD. *Cyberpsychol Behav Soc Netw.* 2010 Feb;13(1):49-54. PMID: 20528293.

300. Reger GM, Koenen-Woods P, Zetocha K, et al. Randomized controlled trial of prolonged exposure using imaginal exposure vs. virtual reality exposure in active duty soldiers with deployment-related posttraumatic stress disorder (PTSD). *J Consult Clin Psychol*. 2016 Nov;84(11):946-59. doi: 10.1037/ccp0000134. PMID: 27606699.
301. Reich DB, Winternitz S, Hennen J, et al. A preliminary study of risperidone in the treatment of posttraumatic stress disorder related to childhood abuse in women. *J Clin Psychiatry*. 2004 Dec;65(12):1601-6. PMID: 15641864.
302. Reinhardt KM, Noggle Taylor JJ, Johnston J, et al. Kripalu yoga for military veterans With PTSD: a randomized trial. *J Clin Psychol*. 2018 Jan;74(1):93-108. doi: 10.1002/jclp.22483. PMID: 28524358.
303. Resick PA, Galovski TE, Uhlmansiek MOB, et al. A randomized clinical trial to dismantle components of cognitive processing therapy for posttraumatic stress disorder in female victims of interpersonal violence. *J Consult Clin Psychol*. 2008 Apr;76(2):243. doi: 10.1037/0022-006X.76.2.243. PMID: 18377121.
304. Resick PA, Nishith P, Griffin MG. How well does cognitive-behavioral therapy treat symptoms of complex PTSD?: an examination of child sexual abuse survivors within a clinical trial. *CNS Spectr*. 2003 May;8(5):340-2, 51-55. PMID: 12766690.
305. Resick PA, Nishith P, Weaver TL, et al. 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. *J Consult Clin Psychol*. 2002;70(4):867. PMID: 12182270.
306. Resick PA, Suvak MK, Wells SY. The impact of childhood abuse among women with assault-related PTSD receiving short-term cognitive-behavioral therapy. *J Trauma Stress*. 2014 Oct;27(5):558-67. doi: 10.1002/jts.21951. PMID: 25322885.
307. Resick PA, Wachen JS, Dondanville KA, et al. Effect of group vs individual cognitive processing therapy in active-duty military seeking treatment for posttraumatic stress disorder: a randomized clinical trial. *JAMA Psychiatry*. 2017 Jan;74(1):28-36. doi: 10.1001/jamapsychiatry.2016.2729. PMID: 27893032.
308. Resick PA, Wachen JS, Mintz J, et al. A randomized clinical trial of group cognitive processing therapy compared with group present-centered therapy for PTSD among active duty military personnel. *J Consult Clin Psychol*. 2015 Dec;83(6):1058-68. doi: 10.1037/ccp0000016. PMID: 25939018.
309. Rhodes A, Spinazzola J, van der Kolk B. Yoga for adult women with chronic PTSD: a long-term follow-up study. *J Altern Complement Med*. 2016 Mar;22(3):189-96. doi: 10.1089/acm.2014.0407. PMID: 26863321.
310. Richards DA, Lovell K, Marks IM. Post-traumatic stress disorder: evaluation of a behavioral treatment program. *J Trauma Stress*. 1994 Oct;7(4):669-80. doi: 10.1007/BF02103014. PMID: 7820356.
311. Rodgman C, Verrico CD, Holst M, et al. Doxazosin XL reduces symptoms of posttraumatic stress disorder in veterans with PTSD: a pilot clinical trial. *J Clin Psychiatry*. 2016 May;77(5):e561-5. doi: 10.4088/JCP.14m09681. PMID: 27249080.
312. Rogers S, Silver SM, Goss J, et al. A single session, group study of exposure and Eye Movement Desensitization and Reprocessing in treating posttraumatic stress disorder among Vietnam War veterans: preliminary data. *J Anxiety Disord*. 1999 Jan-Apr;13(1-2):119-30. doi: 10.1016/S0887-6185(98)00043-7. PMID: 10225504.
313. Rosenbaum S, Sherrington C, Tiedemann A. Exercise augmentation compared with usual care for post-traumatic stress disorder: a randomized controlled trial. *Acta Psychiatr Scand*. 2015 May;131(5):350-9. doi: 10.1111/acps.12371. PMID: 25443996.

314. Rothbaum BO. A controlled study of Eye Movement Desensitization and Reprocessing in the treatment of posttraumatic stress disorder sexual assault victims. *Bull Menninger Clin.* 1997 Summer;61(3):317-34. PMID: 9260344.
315. Rothbaum BO, Astin MC, Marsteller F. Prolonged exposure versus Eye Movement Desensitization and Reprocessing (EMDR) for PTSD rape victims. *J Trauma Stress.* 2005 Dec;18(6):607-16. doi: 10.1002/jts.20069. PMID: 16382428.
316. Rothbaum BO, Cahill SP, Foa EB, et al. Augmentation of sertraline with prolonged exposure in the treatment of posttraumatic stress disorder. *J Trauma Stress.* 2006 Oct;19(5):625-38. doi: 10.1002/jts.20170. PMID: 17075912.
317. Rothbaum BO, Killeen TK, Davidson JRT, et al. Placebo-controlled trial of risperidone augmentation for selective serotonin reuptake inhibitor-resistant civilian posttraumatic stress disorder. *J Clin Psychiatry.* 2008 Apr;69(4):520-5. doi: 10.4088/JCP.v69n0402. PMID: 18278987.
318. Rothbaum BO, Price M, Jovanovic T, et al. A randomized, double-blind evaluation of D-cycloserine or alprazolam combined with virtual reality exposure therapy for posttraumatic stress disorder in Iraq and Afghanistan War veterans. *Am J Psychiatry.* 2014 Jun;171(6):640-8. doi: 10.1176/appi.ajp.2014.13121625. PMID: 24743802.
319. Sack M, Spieler D, Wizelman L, et al. Intranasal oxytocin reduces provoked symptoms in female patients with posttraumatic stress disorder despite exerting sympathomimetic and positive chronotropic effects in a randomized controlled trial. *BMC Med.* 2017 Feb 17;15(1):40. doi: 10.1186/s12916-017-0801-0. PMID: 28209155.
320. Sack M, Zehl S, Otti A, et al. 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. *Psychother Psychosom.* 2016;85(6):357-65. doi: 10.1159/000447671. PMID: 27744424.
321. Salcioglu E, Basoglu M, Livanou M. Effects of live exposure on symptoms of posttraumatic stress disorder: the role of reduced behavioral avoidance in improvement. *Behav Res Ther.* 2007 Oct;45(10):2268-79. doi: 10.1016/j.brat.2007.04.012. PMID: 17570342.
322. Sautter FJ, Glynn SM, Cretu JB, et al. Efficacy of structured approach therapy in reducing PTSD in returning veterans: a randomized clinical trial. *Psychol Serv.* 2015 Aug;12(3):199-212. doi: 10.1037/ser0000032. PMID: 26213789.
323. Saygin MZ, Sungur MZ, Sabol EU, et al. Nefazodone versus sertraline in the treatment of posttraumatic stress disorder. *Klinik Psikofarmakol Bülteni.* 2002 Jan;12(1):1-5.
324. Schacht RL, Brooner RK, King VL, et al. Incentivizing attendance to prolonged exposure for PTSD with opioid use disorder patients: a randomized controlled trial. *J Consult Clin Psychol.* 2017 Jul;85(7):689-701. doi: 10.1037/ccp0000208. PMID: 28414485.
325. Schneier FR, Campeas R, Carcamo J, et al. Combined mirtazapine and SSRI treatment of PTSD: a placebo-controlled trial. *Depress Anxiety.* 2015 Aug;32(8):570-9. doi: 10.1002/da.22384. PMID: 26115513.
326. Schneier FR, Neria Y, Pavlicova M, et al. Combined prolonged exposure therapy and paroxetine for PTSD related to the World Trade Center attack: a randomized controlled trial. *Am J Psychiatry.* 2012 Jan;169(1):80-8. doi: 10.1176/appi.ajp.2011.11020321. PMID: 21908494.
327. Schnurr PP, Friedman MJ, Engel CC, et al. Cognitive behavioral therapy for posttraumatic stress disorder in women: a randomized controlled trial. *JAMA.* 2007 Feb 28;297(8):820-30. doi: 10.1001/jama.297.8.820. PMID: 17327524.
328. Schnurr PP, Friedman MJ, Foy DW, et al. Randomized trial of trauma-focused group therapy for posttraumatic stress disorder. *Arch Gen Psychiatry.* 2003 May;60(5):481-9. doi: 10.1001/archpsyc.60.5.481. PMID: 12742869.

329. Schnurr PP, Friedman MJ, Oxman TE, et al. RESPECT-PTSD: re-engineering systems for the primary care treatment of PTSD, a randomized controlled trial. *J Gen Intern Med*. 2013 Jan;28(1):32-40. doi: 10.1007/s11606-012-2166-6. PMID: 22865017.
330. Schnurr PP, Lunney CA. Symptom benchmarks of improved quality of life in PTSD. *Depress Anxiety*. 2016 Mar;33(3):247-55. doi: 10.1002/da.22477. PMID: 26882293
331. Schnurr PP, Lunney CA, Forshay E, et al. Sexual function outcomes in women treated for posttraumatic stress disorder. *J Womens Health (Larchmt)*. 2009 Oct;18(10):1549-57. doi: 10.1089/jwh.2008.1165. PMID: 19788366.
332. Schoorl M, Putman P, Van Der Does W. Attentional bias modification in posttraumatic stress disorder: a randomized controlled trial. *Psychother Psychosom*. 2013;82(2):99-105. doi: 10.1159/000341920. PMID: 23295710.
333. Seo H-J, Jung Y-E, Bahk W-M, et al. A comparison of mirtazapine and paroxetine for the treatment of patients with posttraumatic stress disorder: a randomized open-label trial. *Clin Psychopharmacol Neurosci*. 2010;8(2):84-9.
334. Shapiro E, Laub B. Early EMDR intervention following a community critical incident: a randomized clinical trial. *Journal of EMDR Practice and Research*. 2015 Feb;9(1):17-27. doi: 10.1891/1933-3196.9.1.17.
335. Shemesh E, Annunziato RA, Weatherley BD, et al. A randomized controlled trial for the safety and promise of cognitive-behavioral therapy using imaginal exposure in patients with posttraumatic stress disorder resulting from cardiovascular illness. *J Clin Psychiatry*. 2011 Feb;72(2):168-74. doi: 10.4088/JCP.09m05116blu. PMID: 20441725.
336. Shestatsky M, Greenberg D, Lerer B. A controlled trial of phenelzine in posttraumatic stress disorder. *Psychiatry Res*. 1988 May;24(2):149-55. doi: 10.1016/0165-1781(88)90057-1. PMID: 3406235.
337. Shnaider P, Pukay-Martin ND, Sharma S, et al. A preliminary examination of the effects of pretreatment relationship satisfaction on treatment outcomes in cognitive-behavioral conjoint therapy for PTSD. *Couple Family Psychol*. 2015 Dec;4(4):229-38. doi: 10.1037/cfp0000050. PMID: 27840775.
338. Shnaider P, Sijercic I, Wanklyn SG, et al. The role of social support in cognitive-behavioral conjoint therapy for posttraumatic stress disorder. *Behav Ther*. 2017 May;48(3):285-94. doi: 10.1016/j.beth.2016.05.003. PMID: 28390493.
339. Shnaider P, Vorstenbosch V, Macdonald A, et al. Associations between functioning and PTSD symptom clusters in a dismantling trial of cognitive processing therapy in female interpersonal violence survivors. *J Trauma Stress*. 2014 Oct;27(5):526-34. doi: 10.1002/jts.21954. PMID: 25322882.
340. Simon NM, Connor KM, Lang AJ, et al. Paroxetine CR augmentation for posttraumatic stress disorder refractory to prolonged exposure therapy. *J Clin Psychiatry*. 2008 Mar;69(3):400-5. PMID: 18348595.
341. Sloan DM, Marx BP. A closer examination of the structured written disclosure procedure. *J Consult Clin Psychol*. 2004 Apr;72(2):165-75. doi: 10.1037/0022-006X.72.2.165. PMID: 15065952.
342. Sloan DM, Marx BP, Bovin MJ, et al. Written exposure as an intervention for PTSD: a randomized clinical trial with motor vehicle accident survivors. *Behav Res Ther*. 2012 Oct;50(10):627-35. doi: 10.1016/j.brat.2012.07.001. PMID: 22863540.
343. Sloan DM, Marx BP, Epstein EM, et al. Does altering the writing instructions influence outcome associated with written disclosure? *Behav Ther*. 2007 Jun;38(2):155-68. doi: 10.1016/j.beth.2006.06.005. PMID: 17499082.

344. Sloan DM, Marx BP, Greenberg EM. A test of written emotional disclosure as an intervention for posttraumatic stress disorder. *Behav Res Ther.* 2011 Apr;49(4):299-304. doi: 10.1016/j.brat.2011.02.001. PMID: 21367400.
345. Sloan DM, Marx BP, Lee DJ, et al. A brief exposure-based treatment vs cognitive processing therapy for posttraumatic stress disorder: a randomized noninferiority clinical trial. *JAMA Psychiatry.* 2018 Mar 1;75(3):233-9. doi: 10.1001/jamapsychiatry.2017.4249. PMID: 29344631.
346. Smajkic A, Weine SM, Djuric-Bijedic Z, et al. Sertraline, paroxetine, and venlafaxine in refugee posttraumatic stress disorder with depression symptoms. *J Trauma Stress.* 2001 Jul;14(3):445-52. doi: 10.1023/A:1011177420069. PMID: 11534876.
347. Smyth JM, Hockemeyer JR, Tulloch H. Expressive writing and post-traumatic stress disorder: effects on trauma symptoms, mood states, and cortisol reactivity. *Br J Health Psychol.* 2008 Feb;13(1):85-93. doi: 10.1348/135910707X250866. PMID: 18230238.
348. Sonne C, Carlsson JM, Bech P, et al. Treatment of trauma-affected refugees with venlafaxine versus sertraline combined with psychotherapy - a randomised study. *BMC Psychiatry.* 2016 Nov 8;16(1):383. doi: 10.1186/s12888-016-1081-5. PMID: 27825327.
349. Spence J, Titov N, Dear BF, et al. Randomized controlled trial of internet-delivered cognitive behavioral therapy for posttraumatic stress disorder. *Depress Anxiety.* 2011 Jul;28(7):541-50. doi: 10.1002/da.20835. PMID: 21721073.
350. Spence J, Titov N, Johnston L, et al. Internet-based trauma-focused cognitive behavioural therapy for PTSD with and without exposure components: a randomised controlled trial. *J Affect Disord.* 2014 Jun;162:73-80. doi: 10.1016/j.jad.2014.03.009. PMID: 24767009.
351. Spivak B, Strous RD, Shaked G, et al. Reboxetine versus fluvoxamine in the treatment of motor vehicle accident-related posttraumatic stress disorder: a double-blind, fixed-dosage, controlled trial. *J Clin Psychopharmacol.* 2006 Apr;26(2):152-6. doi: 10.1097/01.jcp.0000203195.65710.f0. PMID: 16633143.
352. Stecker T, Adams L, Carpenter-Song E, et al. Intervention Efficacy in Engaging Black and White Veterans with Post-traumatic Stress Disorder into Treatment. *Soc Work Public Health.* 2016 Oct;31(6):481-9. doi: 10.1080/19371918.2016.1160340. PMID: 27210830.
353. Stecker T, McHugo GJ, Xie HY, et al. RCT of a brief phone-based CBT intervention to improve PTSD treatment utilization by returning service members. *Psychiatr Serv.* 2014 Oct;65(10):1232-7. doi: 10.1176/appi.ps.201300433. PMID: 24933496.
354. Stein MB, Kline NA, Matloff JL. Adjunctive olanzapine for SSRI-resistant combat-related PTSD: a double-blind, placebo-controlled study. *Am J Psychiatry.* 2002 Oct;159(10):1777-9. doi: 10.1176/appi.ajp.159.10.1777. PMID: 12359687.
355. Steinert C, Bumke PJ, Hollekamp RL, et al. Resource activation for treating post-traumatic stress disorder, co-morbid symptoms and impaired functioning: a randomized controlled trial in Cambodia. *Psychol Med.* 2017 Feb;47(3):553-64. doi: 10.1017/s0033291716002592. PMID: 27804900.
356. Steinert C, Bumke PJ, Hollekamp RL, et al. Treating post-traumatic stress disorder by resource activation in Cambodia. *World Psychiatry.* 2016 Jun;15(2):183-5. doi: 10.1002/wps.20303. PMID: 27265714.
357. Stenmark H, Catani C, Neuner F, et al. Treating PTSD in refugees and asylum seekers within the general health care system. A randomized controlled multicenter study. *Behav Res Ther.* 2013 Oct;51(10):641-7. doi: 10.1016/j.brat.2013.07.002. PMID: 23916633.

358. Surís A, Holliday R, Adinoff B, et al. Facilitating fear-based memory extinction with dexamethasone: a randomized controlled trial in male veterans with combat-related PTSD. *Psychiatry*. 2017 Winter;80(4):399-410. doi: 10.1080/00332747.2017.1286892. PMID: 29466111.
359. Surís A, Link-Malcolm J, Chard K, et al. A randomized clinical trial of cognitive processing therapy for veterans with PTSD related to military sexual trauma. *J Trauma Stress*. 2013 Feb;26(1):28-37. doi: 10.1002/jts.21765. PMID: 23325750.
360. Surís AM, Smith JC, Powell CM, et al. Interfering with the reconsolidation of traumatic memory: sirolimus as a novel agent for treating veterans with posttraumatic stress disorder. *Ann Clin Psychiatry*. 2013;25(1):33-40. PMID: 23376868.
361. Talbot LS, Maguen S, Metzler TJ, et al. Cognitive behavioral therapy for insomnia in posttraumatic stress disorder: a randomized controlled trial. *Sleep*. 2014 Feb 1;37(3):327-41. doi: 10.5665/sleep.3408. PMID: 24497661.
362. Tarrier N, Humphreys L. Subjective improvement in PTSD patients with treatment by imaginal exposure or cognitive therapy: session by session changes. *Br J Clin Psychol*. 2000 Mar;39(Pt 1):27-34. PMID: 10789026.
363. Tarrier N, Pilgrim H, Sommerfield C, et al. A randomized trial of cognitive therapy and imaginal exposure in the treatment of chronic posttraumatic stress disorder. *J Consult Clin Psychol*. 1999 Feb;67(1):13-8. doi: 10.1037//0022-006X.67.1.13. PMID: 10028204.
364. Tarrier N, Sommerfield C, Pilgrim H, et al. Cognitive therapy or imaginal exposure in the treatment of post-traumatic stress disorder: twelve-month follow-up. *Br J Psychiatry*. 1999;175:571-5. PMID: 10789356.
365. Taylor FB, Martin P, Thompson C, et al. Prazosin effects on objective sleep measures and clinical symptoms in civilian trauma posttraumatic stress disorder: a placebo-controlled study. *Biol Psychiatry*. 2008 Mar 15;63(6):629-32. doi: 10.1016/j.biopsych.2007.07.001. PMID: 17868655.
366. Ter Heide FJJ, Mooren TM, Van de Schoot R, et al. Eye Movement Desensitisation and Reprocessing therapy v. stabilisation as usual for refugees: randomised controlled trial. *Br J Psychiatry*. 2016 Oct;209(4):311-8. doi: 10.1192/bjp.bp.115.167775. PMID: 26892849.
367. Thapa M, Petrakis I, Ralevski E. A comparison of sexual side effects of antidepressants with and without naltrexone. *J Dual Diagn*. 2017 Jul;13(3):230-5. doi: 10.1080/15504263.2017.1326650. PMID: 28481169.
368. Tucker P, Potter-Kimball R, Wyatt DB, et al. Can physiologic assessment and side effects tease out differences in PTSD trials? A double-blind comparison of citalopram, sertraline, and placebo. *Psychopharmacol Bull*. 2003 Summer;37(3):135-49. PMID: 14608246.
369. Tucker P, Ruwe WD, Masters B, et al. Neuroimmune and cortisol changes in selective serotonin reuptake inhibitor and placebo treatment of chronic posttraumatic stress disorder. *Biol Psychiatry*. 2004 Jul 15;56(2):121-8. doi: 10.1016/j.biopsych.2004.03.009. PMID: 15231444.
370. Tucker P, Trautman RP, Wyatt DB, et al. Efficacy and safety of topiramate monotherapy in civilian posttraumatic stress disorder: a randomized, double-blind, placebo-controlled study. *J Clin Psychiatry*. 2007 Feb;68(2):201-6. PMID: 17335317.
371. Tucker PM, Zaninelli R, Yehuda R, et al. Paroxetine in the treatment of chronic posttraumatic stress disorder: results of a placebo-controlled, flexible-dosage trial. *J Clin Psychiatry*. 2001 Nov;62(11):860-8. PMID: 11775045.

372. Tuerk PW, Wangelin BC, Powers MB, et al. Augmenting treatment efficiency in exposure therapy for PTSD: a randomized double-blind placebo-controlled trial of yohimbine HCl. *Cogn Behav Ther*. 2018 Sep;47(5):351-71. doi: 10.1080/16506073.2018.1432679. PMID: 29448886.
373. Tylee DS, Gray R, Glatt SJ, et al. Evaluation of the reconsolidation of traumatic memories protocol for the treatment of PTSD: a randomized, wait-list-controlled trial. *J Mil Veteran Fam Health*. 2017;3(1):21-33. doi: 10.3138/jmvfh.4120.
374. Ulmer CS, Edinger JD, Calhoun PS. A multi-component cognitive-behavioral intervention for sleep disturbance in veterans with PTSD: a pilot study. *J Clin Sleep Med*. 2011 Feb 15;7(1):57-68. PMID: 21344046.
375. van den Berg DP, de Bont PA, van der Vleugel BM, et al. Prolonged exposure vs Eye Movement Desensitization and Reprocessing vs waiting list for posttraumatic stress disorder in patients with a psychotic disorder: a randomized clinical trial. *JAMA Psychiatry*. 2015 Mar;72(3):259-67. doi: 10.1001/jamapsychiatry.2014.2637. PMID: 25607833.
376. van den Berg DP, de Bont PA, van der Vleugel BM, et al. Trauma-focused treatment in PTSD patients with psychosis: symptom exacerbation, adverse events, and revictimization. *Schizophr Bull*. 2016 May;42(3):693-702. doi: 10.1093/schbul/sbv172. PMID: 26609122.
377. van den Berg DPG, van der Vleugel BM, de Bont P, et al. Predicting trauma-focused treatment outcome in psychosis. *Schizophr Res*. 2016 Oct;176(2-3):239-44. doi: 10.1016/j.schres.2016.07.016. PMID: 27449253.
378. van Denderen M, de Keijser J, Stewart R, et al. Treating complicated grief and posttraumatic stress in homicidally bereaved individuals: a randomized controlled trial. *Clin Psychol Psychother*. 2018 Feb 26(25):497-508. doi: 10.1002/cpp.2183. PMID: 29479767.
379. Van der Kolk BA, Dreyfuss D, Michaels MJ, et al. Fluoxetine in posttraumatic stress disorder. *J Clin Psychiatry*. 1994 Dec;55(12):517-22. PMID: 7814344.
380. Van der Kolk BA, Hodgdon HB, Gapen MA, et al. A randomized controlled study of neurofeedback for chronic PTSD. *PLoS One*. 2016 Dec 16;11(12):e0166752. doi: 10.1371/journal.pone.0166752. PMID: 27992435.
381. Van der Kolk BA, Spinazzola J, Blaustein ME, et al. A randomized clinical trial of Eye Movement Desensitization and Reprocessing (EMDR), fluoxetine, and pill placebo in the treatment of posttraumatic stress disorder: treatment effects and long-term maintenance. *J Clin Psychiatry*. 2007 Jan;68(1):37-46. doi: 10.4088/JCP.v68n0105. PMID: 17284128.
382. van der Kolk BA, Stone L, West J, et al. Yoga as an adjunctive treatment for posttraumatic stress disorder: a randomized controlled trial. *J Clin Psychiatry*. 2014 Jun;75(6):e559-65. doi: 10.4088/JCP.13m08561. PMID: 25004196.
383. Vera M, Reyes-Rabanillo ML, Juarbe D, et al. Prolonged exposure for the treatment of Spanish-speaking Puerto Ricans with posttraumatic stress disorder: a feasibility study. *BMC Res Notes*. 2011 Oct 17;4:415. doi: 10.1186/1756-0500-4-415. PMID: 22005187.
384. Villarreal G, Hamner MB, Cañive JM, et al. Efficacy of quetiapine monotherapy in posttraumatic stress disorder: a randomized, placebo-controlled trial. *Am J Psychiatry*. 2016 Dec;173(12):1205-12. doi: 10.1176/appi.ajp.2016.15070967. PMID: 27418378.
385. Wagner AC, Torbit L, Jenzer T, et al. The role of posttraumatic growth in a randomized controlled trial of cognitive-behavioral conjoint therapy for PTSD. *J Trauma Stress*. 2016 Aug;29(4):379-83. doi: 10.1002/jts.22122. PMID: 27434598.
386. Wagner AW, Zatzick DF, Ghesquiere A, et al. Behavioral activation as an early intervention for posttraumatic stress disorder and depression among physically injured trauma survivors. *Cogn Behav Pract*. 2007 Nov;14(4):341-9. doi: 10.1016/j.cbpra.2006.05.002.

387. Wahbeh H, Goodrich E, Goy E, et al. Mechanistic pathways of mindfulness meditation in combat veterans with posttraumatic stress disorder. *J Clin Psychol*. 2016 Apr;72(4):365-83. doi: 10.1002/jclp.22255. PMID: 26797725.
388. Wang Y, Hu YP, Wang WC, et al. Clinical studies on treatment of earthquake-caused posttraumatic stress disorder using electroacupuncture. *Evid Based Complement Alternat Med*. 2012;2012:431279. doi: 10.1155/2012/431279. PMID: 23049609.
389. Watson CG, Tuorila JR, Vickers KS, et al. The efficacies of three relaxation regimens in the treatment of PTSD in Vietnam War veterans. *J Clin Psychol*. 1997 Dec;53(8):917-23. doi: 10.1002/(SICI)1097-4679(199712)53:8<917::AID-JCLP17>3.0.CO;2-N. PMID: 9403395.
390. Watts BV, Landon B, Groft A, et al. A sham controlled study of repetitive transcranial magnetic stimulation for posttraumatic stress disorder. *Brain Stimul*. 2012 Jan;5(1):38-43. doi: 10.1016/j.brs.2011.02.002. PMID: 22264669.
391. Wells A, Colbear JS. Treating posttraumatic stress disorder with metacognitive therapy: a preliminary controlled trial. *J Clin Psychol*. 2012 Apr;68(4):373-81. doi: 10.1002/jclp.20871. PMID: 24469928.
392. Wells A, Walton D, Lovell K, et al. Metacognitive therapy versus prolonged exposure in adults with chronic post-traumatic stress disorder. *Cognit Ther Res*. 2015 February;39(1):70-80. doi: 10.1007/s10608-014-9636-6.
393. 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. *J Consult Clin Psychol*. 2016 Jan;84(1):95-100. doi: 10.1037/ccp0000036. PMID: 26167946.
394. Woodward E, Hackmann A, Wild J, et al. Effects of psychotherapies for posttraumatic stress disorder on sleep disturbances: results from a randomized clinical trial. *Behav Res Ther*. 2017 Oct;97:75-85. doi: 10.1016/j.brat.2017.07.001. PMID: 28732289.
395. Yeh MS, Mari JJ, Costa MC, et al. A double-blind randomized controlled trial to study the efficacy of topiramate in a civilian sample of PTSD. *CNS Neurosci Ther*. 2011 Oct;17(5):305-10. doi: 10.1111/j.1755-5949.2010.00188.x. PMID: 21554564.
396. Yehuda R, Bierer LM, Pratchett LC, et al. Cortisol augmentation of a psychological treatment for warfighters with posttraumatic stress disorder: randomized trial showing improved treatment retention and outcome. *Psychoneuroendocrinology*. 2015 Jan;51:589-97. doi: 10.1016/j.psyneuen.2014.08.004. PMID: 25212409.
397. Yehuda R, Pratchett LC, Elmes MW, et al. Glucocorticoid-related predictors and correlates of post-traumatic stress disorder treatment response in combat veterans. *Interface Focus*. 2014 Oct 6;4(5):20140048. doi: 10.1098/rsfs.2014.0048. PMID: 25285201.
398. Yuen EK, Gros DF, Price M, et al. Randomized controlled trial of home-based telehealth versus in-person prolonged exposure for combat-related PTSD in veterans: preliminary results. *J Clin Psychol*. 2015 Jun;71(6):500-12. doi: 10.1002/jclp.22168. PMID: 25809565.
399. Yurtsever A, Konuk E, Akyüz T, et al. An Eye Movement Desensitization and Reprocessing (EMDR) group intervention for Syrian refugees with post-traumatic stress symptoms: results of a randomized controlled trial. *Front Psychol*. 2018 Jun 12;9:493. doi: 10.3389/fpsyg.2018.00493. PMID: 29946275.
400. Zang Y, Hunt NC, Cox T. Adapting narrative exposure therapy for Chinese earthquake survivors: a pilot randomised controlled feasibility study. *BMC Psychiatry*. 2014 Oct 3;14:262. doi: 10.1186/s12888-014-0262-3. PMID: 25927297.
401. Ziembra SJ, Bradley NS, Landry L-AP, et al. Posttraumatic stress disorder treatment for Operation Enduring Freedom/Operation Iraqi Freedom combat veterans through a civilian community-based telemedicine network. *Telemed J E Health*. 2014 May;20(5):446-50. doi: 10.1089/tmj.2013.0312. PMID: 24617961.

