

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Anderson, Fende Guajardo & Luthra et al. (2010)	100% PTSD 71% physical or sexual assault, 29% accident	28	G1: Clinician-assisted emotional disclosure (CAED) G2: Control group	2 weeks 4 sessions	CAED = Control group IES-R Intrusions (Completer): G1: pre M=2.1 SD=1.1; post M=1.8 SD=0.8; 3m FU M=1.3 SD=0.3 G2: pre M=2.5 SD=1.0; post M=2.4 SD=0.2; 3m FU M=2.3 SD=0.8	Acceptable	Small sample size, resulting in reduced power. No diagnosis of PTSD established with clinical interview. Only self-report measures as outcomes, no blind assessor-based instrument. Very low compliance with FU assessment.
Badura-Brack Naim & Ryan et al. (2015)	Community sample of military veterans 100% PTSD 100% military trauma as military personnel	46	G1: active treatment Attention bias modification training (ABMT, face stimuli) G2: active treatment Attention control training (ACT; received the same number and type of trials as the group assigned to ABMT but in a fully counterbalanced manner	4 weeks 8 sessions	ACT > ABMT CAPS (ITT): G1: pre M=72.2 SE=3.5; post M=56.2 SE=4.9 G2: pre M=72.3 SE=3.0; post M=44.1 SE=4.9	Acceptable	No detailed information on randomization procedure. No FU data.
Niles, Klunk-Gillis & Ryngala et al. (2012)	100% PTSD 100% military trauma as military personnel,	33	G1: Telehealth mindfulness G2: Telehealth psychoeducation	8 weekly sessions	Mindfulness > psychoeducation PCL-M (completer): G1: pre M=52.8 SD=12.3 post M=42.8 SD=11.4; G2: pre M=63.08 SD=10.85 post M=64.42 SD=10.8. CAPS (completer): G1: pre M=60.9 SD=19.2 post M=47.5 SD=18.3; G2: pre M=72.5 SD=19.7 post M=74.0 SD=23.0 Clinical significant improvement: PCL-M: G1= 53.8% of participants. G2=7.7% of participants CAPS: G1= 38.5% of participants. G2= 7.1% of participants.	Acceptable	Small sample size, reduced power for comparison of two active treatments. No blind assessments at post-treatment and FU. Unclear whether adequate concealment method use for randomization.
Simon, Connor & Lang et al. (2008)	100% PTSD 69.5% physical and/or sexual abuse, 8.5% military trauma as civilian	25	G1: Paroxetine CR & Prolonged Exposure Therapy (PE) G2: Placebo & Prolonged Exposure Therapy (PE)	10 weeks 6 sessions	PE+ Paroxetine < PE+ Placebo SPRINT (ITT): G1: pre M=16.1 SD=9.0; post M=13.8 SD=5.2 G2: pre M=17 SD=7.7; post M=12.4 SD=7.2 Between ES (Cohen's d): G2 vs G1: post=0.4	Low to acceptable	Very small sample size for key question (augmentation of PE by sertraline) Only self-report measures as outcome variables, no blind assessor-based rating Self-report measure used for assessment of PTSD is not a gold standard measure (screeener)
Van den Berg, de Bont & van	M = 41.2 years 54.0% Female	155	G1: Prolonged exposure based on the protocol by Foa et	10	PTSD (CAPS): Prolonged exposure. EMDR > Waitlist. Between Effect sizes pre- to posttreatment (G1 vs.	High	n/a

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der Vleugel et al. (2015)	69.0% Caucasian 31.0% Non-western 100% PTSD Lifetime trauma: 60.6% Physical abuse/sexual abuse/interpersonal violence/ domestic violence 54.2% Other 38.1% Percentage of the sample who have experienced emotional abuse, physical maltreatment and/or emotional neglect during childhood		al. G2: EMDR based on The standard 8-Phase protocol by Shapiro using the Dutch translation of the EMDR protocol G3: Waitlist		Waitlist and EMDR vs. Waitlist). G1 0.78 G2 0.65 Waitlist N.A; Between effect sizes pretreatment to FU G1 0.63 G2 0.53 G3 N.A ; G1 pre M = 69.6 SD = 14.9 post M = 37.8 95% CI [31.2 44.3] 6m FU M = 36.7 95% CI [30.1 43.4]; G2 pre M = 72.1 SD = 17.6 post M = 40.3 95% CI [33.6 47.1] 6m FU M = 38.8 95% CI [31.9 45.6] ; G3 pre M = 68.1 SD = 15.9 post M = 56.5 95% CI [49.5 63.6] 6m FU M = 51.9 95% CI [44.9 58.9] PTSD (PSS-SR): Prolonged exposure G2 > G3; Between Effect sizes pre- to posttreatment: G1 0.88 G2 0.85 G3 N.A; Between Effect sizes pretreatment to FU: G1 0.70 G2 0.70 G3 N.A; G1 pre M = 28.5 SD = 8.0 post M = 16.1 95% CI [13.1 19.1] 6m FU M = 16.4 95% CI [13.4 19.4]; G2 pre M = 30.3 SD = 7.8 post M = 16.1 95% CI [12.9 19.2] 6m FU M = 16.2 95% CI [13.0 19.3]; G3 pre M = 27.7 SD = 8.9 post M = 25.8 95% CI [22.5 28.9] 6m FU M = 24.1 95% CI [20.9 27.4].		
Zang, Hunt & Cox (2013)	100% PTSD 45% single trauma, 55% multiple trauma, 100% natural disaster	22	G1: Narrative Exposure Therapy (NET) G2: Waiting List Control (WL)	2 weeks, 4 sessions	NET > Control IES-R Intrusions (Completer): G1: pre M=16.9 SD=6.9; post M=8.7 SD=4.6; Within ES (hedge's g): pre vs post=1.4; G2: pre M=17.4 SD=3.2; post M=16 SD=4.3; Within ES (hedge's g): pre vs post=0.4 Between ES (hedge's g): post=1.6	Acceptable	Very small sample size. No detailed information on randomization procedure. Only self-report measures as outcome variables, no blind assessor-based rating.
de Kleine, Hendriks & Kusters et al. (2012)	100% PTSD 82% physical or sexual assault, 4% accidents, 3% combat-experience, 11% others	67	G1: PE + DCS (D-cycloserine) G2: Placebo (+ PE)	10 weeks	PE+DCS=PE + placebo (ITT); PE+DCS>PE + placebo (completers) Remission rates (post - ITT) G1: 33.33% without diagnosis; G2: 26.5% without diagnosis PSS-SR (ITT) G1: pre M=26.1 SD=1.4 post M=11.8 SD=2.6 3mFU M=12.4 SD=2.7; G2: pre M=28.3 SD=1.4 post M=18.4 SD=2.6 3mFU M=15.3 SD=2.6 CAPS (ITT) G1: pre M=61.8 SD=2.9 post M=34.3 SD=6.5 3mFU M=30.3 SD=6.3; G2: pre M=73.8 SD=2.9 post M=53.7 SD=6.6 3mFU M=43.5 SD=6.2	High	n/a
Foa, Dancu, Hembree et al. (1999)	100% PTSD 100% physical or sexual assault	96 (79)	G1: PE G2: SIT G3: Combined PE&SIT	5 weeks, 9 sessions	PE=SIT=PE-SIT>WC Remission rates (post; ITT) G1: 60% without diagnosis G2: 42% without diagnosis G3 40% without diagnosis G4: 0% without diagnosis	High	n/a

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			G4: WCL		High end-state functioning (post; ITT) G1=52% G2=31% G3=27% G4=0% PSS-I (completer) G1: pre M=29.5 SD=9.9 post M=11.7 SD=7.3 3mFU M=11.8 SD=9.0 6mFU M=11.2 SD=7.4 12mFU M=10.7 SD=9.0 G2: pre M=29.4 SD=8.7 post M=12.9 SD=9.0 3mFU M=15.1 SD=13.3 6mFU M=11.2 SD=11.9 6mFU M=12.6 SD=14.7 G3: pre M=30.0 SD=7.0 post M=13.6 SD=9.6 3mFU M=11.5 SD=9.0 6mFU M=13.2 SD=11.0 12mFU M=12.6 SD=12.3 G4: pre M=32.9 SD=5.9 post M=26.9 SD=8.5; ES-between (Cohen's d; ITT) G1-G4: Post=1.46; G2-G4: Post=0.85 G3-G4: Post=0.82 ES- between (Cohen's d; completer) G1-G4: post=1.92 G2-G4: post=1.61 G3-G4: post=1.50		
Mills, Teesson & Back et al. (2012)	M = 33.7 years 63% female 100% PTSD Lifetime trauma: 93% Physical abuse/ sexual abuse/interperson al violence/ domestic violence 66% Accident 2% Military trauma 79% Witness of traumatic event in others 2% Other	103	G1: COPE (Concurrent treatment of PTSD and substance use disorder using prolonged exposure) + usual care for SUD G2: Usual care for SUD only (Included any type of SUD treatment available at the community, e.g. outpatient counselling, in- or outpatient detoxification, residential rehabilitation, and pharmacotherapy)	13	PTSD (CAPS): COPE > usual care Significant group time interaction. In relation to PTSD symptom severity ($\chi = 5.4 p = .02$); G1 pre M = 91.1 6w M = 68.9 3m FU M = 67.9 9m FU M = 52.9 G2 pre M = 89.4 6w M = 75.9 3m M = 73.38 9m FU M = 67.2 Depression (BDI-II): G1 = G2 Group time interactions in relation to Severity of depression ($\chi = 1.3 p = .26$) were not significant G1 pre M = 36.1 6w M = 27.7 3m FU M = 29.7 9m FU M = 24.4 G2 pre M = 31.7 6w M = 25.4 3m FU M = 25.9 9m FU M = 24.8 Anxiety (STAI): G1 = G2 Group time interactions in relation to Severity of anxiety ($\chi = 2.7 p = .10$) were not significant G1 pre M = 54.7 6w M = 49.2 3m FU M = 49.9 9m FU M = 46.4 G2 pre M = 50.4 6w M = 47.4 3m FU M = 48.6 9m FU M = 47.5 Abstinent No (%) G1 = G2 G1 pre 0 (0) 6w 12 (21.8) 3m FU 10 (18.2) 9m FU 10 (18.2) G2 pre 0 (0) 6w 15 (31.3) 3m FU 12 (25.0) 9m FU 13 (27.1)	High	n/a
Rothbaum, Astin & Marsteller (2005)	100% PTSD 100% sexual assault	74(60)	G1: Prolonged Exposure G2: EMDR G3: WLC	9 sessions, 5 weeks	PE=EMDR > WLC Remission rates (post): G1: 95% without PTSD diagnosis; G2: 75% without PTSD diagnosis G3: 10% without PTSD diagnosis	Accept- able	No details on randomization procedure provided. Pre-treatment differences between conditions despite randomization.
Schnurr, Friedman & Oxman et al.	100% PTSD	195	G1: Three Component Model (3CM) plus usual care	24 weeks	3CM = Usual Care PDS (Completer): G1: pre M=33.2 SD=8.3 post M=30.2 SD=10.3; G2: pre M=34.0 SD=9.7 post	High	n/a

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(2013) Sloan, Marx & Epstein et al. (2007)	32% single trauma, 68% multiple trauma	85	G2: usual care G1: Emotional expression writing condition (EE) G2: insight and assimilation writing condition (ICA)	3 sessions, 1 week	M=29.9 SD=10.8 EE > ICA = CG PDS (Completer): G1: pre M=20.7 SD=9.1 post M=8.5 SD=7.5; G2: pre M=17.5 SD=9.1 post M=14.8 SD=10.9; G3: pre M=17.3 SD=5.7 post M=16.4 SD=5.9	Acceptable	Non-clinical sample (student participating for course credit) with low levels of PTSD symptomatology. Generalizability to clinical populations questionable. No long-term FU. Only self-report measures as outcome variables, no blind assessor-based rating
Sloan, Marx & Greenberg (2011)	100% PTSD, trauma caused by: 71% sexual or physical assault, 14% accident, 7% warzone experience, 7% witness of murder	47	G1: Emotional disclosure writing G2: CG	3 sessions, 1 week	Emotional disclosure = CG PSS-I (Completer): G1: pre M=24.8 SD=5.5 post M=16.0 SD=8.2; G2: pre M=25.2 SD=5.2 post M=15.0 SD=7.2	Acceptable	Sample consisted of undergraduate students; generalizability to clinical populations unclear. No details on randomization procedure. No FU beyond 1m post-intervention.
Yehuda; Bierer & Pratchett et al. (2015)	military personnel 100% PTSD 8% interpersonal violence, 13% accident, 79% military trauma as military personnel	24	G1: Prolonged exposure therapy plus hydrocortisone G2: Prolonged exposure therapy plus placebo	10 weeks, 10 sessions	PE+ Hydrocortisone > PE+ Placebo PSS-SR (ITT): G1: pre M=39.8 SD=7.3; G2: pre M=34.8 SD=7.9 CAPS (ITT): G1: pre M=73.4 SD=12.7; G2: pre M=74.9 SD=18.1 Between ES (Cohen's d): post=0.4	Low to Acceptable	Small sample size. High dropout in control sample. Descriptive data on post- and follow-up results are missing.
Abramowitz, Barak & Ben-Avi et al. (2008)	Combat veterans admitted to a PTSD military clinic suffering from chronic sleep difficulties and nightmares 100% PTSD	33	G1: active treatment Zolpidem (10mg) (+ inpatient treatment) G2: active treatment sleep-disturbance orientated hypnotherapy (+ inpatient treatment)	2 weeks hypnotherapy: 4 sessions	hypnotherapy > zolpidem PDS (completers): G1: pre M=37.5 SE=2.5; post M=36.5 SE=2.6; 1 FU M=36.9 SE=2.5 G2: pre M=35.9 SE=2.3; post M=27.5 SE=1.8; 1 FU M=26.7; SE=1.9	Acceptable	No information on randomization procedure or randomizing personnel, no information on concealed allocation. The interventions were added to ongoing treatment and thus their unique contribution is difficult to tease out of the overall effects. No ITT analyses conducted. Low statistical power. Only 1 month follow-up. Medication adherence and treatment fidelity was not checked. Selective population

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Acarturk, Konuk & Cetinkaya et al. (2015)		29	G1: EMDR G2: Waitlist Control (WLC)	7 weeks, average of 4 sessions	EMDR > WLC IES-R: G1: pre M=64.8 SD=12 post M=22.9 SD=20.3 1mFU M=18.9 SD=20.3 G2: pre M=56.9 SD=7.2; post M=54.2 SD=16.3	Acceptable	Small sample size. Outcome based on self-report measures only, but no interviewer-based assessment. No PTSD diagnosis pre-treatment for whole sample. Short FU period (1m) Selective population.
Acarturk, Konuk & Cetinkaya et al. (2016)	Syrian refugees in Turkish refugee camp 100% PTSD traumatic events: death of family members, threatened death to self or others, serious injury to self or loved ones, husband being at war, arrested family members, not being able to bury significant others who have died in Syria and lack of shelter	98	G1: active treatment EMDR: Recent Traumatic Episode Protocol (R-TEP) G2: Stress-management Education (SME, step I) followed by a group stress management intervention (GSM, step II)	does not become fully clear, presumably 6 EMDR sessions	EMDR > waitlist M.I.N.I. PTSD diagnosis (ITT): Post: G1 n = 19 (39%) G2 n = 46 (94%) OR = 24.2 [6.69 88.89] NNT = 2 [1.4 2.5] 1 FU: G1 n = 25 (51%) G2 n = 47 (96%) OR = 22.56 [4.92 103.35] NNT = 3 [1.9 5.7] IES-R (ITT): significant larger reduction of EMDR as compared to waitlist G1: pre M=59.69 SD=13.36 post M=21.39 SE=2.76; 1 FU M=25.87 SE=3.01 G2: pre M=62.55 SD=12.46; post M=59.01 SE=2.92; 1 FU M=60.37 SE=3.01 Similar results for HTQ and completers.	Acceptable	Only self-report measures as outcome variables, no blind assessor-based rating. No long-term follow-up. No details on randomization procedure.
Acierno, Gros & Ruggiero et al. (2016)	OEF/OIF/OND, gulf, and Vietnam veterans 77% PTSD	265	G1: active treatment Behavioral Activation and Therapeutic Exposure – Videoconferencing G2: active treatment Behavioral Activation and Therapeutic Exposure - in person	8 weeks 8 sessions	Videoconferencing therapy is noninferior to in-person therapy PCL. The lower bound of the CI for the between treatment difference in mean PCL scores for videoconferencing relative to in-person scores (effect size) were well within the pre-specified range of the meaningful clinical difference with -0.11 at posttreatment -1.84 at month 3 -0.66 at month 12.	Acceptable	Only self-report measures as outcome variables, no blind assessor-based rating. Two versions of a protocol compared (non-inferiority) Not all patients had PTSD at start.
Acosta (2016)	military personnel primary care veterans 79% PTSD lifetime trauma:	162	G1: active treatment TAU + "Thinking Forward" (= self-management web-based CBT intervention targeting PTSD symptoms and hazardous	12 weeks 12 core modules, 12 optional	TAU + Thinking Forward = TAU clinical improvement (>10 point decrease on PCL-M. ITT): G1: post 41% 3 FU 37.5%; G2: post 31.3% 3 FU 29.7% clinical improvement (moving from clinically elevated	Acceptable	No detailed information on randomization procedure. Not all participants had PTSD pre-treatment. Only self-report measures as outcome

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	100% military trauma		substance use) G2: control TAU (= usual Veterans' Administration primary care services)	modules	score PCL-M > 50 to a non-clinically elevated score): G1: post 22.2% 3 FU 17.9%; G2: post 17.9% 3 FU 23.4%		variables, no blind assessor-based rating.
Ahmadi, Hazrati & Ahmadizadeh et al. (2015)	military personnel 100% PTSD, military trauma	48	G1: EMDR G2: REM Desensitization G3: controls without therapy		Total Change Score: G1 > controls G2 > controls G1 = G2 Subscale Intrusive Thoughts: G2 > G1, G2 > G3; G1 = controls Subscale depression: G1 > G2 G1 > controls G2 = controls Pre-post total change score (completers): G1: M = -19.4 SD = 10.3 G2: M = -20 SD = 9.5; G3: M = 0.6 SD = 5.9	Low	Small sample size. No details on randomization procedure. Only self-report measures as outcome variables, no blind assessor-based rating. No FU data. No ITT analysis. Descriptive data on key outcome measures not reported adequately. Generally poor reporting.
Alghamdi, Hunt & Thomas (2015)	Firefighters in Saudi-Arabia 100% PTSD 91% multiple trauma	34	G1: Narrative Exposure Therapy G2: Waitlist Control group	3 weeks 4 sessions	NET > WLC at posttreatment SPTSS (completer): within ES (Hedges' g) G1: pre vs post = 0.8 within ES (Hedges' g) G2: pre vs post = 0.04	Acceptable	Small sample size. Selective population. Only self-report measures as outcome; no structured clinical interview, no interviewer rating. FU results difficult to interpret due to continuing traumatization.
Allan (2015)	trauma-exposed undergraduate students 2% PTSD lifetime trauma: 39% abuse/violence, 32% accident, 16% illness/medical procedure, 70% disaster, 7% witness of traumatic events in others, 56% other	82	G1: active treatment Anxiety Sensitivity Education and Reduction Training (ASERT) G2: control treatment Physical Health/Education Training (PHET)	1 session	ASERT > PHET PCL-C: G1: pre M=37.2 SD=14.9; 1 FU M=26.9 SD=10.7 G2: pre m=34.3 SD=15.5; 1 FU M=31.7 SD=15.0	Low	Sample not selected based on PTSD symptoms, anxiety sensitivity is main treatment target. Undergraduate sample, on 2.4% met criteria for PTSD. Results not generalizable to clinical setting and population. No bona fide intervention for clinical samples. No details on randomization procedure. Only self-report measures as outcome variables, no blind assessor-based rating. No FU data. No ITT analysis.
Alliger-Horn, Zimmermann & Mitte (2015)	soldiers admitted to an army hospital for inpatient trauma	40	G1: active treatment EMDR (+ inpatient TAU) G2: active treatment IRRT (+	4 weeks 12 sessions	EMDR = IRRT PDS (analyzed sample): G1: pre M=26.7 SD=9.6; post M=18.1 SD=9.9; 3 FU M=13.6 SD=11.2 G2: pre	Low	Small sample size, insufficient power for comparison of two active bona fide treatments.