402. Zlotnick C, Shea MT, Rosen KH, et al. An affect-management group for women with posttraumatic stress disorder and histories of childhood sexual abuse. *J Trauma Stress*. 1997 Jul;10(3):425-36. doi: 10.1023/A:1024841321156. PMID: 9246650.
403. Zoellner LA, Feeny NC, Fitzgibbons LA, et al. Response of African American and Caucasian women to cognitive behavioral therapy for PTSD. *Behav Ther*. 1999;30(4):581-95. doi: 10.1016/S0005-7894(99)80026-4.
404. Zoellner LA, Telch M, Foa EB, et al. Enhancing extinction learning in posttraumatic stress disorder with brief daily imaginal exposure and methylene blue: a randomized controlled trial. *J Clin Psychiatry*. 2017 Jul;78(7):e782-e9. doi: 10.4088/JCP.16m10936. PMID: 28686823.
405. Zohar J, Amital D, Miodownik C, et al. Double-blind placebo-controlled pilot study of sertraline in military veterans with posttraumatic stress disorder. *J Clin Psychopharmacol*. 2002 Apr;22(2):190-5. doi: 10.1097/00004714-200204000-00013. PMID: 11910265.
406. Zucker TL, Samuelson KW, Muench F, et al. The effects of respiratory sinus arrhythmia biofeedback on heart rate variability and posttraumatic stress disorder symptoms: a pilot study. *Appl Psychophysiol Biofeedback*. 2009;34(2):135-43. doi: 10.1007/s10484-009-9085-2. PMID: 19396540.

Appendix D. Excluded Studies

Table D-1. Key to exclusion codes

Exclusion Code	Exclusion Reason
3	Ineligible population
4	Ineligible intervention
5	Ineligible comparison
6	Ineligible outcome
8	Ineligible study design
9	Ineligible publication type (including systematic reviews)
11	Not English language article
12	Companion without additional outcomes
13	Companion to excluded study

1. A randomised controlled trial of cognitive-behavioural therapy for the treatment of PTSD in the context of chronic whiplash. *SportEX Medicine*. 2013 Jan(55):6. Exclusion: 9.
2. Acarturk C, Konuk E, Cetinkaya M, et al. EMDR for Syrian refugees with posttraumatic stress disorder symptoms: results of a pilot randomized controlled trial. *Eur J Psychotraumatol*. 2015 May 18;6(1):27414. doi: 10.3402/ejpt.v6.27414. PMID: 25989952. Exclusion: 3.
3. Acierno RE, Gros DF, Ruggiero KJ, et al. Behavioral activation and therapeutic exposure for posttraumatic stress disorder: a noninferiority trial of treatment delivered in person versus home-based telehealth. *Depress Anxiety*. 2016 May;33(5):415-23. doi: 10.1002/da.22476. PMID: 26864655. Exclusion: 3.
4. Agopian TN, Abrams G, Kornblith E. Executive function training in veterans with PTSD and mild TBI. *Brain Inj*. 2017;31(6-7):830. doi: 10.1080/02699052.2017.1312145. PMID: 28678627. Exclusion: 9.
5. Ahmadizadeh MJ, Ahmadi K, Anisi J, et al. Assessment of cognitive behavioral therapy on quality of life of patients with chronic war-related post-traumatic stress disorder. *Indian J Psychol Med*. 2013 Oct;35(4):341-5. doi: 10.4103/0253-7176.122222. PMID: 24379492. Exclusion: 6.
6. Al Joboory S, Juliane TSJ, Cedric GJ, et al. Importance of an early EMDR intervention in emergency room to prevent post-traumatic stress disorder and concussion-like persistent symptoms: a pilot randomized controlled study. *Eur Psychiatry*. 2018;48:S88. doi: 10.1016/j.eurpsy.2017.12.022. Exclusion: 9.
7. Alghamdi M, Hunt NC, Thomas SA. The effectiveness of narrative exposure therapy with traumatised firefighters in Saudi Arabia: a randomized controlled study. *Behav Res Ther*. 2015 Mar;66:64-71. doi: 10.1016/j.brat.2015.01.008. PMID: 25701801. Exclusion: 3.
8. Alkozei A, Smith R, Fridman A, et al. Neural responses to emotional stimuli in individuals with PTSD after daily morning blue light exposure. *Biol Psychiatry*. 2017;81(10):S400. Exclusion: 9.
9. Allan NP, Short NA, Albanese BJ, et al. Direct and mediating effects of an anxiety sensitivity intervention on posttraumatic stress disorder symptoms in trauma-exposed individuals. *Cogn Behav Ther*. 2015;44(6):512-24. doi: 10.1080/16506073.2015.1075227. PMID: 26427912. Exclusion: 3.

10. Alvarez J, McLean C, Harris AH, et al. The comparative effectiveness of cognitive processing therapy for male veterans treated in a VHA posttraumatic stress disorder residential rehabilitation program. *J Consult Clin Psychol*. 2011 Oct;79(5):590-9. doi: 10.1037/a0024466. PMID: 21744946. Exclusion: 8.
11. Angel CM, Sherman LW, Strang H, et al. Short-term effects of restorative justice conferences on post-traumatic stress symptoms among robbery and burglary victims: a randomized controlled trial. *J Exp Criminol*. 2014 Sep;10(3):291-307. doi: 10.1007/s11292-014-9200-0. Exclusion: 3.
12. Angell KL, Kreshka MA, McCoy R, et al. Psychosocial intervention for rural women with breast cancer: The Sierra-Stanford Partnership. *J Gen Intern Med*. 2003 Jul;18(7):499-507. PMID: 12848832. Exclusion: 3.
13. Annan J, Falb K, Kpebo D, et al. Reducing PTSD symptoms through a gender norms and economic empowerment intervention to reduce intimate partner violence: a randomized controlled pilot study in Cote D'Ivoire. *Glob Ment Health (Camb)*. 2017 Nov 17;4:e22. doi: 10.1017/gmh.2017.19. PMID: 29230318. Exclusion: 13.
14. Asukai N, Saito A, Tsuruta N, et al. Pilot study on prolonged exposure of Japanese patients with posttraumatic stress disorder due to mixed traumatic events. *J Trauma Stress*. 2008;21(3):340-3. PMID: 18553411. Exclusion: 9.
15. Attari A, Rajabi F, Maracy MR. D-cycloserine for treatment of numbing and avoidance in chronic post traumatic stress disorder: a randomized, double blind, clinical trial. *J Res Med Sci*. 2014 Jul;19(7):592-8. PMID: 25364356. Exclusion: 6.
16. Azad Marzabadi E, Hashemi Zadeh SM. The effectiveness of mindfulness training in improving the quality of life of the war victims with post traumatic stress disorder (PTSD). *Iran J Psychiatry*. 2014 Oct;9(4):228-36. PMID: 25792991. Exclusion: 6.
17. Back SE, McCauley JL, Korte KJ, et al. A double-blind, randomized, controlled pilot trial of N-Acetylcysteine in veterans with posttraumatic stress disorder and substance use disorders. *J Clin Psychiatry*. 2016 Nov;77(11):e1439-e46. doi: 10.4088/JCP.15m10239. PMID: 27736051. Exclusion: 4.
18. Badour CL, Gros DF, Szafranski DD, et al. Sexual problems predict PTSD and depression symptom change among male OEF/OIF veterans completing exposure therapy. *Psychiatry*. 2016;79(4):403-17. doi: 10.1080/00332747.2016.1142774. PMID: 27997327. Exclusion: 8.
19. Barabasz A, Barabasz M, Christensen C, et al. Efficacy of single-session abreactive ego state therapy for combat stress injury, PTSD, and ASD. *Int J Clin Exp Hypn*. 2013;61(1):1-19. doi: 10.1080/00207144.2013.729377. PMID: 23153382. Exclusion: 8.
20. Barnes VA, Monto A, Williams JJ, et al. Impact of transcendental meditation on psychotropic medication use among active duty military service members with anxiety and PTSD. *Mil Med*. 2016 Jan;181(1):56-63. doi: 10.7205/MILMED-D-14-00333. PMID: 26741477. Exclusion: 8.
21. Barnett SD, Tharwani HM, Hertzberg MA, et al. Tolerability of fluoxetine in posttraumatic stress disorder. *Prog Neuropsychopharmacol Biol Psychiatry*. 2002 Feb;26(2):363-7. doi: 10.1016/S0278-5846(01)00282-2. PMID: 11822351. Exclusion: 9.
22. Barry LM, Singer GH. Reducing maternal psychological distress after the NICU experience through journal writing. *J Early Interv*. 2001 Oct 1;24(4):287-97. doi: 10.1177/105381510102400404. Exclusion: 3.
23. Bass JK, Annan J, Murray SM, et al. Controlled trial of psychotherapy for Congolese survivors of sexual violence. *N Engl J Med*. 2013 Jun 6;368(23):2182-91. doi: 10.1056/NEJMoal211853. PMID: 23738545. Exclusion: 3.
24. Batki SL, Pennington DL, Lasher B, et al. Topiramate treatment of alcohol use disorder in veterans with posttraumatic stress disorder: a randomized controlled pilot trial. *Alcohol Clin Exp Res*. 2014 Aug;38(8):2169-77. doi: 10.1111/acer.12496. PMID: 25092377. Exclusion: 4.

25. Baumgartner DD. Sociodrama and the Vietnam combat veteran: a therapeutic release for a wartime experience. *Journal of Group Psychotherapy, Psychodrama & Sociometry*. 1986 Spr;39(1):31-9. Exclusion: 8.
26. Becker SM. Psychosocial care for women survivors of the tsunami disaster in India. *Am J Public Health*. 2009 Apr;99(4):654-8. doi: 10.2105/AJPH.2008.146571. PMID: 19150896. Exclusion: 3.
27. Bedard-Gilligan MA, Duax Jacob JM, Doane LS, et al. An investigation of depression, trauma history, and symptom severity in individuals enrolled in a treatment trial for chronic PTSD. *J Clin Psychol*. 2015 Jul;71(7):725-40. doi: 10.1002/jclp.22163. PMID: 25900026. Exclusion: 6.
28. Bedford LA, Dietch JR, Taylor DJ, et al. Computer-guided problem-solving treatment for depression, PTSD, and insomnia symptoms in student veterans: a pilot randomized controlled trial. *Behav Ther*. 2018 Sep;49(5):756-67. doi: 10.1016/j.beth.2017.11.010. PMID: 30146142. Exclusion: 3.
29. Beidel DC, Frueh BC, Neer SM, et al. Trauma management therapy with virtual-reality augmented exposure therapy for combat-related PTSD: a randomized controlled trial. *J Anxiety Disord*. 2017 Aug 23;pii: S0887-6185(17):30126-3. doi: 10.1016/j.janxdis.2017.08.005. PMID: 28865911. Exclusion: 3.
30. Beidel DC, Frueh BC, Neer SM, et al. The efficacy of Trauma Management Therapy: a controlled pilot investigation of a three-week intensive outpatient program for combat-related PTSD. *J Anxiety Disord*. 2017 Aug;50:23-32. doi: 10.1016/j.janxdis.2017.05.001. PMID: 28545005. Exclusion: 5.
31. Belsher BE, Evatt DP, Liu X, et al. Collaborative Care for depression and posttraumatic stress disorder: evaluation of Collaborative Care fidelity on symptom trajectories and outcomes. *J Gen Intern Med*. 2018;33(7):1124-30. doi: 10.1007/s11606-018-4451-5. PMID: 29704183. Exclusion: 4.
32. Bergen-Cico D, Possemato K, Pigeon W. Reductions in cortisol associated with primary care brief mindfulness program for veterans with PTSD. *Med Care*. 2014 Dec;52(12, Suppl 5):S25-S31. doi: 10.1097/MLR.0000000000000224. PMID: 25397819. Exclusion: 6.
33. Berger R, Abu-Raiya H, Benatov J. Reducing primary and secondary traumatic stress symptoms among educators by training them to deliver a resiliency program (ERASE-Stress) following the Christchurch earthquake in New Zealand. *Am J Orthopsychiatry*. 2016 Mar;86(2):236-51. doi: 10.1037/ort0000153. PMID: 26963188. Exclusion: 3.
34. Biggs QM, Fullerton CS, McCarroll JE, et al. Early intervention for post-traumatic stress disorder, depression, and quality of life in mortuary affairs soldiers postdeployment. *Mil Med*. 2016;181(11/12):e1553-e60. doi: 10.7205/milmed-d-15-00579. PMID: 27849489. Exclusion: 3.
35. Bisson J. Cognitive therapy improves post-traumatic stress disorder associated with civil conflict in Northern Ireland. *Evid Based Ment Health*. 2008 Feb;11(1):25. doi: 10.1136/ebmh.11.1.25. PMID: 18223060. Exclusion: 9.
36. Bisson JI. Cognitive therapy reduces symptoms in people with recent onset post-traumatic stress disorder. *Evid Based Ment Health*. 2004 May;7(2):51. PMID: 15107347. Exclusion: 9.
37. Bisson JI. Adding hypnosis to cognitive behavioural therapy may reduce some acute stress disorder symptoms. *Evid Based Ment Health*. 2005 Nov;8(4):109. PMID: 16246885. Exclusion: 6.
38. Bisson JI. Eye Movement Desensitization and Reprocessing reduces PTSD symptoms compared with fluoxetine at six months post-treatment. *Evid Based Ment Health*. 2007 Nov;10(4):118. PMID: 17962673. Exclusion: 9.
39. Bisson JI, Roberts NP, Andrew M, et al. Psychological therapies for chronic post-traumatic stress disorder (PTSD) in adults. *Cochrane Database Syst Rev*. 2013 Dec 13(12):CD003388. doi: 10.1002/14651858.CD003388.pub4. PMID: 24338345. Exclusion: 9.

40. Bisson JI, Shepherd JP, Joy D, et al. Early cognitive-behavioural therapy for post-traumatic stress symptoms after physical injury. Randomised controlled trial. *Br J Psychiatry*. 2004 Jan;184:63-9. PMID: 14702229. Exclusion: 3.
41. Blanchard EB, Hickling EJ. The Albany MVA Treatment Project. Washington, DC: American Psychological Association; US; 1997. Exclusion: 6
42. Blanchard EB, Hickling EJ, Kuhn E, et al. Early intervention for psychological consequences of personal injury motor vehicle accidents. *Early Intervention for Trauma and Traumatic Loss*. New York, NY: Guilford Press; US; 2004:284-300. Exclusion: 9
43. Blanchard EB, Hickling EJ, Malta LS, et al. One- and two-year prospective follow-up of cognitive behavior therapy or supportive psychotherapy. *Behav Res Ther*. 2004 Jul;42(7):745-59. doi: 10.1016/S0005-7967(03)00201-8. PMID: 15149896. Exclusion: 13.
44. Blanchard EB, Hickling EJ, Veazey CH, et al. Treatment-related changes in cardiovascular reactivity to trauma cues in motor vehicle accident-related PTSD. *Behav Ther*. 2002;33(3):417-26. doi: 10.1016/S0005-7894(02)80036-3. Exclusion: 6.
45. Boals A, Murrell AR. I am > trauma: experimentally reducing event centrality and PTSD symptoms in a clinical trial. *J Loss Trauma*. 2016;21(6):471-83. doi: 10.1080/15325024.2015.1117930. Exclusion: 3.
46. Boden MT, Kimerling RE, Kulkarni MR, et al. Coping among military veterans with PTSD in substance use disorder treatment. *J Subst Abuse Treat*. 2014 Aug;47(2):160-7. doi: 10.1016/j.jsat.2014.03.006. PMID: 24854218. Exclusion: 3.
47. Boffa JW, King SL, Turecki G, et al. Investigating the role of hopelessness in the relationship between PTSD symptom change and suicidality. *J Affect Disord*. 2018 Jan 1;225:298-301. doi: 10.1016/j.jad.2017.08.004. PMID: 28843079. Exclusion: 3.
48. Bolton P, Bass JK, Zangana GA, et al. A randomized controlled trial of mental health interventions for survivors of systematic violence in Kurdistan, Northern Iraq. *BMC Psychiatry*. 2014 Dec 31;14:360. doi: 10.1186/s12888-014-0360-2. PMID: 25551436. Exclusion: 3.
49. Bolton P, Lee C, Haroz EE, et al. A transdiagnostic community-based mental health treatment for comorbid disorders: development and outcomes of a randomized controlled trial among Burmese refugees in Thailand. *PLoS Med*. 2014 Nov;11(11):e1001757. doi: 10.1371/journal.pmed.1001757. PMID: 25386945. Exclusion: 3.
50. Bormann JE, Liu L, Thorp SR, et al. Spiritual wellbeing mediates PTSD change in veterans with military-related PTSD. *Int J Behav Med*. 2012;19(4):496-502. doi: 10.1007/s12529-011-9186-1. PMID: 21874605. Exclusion: 13.
51. Bormann JE, Oman D, Walter KH, et al. Mindful attention increases and mediates psychological outcomes following mantram repetition practice in veterans with posttraumatic stress disorder. *Med Care*. 2014 Dec;52(12 Suppl 5):S13-8. doi: 10.1097/MLR.000000000000200. PMID: 25397817. Exclusion: 6.
52. Boudewyns PA, Hyer L, Woods MG, et al. PTSD among Vietnam veterans: an early look at treatment outcome using direct therapeutic exposure. *J Trauma Stress*. 1990 Jul;3(3):359-68. doi: 10.1002/jts.2490030305. Exclusion: 13.
53. Boudewyns PA, Hyer LA. Physiological response to combat memories and preliminary treatment outcome in Vietnam veteran PTSD patients treated with direct therapeutic exposure. *Behav Ther*. 1990;21(1):63-87. doi: 10.1016/S0005-7894(05)80189-3. Exclusion: 4.
54. Bradley RG, Follingstad DR. Group therapy for incarcerated women who experienced interpersonal violence: a pilot study. *J Trauma Stress*. 2003 Aug;16(4):337-40. doi: 10.1023/A:1024409817437. PMID: 12895016. Exclusion: 3.

55. Brady KT, Clary CM. Affective and anxiety comorbidity in post-traumatic stress disorder treatment trials of sertraline. *Compr Psychiatry*. 2003 Sep-Oct;44(5):360-9. doi: 10.1016/S0010-440X(03)00111-1. PMID: 14505296. Exclusion: 9.
56. Brown AJ, Bollini AM, Craighead LW, et al. Self-monitoring of reexperiencing symptoms: a randomized trial. *J Trauma Stress*. 2014 Oct;27(5):519-25. doi: 10.1002/jts.21950. PMID: 25322881. Exclusion: 4.
57. Brown LA, Davies CD, Gerlach A, et al. Linguistic processing and Script-Driven Imagery for trauma exposure: a proof of concept pilot trial. *J Anxiety Disord*. 2018 Jun;57:16-23. doi: 10.1016/j.janxdis.2018.05.010. PMID: 29890377. Exclusion: 3.
58. Brunet A, Orr SP, Tremblay J, et al. Effect of post-retrieval propranolol on psychophysiologic responding during subsequent script-driven traumatic imagery in post-traumatic stress disorder. *J Psychiatr Res*. 2008 May;42(6):503-6. doi: 10.1016/j.jpsychires.2007.05.006. PMID: 17588604. Exclusion: 6.
59. Brunet A, Thomas E, Saumier D, et al. Trauma reactivation plus propranolol is associated with durably low physiological responding during subsequent script-driven traumatic imagery. *Can J Psychiatry*. 2014 Apr;59(4):228-32. doi: 10.1177/070674371405900408. PMID: 25007116. Exclusion: 8.
60. Bryan CJ, Clemans TA, Hernandez AM, et al. Evaluating potential iatrogenic suicide risk in trauma-focused group cognitive behavioral therapy for the treatment of PTSD in active duty military personnel. *Depress Anxiety*. 2016;33(6):549-57. doi: 10.1002/da.22456. PMID: 26636426. Exclusion: 6.
61. Bryant RA, Moulds M, Guthrie RM. Cognitive strategies and the resolution of acute stress disorder. *J Trauma Stress*. 2001 Jan;14(1):213-9. doi: 10.1023/A:1007856103389. Exclusion: 3.
62. Bryant RA, Moulds ML, Guthrie RM, et al. The additive benefit of hypnosis and cognitive-behavioral therapy in treating acute stress disorder. *J Consult Clin Psychol*. 2005 Apr;73(2):334-40. doi: 10.1037/0022-006X.73.2.334. PMID: 15796641. Exclusion: 3.
63. Bryant RA, Moulds ML, Nixon RDV. Cognitive behaviour therapy of acute stress disorder: a four-year follow-up. *Behav Res Ther*. 2003;41(4):489-94. doi: 10.1016/S0005-7967(02)00179-1. PMID: 12643970. Exclusion: 13.
64. Bryant RA, Schafer A, Dawson KS, et al. Effectiveness of a brief behavioural intervention on psychological distress among women with a history of gender-based violence in urban Kenya: a randomised clinical trial. *PLoS Med*. 2017 Aug;14(8):e1002371. doi: 10.1371/journal.pmed.1002371. PMID: 28809935. Exclusion: 3.
65. Buhmann CB. Traumatized refugees: morbidity, treatment and predictors of outcome. *Dan Med J*. 2014 Aug;61(8):B4871. PMID: 25162447. Exclusion: 9.
66. Burns DS, Azzouz F, Sledge R, et al. Music imagery for adults with acute leukemia in protective environments: a feasibility study. *Support Care Cancer*. 2008 May;16(5):507-13. doi: 10.1007/s00520-007-0330-z. PMID: 17891547. Exclusion: 3.
67. Bush NE, Dobscha SK, Crumpton R, et al. A Virtual Hope Box smartphone app as an accessory to therapy: proof-of-concept in a clinical sample of veterans. *Suicide Life Threat Behav*. 2015 Feb;45(1):1-9. doi: 10.1111/sltb.12103. PMID: 24828126. Exclusion: 3.
68. Butterfield MI. Fluoxetine may prevent relapse in post traumatic stress disorder. *Evid Based Ment Health*. 2003 May;6(2):51. PMID: 12719358. Exclusion: 9.
69. Cacciatore J. Effects of support groups on post traumatic stress responses in women experiencing stillbirth. *Omega (Westport)*. 2007;55(1):71-90. doi: 10.2190/M447-1X11-6566-8042. PMID: 17877082. Exclusion: 8.

70. Callinan S, Johnson D, Wells A. A randomised controlled study of the effects of the Attention Training Technique on traumatic stress symptoms, emotional attention set shifting and flexibility. *Cognit Ther Res.* 2015 Feb;39(1):4-13. doi: 10.1007/s10608-014-9634-8. Exclusion: 6.
71. Campbell M, Decker KP, Kruk K, et al. Art therapy and cognitive processing therapy for combat-related PTSD: a randomized controlled trial. *Art Ther (Alex).* 2016;33(4):169-77. doi: 10.1080/07421656.2016.1226643. PMID: 29332989. Exclusion: 3.
72. Capone C, Presseau C, Saunders E, et al. Is integrated CBT effective in reducing PTSD symptoms and substance use in Iraq and Afghanistan veterans? Results from a randomized clinical trial. *Cognit Ther Res.* 2018 Jun;1-12. doi: 10.1007/s10608-018-9931-8. Exclusion: 4.
73. Carl JR, Gallagher MW, Sauer-Zavala SE, et al. A preliminary investigation of the effects of the unified protocol on temperament. *Compr Psychiatry.* 2014 Aug;55(6):1426-34. doi: 10.1016/j.comppsy.2014.04.015. PMID: 24933653. Exclusion: 13.
74. Carletto S, Borghi M, Bertino G, et al. 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. *Front Psychol.* 2016 Apr 21;7:526. doi: 10.3389/fpsyg.2016.00526. PMID: 27148134. Exclusion: 3.
75. Carmody TP, McFall M, Saxon AJ, et al. Smoking outcome expectancies in military veteran smokers with posttraumatic stress disorder. *Nicotine Tob Res.* 2012 Aug;14(8):919-26. doi: 10.1093/ntr/ntr304. PMID: 22271610. Exclusion: 6.
76. Carter J, Gerbarg P, Brown R, et al. Comparison (1) original yoga intervention of Krishnamacharya school of yoga (TKV Desikachar, BKS Iyengar) with yoga nidra in a group therapy format compared with (2) Sudarshan Kriya yoga in ordinary format randomized controlled trial: both treatments designed for the treatment of post-traumatic stress disorder. *Aust N Z J Psychiatry.* 2017 May;51(1_Supplement):83-4. doi: 10.1177/0004867417702054. PMID: 28443347 Exclusion: 9.
77. Cates ME, Bishop MH, Davis LL, et al. Clonazepam for treatment of sleep disturbances associated with combat-related posttraumatic stress disorder. *Ann Pharmacother.* 2004 Sep;38(9):1395-9. doi: 10.1345/aph.1E043. PMID: 15252193. Exclusion: 6.
78. Cavaljuga S, Licanin I, Mulabegovic N, et al. Therapeutic effects of two antidepressant agents in the treatment of posttraumatic stress disorder (PTSD). *Bosn J Basic Med Sci.* 2003 May;3(2):12-6. doi: 10.17305/bjbms.2003.3548. PMID: 16223367. Exclusion: 6.
79. Cernvall M, Carlbring P, Ljungman L, et al. Internet-based guided self-help for parents of children on cancer treatment: a randomized controlled trial. *Psychooncology.* 2015 Sep;24(9):1152-8. doi: 10.1002/pon.3788. PMID: 25728688. Exclusion: 3.
80. Chemtob CM, Novaco RW, Hamada RS, et al. Cognitive-behavioral treatment for severe anger in posttraumatic stress disorder. *J Consult Clin Psychol.* 1997 Feb;65(1):184-9. PMID: 9103748. Exclusion: 4.
81. Chemtob CM, Tomas S, Law W, et al. Postdisaster psychosocial intervention: a field study of the impact of debriefing on psychological distress. *Am J Psychiatry.* 1997 Mar;154(3):415-7. doi: 10.1176/ajp.154.3.415. PMID: 9054792. Exclusion: 3.
82. Chen YY. Written emotional expression and religion: effects on PTSD symptoms. *Int J Psychiatry Med.* 2005;35(3):273-86. doi: 10.2190/2X0U-0CTB-Y877-5DRQ. PMID: 16480242. Exclusion: 3.

83. Choi K, Kim JY. Evaluation of the TSL® program for parents of children with cancer. *Res Soc Work Pract*. 2018;28(2):146-53. doi: 10.1177/1049731516637121. Exclusion: 6.
84. Christensen C, Barabasz A, Barabasz M. Efficacy of abreactive ego state therapy for PTSD: trauma resolution, depression, and anxiety. *Int J Clin Exp Hypn*. 2013;61(1):20-37. doi: 10.1080/00207144.2013.729386. PMID: 23153383. Exclusion: 9.
85. Church D. Reductions in pain, depression, and anxiety symptoms after PTSD remediation in veterans. *Explore (NY)*. 2014 May-Jun;10(3):162-9. doi: 10.1016/j.explore.2014.02.005. PMID: 24767263. Exclusion: 5.
86. Church D, Palmer-Hoffman J. TBI symptoms improve after PTSD remediation with Emotional Freedom Techniques. *Traumatology (Tallahass Fla)*. 2014;20(3):172-81. doi: 10.1037/h0099831. Exclusion: 9.
87. Church D, Sparks T, Clond M. EFT (Emotional Freedom Techniques) and resiliency in veterans at risk for PTSD: a randomized controlled trial. *Explore (NY)*. 2016 Sep-Oct;12(5):355-65. doi: 10.1016/j.explore.2016.06.012. PMID: 27543343. Exclusion: 3.
88. Cicione RM, Fontaine LA, Williams CN. Trauma Relief Unlimited: an outcome study of a new treatment method. *Trauma and Loss: Research and Interventions*. 2002;2(2):25-33. Exclusion: 3.
89. Cigrang JA, Rauch SA, Mintz J, et al. Moving effective treatment for posttraumatic stress disorder to primary care: a randomized controlled trial with active duty military. *Fam Syst Health*. 2017 Dec;35(4):450-62. doi: 10.1037/fsh0000315. PMID: 29283612. Exclusion: 3.
90. Cigrang JA, Rauch SAM, Avila LL, et al. Treatment of active-duty military with PTSD in primary care: early findings. *Psychol Serv*. 2011;8(2):104-13. doi: 10.1037/a0022740. Exclusion: 8.
91. Clark CJ, Lewis-Dmello A, Anders D, et al. Trauma-sensitive yoga as an adjunct mental health treatment in group therapy for survivors of domestic violence: a feasibility study. *Complement Ther Clin Pract*. 2007;20(3):152-8. doi: 10.1016/j.ctcp.2014.04.003. PMID: 25129883. Exclusion: 3.
92. Clark CJ, Lewis-Dmello A, Anders D, et al. Trauma-sensitive yoga as an adjunct mental health treatment in group therapy for survivors of domestic violence: a feasibility study. *Complement Ther Clin Pract*. 2014 Aug;20(3):152-8. doi: 10.1016/j.ctcp.2014.04.003. PMID: 25129883. Exclusion: 3.
93. Clark RD, Cañive JM, Calais LA, et al. Divalproex in posttraumatic stress disorder: an open-label clinical trial. *J Trauma Stress*. 1999;12(2):395-401. doi: 10.1023/A:1024797014210. PMID: 10378177. Exclusion: 8.
94. Classen C, Butler LD, Koopman C, et al. Supportive-expressive group therapy and distress in patients with metastatic breast cancer: a randomized clinical intervention trial. *Arch Gen Psychiatry*. 2001 May;58(5):494-501. PMID: 11343530. Exclusion: 3.
95. Classen CC, Palesh OG, Cavanaugh CE, et al. A comparison of trauma-focused and present-focused group therapy for survivors of childhood sexual abuse: a randomized controlled trial. *Psychol Trauma*. 2011;3(1):84-93. doi: 10.1037/a0020096. Exclusion: 3.
96. Cloitre M, Henn-Haase C, Herman JL, et al. A multi-site single-blind clinical study to compare the effects of STAIR narrative therapy to treatment as usual among women with PTSD in public sector mental health settings: study protocol for a randomized controlled trial. *Trials*. 2014 May 29;15:197. doi: 10.1186/1745-6215-15-197. PMID: 24886235. Exclusion: 9.
97. Cloitre M, Koenen KC. The impact of borderline personality disorder on process group outcome among women with posttraumatic stress disorder related to childhood abuse. *Int J Group Psychother*. 2001 Jul;51(3):379-98. doi: 10.1521/ijgp.51.3.379.49886. PMID: 11447786. Exclusion: 8.