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	therapy 100% PTSD 100% military		inpatient TAU)		M=28.0 SD=10.2; post M=17.4 SD=10.4; 3 FU M=10.9 SD=10.1 MANOVA (analyzed sample): group x time n.s within changes (PDS analyzed sample): G1: post d = 0.62 3 FU d = 1.02 G2: post d = 0.77 3 FU d = 1.15 RCI (PDS analyzed sample); G1: post 17/22 (77%) 3 FU 16/19 (84%); G2: post 12/18 (67%) 3 FU 11/13 (85%)		No detailed information on randomization procedure. Randomization not carried through for all participants. No ITT analyses. Only self-report measures as outcome variables, no blind assessor-based rating. Concurrent treatment not controlled for.
Angel, Sherman & Strang et al. (2014)	Victims of burglary/robbery	192	G1: face-to-face restorative justice conferences in addition to criminal justice proceedings as usual (RJC) G2: criminal justice proceedings only (CJ)	1 session	RJC > CJ Posttreatment clinical levels of PTSS (IES >25): G1:12.4%; G2: 24.3% IES-R: G1 post M=10.4 SD = 13.2; G2 post M=14.4 SD = 14	Low	No psychological treatment investigated, but program for the criminal justice process No information on randomization procedure. No pre-treatment assessment of outcome. Only self-report measures as outcome; no structured clinical interview, no interviewer rating. No measurement of other possible confounding variables (therapy etc.)
Arabia, Manca & Solomon (2011)	survivors of life-threatening cardiac events undergoing cardiac inpatient rehabilitation 100% ≥ 22 IES-R scores (= PTSD is a clinical concern) 45% ≥ 33 IES-R scores (=probable PTSD diagnosis) index trauma: 100% illness/medical procedure	42	G1: active treatment EMDR G2: active treatment Imaginal exposure (following the PE protocol of Foa)	4 weeks 10 session (including 2 preparatory sessions)	EMDR > IE IES-R (ITT): G1: pre M=33.6 [30.3 36.9]; post M=12.1 [8.8 15.4]; 6 FU M=7.9 [4.4 11.5] G2: pre M=32.3 [29.0 35.6]; post M=19.7 [16.4 22.9]; 6 FU M=13.6 [10.2 17.1] Number of participants with IES-R scores still 22 or greater: G1 n = 2 (10%) G2 n = 7 (33%) n.s Number of participants with IES-R scores still 33 or greater: G1 n = 0 (0%) G2: n = 1 (2%)	Low	Small sample size, insufficient power for comparison of two active bona fide treatments. No detailed information on randomization procedure. No clinical diagnosis of PTSD established. Only self-report measures as outcome variables, no blind assessor-based rating. No FU data. Very specific sample (cardiac arrest), generalizability to clinical PTSD samples unclear.
Arntz, Tiesema & Kindt (2007)	39% multiple trauma, 64%	71	G1: imaginal exposure only (IE) G2: imaginal exposure with	10 weeks, 10 sessions	IE+RS = IE IE+RS: lower attrition rate, better acceptance by patients and therapists.	Acceptable	No blind interviewer-based assessment of outcome variables.

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	abuse/interpersonal violence, 100% PTSD,		imagery rescripting (IE+RS)		recovery rates (PSS-SR < 20) posttreatment ITT: G1 = 59% G2 = 54% (differences due to pre-differences) PSS-SR (ITT): G1: pre M=25 SD=10.9 post M=18.3 SD=13.3 1mFU M=19 SD=13.9 6mFU M=17.3 SD=13.5 within ES (Cohen's d): pre vs post = 0.56 pre vs 1mFU = 0.51 pre vs 6mFU = 0.65 G2: pre M=29.4 SD=10.2 post M=20.5 SD=13.6 1mFU M=21.9 SD=12 6mFU M=22.3 SD=12.7 within ES (Cohen's d): pre vs post = 0.73 pre vs 1mFU = 0.63 pre vs 6mFU = 0.6		No information on randomization procedure.
Asukai, Saito & Tsuruta et al. (2010)	100% PTSD 71% physical or sexual assault, 29% accident	24	G1: PE G2: TAU	15 weeks, 13 sessions 10 weeks	PE>TAU IES-R (ITT) G1: pre M=59.7 SD=5.1 post M=21.2 SD=5.5; ES-within (hedge's g): pre-post=1.37; G2: pre M=59.8 SD=5.1 post M=53.8 SD=5.2; ES-between (hedge's g): pre-post=1.15 CAPS (ITT) G1: pre M=84.6 SD=7.8 post M=43.8 SD=8.4; ES-within (hedge's g): pre-post=0.95; G2: pre M=84.3 SD=7.8 post M=84.8 SD=8.0; ES-between (hedge's g): pre-post=0.95.	Acceptable	Small sample size, reduced power. Concurrent treatment.
Back, Brady & Sonne et al. (2006)	85.1% Caucasian, 11.7% Black, 1.1% Latino, 2.1% Asian M = 36.6 years 45.7% female 100% PTSD, Different trauma types	94	G1: CBT (Based on the project MATCH CBT manual targeting alcohol dependence) plus Sertraline (Targeting PTSD and SUD symptoms) G2: CBT (Based on the project MATCH CBT manual targeting alcohol dependence) plus pill placebo	12	AUD symptom-focused CBT plus Sertraline = AUD symptom-focused CBT plus Placebo G1 (Alcohol-only response 45.5%; PTSD-only response 62.5%; global response 48.6%); G2 (Alcohol-only response 54.4%; PTSD-only response 37.5%; global response 51.4%).	Acceptable	No information on randomization procedure. No ITT analysis. Assessment of alcohol use was based on self-report and a single informant, which may lead to bias.
Back, McCauley & Korte et al. (2016)	treatment seeking veterans 100% PTSD 52% military trauma, 48% other (civilian-related event)	35	G1: control group placebo + group CBT for SUD G2: active treatment (NAC) + group CBT for SUD	8 weeks 8 group sessions	NAC > placebo CAPS (completer): G1: pre M=68.6. SD=23.7 post M=51.4 SD=43.1; no significant pre-post changes G2: pre M=58.8 SD=21.2 post M=32.0 SD=23.5; pre-post change d = 1.27; pre-1FU change 1.48; no significant group differences PCL-M (completer): G1: pre M=43.3 SD=18.6 post 41.9 SD=22.8; pre-post change not significant G2: pre M=45.7 SD=14.6 post M=31.2 SD=9.7; pre-post change d = 1.30 statistically significant between group	Acceptable	Study tests pharmacological augmentation of psychological treatment; no control condition without psychological treatment. No ITT analyses. Small sample size. No longer-term FU.

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Badura-Brack, Naim & Ryan et al (2015) Study 1	combat veterans seeking treatment in an army treatment unit specialized for combat-related PTSD	52	G1: active treatment Attention bias modification training (ABMT, word stimuli) G2: active treatment Attention control training (ACT; received the same number and type of trials as the group assigned to ABMT but in a fully counterbalanced manner	4 weeks 4 sessions	differences ACT > ABMT PCL (ITT): G1: pre M=60.4 SE=1.77; post M=56.6 SE=2.74; G2: pre M=58.3 SE=1.84; post M=45.3 SE=3.58	Acceptable	No detailed information on randomization procedure Only self-report measures as outcome variables, no blind assessor-based rating. No FU data.
Basoglu, Salcioglu & Livanou (2007)	100% PTSD 100% military trauma earthquake survivors	31	G1: Single-session modified behavioral treatment (SSBT) G2: repeated assessments	1 session, (2 assessments in G2)	SSBT > repeated assessments CAPS (ITT) G1: pre M=63.1 SD=10.1 post M=38.7 SD=18.7 G2: pre M=62.3 SD=14.5 post M=54.5 SD=16.9	Acceptable	Reduced power due to small sample size
Basoglu, Salcioglu, Livanou et al. (2005)	100% PTSD, 100% earthquake Earthquake survivors in Turkey	59	G1: Single-session modified behavioral treatment (SSBT) G2: Waitlist Control (WLC)	1 session	SSBT > WLC CAPS (completer): G1: pre M=67.8 SD=16.5 post M=44.4 SD=25 1-2 year FU M=27.1 SD=26.8 within ES (Mean change/SD of the change): pre vs. post = 1.3 pre vs. 1-2yFU=1.6 G2: pre M=60.5 SD=14.1 post M=54.7 SD=21.4 within ES (Mean change/SD of the change): pre vs. post = 0.3	Acceptable	Reduced power by moderate sample size. Interviewer ratings did not include current gold-standard measures.
Bass, Annan & Mclvor Murray et al. (2013)	100% PTSD, 100% sexual violence	405	G1: Individual support (IS) G2: Cognitive processing (group) therapy (CPT)	G2: 12 sessions	CPT > IS recovery: G1: post: 59% without PTSD diagnosis G2: post: 90% without PTSD diagnosis PTSD-CL: G1: pre M=2.2 SD=0.5 post M=1.7 SD=0.8 6mFU M=1.5 SD=0.7 G2: pre M=1.9 SD=0.6 post M=0.8 SD=0.6 6mFU M=0.7 SD=0.6	Acceptable	Selective sample; sample and setting to easily transferable to German health-care system.
Beck, Coffey & Foy et al. (2009)	100% PTSD 100% accident, 45% multiple trauma	44	G1. group cognitive behavior therapy (gCBT) G2: Minimum contact comparison (MCC)	G1: 14 weekly sessions G2: 4 telephone contacts during 14 weeks	gCBT > MCC Reliable Change IES-R: G1: 47.1% G2: 37.5% High end state functioning: G1: 29.4% G2: 12.5% IES-R (completer): G1: pre M=1.8 SD=0.7 post M=1 SD=0.9 3mFU M=0.8 SD=0.7 G2: pre M=2.1 SD=0.9; post M=1.9 SD=1 CAPS (completer): G1: pre M=57.3 SD=15.5 post M=28.9 SD=19.9 3mFU M=19.7 SD=18.8 G2: pre	Acceptable	Small sample size Interventions were conducted by inventors of treatment approach. No details on randomization procedure.

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Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Beidel, Frueh & Uhde et al. (2011)	100% PTSD, 100% military trauma as military personnel	35	G1: Trauma management therapy (TMT: In session Exposure treatment, social & emotional rehabilitation group) G2: Exposure therapy (ET: in session exposure, TAU veteran group)	G1: 17 weeks, 14 individual sessions, 14 group session	M=57.8 SD=14.9 post M=49.4 SD=27 TMT = ET TMT > ET for social functioning PCL-M (completer): G1: pre M=67 SD=11.1; post M=60.9 SD=11.6 G2: pre M=68.2 SD=8.3; post M=63.6 SD=11.9 CAPS (completer): G1: pre M=84.9 SD=14.3; post M=69 SD=24 G2: pre M=90.6 SD=14.4; post M=65.5 SD=20.2	Low to Acceptable	Reduced power due to small sample size No FU assessment. No details on randomization procedure.
Bisson, Shepherd & Joy et al. (2004)	100% PTSD 36% single traumatic event, 64% multiple traumatic events, 35% physical or sexual assault, 55% accident	152	G1: Early cognitive-behavioral intervention G2: CG (standard care)	4 weeks, 3 sessions 12 weeks	Early CBT>CG IES (ITT) G1: pre M=47.0 SD=16.7 3mFU M=37.0 SD=18.0 13mFU M=26.3 SD=22.3; G2: pre M=45.0 SD=15.5 3mFU M=39.6 SD=16.3 13mFU M=33.8 SD=18.1. CAPS (ITT) G1: 3mFU M=31.1 SD=21.3 13mFU M=20.9 SD=16.6; G2: 3mFU M=34.8 SD=24.6 13mFU M=27.5 SD=24.2.	Acceptable to high	Early intervention study with high remission rate in control group. Generalizability to more chronic samples unclear.
Blanchard, Hickling & Devineni et al. (2003) & Blanchard, Hickling & Malta et al. (2004)	83% PTSD 100% accident	98	G1: CBT G2: Supportive therapy G3: WCL	12 weeks, 10 sessions, 12 weeks, 10 sessions 12 weeks	CBT>ST and WCL Remission rates G1: 76.2% without diagnosis G2: 47.6% without diagnosis G3: 23.8% without diagnosis IES (completer) G1: pre M=40.4 SD=13.8 post M=12.1 SD=14.9 3mFU M=12.2 SD=13.6 12mFU M=14.2 SD=17.5 24mFU M=9.9 SD=12.1; G2: pre M=38.7 SD=20.9 post M=27.4 SD=19.1 3mFU M=24.0 SD=20.1 12mFU M=19.2 SD=17.5 24mFU M=22.1 SD=19.0; G3: pre M=40.2 SD=15.9 post M=36.6 SD=17.2 CAPS (completer) G1: pre M=68.2 SD=22.7 post M=23.7 SD=26.2 3mFU M=22.1 SD=24.8 12mFU M=21.3 SD=28.4 24mFU M=20.1 SD=25.0; G2: pre M=65.0 SD=25.9 post M=40.1 SD=25.7 3mFU M=40.4 SD=29.8 12mFU M=35.5 SD=27.5 24mFU M=29.7 SD=24.5; G3: pre M=65.8 SD=26.6 post M=54.0 SD=25.9	High	n/a
Boals & Murrell (2016)	community outreach center individuals who have experienced violence or abuse	97	G1: active treatment TAU + ACT (modified version with a focus on the self-as-context aspect) G2: control TAU (= outreach)	4 weeks 4 sessions	TAU + ACT > TAU only PCL-S (completers): G1: pre M=60.0 SD=10.4 n=37; post M=45.0 SD=13.8 n=28; 1.5 FU M=43.3 SD=14.5 n=25; G2: pre M=55.9 SD=10.7 n=26; post M=51.3 SD=13.8 n=23; 1.5 FU M=47.1 SD=13.2 n=17; eta ² for	Low	No formal PTSD diagnosis assessed pre-treatment. Criterion A1 not met for all participants. Randomization not carried through. Small sample size as all conditions

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
			center TAU)		time x group interaction: pre-post: 0.06 p-value < .01 pre-1.5FU: 0.02 p-value n.s.		included TAU. Only self-report measures as outcome variables, no blind assessor-based rating. No long-term FU assessment.
Boden, Kimberling & Jacobs-Lentz (2012)	100% above clinical cut-off for PTSD (≥ 44 PCL-S scores) 73% abuse/IPV, 9.5% traumatic grief, 17.5% other 100% partial or full PTSD	117	G1: Seeking safety (SS) G2: Clinic TAU	12 weeks, 19 session (G1), 12 session (G2)	SS = TAU concerning PTSS IES-R G1: pre=46.8 SD=19.5 post M=40.8 SD=20.9 3mFU M=38.9 SD=16.7 G2: pre M=47.7 SD=16.3 post M=42.2 SD=21 3mFU M=36.5 SD=16.9	Acceptable	Some PP lost between randomization and allocation to group Patients excluded due to exclusion criteria after allocation, Only self-report measures as outcome, no interviewer-based blind ratings.
Boggio, Rocha & Oliveira et al. (2010)	100% PTSD, 37% physical or sexual assault, 50% traumatic grief	30	G1: Right rTMS (Repetitive Transcranial Magnetic Stimulation of the right dorsolateral prefrontal cortex) G2: Left rTMS (Repetitive Transcranial Magnetic Stimulation of the left dorsolateral prefrontal cortex) G3: Sham rTMS	2 weeks, 10 sessions, 2 weeks, 10 sessions, 2 weeks, 10 sessions	right rTMS>left rTMS>Sham rTMS PCL (ITT) G1: pre M=57.0 post M=35 3mFU M=32 G2: pre M=62.0 post M=48 3mFU M=47 G3: pre M=53	Acceptable	Small sample size, leading to reduced statistical power. No gold-standard blind interviewer-based assessment of PTSD as outcome.
Bohus, Dyer & Priebe et al. (2013)	M = 38.8 years 100% female 100% PTSD 100% Physical abuse/sexual abuse/interpersonal violence/domestic violence	41	G1: Dialectical behavior therapy for PTSD (Multi-component modular treatment Programmed, exposure-based techniques) G2: TAU - waitlist group (Any treatment of choice except for dialectical behavior therapy for PTSD)	12	PTSD (CAPS): Dialectical behavior therapy > TAU Hedges' g (between groups; t1-t4): 1.17 G1 pre M = 90.5 SD = 12.7 post M = 57.6 SD = 27.7 1.5m FU M = 60.1 SD = 26.1 3m FU M = 62.5.5 SD = 22.6 G2 pre M = 79.9 SD = 19.5 post M = 82.3 SD = 16.6 1.5 m FU M = 76.2 SD = 23.1 3m FU M = 76.2 SD = 21.0 PTSD (PDS): Dialectical behavior therapy > TAU Hedges' g (between groups; t1-t4): 1.08 G1 pre M = 2.2 SD = 0.5 post M = 1.5 SD = 0.6 1.5m FU M = 1.6 SD = 0.5 3m FU M = 1.5 SD = 0.6; G2 pre M = 2.0 SD = 0.4 post M = 2.1 SD = 0.5 1.5m FU M = 2.0 SD = 0.5 3m FU M = 2.0 SD = 0.4 Borderline Symptoms (BSL): Dialectical behavior therapy = TAU Hedges' g (between groups; t1-t4): 0.65 G1 pre M = 2.2 SD = 0.7 post M = 1.4 SD = 0.7	High	ITT analysis did not include non-starters

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Reference	Population % PTSD diagnosis Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Bomyea, Stein & Lang (2015)	100% PTSD 100% sexual assault	42	G1: active treatment Computer-based high-interference control training (HIC) G2: active treatment Computer-based low-interference control training (LIC)	4 weeks 8 sessions	1.5m FU M = 1.6 SD = 0.8 3m FU M = 1.5 SD = 0.7; G2 pre M = 2.0 SD = 0.6 post M = 2.0 SD = 0.7 1.5m FU M = 1.9 SD = 0.6 3m FU M = 1.8 SD = 0.8 Dissociation (DES): G1 = G2 Hedges' g (between groups; t1-t4): 0.62 G1 pre M = 28.9 SD = 18.4 post M = 17.7 SD = 11.6 1.5m FU M = 16.8 SD = 9.5 3m FU M = 17.1 SD = 12.6; G2 pre M = 21.3 SD = 13.6 post M = 23.5 SD = 14.6 1.5m FU M = 22.7 SD = 16.4 3m FU M = 21.0 SD = 17.2 Depression (BDI-II): Dialectical behavior therapy > TAU Hedges' g (between groups; t1-t4): 0.90 Dialectical behavior therapy pre M = 38.7 SD = 8.2 post M = 25.3 SD = 11.8 1.5m FU M = 28.1 SD = 11.2 3m FU M = 28.7 SD = 12.5; G2 pre M = 38.3 SD = 9.5 post M = 39.7 SD = 11.6 1.5m FU M = 39.1 SD = 10.8 3m FU M = 36.8 SD = 12.9 CAPS intrusion: HIC > LIC CAPS total score Loss of diagnosis: no significant differences at posttreatment in both the ITT sample (HIC 45% vs LIC 30%) and the completer sample (HIC 77% vs LIC 63%) Responders (= reduction of 80% or more in total PTSD symptoms): no significant differences at posttreatment in both the ITT sample (HIC 50% vs. LIC 30%) and the completer sample (HIC 85% vs. LIC 75%) CAPS (ITT) G1: pre M=61.4 SD=12.5 post M=45.32 SD=19.9; d = .92 G2: pre M=67.4 SD=15.0; post M=58.5 SD=18.6; d = .52	Low to Acceptable	Small sample, in combination with high dropout, leading to very small (and possibly biased) final sample. No follow-up assessments. Unclear whether assessors were blinded. Analyses not reported for full CAPS score (only intrusive memories).
Bormann, Hurst & Kelly (2013)	military personal 100% PTSD 100% military trauma	146	G1: group mantram repetition program (GMRT) + TAU (case management) G2: TAU (case management)	6 weeks	GMRT ≥ TA Clinical significant improvement (CAPS =< 45 and 10point reduction): G1: n=17(24%); G2: n=9(12%) PCL (ITT): G1: pre M=61.4 SD=11.6; post M=55.7 SD=14.3 G2: pre M=62.7 SD=10.4; post M=60.2 SD=12.2 CAPS (ITT): G1: pre M=83 SD=16.2; post M=66.2 SD=23.6 G2: pre M=82.8 SD=19.4; post M=72.6 SD=25	Acceptable	Intervention was provided in addition to TAU; cannot be ruled out that TAU was different for both groups. Only short-term FU (6 weeks)
Bormann, Thorp & Wetherell et al. (2008)	military personal 100% PTSD 100% Military trauma as military personnel	29	G1: Mantram Intervention G2: Control group	6 weeks, 6 sessions	Mantram > Control group PCL (Completer): Between ES (Cohen's d): -0.72 CAPS (Completer): Between ES (Cohen's d): -0.33	Low to Acceptable	Small sample size, leading to reduced statistical power. No appropriate reporting of outcome data (no descriptives provided)

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Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Bradley & Follingstad (2003)	100% interpersonal violence	49	G1: DBT skills and writing assignment (Treat) G2: No-contact comparison group (NCC)	18 sessions	Treat > NCC	Low to Acceptable	Small sample size leading to reduced power. No formal PTSD diagnoses obtained. High dropout rate. Only self-report measures as outcome variables, no blind assessor-based measures. No details on randomization procedure. No ITT analysis.
Brief, Rubin & Keane et al. (2013)	Veterans 60% PTSD	600	G1: web-based treatment G2: Waitlist control		GG>WLC concerning alcohol consumption and PTSD symptoms similar effects in WLC when they received the treatment DDD (completer): G1: pre median=6 post median=2 3m FU: M=3 G2: pre median=6 post waiting median=5 post: median=4 3m fu: M=3 AWD (completer): G1: pre median=24 post median=10 3m FU median=6 G2: pre median=24 post waiting median=15 post: median=12 3m fu: M=6 PHDD (completer): G1: pre median=0.267 post median=0.1 3m FU median=0.03 G2: pre median=0.267 post waiting median=0.167 post: median=0.13 3m		No details on randomization process. Concurrent other treatments were allowed; groups may have differed regarding additional treatments received.
Brom, Kleber & Defares (1989)	100% PTSD 74% lost a loved one (accident, murder, suicide, illness), 4% traffic accident, 17% crime victims	112 (100)	G1: trauma desensitization G2: Hypnotherapy G3: Psychodynamic therapy G4: Waitlist	sessions: G1:15 G2:14 G3:19 G4: 16 weeks	G1=G2=G3 > G4 SCL-90 trauma symptoms (completer): G1: pre M=79.2 SD=21.8 post M=56.2 SD=24.1 3mFU M=55.7 SD=26.9; G2: pre M=85 SD=16.9 post M=65.4 SD=29.4 3mFU M=62 SD=28.2; G3: pre M=81.6 SD=25.2 post M=57 SD=21.1 3mFU M=52.2 SD=24.3; G4: pre M=73.2 SD=18.2 post M=66.4 SD=24.3	Low to Acceptable	No validated outcome measures used. Only self-report measure, no blind interviewer-based assessment. PTSD definition based on DSM-III. No details on randomization procedure. No ITT analysis.
Brown, Wiley & Wolitzky-Taylor et al. (2014)	100% PTSD, 100% military trauma as military personnel	137	G1: Psychoeducation plus intrusion monitoring group (PE+IM) G2: Education Control (PE)	5 weeks 5 sessions	PE+IM=PE PCL-C (ITT): G1: pre M=64 SD=13.3 G2: pre M= 61.6 SD=12.2	Acceptable	Low compliance with treatment. No details on randomization concealment. Only self-report, no blinded interviewer-based assessment. No FU assessment.
Bryant, Ekasawin & Chakrabhand et al. (2011)	100% PTSD, 100% survivors of terrorist attacks in Thailand	28	G1: cognitive behavior therapy G2: TAU supportive counselling	8 weekly sessions	CBT>TAU PSS-I: G1: pre M=26.8 SD=10 post M=4.1 SD=8 3mFU M=7.5 SD=11.1; within ES (Hedges' g): pre vs 3mFU = 1.78; G2: pre M=22.7 SD=12.4 post M=12.3	Acceptable	Small sample size leading to reduced statistical power. Specific population, validity of German context unclear.

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Reference	Population % PTSD diagnosis Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Bryant, Mastrodomenico & Hopwood et al. (2013)	100% PTSD, 57% physical or sexual assault, 43% accident	70	G1: Supportive counseling followed by CBT (Support/CBT) G2: Emotion regulation followed by CBT (Skills/CBT)	12 weeks 12 sessions	SD=8.4 3mFU M=15.2 SD=13.1; within ES (Hedges' g): pre vs 3mFU = 0.57; between ES (Hedges' g): post: 0.96 (95% CI: 0.17-1.75) 3mFU: 0.62 (95% CI: -0.14-1.39) High end-state functioning (CAPS<19; BDI<10): G1 n=12(75%) G2 n=4(33%) Support/CBT=Skills/CBT Remission rates G1: 74% G2: 81% High end-state functioning G1: 12%; G2: 31% PTCI-Self (ITT) G1: pre M=4.1 SD=1.3 post M=2.6 SD=1.1 6mFU M=2.9 SD=0.7; G2: pre M=4.4 SD=1.2 post M=2.8 SD=1.4 6mFU M=3.2 SD=1.2 ES-between (Cohen's d): pre-post=-0.16 pre-6mFU=-0.30 CAPS (ITT) G1: pre M=67.7 SD=16.3 post M=38.8 SD=20.8 6mFU M=47.5 SD=22.5; G2: pre M=73.8 SD=17.8 post M=32.4 SD=21.6 6mFU M=37.5 SD=23.5 ES-between (Cohen's d): pre-post=0.29 pre-6mFU=0.43	High	Only self-report assessments; no blinded interviewer-based assessment as outcome. n/a
Bryant, Moulds, Guthrie et al. (2003)	100% PTSD, 53% interpersonal/violence/abuse, 47% accident	58 (45)	G1: imaginal exposure only (IE) G2: imaginal exposure + cognitive restructuring (IE+CR) G3: supportive counselling (SC)	8 weekly sessions	IE+CR > IE > SC (completer) IES (ITT): G1: pre M=23.9 SD=7.1 post M=17.7 SD=7.3 6mFU M=17.6 SD=9.9 within ES (Cohen's d): pre vs post = 0.84 pre vs 6mFU = 0.73 G2: pre=26.6 SD=7 post M=15.1 SD=12.9 6mFU M=16 SD=12.2 within ES (Cohen's d): pre vs post = 1.14 pre vs 6mFU = 1.08 G3: pre=28.4 SD=6.6 post M=24.1 SD=10.8 6mFU M=25.4 SD=7.8 within ES (Cohen's d): pre vs post = 0.49 pre vs 6mFU = 0.40 CAPS-frequency(ITT): G1: pre M=36.8 SD=9.8 post M=20.6 SD=12.7 6mFU M=23.3 SD=12.9 within ES (Cohen's d): pre vs post = 1.25 pre vs 6mFU = 1.05; G2: pre M=36 SD=8.7 post M=17.2 SD=15.6 6mFU M=17 SD=15.2	Acceptable	Moderate sample size leading to reduced power. No information on concealed randomization.

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Reference	Population % PTSD diagnosis Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Bryant, Moulds, Guthrie et al. (2008)	100% PTSD 100% single trauma, 44% accident, 6% physical abuse or interpersonal violence	118 (90)	G1: Imaginal exposure (IE) G2: In vivo exposure (IV) G3: Imagina / In vivo exposure (IE/IV) G4: Imaginal / in vivo exposure / cognitive restructuring (IE/IV/CR)	8 weeks, 8 sessions	<p>within ES (Cohen's d): pre vs post = 1.58 pre vs 6mFU = 1.49; G3: pre M=38.3 SD=9.6 post M=30 SD=16.4 6mFU M=32.4 SD=13.6</p> <p>within EE (Cohen's d): pre vs post = 0.41 pre vs 6mFU = 0.24</p> <p>IE/IVE/CR > IE = IVE = IE/IVE</p> <p>IES-Intrusions (ITT): G1: pre M=24.5 SD=7.6; post M=19.9 SD=8.6; 6-9m FU M=20.9 SD=10.4 G2: pre M=24.2 SD=10.6; post M=17.3 SD=11.8; 6-9m FU M=19.2 SD=12.6 G3: pre M=27.6 SD=8.7; post M=20.8 SD=13.2; 6-9m FU M=23.1 SD=12.1 G4: pre M=24.9 SD=8.0; post M=14.1 SD=10.6; 6-9m FU M=13.4 SD=11.0</p> <p>Between ES (Cohen's d): G1 vs G2 pre vs post=0.3 G1 vs G3 pre vs post=0.1 G1 vs G4 pre vs post=0.8 G1 vs G2 6-9m FU=0.1 G1 vs G3 6-9m FU=0.1 G1 vs G4 6-9m FU=0.5</p> <p>IES-Intrusions (Completer): G1: post M=17.8 SD=8.5; 6-9m FU M=17.8 SD=10.7 G2: post M=15.2 SD=10.9; 6-9m FU M=17.4 SD=12.5 G3: post M=15.3 SD=12; 6-9m FU M=18.6 SD=11.9 G4: post M=12.0 SD=9.7; 6-9m FU M=9.3 SD=8.9</p> <p>Between ES (Cohen's d): G1 vs G2 pre vs post=0.3 G1 vs G3 pre vs post=0.2 G1 vs G4 pre vs post=0.6 G1 vs G2 6-9m FU=0.0 G1 vs G3 6-9m FU=0.1 G1 vs G4 6-9m FU=0.9</p> <p>CAPS (ITT): G1: pre M=73.3 SD=18.8; post M=55.5 SD=33.8; 6-9m FU M=59.9 SD=32.4 G2: pre M=76.8 SD= 15.5; post M=56 SD=24.6; 6-9m FU M=59.3 SD=29.6 G3: pre M=76.1 SD=19.2; post M=55.4 SD=37.5; 6-9m FU M=56.4 SD=35.9 G4: pre M=71.4 SD=17.3; post M=29.9 SD=27.1; 6-9m FU M=32.9 SD=27.4</p> <p>Between ES (Cohen's d): G1 vs G2 pre vs post=0.1 G1 vs G3 pre vs post=0.0 G1 vs G4 pre vs post=0.8 G1 vs G2 6-9m FU=0.0 G1 vs G3 6-9m FU=0.1 G1 vs G4 6-9m FU=0.9</p> <p>CAPS (Completer): G1: post M=45.4 SD=32.8; 6-9m FU M=46.8 SD=29.1 G2: post M=49.6 SD=23.3; 6-9m FU M=52.5 SD=30.9 G3: post M=37 SD=30.6; 6-9m</p>	High	n/a

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Reference	Population % PTSD diagnosis Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Buhmann, Nordentoft & Ekstroem et al. (2016)	Traumatized refugees 100% PTSD, of that 27% complex PTSD lifetime trauma: 92% forced displacement, 24% military trauma as military personnel, 43% military trauma as civilian	280 (217)	G1: active treatment Pharmacotherapy (Sertraline; if needed: Mianserin and antipsychotics) + Psychotherapy (CBT) G2: active treatment Pharmacotherapy (Sertraline; if needed: Mianserin and antipsychotics) G3: active treatment CBT G4: control group waitlist	24 weeks G1: 10 physician consultations * 16 therapist sessions G2: 10 physician consultations G3: 16 therapist session	FU M=38.3 SD=28.6 G4: post M=21.7 SD=18.4; 6-9m FU M=23.7 SD=19.5 Between ES (Cohen's d): G1 vs G2 pre vs post=-0.1 G1 vs G3 pre vs post=0.3 G1 vs G4 pre vs post=0.9 G1 vs G2 6-9m FU=0.2 G1 vs G3 6-9m FU=0.3 G1 vs G4 6-9m FU=0.9 G1 = G2 = G3 = G4 no pre-post improvement for none of the outcome measures and treatments but for pharmaco + psychotherapy showing small significant improvements in HRSD (d = .32). HTQ (ITT) G1: pre M=3.3 SD=0.6; post M=3.2 SD=0.7 G2: pre M=3.5 SD=0.5; post M=3.2 SD=0.6 G3: pre M=3.3 SD=0.5; post M=3.3 SD=0.7 G4: pre M=3.3 SD=0.5; post M=3.2 SD=0.5	Acceptable	Only self-report measures as outcome variables, no blind assessor-based rating. No FU data. Low dose of intervention.
Butollo, Karl & Konig et al (2015)	100% PTSD 29% abuse or interpersonal violence, 38% accident, 4% illness/medical procedure, 9% loss/grief, 21% other	148	G1: active treatment dialogical exposure therapy for PTSD (DET) G2: active treatment CPT	flexible number of sessions with a maximum of 24 (≈ 20 sessions, ≈ 28 weeks), 2 optional booster sessions	ITT: CPT > DET at posttreatment but not at 6 FU IES-R (ITT): G1: pre M=69.2 SD=16.1; post M=40.1 SD=32.3 6 FU 36.5 SD=30.7; pre-post d = 1.14; pre-6FU d = 1.33 G2: pre M=66.7 SD=19.4; post M=28.0 SD=29.0 6 FU 29.9 SD=28.8; pre-post d = 1.57 pre-6FU d = 1.50 PDS (ITT) G1: pre M=30.1 SD=9.9; post M=18.8 SD=14.1 6 FU 16.9 SD=13.8; pre-post d = .93; pre-6FU d = 1.10 G2: pre M=28.6 SD=10.2; post M=15.9 SD=12.4 6 FU 16.1 SD=13.2; pre-post d = 1.12 pre-6FU d = 1.07 d between (ITT): IES-R: pre-post d = .25 pre-6FU d = .08 PDS: pre-post d = .06 pre-6FU d = -.09 RCI improvement (ITT): IES-R: DET 55.7% CPT 76.2% p = .013 PDS: DET 52.1% CPT 65.1% n.s RCI worsening (ITT): IES-R: DET and CPT both 0% PDS: DET 1.4% CPT 1.4%	Acceptable	Some pre-treatment differences between conditions. Strict inclusion criteria, limiting generalizability. Only self-report measures as outcome variables, no blind assessor-based rating. High dropout from FU assessment.