98. Cohen JL, Sander LM, Slavin OM, et al. Different methods of single-session disclosure: what works for whom? *Br J Health Psychol.* 2008;13(1):23-6. doi: 10.1348/135910707X250901. PMID: 18230225. Exclusion: 3.
99. Cole KL, Sarlund-Heinrich P, Brown L. Developing and assessing effectiveness of a time-limited therapy group for incarcerated women survivors of childhood sexual abuse. *J Trauma Dissociation.* 2007;8(2):97-121. doi: 10.1300/J229v08n02_07. PMID: 17804386. Exclusion: 3.
100. Cole MA, Muir JJ, Gans JJ, et al. Simultaneous treatment of neurocognitive and psychiatric symptoms in veterans with post-traumatic stress disorder and history of mild traumatic brain injury: a pilot study of mindfulness-based stress reduction. *Mil Med.* 2015 Sep;180(9):956-63. doi: 10.7205/MILMED-D-14-00581. PMID: 26327547. Exclusion: 8.
101. Colosetti SD, Thyer BA. The relative effectiveness of EMDR versus relaxation training with battered women prisoners. *Behav Modif.* 2000 Oct;24(5):719-39. doi: 10.1177/0145445500245006. PMID: 11036736. Exclusion: 8.
102. Connolly SM, Roe-Sepowitz D, Sakai C, et al. Utilizing community resources to treat PTSD: a randomized controlled study using thought field therapy. *Afr J Trauma Stress.* 2013;3(1):24-32. Exclusion: 3.
103. Cooper AA, Zoellner LA, Roy-Byrne P, et al. Do changes in trauma-related beliefs predict PTSD symptom improvement in prolonged exposure and sertraline? *J Consult Clin Psychol.* 2017 Sep;85(9):873-82. doi: 10.1037/ccp0000220. PMID: 28504542. Exclusion: 6.
104. Cooper DB, Bowles AO, Kennedy JE, et al. Cognitive rehabilitation for military service members with mild traumatic brain injury: a randomized clinical trial. *J Head Trauma Rehabil.* 2017 May-Jun;32(3):E1-E15. doi: 10.1097/HTR.0000000000000254. PMID: 27603763. Exclusion: 3.
105. Cooper NA, Clum GA. Imaginal flooding as a supplementary treatment for PTSD in combat veterans: a controlled study. *Behav Ther.* 1989;20(3):381-91. doi: 10.1016/S0005-7894(89)80057-7. Exclusion: 4.
106. Corchs F, Vermes JS, Araújo AC, et al. Targeting the reconsolidation of traumatic memories with electroconvulsive therapy and prolonged exposure therapy in posttraumatic stress disorder. *Biol Psychiatry.* 2018;83(9):S358. doi: 10.1016/j.biopsych.2018.02.920. Exclusion: 9.
107. Corey VR, Pisano VD, Halpern JH. Effects of 3,4-methylenedioxymethamphetamine on patient utterances in a psychotherapeutic setting. *J Nerv Ment Dis.* 2016 Jul;204(7):519-23. doi: 10.1097/NMD.0000000000000499. PMID: 26998697. Exclusion: 6.
108. Cort NA, Gamble SA, Smith PN, et al. Predictors of treatment outcomes among depressed women with childhood sexual abuse histories. *Depress Anxiety.* 2012 Jun;29(6):479-86. doi: 10.1002/da.21942. PMID: 22570264. Exclusion: 3.
109. Coupland NJ, Lillywhite AR, Bell CE, et al. A pilot controlled study of the effects of flumazenil in posttraumatic stress disorder. *Biol Psychiatry.* 1997;41(9):988-90. doi: 10.1016/S0006-3223(97)00043-7. PMID: 9110106. Exclusion: 4.
110. Cox CE, Hough CL, Carson SS, et al. Effects of a telephone- and web-based coping skills training program compared with an education program for survivors of critical illness and their family members a randomized clinical trial. *Am J Respir Crit Care Med.* 2018;197(1):66-78. doi: 10.1164/rccm.201704-0720OC. Exclusion: 8.
111. Cox CE, Hough CL, Jones DM, et al. Effects of mindfulness training programmes delivered by a self-directed mobile app and by telephone compared with an education programme for survivors of critical illness: a pilot randomised clinical trial. *Thorax.* 2018 Jan;74(1):33-42. doi: 10.1136/thoraxjnl-2017-211264. PMID: 29793970. Exclusion: 3.

112. Cronin C, Conboy L. Using the NADA protocol to treat combat stress-induced insomnia: a pilot study. *J Chin Med*. 2013(103):50-6. Exclusion: 3.
113. Cusack KJ, Spates CR. The cognitive dismantling of Eye Movement Desensitization and Reprocessing (EMDR) treatment of posttraumatic stress disorder (PTSD). *J Anxiety Disord*. 1999;13(1-2):87-99. doi: 10.1016/S0887-6185(98)00041-3. PMID: 10225502. Exclusion: 3.
114. Cyniak-Cieciura M, Popiel A, Zawadzki B. General self-efficacy level and changes in negative posttraumatic cognitions and posttraumatic stress disorder (PTSD) symptoms among motor vehicle accident survivors after PTSD therapy. *Studia Psychologiczne*. 2015;53(1):18-29. Exclusion: 6.
115. Dadashi M, Momtazi S, Yousefi Asl V, et al. Comparison of the effectiveness of drug combination with metacognitive therapy and drug therapy alone in reducing the symptoms of post traumatic stress disorder. *Journal of Zanjan University of Medical Sciences and Health Services*. 2018;26(115):1-11. Exclusion: 11.
116. Daniels LR, Boehnlein JK, McCallion P. Life-review and PTSD community counseling with two groups of Vietnam War veterans. *Traumatology (Tallahass Fla)*. 2015 Sep;21(3):161-71. doi: 10.1037/trm0000045. Exclusion: 6.
117. Davidson JR, Landerman LR, Farfel GM, et al. Characterizing the effects of sertraline in post-traumatic stress disorder. *Psychol Med*. 2002 May;32(4):661-70. PMID: 12102380. Exclusion: 8.
118. Davidson JR, Malik ML, Sutherland SN. Response characteristics to antidepressants and placebo in post-traumatic stress disorder. *Int Clin Psychopharmacol*. 1997 Nov;12(6):291-6. PMID: 9547130. Exclusion: 8.
119. Davidson JRT, Connor KM, Hertzberg MA, et al. Maintenance therapy with fluoxetine in posttraumatic stress disorder: a placebo-controlled discontinuation study. *J Clin Psychopharmacol*. 2005;25(2):166-9. doi: 10.1097/01.jcp.0000155817.21467.6c. PMID: 15738748. Exclusion: 3.
120. Davidson JRT, Pearlstein T, Lonnberg PD, et al. Efficacy of sertraline in preventing relapse of posttraumatic stress disorder: results of a 28-week double-blind, placebo-controlled study. *Am J Psychiatry*. 2001;158(12):1974-81. doi: 10.1176/appi.ajp.158.12.1974. PMID: 11729012. Exclusion: 3.
121. Davidson JRT, Pearlstein T, Lonnberg PD, et al. Efficacy of sertraline in preventing relapse of posttraumatic stress disorder: results of a 28-week double-blind, placebo-controlled study [reprinted article]. *Focus: The Journal of Lifelong Learning in Psychiatry*. 2003;1(3):273-81. Exclusion: 9.
122. Davis JL, Rhudy JL, Pruiksma KE, et al. Physiological predictors of response to exposure, relaxation, and rescripting therapy for chronic nightmares in a randomized clinical trial. *J Clin Sleep Med*. 2011 Dec 15;7(6):622-31. doi: 10.5664/jcsm.1466. PMID: 22171201. Exclusion: 3.
123. Davis JL, Wright DC. Randomized clinical trial for treatment of chronic nightmares in trauma-exposed adults. *J Trauma Stress*. 2007 Apr;20(2):123-33. doi: 10.1002/jts.20199. PMID: 17427914. Exclusion: 3.
124. Davis LL, Kyriakides TC, Suris AM, et al. Effect of evidence-based supported employment vs transitional work on achieving steady work among veterans with posttraumatic stress disorder a randomized clinical trial. *JAMA Psychiatry*. 2018 Apr 1;75(4):316-24. doi: 10.1001/jamapsychiatry.2017.4472. PMID: 29490371 Exclusion: 4.
125. Davis LL, Leon AC, Toscano R, et al. A randomized controlled trial of supported employment among veterans with posttraumatic stress disorder. *Psychiatr Serv*. 2012;63(5):464-70. doi: 10.1176/appi.ps.201100340. PMID: 22307881. Exclusion: 6.
126. Davis M, Myers KM, Ressler KJ, et al. Facilitation of extinction of conditioned fear by D-cycloserine: implications for psychotherapy. *Curr Dir Psychol Sci*. 2005 Aug;14(4):214-9. doi: 10.1111/j.0963-7214.2005.00367.x. Exclusion: 8.

127. de Bont PA, van Minnen A, de Jongh A. Treating PTSD in patients with psychosis: a within-group controlled feasibility study examining the efficacy and safety of evidence-based PE and EMDR protocols. *Behav Ther.* 2013 Dec;44(4):717-30. doi: 10.1016/j.beth.2013.07.002. PMID: 24094795. Exclusion: 6.
128. de Jong MC, Boersma CH. Device-guided breathing as a possible tool to improve the outcome of exposure therapy. *Ment Illn.* 2010 May 3;2(1):e6. doi: 10.4081/mi.2010.e6. PMID: 25478089. Exclusion: 3.
129. de Kleine RA, Rothbaum BO, van Minnen A. Pharmacological enhancement of exposure-based treatment in PTSD: a qualitative review. *Eur J Psychotraumatol.* 2013 Oct 17;4(1):21626. doi: 10.3402/ejpt.v4i0.21626. PMID: 24147208. Exclusion: 9.
130. Dedert EA, Dennis PA, Calhoun PS, et al. A randomized clinical trial of nicotine preloading for smoking cessation in people with posttraumatic stress disorder. *J Dual Diagn.* 2018 Apr 25;1-10. doi: 10.1080/15504263.2018.1468947. PMID: 29693495. Exclusion: 4.
131. DePrince AP, Labus J, Belknap JE, et al. The impact of community-based outreach on psychological distress and victim safety in women exposed to intimate partner abuse. *J Consult Clin Psychol.* 2012 Apr;80(2):211-21. doi: 10.1037/a0027224. PMID: 22329822. Exclusion: 3.
132. DeVoe ER, Paris R, Emmert-Aronson B, et al. A randomized clinical trial of a postdeployment parenting intervention for service members and their families with very young children. *Psychol Trauma.* 2017 Aug;9(S1):25-34. doi: 10.1037/tra0000196. PMID: 27710006. Exclusion: 4.
133. Dick AM, Niles BL, Street AE, et al. Examining mechanisms of change in a yoga intervention for women: the influence of mindfulness, psychological flexibility, and emotion regulation on PTSD symptoms. *J Clin Psychol.* 2014 Dec;70(12):1170-82. doi: 10.1002/jclp.22104. PMID: 24888209. Exclusion: 13.
134. Difede J, Malta LS, Best SR, et al. A randomized controlled clinical treatment trial for World Trade Center attack-related PTSD in disaster workers. *J Nerv Ment Dis.* 2007 Oct;195(10):861-5. doi: 10.1097/NMD.0b013e3181568612. PMID: 18043528. Exclusion: 3.
135. Dondanville KA, Blankenship AE, Molino A, et al. Qualitative examination of cognitive change during PTSD treatment for active duty service members. *Behav Res Ther.* 2016 Apr;79:1-6. doi: 10.1016/j.brat.2016.01.003. PMID: 26874683. Exclusion: 6.
136. Donner L, Schellong J, Hähner A, et al. Nocturnal olfactory stimulation can pleasant odors improve sleep quality in patients with posttraumatic stress disorder? *Somnologie (Berl).* 2017;21(2):S100. doi: 10.1007/s11818-017-0140-6. Exclusion: 9.
137. Drozdek B, Kamperman AM, Bolwerk N, et al. Group therapy with male asylum seekers and refugees with posttraumatic stress disorder: a controlled comparison cohort study of three day-treatment programs. *J Nerv Ment Dis.* 2012 Sep;200(9):758-65. doi: 10.1097/NMD.0b013e318266f860. PMID: 22922235. Exclusion: 8.
138. DuHamel KN, Mosher CE, Winkel G, et al. Randomized clinical trial of telephone-administered cognitive-behavioral therapy to reduce post-traumatic stress disorder and distress symptoms after hematopoietic stem-cell transplantation. *J Clin Oncol.* 2010;28(23):3754-61. doi: 10.1200/JCO.2009.26.8722. PMID: 20625129. Exclusion: 3.
139. Dunn NJ, Rehm LP, Schillaci J, et al. A randomized trial of self-management and psychoeducational group therapies for comorbid chronic posttraumatic stress disorder and depressive disorder. *J Trauma Stress.* 2007 Jun;20(3):221-37. doi: 10.1002/jts.20214. PMID: 17598141. Exclusion: 4.
140. Dunn TM, Schwartz M, Hatfield RW, et al. Measuring effectiveness of Eye Movement Desensitization and Reprocessing (EMDR) in non-clinical anxiety: a multi-subject, yoked-control design. *J Behav Ther Exp Psychiatry.* 1996 Sep;27(3):231-9. PMID: 8959424. Exclusion: 3.

141. Dybdahl R. Children and mothers in war: an outcome study of a psychosocial intervention program. *Child Dev.* 2001 Jul-Aug;72(4):1214-30. PMID: 11480943. Exclusion: 4.
142. Echeburua E, de Corral P, Zubizarreta I, et al. Psychological treatment of chronic posttraumatic stress disorder in victims of sexual aggression. *Behav Modif.* 1997 Oct;21(4):433-56. doi: 10.1177/01454455970214003. PMID: 9337600. Exclusion: 3.
143. Edmond T, Rubin A. Assessing the long-term effects of EMDR: results from an 18-month follow-up study with adult female survivors of CSA. *J Child Sex Abus.* 2004;13(1):69-86. doi: 10.1300/J070v13n01_04. PMID: 15353377. Exclusion: 13.
144. Edmond TE, Rubin A, Wambach KG. The effectiveness of EMDR with adult female survivors of childhood sexual abuse. *Soc Work Res.* 1999;23(2):103-16. doi: 10.1093/swr/23.2.103. Exclusion: 3.
145. Engel CC, Bray RM, Jaycox LH, et al. Implementing collaborative primary care for depression and posttraumatic stress disorder: design and sample for a randomized trial in the U.S. military health system. *Contemp Clin Trials.* 2014;39(2):310-9. doi: 10.1016/j.cct.2014.10.002. PMID: 14557148. Exclusion: 9.
146. Esala JJ, Taing S. Testimony therapy with ritual: a pilot randomized controlled trial. *J Trauma Stress.* 2017;30(1):94-8. doi: 10.1002/jts.22163. PMID: 28084662. Exclusion: 3.
147. Eseadi C, Anyanwu JI, Ogbuabor SE, et al. Effects of cognitive restructuring intervention program of rational-emotive behavior therapy on adverse childhood stress in Nigeria. *J Ration Emot Cogn Behav Ther.* 2016 Mar;34(1):51-72. doi: 10.1007/s10942-015-0229-4. Exclusion: 3.
148. Fani N, Ashraf A, Afzal N, et al. Increased neural response to trauma scripts in posttraumatic stress disorder following paroxetine treatment: a pilot study. *Neurosci Lett.* 2011 Mar 24;491(3):196-201. doi: 10.1016/j.neulet.2011.01.037. PMID: 21256927. Exclusion: 3.
149. Fauerbach JA, Lawrence JW, Fogel J, et al. Approach-avoidance coping conflict in a sample of burn patients at risk for posttraumatic stress disorder. *Depress Anxiety.* 2009;26(9):838-50. doi: 10.1002/da.20439. PMID: 19170120. Exclusion: 4.
150. Faux S, Kohler F, Mozer R, et al. The ROARI project: Road Accident Acute Rehabilitation Initiative: a randomised clinical trial of two targeted early interventions for road-related trauma. *Clin Rehabil.* 2015 Jul;29(7):639-52. doi: 10.1177/0269215514552083. PMID: 25413170. Exclusion: 4.
151. Fedoroff IC, Taylor S, Asmundson GJ, et al. Cognitive factors in traumatic stress reactions: predicting PTSD symptoms from anxiety sensitivity and beliefs about harmful events. *Behav Cogn Psychother.* 2000 Jan;28(1):5-15. Exclusion: 8.
152. Feeny NC, Zoellner LA, Foa EB. Treatment outcome for chronic PTSD among female assault victims with borderline personality characteristics: a preliminary examination. *J Pers Disord.* 2002 Feb;16(1):30-40. PMID: 11881159. Exclusion: 6.
153. Felmingham KL, Bryant RA. Gender differences in the maintenance of response to cognitive behavior therapy for posttraumatic stress disorder. *J Consult Clin Psychol.* 2012 Apr;80(2):196-200. doi: 10.1037/a0027156. PMID: 22309472. Exclusion: 6.
154. Fetzner MG, Asmundson GJG. Aerobic exercise reduces symptoms of posttraumatic stress disorder: a randomized controlled trial. *Cogn Behav Ther.* 2015;44(4):301-13. doi: 10.1080/16506073.2014.916745. PMID: 24911173. Exclusion: 3.
155. Flanagan JC, Calhoun CD, Badour CL, et al. Effects of oxytocin on stress-induced alcohol craving neurobiological reactivity among veterans with co-occurring alcohol use disorder and PTSD. *Alcohol Clin Exp Res.* 2017 Jun;41:145A. doi: 10.1111/acer.13391. Exclusion: 9.

156. Foa EB, Asnaani A, Rosenfield D, et al. Concurrent varenicline and prolonged exposure for patients with nicotine dependence and PTSD: a randomized controlled trial. *J Consult Clin Psychol*. 2017;85(9):862-72. doi: 10.1037/ccp0000213. PMID: 28569519. Exclusion: 4.
157. Foa EB, Hearst-Ikeda D, Perry KJ. Evaluation of a brief cognitive-behavioral program for the prevention of chronic PTSD in recent assault victims. *J Consult Clin Psychol*. 1995 Dec;63(6):948-55. PMID: 8543717. Exclusion: 3.
158. Foa EB, Rauch SAM. Cognitive changes during prolonged exposure versus prolonged exposure plus cognitive restructuring in female assault survivors with posttraumatic stress disorder. *J Consult Clin Psychol*. 2004 Oct;72(5):879-84. doi: 10.1037/0022-006X.72.5.879. PMID: 15482045. Exclusion: 6.
159. Foa EB, Zoellner LA, Feeny NC. An evaluation of three brief programs for facilitating recovery after assault. *J Trauma Stress*. 2006 Feb;19(1):29-43. doi: 10.1002/jts.20096. PMID: 16568461. Exclusion: 6.
160. Fonzo G, Goodkind M, Oathes D, et al. The effects of psychotherapy on amygdalar sub-regional functional connectivity in PTSD. *Biol Psychiatry*. 2017 May 15;81(10):S236-S7. Exclusion: 9.
161. Fonzo GA, Goodkind MS, Oathes DJ, et al. Selective effects of psychotherapy on frontopolar cortical function in PTSD. *Am J Psychiatry*. 2017 doi: 10.1176/appi.ajp.2017.16091073. PMID: 28715907. Exclusion: 6.
162. Forbes D, Phelps A, McHugh T. Treatment of combat-related nightmares using imagery rehearsal: a pilot study. *J Trauma Stress*. 2001 Apr;14(2):433-42. doi: 10.1023/A:1011133422340. PMID: 11469167. Exclusion: 8.
163. Forbes D, Phelps AJ, McHugh AF, et al. Imagery rehearsal in the treatment of posttraumatic nightmares in Australian veterans with chronic combat-related PTSD: 12-month follow-up data. *J Trauma Stress*. 2003 Oct;16(5):509-13. doi: 10.1023/A:1025718830026. PMID: 14584636. Exclusion: 13.
164. Ford JD, Chang R, Levine J, et al. Randomized clinical trial comparing affect regulation and supportive group therapies for victimization-related PTSD with incarcerated women. *Behav Ther*. 2013;44(2):262-76. doi: 10.1016/j.beth.2012.10.003. PMID: 23611076. Exclusion: 3.
165. Ford JD, Grasso DJ, Levine J, et al. Emotion regulation enhancement of cognitive behavior therapy for college student problem drinkers: a pilot randomized controlled trial. *J Child Adolesc Subst Abuse*. 2018;27(1):47-58. doi: 10.1080/1067828X.2017.1400484. Exclusion: 3.
166. Ford JD, Steinberg KL, Zhang W. A randomized clinical trial comparing affect regulation and social problem-solving psychotherapies for mothers with victimization-related PTSD. *Behav Ther*. 2011 Dec;42(4):560-78. doi: 10.1016/j.beth.2010.12.005. PMID: 22035986. Exclusion: 3.
167. Frank JB, Kosten TR, Giller EL. Antidepressants in the treatment of PTSD. *Am J Psychiatry*. 1990 Feb;147(2):260. doi: 10.1176/ajp.147.2.260a. Exclusion: 9.
168. Freedman SA, Dayan E, Kimelman YB, et al. Early intervention for preventing posttraumatic stress disorder: an internet-based virtual reality treatment. *Eur J Psychotraumatol*. 2015 Apr 2;6:25608. doi: 10.3402/ejpt.v6.25608. PMID: 25843345. Exclusion: 9.
169. Freyd JJ, Klest B, Allard CB. Betrayal trauma: relationship to physical health, psychological distress, and a written disclosure intervention. *J Trauma Dissociation*. 2005;6(3):83-104. doi: 10.1300/J229v06n03_04. PMID: 16172083. Exclusion: 3.

170. Freyth C, Elsesser K, Lohrmann T, et al. Effects of additional prolonged exposure to psychoeducation and relaxation in acute stress disorder. *J Anxiety Disord.* 2010 Dec;25(8):909-17. doi: 10.1016/j.janxdis.2010.06.016. PMID: 20650600. Exclusion: 3.
171. Frisman L, Ford J, Lin H, et al. Outcomes of trauma treatment using the TARGET model. *J Groups Addict Recover.* 2008 Nov;3(3-4):285-303. doi: 10.1080/15560350802424910. Exclusion: 4.
172. Gaggioli A, Pallavicini F, Morganti L, et al. Experiential virtual scenarios with real-time monitoring (interreality) for the management of psychological stress: a block randomized controlled trial. *J Med Internet Res.* 2014 Jul 08;16(7):e167. doi: 10.2196/jmir.3235. PMID: 25004803. Exclusion: 3.
173. 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. *Cognit Ther Res.* 2012 Dec;36(6):750-5. doi: 10.1007/s10608-011-9423-6. PMID: 24363472. Exclusion: 9.
174. Galovski TE, Monson C, Bruce SE, et al. Does cognitive-behavioral therapy for PTSD improve perceived health and sleep impairment? *J Trauma Stress.* 2009 Jun;22(3):197-204. doi: 10.1002/jts.20418. PMID: 19466746. Exclusion: 6.
175. Gamble J, Creedy D, Moyle W, et al. Effectiveness of a counseling intervention after a traumatic childbirth: a randomized controlled trial. *Birth.* 2005 Mar;32(1):11-9. doi: 10.1111/j.0730-7659.2005.00340.x. PMID: 15725200. Exclusion: 3.
176. Gamito P, Oliveira J, Morais D, et al. War PTSD: a VR pre-trial case study. *Annual Review of CyberTherapy and Telemedicine.* 2007 Jan;5:191-8. Exclusion: 8.
177. Gantt MA, Dadds S, Burns DS, et al. The effect of binaural beat technology on the cardiovascular stress response in military service members with postdeployment stress. *J Nurs Scholarsh.* 2017 Jul;49(4):411-20. doi: 10.1111/jnu.12304. PMID: 28544507. Exclusion: 3.
178. Garland EL, Roberts-Lewis A, Tronnier CD, et al. Mindfulness-oriented recovery enhancement versus CBT for co-occurring substance dependence, traumatic stress, and psychiatric disorders: proximal outcomes from a pragmatic randomized trial. *Behav Res Ther.* 2016;77:7-16. doi: 10.1016/j.brat.2015.11.012. PMID: 26701171. Exclusion: 4.
179. Gebler FA, Maercker A. Expressive writing and the existential dimension in coping with traumatic experiences: a randomized controlled pilot study [Expressives schreiben und existentialität bei der bewältigung traumatischer erlebnisse: eine erste interventionsstudie]. *Trauma und Gewalt.* 2007;1(4):264-72. Exclusion: 3.
180. Gehrman P, Bellamy S, Medvedeva E, et al. Telehealth delivery of group CBT-I is noninferior to in-person treatment in veterans with PTSD. *Sleep.* 2018 Apr;41:A141-A2. doi: 10.1093/sleep/zsy061.369. Exclusion: 9.
181. Gelpin E, Bonne O, Peri T, et al. Treatment of recent trauma survivors with benzodiazepines: a prospective study. *J Clin Psychiatry.* 1996 Sep;57(9):390-4. PMID: 9746445. Exclusion: 8.
182. George MS, Raman R, Benedek DM, et al. A two-site pilot randomized 3 day trial of high dose left prefrontal repetitive transcranial magnetic stimulation (rTMS) for suicidal inpatients. *Brain Stimul.* 2014 May-Jun;7(3):421-31. doi: 10.1016/j.brs.2014.03.006. PMID: 24731434. Exclusion: 3.
183. Germain A, Richardson R, Moul DE, et al. Placebo-controlled comparison of prazosin and cognitive-behavioral treatments for sleep disturbances in US military veterans. *J Psychosom Res.* 2012 Feb;72(2):89-96. doi: 10.1016/j.jpsychores.2011.11.010. PMID: 22281448. Exclusion: 3.
184. Germain A, Richardson R, Stocker RPJ, et al. Treatment for insomnia in combat-exposed OEF/OIF/OND military veterans: preliminary randomized controlled trial. *Behav Res Ther.* 2014 Oct;61:78-88. doi: 10.1016/j.brat.2014.07.016. PMID: 25194223. Exclusion: 3.

185. Ghafoori B, Fisher DG, Korosteleva O, et al. A randomized, controlled pilot study of a single-session psychoeducation treatment for urban, culturally diverse, trauma-exposed adults. *J Nerv Ment Dis.* 2016 Jun;204(6):421-30. doi: 10.1097/NMD.0000000000000512. PMID: 27027660. Exclusion: 3.
186. Gidron Y, Gal R, Givati G, et al. Interactive effects of memory structuring and gender in preventing posttraumatic stress symptoms. *J Nerv Ment Dis.* 2007 Feb;195(2):179-82. doi: 10.1097/01.nmd.0000254676.11987.5d. PMID: 17299308. Exclusion: 4.
187. Gijsman HJ. Mania after transcranial magnetic stimulation in PTSD. *Am J Psychiatry.* 2005 Feb;162(2):398; author reply -400. doi: 10.1176/appi.ajp.162.2.398. PMID: 15677613. Exclusion: 9.
188. Gilbey A. Does Kundalini yoga affect post-traumatic stress disorder symptomology and overall well-being? *Focus Altern Complement Ther.* 2016 Jun;21(2):112-3. doi: 10.1111/fct.12250. Exclusion: 9.
189. Ginsberg DL. Prazosin reduces nightmares in posttraumatic stress disorder. *Prim psychiatry.* 2003 Apr;10(4):24. Exclusion: 9.
190. Ginzburg K, Butler LD, Giese-Davis J, et al. 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. *J Nerv Ment Dis.* 2009 Jul;197(7):536-42. doi: 10.1097/NMD.0b013e3181ab2ebd. PMID: 19597362. Exclusion: 3.
191. Glass NE, Perrin NA, Hanson GC, et al. The longitudinal impact of an internet safety decision aid for abused women. *Am J Prev Med.* 2017 May;52(5):606-15. doi: 10.1016/j.amepre.2016.12.014. PMID: 28108189. Exclusion: 6.
192. Glynn SM, Eth S, Randolph ET, et al. A test of behavioral family therapy to augment exposure for combat-related posttraumatic stress disorder. *J Consult Clin Psychol.* 1999 Apr;67(2):243-51. doi: 10.1037//0022-006X.67.2.243. PMID: 10224735. Exclusion: 6.
193. Gobin RL, Mackintosh MA, Willis E, et al. Predictors of differential PTSD treatment outcomes between veteran and civilian women after cognitive processing therapy. *Psychol Trauma.* 2018 Mar;10(2):173-82. doi: 10.1037/tra0000266. PMID: 28414493. Exclusion: 9.
194. Golier J. Novel therapeutics in PTSD: a randomized clinical trial of mifepristone. *Neuropsychopharmacology.* 2017 Nov;43:S90-S1. doi: 10.1038/npp.2017.263. PMID: 29192269. Exclusion: 9.
195. Golier JA, Yehuda R, Baker D. A randomized clinical trial of a glucocorticoid receptor antagonist in PTSD. *Psychoneuroendocrinology.* 2017;83:87. doi: 10.1016/j.psyneuen.2017.07.472. Exclusion: 9.
196. Gonzalez-Vazquez AI, Rodriguez-Lago L, Seoane-Pillado MT, et al. The progressive approach to EMDR group therapy for complex trauma and dissociation: a case-control study. *Front Psychol.* 2017 Feb 13;8:2377. doi: 10.3389/fpsyg.2017.02377. PMID: 29487546. Exclusion: 8.
197. Gordon JS, Staples JK, Blyta A, et al. Treatment of posttraumatic stress disorder in postwar Kosovar adolescents using mind-body skills groups: a randomized controlled trial. *J Clin Psychiatry.* 2008 Sep;69(9):1469-76. doi: 10.4088/JCP.v69n0915. PMID: 18945398. Exclusion: 3.
198. Gradus JL, Suvak MK, Wisco BE, et al. Treatment of posttraumatic stress disorder reduces suicidal ideation. *Depress Anxiety.* 2013 Oct;30(10):1046-53. doi: 10.1002/da.22117. PMID: 23636925. Exclusion: 6.
199. Graebener AH, Michael T, Holz E, et al. Repeated cortisol administration does not reduce intrusive memories - a double blind placebo controlled experimental study. *Eur Neuropsychopharmacol.* 2017 Nov;27(11):1132-43. doi: 10.1016/j.euroneuro.2017.09.001. PMID: 28935268. Exclusion: 6.
200. Grainger RD, Levin C, Allen-Byrd L, et al. An empirical evaluation of Eye Movement Desensitization and Reprocessing (EMDR) with survivors of a natural disaster. *J Trauma Stress.* 1997 Oct;10(4):665-71. PMID: 9391949. Exclusion: 8.

201. Granoff AL. The impact of benzodiazepine management in the randomized, double-blind evaluation of D-cycloserine or alprazolam combined with virtual reality exposure therapy. *Am J Psychiatry*. 2014 Nov 01;171(11):1222. doi: 10.1176/appi.ajp.2014.14070821. PMID: 25756634 Exclusion: 9.
202. Greenberg MA, Wortman CB, Stone AA. Emotional expression and physical health: revising traumatic memories or fostering self-regulation? *J Pers Soc Psychol*. 1996 Sep;71(3):588-602. PMID: 8831163. Exclusion: 3.
203. Greenberg N, Langston V, Everitt B, et al. A cluster randomized controlled trial to determine the efficacy of trauma risk management (TRiM) in a military population. *J Trauma Stress*. 2010 Sep;23(4):430-6. doi: 10.1002/jts.20538. PMID: 20690168. Exclusion: 3.
204. Greenwald R, McClintock SD, Bailey TD. A controlled comparison of Eye Movement Desensitization and Reprocessing and progressive counting. *J Aggress Maltreat Trauma*. 2013;22(9):981-96. doi: 10.1080/10926771.2013.834020. Exclusion: 3.
205. Guest R, Tran Y, Gopinath B, et al. Psychological distress following a motor vehicle crash: preliminary results of a randomised controlled trial investigating brief psychological interventions. *Trials*. 2018 Jun 27;19(1):343. doi: 10.1186/s13063-018-2716-2. PMID: 29945650. Exclusion: 3.
206. Guest R, Tran Y, Gopinath B, et al. Prevalence and psychometric screening for the detection of major depressive disorder and post-traumatic stress disorder in adults injured in a motor vehicle crash who are engaged in compensation. *BMC Psychol*. 2018 Feb 21;6(1):4. doi: 10.1186/s40359-018-0216-5. PMID: 29467035. Exclusion: 3.
207. Gutner CA, Casement MD, Gilbert KS, et al. Change in sleep symptoms across cognitive processing therapy and prolonged exposure: a longitudinal perspective. *Behav Res Ther*. 2013 Dec;51(12):817-22. doi: 10.1016/j.brat.2013.09.008. PMID: 24184428. Exclusion: 6.
208. Gutner CA, Gallagher MW, Baker AS, et al. Time course of treatment dropout in cognitive-behavioral therapies for posttraumatic stress disorder. *Psychol Trauma*. 2016 Jan;8(1):115-21. doi: 10.1037/tra0000062. PMID: 26098737. Exclusion: 6.
209. Guzzi R, Bossa R, Masaraki S. Psychophysiological analysis of Eye Movement Desensitisation and Reprocessing treatment. *Homeost Health Dis*. 2003;42(3-4):129-31. Exclusion: 8.
210. Hagenaars MA, Arntz A. Reduced intrusion development after post-trauma imagery rescripting; an experimental study. *J Behav Ther Exp Psychiatry*. 2012 Jun;43(2):808-14. doi: 10.1016/j.jbtep.2011.09.005. PMID: 22178473. Exclusion: 3.
211. Hagl M, Powell S, Rosner R, et al. Dialogical exposure with traumatically bereaved Bosnian women: findings from a controlled trial. *Clin Psychol Psychother*. 2015 Nov-Dec;22(6):604-18. doi: 10.1002/cpp.1921. PMID: 25256361. Exclusion: 3.
212. Hall KS, Gregg J, Bosworth HB, et al. Physical activity counseling promotes physical and psychological resilience in older veterans with posttraumatic stress disorder. *Ment Health Phys Act*. 2016 Oct;11:53-9. doi: 10.1016/j.mhpa.2016.10.001. PMID: 28458721. Exclusion: 3.
213. Hall KS, Morey MC, Beckham JC, et al. The Warrior Wellness Study: a randomized controlled exercise trial for older veterans with PTSD. *Transl J Am Coll Sports Med*. 2018 Mar 15;3(6):43-51. doi: 10.1249/TJX.0000000000000056. PMID: 29632895. Exclusion: 9.
214. Haller M, Norman SB, Cummins K, et al. Integrated cognitive behavioral therapy versus cognitive processing therapy for adults with depression, substance use disorder, and trauma. *J Subst Abuse Treat*. 2016 Mar;62:38-48. doi: 10.1016/j.jsat.2015.11.005. PMID: 26718130. Exclusion: 3.

215. Halvorsen JO, Stenmark H, Neuner F, et al. Does dissociation moderate treatment outcomes of narrative exposure therapy for PTSD? A secondary analysis from a randomized controlled clinical trial. *Behav Res Ther.* 2014 Jun;57:21-8. doi: 10.1016/j.brat.2014.03.010. PMID: 24762779. Exclusion: 6.
216. Hamner MB, Faldowski RA, Ulmer HG, et al. Adjunctive risperidone treatment in post-traumatic stress disorder: a preliminary controlled trial of effects on comorbid psychotic symptoms. *Int Clin Psychopharmacol.* 2003;18(1):1-8. doi: 10.1097/00004850-200301000-00001. Exclusion: 4.
217. 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. *Behav Res Ther.* 2014 Apr;55:7-17. doi: 10.1016/j.brat.2014.01.008. PMID: 24562087. Exclusion: 4.
218. Harned MS, Wilks CR, Schmidt SC, et al. Improving functional outcomes in women with borderline personality disorder and PTSD by changing PTSD severity and post-traumatic cognitions. *Behav Res Ther.* 2018 Apr;103:53-61. doi: 10.1016/j.brat.2018.02.002. PMID: 29448136. Exclusion: 13.
219. Harris JI, Erbes CR, Engdahl BE, et al. The effectiveness of a trauma focused spiritually integrated intervention for veterans exposed to trauma. *J Clin Psychol.* 2011 Apr;67(4):425-38. doi: 10.1002/jclp.20777. PMID: 21294116. Exclusion: 3.
220. Haynes P, Kelly MR, Parthasarathy S, et al. A randomized controlled trial of cognitive behavioral social rhythm group therapy (CBSRT) for male veterans with PTSD, major depressive disorder, and sleep problems. *Sleep.* 2012;35:A338. Exclusion: 9.
221. Heffner KL, Crean HF, Kemp JE. Meditation programs for veterans with posttraumatic stress disorder: aggregate findings from a multi-site evaluation. *Psychol Trauma.* 2016 May;8(3):365-74. doi: 10.1037/tra0000106. PMID: 26752098. Exclusion: 8.
222. Hegel MT, Unutzer J, Tang L, et al. Impact of comorbid panic and posttraumatic stress disorder on outcomes of collaborative care for late-life depression in primary care. *Am J Geriatr Psychiatry.* 2005 Jan;13(1):48-58. doi: 10.1176/appi.ajgp.13.1.48. PMID: 15653940. Exclusion: 3.
223. Held P, Owens GP. Effects of self-compassion workbook training on trauma-related guilt in a sample of homeless veterans: a pilot study. *J Clin Psychol.* 2015 Jun;71(6):513-26. doi: 10.1002/jclp.22170. PMID: 25820660. Exclusion: 3.
224. Helsley S, Sheikh T, Kim KY, et al. ECT therapy in PTSD. *Am J Psychiatry.* 1999 Mar;156(3):494-5. doi: 10.1176/ajp.156.3.494a. PMID: 10080573. Exclusion: 8.
225. Hembree EA, Street GP, Riggs DS, et al. Do assault-related variables predict response to cognitive behavioral treatment for PTSD? *J Consult Clin Psychol.* 2004 Jun;72(3):531-4. doi: 10.1037/0022-006X.72.3.531. PMID: 15279536. Exclusion: 6.
226. Hendrickson R, Millard S, Jane S, et al. The effect of prazosin on individual PTSD symptoms and on the covariance of symptoms over time: evidence for pathophysiologically-related clustering. *Neuropsychopharmacology.* 2017 Nov;43:S119-S20. doi: 10.1038/npp.2017.264. PMID: 29192265. Exclusion: 9.
227. Hermenau K, Hecker T, Schaal S, et al. Addressing post-traumatic stress and aggression by means of narrative exposure: a randomized controlled trial with ex-combatants in the eastern DRC. *J Aggress Maltreat Trauma.* 2013;22(8):916-34. doi: 10.1080/10926771.2013.824057. Exclusion: 3.
228. Hertzberg MA, Moore SD, Feldman ME, et al. A preliminary study of bupropion sustained-release for smoking cessation in patients with chronic posttraumatic stress disorder. *J Clin Psychopharmacol.* 2001 Feb;21(1):94-8. PMID: 11199956. Exclusion: 4.

229. Hien D, Ruglass L, Back S. Concurrent treatment with prolonged exposure for co-occurring PTSD and substance use disorders: a randomized clinical trial. *Drug Alcohol Depend.* 2017;171:e88-e9. doi: 10.1016/j.drugalcdep.2016.08.249. Exclusion: 9.
230. Hien DA, Cohen LR, Miele GM, et al. Promising treatments for women with comorbid PTSD and substance use disorders. *Am J Psychiatry.* 2004 Aug;161(8):1426-32. doi: 10.1176/appi.ajp.161.8.1426. PMID: 15285969. Exclusion: 4.
231. Hien DA, Levin FR, Ruglass LM, et al. Combining Seeking Safety with sertraline for PTSD and alcohol use disorders: a randomized controlled trial. *J Consult Clin Psychol.* 2015 Apr;83(2):359-69. doi: 10.1037/a0038719. PMID: 25622199. Exclusion: 4.
232. Hien DA, Lopez-Castro T, Papini S, et al. Emotion dysregulation moderates the effect of cognitive behavior therapy with prolonged exposure for co-occurring PTSD and substance use disorders. *J Anxiety Disord.* 2017 Dec;52:53-61. doi: 10.1016/j.janxdis.2017.10.003. PMID: 29049902. Exclusion: 4.
233. Hien DA, Morgan-Lopez AA, Campbell ANC, et al. Attendance and substance use outcomes for the Seeking Safety program: sometimes less is more. *J Consult Clin Psychol.* 2012 Feb;80(1):29-42. doi: 10.1037/a0026361. PMID: 22182262. Exclusion: 4.
234. Hien DA, Wells EA, Jiang H, et al. Multisite randomized trial of behavioral interventions for women with co-occurring PTSD and substance use disorders. *J Consult Clin Psychol.* 2009 Aug;77(4):607-19. doi: 10.1037/a0016227. PMID: 19634955. Exclusion: 4.
235. Himmerich H, Willmund GD, Zimmermann P, et al. Serum concentrations of TNF-alpha and its soluble receptors during psychotherapy in German soldiers suffering from combat-related PTSD. *Psychiatr Danub.* 2016;28(3):293-8. PMID: 27658839. Exclusion: 4.
236. Hinsberger M, Holtzhausen L, Sommer J, et al. Feasibility and effectiveness of narrative exposure therapy and cognitive behavioral therapy in a context of ongoing violence in South Africa. *Psychol Trauma.* 2017 May;9(3):282-91. doi: 10.1037/tra0000197. PMID: 27710003. Exclusion: 3.
237. Hinton DE, Chhean D, Pich V, et al. A randomized controlled trial of cognitive-behavior therapy for Cambodian refugees with treatment-resistant PTSD and panic attacks: a cross-over design. *J Trauma Stress.* 2005 Dec;18(6):617-29. doi: 10.1002/jts.20070. PMID: 16382423. Exclusion: 4.
238. Hinton DE, Pham T, Tran M, et al. CBT for Vietnamese refugees with treatment-resistant PTSD and panic attacks: a pilot study. *J Trauma Stress.* 2004 Oct;17(5):429-33. doi: 10.1023/B:JOTS.0000048956.03529.fa. PMID: 15633922. Exclusion: 4.
239. Hirai M, Clum GA. An internet-based self-change program for traumatic event related fear, distress, and maladaptive coping. *J Trauma Stress.* 2005 Dec;18(6):631-6. doi: 10.1002/jts.20071. PMID: 16382433. Exclusion: 3.
240. Hobbs M, Mayou R, Harrison B, et al. A randomised controlled trial of psychological debriefing for victims of road traffic accidents. *BMJ.* 1996 Dec 07;313(7070):1438-9. PMID: 8973231. Exclusion: 4.
241. Hobfoll SE, Blais RK, Stevens NR, et al. Vets prevail online intervention reduces PTSD and depression in veterans with mild-to-moderate symptoms. *J Consult Clin Psychol.* 2016 Jan;84(1):31-42. doi: 10.1037/ccp0000041. PMID: 26322788. Exclusion: 3.
242. Hoge EA, Worthington JJ, Nagurney JT, et al. Effect of acute posttrauma propranolol on PTSD outcome and physiological responses during script-driven imagery. *CNS Neurosci Ther.* 2012 Jan;18(1):21-7. doi: 10.1111/j.1755-5949.2010.00227.x. PMID: 22070357. Exclusion: 4.

243. Hojjat SK, Hatami SE, Rezaei M, et al. The efficacy of training of stress-coping strategies on marital satisfaction of spouses of veterans with post-traumatic stress disorder. *Electron Physician*. 2016 Apr 25;8(4):2232-7. doi: 10.19082/2232. PMID: 27279997. Exclusion: 3.
244. Hollander E, Tracy KA, Swann AC, et al. Divalproex in the treatment of impulsive aggression: efficacy in cluster B personality disorders. *Neuropsychopharmacology*. 2003 Jun;28(6):1186-97. doi: 10.1038/sj.npp.1300153. PMID: 12700713. Exclusion: 6.
245. Holliday R, Holder N, Suris A. Reductions in self-blame cognitions predict PTSD improvements with cognitive processing therapy for military sexual trauma-related PTSD. *Psychiatry Res*. 2018 May;263:181-4. doi: 10.1016/j.psychres.2018.03.007. PMID: 29573657. Exclusion: 4.
246. Holmes A, Hodgins G, Adey S, et al. Trial of interpersonal counselling after major physical trauma. *Aust N Z J Psychiatry*. 2007 Nov;41(11):926-33. doi: 10.1080/00048670701634945. PMID: 17924246. Exclusion: 4.
247. Holzapfel S, Blanchard EB, Hickling EJ, et al. A crossover evaluation of supportive psychotherapy and cognitive behavioral therapy for chronic PTSD in motor vehicle accident survivors. *Focus on Psychotherapy Research*. Hauppauge, NY: Nova Science Publishers; US; 2005:207-18. Exclusion: 3
248. Horesh D, Qian M, Freedman SA, et al. Differential effect of exposure-based therapy and cognitive therapy on post-traumatic stress disorder symptom clusters: a randomized controlled trial. *Psychol Psychother*. 2017 Jun;90(2):235-43. doi: 10.1111/papt.12103. PMID: 27561944. Exclusion: 3.
249. Huang W, Johnson T, Kutner N, et al. Acupuncture for treatment of persistent disturbed sleep: a randomized clinical trial in veterans with mild traumatic brain injury and post-traumatic stress disorder. *Ann Phys Rehabil Med*. 2018 Jul;61:e89. doi: 10.1016/j.rehab.2018.05.191. Exclusion: 9.
250. Huberty J, Matthews J, Leiferman J, et al. A study protocol of a three-group randomized feasibility trial of an online yoga intervention for mothers after stillbirth (The Mindful Health Study). *Pilot Feasibility Stud*. 2018 Jul 6;4(1):12. doi: 10.1186/s40814-017-0162-7. PMID: 28694991. Exclusion: 9.
251. Humphries CL, Carr A. The short term effectiveness of Critical Incident Stress Debriefing. *Ir J Psychol*. 2001;22(3-4):188-97. Exclusion: 4.
252. Hyer L, Swanson G, Lefkowitz R, et al. The application of the cognitive behavioral model to two older stressor groups. *Clin Gerontol*. 1990;9(3-4):145-90. doi: 10.1300/J018v09n03_10. Exclusion: 8.
253. Igreja V, Kleijn WC, Schreuder BJN, et al. Testimony method to ameliorate post-traumatic stress symptoms: community-based intervention study with Mozambican civil war survivors. *Br J Psychiatry*. 2004 Mar;184:251-7. PMID: 14990524. Exclusion: 8.
254. Inslicht S, Niles A, Metzler T, et al. Randomized controlled trial of hydrocortisone and D-cycloserine on fear extinction in PTSD. *Biol Psychiatry*. 2018 May;83(9):S352. doi: 10.1016/j.biopsych.2018.02.905. Exclusion: 9.
255. Ironson G, Freund B, Strauss JL, et al. Comparison of two treatments for traumatic stress: a community-based study of EMDR and prolonged exposure. *J Clin Psychol*. 2002 Jan;58(1):113-28. PMID: 11748600. Exclusion: 3.
256. Ironson G, O'Cleirigh C, Leserman J, et al. Gender-specific effects of an augmented written emotional disclosure intervention on posttraumatic, depressive, and HIV-disease-related outcomes: a randomized, controlled trial. *J Consult Clin Psychol*. 2013 Apr;81(2):284-98. doi: 10.1037/a0030814. PMID: 23244367. Exclusion: 3.
257. Irwin M, Van Putten T, Guze B, et al. Pharmacologic treatment of veterans with posttraumatic stress disorder and concomitant affective disorder. *Ann Clin Psychiatry*. 1989 Jun;1(2):127-30. doi: 10.3109/10401238909149968. Exclusion: 8.

258. Itoh H, Kudo Y, Kabeshima Y, et al. Double-blind controlled trial of lucidril (meclofenoxate) in the post-traumatic syndrome, especially dizziness. *Folia Psychiatr Neurol Jpn.* 1968;22(1):23-42. PMID: 4386146. Exclusion: 6.
259. Iverson KM, King MW, Cunningham KC, et al. Rape survivors' trauma-related beliefs before and after Cognitive processing therapy: associations with PTSD and depression symptoms. *Behav Res Ther.* 2015 Mar;66:49-55. doi: 10.1016/j.brat.2015.01.002. PMID: 25698164. Exclusion: 6.
260. Jain S, McMahon GF, Hasen P, et al. Healing touch with guided imagery for PTSD in returning active duty military: a randomized controlled trial. *Mil Med.* 2012 Sep;171(9):1015-21. PMID: 23025129. Exclusion: 3.
261. Jak AJ, Aupperle RL, Rodgers CS, et al. Evaluation of a hybrid treatment for Veterans with comorbid traumatic brain injury and posttraumatic stress disorder: study protocol for a randomized controlled trial. *Contemp Clin Trials.* 2015 Nov;45(Pt B):210-6. doi: 10.1016/j.cct.2015.10.009. PMID: 26500169. Exclusion: 9.
262. Jarero I, Amaya C, Givaudan M, et al. EMDR individual protocol for paraprofessional use: a randomized controlled trial with first responders. *Journal of EMDR Practice and Research.* 2013;7(2):55-64. doi: 10.1891/1933-3196.7.2.55. Exclusion: 3.
263. Jarero I, Artigas L, Uribe S, et al. Pilot research study on the provision of the Eye Movement Desensitization and Reprocessing Integrative Group Treatment Protocol with female cancer patients. *Journal of EMDR Practice and Research.* 2015 May;9(2):98-105. doi: 10.1891/1933-3196.9.2.98. Exclusion: 3.
264. Jarero I, Uribe S, Artigas L, et al. EMDR protocol for recent critical incidents: a randomized controlled trial in a technological disaster context. *Journal of EMDR Practice and Research.* 2015;9(4):166-73. doi: 10.1891/1933-3196.9.4.166. Exclusion: 3.
265. Jasbi M, Sadeghi Bahmani D, Karami G, et al. Influence of adjuvant mindfulness-based cognitive therapy (MBCT) on symptoms of post-traumatic stress disorder (PTSD) in veterans – results from a randomized control study. *Cogn Behav Ther.* 2018 Sep;47(5):431-46. doi: 10.1080/16506073.2018.1445773. PMID: 29893182. Exclusion: 6.
266. Jensen J, Egerod I, Bestle M, et al. 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 Med.* 2016;42(11):1733-43. doi: 10.1007/s00134-016-4522-1. PMID: 27695894. Exclusion: 3.
267. Jerud AB, Pruitt LD, Zoellner LA, et al. The effects of prolonged exposure and sertraline on emotion regulation in individuals with posttraumatic stress disorder. *Behav Res Ther.* 2016 Feb;77:62-7. doi: 10.1016/j.brat.2015.12.002. PMID: 26723004 Exclusion: 6.
268. Jerud AB, Zoellner LA, Pruitt LD, et al. Changes in emotion regulation in adults with and without a history of childhood abuse following posttraumatic stress disorder treatment. *J Consult Clin Psychol.* 2014 Aug;82(4):721-30. doi: 10.1037/a0036520. PMID: 24708349 Exclusion: 13.
269. Jetly R, Heber A, Fraser G, et al. The efficacy of nabilone, a synthetic cannabinoid, in the treatment of PTSD-associated nightmares: a preliminary randomized, double-blind, placebo-controlled cross-over design study. *Psychoneuroendocrinology.* 2015 Jan;51:585-8. doi: 10.1016/j.psyneuen.2014.11.002. PMID: 25467221. Exclusion: 6.
270. Jiang RF, Tong HQ, Delucchi KL, et al. Interpersonal psychotherapy versus treatment as usual for PTSD and depression among Sichuan earthquake survivors: a randomized clinical trial. *Confl Health.* 2014 Sep 4;8:14. doi: 10.1186/1752-1505-8-14. PMID: 25254070. Exclusion: 4.
271. Joesch JM, Sherbourne CD, Sullivan G, et al. Incremental benefits and cost of coordinated anxiety learning and management for anxiety treatment in primary care. *Psychol Med.* 2012 Sep;42(9):1937-48. doi: 10.1017/S0033291711002893. PMID: 22152230. Exclusion: 3.

272. Johnson DM, Johnson NL, Perez SK, et al. 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. *J Trauma Stress*. 2016 Aug;29(4):365-73. doi: 10.1002/jts.22117. PMID: 27459503. Exclusion: 3.
273. Jones C, Skirrow P, Griffiths RD, et al. Rehabilitation after critical illness: a randomized, controlled trial. *Crit Care Med*. 2003 Oct;31(10):2456-61. doi: 10.1097/01.CCM.0000089938.56725.33. PMID: 14530751. Exclusion: 3.
274. Jones T. A proactive communication strategy reduced post-traumatic stress disorder symptoms in relatives of patients dying in the ICU. *Evid Based Nurs*. 2007 Jul;10(3):85. doi: 10.1136/ebn.10.3.85. PMID: 17596390. Exclusion: 9.
275. Joseph JS, Gray MJ. A pilot intervention targeting attributional style and rigidity following traumatic event exposure. *Psychol Trauma*. 2014;6(6):708-15. doi: 10.1037/a0035171. Exclusion: 9.
276. Jun JJ, Zoellner LA, Feeny NC. Sudden gains in prolonged exposure and sertraline for chronic PTSD. *Depress Anxiety*. 2013 July;30(7):607-13. doi: 10.1002/da.22119. PMID: 23633445. Exclusion: 13.
277. Kaczurkin AN, Asnaani A, Alpert E, et al. The impact of treatment condition and the lagged effects of PTSD symptom severity and alcohol use on changes in alcohol craving. *Behav Res Ther*. 2016 Apr;79:7-14. doi: 10.1016/j.brat.2016.02.001. PMID: 26905901 Exclusion: 6.
278. Kagan I, Ben David I, Cohen J, et al. SUN-PP054: long term effects of EPA, GLA and antioxidant administration on post traumatic stress disorder (PTSD) following multiple trauma; a prospective randomized double blind study. *Clin Nutr*. 2015;34:S43-S. doi: 10.1016/S0261-5614(15)30205-3. Exclusion: 9.
279. Kahn JR, Collinge W, Soltysik R. Post-9/11 veterans and their partners improve mental health outcomes with a self-directed mobile and web-based wellness training program: a randomized controlled trial. *J Med Internet Res*. 2016 Sep 27;18(9):18-40. doi: 10.2196/jmir.5800. PMID: 27678169. Exclusion: 3.
280. Kaiser D, Grundmann J, Schulze C, et al. A pilot study of Seeking Safety in a sample of German women outpatients with substance dependence and posttraumatic stress disorder. *J Psychoactive Drugs*. 2015 Nov-Dec;47(5):401-8. doi: 10.1080/02791072.2015.1090644. PMID: 26514284. Exclusion: 8.
281. Kaiser EM, Gillette CS, Spinazzola J. A controlled pilot-outcome study of sensory integration (SI) in the treatment of complex adaptation to traumatic stress. *J Aggress Maltreat Trauma*. 2010;19(7):699-720. doi: 10.1080/10926771.2010.515162. Exclusion: 3.
282. Kalkstein S, Scott JC, Vickers Smith R, et al. Effectiveness of an anger control program among veterans with PTSD and other mental health issues: a comparative study. *J Clin Psychol*. 2018 Apr 26:1-10. doi: 10.1002/jclp.22631. PMID: 29696635. Exclusion: 3.
283. Kananian S, Ayoughi S, Farugie A, et al. Transdiagnostic culturally adapted CBT with Farsi-speaking refugees: a pilot study. *Eur J Psychotraumatol*. 2017 Nov 7;8(sup2):1390362. doi: 10.1080/20008198.2017.1390362. PMID: 29163870. Exclusion: 3.
284. Kanas N. Group therapy for patients with chronic trauma-related stress disorders. *Int J Group Psychother*. 2005 Jan;55(1):161-5. doi: 10.1521/ijgp.55.1.161.56551. PMID: 15843254. Exclusion: 9.
285. Kangas M, Milross C, Taylor A, et al. A pilot randomized controlled trial of a brief early intervention for reducing posttraumatic stress disorder, anxiety and depressive symptoms in newly diagnosed head and neck cancer patients. *Psychooncology*. 2013 Jul;22(7):1665-73. doi: 10.1002/pon.3208. PMID: 23042612. Exclusion: 3.

286. Karatzias A, Power K, McGoldrick T, et al. Predicting treatment outcome on three measures for post-traumatic stress disorder. *Eur Arch Psychiatry Clin Neurosci*. 2007 Feb;257(1):40-6. doi: 10.1007/s00406-006-0682-2. PMID: 16915361. Exclusion: 6.
287. Kazemi AS, Banijamali SA, Ahadi H, et al. Evaluation of effectiveness of training cognitive behavioral strategies in the secondary traumatic stress disorder (STSD) symptoms and psychological problems among devotees' wives with chronic PTSD due to war. *Medical Sciences Journal of Islamic Azad University Tehran Medical Branch*. 2012 2012 Summer;22(2):1p-p. Exclusion: 11.
288. Keller SM, Feeny NC, Zoellner LA. Depression sudden gains and transient depression spikes during treatment for PTSD. *J Consult Clin Psychol*. 2014 Feb;82(1):102-11. doi: 10.1037/a0035286. PMID: 24364793. Exclusion: 6.
289. Kellner M, Muhtz C, Nowack S, et al. Effects of 35% carbon dioxide (CO₂) inhalation in patients with post-traumatic stress disorder (PTSD): a double-blind, randomized, placebo-controlled, cross-over trial. *J Psychiatr Res*. 2018 Jan;96:260-4. doi: 10.1016/j.jpsychires.2017.10.019. PMID: 29128558. Exclusion: 4.
290. Kellner M, Muhtz C, Wiedemann K. Primary add-on of ziprasidone in sertraline treatment of posttraumatic stress disorder: lessons from a stopped trial? *J Clin Psychopharmacol*. 2010 Aug;30(4):471-3. doi: 10.1097/JCP.0b013e3181e79600. PMID: 20631571. Exclusion: 6.
291. Kellner M, Wiedemann K, Yassouridis A, et al. Behavioral and endocrine response to cholecystokinin tetrapeptide in patients with posttraumatic stress disorder. *Biol Psychiatry*. 2000 Jan 15;47(2):107-11. PMID: 10664826. Exclusion: 8.
292. Kelly A. Trauma-informed mindfulness-based stress reduction: a promising new model for working with survivors of interpersonal violence. *Smith College Studies in Social Work*. 2015 Apr;85(2):194-219. doi: 10.1080/00377317.2015.1021191. Exclusion: 3.
293. Kelly A, Garland EL. Trauma-informed mindfulness-based stress reduction for female survivors of interpersonal violence: results from a stage I RCT. *J Clin Psychol*. 2016 Apr;72(4):311-28. doi: 10.1002/jclp.22273. PMID: 27002222. Exclusion: 3.
294. Kelly MM, Sido H, Forsyth JP, et al. Acceptance and commitment therapy smoking cessation treatment for veterans with posttraumatic stress disorder: a pilot study. *J Dual Diagn*. 2015 Jan;11(1):50-5. doi: 10.1080/15504263.2014.992201. PMID: 25491589. Exclusion: 4.
295. Kersting A, Dölemeyer R, Steinig J, et al. Brief internet-based intervention reduces posttraumatic stress and prolonged grief in parents after the loss of a child during pregnancy: a randomized controlled trial. *Psychother Psychosom*. 2013 Oct;82(6):372-81. doi: 10.1159/000348713. PMID: 24061387. Exclusion: 3.
296. Khazaie H, Nasouri M, Ghadami MR. Prazosin for trauma nightmares and sleep disturbances in combat veterans with post-traumatic stress disorder. *Iran J Psychiatry Behav Sci*. 2016 Aug 6;10(3):e2603. doi: 10.17795/ijpbs-2603. PMID: 27822278. Exclusion: 4.
297. Kim HJ, Yu SH. Effects of complex manual therapy on PTSD, pain, function, and balance of male torture survivors with chronic low back pain. *J Phys Ther Sci*. 2015 Sep;27(9):2763-6. doi: 10.1589/jpts.27.2763. PMID: 26504288. Exclusion: 3.
298. Kim SH, Schneider SM, Bevans M, et al. PTSD symptom reduction with mindfulness-based stretching and deep breathing exercise: randomized controlled clinical trial of efficacy. *J Clin Endocrinol Metab*. 2013 Jul;98(7):2984-92. doi: 10.1210/jc.2012-3742. PMID: 23720785. Exclusion: 3.
299. King AP, Erickson TM, Giardino ND, et al. A pilot study of group mindfulness-based cognitive therapy (MBCT) for combat veterans with posttraumatic stress disorder (PTSD). *Depress Anxiety*. 2013 Jul;30(7):638-45. doi: 10.1002/da.22104. PMID: 23596092. Exclusion: 8.