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Capezzani, Ostacoli & Cavallo et al. (2013)	Cancer patients 100% PTSD 100% cancer	31	G1: EMDR, during follow-up-treatment phase regarding cancer G2: CBT, during follow-up-treatment phase regarding cancer G3: EMDR, during active treatment phase regarding cancer	8 weekly sessions	EMDR during FU cancer = EMDR during acute cancer > CBT during FU cancer IES-R: G1: pre M=50.9 SD=9.5 post M=20.6 SD=17.9 G2: pre M=54.7 SD=10.6 post M=46.6 SD=14.1 G3: pre M=48.5 SD=14.7 post M=28.6 SD=9.4 CAPS Criterion B: G1: pre M=19.6 SD=8.2 post M=6.2 SD=7 G2: pre M=20.9 SD=7.7 post M=15.3 SD=5.9 G3: pre M=20.7 SD=6.8 post M=6.2 SD=3.1 PTSD diagnosis remaining at post treatment: G1: 9% G2: 90% G3: 0%	Acceptable	One therapist for all treatments; unclear whether this may have induced bias. Small sample size, reduced statistical power. No FU assessment.
Carletto, Borghi & Bertino et al. (2016)	Multiple sclerosis patients with illness-related PTSD 100% PTSD 100% illness/medical procedure	50 (44)	G1: active treatment EMDR G2: active treatment Relaxation	15 weeks 12 sessions	IES-R (completer): EMDR = relaxation G1: pre M=53.05 SD=12.87; 6 FU M=28.25 SD=18.28 G2: pre M=51.36 SD=9.58; 6 FU M=28.68 SD=19.39 CAPS (completer): EMDR = relaxation G1: pre M=44.55 SD=14.19; 6 FU M=16.60 SD=10.11 G2: pre M=44.41 SD=11.13; 6 FU M=19.54 SD=15.66 loss of diagnosis (completer): EMDR > relaxation G1: post 85%; 6 FU 100% G2: post 72.7% 6 FU 77.3%	Acceptable	Very specific study population (multiple sclerosis) - results might not be generalizable to other PTSD populations. No ITT analyses
Carlson, Chemtob, Rusnak et al (1998)	100% PTSD 100% military trauma	35 (34)	G1: EMDR G2: Biofeedback G3: WLC	12 sessions, 6 weeks	EMDR > Biofeedback = WLC IES-R (completer): G1: pre M=52.5 SD=9 post M=35.2 SD=22 3mFU M=29.1 SD=22 9mFU M=34.8 SD=28 G2: pre M=52.9 SD=9.3 post M=44.5 SD=17.4 3mFU M=45.7 SD=15 9mFU M=47 SD=23 G3: pre M=52.8 SD=11.5 post M=38.7 SD=16.2 CAPS frequency (completer): G1: pre M=2.5 SD=0.5 3mFU M=0.7 SD=0.6 G2: pre M=2.6 SD=0.5 3mFU M=2 SD=0.7 G3: pre M=2.4 SD=0.6	Acceptable	Small sample size, leading to reduced power. No details on reandomization procedure. No ITT analysis used.
Castillo, Chee & Nason et al. (2016)	OEF/OIF veterans 100% PTSD lifetime trauma: 100% military trauma as military personnel	86	G1: active treatment Cognitive/Exposure/Skills Therapy G2: control group minimal attention waitlist	16 weeks, 16 sessions	Cognitive/Exposure/Skills group therapy > waitlist CAPS severity (ITT): G1: pre M=71.60 SD=10.32; post M=47.23 SD= 16.42; d = 1.72 G2: pre-M=73.99 SD=10.62; post M=70.61 SD=19.82; d = n.s CAPS ≥ 20-point decrease G1: post 62.95% 3-5 FU 54.29% 6-9 FU 54.62% CAPS loss of diagnosis (score ≤ 45) G1: post 51.86% 3-5 FU 43.76% 6-9 FU 46.29% CAPS total remission (score ≤ 20) G1: post 13.52% 3-5 FU 18.19% 6-9 FU 12.62%	High	n/a
Cernvall, Carlbring &	100% parents of children with	58	G1: internet-based guided self-help	10 weeks	internet based guided self-help > WLC on all Outcomes PCL-C (ITT): G1: pre M=51.5 SD=2.1 post	Acceptable	Moderate sample size. Low enrolment rate & high attrition

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD diagnosis Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Ljungman et al. (2015)	cancer		G2: WLC		M=36 SD=2.6 within ES (Cohen's d): pre vs. post = 1.62 G2: pre M=47.6 SD=10.7 post M=45.1 SD=2.5 within ES (Cohen's d): pre vs post = 0.09 between ES (Cohen's d) = 0.88 CI [1.42-0.34] clinically significant reliable change: G1: n=12 G2: n=4 (ITT: $\chi^2= 4.13$ d.f = 1 p<0.05)		rate, potentially leading to reduced representativeness of sample. Only self-report measures as outcome; no blind interviewer-based assessment.
Chard (2005)	100% PTSD 100% CSA	71 (58)	G1: cognitive processing therapy for sexual abuse survivors G2: minimal attention waitlist	17 weeks G1: 27 sessions (17 group, 10 individual) G2: 17 phone calls	Cognitive processing therapy > minimal attention waitlist MPSS (completer): G1: pre M=57.6 SD=22.9 post M=7.5 SD=9.5 3mFU M=12.2 SD=16.6 12mFU M=13.1 SD=16 G2: pre M=57.5 SD=24.7 post M=57.7 SD=27.5 between ES (Cohen's d) = 1.55 CAPS-SX (Completer): G1: pre M=65.5 SD=26.4 post M=9 SD=11 3mFU M=12.7 SD=14 12mFU M=13.5 SD=15.2 G2: pre M=68.3 SD=23.7 post M=63 SD=30.7 between ES (Cohen's d) = 1.52	Acceptable to high	No details on randomization process.
Christensen, Barabasz & Barabasz (2013)	100% PTSD	30	G1: single session abreactive ego state therapy G2: Active control group (Counting method)	1 session, 5-6 hrs.	single session EST > active control group on all outcomes DTS: G1: pre M=92.7 SD=22.2 post M=35.8 SD=28.2 1mFU M=29.1 SD=27.2 3mFU M=34.6 SD=38.8 G2: pre M=89.5 SD=20.2 post M=78.2 SD=30.8 1mFU M=69.2 SD=33.3 3mFU M=48.5 SD=31.6	Low	Small sample size leading to reduced statistical power. No true randomization. Only self-report measures as outcome variables; no blind interviewer-based ratings. No ITT analysis
Church, Hawk & Brooks et al. (2013)	100% PTSD 100% military trauma as military service	59	G1: Emotional Freedom technique (EFT) G2: Standard of care waitlist (SOC/WL)	4 weeks, 6 sessions, 4 weeks	EFT>SOC/WL PCL-M (completer) G1: pre M=62.0 SD=2.1 post M=39.4 SD=2.7 G2: pre M=62.7 SD=2.3 post M=62.2 SD=2.0	Acceptable	Only self-report measures, no blind interviewer-based rating. No FU assessment comparing treatment conditions. No detailed information on independent randomization. No ITT analysis used.
Cicione, Fontaine & Williams (2002)	100% multiple trauma	40	G1: Trauma relief unlimited G2: Waitlist Control group, delayed treatment	3 weekly sessions	no direct comparison of G1 and G2 at post or FU TSI total for total completer sample (incl. G2 after the delayed treatment) n=37 pre M=62.4 SD=11.1 post M=49.5 SD=8.9 4mFU M=48.7 SD=8.9 STF total for total completer sample (incl. G2 after the delayed treatment) n=37 pre M=3.3 SD=5.5 post M=0.7 SD=1.5 4mFU M=2.4 SD=1.1	Low	No patients with PTSD diagnosis; validity for patient samples unclear. Author was therapist and founder of treatment; bias unclear. Randomization was not followed through ("scheduling conflicts"). Only self-report instruments as outcomes, no blind interviewer-based rating.
Classen, Koopman &	100% PTSD 100% multiple	55	G1: Trauma focused group therapy	24 weekly session (G1)	G1&G2 combined (no separate analysis) > WLC on TSC subscales dissociation (p < .05) and sexual	Acceptable	Only self-report measures, no blind interviewer-based assessment as

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Nevill-Manning et al. (2001)	trauma, 100% CSA		G2: Present focused group therapy G3: WLC	& G2)	trauma index (p = .05). G1&G2 combined greater decreases than G3 for anxiety, sexual problems and total TSC-40; not statistically significant Mean Difference Scores from Baseline to 6-Month Follow-up TSC-40: G1&G2 combined: Mdiff=8.1 SDdiff=17 G3: Mdiff=3.8 SD diff=14.1 t = 0.9. n.s.		outcome variable.
Cloitre, Koenen, Cohen & Han (2002)	100% PTSD 100% childhood physical or sexual abuse	58	G1: STAIR (Skills Training in affect and interpersonal regulation) modified Prolonged Exposure G2: Minimal Attention Wait List	12 weeks, 16 sessions	STAIR > Wait list MPSS-SR (Completer): G1: pre M=69 SD=16.6; post M=29 SD=27.6 G2: pre M=73 SD=18.6; post M=58 SD=28.6 Between ES (Cohen's d): post=1.0 CAPS (Completer): G1: pre M=69 SD=16.3; post M=31 SD=25.2; 3m FU M=26 SD=17.4; 9m FU M=22 SD=14.5 G2: pre M=69 SD=16.6; post M=62 SD=22.7 Between ES (Cohen's d): post=1.3	High	n/a
Cloitre, Stovall-McClough & Noonan (2010)	100% PTSD 100% childhood sexual/physical abuse	104	G1: skills training in affect and interpersonal regulation (STAIR) followed by exposure G2: skills training in affect and interpersonal regulation (STAIR) followed by exposure G3: supportive counselling followed by exposure	16 weeks	CAPS (ITT) G1: pre M=63.1 SD=18.3 post M=32.7 SD=19.4 3mFU M=24.7 SD=18.5 6mFU M=20.4 SD=19 within ES (Cohen's d): pre vs. 6mFU = 2.29 G2: pre M=64.3 SD=21.2 post M=32.3 SD=23 3mFU M=31.9 SD=23 6mFU M=32.5 SD=22.7 within ES (Cohen's d): pre vs. 6mFU = 1.72 G3: pre M=64.5 SD=15.9 post M=39.7 SD=18.3 3mFU M=39.7 SD=17.6 6mFU M=28.6 SD=21 within ES (Cohen's d): pre vs. 6mFU = 1.94 between ES (Cohen's d): post: G1 vs. G2 d=0.02 G1. vs. G3 d=0.35 G2 vs. G3 d=0.36 3mFU: G1 vs. G2 d=0.36 G1. vs. G3 d=0.76 G2 vs. G3 d=0.4 6mFU: G1 vs. G2 d=0.58 G1. vs. G3 d=0.38 G2 vs. G3 d=-0.19 remission rates (CAPS<20): G1: post: 27% FU: 24% G2: post 24% FU=13% G3: post 6% FU=0% Clinically significant worsening (CAPS +7 or more compared to Baseline) G1: post 3.6%FU +0% G2: post 7.4% FU +22.7% G3: post 15% FU + 31.3%	High	n/a
Coffey, Schumacher & Nosen et al. (2016)	M = 34.0 years 46.1% Female 79.4% Caucasian 18.9% Black 1.7% Other 100% PTSD	126	G1: Modified prolonged exposure (Conventional prolonged exposure but sessions were only 60 minutes long plus psychoeducation about the relationship between SUD and PTSD) G2: Modified prolonged	5 - 8	PTSD (IES-R): Modified prolonged exposure = MET-PTSD > Healthy lifestyle sessions Treatment condition differed significantly from one another ($\chi^2(2, N = 126) = 6.3, p = .04$) G1 ($p = .008$) and G2 ($p = .04$) conditions evidenced significantly greater reductions compared to healthy lifestyle sessions G1 pre M = 48.6 95% CI [43.4 53.7] post M = 16.2	Acceptable	Only self-report measures as outcome variables, no blind assessor-based rating.

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD diagnosis Trauma type	N (Com- pleters)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
	Lifetime trauma: 57.9% Sexual assault 63.4% Attacked with weapon 56.6% Attacked without weapon 60.2% Accident 41.3% Childhood physical abuse 34.7% Natural disaster		exposure plus trauma-focused motivational enhancement therapy for PTSD (MET-PTSD consisted of four main phases: opening Statements, eliciting/ developing discrepancy, presenting feedback, and future directions) G3: Healthy lifestyle sessions (Structured intervention that provides education about a variety of health-related topics)		95% CI [10.5 21.9] 3m FU M = 14.1 95% CI [8.3 19.9] 6m FU M = 16.5 95% CI [10.8 22.1]; MET-PTSD pre M = 55.0 95% CI [49.5 60.4] post M = 20.5 95% CI [14.8 26.2] 3m FU M = 19.1 95% CI [13.0, 25.2] 6m FU M = 20.5 95% CI [14.5, 26.4]; G3 pre M = 51.0 95% CI [45.7, 56.4] post M = 27.4 95% CI [21.8, 33.0] 3m FU M = 26.0 95% CI [20.2, 31.9] 6m FU M = 26.5 95% CI [20.5, 32.5] Substance use severity (Alcohol PDA): G1 = G2 = G3 Nonsignificant treatment x time interaction $\chi^2(2 N$ =126) = 1.51, p = .47 Modified prolonged exposure pre M = 4.1 95% CI [39.0, 52.6] post - 3m FU M = 97.3 95% CI [90.8, 103.9] 6m FU M = 94.5 95% CI [87.9, 101.1]; G2 pre M = 48.7 95% CI [41.8, 99.3] post - 3m FU M = 92.5 95% CI [85.7, 99.3] 6m FU M = 85.7 95% CI [78.9, 92.5]; G3 pre M = 52.2 95% CI [45.5, 59.0] post - 3m FU M = 97.1 95% CI [90.3, 103.4] 6m FU M = 93.6 95% CI [86.8, 100.4] Depression (BDI-II): G1 > G2 = G3 marginally significant treatment condition x time interaction $\chi^2(2$ N = 126) = 5.16, p = .08 G2 pre M = 29.5 95% CI [26.5 32.5] post M = 7.1 95% CI [3.5, 10.7] 3m FU M = 10.2 95% CI [5.9 14.5] 6m FU M = 6.6 95% CI [2.2, 11.2]; G2 pre M = 32.4 95% CI [29.2, 35.6] post M = 10.8 95% CI [7.1, 14.5] 3m FU M = 14.3 95% CI [9.8, 18.9] 6m FU M = 13.4 95% CI [8.5, 18.3]; G3 pre M = 29.8 95% CI [26.6, 32.9] post M = 13.3 95% CI [9.9, 14.5] 3m FU M = 16.8 95% CI [12.9, 20.7] 6m FU M = 13.6 95% CI [9.0, 18.2]		
Coffey, Stasiewicz & Hughes (2006)	M = 43 years 67% female 28% Caucasian 65% African American 5% Native American 2% other racial or ethnic groups	43	G1: Trauma-focused imaginal exposure G2: Imagery-based relaxation (Participants listened to an imagery-based relaxation audiotape)	-	PTSD(IES-R): Trauma-focused imaginal exposure > imagery-based relaxation Interaction effect treatment x time F(1 16) = 10.9, p = .005 G1 pre M = 52.8 SD = 12.5 1 week after assessment M = 47.1 SD = 15.0 post M = 24.1 SD = 13.1 G2 pre M = 57.0 SD = 10.0 1 week after assessment M = 46.7 SD = 13.9 post M = 45.0 SD = 15.4 Alcohol use severity (ADS): G1 > G2 Interaction effect treatment x time F(5 6) = 28.5 p < .001 Trauma-	Low	Small sample size. Study set up as laboratory experiment, not clinical trial; reduced relevance for treatment settings. No ITT analyses. No FU assessment.

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
					focused imaginal exposure pre M = 30.0 SD = 7.9 Imagery-based relaxation pre M = 19.1 SD = 9.1		
Conolly (2011)	100% PTSD 59% had their first physical trauma prior to age 13 78% had their first sexual trauma prior to age 13 100% Rwanda Genocide survivors	171	G1: TFT G2: WLC	single session	TFT>WLC MPSS (completer): G1: pre M=79.83 SD=23.2 post M=58.7 SD=29.7 24mFU M=58.8 SD=31 G2: pre M=34.7 SD=8.9 post M=66.9 SD=30.2 Proportion of Groups Exceeding MPSS Criterion for PTSD (≥ 71): G1: pre 71.8% post 39.4% 24mFU 7.4% G2: pre 66.2% post 54.1% G2 after also receiving treatment post 11.1% 24m FU 4.6%	Low	No true randomization procedure (alternate allocation). Specific group and context, unclear relevance for clinical settings in Germany. No FU assessment. Presentation of descriptive data and data analyses not appropriate. Only self-report measures as outcome, no blind interviewer-based assessment.
Conolly, Roe-Sepowitz & Sakai et al. (2013)	44.5% PTSD 100% military trauma as civilian	124	G1: One-time Thought Field Therapy (TFT) G2: Waitlist	1 day, 1 session	TFT > Waitlist MPSS (ITT): G1: pre M=67.4 SD=23.2 G2: pre M=60.7 SD=26.1	Low	No appropriate randomization procedure (alternating sequence). No adequate reporting of descriptive and statistical data. Very specific sample and context with low generalizability to German context.
Cook, Harb & Gehrman et al. (2010)	100% PTSD 100% military trauma as military personnel	124	G1: Imagery rehearsal of combat related nightmares G2: Sleep and nightmare management	6 weeks, 6 sessions	IR = SN PTSD Checklist Military (ITT): G1: pre M= 62.7 SD= 10.2 post M= 58.8 SD= 13.6 3m FU M=60.1 SD= 12.2 6m FU M= 59.1 SD= 11.9 G2: pre M= 65.1 SD= 9.48 post M= 61 SD=11.4 3m FU M=61.2 SD= 12 6m FU M= 59.6 SD= 12.3 CAPS (ITT): G1: pre M=81.3 SD= 14.0 post M=74.1 SD= 20.4 G2: pre M= 79.5 SD=15.3 post M=74.9 SD= 19.5	High	Note that nightmares were main outcome.
Cottraux, Note, Yao et al. (2008)	100% PTSD 48.3% sexual of physical assault, 33.3% accident, 1.7% illness, 1.7%	60 (42)	G1: CBT G2: Rogerian supportive therapy (ST)	16 weeks, 16 sessions, 16 weeks, 16 sessions	CBT>ST PCLS (completer) G1: pre M=61.4 SD=9.5 post M=46.2 SD=14.1 12mFU M=44.6 SD=15.2 24mFU M=42.6 SD=16.6 G2: pre M=59.0 SD=7.8 post M=46.9 SD=13.4 12mFU M=46.9 SD=13.0 24mFU M=42.8 SD=12.8	Acceptable	Only self-report instruments as outcome, no blind interviewer-based assessment.

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Crespo & Arinero (2010)	traumatic grief, 6.7% witness of traumatic event, 8.3% other 0% PTSD 100% Physical abuse or sexual abuse or interpersonal violence or domestic violence	53	G1: Exposure Technique G2: Communication skills training	8 weeks, 8 sessions	Exposure = Communication Skills PTSD symptom scale (ITT): G1: pre M=14.9 SD= 6.5; post M= 5.8 SD= ; 3m FU M= 3.1 SD=3.6; 6m FU M= 2.1 SD= 3; 12m FU M= 1.8 SD=3.0 Within group ES (Cohen´s d): pre vs post= 1.5; pre vs 6m FU=2.7; pre vs 12m FU=2.7 G2: pre M=16.1 SD= 4.8; post M=7.2 SD=3.5; 3m FU M=3.4 SD=3.7; 6m FU M=1.8 SD=2.6; 12m FU M=1.8 SD=2.7; Within group ES (Cohen´s d): pre vs post= 2.1; pre vs 6m FU= 3.9; pre vs 12m FU=3.8	Low	Randomization procedure not carried through for whole study. High level of dropout. Only one therapist for all treatments, with unclear generalizability. Pre-treatment differences between conditions. Only self-report measures as outcome, no blind assessor-based instrument. Reliability and validity of PTSD instrument unclear. Participants did not meet criteria for full PTSD, limiting generalizability of findings to clinical populations.
Cusack & Spates (1999)	67% PTSD 56% physical abuse or sexual abuse or interpersonal violence or domestic violence; 11% accident, 7% traumatic grief, 4% witness of traumatic event in others, 22% other trauma	38	G1: EMDR G2: EMD /R (ohne R)	3 sessions	EMDR = EMD/ R IES-R Intrusion (completer): G1: pre M=2.3 SD=0.6; post M=1.3 SD=0.9 Within group ES (unknown): pre vs post = 1.6 G2: pre M= 2.1 SD= 0.6; post M= 1.3 SD=0.9; Within group ES (unknown): pre vs. post =1.2 SI-PTSD (completer): G1: pre M= 33.1 SD= 10.6; post M= 21 SD=15.7; 3- 6m FU M= 19.5 SD= 17.9 Within group ES (unknown): pre vs 3-5m FU= 1.3 G2: pre M= 33.1 SD= 11.6; post M= 18.6 SD= 11.4 3-5m FU M=19.1 SD= 12; Within group ES (unknown): pre vs 3-5m FU= 1.2	Low to Accept- able	Small sample size, leading to reduced statistical power. Dismantling study comparing to versions of EMDR without other control group. Length of treatment and relationship to assessment points not entirely clear. No ITT analysis.
Davis & Wright (2007)	67% PTSD	43	G1: ERRT (Exposure, relaxation, and rescripting therapy) G2: WCL	3 weeks, 3 sessions	ERRT>WLC (in reducing nightmares) Remission rates (post) G1: 54% without PTSD diagnosis G2: 0% MPSS-SR (ITT) G1: pre M=60. SD=38.9 post M=46.0 SD=37 G2: pre M=62.2 SD=32.5 post M=64.4 SD=32.6 Post ES-between (Cohen's d) post=.53 MPSS-SR (completer) G1: pre M=61.0 SD=39.5 post M=42.9 SD=36.7 G2: pre M=53.1 SD=30.2 post M=56.3	Accept- able	Small sample. Nightmares were main treatment target and primary outcome. Exact randomization procedure (concealment) unclear.