300. King HC, Spence DL, Hickey AH, et al. Auricular acupuncture for sleep disturbance in veterans with post-traumatic stress disorder: a feasibility study. *Mil Med.* 2015 May;180(5):582-90. doi: 10.7205/MILMED-D-14-00451. PMID: 25939115. Exclusion: 6.
301. Kip KE, Rosenzweig L, Hernandez DF, et al. Accelerated resolution therapy for treatment of pain secondary to symptoms of combat-related posttraumatic stress disorder. *Eur J Psychotraumatol.* 2014 May 7;5(1):24066. doi: 10.3402/ejpt.v5.24066. PMID: 24959325. Exclusion: 4.
302. Kleindienst N, Priebe K, Gorg N, et al. State dissociation moderates response to dialectical behavior therapy for posttraumatic stress disorder in women with and without borderline personality disorder. *Eur J Psychotraumatol.* 2016 Jul 6;7:30375. doi: 10.3402/ejpt.v7.30375. PMID: 27396380. Exclusion: 6.
303. Knaevelsrud C, Bottche M, Pietrzak RH, et al. Integrative testimonial therapy: an internet-based, therapist-assisted therapy for German elderly survivors of the World War II with posttraumatic stress symptoms. *J Nerv Ment Dis.* 2014 Sep;202(9):651-8. doi: 10.1097/NMD.0000000000000178. PMID: 25099299. Exclusion: 8.
304. Knaevelsrud C, Liedl A, Maercker A. Posttraumatic growth, optimism and openness as outcomes of a cognitive-behavioural intervention for posttraumatic stress reactions. *J Health Psychol.* 2010 Oct;15(7):1030-8. doi: 10.1177/1359105309360073. PMID: 20511285. Exclusion: 6.
305. Knaevelsrud C, Maercker A. Internet-based treatment for PTSD reduces distress and facilitates the development of a strong therapeutic alliance: a randomized controlled clinical trial. *BMC Psychiatry.* 2007 Apr 19;7:13. doi: 10.1186/1471-244X-7-13. PMID: 17442125. Exclusion: 3.
306. Koch SB, van Zuiden M, Nawijn L, et al. Intranasal oxytocin as strategy for medication-enhanced psychotherapy of PTSD: salience processing and fear inhibition processes. *Psychoneuroendocrinology.* 2014 Feb;40:242-56. doi: 10.1016/j.psyneuen.2013.11.018. PMID: 24485496. Exclusion: 9.
307. Koch SB, van Zuiden M, Nawijn L, et al. Intranasal oxytocin normalizes amygdala functional connectivity in posttraumatic stress disorder. *Neuropsychopharmacology.* 2016 Jul;41(8):2041-51. doi: 10.1038/npp.2016.1. PMID: 26741286. Exclusion: 8.
308. Kok L, Hillegers MH, Veldhuijzen DS, et al. The effect of dexamethasone on symptoms of posttraumatic stress disorder and depression after cardiac surgery and intensive care admission: longitudinal follow-up of a randomized controlled trial. *Crit Care Med.* 2016 Mar;44(3):512-20. doi: 10.1097/ccm.0000000000001419. PMID: 26540396. Exclusion: 4.
309. Konig J, Onnen M, Karl R, et al. Interpersonal subtypes and therapy response in patients treated for posttraumatic stress disorder. *Clin Psychol Psychother.* 2016 Mar-Apr;23(2):97-106. doi: 10.1002/cpp.1946. PMID: 25727055. Exclusion: 13.
310. Koopman C, Ismailji T, Holmes D, et al. The effects of expressive writing on pain, depression and posttraumatic stress disorder symptoms in survivors of intimate partner violence. *J Health Psychol.* 2005 Mar;10(2):211-21. doi: 10.1177/1359105305049769. PMID: 15723891. Exclusion: 3.
311. Korte KJ, Allan NP, Gros DF, et al. Differential treatment response trajectories in individuals with subclinical and clinical PTSD. *J Anxiety Disord.* 2016 Mar;38:95-101. doi: 10.1016/j.janxdis.2016.01.006. PMID: 26874291. Exclusion: 3.
312. Korte KJ, Bountress KE, Tomko RL, et al. Integrated treatment of PTSD and substance use disorders: the mediating role of PTSD improvement in the reduction of depression. *J Clin Med.* 2017 Jan 13;6(1):E9. doi: 10.3390/jcm6010009. PMID: 28098747. Exclusion: 4.
313. Kraft K, Telles S. Yoga practice may be useful after post-traumatic stress. *Focus Altern Complement Ther.* 2010;15(3):255-6. doi: 10.1111/j.2042-7166.2010.01045_21.x. Exclusion: 3.

314. Krakow B, Hollifield M, Johnston L, et al. 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. PMID: 11476655. Exclusion: 4.
315. Krakow BJ, Hollifield M, Schrader R, et al. A controlled study of imagery rehearsal for chronic nightmares in sexual assault survivors with PTSD: a preliminary report. *J Trauma Stress*. 2000 Oct;13(4):589-609. doi: 10.1023/A:1007854015481. PMID: 11109233. Exclusion: 4.
316. Kruger A, Kleindienst N, Priebe K, et al. Non-suicidal self-injury during an exposure-based treatment in patients with posttraumatic stress disorder and borderline features. *Behav Res Ther*. 2014 Oct;61:136-41. doi: 10.1016/j.brat.2014.08.003. PMID: 25193004. Exclusion: 6.
317. Krupnick JL, Melnikoff E, Reinhard M. A pilot study of interpersonal psychotherapy for PTSD in women veterans. *Psychiatry*. 2016 Spring;79(1):56-69. doi: 10.1080/00332747.2015.1129873. PMID: 27187513. Exclusion: 8.
318. Krystal AD, Zhang W, Davidson JR, et al. The sleep effects of tiagabine on the first night of treatment predict post-traumatic stress disorder response at three weeks. *J Psychopharmacol*. 2014 May;28(5):457-65. doi: 10.1177/0269881113509903. PMID: 24288237. Exclusion: 8.
319. Kubany ES, Hill EE, Owens JA. Cognitive trauma therapy for battered women with PTSD: preliminary findings. *J Trauma Stress*. 2003 Feb;16(1):81-91. doi: 10.1023/A:1022019629803. PMID: 12602656. Exclusion: 8.
320. Kuhn ER, Kanuri N, Hoffman JE, et al. A randomized controlled trial of a smartphone app for posttraumatic stress disorder symptoms. *J Consult Clin Psychol*. 2017 Mar;85(3):267-73. doi: 10.1037/ccp0000163. PMID: 28221061. Exclusion: 4.
321. Kwako LE, George DT, Schwandt ML, et al. The neurokinin-1 receptor antagonist aprepitant in co-morbid alcohol dependence and posttraumatic stress disorder: a human experimental study. *Psychopharmacology (Berl)*. 2015 Jan;232(1):295-304. doi: 10.1007/s00213-014-3665-4. PMID: 25030801. Exclusion: 4.
322. Lamprecht F, Kohnke C, Lempa W, et al. Event-related potentials and EMDR treatment of post-traumatic stress disorder. *Neurosci Res*. 2004 Jun;49(2):267-72. doi: 10.1016/j.neures.2004.02.013. PMID: 15140569. Exclusion: 8.
323. Lancee J, Spoormaker VI, Van Den Bout J. Cognitive-behavioral self-help treatment for nightmares: a randomized controlled trial. *Psychother Psychosom*. 2010;79(6):371-7. doi: 10.1159/000320894. PMID: 20829648. Exclusion: 3.
324. Lande RG, Williams LB, Francis JL, et al. Efficacy of biofeedback for post-traumatic stress disorder. *Complement Ther Med*. 2010 Dec;18(6):256-9. doi: 10.1016/j.ctim.2010.08.004. PMID: 21130362. Exclusion: 3.
325. Lane LG, Viney LL. The effects of personal construct group therapy on breast cancer survivors. *J Consult Clin Psychol*. 2005 Apr;73(2):284-92. doi: 10.1037/0022-006X.73.2.284. PMID: 15796636. Exclusion: 3.
326. Lang AJ, Schnurr PP, Jain S, et al. Randomized controlled trial of acceptance and commitment therapy for distress and impairment in OEF/OIF/OND veterans. *Psychol Trauma*. 2017 Aug;9(S1):74. doi: 10.1037/tra0000127. PMID: 27322609. Exclusion: 3.
327. Lang AJ, Schnurr PP, Jain S, et al. Evaluating transdiagnostic treatment for distress and impairment in veterans: a multi-site randomized controlled trial of acceptance and commitment therapy. *Contemp Clin Trials*. 2012 Jan;33(1):116-23. doi: 10.1016/j.cct.2011.08.007. PMID: 21920461. Exclusion: 3.

328. Lange A, Rietdijk D, Hudcovicova M, et al. Interapy: a controlled randomized trial of the standardized treatment of posttraumatic stress through the internet. *J Consult Clin Psychol*. 2003 Oct;71(5):901-9. doi: 10.1037/0022-006X.71.5.901. PMID: 14516238. Exclusion: 9.
329. Lange A, Van de Ven J-PQR, Schriecken B. Interapy: treatment of post-traumatic stress through the internet. *Cogn Behav Ther*. 2003;32(3):110-24. doi: 10.1080/16506070302317. PMID: 16291543. Exclusion: 9.
330. Lange A, Van de Ven J-PQR, Schriecken B, et al. Interapy: treatment of posttraumatic stress through the internet: a controlled trial. *J Behav Ther Exp Psychiatry*. 2001;32(2):73-90. doi: 10.1016/S0005-7916(01)00023-4. PMID: 11764063. Exclusion: 3.
331. Langevin J-P, Koek RJ, Schwartz HN, et al. Deep brain stimulation of the basolateral amygdala for treatment-refractory posttraumatic stress disorder. *Biol Psychiatry*. 2016 May;79(10):e82-e4. doi: 10.1016/j.biopsych.2015.09.003. PMID: 26475671. Exclusion: 9.
332. Largo-Marsh LK, Spates CR. The effects of writing therapy in comparison to EMDR on traumatic stress: the relationship between hypnotizability and client expectancy to outcome. *Prof Psychol Res Pr*. 2002;33(6):581-6. doi: 10.1037//0735-7028.33.6.581. Exclusion: 3.
333. Laugharne J, Kullack C, Lee CW, et al. Amygdala volumetric change following psychotherapy for posttraumatic stress disorder. *J Neuropsychiatry Clin Neurosci*. 2016 Jun 3;28(4):312-8. doi: 10.1176/appi.neuropsych.16010006. PMID: 27255857. Exclusion: 6.
334. Le QA, Doctor JN, Zoellner LA, et al. 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 Qual Life Outcomes*. 2013 Apr 12;11:59. doi: 10.1186/1477-7525-11-59. PMID: 23587015. Exclusion: 6.
335. Le QA, Doctor JN, Zoellner LA, et al. 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. *J Clin Psychiatry*. 2014;75(3):222-30. doi: 10.4088/JCP.13m08719. PMID: 24717377. Exclusion: 9.
336. Le QA, Doctor JN, Zoellner LA, et al. Effects of treatment, choice, and preference on health-related quality-of-life outcomes in patients with posttraumatic stress disorder (PTSD). *Qual Life Res*. 2018;27(6):1555-62. doi: 10.1007/s11136-018-1833-4. PMID: 29541927. Exclusion: 6.
337. LeBlanc TW, VanDusen H, Traeger L, et al. Randomized trial of inpatient palliative care in patients hospitalized for hematopoietic stem cell transplantation (HCT). *J Clin Oncol*. 2016 Oct;34(29):103-. doi: 10.1200/jco.2016.34.26_suppl.103. PMID: 28156635. Exclusion: 3.
338. LeBouthillier DM, Asmundson GJG. The efficacy of aerobic exercise and resistance training as transdiagnostic interventions for anxiety-related disorders and constructs: a randomized controlled trial. *J Anxiety Disord*. 2017 Dec;52:43-52. doi: 10.1016/j.janxdis.2017.09.005. PMID: 29049901. Exclusion: 3.
339. LeBouthillier DM, Fetzner MG, Asmundson GJ. Lower cardiorespiratory fitness is associated with greater reduction in PTSD symptoms and anxiety sensitivity following aerobic exercise. *Ment Health Phys Act*. 2016 Mar;10:33-9. doi: 10.1016/j.mhpa.2015.11.001. Exclusion: 13.
340. Lehnung M, Shapiro E, Schreiber M, et al. Evaluating the EMDR Group Traumatic Episode Protocol with refugees: a field study. *Journal of EMDR Practice and Research*. 2017;11(3):129-38. doi: 10.1891/1933-3196.11.3.129. Exclusion: 3.
341. Leiner AS, Kearns MC, Jackson JL, et al. Avoidant coping and treatment outcome in rape-related posttraumatic stress disorder. *J Consult Clin Psychol*. 2012 Apr;80(2):317-21. doi: 10.1037/a0026814. PMID: 22229757. Exclusion: 8.

342. Lester KM, Milby JB, Schumacher JE, et al. Impact of behavioral contingency management intervention on coping behaviors and PTSD symptom reduction in cocaine-addicted homeless. *J Trauma Stress*. 2007 Aug;20(4):565-75. doi: 10.1002/jts.20239. PMID: 17721968. Exclusion: 4.
343. Lester KM, Resick PA, Young-Xu Y, et al. Impact of race on early treatment termination and outcomes in posttraumatic stress disorder treatment. *J Consult Clin Psychol*. 2010 Aug;78(4):480-9. doi: 10.1037/a0019551. PMID: 20658805. Exclusion: 8.
344. Levi O, Bar-Haim Y, Kreiss Y, et al. Cognitive-behavioural therapy and psychodynamic psychotherapy in the treatment of combat-related post-traumatic stress disorder: a comparative effectiveness study. *Clin Psychol Psychother*. 2016 Jul;23(4):298-307. doi: 10.1002/cpp.1969. PMID: 26189337. Exclusion: 8.
345. Levi O, Shoval-Zuckerman Y, Fruchter E, et al. Benefits of a Psychodynamic Group Therapy (PGT) model for treating veterans with PTSD. *J Clin Psychol*. 2017 Oct;73(10):1247-58. doi: 10.1002/jclp.22443. PMID: 28117899. Exclusion: 8.
346. Levi O, Wald I, Svetlitsky V, et al. Combat-related multifaceted trauma-focused group therapy: a pilot study. *J Nerv Ment Dis*. 2017 Feb;205(2):133-9. doi: 10.1097/NMD.0000000000000619. PMID: 27861458. Exclusion: 8.
347. Liebman RE, Burnette ML, Raimondi C, et al. Piloting a psycho-social intervention for incarcerated women with trauma histories: lessons learned and future recommendations. *Int J Offender Ther Comp Criminol*. 2014 Aug;58(8):894-913. doi: 10.1177/0306624X13491073. PMID: 23804649. Exclusion: 3.
348. Liedl A, Muller J, Morina N, et al. Physical activity within a CBT intervention improves coping with pain in traumatized refugees: results of a randomized controlled design. *Pain Med*. 2011 Feb;12:234-45. doi: 10.1111/j.1526-4637.2010.01040.x. PMID: 21223501. Exclusion: 3.
349. Lindauer RJ, Gersons BP, van Meijel EP, et al. Effects of brief eclectic psychotherapy in patients with posttraumatic stress disorder: randomized clinical trial. *J Trauma Stress*. 2005 Jun;18(3):205-12. doi: 10.1002/jts.20029. PMID: 16281214. Exclusion: 6.
350. Linden M, Baumann K, Lieberei B, et al. Treatment of posttraumatic embitterment disorder with cognitive behaviour therapy based on wisdom psychology and hedonia strategies. *Psychother Psychosom*. 2011;80(4):199-205. doi: 10.1159/000321580. PMID: 21494061. Exclusion: 3.
351. Litz BT, Engel CC, Bryant RA, et al. A randomized, controlled proof-of-concept trial of an internet-based, therapist-assisted self-management treatment for posttraumatic stress disorder. *Am J Psychiatry*. 2007 Nov;164(11):1676-83. doi: 10.1176/appi.ajp.2007.06122057. PMID: 17974932. Exclusion: 3.
352. Lleras M, Casellas-Grau A, Sumalla E, et al. Randomized Control Trial (RCT) of online vs presential positive group psychotherapy. *Psychooncology*. 2017 Aug;26:44-5. doi: 10.1002/pon.4476. PMID: 28805945. Exclusion: 9.
353. Lopez-Castro T, Hu MC, Papini S, et al. Pathways to change: use trajectories following trauma-informed treatment of women with co-occurring post-traumatic stress disorder and substance use disorders. *Drug Alcohol Rev*. 2015 May;34(3):242-51. doi: 10.1111/dar.12230. PMID: 25735200. Exclusion: 13.
354. Lovell K, Marks IM, Noshirvani H, et al. Do cognitive and exposure treatments improve various PTSD symptoms differently?: a randomized controlled trial. *Behav Cogn Psychother*. 2001;29(1):107-12. doi: 10.1017/S1352465801001126. Exclusion: 6.
355. Luciano MT, McDevitt-Murphy ME, Acuff SF, et al. Posttraumatic stress disorder symptoms improve after an integrated brief alcohol intervention for OEF/OIF/OND veterans. *Psychol Trauma*. 2018 Jun;No Pagination Specified. doi: 10.1037/tra0000378. PMID: 29939060. Exclusion: 13.

356. Macdonald A, Monson CM, Doron-Lamarca S, et al. Identifying patterns of symptom change during a randomized controlled trial of cognitive processing therapy for military-related posttraumatic stress disorder. *J Trauma Stress*. 2011 Jun;24(3):268-76. doi: 10.1002/jts.20642. PMID: 21626572. Exclusion: 13.
357. Macdonald A, Pukay-Martin ND, Wagner AC, et al. Cognitive-behavioral conjoint therapy for PTSD improves various PTSD symptoms and trauma-related cognitions: results from a randomized controlled trial. *J Fam Psychol*. 2016 Feb;30(1):157-62. doi: 10.1037/fam0000177. PMID: 26651352. Exclusion: 6.
358. Mackintosh M-A, Morland LA, Frueh BC, et al. Peeking into the black box: mechanisms of action for anger management treatment. *J Anxiety Disord*. 2014 Oct;28(7):687-95. doi: 10.1016/j.janxdis.2014.07.001. PMID: 25124505. Exclusion: 13.
359. Mackintosh M-A, Morland LA, Kloezezan K, et al. Predictors of anger treatment outcomes. *J Clin Psychol*. 2014 Oct;70(10):905-13. doi: 10.1002/jclp.22095. PMID: 24752837. Exclusion: 13.
360. Mackintosh M-A, Niehaus J, Taft CT, et al. Using a mobile application in the treatment of dysregulated anger among veterans. *Mil Med*. 2017;182(11):e1941-e9. doi: 10.7205/milmed-d-17-00063. PMID: 29087863. Exclusion: 3.
361. Macklin ML, Metzger LJ, Lasko NB, et al. Five-year follow-up study of Eye Movement Desensitization and Reprocessing therapy for combat-related posttraumatic stress disorder. *Compr Psychiatry*. 2000 Jan-Feb;41(1):24-7. PMID: 10646615. Exclusion: 13.
362. Macnab A, Sun C, Lowe J. Randomized, controlled trial of three levels of critical incident stress intervention. *Prehosp Disaster Med*. 2003 Oct-Dec;18(4):367-71. doi: 10.1017/S1049023X00001333. PMID: 15310050. Exclusion: 3.
363. Maercker A, Zollner T, Menning H, et al. Dresden PTSD treatment study: randomized controlled trial of motor vehicle accident survivors. *BMC Psychiatry*. 2006 Jul 06;6:29. doi: 10.1186/1471-244X-6-29. PMID: 16824221. Exclusion: 3.
364. Margolies SO, Rybarczyk B, Vrana SR, et al. Efficacy of a cognitive-behavioral treatment for insomnia and nightmares in Afghanistan and Iraq veterans with PTSD. *J Clin Psychol*. 2013 Oct;69(10):1026-42. doi: 10.1002/jclp.21970. PMID: 23629959. Exclusion: 4.
365. Markus W, de Weert-van Oene GH, Becker ES, et al. A multi-site randomized study to compare the effects of Eye Movement Desensitization and Reprocessing (EMDR) added to TAU versus TAU to reduce craving and drinking behavior in alcohol dependent outpatients: study protocol. *BMC Psychiatry*. 2015 Mar 18;15:51. doi: 10.1186/s12888-015-0431-z. PMID: 25884223. Exclusion: 3.
366. Martényi F, Brown EB, Zhang H, et al. Fluoxetine v. placebo in prevention of relapse in post-traumatic stress disorder. *Br J Psychiatry*. 2002 Oct;181(4):315-20. doi: 10.1192/bjp.181.4.315. PMID: 12356658. Exclusion: 3.
367. Martin EC, Dick AM, Scioli-Salter ER, et al. Impact of a yoga intervention on physical activity, self-efficacy, and motivation in women with PTSD symptoms. *J Altern Complement Med*. 2015 Jun;21(6):327-32. doi: 10.1089/acm.2014.0389. PMID: 25973554. Exclusion: 6.
368. Marx C. Biomarkers and new therapeutics in PTSD and TBI: neurosteroid signatures to randomized controlled trials. *Biol Psychiatry*. 2018;83(9):S16. Exclusion: 6.
369. Matsumura K, Noguchi H, Nishi D, et al. Effects of omega-3 polyunsaturated fatty acids on psychophysiological symptoms of post-traumatic stress disorder in accident survivors: a randomized, double-blind, placebo-controlled trial. *J Affect Disord*. 2017 Dec;224:27-31. doi: 10.1016/j.jad.2016.05.054. PMID: 27287561. Exclusion: 3.
370. Matsuoka Y, Nishi D, Hamazaki K, et al. Docosahexaenoic acid for selective prevention of posttraumatic stress disorder among severely injured patients: a randomized, placebo-controlled trial. *J Clin Psychiatry*. 2015 Aug;76(8):e1015-e22. doi: 10.4088/JCP.14m09260. PMID: 26335087. Exclusion: 4.

371. Matsuoka Y, Nishi D, Tanimura Y, et al. Serum pro-BDNF/BDNF as a treatment biomarker for response to docosahexaenoic acid in traumatized people vulnerable to developing psychological distress: a randomized controlled trial. *Transl Psychiatry*. 2015 Jul 7;5:e596. doi: 10.1038/tp.2015.89. PMID: 26151924. Exclusion: 4.
372. Matsuoka YJ, Hamazaki K, Nishi D, et al. Change in blood levels of eicosapentaenoic acid and posttraumatic stress symptom: a secondary analysis of data from a placebo-controlled trial of omega3 supplements. *J Affect Disord*. 2016 Nov 15;205:289-91. doi: 10.1016/j.jad.2016.08.005. PMID: 27552592 Exclusion: 13.
373. Matsuoka YJ, Nishi D, Nakaya N, et al. Attenuating posttraumatic distress with omega-3 polyunsaturated fatty acids among disaster medical assistance team members after the Great East Japan Earthquake: the APOP randomized controlled trial. *BMC Psychiatry*. 2011 Aug 16;11:132. doi: 10.1186/1471-244X-11-132. PMID: 21846343. Exclusion: 9.
374. Mayou RA, Ehlers A, Hobbs M. Psychological debriefing for road traffic accident victims: three-year follow-up of a randomised controlled trial. *Br J Psychiatry*. 2000 Jun;176(6):589-93. doi: 10.1192/bjp.176.6.589. PMID: 10974967. Exclusion: 3.
375. McAllister TW, Zafonte RD, Jain S, et al. Randomized placebo-controlled trial of methylphenidate or galantamine for persistent emotional and cognitive symptoms associated with PTSD and/or traumatic brain injury. *Neuropsychopharmacology*. 2016 Apr;41(5):1191-8. doi: 10.1038/npp.2015.282. PMID: 26361060. Exclusion: 3.
376. McCall WV, Youssef N, Branch F, et al. A randomized controlled trial (RCT) of prazosin versus placebo for suicidal posttraumatic stress disorder (PTSD) patients with nightmares-a pilot study. *Sleep*. 2018 Apr;41:A351-A2. doi: 10.1093/sleep/zy061.946. Exclusion: 9.
377. McDermott TJ, Badura-Brack AS, Becker KM, et al. Attention training improves aberrant neural dynamics during working memory processing in veterans with PTSD. *Cogn Affect Behav Neurosci*. 2016 Dec;16(6):1140-9. doi: 10.3758/s13415-016-0459-7. PMID: 27722837. Exclusion: 8.
378. McFall M, Malte C, Fontana A, et al. Effects of an outreach intervention on use of mental health services by veterans with posttraumatic stress disorder. *Psychiatr Serv*. 2000 Mar;51(3):369-74. doi: 10.1176/appi.ps.51.3.369. PMID: 10686246. Exclusion: 4.
379. McFall ME, Saxon AJ, Malte CA, et al. Integrating tobacco cessation into mental health care for posttraumatic stress disorder: a randomized controlled trial. *JAMA*. 2010 Dec 8;304(22):2485-93. doi: 10.1001/jama.2010.1769. PMID: 21139110. Exclusion: 4.
380. McGovern MP, Lambert-Harris C, Alterman AI, et al. A randomized controlled trial comparing integrated cognitive behavioral therapy versus individual addiction counseling for co-occurring substance use and posttraumatic stress disorders. *J Dual Diagn*. 2011 Jan 1;7(4):207-27. doi: 10.1080/15504263.2011.620425. PMID: 22383864. Exclusion: 4.
381. McGrane IR, Shuman MD. Mirtazapine therapy for posttraumatic stress disorder: implications of alpha-adrenergic pharmacology on the startle response. *Harv Rev Psychiatry*. 2018 Jan-Feb;26(1):36-41. doi: 10.1097/HRP.000000000000173. PMID: 29303920. Exclusion: 8.
382. McHugh RK, Hu M-C, Campbell ANC, et al. Changes in sleep disruption in the treatment of co-occurring posttraumatic stress disorder and substance use disorders. *J Trauma Stress*. 2014 Feb;27(1):82-9. doi: 10.1002/jts.21878. PMID: 24473926. Exclusion: 4.
383. McLean CP, Su Y-J, Foa EB. Posttraumatic stress disorder and alcohol dependence: does order of onset make a difference? *J Anxiety Disord*. 2014 Dec;28(8):894-901. doi: 10.1016/j.janxdis.2014.09.023. PMID: 25445079. Exclusion: 8.

384. McLean CP, Su Y-J, Foa EB. Mechanisms of symptom reduction in a combined treatment for comorbid posttraumatic stress disorder and alcohol dependence. *J Consult Clin Psychol.* 2015 Jun;83(3):655-61. doi: 10.1037/ccp0000024. PMID: 26009787. Exclusion: 6.
385. McWilliams K, Goodman G, Lyons K, et al. Memory for child sexual abuse information: simulated memory error and individual differences. *Mem Cognit.* 2014 Jan;42(1):151-63. doi: 10.3758/s13421-013-0345-2. PMID: 23835600. Exclusion: 3.
386. Meffert SM, Abdo AO, Abd Alla OA, et al. A pilot randomized controlled trial of interpersonal psychotherapy for Sudanese refugees in Cairo, Egypt. *Psychol Trauma.* 2014;6(3):240-9. doi: 10.1037/a0023540. Exclusion: 3.
387. Mehling WE, Chesney MA, Metzler TJ, et al. A 12-week integrative exercise program improves self-reported mindfulness and interoceptive awareness in war veterans with posttraumatic stress symptoms. *J Clin Psychol.* 2018 Apr;74(4):554-65. doi: 10.1002/jclp.22549. PMID: 29076530. Exclusion: 9.
388. Meier A, McGovern MP, Lambert-Harris C, et al. Adherence and competence in two manual-guided therapies for co-occurring substance use and posttraumatic stress disorders: clinician factors and patient outcomes. *Am J Drug Alcohol Abuse.* 2015;41(6):527-34. doi: 10.3109/00952990.2015.1062894. PMID: 26286351. Exclusion: 4.
389. Meier A, McGovern MP, Lambert-Harris C, et al. A pilot trial of two models of clinical supervision of integrated cognitive behavioral therapy for PTSD and substance use disorders. *Drug Alcohol Depend.* 2017 Feb;171:e141. doi: 10.1016/j.drugalcdep.2016.08.391. Exclusion: 9.
390. Mello MFd, Yeh MSL, Neto JB, et al. A randomized, double-blind, placebo-controlled trial to assess the efficacy of topiramate in the treatment of post-traumatic stress disorder. *BMC Psychiatry.* 2009 May 29;9:28. doi: 10.1186/1471-244X-9-28. PMID: 19480669. Exclusion: 9.
391. Meltzer-Brody S, Connor KM, Churchill E, et al. Symptom-specific effects of fluoxetine in post-traumatic stress disorder. *Int Clin Psychopharmacol.* 2000 Jul;15(4):227-31. PMID: 10954063. Exclusion: 9.
392. Meng X-Z, Wu F, Wei P-K, et al. A Chinese herbal formula to improve general psychological status in posttraumatic stress disorder: a randomized placebo-controlled trial on Sichuan Earthquake survivors. *Evid Based Complement Alternat Med.* 2012;2012:691258. doi: 10.1155/2012/691258. PMID: 22028733. Exclusion: 3.
393. Meredith LS, Eisenman DP, Green BL, et al. Design of the Violence and Stress Assessment (ViStA) study: a randomized controlled trial of care management for PTSD among predominantly Latino patients in safety net health centers. *Contemp Clin Trials.* 2014 Jul;38(2):163-72. doi: 10.1016/j.cct.2014.04.005. PMID: 24747932. Exclusion: 9.
394. Messina N, Calhoun S, Warda U. Gender-responsive drug court treatment: a randomized controlled trial. *Crim Justice Behav.* 2012 Dec 1;39(12):1539-58. doi: 10.1177/0093854812453913. PMID: 24839331. Exclusion: 3.
395. Meston CM, Lorenz TA, Stephenson KR. Effects of expressive writing on sexual dysfunction, depression, and PTSD in women with a history of childhood sexual abuse: results from a randomized clinical trial. *J Sex Med.* 2013 Sep;10(9):2177-89. doi: 10.1111/jsm.12247. PMID: 23875721. Exclusion: 3.
396. Michopoulos V, Norrholm SD, Stevens JS, et al. Dexamethasone facilitates fear extinction and safety discrimination in PTSD: a placebo-controlled, double-blind study. *Psychoneuroendocrinology.* 2017 Sep;83:65-71. doi: 10.1016/j.psyneuen.2017.05.023. PMID: 28595089. Exclusion: 3.
397. Miller KE, Cranston CC, Davis JL, et al. Psychological outcomes after a sexual assault video intervention: a randomized trial. *J Forensic Nurs.* 2015 Jul-Sep;11(3):129-36. doi: 10.1097/JFN.0000000000000080. PMID: 26291847. Exclusion: 3.

398. Miller RS, Weaver LK, Bahraini N, et al. Effects of hyperbaric oxygen on symptoms and quality of life among service members with persistent postconcussion symptoms: a randomized clinical trial. *JAMA Intern Med.* 2015 Jan;175(1):43-52. doi: 10.1001/jamainternmed.2014.5479. PMID: 25401463. Exclusion: 3.
399. Mills KL, Barrett EL, Merz S, et al. Integrated exposure-based therapy for co-occurring post traumatic stress disorder (PTSD) and substance dependence: predictors of change in PTSD symptom severity. *J Clin Med.* 2016 Nov 15;5(11):E101. doi: 10.3390/jcm5110101. PMID: 27854264. Exclusion: 4.
400. Mills KL, Teesson M, Back SE, et al. Integrated exposure-based therapy for co-occurring posttraumatic stress disorder and substance dependence: a randomized controlled trial. *JAMA.* 2012 Aug 15;308(7):690-9. doi: 10.1001/jama.2012.9071. PMID: 22893166. Exclusion: 4.
401. Miner A, Kuhn E, Hoffman JE, et al. Feasibility, acceptability, and potential efficacy of the PTSD Coach app: a pilot randomized controlled trial with community trauma survivors. *Psychol Trauma.* 2016 May;8(3):384-92. doi: 10.1037/tra0000092. PMID: 27046668. Exclusion: 4.
402. Fiorillo A, Fangou S, Heun R, eds. Influence of adjuvant mindfulness-based cognitive therapy (MBCT) on symptoms of post-traumatic stress disorder (PTSD) in veterans- results from a randomized control study [abstract]. In: Fiorillo A, Frangou S, Heun R, editors. 26th European Congress of Psychiatry E-Poster Walk; 2018 Mar 3-6; Nice, France. Strasbourg France: European Psychiatric Association; 2018: 48S:S186. Exclusion: 9
403. Mitani S, Fujita M, Sakamoto S, et al. Effect of autogenic training on cardiac autonomic nervous activity in high-risk fire service workers for posttraumatic stress disorder. *J Psychosom Res.* 2006 May;60(5):439-44. doi: 10.1016/j.jpsychores.2005.09.005. PMID: 16650583. Exclusion: 3.
404. Mitchell KS, Dick AM, DiMartino DM, et al. A pilot study of a randomized controlled trial of yoga as an intervention for PTSD symptoms in women. *J Trauma Stress.* 2014 Apr;27(2):121-8. doi: 10.1002/jts.21903. PMID: 24668767. Exclusion: 3.
405. Moeller DR, Duffey JM, Goolsby AM, et al. Use of a removable mandibular neuroprosthesis for the reduction of posttraumatic stress disorder (PTSD) and mild traumatic brain injury/PTSD/associated nightmares, headaches, and sleep disturbances. *J Spec Oper Med.* 2014 Fall;14(3):64-73. PMID: 25344709. Exclusion: 6.
406. Moghadam RS, Manesh MS, Vaziri S. The effect of training on spirituality therapy on reduction of marital along with drug control in fidelity crisis betrayed in Isfahan City, Iran. *Journal of Global Pharma Technology.* 2016;8(2):22-35. Exclusion: 3.
407. Monnelly EP, Ciraulo DA, Knapp C, et al. Low-dose risperidone as adjunctive therapy for irritable aggression in posttraumatic stress disorder. *J Clin Psychopharmacol.* 2003 Apr;23(2):193-6. doi: 10.1097/00004714-200304000-00012. PMID: 12640221. Exclusion: 4.
408. Monson CM, Rodriguez BF, Warner R. Cognitive-behavioral therapy for PTSD in the real world: do interpersonal relationships make a real difference? *J Clin Psychol.* 2005 Jun;61(6):751-61. doi: 10.1002/jclp.20096. PMID: 15546144. Exclusion: 8.
409. Monti D, Tobia A, Stoner M, et al. Neuro emotional technique effects on brain physiology in cancer patients with traumatic stress symptoms: preliminary findings. *J Cancer Surviv.* 2017 Aug;11(4):438-46. doi: 10.1007/s11764-017-0601-8. PMID: 28181091. Exclusion: 3.
410. Morland LA, Greene CJ, Rosen CS, et al. Telemedicine for anger management therapy in a rural population of combat veterans with posttraumatic stress disorder: a randomized noninferiority trial. *J Clin Psychiatry.* 2010 Jul;71(7):855-63. doi: 10.4088/JCP.09m05604blu. PMID: 20122374. Exclusion: 4.

411. Morland LA, Greene CJ, Rosen CS, et al. Issues in the design of a randomized noninferiority clinical trial of telemental health psychotherapy for rural combat veterans with PTSD. *Contemp Clin Trials*. 2009 Nov;30(6):513-22. doi: 10.1016/j.cct.2009.06.006. PMID: 19576299. Exclusion: 9.
412. Morland LA, Hynes AK, Mackintosh MA, et al. Group cognitive processing therapy delivered to veterans via telehealth: a pilot cohort. *J Trauma Stress*. 2011 Aug;24(4):465-9. doi: 10.1002/jts.20661. PMID: 21793047. Exclusion: 9.
413. Morland LA, Pierce KS, Wong MY-S, et al. Telemedicine and coping skills groups for Pacific Island veterans with post-traumatic stress disorder: a pilot study. *J Telemed Telecare*. 2004;10(5):286-9. doi: 10.1258/1357633042026387. PMID: 15494087. Exclusion: 6.
414. Mott JM, Stanley MA, Street RL, Jr., et al. Increasing engagement in evidence-based PTSD treatment through shared decision-making: a pilot study. *Mil Med*. 2014 Feb;179(2):143-9. doi: 10.7205/milmed-d-13-00363. PMID: 24491609. Exclusion: 8.
415. Mouthaan J, Sijbrandij M, De Vries G-J, et al. Internet-based early intervention to prevent posttraumatic stress disorder in injury patients: randomized controlled trial. *J Med Internet Res*. 2013 Aug 13;15(8):e165. doi: 10.2196/jmir.2460. PMID: 23942480. Exclusion: 3.
416. Mueser KT, Essock SM, Haines M, et al. Posttraumatic stress disorder, supported employment, and outcomes in people with severe mental illness. *CNS Spectr*. 2004 Dec;9(12):913-25. PMID: 15616477. Exclusion: 3.
417. Mughal U, Carrasco D, Brown R, et al. Rehabilitating civilian victims of war through psychosocial intervention in Sierra Leone. *J Appl Soc Psychol*. 2015 Nov;45(11):593-601. doi: 10.1111/jasp.12322. Exclusion: 8.
418. Mullen K, Holliday R, Morris E, et al. Cognitive processing therapy for male veterans with military sexual trauma-related posttraumatic stress disorder. *J Anxiety Disord*. 2014 Dec;28(8):761-4. doi: 10.1016/j.janxdis.2014.09.004. PMID: 25260214. Exclusion: 8.
419. Mulligan K, Fear NT, Jones N, et al. Postdeployment battlemind training for the U.K. armed forces: a cluster randomized controlled trial. *J Consult Clin Psychol*. 2012 Jun;80(3):331-41. doi: 10.1037/a0027664. PMID: 22409642. Exclusion: 3.
420. Murphy RT, Thompson KE, Murray M, et al. Effect of a motivation enhancement intervention on veterans' engagement in PTSD treatment. *Psychol Serv*. 2009;6(4):264-78. doi: 10.1037/a0017577. Exclusion: 6.
421. Murphy SA. A bereavement intervention for parents following the sudden, violent deaths of their 12-28-year-old children: description and applications to clinical practice. *Can J Nurs Res*. 1997 Winter;29(4):51-72. PMID: 9697435. Exclusion: 8.
422. Murray A, Wallace D, Nielssen O. Rivastigmine for treatment resistant post traumatic stress disorder. *Aust N Z J Psychiatry*. 2017 Sep;51(9):946-7. doi: 10.1177/0004867417698234. PMID: 28829178. Exclusion: 8.
423. Myers US, Browne KC, Norman SB. Treatment engagement: female survivors of intimate partner violence in treatment for PTSD and alcohol use disorder. *J Dual Diagn*. 2015;11(3-4):238-47. doi: 10.1080/15504263.2015.1113762. PMID: 26515712. Exclusion: 4.
424. Najavits LM, Johnson KM. Pilot study of Creating Change, a new past-focused model for PTSD and substance abuse. *Am J Addict*. 2014 Sep-Oct;23(5):415-22. doi: 10.1111/j.1521-0391.2014.12127.x. PMID: 24628840. Exclusion: 8.
425. Najavits LM, Krinsley K, Waring ME, et al. A randomized controlled trial for veterans with PTSD and substance use disorder: Creating Change versus Seeking Safety. *Subst Use Misuse*. 2018 Sep 19;53(11):1788-800. doi: 10.1080/10826084.2018.1432653. PMID: 29461920. Exclusion: 4.
426. Najavits LM, Lande RG, Gragnani C, et al. Seeking Safety pilot outcome study at Walter Reed National Military Medical Center. *Mil Med*. 2016 Aug;181(8):740-6. doi: 10.7205/MILMED-D-15-00270. PMID: 27483508. Exclusion: 8.

427. Nakamura Y, Lipschitz DL, Landward R, et al. Two sessions of sleep-focused mind-body bridging improve self-reported symptoms of sleep and PTSD in veterans: a pilot randomized controlled trial. *J Psychosom Res.* 2011 Apr;70(4):335-45. doi: 10.1016/j.jpsychores.2010.09.007. PMID: 21414453. Exclusion: 3.
428. Nakimuli-Mpungu E, Okello J, Kinyanda E, et al. The impact of group counseling on depression, post-traumatic stress and function outcomes: a prospective comparison study in the Peter C. Alderman trauma clinics in northern Uganda. *J Affect Disord.* 2013 Oct;151(1):78-84. doi: 10.1016/j.jad.2013.05.055. PMID: 23787406. Exclusion: 3.
429. Navidian A, Saravani Z, Shakiba M. Impact of psychological grief counseling on the severity of post-traumatic stress symptoms in mothers after stillbirths. *Issues Ment Health Nurs.* 2017 Aug;38(8):650-4. doi: 10.1080/01612840.2017.1315623. PMID: 28745912. Exclusion: 3.
430. Nawijn L, van Zuiden M, Koch SB, et al. Intranasal oxytocin increases neural responses to social reward in post-traumatic stress disorder. *Soc Cogn Affect Neurosci.* 2017 Feb 1;12(2):212-23. doi: 10.1093/scan/nsw123. PMID: 27614769. Exclusion: 6.
431. Naylor JC, Dolber TR, Strauss JL, et al. A pilot randomized controlled trial with paroxetine for subthreshold PTSD in Operation Enduring Freedom/Operation Iraqi Freedom era veterans. *Psychiatry Res.* 2013 Apr 30;206(2-3):318-20. doi: 10.1016/j.psychres.2012.11.008. PMID: 23276723. Exclusion: 3.
432. Nenova M, DuHamel K, Zemon V, et al. Posttraumatic growth, social support, and social constraint in hematopoietic stem cell transplant survivors. *Psychooncology.* 2013 Jan;22(1):195-202. doi: 10.1002/pon.2073. PMID: 21972000. Exclusion: 3.
433. Neuner F, Schauer M, Klaschik C, et al. A comparison of narrative exposure therapy, supportive counseling, and psychoeducation for treating posttraumatic stress disorder in an African refugee settlement. *J Consult Clin Psychol.* 2004 Aug;72(4):579-87. doi: 10.1037/0022-006X.72.44.579. PMID: 15301642. Exclusion: 3.
434. Newman MG, Jacobson NC, Erickson TM, et al. Interpersonal problems predict differential response to cognitive versus behavioral treatment in a randomized controlled trial. *Behav Ther.* 2017 Jan;48(1):56-68. doi: 10.1016/j.beth.2016.05.005. PMID: 28077221. Exclusion: 6.
435. Nidich S, Seng A, Compton B, et al. Transcendental meditation and reduced trauma symptoms in female inmates: a randomized controlled study. *Perm J.* 2017;21:39-43. doi: 10.7812/TPP/16-008. PMID: 28333611. Exclusion: 3.
436. Nieminen K, Berg I, Frankenstein K, et al. Internet-provided cognitive behaviour therapy of posttraumatic stress symptoms following childbirth-a randomized controlled trial. *Cogn Behav Ther.* 2016 Jun;45(4):287-306. doi: 10.1080/16506073.2016.1169626. PMID: 27152849. Exclusion: 3.
437. Nijdam M, van Amsterdam J, Gersons B, et al. Dexamethasone-suppressed cortisol awakening response predicts treatment outcome in posttraumatic stress disorder. *J Affect Disord.* 2015 Sep;184:205-8. doi: 10.1016/j.jad.2015.05.058. PMID: 26112329. Exclusion: 6.
438. Nijdam MJ, De Vries G-J, Gersons BPR, et al. Response to psychotherapy for posttraumatic stress disorder: the role of pretreatment verbal memory performance. *J Clin Psychiatry.* 2015;76(8):e1023-e8. doi: 10.4088/JCP.14m09438. PMID: 26335088. Exclusion: 6.
439. Nijdam MJ, van der Meer CAI, van Zuiden M, et al. Turning wounds into wisdom: posttraumatic growth over the course of two types of trauma-focused psychotherapy in patients with PTSD. *J Affect Disord.* 2018 Feb;227:424-31. doi: 10.1016/j.jad.2017.11.031. PMID: 29154159. Exclusion: 9.
440. Nishi D, Koido Y, Nakaya N, et al. Fish oil for attenuating posttraumatic stress symptoms among rescue workers after the great east Japan earthquake: a randomized controlled trial. *Psychother Psychosom.* 2012;81(5):315-7. doi: 10.1159/000336811. PMID: 22854784. Exclusion: 3.

441. Nixon RDV. Cognitive processing therapy versus supportive counselling for acute stress disorder following assault: a randomized pilot trial. *Behav Ther.* 2012 Dec;43(4):825-36. doi: 10.1016/j.beth.2012.05.001. PMID: 23046784. Exclusion: 3.
442. Nolleit C, Lewis C, Kitchiner N, et al. Pragmatic RANdomised controlled trial of a trauma-focused guided self-help Programme versus InDIVidual trauma focused cognitive behavioural therapy for post-traumatic stress disorder (RAPID): trial protocol. *BMC Psychiatry.* 2018 Mar 27;18(1):77. doi: 10.1186/s12888-018-1665-3. PMID: 29580220. Exclusion: 9.
443. Norman SB, Haller M, Spadoni AD, et al. Maximizing the utility of a single site randomized controlled psychotherapy trial. *Contemp Clin Trials.* 2015 May;42:244-51. doi: 10.1016/j.cct.2015.04.011. PMID: 25933919. Exclusion: 9.
444. Norr AM, Smolenski DJ, Katz AC, et al. Virtual reality exposure versus prolonged exposure for PTSD: which treatment for whom? *Depress Anxiety.* 2018 Jun;35(6):523-9. doi: 10.1002/da.22751. PMID: 29734488. Exclusion: 13.
445. Nosen E, Littlefield AK, Schumacher JA, et al. Treatment of co-occurring PTSD-AUD: effects of exposure-based and non-trauma focused psychotherapy on alcohol and trauma cue-reactivity. *Behav Res Ther.* 2014 Oct;61:35-42. doi: 10.1016/j.brat.2014.07.003. PMID: 25127178. Exclusion: 6.
446. Novaco RW, Chemtob CM. Anger and trauma: conceptualization, assessment, and treatment. In: *Cognitive-Behavioral Therapies for Trauma.* New York, NY: Guilford Press; US; 1998:162-90. Exclusion: 8
447. Novo P, Landin-Romero R, Radua J, et al. Eye Movement Desensitization and Reprocessing therapy in subsyndromal bipolar patients with a history of traumatic events: a randomized, controlled pilot-study. *Psychiatry Res.* 2014 Sep;219(1):122-8. doi: 10.1016/j.psychres.2014.05.012. PMID: 24880581. Exclusion: 3.
448. Ochoa C, Casellas-Grau A, Vives J, et al. Positive psychotherapy for distressed cancer survivors: posttraumatic growth facilitation reduces posttraumatic stress. *Int J Clin Health Psychol.* 2017 Jan-Apr;17(1):28-37. doi: 10.1016/j.ijchp.2016.09.002. PMID: 30487878. Exclusion: 3.
449. Ojserkis R, McKay D, Badour CL, et al. Alleviation of moral disgust, shame, and guilt in posttraumatic stress reactions: an evaluation of comprehensive distancing. *Behav Modif.* 2014 Nov;38(6):801-36. doi: 10.1177/0145445514543465. PMID: 25037054. Exclusion: 6.
450. Øktedalen T, Hagtvet KA, Hoffart A, et al. The Trauma Related Shame Inventory: measuring trauma-related shame among patients with PTSD. *J Psychopathol Behav Assess.* 2014;36(4):600-15. doi: 10.1007/s10862-014-9422-5. Exclusion: 8.
451. 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. *Psychother Res.* 2015;25(5):518-32. doi: 10.1080/10503307.2014.917217. PMID: 24856364. Exclusion: 6.
452. Olden ME, Wyka KE, Cukor J, et al. Pilot study of a telehealth-delivered medication-augmented exposure therapy protocol for PTSD. *J Nerv Ment Dis.* 2017 Feb;205(2):154-60. doi: 10.1097/NMD.0000000000000563. PMID: 27441461. Exclusion: 6.
453. O'Malley PG. In veterans with PTSD, mindfulness-based group therapy reduced symptom severity. *Ann Intern Med.* 2015 Dec 15;163(12):JC9. doi: 10.7326/ACPJC-2015-163-12-009. PMID: 26666811. Exclusion: 9.
454. Omid A, Mohammadi A, Zargar F, et al. Efficacy of mindfulness-based stress reduction on mood states of veterans with post-traumatic stress disorder. *Arch Trauma Res.* 2013 Winter;1(4):151-4. doi: 10.5812/at.8226. PMID: 24396769. Exclusion: 6.

455. Ooi CS, Rooney RM, Roberts C, et al. The efficacy of a group cognitive behavioral therapy for war-affected young migrants living in Australia: a cluster randomized controlled trial. *Front Psychol*. 2016 Oct 31;7:1641. doi: 10.3389/fpsyg.2016.01641. PMID: 27843435. Exclusion: 3.
456. Oquendo MA, Echavarria G, Galfalvy HC, et al. Lower cortisol levels in depressed patients with comorbid post-traumatic stress disorder. *Neuropsychopharmacology*. 2003 Mar;28(3):591-8. doi: 10.1038/sj.npp.1300050. PMID: 12629542. Exclusion: 6.
457. Osuch EA, Benson BE, Luckenbaugh DA, et al. Repetitive TMS combined with exposure therapy for PTSD: a preliminary study. *J Anxiety Disord*. 2009 Jan;23(1):54-9. doi: 10.1016/j.janxdis.2008.03.015. PMID: 18455908. Exclusion: 6.
458. Otto MW, Hinton DE, Korbly NB, et al. Treatment of pharmacotherapy-refractory posttraumatic stress disorder among Cambodian refugees: a pilot study of combination treatment with cognitive-behavior therapy vs sertraline alone. *Behav Res Ther*. 2003 Nov;41(11):1271-6. doi: 10.1016/S0005-7967(03)00032-9. PMID: 14527527. Exclusion: 6.
459. Outcalt SD, Kroenke K, Krebs EE, et al. Chronic pain and comorbid mental health conditions: independent associations of posttraumatic stress disorder and depression with pain, disability, and quality of life. *J Behav Med*. 2015 Jun;38(3):535-43. doi: 10.1007/s10865-015-9628-3. PMID: 25786741. Exclusion: 3.
460. Pabst A, Schauer M, Bernhardt K, et al. Evaluation of narrative exposure therapy (NET) for borderline personality disorder with comorbid posttraumatic stress disorder. *Clin Neuropsychiatry*. 2014;11(3-5):108-17. Exclusion: 8.
461. Pacella ML, Armelie AP, Boarts JM, et al. The impact of prolonged exposure on PTSD symptoms and associated psychopathology in people living with HIV: a randomized test of concept. *AIDS Behav*. 2012 Jul;16(5):1327-40. doi: 10.1007/s10461-011-0076-y. PMID: 22012149. Exclusion: 3.
462. Pacella ML, Feeny NC, Zoellner LA, et al. The impact of PTSD treatment on the cortisol awakening response. *Depress Anxiety*. 2014 Oct;31(10):862-9. doi: 10.1002/da.22298. PMID: 25327949. Exclusion: 3.
463. Palgi S, Klein E, Shamay-Tsoory SG. Oxytocin improves compassion toward women among patients with PTSD. *Psychoneuroendocrinology*. 2016 Feb;64:143-9. doi: 10.1016/j.psyneuen.2015.11.008. PMID: 26671007. Exclusion: 8.
464. Palgi S, Klein EM, Shamay-Tsoory SG. The role of oxytocin in empathy in PTSD. *Psychol Trauma*. 2017 Jan;9(1):70-5. doi: 10.1037/tra0000142. PMID: 27243570. Exclusion: 6.
465. Papa A, Sewell MT, Garrison-Diehn C, et al. A randomized open trial assessing the feasibility of behavioral activation for pathological grief responding. *Behav Ther*. 2013 Dec;44(4):639-50. doi: 10.1016/j.beth.2013.04.009. PMID: 24094789. Exclusion: 3.
466. Pearson DG, Sawyer T. Effects of dual task interference on memory intrusions for affective images. *Int J Cogn Ther*. 2011;4(2):122-33. doi: 10.1521/ijct.2011.4.2.122. Exclusion: 3.
467. Peniston EG. EMG biofeedback-assisted desensitization treatment for Vietnam combat veterans post-traumatic stress disorder. *Clinical Biofeedback and Health*. 1986;9(1):35-41. Exclusion: 6.
468. Peniston EG, Kulkosky PJ. Alpha-theta brainwave neuro-feedback therapy for Vietnam veterans with combat-related post-traumatic stress disorder. *Medical Psychotherapy: An International Journal*. 1991;4:47-60. Exclusion: 6.
469. Pérez Benítez CI, Zlotnick C, Gomez J, et al. Cognitive behavioral therapy for PTSD and somatization: an open trial. *Behav Res Ther*. 2013 Jun;51(6):284-9. doi: 10.1016/j.brat.2013.02.005. PMID: 23524062. Exclusion: 8.

470. Petrakis IL, Poling J, Levinson CM, et al. Naltrexone and disulfiram in patients with alcohol dependence and comorbid post-traumatic stress disorder. *Biol Psychiatry*. 2006 Oct 1;60(7):777-83. doi: 10.1016/j.biopsych.2006.03.074. PMID: 17008146. Exclusion: 4.
471. Petrakis IL, Ralevski E, Arias A, et al. Mechanisms underlying risk for relapse among individuals with alcohol use disorder and comorbid posttraumatic stress disorder (PTSD) [abstract]. In: Domino J., ed. 41st Annual Scientific Meeting of the Research Society on Alcoholism; 2018 June 16-20; San Diego, CA. Medford, MA: Wiley Periodicals, Inc.; 2018: 321A. Exclusion: 9
472. Petty F, Davis LL, Nugent AL, et al. Valproate therapy for chronic, combat-induced posttraumatic stress disorder. *J Clin Psychopharmacol*. 2002 Feb;22(1):100-1. doi: 10.1097/00004714-200202000-00021. PMID: 11799355. Exclusion: 8.
473. Pfeiffer E, Sachser C, Rohlmann F, et al. Effectiveness of a trauma-focused group intervention for young refugees: a randomized controlled trial. *J Child Psychol Psychiatry*. 2018 Nov;59(11):1171-9. doi: 10.1111/jcpp.12908. PMID: 29624664. Exclusion: 3.
474. Pigeon WR, Heffner KL, Crean H, et al. 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. *Contemp Clin Trials*. 2015 Nov;45(Pt B):252-60. doi: 10.1016/j.cct.2015.08.019. PMID: 26343743. Exclusion: 9.
475. Pile V, Barnhofer T, Wild J. Updating versus exposure to prevent consolidation of conditioned fear. *PLoS One*. 2015 Apr 22;10(4):e0122971. doi: 10.1371/journal.pone.0122971. PMID: 25902141. Exclusion: 3.
476. Pitman RK, Orr SP, Altman B, et al. Emotional processing during Eye Movement Desensitization and Reprocessing therapy of Vietnam veterans with chronic posttraumatic stress disorder. *Compr Psychiatry*. 1996 Nov-Dec;37(6):419-29. PMID: 8932966. Exclusion: 6.
477. Pitman RK, Orr SP, Lasko NB. Effects of intranasal vasopressin and oxytocin on physiologic responding during personal combat imagery in Vietnam veterans with posttraumatic stress disorder. *Psychiatry Res*. 1993 Aug;48(2):107-17. PMID: 8416021. Exclusion: 6.
478. Pitman RK, Sanders KM, Zusman RM, et al. Pilot study of secondary prevention of posttraumatic stress disorder with propranolol. *Biol Psychiatry*. 2002 Jan;51(2):189-92. PMID: 11822998. Exclusion: 3.
479. Pivac N, Kozaric-Kovacic D, Muck-Seler D. Olanzapine versus fluphenazine in an open trial in patients with psychotic combat-related post-traumatic stress disorder. *Psychopharmacology (Berl)*. 2004 Oct;175(4):451-6. doi: 10.1007/s00213-004-1849-z. PMID: 15064916. Exclusion: 8.
480. Polak AR, Witteveen AB, Visser RS, et al. Comparison of the effectiveness of trauma-focused cognitive behavioral therapy and paroxetine treatment in PTSD patients: design of a randomized controlled trial. *BMC Psychiatry*. 2012 Oct 9;12:166. doi: 10.1186/1471-244X-12-166. PMID: 23046608. Exclusion: 9.
481. Pollack MH, Hoge EA, Worthington JJ, et al. Eszopiclone for the treatment of posttraumatic stress disorder and associated insomnia: a randomized, double-blind, placebo-controlled trial. *J Clin Psychiatry*. 2011 Jul;72(7):892-7. doi: 10.4088/JCP.09m05607gry. PMID: 21367352. Exclusion: 4.
482. Possemato K, Bergen-Cico D, Treatman S, et al. A randomized clinical trial of primary care brief mindfulness training for veterans with PTSD. *J Clin Psychol*. 2016 Mar;72(3):179-93. doi: 10.1002/jclp.22241. PMID: 26613203. Exclusion: 3.
483. Possemato K, Ouimette P, Knowlton P. A brief self-guided telehealth intervention for post-traumatic stress disorder in combat veterans: a pilot study. *J Telemed Telecare*. 2011;17(5):245-50. doi: 10.1258/jtt.2011.100909. PMID: 21636687. Exclusion: 3.

484. Powell GJ, Doan RE. Combat and social support as variables in perceived symptomatology of combat-related posttraumatic stress disorder. *Psychol Rep.* 1992 Jun;70(3 Pt 2):1187-94. doi: 10.2466/pr0.1992.70.3c.1187. PMID: 1496093. Exclusion: 3.
485. Pradhan B, Gray R, Parikh T, et al. Trauma interventions using mindfulness based extinction and reconsolidation (TIMBER©) as monotherapy for chronic PTSD: a pilot study. *Adolesc Psychiatry.* 2015 Jan;5(2):125-31. doi: 10.2174/221067660502150430155038. Exclusion: 3.
486. Pradhan B, Mitrev L, Moaddell R, et al. D-Serine is a potential biomarker for clinical response in treatment of post-traumatic stress disorder using (R,S)-ketamine infusion and TIMBER psychotherapy: a pilot study. *Biochim Biophys Acta.* 2018 Jul;1866(7):831-9. doi: 10.1016/j.bbapap.2018.03.006. PMID: 29563072. Exclusion: 6.
487. Price C. Body-oriented therapy in recovery from child sexual abuse: an efficacy study. *Altern Ther Health Med.* 2005 Sep-Oct;11(5):46-57. PMID: 16189948. Exclusion: 3.
488. Price C. Body-oriented therapy in sexual abuse recovery: a pilot-test comparison. *J Bodyw Mov Ther.* 2006;10(1):58-64. Exclusion: 8.
489. Price CJ, McBride B, Hyerle L, et al. Mindful awareness in body-oriented therapy for female veterans with post-traumatic stress disorder taking prescription analgesics for chronic pain: a feasibility study. *Altern Ther Health Med.* 2007 Nov-Dec;13(6):32-40. PMID: 17985809. Exclusion: 6.
490. Prisco MK, Jecmen MC, Bloeser KJ, et al. Group auricular acupuncture for PTSD-related insomnia in veterans: a randomized trial. *Med Acupunct.* 2013;25(6):407-22. doi: 10.1089/acu.2013.0989. Exclusion: 6.
491. Proctor SL, Hoffmann NG, Allison S. The effectiveness of interactive journaling in reducing recidivism among substance-dependent jail inmates. *Int J Offender Ther Comp Criminol.* 2012 Apr;56(2):317-32. doi: 10.1177/0306624X11399274. PMID: 21362642. Exclusion: 3.
492. Pruiksma KME, Cranston CC, Rhudy JL, et al. Randomized controlled trial to dismantle exposure, relaxation, and rescripting therapy (ERRT) for trauma-related nightmares. *Psychol Trauma.* 2018 Jan;10(1):67-75. doi: 10.1037/tra0000238. PMID: 27977223. Exclusion: 8.
493. Pruiksma KME, Taylor DJ, Wachen JS, et al. Residual sleep disturbances following PTSD treatment in active duty military personnel. *Psychol Trauma.* 2016 Nov;8(6):697-701. doi: 10.1037/tra0000150. PMID: 27243567. Exclusion: 8.
494. Rabinak C, Peters C, Elrahal F, et al. Cannabinoid facilitation of fear extinction in posttraumatic stress disorder. *Neuropsychopharmacology.* 2017 Nov;43(S1):S339. doi: 10.1038/npp.2017.265. PMID: 29192267. Exclusion: 9.
495. Rabinak C, Peters C, Elrahal F, et al. Cannabinoid facilitation of fear extinction in posttraumatic stress disorder. *Biol Psychiatry.* 2018 May;83(9):S21. doi: 10.1016/j.biopsych.2018.02.069 Exclusion: 9.
496. Rahman A, Hamdani SU, Awan NR, et al. Effect of a multicomponent behavioral intervention in adults impaired by psychological distress in a conflict-affected area of Pakistan: a randomized clinical trial. *JAMA.* 2016 Dec 27;316(24):2609-17. doi: 10.1001/jama.2016.17165. PMID: 27837602. Exclusion: 3.
497. Ralevski E, Jane JS, Newcomb J, et al. Attenuation of anxiety and craving using neuro steroids among individuals with alcohol use disorder and comorbid PTSD. *Alcohol Clin Exp Res.* 2018;42:298A. doi: 10.1111/acer.13748. Exclusion: 9.
498. Ramaswamy S, Madabushi JS, Hunziker J, et al. An open-label trial of memantine for cognitive impairment in patients with posttraumatic stress disorder. *J Aging Res.* 2015;2015:934162. doi: 10.1155/2015/934162. PMID: 26064685. Exclusion: 8.
499. Randall PK, Bremner JD, Krystal JH, et al. Effects of the benzodiazepine antagonist flumazenil in PTSD. *Biol Psychiatry.* 1995 Sep 01;38(5):319-24. PMID: 7495926. Exclusion: 4.