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Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Davis, Rhudy & Pruiksma et al. (2011)	53% PTSD	47	G1: ERRT G2: WLC	3 weeks, 3 sessions	SD=31.5 ES-Between (Cohen's d) Post=.39 ERRT>WLC (only relating to sleep problems and related psychopathology) CAPS (ITT) G1: pre M=59.1 SD=6.0 post M=43.6 SD=6.0 G2: pre M=55.4 SD=6.1 post M=51.8 SD=6.1	Acceptable	Small sample. Nightmares were main treatment target and primary outcome. Exact randomization procedure (concealment) unclear.
Devilley & Spence (1999)	100% PTSD 65% assault, 26% accident, 9% war zone	32 (23)	G1: Trauma Treatment Protocol; TTP (form of CBT) G2: EMDR	G1: 9 sessions G2: up to 8 sessions	TTP > EMDR IES-R (completer): G1: pre M=54.1 SD=13.8 post M=20.8 SD=22.3 3mFU=21.1 SD=22.8 within ES (Cohen's d): pre vs. 3mFU = 1.3 G2: pre M=48.4 SD=11.1 post M=35.6 SD=21.7 3mFU M=41.7 SD=23.1 within ES (Cohen's d): pre vs. 3mFU = 0.4 between ES (Cohen's d) = 1.19 PTSD-I (completer): G1: pre M=92.8 SD=9.8 post M=34.2 SD=20.6 within ES (Cohen's d): pre vs. 3mFU = 1.7 G2: pre M=91.8 SD=14.9 post M=49.5 SD=20.4 within ES (Cohen's d): pre vs. 3mFU = 1.5 between ES (Cohen's d) = 0.81 Remission (not meeting PTSD on PTSD-I; completers): G1: post 83.33% remitted G2: post 36.36% remitted	Low	No true randomization procedure (alternative allocation) No ITT analysis.
Devilley, Spence & Rapee (1998)	96% PTSD 100% military trauma as military service	51 (34)	G1: EMDR G2: REDDR (Reactive Eye Desensitization and Reprocessing) G3: TAU	2 weeks, 2 sessions	EMDR=REDDR both > TAU Clinical significant change (post - Reliable clinical change) G1=66.7% G2=41.7% G3=10% M-PTSD (ITT) G1: pre M=120.4 SD=26.5 post M=110.4 SD=27.7 G2: pre M=123.2 SD=18.9 post M=118.6 SD=22.6 G3: pre M=110.9 SD=22.5 post M=111.2 SD=24.8 M-PTSD (completer) G1: pre M=118.3 SD=26.9 6mFU M=115.0 SD=33.3 G2: pre M=127.4 SD= 19.4 6mFU M=122.4 SD=21.1	Low to Acceptable	Control group introduced later into the study. No details on randomization procedure. High dropout rate. No ITT analysis. Only self-report measures as outcome variables, no blind assessor-based instruments.
Difede, Cukor & Wyka et al. (2014)	100% PTSD 100% natural/man-made disaster	25	G1: VRE-DCS (virtual reality exposure) G2: VRE-placebo	12 weeks, 11 sessions	VRE-DCS>VRE-placebo Remission rate (post) G1=46% without diagnosis G2=8% without diagnosis Remission rate (6mFU) G1=69% without diagnosis G2=17% without diagnosis CAPS (ITT) G1: pre M=81.6 SD=22.1 post M=32.4 SD=28.6 6mFU M=24.1 SD=26.5 G2: pre M=75.1 SD=23.8 post M=42.2 SD=20.8 6mFU M=45.9 SD=25.7	Acceptable	Small sample size.

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Reference	Population % PTSD diagnosis Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Dorrepaal, Thomaes & Smit et al. (2012)	100% complex PTSD 100% Childhood abuse	71	G1: Stabilizing group treatment + TAU G2: TAU	20 weekly sessions	CAPS (completer) G1: pre M=81.6 SD=22.1 post M=32.4 SD=28.6 6mFU M=24.1 SD=26.5 G2: pre M=75.1 SD=23.8 post M=43.1 SD=18.6 6mFU M=48.1 SD=25.3 ES-between (Hodges d) Post=0.46 6mFU=1.13 PCL (ITT) ES-between (Hodges d) post=.2 6mFU=1.19 Stabilizing group + TAU = TAU DTS (ITT): G1: pre M=89.8 SD=20.3 post M=69.6 SD=27.4; within ES (Cohen's d): pre vs. post = 1 G2: pre M=79.6 SD= 23.5 post M=66.5 SD=29.8; within ES (Cohen's d): pre vs. post = 0.61 SIDES (ITT) G1: pre M=46.1 SD=8.5 post M=34.1 SD=10.5; within ES (Cohen's d): pre vs. post = 1.41 G1: pre M=43.3 SD=10.6 post M=35.8 SD=11.3; within ES (Cohen's d): pre vs. post = 0.72. Responders (ITT; post score 1 SD under pre score) DTS: 45% G1 vs. 21% G2 p=0.03 SIDES: 61% G1 bs. 42% G2 n.s. p=0.12	High	n/a
Duffy, Gillespie & Clark (2007)	100% PTSD 19% single trauma & 81% multiple trauma	58 (46)	G1: Immediate cognitive therapy G2: WCL	12 weeks, 6 sessions	Cognitive therapy>WCL PDS (ITT) G1: pre M=34.7 SD=7.8 post M=21.8 SD=14.4 G2: pre M=36.8 SD=6.8 post M=33.4 SD=11.6; ES-between (Cohen's d) post =1.25 PDS (completer) G1: pre M=34.7 SD=7.8 post M=15.1 SD=9.9 G2: pre M=36.8 SD=6.8 post M=33.1 SD=9.9	High	n/a
DuHamel, Mosher & Winkel et al. (2010)	19% PTSD 100% illness	89	G1: Telephone based-CBT G2: CG	16 weeks, 8 sessions	Telephone-based CBT>CG PCL-C (ITT) G1: pre M=32.1 6mFU M=24.6 12mFU M=24.0 G2: pre M=34.0 6mFU M=32.0 12mFU M=30.9	Acceptable to high	No details on randomization procedure. Note that delivery via telephone, not directly applicable to face-to-face treatment.
Dunn, Rehm & Schillaci et al. (2007)	M = 54.85 years 0% female 55.5% Caucasian 27.5% Black 12.0% Hispanic 5.0% Other 100% PTSD 100% Military	101	G1: Self-management therapy for depression (Information about depression, group discussions, in-session exercises and weekly homework) plus standard trauma recovery program care G2: Psychoeducational group therapy with key self-management therapy elements	14	PTSD (CAPS): Self-management therapy = Psychoeducational group therapy Posttreatment between group ES = 0.23, F(df) < 1 Self-management therapy pre M = 75.9 SD = 19.2 post M = 73.9 SD = 15.2 3m FU M = 75.6 SD = 16.8 6m FU M = 72.7 SD = 19.6 12m FU M = 70.0 SD = 19.5 G2 pre M = 76.1 SD = 16.6 post M = 77.1 SD = 15.2 3m FU M = 78.2 SD = 16.8 6m FU M = 75.3 SD = 19.6 12m FU M = 77.2 SD = 19.5	High	n/a

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Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
	trauma, deployed as a soldier		(Weekly homework, session feedback forms, and periodic self-report assessments, included no ways to implement behavioral change, just educational) plus standard trauma recovery program care		Depression (BDI-II): G1 = G2 Posttreatment between group ES = 0.29 F(df) = 1.0 (72) G1 pre M = 36.5 SD = 7.8 post M = 33.7 SD = 10.1 3m FU M = 35.5 SD = 9.6 6m FU M = 33.0 SD = 10.2 12m FU M = 34.3 SD = 10.7 G2 pre M = 39.1 SD = 8.2 post M = 36.1 SD = 10.1 3m FU M = 37.3 SD = 9.6 6m FU M = 33.7 SD = 10.2 12m FU M = 32.1 SD = 10.7 Depression (HAMD) Self-management therapy pre M = 23.1 SD = 5.5 post M = 18.6 SD = 5.8 3m FU M = 20.0 SD = 5.4 6m FU M = 17.8 SD = 5.9 Psychoeducational group therapy pre M = 22.4 SD = 5.2 post M = 22.0 SD = 5.8 3m FU M = 21.3 SD = 5.4 6m FU M = 19.8 SD = 5.9		
Dunne, Kenardy & Sterling (2012)	100% PTSD 100% Accidents	26	G1: TF-CBT (trauma focused) G2: WCL	10 weeks, 10 sessions	TF-CBT>WCL Remission rates (post) G1: 61.5% without diagnosis G2: 7.7% without diagnosis PDS (ITT) G1: pre M=21.4 SD=8.9 post M=15.6 SD=8.1 6mFU M=14.9 SD=7.6 G2: pre M=23.3 SD=7.8 post M=23.3 SD=8.0	Low to Accept- able	Small sample size. No details on randomization procedure.
Echeburua (1996)	victims of consummated or attempted rape seeking psychological treatment 100% PTSD 100% sexual assault	20	G1: active treatment Cognitive restructuring and specific coping skills training G2: active treatment PMR training	5 weeks 5 sessions	CR + skills > PMR Scale of Severity of PTSD symptoms (ITT): G1: pre M=36.7 SD=8.6; post M=12 SD=6.9; 1 FU M=8 SD=4.4; 6 FU M=6 SD=3.6; 12 FU M=5 SD=2.5; G2: pre M=34.2 SD=7.5; post M=18.7 SD=9.2; 1 FU M=14 SD=8.3; 1 FU M=14 SD=8.3; 6 FU M=10.3 SD=6.7; 12 FU M=10.5 SD=7.2; significant differences between groups at post 1 FU and 6 FU (p < 0.10) and at 12 FU (p < 0.05). loss of PTSD diagnosis (ITT no significant differences): G1: post 8/10 1 FU 10/10 3 FU 10/10 6 FU 10/10 12 FU 10/10 G2: post 5/10 1 FU 8/10 3 FU 8/10 6 FU 9/10 12 FU 8/10	Low	Small sample size. No appropriate randomization procedure Only self-report measures as outcome variables, no blind assessor-based rating.
Edmond, Rubin & Wambach (1999 & 2004)	100% physical or sexual assault	59	G1: EMDR G2: Routine individual treatment G3: WCL	10 weeks, 6 sessions 11 weeks 6 sessions	EMDR=Routine individual treatment; EMDR>WCL IES (completer) G1: pre M=38.7 SD=16.4 post M=14.1 SD=15.9 3mFU M=10.3 SD=12.4 18mFU M=10.2 SD=13.1 G2: pre M=34.8 SD=14.6 post M=14.0 SD=12.0 3mFU M=18.0 SD=15.1 18mFU M=16.2 SD=18.1 G3: pre M=39.6 SD=12.5 post M=32.1 SD=17.0 3mFU M=23.0 SD=19.3 18mFU M=34.3 SD=23.5 ES-between (Cohen's d) 3mFU =0.56	Low to Accept- able	Small cell sizes. Randomization took place before pre- treatment assessment. Only self-report as outcome measure, no assessor-based rating. Diagnosis of PTSD not an entry criterion for the study. No ITT analyses.
Ehlers, Clark,	100% PTSD	85	G1: CT	12 weeks, 9	CT>RA=SH	High	Note that this is an early-intervention

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Reference	Population % PTSD diagnosis Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Hackmann et al. (2003)	100% Accidents	(80)	G2: Self-help booklet (SH) G3: Repeated assessment (RA)	sessions, 12 weeks, 12 weeks,	Remission rates (CAPS 3mFU) G1=78.6% G2=21.4% G3=27.6% High end-state functioning (3mFU) G1=67.9% G2=7.1% G3=10.3% PDS (frequency, completer) G1: pre M=26.2 SD=7.4 3mFU M=8.3 SD=9.8 9mFU M=8.7 SD=8.1 ES-within (Cohen's d): 3mFU=2.06 9mFU=2.26 G2: pre M=27.9 SD=7.1 3mFU M=19.9 SD=7.8 9mFU M=20.0 SD=7.8 ES-within (Cohen's d): 3mFU=1.08 9mFU=1.06 G3: pre M=27.0 SD=9.1 3mFU M=22.6 SD=11.6 9mFU M=19.4 SD=12.5 ES-within (Cohen's d): 3mFU=0.42 9mFU=0.7 ES-between (Cohen's d) G1-G3: 3mFU=1.34 9mFU=1.01 G2-G3: 3mFU=0.27 CAPS (frequency, completer) G1: pre M=31.7 SD=9.5 3mFU M=11.2 SD=10.3 9mFU M=10.2 SD=9.9 ES-within (Cohen's d): 3mFU=2.07 9mFU=2.17 G2: pre M=32.6 SD=8.6 3mFU M=22.9 SD=12.9 9mFU M=21.4 SD=11.4 ES-within (Cohen's d): 3mFU=0.92 9mFU=1.03 G3: pre M=32.8 SD=11.5 3mFU M=25.6 SD=12.9 9mFU M=21.1 SD=15.2 ES-within (Cohen's d): 3mFU=0.47 9mFU=0.84 ES-between (Cohen's d) G1-G3: 3mFU=1.24 9mFU=0.74 G2-G3: 3mFU=0.24		trials. Results may not be generalizable to treatment of chronic PTSD:
Ehlers, Clark, Hackmann et al. (2005)	100% PTSD 50% multiple trauma. 32% assault, 54% accident, 14% witnessing death	28	G1: Cognitive therapy G2: WLC	mean of 10 weekly and 2 booster sessions	Cognitive therapy > WLC PDS (post score = after 3 months of treatment, end of weekly sessions): G1: pre M=32.4 SD=6.5 post M=10.3 SD=8.9 6mFU M=12.4 SD=9.9 within ES (Cohen's d): pre vs. post = 2.25 G2: pre M=31.2 SD=6.3 post M=29.8 SD=8.4 between ES (Cohen's d) post = 2.25 CAPS-frequency (post score = after 3 months of treatment, end of weekly sessions): G1: pre M=42 SD=8.5 post M=16 SD=15.3 6mFU M=16 SD=14.4 within ES (Cohen's d): pre vs. post = 2.07 G2: pre M=31.6 SD=8.4 post M=35.5 SD=11.4 between ES (Cohen's d) post = 2.18 Responders: G1: 71.4% without PTSD diagnosis at	High	n/a

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Reference	Population % PTSD diagnosis Trauma type	N (Com- pleters)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Ehlers, Hackmann & Grey et al. (2014)	100% PTSD 28% single trauma, 72% multiple trauma, 37% physical or sexual assault, 38% accidents, 7% witness of traumatic event in others, 18% others	121	G1: Intense cognitive therapy G2: Standard Cognitive Therapy G3: Emotion-focused therapy G4: WCL	1 week, 12 sessions 12 weeks, 12 sessions, 12 weeks, 12 sessions, 14 weeks	<p>post assessment G2: 0% without PTSD diagnosis at post assessment</p> <p>Intense CT>Standard CT>Emotion-focused therapy>WCL Remission rates (post) G1=73.3% G2=77.4% G3=43.3% G4=6.7% High end-state functioning (post) G1=46.7% G2=51.6% G3=20% G4=3.3% Worsening (post CAPS) G1=0% G2=3.2% G3=10% G4=20%</p> <p>PDS (ITT) G1: pre M=33.2 SD=7.7 post M=12.0 SD=9.6 3mFU M=13.9 SD=11.6 6mFU M=13.0 SD=14.0 G2: pre M=32.4 SD=6.9 post M=9.4 SD=10.9 3mFU M=10.2 SD=11.9 6mFU M=9.6 SD=11.3 G3: pre M=34.4.3 SD=7 post M=20.0 SD=13.7 3mFU M=18.9 SD=13.0 6mFU M=20.9 SD=15.4 G4: pre M=32.5 SD=7.6 post M=29.2 SD=9.4</p> <p>ES-within (Cohen's d) - Post G1=2.5 G2=2.5 G3=1.3 G4=0.38 ES-between (Cohen's d) - Post G1-G4=1.75 G1-G3=0.7 G1-G2=0.21 G2-G4=1.96 G2-G3=0.94 G3-G4=1.02 CAPS (ITT) G1: pre M=78.7 SD=19.8 post M=32.2 SD=27.2 3mFU M=35.6 SD=26.3 6mFU M=35.3 SD=35.1 G2: pre M=70.6 SD=13.5 post M=27.0 SD=28.7 3mFU M=20.9 SD=25.2 6mFU M=21.0 SD=27.7 G3: pre M=74.6 SD=15.4 post M=47.9 SD=31.8 3mFU M=49.3 SD=32.5 6mFU M=49.0 SD=38.0 G4: pre M=70.0 SD=14.2 post M=65.3 SD=20.6</p> <p>ES-within (Cohen's d) - Post G1=1.95 G2=1.95 G3=1.07 G4=0.26</p> <p>ES-between (Cohen's d) - Post G1-G4=1.57 G1-G3=0.75 G1-G2=0.03 G2-G4=1.55 G2-G3=0.72 G3-G4=0.84</p>	High	n/a
Engel, Cordova & Benedek et al. (2014)	100% PTSD	55	G1: Usual PTSD care + acupuncture G2: Usual PTSD care	4 weeks, 8 sessions	<p>Usual PTSD care + Acupuncture>Usual PTSD care</p> <p>PCL (ITT) G1: pre M=58.1 SD=11.4 post M=38.8 SD=11.6 3mFU M=38.7 SD=15.9 G2: pre M=55.4 SD=12.0 post M=51.5 SD=12.2 3mFU M=45.8 SD=13.9 ES-within (Cohen's d) G1: Post=1.7 3mFU=1.4 G2: Post=0.3 3mFU=0.8</p> <p>CAPS (ITT) G1: pre M=76.2 SD=14.4 3mFU M=41.2 SD=27.0 G2: pre M=70.0 SD=18.6 3mFU M=59.2</p>	Accept- able	No details on randomization procedure. Unclear whether differences in Usual PTSD care between conditions.