500. Rauch SAM, King AP, Liberzon I, et al. Changes in salivary cortisol during psychotherapy for posttraumatic stress disorder: a pilot study in 30 veterans. *J Clin Psychiatry*. 2017 May;78(5):599-603. doi: 10.4088/JCP.15m10596. PMID: 28102979. Exclusion: 8.
501. Ready DJ, Thomas KR, Worley V, et al. A field test of group based exposure therapy with 102 veterans with war-related posttraumatic stress disorder. *J Trauma Stress*. 2008 Apr;21(2):150-7. doi: 10.1002/jts.20326. PMID: 18404634. Exclusion: 9.
502. Reddy S, Dick AM, Gerber MR, et al. The effect of a yoga intervention on alcohol and drug abuse risk in veteran and civilian women with posttraumatic stress disorder. *J Altern Complement Med*. 2014 Oct;20(10):750-6. doi: 10.1089/acm.2014.0014. PMID: 25211372. Exclusion: 3.
503. Reed GL, Enright RD. The effects of forgiveness therapy on depression, anxiety, and posttraumatic stress for women after spousal emotional abuse. *J Consult Clin Psychol*. 2006 Oct;74(5):920-9. doi: 10.1037/0022-006X.74.5.920. PMID: 17032096. Exclusion: 3.
504. Rees B, Travis F, Shapiro D, et al. Reduction in posttraumatic stress symptoms in Congolese refugees practicing transcendental meditation. *J Trauma Stress*. 2013 Apr;26(2):295-8. doi: 10.1002/jts.21790. PMID: 23568415. Exclusion: 8.
505. Rees B, Travis F, Shapiro D, et al. Significant reductions in posttraumatic stress symptoms in Congolese refugees within 10 days of transcendental meditation practice. *J Trauma Stress*. 2014 Feb;27(1):112-5. doi: 10.1002/jts.21883. PMID: 24515537. Exclusion: 8.
506. Reist C, Kauffmann CD, Haier RJ, et al. A controlled trial of desipramine in 18 men with posttraumatic stress disorder. *Am J Psychiatry*. 1989 Apr;146(4):513-6. PMID: 2648867. Exclusion: 4.
507. Renfrey G, Spates CR. Eye movement desensitization: a partial dismantling study. *J Behav Ther Exp Psychiatry*. 1994 Sep;25(3):231-9. PMID: 7852605. Exclusion: 6.
508. Renner W, Bänninger-Huber E, Peltzer K. 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. *Australasian Journal of Disaster and Trauma Studies*. 2011;2011(1). Exclusion: 3.
509. Resick PA, Wachen JS, Peterson AL. Clarification of clinical trial registration and reported study outcomes. *JAMA Psychiatry*. 2017 Jun;74(6):654-5. doi: 10.1001/jamapsychiatry.2017.0869. PMID: 28467546. Exclusion: 9.
510. Resick PA, Williams LF, Suvak MK, et al. Long-term outcomes of cognitive-behavioral treatments for posttraumatic stress disorder among female rape survivors. *J Consult Clin Psychol*. 2012 Apr;80(2):201-10. doi: 10.1037/a0026602. PMID: 22182261. Exclusion: 6.
511. Resnick HS, Acierno RE, Waldrop AE, et al. Randomized controlled evaluation of an early intervention to prevent post-rape psychopathology. *Behav Res Ther*. 2007 Oct;45(10):2432-47. doi: 10.1016/j.brat.2007.05.002. PMID: 17585872. Exclusion: 3.
512. Rice VJ, Baoxia L, Schroeder PJ, et al. Impact of in-person and virtual world mindfulness training on symptoms of post-traumatic stress disorder and attention deficit and hyperactivity disorder. *Mil Med*. 2018 Mar 1;183(suppl_1):413-20. doi: 10.1093/milmed/usx227. PMID: 29635610. Exclusion: 3.
513. Richards D. A field study of critical incident stress debriefing versus critical incident stress management. *J Ment Health*. 2001 Jun;10(3):351-62. doi: 10.1080/09638230124190. Exclusion: 3.
514. Roache JD, Raj JJ, Blount T, et al. SSRI treatment of dual diagnosis PTSD and alcohol dependence in veterans: opposite effects of sertraline in EOA and LOA subtypes [abstract]. In: Domino J., ed. 40th Annual Scientific Meeting of the Research Society on Alcoholism; 2017 Jun 24-28; Denver, CO; Feb. Medford, MA: Wiley Periodicals, Inc.; 2018: S1:259A. p. 359A. Exclusion: 9

515. Roepke AM, Tsukayama E, Tsukayama E, et al. Randomized controlled trial of secondstory, an intervention targeting posttraumatic growth, with bereaved adults. *J Consult Clin Psychol*. 2018 Jun;86(6):518-32. doi: 10.1037/ccp0000307. PMID: 29781650. Exclusion: 3.
516. Rogers CM, Mallinson T, Peppers D. High-intensity sports for posttraumatic stress disorder and depression: feasibility study of ocean therapy with veterans of Operation Enduring Freedom and Operation Iraqi Freedom. *Am J Occup Ther*. 2014 Jul-Aug;68(4):395-404. doi: 10.5014/ajot.2014.011221. PMID: 25005502. Exclusion: 8.
517. Rona RJ, Burdett H, Khondoker M, et al. Post-deployment screening for mental disorders and tailored advice about help-seeking in the UK military: a cluster randomised controlled trial. *Lancet*. 2017 Apr 8;389(10077):1410-23. doi: 10.1016/S0140-6736(16)32398-4. PMID: 28215661. Exclusion: 3.
518. Rose S, Brewin CR, Andrews B, et al. A randomized controlled trial of individual psychological debriefing for victims of violent crime. *Psychol Med*. 1999 Jul;29(4):793-9. doi: 10.1017/S0033291799008624. PMID: 10473306. Exclusion: 3.
519. Rosen CS, Azevedo KJ, Tiet QQ, et al. An RCT of effects of telephone care management on treatment adherence and clinical outcomes among veterans with PTSD. *Psychiatr Serv*. 2017 Feb 1;68(2):151-8. doi: 10.1176/appi.ps.201600069. PMID: 27745535. Exclusion: 3.
520. Rosen CS, Greenbaum MA, Schnurr PP, et al. Do benzodiazepines reduce the effectiveness of exposure therapy for posttraumatic stress disorder? *J Clin Psychiatry*. 2013 Dec;74(12):1241-8. doi: 10.4088/JCP.13m08592. PMID: 24434093. Exclusion: 8.
521. Rosen CS, Tiet QQ, Harris AHS, et al. Telephone monitoring and support after discharge from residential PTSD treatment: a randomized controlled trial. *Psychiatr Serv*. 2013 Jan;64(1):13-20. doi: 10.1176/appi.ps.201200142. PMID: 23117443. Exclusion: 3.
522. Rosenbaum S, Nguyen D, Lenehan T, et al. Exercise augmentation compared to usual care for post traumatic stress disorder: a randomised controlled trial (the REAP study: Randomised Exercise Augmentation for PTSD). *BMC Psychiatry*. 2011 Jul 22;11:115. doi: 10.1186/1471-244X-11-115. PMID: 21777477. Exclusion: 9.
523. Rothbaum BO, Davidson JRT, Stein DJ, et al. A pooled analysis of gender and trauma-type effects on responsiveness to treatment of PTSD with venlafaxine extended release or placebo. *J Clin Psychiatry*. 2008 Oct;69(10):1529-39. doi: 10.4088/JCP.v69n1002. PMID: 19192435. Exclusion: 8.
524. Rothbaum BO, Kearns MC, Price M, et al. Early intervention may prevent the development of posttraumatic stress disorder: a randomized pilot civilian study with modified prolonged exposure. *Biol Psychiatry*. 2012 Dec 1;72(11):957-63. doi: 10.1016/j.biopsych.2012.06.002. PMID: 22766415. Exclusion: 3.
525. Rothbaum BO, Kearns MC, Reiser E, et al. Early intervention following trauma may mitigate genetic risk for PTSD in civilians: a pilot prospective emergency department study. *J Clin Psychiatry*. 2014 Dec;75(12):1380-7. doi: 10.4088/JCP.13m08715. PMID: 25188543. Exclusion: 3.
526. Roy MJ, Costanzo ME, Blair JR, et al. Compelling evidence that exposure therapy for PTSD normalizes brain function. *Stud Health Technol Inform*. 2014;199:61-5. PMID: 24875691. Exclusion: 6.
527. Roy MJ, Costanzo ME, Highland KB, et al. An app a day keeps the doctor away: guided education and training via smartphones in subthreshold post traumatic stress disorder. *Cyberpsychol Behav Soc Netw*. 2017 Aug;20(8):470-8. doi: 10.1089/cyber.2017.0221. PMID: 28737954. Exclusion: 3.
528. Roy MJ, Francis JL, Friedlander J, et al. Improvement in cerebral function with treatment of posttraumatic stress disorder. *Ann N Y Acad Sci*. 2010 Oct;1208:142-9. doi: 10.1111/j.1749-6632.2010.05689.x. PMID: 20955336. Exclusion: 6.

529. Roy MJ, Highland KB, Costanzo MA. GETSmart: Guided Education and Training via Smart Phones to Promote Resilience. *Stud Health Technol Inform*. 2015;219:123-8. PMID: 26799892. Exclusion: 3.
530. Roy MJ, Law W, Patt I, et al. Randomized controlled trial of CBT with reality exposure therapy for PTSD. *Annual Review of CyberTherapy and Telemedicine*. 2006;4:39-44. Exclusion: 9.
531. Rubin M, Hien DA, Das D, et al. Inhibitory control under threat: the role of spontaneous eye blinks in post-traumatic stress disorder. *Brain Sci*. 2017 Feb 4;7(2):E16. doi: 10.3390/brainsci7020016. PMID: 28165364. Exclusion: 8.
532. Rucklidge JJ, Blampied N, Gorman B, et al. Psychological functioning 1 year after a brief intervention using micronutrients to treat stress and anxiety related to the 2011 Christchurch earthquakes: a naturalistic follow-up. *Hum Psychopharmacol*. 2014 May;29(3):230-43. doi: 10.1002/hup.2392. PMID: 24554519. Exclusion: 3.
533. Ruglass LM, Lopez-Castro T, Papini S, et al. Concurrent treatment with prolonged exposure for co-occurring full or subthreshold posttraumatic stress disorder and substance use disorders: a randomized clinical trial. *Psychother Psychosom*. 2017;86(3):150-61. doi: 10.1159/000462977. PMID: 28490022. Exclusion: 4.
534. Ruglass LM, Miele GM, Hien DA, et al. Helping alliance, retention, and treatment outcomes: a secondary analysis from the NIDA Clinical Trials Network Women and Trauma Study. *Subst Use Misuse*. 2012 May;47(6):695-707. doi: 10.3109/10826084.2012.659789. PMID: 22475068. Exclusion: 13.
535. Ruzek JI, Rosen RC, Garvert DW, et al. Online self-administered training of PTSD treatment providers in cognitive-behavioral intervention skills: results of a randomized controlled trial. *J Trauma Stress*. 2014 Dec;27(6):703-11. doi: 10.1002/jts.21977. PMID: 25522731. Exclusion: 4.
536. Ruzek JI, Rosen RC, Marceau L, et al. Online self-administered training for post-traumatic stress disorder treatment providers: design and methods for a randomized, prospective intervention study. *Implement Sci*. 2012 May 14;7:43. doi: 10.1186/1748-5908-7-43. PMID: 22583520. Exclusion: 9.
537. Ryan M, Nitsun M, Gilbert L, et al. A prospective study of the effectiveness of group and individual psychotherapy for women CSA survivors. *Psychol Psychother*. 2005 Dec;78(Pt 4):465-79. PMID: 16354439. Exclusion: 3.
538. Sachsse U, Vogel C, Leichsenring F. Results of psychodynamically oriented trauma-focused inpatient treatment for women with complex posttraumatic stress disorder (PTSD) and borderline personality disorder (BPD). *Bull Menninger Clin*. 2006 Spring;70(2):125-44. doi: 10.1521/bumc.2006.70.2.125. PMID: 16753036. Exclusion: 8.
539. Said D. Phoenix Australia - Department of Veterans' Affairs-Australian defence force restore trial: prolonged exposure therapy for PTSD. *Aust N Z J Psychiatry*. 2017 May;51(1_suppl):73-4. doi: 10.1177/0004867417702054. PMID: 28443347. Exclusion: 8.
540. Sandahl H, Jennum P, Baandrup L, et al. Treatment of sleep disturbances in trauma-affected refugees: study protocol for a randomised controlled trial. *Trials*. 2017 Nov 6;18(1):520. doi: 10.1186/s13063-017-2260-5. PMID: 29110681. Exclusion: 9.
541. Sannibale C, Teesson M, Creamer MC, et al. Randomized controlled trial of cognitive behaviour therapy for comorbid post-traumatic stress disorder and alcohol use disorders. *Addiction*. 2013 Aug;108(8):1397-410. doi: 10.1111/add.12167. PMID: 25328957. Exclusion: 4.
542. Saunders E, McGovern MP, Lambert-Harris C, et al. The impact of addiction medications on outcomes for persons with co-occurring PTSD and opioid use disorders. *Drug Alcohol Depend*. 2017 Feb;171:e184. doi: 10.1016/j.drugalcdep.2016.08.505. Exclusion: 9.

543. Saunders EC, McGovern MP, Lambert-Harris C, et al. The impact of addiction medications on treatment outcomes for persons with co-occurring PTSD and opioid use disorders. *Am J Addict*. 2015 Dec;24(8):722-31. doi: 10.1111/ajad.12292. PMID: 26388539. Exclusion: 4.
544. Sautter FJ, Glynn SM, Becker-Cretu JJ, et al. Structured approach therapy for combat-related PTSD in returning U.S. veterans: complementary mediation by changes in emotion functioning. *J Trauma Stress*. 2016 Aug;29(4):384-7. doi: 10.1002/jts.22120. PMID: 27472747. Exclusion: 4.
545. Sayed S, Van Dam NT, Horn SR, et al. A randomized dose-ranging study of neuropeptide Y in patients with posttraumatic stress disorder. *Int J Neuropsychopharmacol*. 2018 Jan 1;21(1):3-11. doi: 10.1093/ijnp/pyx109. PMID: 29186416. Exclusion: 6.
546. Sayer NA, Noorbaloochi S, Frazier PA, et al. Randomized controlled trial of online expressive writing to address readjustment difficulties among U.S. Afghanistan and Iraq War veterans. *J Trauma Stress*. 2015 Oct;28(5):381-90. doi: 10.1002/jts.22047. PMID: 26467326. Exclusion: 3.
547. Schaal S, Elbert T, Neuner F. Narrative exposure therapy versus interpersonal psychotherapy: a pilot randomized controlled trial with Rwandan genocide orphans. *Psychother Psychosom*. 2009;78(5):298-306. doi: 10.1159/000229768. PMID: 19628958. Exclusion: 3.
548. Scheck MM, Schaeffer JA, Gillette CS. Brief psychological intervention with traumatized young women: the efficacy of Eye Movement Desensitization and Reprocessing. *J Trauma Stress*. 1998 Jan;11(1):25-44. doi: 10.1023/A:1024400931106. PMID: 9479674. Exclusion: 3.
549. Scher CD, Suvak MK, Resick PA. Trauma cognitions are related to symptoms up to 10 years after cognitive behavioral treatment for posttraumatic stress disorder. *Psychol Trauma*. 2017 Nov;9(6):750-7. doi: 10.1037/tra0000258. PMID: 28182457. Exclusion: 6.
550. Schiffer F. Affect changes observed with right versus left lateral visual field stimulation in psychotherapy patients: possible physiological, psychological, and therapeutic implications. *Compr Psychiatry*. 1997 Sep-Oct;38(5):289-95. PMID: 9298322. Exclusion: 3.
551. Schimmels J. Accelerated resolution therapy: a novel, safe, quick, and effective psychotherapeutic treatment for behavioral health problems [abstract]. In: Pearson GS, ed. *APNA 31st Annual Conference Part I*; 2017 Oct 18-21; Phoenix, AZ. Thousand Oaks, CA: Sage Publications, Inc. *J Am Psychiatr Nurses Assoc*. 2018 May/Jun;24(3):2018: 281-281. doi: 10.1177/1078390318773320. PMID: 29779461. Exclusion: 8.
552. Schnurr PP, Friedman MJ, Lavori PW, et al. Design of Department of Veterans Affairs Cooperative Study no. 420: group treatment of posttraumatic stress disorder. *Control Clin Trials*. 2001 Feb;22:74-88. PMID: 11165426. Exclusion: 9.
553. Schnurr PP, Lunney CA. Work-related outcomes among female veterans and service members after treatment of posttraumatic stress disorder. *Psychiatr Serv*. 2012 Nov;63(11):1072-9. doi: 10.1176/appi.ps.201100415. PMID: 22983600. Exclusion: 6.
554. Schnurr PP, Lunney CA. Differential effects of prolonged exposure on posttraumatic stress disorder symptoms in female veterans. *J Consult Clin Psychol*. 2015 Dec;83(6):1154-60. doi: 10.1037/ccp0000031. PMID: 26147562. Exclusion: 9.
555. Schoutrop MJA, Lange A, Hanewald G, et al. Structured writing and processing major stressful events: a controlled trial. *Psychother Psychosom*. 2002;71(3):151-7. doi: 10.1159/000056282. PMID: 12021557. Exclusion: 6.
556. Scott JC, Harb GC, Brownlow JAR, et al. Verbal memory functioning moderates psychotherapy treatment response for PTSD-related nightmares. *Behav Res Ther*. 2017 Apr;91:24-32. doi: 10.1016/j.brat.2017.01.004. PMID: 28110112. Exclusion: 6.

557. Seal KH, Abadjian L, McCamish N, et al. A randomized controlled trial of telephone motivational interviewing to enhance mental health treatment engagement in Iraq and Afghanistan veterans. *Gen Hosp Psychiatry*. 2012 Sep-Oct;34(5):450-9. doi: 10.1016/j.genhosppsych.2012.04.007. PMID: 22632925. Exclusion: 3.
558. Seppala EM, Nitschke JB, Tudorascu DL, et al. Breathing-based meditation decreases posttraumatic stress disorder symptoms in U.S. military veterans: a randomized controlled longitudinal study. *J Trauma Stress*. 2014 Aug;27(4):397-405. doi: 10.1002/jts.21936. PMID: 25158633. Exclusion: 8.
559. Servan-Schreiber D, Schooler J, Dew MA, et al. Eye Movement Desensitization and Reprocessing for posttraumatic stress disorder: a pilot blinded, randomized study of stimulation type. *Psychother Psychosom*. 2006;75(5):290-7. doi: 10.1159/000093950. PMID: 16899965. Exclusion: 6.
560. Shakibaei F, Harandi AA, Gholamrezaei A, et al. Hypnotherapy in management of pain and reexperiencing of trauma in burn patients. *Int J Clin Exp Hypn*. 2008 Apr;56(2):185-97. doi: 10.1080/00207140701849536. PMID: 18307128. Exclusion: 3.
561. Shalev AY, Ankri YLE, Gilad M, et al. Long-term outcome of early interventions to prevent posttraumatic stress disorder. *J Clin Psychiatry*. 2016 May;77(5):e580-e7. doi: 10.4088/JCP.15m09932. PMID: 27135249. Exclusion: 3.
562. Shapiro E, Laub B, Rosenblat O. Early EMDR intervention following intense rocket attacks on a town: a randomised clinical trial. *Clin Neuropsychiatry*. 2018 Jun;15(3):194-205. Exclusion: 3.
563. Sharp J, Espie CA. Brief exposure therapy for the relief of posttraumatic stress disorder: a single case experimental design. *Behav Cogn Psychother*. 2004 Jul;32(3):365-9. doi: 10.1017/S1352465804001444. Exclusion: 8.
564. Sharpley CF, Montgomery IM, Scalzo LA. Comparative efficacy of EMDR and alternative procedures in reducing the vividness of mental images. *Cogn Behav Ther*. 1996;25(1):37-42. doi: 10.1080/16506079609456006. Exclusion: 6.
565. Shnaider P, Pukay-Martin ND, Fredman SJ, et al. Effects of cognitive-behavioral conjoint therapy for PTSD on partners' psychological functioning. *J Trauma Stress*. 2014;27(2):129-36. doi: 10.1002/jts.21893. PMID: 24706354. Exclusion: 3.
566. Short NA, Boffa JW, Norr AM, et al. Randomized clinical trial investigating the effects of an anxiety sensitivity intervention on posttraumatic stress symptoms: a replication and extension. *J Trauma Stress*. 2017 Jun;30(3):296-303. doi: 10.1002/jts.22194. PMID: 28585746. Exclusion: 13.
567. Sijbrandij M, Olff M, Reitsma JB, et al. Treatment of acute posttraumatic stress disorder with brief cognitive behavioral therapy: a randomized controlled trial. *Am J Psychiatry*. 2007 Jan;164(1):82-90. doi: 10.1176/ajp.164.1.82. PMID: 17202548. Exclusion: 3.
568. Silver SM, Brooks A, Obenchain J. Treatment of Vietnam War veterans with PTSD: a comparison of Eye Movement Desensitization and Reprocessing, biofeedback, and relaxation training. *J Trauma Stress*. 1995 Apr;8(2):337-42. doi: 10.1002/jts.2490080212. PMID: 7627447. Exclusion: 8.
569. Silver SM, Rogers S, Knipe J, et al. EMDR therapy following the 9/11 terrorist attacks: a community-based intervention project in New York City. *Int J Stress Manag*. 2005 Feb;12(1):29-42. doi: 10.1037/1072-5245.12.1.29. Exclusion: 3.
570. Simon W, Sliwka P. Effectiveness of group psychotherapy for adult outpatients traumatized by abuse, neglect, and/or pregnancy loss: a multiple-site, pre-post-follow-up, naturalistic study. *Int J Group Psychother*. 2012 Apr;62(2):283-308. doi: 10.1521/ijgp.2012.62.2.283. PMID: 22468575. Exclusion: 3.
571. Simpson TL, Malte CA, Dietel B, et al. A pilot trial of prazosin, an alpha-1 adrenergic antagonist, for comorbid alcohol dependence and posttraumatic stress disorder. *Alcohol Clin Exp Res*. 2015 May;39(5):808-17. doi: 10.1111/acer.12703. PMID: 25827659. Exclusion: 4.

572. Skeffington PM, Rees CS, Mazzucchelli TG, et al. The primary prevention of PTSD in firefighters: preliminary results of an RCT with 12-month follow-up. *PLoS One*. 2016 Jul 6;11(7):e0155873. doi: 10.1371/journal.pone.0155873. PMID: 27382968. Exclusion: 3.
573. Slavin-Spenny OM, Cohen JL, Oberleitner LMS, et al. The effects of different methods of emotional disclosure: differentiating post-traumatic growth from stress symptoms. *J Clin Psychol*. 2011 Oct;67(10):993-1007. doi: 10.1002/jclp.20750. PMID: 21905025. Exclusion: 3.
574. Sloan DM, Marx B, Resick PA. Brief treatment for PTSD: a non-inferiority trial. *Contemp Clin Trials*. 2016 May;48:76-82. doi: 10.1016/j.cct.2016.04.003. PMID: 27080931. Exclusion: 9.
575. Smith SK, Kuhn E, O'Donnell J, et al. Cancer distress coach: pilot study of a mobile app for managing posttraumatic stress. *Psychooncology*. 2018 Jan;27(1):350-3. doi: 10.1002/pon.4363. PMID: 28032921. Exclusion: 8.
576. Sones HM, Madsen J, Jakupcak M, et al. Evaluation of an educational group therapy program for female partners of veterans diagnosed with PTSD: a pilot study. *Couple Family Psychol*. 2015 Sep;4(3):150-60. doi: 10.1037/cfp0000044. Exclusion: 3.
577. Spence J, Titov N, Johnston L, et al. Internet-delivered Eye Movement Desensitization and Reprocessing (iEMDR): an open trial. *F1000Res*. 2013 May 7;2:79. doi: 10.12688/f1000research.2-79.v2. PMID: 24555047. Exclusion: 8.
578. Stange R, Schaper S, Dienel A, et al. Phase II study on the effects of lavender oil (silexan) in patients with neurasthenia, post-traumatic stress disorders or somatisation disorder...14th Annual Symposium on Complementary Health Care, 11th to 13th December 2007, University of Exeter, UK. *Focus Altern Complement Ther*. 2007;12:46-. Exclusion: 9.
579. Stappenbeck CA, Luterek JA, Kaysen DL, et al. A controlled examination of two coping skills for daily alcohol use and PTSD symptom severity among dually diagnosed individuals. *Behav Res Ther*. 2015 Mar;66:8-17. doi: 10.1016/j.brat.2014.12.013. PMID: 25617814. Exclusion: 4.
580. Steel C, Hardy A, Smith B, et al. Cognitive-behaviour therapy for post-traumatic stress in schizophrenia. A randomized controlled trial. *Psychol Med*. 2017 Jan;47(1):43-51. doi: 10.1017/s0033291716002117. PMID: 27650432. Exclusion: 4.
581. Stefanovics EA, Krystal JH, Rosenheck RA. Symptom structure and severity: a comparison of responses to the positive and negative syndrome scale (PANSS) between patients with PTSD or schizophrenia. *Compr Psychiatry*. 2014 May;55(4):887-95. doi: 10.1016/j.comppsy.2014.01.014. PMID: 24602497. Exclusion: 8.
582. Stefanovics EA, Rosenheck RA, Jones KM, et al. Minimal clinically important differences (MCID) in assessing outcomes of post-traumatic stress disorder. *Psychiatr Q*. 2018 Mar;89(1):141-55. doi: 10.1007/s11126-017-9522-y. PMID: 28634644. Exclusion: 8.
583. Steil R, Dyer A, Priebe K, et al. Dialectical behavior therapy for posttraumatic stress disorder related to childhood sexual abuse: a pilot study of an intensive residential treatment program. *J Trauma Stress*. 2011 Feb;24(1):102-6. doi: 10.1002/jts.20617. PMID: 21351167. Exclusion: 9.
584. Stein DJ, Van der Kolk BA, Austin C, et al. Efficacy of sertraline in posttraumatic stress disorders secondary to interpersonal trauma or childhood abuse. *Ann Clin Psychiatry*. 2006 Oct-Dec;18(4):243-9. doi: 10.1080/10401230600948431. PMID: 17162624. Exclusion: 8.
585. Steuwe C, Rullkotter N, Ertl V, et al. Effectiveness and feasibility of Narrative Exposure Therapy (NET) in patients with borderline personality disorder and posttraumatic stress disorder - a pilot study. *BMC Psychiatry*. 2016 Jul 20;16:254. doi: 10.1186/s12888-016-0969-4. PMID: 27439618. Exclusion: 8.

586. Stevens NR, Holmgreen L, Walt L, et al. Web-based trauma intervention for veterans has physical health payoff in randomized trial. *Psychol Trauma*. 2017 Aug;9(Suppl 1):42-50. doi: 10.1037/tra0000184. PMID: 27657979. Exclusion: 13.
587. Strachan M, Gros DF, Ruggiero KJ, et al. An integrated approach to delivering exposure-based treatment for symptoms of PTSD and depression in OIF/OEF veterans: preliminary findings. *Behav Ther*. 2012 Sep;43(3):560-9. doi: 10.1016/j.beth.2011.03.003. PMID: 22697444. Exclusion: 3.
588. Su H, Wang JT, Lou ZS, et al. Cognitive-exposure therapy for post-traumatic stress disorder. *Journal of Clinical Rehabilitative Tissue Engineering Research*. 2007;11(39):7783-6. Exclusion: 11.
589. Suris A, North C, Adinoff B, et al. Effects of exogenous glucocorticoid on combat-related PTSD symptoms. *Ann Clin Psychiatry*. 2010 Nov;22(4):274-9. PMID: 21180658. Exclusion: 8.
590. Susukida R, Nishi D, Kawashima Y, et al. Generalizability of findings from a randomized controlled trial of fish oil supplementation for attenuating posttraumatic stress symptoms among rescue workers in Japan. *Psychother Psychosom*. 2018;87(2):114-5. doi: 10.1159/000485105. PMID: 29462814. Exclusion: 9.
591. Taghizadeh Z, Jafarbegloo M, Arbabi M, et al. The effect of counseling on post traumatic stress disorder after a traumatic childbirth. *HAYAT*. 2008 Nov;13(4):23-31. Exclusion: 11.
592. Tan G, Dao TK, Farmer L, et al. Heart rate variability (HRV) and posttraumatic stress disorder (PTSD): a pilot study. *Appl Psychophysiol Biofeedback*. 2011 Mar;36(1):27-35. doi: 10.1007/s10484-010-9141-y. PMID: 20680439. Exclusion: 8.
593. Tan G, Teo I, Srivastava D, et al. Improving access to care for women veterans suffering from chronic pain and depression associated with trauma. *Pain Med*. 2013 Jul;14(7):1010-20. doi: 10.1111/pme.12131. PMID: 23659470. Exclusion: 8.
594. Tang TC, Yang P, Yen CF, et al. Eye Movement Desensitization and Reprocessing for treating psychological disturbances in Taiwanese adolescents who experienced Typhoon Morakot. *Kaohsiung J Med Sci*. 2015 Jul;31(7):363-9. doi: 10.1016/j.kjms.2015.04.013. PMID: 26162817. Exclusion: 3.
595. Tarrier N, Sommerfield C. Treatment of chronic PTSD by cognitive therapy and exposure: 5-year follow-up. *Behav Ther*. 2004;35(2):231-46. Exclusion: 9.
596. Tarrier N, Sommerfield C, Pilgrim H. Relatives' expressed emotion (EE) and PTSD treatment outcome. *Psychol Med*. 1999 Jul;29(4):801-11. PMID: 10473307. Exclusion: 3.
597. Taylor FB, Lowe K, Thompson C, et al. Daytime prazosin reduces psychological distress to trauma specific cues in civilian trauma posttraumatic stress disorder. *Biol Psychiatry*. 2006 Apr 1;59(7):577-81. doi: 10.1016/j.biopsych.2005.09.023. PMID: 16460691. Exclusion: 6.
598. Taylor S. Outcome predictors for three PTSD treatments: exposure therapy, EMDR, and relaxation training. *J Cogn Psychother*. 2003;17(2):149-62. doi: 10.1891/jcop.17.2.149.57432. Exclusion: 13.
599. Taylor S. Combined imaginal exposure and cognitive restructuring therapy is more effective than supportive counselling for treating post-traumatic stress disorder. *Evid Based Ment Health*. 2004 Feb;7(1):18. PMID: 14769662. Exclusion: 9.
600. Taylor S, Thordarson DS, Maxfield L, et al. Comparative efficacy, speed, and adverse effects of three PTSD treatments: exposure therapy, EMDR, and relaxation training. *J Consult Clin Psychol*. 2003 Apr;71(2):330-8. doi: 10.1037/0022-006X.71.2.330. PMID: 12699027. Exclusion: 6.
601. Tecic T, Schneider A, Althaus A, et al. Early short-term inpatient psychotherapeutic treatment versus continued outpatient psychotherapy on psychosocial outcome: a randomized controlled trial in trauma patients. *J Trauma*. 2011 Feb;70(2):433-41. doi: 10.1097/TA.0b013e3181f024fe. PMID: 21057336. Exclusion: 3.