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Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Engel, Jaycox & Freed et al. (2016)	active duty military personnel 85% probable PTSD	666 (580)	G1: active treatment Centrally Assisted Collaborative Telecare (CACT) G2: control group Usual mental health care program in Army primary care Clinics (TAU)	52 weeks	SD=22.9 ES-within (Cohen's d) G1: 3mFU=1.6 G2: 3mFU=0.5 CACT > TAU PDS (ITT): G1: pre M=29.4 SD=9.4; significant change pre-post M=-6.07 SD=0.68 G2: pre M=28.9 SD=8.9; significant change pre-post M=-3.54 SD=0.72 change difference between groups is statistically significant At least 50% improvement at post-treatment (PDS ITT): G1: n = 73 (25%) G2: n = 49 (17%) OR = 1.62 NNT 12.5 vs 11.1 (statistically significant)	Acceptable	Only self-report measures as outcome variables, no blind assessor-based rating. No long-term FU data. No formal PTSD diagnosis as inclusion criterion.
Engel, Litz & Magruder et al (2015)	100% PTSD 100% military trauma as military service	80	G1: DESTRESS-PC + OUC G2: Optimized Usual Care (OUC)	6 weeks, 15 logins, 6 weeks, 3 contacts	DESTRESS-PC>OUC PCL (completer) G1: pre M=58.0 SD=10.0 post M=50.7 SD=18.7 3mFU M=43.8 SD=18.3 6mFU=44.6 SD=16.4 G2: pre M=54.5 SD=11.2 post M=48.5 SD=14.0 3mFU M=47.4 SD=17.5 6mFU M=42.7 SD=14.4	Acceptable	Only self-report measures as outcome, no blind interviewer-based assessment.
Ertl, Pfeiffer & Schauer et al. (2011)	100% PTSD 100% Military trauma as civilian	46	G1: Narrative Exposure Therapy (NET) G2: Academic Catch-up program with elements of supportive counseling (AC) G3: Waiting list	3 weeks, 8 sessions	NET > AC = Waitlist CAPS (ITT): G1: pre M=69 SD=15.7; 3m FU M=49.5 SD=21.8; 6m FU M=41.7 SD=18.9; 12m FU M=27.2 SD=22 Within ES (Cohen's d): pre vs 12m FU=2.2 G2: pre M=64.4 SD=13.7; 3m FU M=48.5 SD=27.1; 6m FU M=46 SD=30.2; 12m FU M=44.2 SD=34.1 Within ES (Cohen's d): pre vs 12m FU=0.8 G3: pre M=66.9 SD=16.4; 3m FU M=56.5 SD=17.0; 6m FU M=51.6 SD=22.9; 12m FU M=45 SD=31.1 Within ES (Cohen's d): pre vs 12m FU=0.9 Between ES (Cohen's d): G1 vs G2: 12m FU=0.9 G1 vs G3: 12m FU=0.8 G2 vs G3: 12m FU=-0.1	High	n/a
Falsetti, Resnick & Davis (2008)	treatment seeking individuals with comorbid panic attacks 100% PTSD lifetime trauma: 76% unwanted or forced sexual contact in	113 (37)	G1: active treatment Multiple channel exposure therapy (M-CET, Falsetti & Resnick) G2: control waitlist	12 weeks 12 sessions	M-CET > WL MPSS-SR (ITT) G1: pre M=62.1, SD=21.4; post M=43.7 SD=29.3 G2: pre M=73.8 SD=19.6; post M=67.3 SD=26.4 Hedges's g between groups at posttreatment = 1.24 [0.64 1.83] PTSD diagnosis at posttreatment (ITT significant difference between groups): G1: SCID 25% CAPS 27% G2: SCID 83% CASP 74% Good end-state functioning at posttreatment (ITT CAPS score < 65):	Acceptable	No detailed information on randomization procedure. Only self-report measures as outcome variables, no blind assessor-based rating.

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Reference	Population % PTSD diagnosis Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
	adulthood, 69% unwanted sexual contact before age 18, 71% physical assault without a weapon, 69% unwanted sexual contact before age 18, 65% natural disaster, 58% physical assault with a weapon, 55.8% accident				G1: 68% G2: 36%; sign difference		
Fecteau & Nicki (1999)	100% PTSD 100% Accidents	23	G1: CBT G2: WCL	4 weeks, 4 sessions	CBT>WCL Remission rates (post) G1: 50% without PTSD diagnosis G2: 100% without PTSD diagnosis High end-state functioning G1=50% G2=0% Worsenings G1=10% G2=20% IES (completer) G1: pre M=45.1 SD=8.5 post M=15.5 SD=10.2 3mFU M=13.0 SD=14.9 6mFU M=8.3 SD=7.0 G2: pre M=51.3 SD=9.3 post M=48.8 S=7.4 ES-within (Cohen's d) G1: Post=2.03 CAPS (completer) G1: pre M=70.9 SD=16.2 post M=37.5 SD=30.4 G2: pre M=77.3 SD=22.7 post M=74.6 SD=24.7 ES-within (Cohen's d) G1: Post=1.34	Acceptable	Randomization procedure does not rule out bias (coin flip) Very small sample size. No ITT analysis.
Fetzner & Asmundson (2014)	75,7% PTSD 24% physical/sexual/interpersonal violence, 12% accident, 6% combat/warfare, 18% traumatic grief, 3% witness of traumatic event in others	33	G1: Aerobic exercise with cognitive distraction (CD) G2: Aerobic exercise with distraction from somatic arousal (IP) G3: Aerobic exercise only (EO)	2 weeks, 6 sessions	CD = IP = EO PCL-C (ITT): G1: Within ES (Cohen's d): 1.2 G2: Within ES (Cohen's d): 1.0 G3: Within ES (Cohen's d): 1.3	Acceptable	Small sample size. Comparison of three variants of same interventions; no appropriate control condition. Not all patients meeting full criteria for PTSD. No ITT analyses. Only self-report measures as outcome variables, no blind assessor-based rating.
Foa, Hembree & Cahill et al. (2005)	100% PTSD 100% assault victims, 97% multiple trauma	190	G1: Prolonged Exposure G2: Prolonged exposure + cognitive restructuring G3: Waitlist	10 sessions, 9 weeks	PE = PE+CR > Waitlist ES PSS-I (ITT): G1: pre M=34 SD=5.9 post M=17.9 SD=14.5 within ES pre vs. post = 1.37 G2: pre M=31.1 SD=8.1 post M=16.8 SD=13.2 within ES pre	High	n/a

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Reference	Population % PTSD diagnosis Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Foa, Rothbaum, Riggs et al (1991)	100% PTSD 100% physical or sexual assault	55 (45)	G1: SIT (stress inoculation therapy) G2: PE G3: SC (supportive counselling) G4: WCL	5 weeks, 9 sessions	vs. post = 1.3 G3: pre M=33 SD=6.2 post M=26.8 SD=9.6 within ES pre vs. post = 0.8 PSS-I (completer): G1: pre M=33.2 SD=5.7 post M=9.3 SD=8.4 3mFU M=8 SD=7.6 6mFU M=8.9 SD=8.8 12mFU M=8.9 SD=8.7 within ES pre vs. post = 3.31 G2: pre M=30.9 SD=9 post M=9.3 SD=9.2 3mFU M=7.7 SD=7.8 6mFU M=8.4 SD=9.1 12mFU M=7.6 SD=8.8 within ES pre vs. post = 2.39 G3: pre M=33 SD=6.2 post M=26.2 SD=9.4 within ES pre vs. post = 0.86 SIT>SC and WCL (post-treatment); PE>SIT SC and WCL (follow-up) Remission rates (post) G1: 50% without diagnosis G2: 40% without diagnosis G3: 10% without diagnosis G4: 0% without diagnosis PTSD severity (completer) G1: pre M=24.5 SD=6.6 post M=11.1 SD=4.0 3mFU M=12.3 SD=9.6 G2: pre M=25.8 SD=5.0 post M=15.4 SD=11.1 3mFU M=10.4 SD=8.2 G3: pre M=24.4 SD=6.6 post M=18.1 SD=7.1 3mFU M=16.1 SD=9.4 G4: pre M=24.4 SD=4.6 post M=19.5 SD=7.2	Low	Small cell sizes. No validated PTSD measure used Non-randomized control group. No details on randomization procedure. No blinding of assessors. No ITT analyses.
Foa, Yuskov & McLean et al. (2013)	M = 42.7 years 34.5% Female 30.3% Caucasian 63.6% Black 4.2% Latino 0.6% Native American 1.2% Other 100% PTSD 25.5% Sexual assault 37.6% Physical assault 11.5% Combat 25.5% Other	165	G1: Exposure therapy plus Naltrexone (100 mg/d) plus supportive counselling G2: Exposure therapy plus pill placebo plus supportive counselling G3: Supportive counselling focusing on medication management with compliance enhancement techniques (for SUD) plus Naltrexone (100 mg/d) G4: Supportive counselling plus pill placebo	24	PTSD (PSS-I): Exposure+Naltrexone = Exposure+pill placebo = Supportive counselling+Naltrexone = Supportive counselling + pill placebo. Effect of prolonged exposure therapy at posttreatment was not significant (mean difference = 2.63 P = .15 d = 0.23). G1 pre M = 30.3 95% CI [27.7 32.9] post M = 12.2 95% CI [8.2 16.1] 7m FU M = 7.9 95% CI [4.1 11.8] G2 pre M = 27.2 95% CI [24.7 30.8] post M = 13.3 95% CI [9.3 17.3] 7m FU M = 10.8 95% CI [6.3 15.2] G3 pre M = 27.1 95% CI [24.7 30.8] post M = 15.3 95% CI [12.2 18.3] 7m FU M = 10.9 95% CI [7.2 14.6] G4 pre M = 27.5 95% CI [25.4 29.6] post M = 15.5 95% CI [12.4 18.6] 7m FU M = 11.1 95% CI [8.2 14.1] Substance use severity (PDD): G1= G3 > G2 = G4 Significant main effect of naltrexone emerged at posttreatment (mean difference = 7.93% p = 0.008 d = 42) G1 pre M = 71.2 95% CI [62.5 79.9] post M = 7.3 95% CI [1.9 12.7] 7m FU M = 8.8 95% CI [3.3 14.3] G2 pre M = 78.6 95% CI [71.4 85.6] post M = 13.4 95% CI	High	n/a

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Reference	Population % PTSD diagnosis Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Foa, Zoellner & Feeny (2006)	100% PTSD 100% physical or sexual assault	90	G1: B-CBT (Brief-CBT) G2: Assessment condition G3: SC (supportive counselling) as CG	4 weeks, 4 sessions	[5.5 21.1] 7m FU M = 18.9 95% CI [8.8.29.1] G3 pre M = 75.4 95% CI [67.1 83.5] post M = 3.5 95% CI [0.1 6.8] 7m FU M = 21.5 95% CI [10.6.32.4] G3 pre M = 74.1 95% CI [66.4 81.8] post M = 13.2 95% CI [7.3 19.2] 7m FU M = 27.3 95% CI [14.7.40.0] G1=85.7% G2=90% G3=69.9% Remission rates (post; completer) G1=54.5% G2=45% G3=47.8% High end-state functioning (completer) G1=65% G2=45% G3=34.8% PSS-I (completer) G1: pre M=34.0 SD=7.9 post M=16.6 SD=11.4 3mFU M=15.6 SD=13.0 12mFU M=13.2 SD=13.2 G2: pre M=33.2 SD=6.5 post M=16.1 SD=11.3 3mFU M=15.0 SD=10.8 12mFU M=12.3 SD=10.5 G3: pre M=35.1 SD=7.6 post M=20.7 SD=13.0 3mFU M=18.7 SD=14.1 12mFU M=11.9 SD=11.8 ES-between (Cohen's d; completer) G1-G2: post=0 3mFU=0 12mFU=0 G1-G3: post=0.01 3mFU=0.01 12mFU=0.04 PSS-SR (completer) G1: pre M=32.3 SD=8.7 post M=14.0 SD=12.1 3mFU M=12.2 SD=11.9 12mFU M=11.6 SD=12.3 G2: pre M=31.3 SD=8.2 post M=12.4 SD=11.3 3mFU M=14.1 SD=9.2 12mFU M=12.1 SD=10.3 G3: pre M=31.1 SD=10.7 post M=20.1 SD=13.9 3mFU M=16.7 SD=13.8 12mFU M=13.7 SD=12.2 ES-between (Cohen's d; completer) G1-G2: Post=0 3mFU=0.04 12mFU=0.01 G1-G3: Post =0.16 3mFU=0.1 12mFU=0.01	High	n/a
Forbes, Lloyd & Nixon et al. (2012)	100% PTSD 100% combat zone (military)	59	G1: CPT G2: TAU	24 weeks, 12 sessions	CPT>TAU Clinically significant change (post) G1=66.7% G2=34.5% Remission rates (post) G1=37.5% G2=13% PCL (ITT) G1: pre M=61.6 SD=11.5 post M=45.7 SD=16.7 3mFU M=41.1 SD=17.5 G2: pre M=57.5 SD=12.6 post M=53.8 SD=11.1 3mFU M=49.1 SD=11.0 CAPS (ITT) G1: pre M=75.5 SD=16.4 post M=48.0 SD=27.9 3mFU M=45.3 SD=28.2 G2: pre M=64.6 SD=19.5 post M=57.7 SD=20.0 3mFU M=52.6 SD=18.9	High	n/a
Ford, Chang & Levine et al.	78% PTSD 100% physical or	80	G1: Trauma Affect Regulation: Guide for Education and	12 weeks, 8 sessions,	TARGET=SGT Symptom worsening G1=11% G2=18% CAPS	Acceptable	No ITT analysis. No FU assessment comparing both

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Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
(2013)	sexual assault		Therapy (TARGET) G2: Supportive group therapy (SGT)	12 weeks, 10 sessions	(completer) G1: pre M=65.3 SD=18.0 post M=50.0 SD=20.8 ES-within (Cohen's d): pre-post=0.79 G2: pre M=63.1 SD=21.7 post M=50.5 SD=24.3 ES-within (Cohen's d): pre-post=0.55		groups.
Ford; Steinberg & Zhang (2011)	80% PTSD	146	G1: TARGET (Trauma affective regulation guide for education and therapy) G2: PCT (Present-centered therapy) G3: SCL	12 weeks, 12 sessions	TARGET>WLC and TARGET>PCT (6mFU) Clinically significant change G1=16.7% G2=5.5% G3=0 Remission rates (post) G1=42.1% G2=38.5% G3=23% High end-state functioning G1=21% G2=15% G3=0% Clinically significant worsening (post) G1=6.3% G2=5.7% IPSI (ITT) G1: pre M=27.8 SD=12.8 post M=18.9 SD=11.2 G2: pre M=30.1 SD=15.6 post M=22.6 SD=11.6 G3 pre M=34.7 SD=16.6 post M=34.8 SD=16.1 ES-between (Cohen's d) G1-G3: Post=-0.61 G2-G3: Post=-0.60 G1-G2: Post=-0.02 IPSI (completer) G1: pre M=27.8 SD=12.8 post M=18.9 SD=11.2 3mFU M=20.4 SD=14.0 6mFU M=15.1 SD=7.1 G2: pre M=30.1 SD=15.6 post M=22.6 SD=11.6 3mFU=24.2 SD=13.6 6mFU M=19.5 SD=10.4 G3 pre M=34.7 SD=16.6 post M=34.8 SD=16.1 CAPS (ITT) G1: pre M=62.3 SD=18.1 post M=38.7 SD=25.6 G2: pre M=61.9 SD=21.3 post M=39.7 SD=21.4 G3 pre M=68.7 SD=17.0 post M=62.5 SD=23.3 ES-between (Cohen's d) G1-G3: Post=-0.74 G2-G3: Post=-0.69 G1-G2: Post=-0.05 CAPS (completer) G1: pre M=62.3 SD=18.1 post M=38.7 SD=24.5 3mFU M=37.3 SD=25.8 6mFU M=36.0 SD=26.2 G2: pre M=61.9 SD=21.3 post M=39.7 SD=21.4 3mFU M=37.5 SD=22.5 6mFU M=31.9 SD=19.9 G3 pre M=68.7 SD=17.0 post M=62.5 SD=23.3	Acceptable to high	Assessors were not blind at post-treatment and follow-up.
Fortney, Pyne & Kimbrell et al. (2015)	100% PTSD 49.3% Military trauma as military personnel	265	G1: Telemedicine Outreach for PTSD (TOP) G2: Usual Care (UC)	8 sessions	TOP > UC PDS (Completer): G1: pre M=35 SD=8; 6m FU M=29.7; 12m FU M=30.8 G2: pre M=33.5 SD=8.2; 6m FU M=32.4; 12m FU M=32.2	Acceptable	Main target: treatment engagement. Limited information on evidence-based treatments provided.

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Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Frommberger, Stieglitz, Nyberg et al. (2004)	100% PTSD	21	G1: Paroxetine G2: CBT	12 weeks, 12 sessions	CAPS (Completer): G1: pre M=75.9 SD=13.3 G2: pre M=74 SD=12 Paroxetine=CBT>WCL (3mFU) CBT>Paroxetine (6mFU) PSS (completer) G1: pre M=34.1 SD=9.8 post M=25.1 SD=11.6 G2: pre M=34.5 SD=4.3 post M=15.0 SD=5.3 CAPS (completer) G1: pre M=65.0 SD=13.4 post M=36.1 SD=12.1 G2: pre M=70.5 SD=7.2 post M=34.8 SD=15.0	Low to Acceptable	Small sample size. No details on randomization procedure. No ITT analyses. Unclear whether assessors were blinded.
Frueh, Monnier & Yim et al. (2007)	100% PTSD 100% military trauma as military service	38	G1: Same-room treatment CBT G2: Tele psychiatry CBT	14 weeks, 14 sessions 14 weeks, 14 sessions	Same-room CBT=Tele psychiatry PCL (completer) G1: pre M=62.4 SD=12.8 post M=56.6 SD=10.1 3mFU M=60.6 SD=9.8 G2: pre M=67.0 SD=9.4 post M=68.1 SD=11.0 3mFU M=61.4 SD=14.6	Low to Acceptable	High dropout rate. No ITT analysis. Only self-report measures as outcome variables. Applicability of intervention for German context unclear.
Galovski, Blain & Mott et al. (2012)	100% PTSD 100% physical or sexual assault	100	G1: MCPT (modified cognitive processing therapy) G2: SMDT (symptom-monitoring delayed treatment)	18 weeks, 15 sessions 10 weeks	MCPT>SMDT PDS (ITT) G1: pre M=31.9 SD=1.3 post M=11.6 SD=2.0 G2: pre M=35.3 SD=1.3 post M=26.8 SD=2.1 ES-between (hedge's g) post=0.86 CAPS (ITT) G1: pre M=74.5 SD=2.4 post M=27.0 SD=3.9 G2: pre M=77.0 SD=2.6 post M=61.2 SD=4.0 ES-between (hedge's g) post=1.35	High	n/a
Galovski, Harik & Blain et al. (2016)	female interpersonal assault survivors 100% PTSD abuse/interpersonal violence (50% childhood, 50% adulthood)	108	G1: control treatment + active treatment Sleep and Symptom-Monitoring (ssm)+ CPT G2: active treatment + active treatment Hypnosis (hyp) + CPT	∑ 15 weeks ssm: 3 weeks hyp: 3 weeks, 3 sessions CPT in both groups: 12 weeks, 12 sessions	ssm+CPT = hyp+CPT (no significant interaction between groups on overall change in PTSD when considering the full model estimate, p >0.1) CAPS (without sleep item ITT) G1: pre M=69.2 SD=15.7; post-sleep M=57.7 SD=14.8; post-CPT M=23.4 SD=22.5; 3 FU M=27.6 SD=26.9 G2: pre M=72.5 SD=15.0; post-sleep M=54.8 SD=20.1; post-CPT M=22.66 SD=17.8; 3 FU M=27.9 SD=27.3 Feingolds ES for differences in changes between groups: pre - post-sleep: ES = -0.45 favoring hypCPT post-sleep - post-CPT: ES = 0.72 favoring ssmCPT post-CPT - 3 FU: ES = .10 favoring ssmCPT pre - 3 FU: ES = -.33 favoring hypCPT	Acceptable to high	Study aim: sleep-related interventions as add-on to CPT. No control condition without CPT.
Gelkopf, Hasson-Ohayon & Bikman et al.	100% PTSD 100% military trauma as military	104	G1: NAR (nature adventure rehabilitation) G2: WCL	52 weeks, 52 sessions	NAR>WCL SASRQ (completer) G1: pre M=115.1 SD=16.0 post M=105.4 SD=21.5	Low	Randomization procedure does not rule out bias (coin flip) No validated standard measure of PTSD used.

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Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
(2013)	service				G2: pre M=111.3 SD=26.6 post M=113.6 SD=19.2		Only clinical diagnoses of PTSD as entry criterion (no structured clinical interview) no ITT analyses
Gersons, Carlier & Lamberts et al. (2000)	100% PTSD	42	G1: Brief Eclectic Psychotherapy (BEP) G2: WCL	16 weeks, 16 sessions, 16 weeks	BEP>WCL Remission rates G1: 90.9% without diagnosis G2: 50% without diagnosis S1-PTSD (ITT) G1: pre M=11.0 SD=6.1 post M=3.1 SD=6.3 3mFU M=3.1 SD=6.0 G2: pre M=11.0 SD=6.0 post M=8.8 SD=6.7 3mFU M=9.1 SD=8.0	High	n/a
Ghafoori, Fisher & Korosteleva et al. (2016)	health-related community service seeking individuals who had experienced a traumatic event probable PTSD (PCL-C ≥ 44): 73.5%	86 (67)	G1: active treatment Psychoeducation (regarding trauma, trauma reactions, prolonged exposure therapy, beginning treatment, and referral to community providers of mental health treatment) G2: control Waitlist	1 session	Psychoeducation = WL PCL-C (completers): G1: pre M=56.6 SD=14.4; post M=55.8 SD=15.0 G2: pre M=51.2 SD=13.2; post M=46.5 SD=15.5 ANCOVA sign d between = 0.10 slightly favoring the WL condition	Low to Acceptable	Significant pre-treatment group differences. No ITT analyses. No detailed information on randomization procedure. No formal diagnosis of PTSD established. Only self-report measures as outcome variables, no blind assessor-based rating.
Ghee, Bolling & Johnson (2009)	M = 34.7 years 100% female 51% Caucasian 47% African-American 100% PTSD 100% physical abuse/ sexual abuse/interpersonal violence/ domestic violence	104	G1: Seeking Safety (Manualized CBT that addresses PTSD and substance abuse) G2: Standard chemical alcohol and drug treatment	4	PTSD (TSC-40): Seeking Safety > Standard treatment Interaction effect intervention type x time Wilks's lambda = .88 F(1.37) = 5.09 p < .03. Partial η ² = .12 G1 pre M = 49.9 SD = 19.5 post M=18.7 SD=19.1; G2 pre M = 48.0 SD = 24.5 post M = 20.8 SD = 21.71 Substance use (Abstinence rate): Seeking Safety < Standard treatment χ ² (2, N = 88) = 7.45 p = .024 G1 post abstinent n = 9 25%; relapsed n = 8 22.2%; nonreturner n = 19, 52.8%; G2 post abstinent n = 13, 25.0%; relapsed n = 2 3.8%; nonreturner n = 37, 71.2%	Low to Acceptable	No details on randomization procedure. No ITT analysis. Only self-report measures as outcome, no blind assessor-based rating. Only pre-post- analyses, no follow-up.
Glynn, Eth, Randolph et al. (1999)	military personnel 100% PTSD 100% military trauma	42 (36)	G1: Control group waiting list G2: Directed therapeutic exposure (DTE) G3: Directed therapeutic exposure + behavioral family therapy (DTE + BFT)	G1: 2 months, G2: 9 weeks, 18 sessions G3: 18	Control < DTE = DTE+ BFT M-PTSD (ITT): G1: pre M= 130.7 SD= 18.8; G2: pre M= 120.4 SD= 13.6 G3: pre M= 131.6 SD=16.4 CAPS (ITT):	Low	Small sample size. Change of randomization procedure (including odds) during course of study. . High dropout rate. No descriptive data of main outcome

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Reference	Population % PTSD diagnosis Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Gonzalez (2016)	daily smokers who were responders or witnesses of the World Trade Center attack 41.1% PTSD 100% manmade disaster	90	G1: active treatment Comprehensive smoking cessation and trauma management (CSC-T) G2: control treatment Comprehensive smoking cessation (CSC)	8 weeks 8 sessions sessions DTE & 16 sessions BFT	G1: pre M=89.9 SD= 16.5 G2: pre M=79 SD=14.6 G3: pre M=89.1 SD= 15.6 CSC-T = CSC PCL-S (ITT): G1: pre M=43.0 SD=14.7; post 36.7 SD=15.2; 3FU M=38.7 SD=15.7 6FU M=39.4 SD=16.8 G2: pre M=43.3 SD=13.5; post M=33.9 SD=12.1; 3FU M=35.3 SD=13.3; 6FU 38.9 SD=15.0	Low to Acceptable	measures provided (only factor scores). Unclear whether assessors were blinded. No ITT analyses. Only minority of participants met criteria for PTSD. Very specific program (PTSD + smoking cessation), needs to be taken into account for generalizability. No detailed information on randomization. Concurrent treatment not systematically reported. Only self-report measures as outcome variables, no blind assessor-based rating. Insufficient descriptive data on key outcome variables reported in the article.
Haller, Norman & Cummins et al. (2016)	trauma-exposed veterans referred to a dual diagnosis outpatient treatment program 82.1% PTSD lifetime trauma: 44.2% military trauma as military personnel, 32.5% sexual, 28.2% other (not specified)	123 (111)	G1: active treatment Phase 1: group-based Integrated CBT (ICBT), followed by Phase 2: individual modified CPT (CPT-M) CPT-M (modified trauma focused CPT that included addressing cognitions relevant to SUD relapse prevention within the CPT framework) G2: active treatment Phase 1: group-based Integrated CBT (ICBT), followed by Phase 2: individual ICBT	Phase 1: 12 weeks, 24 sessions Phase 2: 16 weeks, 12 sessions	CPT-M = ICBT (ITT) PCL-C (Phase 2. available data): G1: pre M=51.5 SD=14.5 n=61; post M=49.6 SD=14.0 n=56; 12FU M=48.3 SD=17.1 n=37 G2: pre M=49.9 SD=16.1 n=62; post M=46.7 SD=15.7 n=57; 12FU M=39.5 SD=16.5 n=37	Acceptable	No detailed information on randomization procedure. Only self-report measures as outcome variables, no blind assessor-based rating.
Hanling, Hickey & Lesnik et al. (2016)	active duty and retired military service members with both combat and non-combat related PTSD	42 (37)	G1: active treatment Stellate ganglion block (SGB; = injection of the local anesthetic ropivacaine into the sympathetic nerve tissue of the neck) first round of treatment:	1-2 injections	SGB = sham CAPS (available data): first round of treatment: G1: pre M=86.9 SD=14.2; post M=74.2 SD=20.9; 1 FU M=80.4 SD=20.6 G2: pre M=86.4 SD=14.8; post M=75.1 SD=22.7; 1 FU M=77.6 SD=20.2 second round of treatment: G1: pre M=84.1 SD=13.4;	Acceptable	Small sample size. Concurrent interventions not systematically assessed. Some conflicting information on sample sizes.

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Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
	100% PTSD		SGB second round of treatment (for patients who maintained criteria for PTSD): SGB G2: medical placebo Sham injection (= injection of saline [salt water solution] into the sympathetic nerve tissue of the neck) first round of treatment: sham second round of treatment: SGB		post M=66.3 SD=24.7; 1 FU (=3 month post-baseline) M=76.4 SD=18.6 G2: pre M=83 SD=16; post 74 SD=18.8; 1 FU (= 3 month post-baseline) M=78.7 SD=5.4		
Harris, Erbes & Engdahl et al. (2011)	65% PTSD 7.4% physical or sexual assault, 7.4% accident, 3.7% illness, 37% military trauma as military service, 16.7% traumatic grief, 3.7% witness traumatic event, 11.1% others	54	G1: Building Spiritual Strength (BSS) G2: WCL	8 weeks, 8 sessions, 8 weeks	BSS>WCL Remission rates G1: 7.7% without diagnosis G2: 0% -> even: diagnosis increased with 5% PCL (ITT) G1: pre M=41.3 SD=17.4 post M=37.0 SD=16.4 G2: pre M=49.5 SD=16.8 post M=49.7 SD=18.3	Low	Modest sample size, reduced statistical power. Low level of PTSD symptoms pre-treatment & no PTSD diagnosis required; generalizability to full-blown PTSD unclear. No details on randomization procedure. No FU assessment Only self-report measures as outcome, no blind interviewer-based assessment.
Hensel-Dittmann, Schauer & Ruf et al. (2011)	100% PTSD 100% Military trauma as civilian	28	G1: Narrative Exposure Therapy (NET) G2: Stress Inoculation Training (SIT)	13 weeks, 10 sessions	NET > SIT CAPS (ITT): G1: pre M=96.5 SD=15.9; post M= 76.7 SD=26.2; 6-9m FU M=72.3 SD= 18.1; 10-12m FU M=64.1 SD=24 Within group ES (Cohen´s d): pre vs post=0.91; pre vs 6-9m FU= 1.4; pre vs 10-12m FU= 1.6 G2: pre M=85.2 SD=13; post M=82.6 SD=18.8; 6-9m FU M=82.7 SD=26.2; 10-12m FU M=80.1 SD=33.9 Within group ES (Cohen´s d): pre vs post=0.2; pre vs 6-9m FU=0.1; pre vs 10-12m FU= 0.2	Acceptable	Small sample size, PTSD mean scores differed at pretest between groups
Hermenau, Hecker & Schaal et al. (2013)	100% Military trauma as military personnel	38	G1: Narrative Exposure therapy for forensic offender rehabilitation (FORNET) G2: Comparison Treatment (Control group)	2 weeks, 6 sessions	FORNET > Control group PSS-I (Completer) G1: pre M=14.3 SD=10.6; post M=11.5 SD=5.2; 6-9m FU M=8.93 SD=7.6; Within group ES (Cohen´s d): pre vs 6-9m FU=0.6 G2: pre M=11.2 SD=9.1; post M=13.7 SD=5.8; 6-9m FU= 16.5 SD=12.5; Within group ES (Cohen´s d): pre vs 6-9m FU=0.5	Acceptable	Low sample size Unclear whether randomization was free of potential bias. No ITT analyses. Specific sample and setting; generalizability to German health-care system unclear

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Hien, Cohen & Miele et al. (2004)	M = 37.23 years 100% female 42% African American 37.4% Caucasian 19.6% Hispanic 1% Other 100% PTSD or subthreshold PTSD 88% Full PTSD 12% Subthreshold PTSD	107	G1: Seeking Safety (Manualized CBT that addresses PTSD and substance abuse) G2: Relapse Prevention (Manualized CBT that addresses only substance abuse) G3: Community Care Nonrandomized comparison, could be outpatient psychological or pharmacological treatment, drug or alcohol treatment or attending self-help meetings)	12	PTSD (CAPS): Seeking Safety = Relapse Prevention > Community Care Significant main effects for treatment group on PTSD severity (F = 4.7 df = 2, 100, p < 0.01, r ² = 0.42); G1 (t = -2.5, df = 71, p < 0.01) and G2 (t = -2.8, df = 64, p < 0.01) conditions significantly more improved than those in G3 G1 pre M = 2.7 SD = 0.6 post M = 2.1 SD = 1.5 6m FU M = 1.9 SD = 0.7 9m FU M = 1.8 SD = 0.6 G2 pre M = 2.4 SD = 0.7 Post M = 1.8 SD = 0.8 6m FU M = 1.6 SD = 0.7 9m FU M = 1.4 SD = 1.1 G3 pre M = 2.8 SD = 1.2 Post M = 2.4 SD = 1.1 6m FU M = 2.4 SD = 0.7 9m FU M = 2.1 SD = 1.1 PTSD (IES): G1 pre M = 47.5 SD = 14.5 Post M = 33.6 SD = 14.9 6m FU M = 39.1 SD = 17.2 9m FU M = 35.1 SD = 16.8 G2 pre M = 46.1 SD = 10.57 post M = 28.9 SD = 19.9 6m FU M = 36.4 SD = 20.2 9m FU M = 29.7 SD = 18.8 G3 pre M = 51.5 SD = 12.8 post M = 40.6 SD = 20.4 6m FU M = 40.1 SD = 17.6 9m FU M = 47.6 SD = 13.2 Substance use severity (Substance use inventory) Seeking Safety = Relapse Prevention > Community Care Significant main effect for treatment group (F = 8.49 df = 2 100 p < .001 r ² = 0.45) subjects in the G1 (t = -3.3 df = 71 p < .001) and G2 (t = -3.8 df = 64 p < .001) standardized composite score (-1.0 no symptoms to 1.0 most severe symptoms) G1 pre M = -0.1 SD = 0.7 post M = -0.2 SD = 0.7 6m FU M = -0.1 SD = 0.6 9m FU M = -0.1 SD = 0.5 G2 pre M = -0.2 SD = 0.6 post M = -0.3 SD = 0.5 6m FU M = -0.3 SD = 0.6 9m FU M = -0.2 SD = 0.8 G3 pre M = 0.2 SD = 1 post M = 0.4 SD = 0.8 6m FU M = 0.2 SD = 0.7 9m FU M = 0.2 SD = 0.8	Acceptable	No details on randomization procedure provided Only to CBT groups were randomized Additional, non-randomized control group was included
Hien, Levin & López-Castro et al. (2015)	M = 42 years 81% Female 23.2% Caucasian 59% African-American 10% Latina	69	G1: Seeking Safety (Manualized CBT that addresses PTSD and substance abuse) plus Sertraline G2: Seeking Safety plus pill	12	PTSD (CAPS): Seeking Safety+Sertraline > Seeking Safety+Placebo Interaction effect time x treatment M difference = -16.15 CI 95% [-31.18,-1.13] p = .035 d = 0.83 G1 pre M = 65.5 SD = 20.0 post M = 36.3 SD = 28.2 6m FU M = 30.1 SD = 20.7 12m FU M = 24.9 SD = 20.0 G2 pre	High	n/a

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD diagnosis Trauma type	N (Com- pleters)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
	100 % Full or subthreshold PTSD Lifetime trauma: 48.5% Physical abuse/sexual abuse/interpersona l violence/ domestic violence 67% Accident 22% Illness/medical Procedure Other: 36%		placebo		M = 59.5 SD = 19.0 post M = 41.88 SD = 29.3 6m FU M = 37.5 SD = 25.9 12m FU M = 31.8 SD = 24.4 Alcohol use (DDD): G1 = G2 Treatment group effect estimate 1.4 95%CI [0.63.3.04] p = 0.42 G1 pre M = 7.0 SD = 5.0 post M = 2.5 SD = 3.0 6m FU M = 2.4 SD = 3.1 12m FU M=2.5 SD = 3.0 G2 pre M = 6.9 SD = 4.7 post M = 1.4 SD = 2.5 6m FU M = 3.1 SD = 4.8 12m FU M = 2.6 SD = 4.6		
Hien, Wells & Jiang et al. 2009	M = 39.2 years 100% female 34% African- American 46% Caucasian 7% Latina 13% Multiracial 0.6% Other 80% Full PTSD, 20% Subthreshold PTSD 70.1% Physical abuse/sexual abuse/ interpersonal violence/ domestic violence 72.7% Accident 39.8% Illness/ medical Procedure 19.3% Other	353	G1: Seeking Safety (Manualized CBT that addresses PTSD and substance abuse) plus standard substance abuse treatment G2: Women's Health Education (Psychoeducational, manualized health curriculum focused on topics such as understanding the female body, human sexual behavior, pregnancy and childbirth, and sexually transmitted diseases) plus standard substance abuse treatment	6	PTSD(CAPS): Seeking Safety = Women's Health Education. No reliable difference between conditions, $\chi^2 = 0.07$ p = .78 G1 pre M = 61.6 SD = 19.4 post M = 31.7 SD = 23.4 average FU M = 24.3 SD = 22.1 G2 pre M = 64.2 SD = 19.4 post M = 32.7 SD = 23.4 average FU M = 27.1 SD = 23.4 PTSD (PSS-SR): Seeking Safety = Women's Health Education; G1 pre M = 45.4 SD = 15.3 post M = 32.7 SD = 13.9 G2 pre M = 45.6 SD = 15.3 post M = 33.8 SD = 15.1 Alcohol use (Abstinence rate): Seeking Safety = Women's Health Education G1 pre 45% post 54% average FU 46% G2 pre 47% post 55% average FU 43%	High	n/a
Hijazi, Lumley & Ziadni et al. (2014)		63	G1: B-NET (Brief Narrative exposure therapy) G2: WCL	3 weeks, 3 sessions	NET>WCL HTQ-Part D (ITT) G1: pre M=2.8 SD=0.5 post M=2.6 SD=0.7 3mFU M=2.6 SD=0.7 G2: pre M=2.7 SD=0.4	Accept- able	PTSD diagnosis was not inclusion criterion. Only self-report measures as outcome