602. Teng EJ, Bailey SD, Chaison AD, et al. Treating comorbid panic disorder in veterans with posttraumatic stress disorder. *J Consult Clin Psychol*. 2008 Aug;76(4):704-10. doi: 10.1037/0022-006X.76.4.710. PMID: 18665698. Exclusion: 4.
603. Ter Heide FJ, Mooren TM, Kleijn W, et al. EMDR versus stabilisation in traumatised asylum seekers and refugees: results of a pilot study. *Eur J Psychotraumatol*. 2011;2:5881. doi: 10.3402/ejpt.v2i0.5881. PMID: 22893808. Exclusion: 3.
604. Thal SB, Lommen MJJ. Current perspective on MDMA-assisted psychotherapy for posttraumatic stress disorder. *J Contemp Psychother*. 2018;48(2):99-108. doi: 10.1007/s10879-017-9379-2. PMID: 29720767. Exclusion: 8.
605. Thompson JA, Chung MC, Jackson G, et al. A comparative trial of psychotherapy in the treatment of post-trauma stress reactions. *Clin Psychol Psychother*. 1995 Oct;2(3):168-76. doi: 10.1002/cpp.5640020304. Exclusion: 3.
606. Thorp SR, Stein MB, Jeste DV, et al. Prolonged exposure therapy for older veterans with posttraumatic stress disorder: a pilot study. *Am J Geriatr Psychiatry*. 2012 Mar;20(3):276-80. doi: 10.1097/JGP.0b013e3182435ee9. PMID: 22273763. Exclusion: 8.
607. Thrasher S, Power M, Morant N, et al. Social support moderates outcome in a randomized controlled trial of exposure therapy and (or) cognitive restructuring for chronic posttraumatic stress disorder. *Can J Psychiatry*. 2010;55(3):187-90. doi: 10.1177/070674371005500311. PMID: 20370970. Exclusion: 6.
608. Thunker 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. *Behav Res Ther*. 2012 Sep;50(9):558-64. doi: 10.1016/j.brat.2012.05.006. PMID: 22738908. Exclusion: 6.
609. Timbo W, Sriram A, Reynolds EK, et al. Risk factors for seclusion and restraint in a pediatric psychiatry day hospital. *Child Psychiatry Hum Dev*. 2016 Oct;47(5):771-9. doi: 10.1007/s10578-015-0608-1. PMID: 26643416. Exclusion: 3.
610. Tol WA, Komproe IH, Jordans MJD, et al. School-based mental health intervention for children in war-affected Burundi: a cluster randomized trial. *BMC Med*. 2014 Apr 1;12:56. doi: 10.1186/1741-7015-12-56. PMID: 24690470. Exclusion: 3.
611. Townsend CJ, Loughlin JM. Critical incident stress debriefing in international aid workers. *J Travel Med*. 1998 Dec;5(4):226-7. PMID: 9876202. Exclusion: 9.
612. Trappler B, Newville H. Trauma healing via cognitive behavior therapy in chronically hospitalized patients. *Psychiatr Q*. 2007 Dec;78(4):317-25. doi: 10.1007/s1126-007-9049-8. PMID: 17924190. Exclusion: 8.
613. Tripodi SJ, Mennicke AM, McCarter SA, et al. Evaluating Seeking Safety for women in prison: a randomized controlled trial. *Res Soc Work Pract*. 2017 May;1-10. doi: 10.1177/1049731517706550. Exclusion: 4.
614. Uehleke B, Schaper S, Dienel A, et al. Phase II trial on the effects of silexan in patients with neurasthenia, post-traumatic stress disorder or somatization disorder. *Phytomedicine*. 2012 Jun 15;19(8-9):665-71. doi: 10.1016/j.phymed.2012.02.020. PMID: 22475718. Exclusion: 8.
615. Vagharseyyedin SA, Gholami M, Hajihoseini M, et al. The effect of peer support groups on family adaptation from the perspective of wives of war veterans with posttraumatic stress disorder. *Public Health Nurs*. 2017 Nov;34(6):547-54. doi: 10.1111/phn.12349. PMID: 28833521. Exclusion: 3.
616. Valdez CE, Sherrill AM, Lilly M. Present moment contact and nonjudgment: pilot data on dismantling mindful awareness in trauma-related symptomatology. *J Psychopathol Behav Assess*. 2016 Dec;38(4):572-81. doi: 10.1007/s10862-016-9548-8. Exclusion: 3.
617. Valentine PV. Traumatic Incident Reduction I: traumatized women inmates: particulars of practice and research. *J Offender Rehabil*. 2000;31(3-4):1-15. doi: 10.1300/J076v31n03_01. Exclusion: 8.
618. Valentine PV, Smith TE. Evaluating traumatic incident reduction therapy with female inmates: a randomized controlled clinical trial. *Res Soc Work Pract*. 2001;11(1):40-52. doi: 10.1177/104973150101100103. Exclusion: 8.

619. Van Dam D, Ehring T, Vedel E, et al. Trauma-focused treatment for posttraumatic stress disorder combined with CBT for severe substance use disorder: a randomized controlled trial. *BMC Psychiatry*. 2013 June 19;13:172. doi: 10.1186/1471-244x-13-172. PMID: 23782590. Exclusion: 4.
620. van den Berg DP, van der Gaag M. Treating trauma in psychosis with EMDR: a pilot study. *J Behav Ther Exp Psychiatry*. 2012 Mar;43(1):664-71. doi: 10.1016/j.jbtep.2011.09.011. PMID: 21963888. Exclusion: 8.
621. van Emmerik AA, Kamphuis JH, Emmelkamp PM. Treating acute stress disorder and posttraumatic stress disorder with cognitive behavioral therapy or structured writing therapy: a randomized controlled trial. *Psychother Psychosom*. 2008;77(2):93-100. doi: 10.1159/000112886. PMID: 18230942. Exclusion: 3.
622. van Liempt S. Sleep disturbances and PTSD: a perpetual circle? *Eur J Psychotraumatol*. 2012 Oct;3:1, 19142. doi: 10.3402/ejpt.v3i0.19142. PMID: 23050070. Exclusion: 9.
623. van Minnen A, van der Vleugel BM, van den Berg DP, et al. Effectiveness of trauma-focused treatment for patients with psychosis with and without the dissociative subtype of post-traumatic stress disorder. *Br J Psychiatry*. 2016 Oct;209(4):347-8. doi: 10.1192/bjp.bp.116.185579. PMID: 27491533. Exclusion: 6.
624. Van Voorhees BW, Gollan J, Fogel J. Pilot study of internet-based early intervention for combat-related mental distress. *J Rehabil Res Dev*. 2012;49(8):1175-90. PMID: 23341310. Exclusion: 8.
625. van Zuiden M, Frijling JL, Nawijn L, et al. Intranasal oxytocin to prevent posttraumatic stress disorder symptoms: a randomized controlled trial in emergency department patients. *Biol Psychiatry*. 2017 Jun 15;81(12):1030-40. doi: 10.1016/j.biopsych.2016.11.012. PMID: 28087128. Exclusion: 3.
626. Van't Wout M, Longo SM, Reddy MK, et al. Transcranial direct current stimulation may modulate extinction memory in posttraumatic stress disorder. *Brain Behav*. 2017 Apr 11;7(5):e00681. doi: 10.1002/brb3.681. PMID: 28523223. Exclusion: 3.
627. Vaughan K, Armstrong MS, Gold R, et al. A trial of eye movement desensitization compared to image habituation training and applied muscle relaxation in post-traumatic stress disorder. *J Behav Ther Exp Psychiatry*. 1994 Dec;25(4):283-91. doi: 10.1016/0005-7916(94)90036-1. PMID: 7706505. Exclusion: 3.
628. Verplaetse TL, Ralevski E, McKee SA, et al. Alcohol abstainer status and medication treatment are related to changes in PTSD symptoms over time in veterans with comorbid PTSD and AUD. *Alcohol Clin Exp Res*. 2018;42:67A. doi: 10.1111/acer.13747. Exclusion: 9.
629. Von Känel R, Barth J, Princip M, et al. Early psychological counseling for the prevention of posttraumatic stress induced by Acute Coronary Syndrome: the MI-SPRINT randomized controlled trial. *Psychother Psychosom*. 2018;87(2):75-84. doi: 10.1159/000486099. PMID: 29462823. Exclusion: 3.
630. Vujanovic AA, Smith LJ, Green CE, et al. Development of a novel, integrated cognitive-behavioral therapy for co-occurring posttraumatic stress and substance use disorders: a pilot randomized clinical trial. *Contemp Clin Trials*. 2018 Feb;65:123-9. doi: 10.1016/j.cct.2017.12.013. PMID: 29287668. Exclusion: 3.
631. Wagner B, Knaevelsrud C, Maercker A. Internet-based cognitive-behavioral therapy for complicated grief: a randomized controlled trial. *Death Stud*. 2006 Jun;30(5):429-53. doi: 10.1080/07481180600614385. PMID: 16610157. Exclusion: 6.
632. Wagner B, Knaevelsrud C, Maercker A. Post-traumatic growth and optimism as outcomes of an internet-based intervention for complicated grief. *Cogn Behav Ther*. 2007;36(3):156-61. doi: 10.1080/16506070701339713. PMID: 17852173. Exclusion: 13.

633. Wald I, Fruchter E, Ginat K, et al. Selective prevention of combat-related post-traumatic stress disorder using attention bias modification training: a randomized controlled trial. *Psychol Med*. 2016 Sep;46(12):2627-36. doi: 10.1017/S0033291716000945. PMID: 27377418. Exclusion: 3.
634. Wallis DA. Reduction of trauma symptoms following group therapy. *Aust N Z J Psychiatry*. 2002 Feb;36(1):67-74. doi: 10.1046/j.1440-1614.2002.00980.x. PMID: 11929440. Exclusion: 8.
635. Walsh K, Gilmore AK, Frazier P, et al. A randomized clinical trial examining the effect of video-based prevention of alcohol and marijuana use among recent sexual assault victims. *Alcohol Clin Exp Res*. 2017 Dec;41(12):2163-72. doi: 10.1111/acer.13505. PMID: 28940320. Exclusion: 6.
636. Wang DC, Aten JD, Boan D, et al. Culturally adapted spiritually oriented trauma-focused cognitive-behavioral therapy for child survivors of Restavek. *Spiritual Clin Pract (Wash D C)*. 2016 Dec;3(4):224-36. doi: 10.1037/scp0000101. Exclusion: 3.
637. Wang JP, Maercker A. Web-based interventions for traumatized people in mainland China. *Eur J Psychotraumatol*. 2014 Dec 9;5:26519. doi: 10.3402/ejpt.v5.26519. PMID: 25511724. Exclusion: 9.
638. Wang SJ, Bytyçi A, Izeti S, et al. A novel bio-psycho-social approach for rehabilitation of traumatized victims of torture and war in the post-conflict context: a pilot randomized controlled trial in Kosovo. *Confl Health*. 2017 Feb 8;10(34):1-17. doi: 10.1186/s13031-016-0100-y. PMID: 28191034. Exclusion: 3.
639. Wang X, Lan C, Chen J, et al. Creative arts program as an intervention for PTSD: a randomized clinical trial with motor vehicle accident survivors. *Int J Clin Exp Med*. 2015 Aug 15;8(8):13585-91. PMID: 26550298. Exclusion: 3.
640. Wang Z, Wang J, Maercker A. Chinese My Trauma Recovery, a Web-based intervention for traumatized persons in two parallel samples: randomized controlled trial. *J Med Internet Res*. 2013 Sep 30;15(9):e213. doi: 10.2196/jmir.2690. PMID: 24080137. Exclusion: 3.
641. Wangelin BC, Powers MB, Smits JAJ, et al. Enhancing exposure therapy for PTSD with yohimbine HCL: protocol for a double-blind, randomized controlled study implementing subjective and objective measures of treatment outcome. *Contemp Clin Trials*. 2013 Nov;36(2):319-26. doi: 10.1016/j.cct.2013.08.003. PMID: 23939512. Exclusion: 9.
642. Watson PJ. Cognitive-behavioural therapy modestly reduces post-traumatic stress symptoms resulting from physical injury. *Evid Based Ment Health*. 2004 Aug;7(3):74. PMID: 15273218. Exclusion: 9.
643. Weine S, Kulauzovic Y, Klebic A, et al. Evaluating a multiple-family group access intervention for refugees with PTSD. *J Marital Fam Ther*. 2008 Apr;34(2):149-64. doi: 10.1111/j.1752-0606.2008.00061.x. PMID: 18412823. Exclusion: 3.
644. Weinreb L, Wenz-Gross M, Upshur C. Postpartum outcomes of a pilot prenatal care-based psychosocial intervention for PTSD during pregnancy. *Arch Womens Ment Health*. 2018 Jun;21(3):299-312. doi: 10.1007/s00737-017-0794-x. PMID: 29116416 Exclusion: 8.
645. Weinstein N, Khabbaz F, Legate N. Enhancing need satisfaction to reduce psychological distress in Syrian refugees. *J Consult Clin Psychol*. 2016 Jul;84(7):645-50. doi: 10.1037/ccp0000095. PMID: 27018533. Exclusion: 6.
646. Weis JM, Grunert BK, Christianson HF. Early versus delayed imaginal exposure for the treatment of posttraumatic stress disorder following accidental upper extremity injury. *Hand (N Y)*. 2012 Jun;7(2):127-33. doi: 10.1007/s11552-012-9408-2. PMID: 23730229. Exclusion: 8.
647. Weisaeth L, Herlofsen P, Lingjaerde O, et al. Pharmacotherapy of post-traumatic stress disorder with a novel psychotropic. *Nord J Psychiatry*. 1998;52(41):147. Exclusion: 9.

648. Weiss TC, Dickstein BD, Hansel JE, et al. Aikido as an augment to residential posttraumatic stress disorder treatment. *Mil Psychol.* 2017 Nov;29(6):615-22. doi: 10.1037/mil0000194. Exclusion: 8.
649. Wesemann U, Kowalski JT, Jacobsen T, et al. Evaluation of a technology-based adaptive learning and prevention program for stress response—a randomized controlled trial. *Mil Med.* 2016 Aug;181(8):863-71. doi: 10.7205/MILMED-D-15-00100. PMID: 27483525. Exclusion: 3.
650. Wierwille JL, Pukay-Martin ND, Chard KM, et al. Effectiveness of PTSD telehealth treatment in a VA clinical sample. *Psychol Serv.* 2016 Nov;13(4):373-9. doi: 10.1037/ser0000106. PMID: 27657798. Exclusion: 8.
651. Williams W, Graham DP, McCurry K, et al. Group psychotherapy's impact on trust in veterans with PTSD: a pilot study. *Bull Menninger Clin.* 2014 Fall;78(4):335-48. doi: 10.1521/bumc.2014.78.4.335. PMID: 25495436. Exclusion: 8.
652. Wilson DL, Silver SM, Covi WG, et al. Eye Movement Desensitization and Reprocessing: effectiveness and autonomic correlates. *J Behav Ther Exp Psychiatry.* 1996 Sep;27(3):219-29. doi: 10.1016/S0005-7916(96)00026-2. PMID: 8959423. Exclusion: 3.
653. Wilson SA, Becker LA, Tinker RH. Eye Movement Desensitization and Reprocessing (EMDR) treatment for psychologically traumatized individuals. *J Consult Clin Psychol.* 1995 Dec;63(6):928-37. PMID: 8543715. Exclusion: 3.
654. Wingenfeld K, Driessen M, Terfehr K, et al. Cortisol has enhancing, rather than impairing effects on memory retrieval in PTSD. *Psychoneuroendocrinology.* 2012 Jul;37(7):1048-56. doi: 10.1016/j.psyneuen.2011.12.002. PMID: 22197003. Exclusion: 8.
655. Winhusen T, Winstanley EL, Somoza E, et al. 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 Alcohol Depend.* 2012 Jan 1;120(1-3):225-8. doi: 10.1016/j.drugalcdep.2011.06.014. PMID: 21752556. Exclusion: 8.
656. Wisco BE, Baker AS, Sloan DM. Mechanisms of change in written exposure treatment of posttraumatic stress disorder. *Behav Ther.* 2016 Jan;47(1):66-74. doi: 10.1016/j.beth.2015.09.005. PMID: 26763498. Exclusion: 6.
657. Wittmann L, Halpern J, Adams CB, et al. Prolonged exposure and psychodynamic treatment for posttraumatic stress disorder. *J Am Acad Child Adolesc Psychiatry.* 2011 May;50(5):521-2; author reply 2-1. doi: 10.1016/j.jaac.2011.03.005. PMID: 21515203. Exclusion: 8.
658. Wolf EG, Baugh LM, Kabban CMS, et al. Cognitive function in a traumatic brain injury hyperbaric oxygen randomized trial. *Undersea Hyperb Med.* 2015 Jul-Aug;42(4):313-32. PMID: 26403017. Exclusion: 3.
659. Wolff N, Huenig J, Shi J, et al. Implementation and effectiveness of integrated trauma and addiction treatment for incarcerated men. *J Anxiety Disord.* 2015 Mar;30:66-80. doi: 10.1016/j.janxdis.2014.10.009. PMID: 25617774. Exclusion: 4.
660. Wood NE, Rosasco ML, Suris AM, et al. Pharmacological blockade of memory reconsolidation in posttraumatic stress disorder: three negative psychophysiological studies. *Psychiatry Res.* 2015 Jan 30;225(1-2):31-9. doi: 10.1016/j.psychres.2014.09.005. PMID: 25441015. Exclusion: 6.
661. Woud ML, Holmes EA, Postma P, et al. Ameliorating intrusive memories of distressing experiences using computerized reappraisal training. *Emotion.* 2012 Aug;12(4):778-84. doi: 10.1037/a0024992. PMID: 21859193. Exclusion: 8.

662. Wu KK, Li FWS, Cho VW. A randomized controlled trial of the effectiveness of brief-CBT for patients with symptoms of posttraumatic stress following a motor vehicle crash. *Behav Cogn Psychother*. 2014 Jan;42(1):31-47. doi: 10.1017/S1352465812000859. PMID: 23116597. Exclusion: 6.
663. Wu L, Sun J, Sun J. Influence of early cognitive behavior intervention on psychology of patients with traumatic brain injury. *Chinese Nursing Research*. 2015;29(12B):4373-6. Exclusion: 11.
664. Wu S, Zhu X, Zhang Y, et al. A new psychological intervention: "512 Psychological Intervention Model" used for military rescuers in Wenchuan Earthquake in China. *Soc Psychiatry Psychiatr Epidemiol*. 2012 Jul;47(7):1111-9. doi: 10.1007/s00127-011-0416-2. PMID: 21789502. Exclusion: 3.
665. Xu W, Wang J, Wang Z, et al. Web-based intervention improves social acknowledgement and disclosure of trauma, leading to a reduction in posttraumatic stress disorder symptoms. *J Health Psychol*. 2016 Nov;21(11):2695-708. doi: 10.1177/1359105315583371. PMID: 25934590. Exclusion: 8.
666. Ye Z, Yu NX, Zhu W, et al. A randomized controlled trial to enhance coping and posttraumatic growth and decrease posttraumatic stress disorder in HIV-infected men who have sex with men in Beijing, China. *AIDS Care*. 2018 Jun;30(6):793-801. doi: 10.1080/09540121.2017.1417534. PMID: 29254367. Exclusion: 3.
667. Yehua R. Skills training plus exposure therapy may reduce post traumatic stress in women who experienced childhood abuse. *Evid Based Ment Health*. 2003 May;6(2):50. PMID: 12719357. Exclusion: 9.
668. Yehuda R. The effect of hydrocortisone augmentation on prolonged exposure psychotherapy outcomes. *Neuropsychopharmacology*. 2017 Nov;43(S1):S90. Exclusion: 9.
669. Yehuda R, Golier JA, Bierer LM, et al. Hydrocortisone responsiveness in Gulf War veterans with PTSD: effects on ACTH, declarative memory hippocampal [18F]FDG uptake on PET. *Psychiatry Res*. 2010 Nov 30;184(2):117-27. doi: 10.1016/j.psychres.2010.06.010. PMID: 20934312. Exclusion: 6.
670. Yeomans PD, Forman EM, Herbert JD, et al. A randomized trial of a reconciliation workshop with and without PTSD psychoeducation in Burundian sample. *J Trauma Stress*. 2010 Jun;23(3):305-12. doi: 10.1002/jts.20531. PMID: 20564362. Exclusion: 3.
671. Yoshimura M, Kurokawa E, Noda T, et al. Disaster relief for the Japanese Earthquake-Tsunami of 2011: stress reduction through the transcendental meditation technique. *Psychol Rep*. 2015 Aug;117(1):206-16. doi: 10.2466/02.13.PR0.117c11z6. PMID: 26226492. Exclusion: 8.
672. Yu SH, Park SD. The effects of a neck musculoskeletal intervention on neck pain levels and depression in post-traumatic stress disorder patients. *J Phys Ther Sci*. 2015 Jun;27(6):1975-8. doi: 10.1589/jpts.27.1975. PMID: 26180361. Exclusion: 6.
673. Yung A, Challener S, Ozcan M, et al. Improvements in PTSD symptom severity are associated with greater activation in the hippocampus during anticipation of negative stimuli. *Biol Psychiatry*. 2018 May;83(9):S136. doi: 10.1016/j.biopsych.2018.02.356. Exclusion: 8.
674. Zahirodin AR, Gheidar Z, Dibajnia P. Eye-movement desensitization influence on post-traumatic stress disorder. *Pejouhandeh*. 2012;16(7):322-6. Exclusion: 11.
675. Zalta A, Valdespino-Hayden Z, Pollack M, et al. A wearable morning light therapy for post-traumatic stress disorder. *Neuropsychopharmacology*. 2017 Nov;43(S1):S297. doi: 10.1038/npp.2017.265. PMID: 29192267. Exclusion: 9.

676. Zalta AK, Tirone V, Siedjak J, et al. A pilot study of tailored cognitive-behavioral resilience training for trauma survivors with subthreshold distress. *J Trauma Stress*. 2016 Jun;29(3):268-72. doi: 10.1002/jts.22094. PMID: 27121865. Exclusion: 8.
677. Zandberg LJ, Rosenfield D, Alpert E, et al. Predictors of dropout in concurrent treatment of posttraumatic stress disorder and alcohol dependence: rate of improvement matters. *Behav Res Ther*. 2016 May;80:1-9. doi: 10.1016/j.brat.2016.02.005. PMID: 26972745. Exclusion: 6.
678. Zang Y, Hunt NC, Cox T. A randomised controlled pilot study: the effectiveness of narrative exposure therapy with adult survivors of the Sichuan earthquake. *BMC Psychiatry*. 2013 Jan 31;13:41. doi: 10.1186/1471-244X-13-41. PMID: 23363689. Exclusion: 6.
679. Zang Y, Yu J, Chazin D, et al. Changes in coping behavior in a randomized controlled trial of concurrent treatment for PTSD and alcohol dependence. *Behav Res Ther*. 2017 Mar;90:9-15. doi: 10.1016/j.brat.2016.11.013. PMID: 27930926. Exclusion: 4.
680. Zatzick D. Collaborative care for injured victims of individual and mass trauma: a health services research approach to developing early interventions. In: *Terrorism and Disaster: Individual and Community Mental Health Interventions*. New York, NY: Cambridge University Press; US; 2003:189-205. Exclusion: 8
681. Zatzick D, Jurkovich G, Rivara FP, et al. A randomized stepped care intervention trial targeting posttraumatic stress disorder for surgically hospitalized injury survivors. *Ann Surg*. 2013 Mar;257(3):390-9. doi: 10.1097/SLA.0b013e31826bc313. PMID: 23222034. Exclusion: 3.
682. Zatzick D, O'Connor SS, Russo J, et al. Technology-enhanced stepped collaborative care targeting posttraumatic stress disorder and comorbidity after injury: a randomized controlled trial. *J Trauma Stress*. 2015 Oct;28(5):391-400. doi: 10.1002/jts.22041. PMID: 26467327. Exclusion: 3.
683. Zatzick DF, Roy-Byrne PP, Russo JE, et al. A randomized effectiveness trial of stepped collaborative care for acutely injured trauma survivors. *Arch Gen Psychiatry*. 2004 May;61(5):498-506. doi: 10.1001/archpsyc.61.5.498. PMID: 15123495. Exclusion: 3.
684. Zatzick DF, Roy-Byrne PP, Russo JE, et al. Collaborative interventions for physically injured trauma survivors: a pilot randomized effectiveness trial. *Gen Hosp Psychiatry*. 2001 May-Jun;23(3):114-23. doi: 10.1016/S0163-8343(01)00140-2. PMID: 11427243. Exclusion: 3.
685. Zhang J-Y, Zhou Y-Q, Feng Z-W, et al. Randomized controlled trial of mindfulness-based stress reduction (MBSR) on posttraumatic growth of Chinese breast cancer survivors. *Psychol Health Med*. 2017 Jan;22(1):94-109. doi: 10.1080/13548506.2016.1146405. PMID: 26853191. Exclusion: 3.
686. Zhang Y, Feng B, Xie JP, et al. Clinical study on treatment of the earthquake-caused post-traumatic stress disorder by cognitive-behavior therapy and acupoint stimulation. *J Tradit Chin Med*. 2011 Mar;31(1):60-3. PMID: 21563510. Exclusion: 3.
687. Ziegenhorn AA, Roepke S, Schommer NC, et al. Clonidine improves hyperarousal in borderline personality disorder with or without comorbid posttraumatic stress disorder: a randomized, double-blind, placebo-controlled trial. *J Clin Psychopharmacol*. 2009 Apr;29(2):170-3. doi: 10.1097/JCP.0b013e31819a4bae. PMID: 19512980. Exclusion: 6.
688. Zlotnick C, Capezza NM, Parker D. An interpersonally based intervention for low-income pregnant women with intimate partner violence: a pilot study. *Arch Womens Ment Health*. 2011 Feb;14(1):55-65. doi: 10.1007/s00737-010-0195-x. PMID: 21153559. Exclusion: 4.
689. Zlotnick C, Johnson JE, Najavits LM. Randomized controlled pilot study of cognitive-behavioral therapy in a sample of incarcerated women with substance use disorder and PTSD. *Behav Ther*. 2009 Dec;40(4):325-36. doi: 10.1016/j.beth.2008.09.004. PMID: 19892078. Exclusion: 4.

690. Zoellner LA, Feeny NC, Eftekhari A, et al. Changes in negative beliefs following three brief programs for facilitating recovery after assault. *Depress Anxiety*. 2011 Jul;28(7):532-40. doi: 10.1002/da.20847. PMID: 21721072. Exclusion: 3.
691. Zoellner LA, Roy-Byrne PP, Mavissakalian M, et al. Doubly Randomized Preference Trial of Prolonged Exposure Versus Sertraline for Treatment of PTSD. *Am J Psychiatry*. 2018 Oct 19;0:appi.ajp.2018.17090995. doi: 10.1176/appi.ajp.2018.17090995. PMID: 30336702. Exclusion: 8.
692. Zoellner T, Rabe S, Karl A, et al. Post-traumatic growth as outcome of a cognitive-behavioural therapy trial for motor vehicle accident survivors with PTSD. *Psychol Psychother*. 2011 Jun;84(2):201-13. doi: 10.1348/147608310X520157. PMID: 22903857. Exclusion: 13.
693. Zohar J, Fostick L, Juven-Wetzler A, et al. Secondary prevention of chronic PTSD by early and short-term administration of escitalopram: a prospective randomized, placebo-controlled, double-blind trial. *J Clin Psychiatry*. 2018 Mar/Apr;79(2):16m10730. doi: 10.4088/JCP.16m10730. PMID: 28703951. Exclusion: 3.
694. Zohar J, Yahalom H, Kozlovsky N, et al. High dose hydrocortisone immediately after trauma may alter the trajectory of PTSD: interplay between clinical and animal studies. *Eur Neuropsychopharmacol*. 2011 Nov;21(11):796-809. doi: 10.1016/j.euroneuro.2011.06.001. PMID: 21741804. Exclusion: 3.

Appendix E. Evidence Table—Pharmacologic Studies

Shown in an associated Excel file.

Appendix F. Evidence Table—Nonpharmacologic Studies

Shown in an associated Excel file.