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Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Hinton, Chhean & Pich et al. (2005)	100% PTSD 100% Cambodian refugees having experienced the Cambodian genocide	40	G1: Immediate cognitive behavioral therapy for PTSD and PD (Manual-based protocol developed by Hinton) G2: Delayed cognitive behavioral therapy	12 weekly session	post M=2.8 SD=0.5 3mFU M=2.7 SD=0.5 ES-within (ITT) G1: post=-0.39 3mFU=-0.5 G2: post=-0.01 3mFU=-0.26 ES-between (ITT) Post=-0.48 3mFU=-0.32 CBT > WLC CAPS: G1: pre M=74.9 SD=14.7 post M=39.3 SD=19.9 3mFU M=41.3 SD=14.6 6mFU M=44.6 SD=24.6 G2: pre M=75.9 SD=11.5 post1 (after waiting period) M=73.1 SD=9.4 post2 (after delayed treatment) M=45.1 SD=8.7 3mFU M=43.6 SD=10.2 between group ES (Cohen's d): post1 = 2.17 Responder: PTSD: post: G1: 60% (n=12) without PTSD. G2: 0% without PTSD after treatment of G2: 50% (n=10) without PTSD GAD: post: G1: 60% (n=11) without GAD G2: 0% without GAD after treatment of G2: 45% (n=9) without GAD	Acceptable	variables, no blind assessor-based instrument. Special population and setting; generalizability to German context unclear. Suboptimal randomization procedure (coin toss) Randomization procedure Specific population; generalization to German health care system unclear.
Hinton, Hofmann & Rivera et al. (2011)	100% PTSD	24	G1: Cultural adapted CBT G2: Applied Muscle Relaxation	14 weeks, 14 sessions 14 weeks, 14 sessions	Cultural adapted CBT > Applied Muscle Relaxation PCL (ITT) G1: pre M=69.8 SD=6.5 post M=39.1 SD=15.1 3mFU M=36.4 SD=12.7 G2: pre M=71.1 SD=7.9 post M=61.6 SD=13.2 3mFU M=58.9 SD=14.7 ES-within (Cohen's d) G1: post=2.6 G2: post=0.8 ES-between (Cohen's d) Post=1.6	Acceptable	Very small sample size. No details on randomization procedure. Only self-report measures as outcome variables, no blind assessor-based rating.
Hirai & Clum (2005)	community and university recruited individuals 22.2% interpersonal violence, 33.3% accident, 14.3% illness, 22.2% traumatic grief, 11.1% witness of traumatic event in others	36 (27)	G1: active treatment Internet-based CBT self-help program for traumatic event-related consequences (SHTC) content: information; consecutive modules on relaxation training including breathing retraining, muscle relaxation, and imagery-induced relaxation; cognitive restructuring; and written exposure G2: control Waitlist	8 weeks	IES-R intrusion subscale: SHTC > WL IES-R (total score, completers. ANCOVA not significant): G1: pre M=41.8 SD=12.1 post M=16.6 SD=14.8 G2: pre M=46.9 SD=20.3; post M=31.1 SD=21.0 difference between groups (IES-R intrusion subscale completers): d = 0.62 RCI (change of 1.5 SDs below/above the mean of all completers at pretreatment; IES-R intrusion subscale completers): G1: 7/13 (53.8%); G2: 5/14 (35.7%); critical ratio CR not significant	Low to Acceptable	Very small sample size. No detailed information on randomization. No ITT analysis. Only self-report measures as outcome variables, no blind assessor-based rating. No FU data. No formal diagnosis of PTSD; generalizability to clinical samples unclear.
Hirai, Skidmore & Clum et al. (2012)	Undergraduate students from a subject pool of a psychology	183	G1: active treatment Emotion-Focused Online Expressive Writing (on one stressful/traumatic event)	3 days 3 writing sessions	Emotion-focused > Fact-focused IES-R intrusion (completers): G1: pre M=15.4 SD=7.7; 1-week FU M=10.4 SD=8.2; 5-week FU M=5.8 SD=6.24 G2: pre M=14.6 SD=6.9; 1 week FU M=10.9 SD=8.0; 5-week	Low	Undergraduate sample, PTSD not an inclusion criterion; generalization to clinical samples with PTSD questionable.

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Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
	department who self-reportedly had experienced a traumatic event 12.5% abuse/violence in adulthood, 16.3% abuse/violence in childhood, 3.8% accident, 3.8% illness/medical procedure, 9.6% traumatic grief, 20.2% other (e.g. family member kidnapped, incarceration), 32.7% interpersonal stress e.g. divorce, child custody)		G2: active treatment Fact-Focused Online Expressive Writing (on one stressful/traumatic event)		FU M=9.9 SD=8.2 Cohen's d for differences between groups (IES-R intrusion completers): 1-week FU d = 0.07; 5-week FU d = 0.56 RCI (IES-R completers): 1-week FU: G1 25/54 (46%) G2 18/50 (36%) n.s. 5-week FU: G1 37/54 (69%). G2 23/50 (46%). p < .05		No detailed information on randomization procedure. Only self-report measures as outcome variables, no blind assessor-based rating.
Hobfoll, Blais & Walt et al. (2016)	OIF/OEF veterans with mild-to-moderate symptoms 33% no combat exposure, 34% low combat exposure, 30.7% high combat exposure	303 (242)	G1: active treatment Vets Prevail (CBT self-help online treatment) G2: control group waitlist	6 weeks 7 lessons	Vets Prevail > waitlist PCL-M (ITT) G1: pre M=40.0. SE=0.78 post M=36.3 SE=0.82; 1.5 FU 34.4 SE=0.83 G2: M=37.5 SE=1.16 post M=39.3 SE=1.2 1.5 FU 36.5 SE=1.2 mean differences between groups: post d = .29.: 1.5 FU d = .42 clinical significant change (≥ 10 PCL-M points): Vets Prevail: post 22% 1.5 FU 27.7% waitlist: post 7.1% 1.5 FU 8.1% statistically significant differences in symptom remission (< cut-off 35 PCL-M points) at 1.5 FU: Vets Prevail 30.6% waitlist 12%	Acceptable	Only self-report measures as outcome variables, no blind assessor-based rating. Only short-term FU. Participants received money for participation in intervention, possibly limiting generalization.
Högberg, Pagani & Sundin et al. (2007)	100% PTSD 4% single trauma, 96% multiple trauma, 29% physical or sexual assault, 71% witnessing death	24	G1: EMDR G2: WCL	8 weeks, 5 sessions 8 weeks	EMDR>WCL Clinical significant change G1=66.6% G2=11.1% Remission rates G1=66.6% G2=11.1% IES (completer) G1: pre M=39.3 SD=17.2 post M=23.2 SD=17.4 G2: pre M=39.1 SD=12.6 post M=34.0 SD=16.2	Low to Acceptable	Very small sample size. Only self-report measures as outcome variables, no blind assessor-based rating. No FU assessment, only pre-post-comparison. No ITT analysis.
Holliefield, Sinclair- Lian &	100% PTSD 62% single trauma,	84	G1: Acupuncture G2: Group CBT	12 weeks, 24	Acupuncture=Group CBT>WCL PSS-SR (ITT) G1: pre M=31.3 SD=10.1 post M=15.6 SD=14.0 3mFU	Acceptable	Only self-report measures as outcome, no blind interviewer-based

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Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Warner et al. (2007)	38% multiple trauma		G3: WCL	sessions, 12 weeks, 12 sessions	M=15.4 SD=12.5 G2: pre M=32.5 SD=6.6 post M=20.0 SD=10.6 3mFU M=16.7 SD=12.2 G3: pre M=30.8 SD=9.5 post M=27.9 SD=12.3 3mFU M=27.9 SD=12.3 ES-within (Cohen's d; ITT) G1: post=1.29 3mFU=1.40 G2: post=1.42 3mFU=1.61 G3: post=0.26 3mFU=0.26		assessment. LOCF used to impute missing data.
Hyer, Boyd & Scurfield et al. (1996)	100% PTSD 100% military trauma as military service	219	G1: Outward Bound Experience (OBE) + TAU - Location A G2: OBE+ TAU (Location T) G3: CG - Location A G4: CG - Location	1 week OBE, 5 sessions + 14 weeks TAU, 14 weeks TAU, 11 weeks TAU	OBE+TAU=TAU IES-intrusion (completer) G1: pre M=27.0 post M=27.3 G2: pre M=28.1 post M=30.6 G3: pre M=27.4 post M=17.7 G4: pre M=27.0 post M=15.3	Low	No randomized allocation to groups. Large differences in effects between sites. Inadequate statistical reporting.
Igreja, Kleijn & Schreuder et al. (2004)	100% PTSD 100% military trauma as civilian	-	G1: Testimony intervention G2: CG G3: Non-case group	1 week, 1 session, 1 week 1 week	Testimony>CG=Non-case SIFP (ITT) G1: pre M=49.6 SD=6.3 post M=40.1 SD=9.6 G2: pre M=49.3 SD=6.6 post M=40.7 SD=8.7 G3: pre M=32.0 SD=5.9 post M=32.3 SD=5.8	Low	No randomized allocation o groups. No formal PTSD diagnoses was provided, it is unclear how many of the participants did have PTSD No descriptive data provided for the 11 months. No comparison between group at follow-up Sample, setting and dose as well as content of treatment very different from German health care system.
Ironson, Freund & Strauss et al. (2002)	100% PTSD 32% multiple trauma, 86% assault, 5% accident, 5% witnessing death, 5% traumatic grief	22 (16)	G1: EMDR G2: Prolonged exposure	6 sessions	EMDR=PE PSS-SR (completer): G1: pre M=26.58 SD=11.56 post M=9.1 SD=11.22 3mFU M=11.5 SD=8.22 within ES pre vs. post d=1.53 (ITT: 1.54) G2: pre M=34.56 SD=8.06 post M=15.78 SD=9.16 3mFU M=15.67 SD=4.93 within ES pre vs. post d=2.18 (ITT: 2.18) Responders (70% reduction in Symptoms after 3 active sessions): G1: 16.6% G2: 70%	Low to Acceptable	Small sample size, leading to reduced power. Randomization not carried through for whole sample; no details on precise randomization procedure. No diagnostic interview to ascertain diagnoses pre-treatment. Outcome measures only include self-report, no blind assessor-based measures.
Ivarsson, Blom & Hesser et al. (2014)	individuals recruited from general population 100% PTSD	62	G1: active treatment guided internet-delivered CBT for PTSD (psychoeducation, anxiety coping skill training, exposure, cognitive	8 weeks 8 modules	iCBT > WL IES-R (ITT d between = 1.25): G1: pre M=54.7 SD=13.2; post M=31.0 SD=16.1; 12 FU M=25.1 SD=20.7; pre - 12FU: d = 1.58 G2: pre M=54.9 SD=15.5; post M=49.2 SD=18.1	Acceptable	Only self-report measures as outcome variables, no blind assessor-based rating.

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Reference	Population % PTSD diagnosis Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
	48.4% abuse/IPV, 17.7% illness/medical procedure, 11.3% traumatic grief, 8.1% accident, 15.1% other		restructuring) G2: control condition minimal attention waitlist (including general non-specific support)		Absence of PTSD diagnosis at posttreatment (CAPS ITT): G1: 22/26 (84.6%) G2: 14/29 (48.3%) OR = 0.12 CI [0.06 0.71]) RCI improvement (IES-R available data): G1: 22/28 (71%) G2: 7/26 (25.9%) OR = 10.48 CI [3.01 36.45]) RCI worsening (IES-R available data): G1: 0/28 (0%) 1/26 (3.8%)		
Jain, McMahon & Hasen et al. (2012)	49% single trauma, 51% multiple trauma 100% military trauma as military service	123	G1: Healing Touch + Guided Imagery + TAU G2: TAU	3 weeks, 6 sessions	Healing Touch + Guided Imagery > TAU PCL-M (ITT) G1: pre M=54.0 post M=40.7 G2: pre M=55.6 post M=52.0 ES-between (Cohen's d) Post=0.85	Low to Acceptable	Unclear whether randomization was immune to bias. Diagnosis of PTSD was not an entry criterion. Only self-report measures of outcome, no blind assessor-based instruments. Only pre-post effects tested, no FU assessment.
Jarero, Amaya & Givaudan et al. (2013)		39	G1: EMDR-PROPARA G2: Supportive Counseling	2 sessions	EMDR > Supportive Counseling SPRINT (ITT): G1: pre M=17.3 SD=4.4; post M=7.5 SD=2.5; 3-5m FU M=2.4 SD=0.8 G2: pre M=17.7 SD=4.9; post M=15.1 SD=4.6; 3-5m FU M=16.2 SD=3.9	Low	Small sample size. Details on randomization procedure missing No gold standard instrument of PTSD used. Only self-report questionnaires as outcome, no blind assessor-based assessment. No treatment for PTSD but early intervention for group exposed to trauma. Low relevance for treatment of PTSD
Jensen (1994)	100% PTSD 100% military trauma as military service	29	G1: EMDR G2: WCL	2 weeks, 3 sessions	M-PTSD (completer) G1: post M=129.3 SD=13.4 G2: post M=124.5 SD=12.3 SI-PTSD (completer) G1: pre M=29.9 SD=11.1 post M=35.7 SD=12.0 G2: pre M=37.1 SD=9.2 post M=46.9 SD=10.2	Low	Small sample size. No details on randomization process. Unclear whether assessors were blinded. Inappropriate reporting of statistical analyses. No FU assessment.
Jiang, Tong & Delucchi et al. (2014)	individuals who continued to suffer mental health	49	G1: active treatment IPT + TAU (IPT was slightly modified: elimination of the category	12 weeks 12 sessions	IPT + TAU > TAU CAPS (ITT): G1: pre M=39.4 SD=15.4; post M=19.6 SD=17.9 G2: pre M=45.1 SD=11.1; post M=38.7 SD=19.8 d =	Acceptable	No information on randomization procedure and concealed allocation. Tests for baseline differences were not

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Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Jindani, Turner & Khalsa (2015)	effects from the 2008 Sichuan earthquake	80	"interpersonal sensitivity/deficit" since this category does not address trauma-related mental disorders)	8 weeks 8 sessions	1.01 PTSD diagnosis (CAPS available data) G1: pre 18/27 (66.7%) post 3/22 (13.6%) G2: pre 10/22 (45.5%) post 8/19 (42.1%) significant parameter estimates for time by condition	Low	reported. Interview assessors were not blinded to treatment allocation whereby approximately half of the assessments were done by the study coordinator and the study assistant. Small sample size. PTSD in about 3/5 of the participants. Low to moderate mean symptom intensity at baseline.
	57.1% PTSD 7% interpersonal violence, 84% natural disaster, 12% other community sample 63% PTDS 48% physical or sexual or emotional abuse or IPV, 53% other (illness, accident, discrimination, adverse life circumstances, refugee)		G1: control treatment Waitlist G2: active treatment Kundalini Yoga				
Johnson & Lubin (2006)	100% PTSD 96% physical or sexual assault, 4% accident	51	G1: Counting Method G2: EMDR G3: PE G4: WCL	12 weeks, 6 sessions 12 weeks 6 sessions 12 weeks, 10 sessions 12 weeks	Counting Method=EMDR=PE>WCL MISS (completer) G1: pre M=134.2 SD=7.9 post M=123.7 SD=12.6 3mFU M=115.6 SD=12.8 G2: pre M=104.8 SD=25.1 post M=98.8 SD=23.9 3mFU M=85.7 SD=28.2 G3: pre M=127.6 SD=23.1 post M=110.9 SD=21.3 3mFU M=105.4 SD=19.7 G4: pre M=114.8 SD=24.3 post M=117.3 SD=28.0; CAPS (completer) G1: pre M=82.0 SD=13.8 post M=54.0 SD=25.3 3mFU M=53.9 SD=26.7 G2: pre M=61.8 SD=16.0 post M=35.3 SD=17.1 3mFU M=24.6 SD=18.4 G3: pre M=72.0 SD=19.8 post M=49.1 SD=26.2 3mFU M=50.2 SD=25.4 G4: pre M=64.3 SD=24.8 post M=64.0 SD=25.4	Acceptable	No details on randomization procedure. Small cell sizes. No blind assessment. No ITT analysis Interpretation of findings as showing non-inferiority inappropriate due to insufficient power.

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Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Johnson, Johnson & Perez et al (2016)	residents of battered women's shelters 95% PTSD 100% abuse or interpersonal violence	60	G1: active treatment Helping to Overcome PTSD through Empowerment (HOPE) plus standard shelter services (SSS); HOPE = present-centered CBT G2: control group standard shelter services (SSS)	shelter max 10 weeks, post-shelter 12 weeks max 16 sessions (max = 12,7 sessions)	HOPE+SSS > SSS (ITT) CAPS (available data sample) G1: pre M=61.8 SD=25.7 n=30; post-shelter M=14.3 SD=21.3 n=26; 3 FU post-shelter (= post-HOPE) M=12.5 SD=21.0 n=27; 6 FU post-shelter (= 3 FU post-HOPE) M=12.1 SD=20.8 n=27 G2: pre M=64.2 SD=17.4 n=30; post-shelter M=27.8 SD=28.2 n=25; 3 FU post-shelter (= post-HOPE) M=30.8 SD=28.0 n=23; 6 FU post-shelter (= 3 FU post-HOPE) M=25.9 SD=30.0 n=21; Cohen's d for difference between groups (CAPS available data all effects within 95%-CI): post-shelter: d = .57; 3 FU post-shelter (= post-HOPE): d = .70 6 FU post-shelter (= 3 FU post-HOPE): d = 0.63 PTSD diagnostic status (CAPS available data): post-shelter: n.s; 3 FU post-shelter (post-HOPE): n.s 6 FU post-shelter (3 FU post-HOPE): HOPE+SSS 18.5% SSS 52.4% OR= 21 RR=0.21 OR and RR within 95%-CI RCI (CAPS ITT) G1: post-shelter 76.9% 3 FU post-shelter 85.2% 6 FU post-shelter 81.5% G2: post-shelter 66.7% 3 FU post-shelter 68.0% 6 FU post-shelter 76.2%	Acceptable	No concealed allocation. Moderate sample size. Unclear whether ITT analyses in all cases. Unclear whether pre-treatment group differences.
Johnson, Zlotnick & Perez (2011)	87% PTSD 100% physical or sexual assault, 8% comorbid substance use dependence	70	G1: Helping to Overcome PTSD through Empowerment (HOPE) G2: Standard shelter services (TAU)	8 weeks, 7 sessions, 8 weeks	HOPE>TAU CAPS (ITT) G1: pre M=53.3 SD=24.3 post M=24.8 SD=18.5 3mFU M=21.2 SD=24.8 6mFU M=18.6 SD=18.8 G2: pre M=62.7 SD=25.4 post M=42.4 SD=29.3 3mFU M=31.3 SD=22.0 6mFU M=26.6 SD=25.8 ES-between (Cohen's d) Post=0.59 CAPS (completer) G1: pre M=50.0 SD=22.6 post M=21.2 SD=17.2 3mFU M=16.3 SD=20.2 6mFU M=14.8 SD=16.6 G2: pre M=61.9 SD=25.7 post M=41.0 SD=28.6 3mFU M=31.3 SD=22.0 6mFU M=26.8 SD=26.2 ES-between (Cohen's d) Post=0.63	Acceptable to high	Very high drop-out rate in the treatment condition
Joseph & Gray (2014)	35% physical or sexual assault, 30% witness of traumatic event	116	G1: Attribution retraining for PTSD G2: WCL	2 weeks, 2 sessions	Attribution retraining>WCL PCL (completer) G1: pre M=43.3 G2: pre M=43.4	Low	PTSD diagnosis was not inclusion criterion. Non-clinical sample and setting (University students); short intervention; generalizability to clinical setting unclear. Some descriptive data missing
Jung & Steil	adult survivors of	34	G1: active treatment	2 weeks,	CRIM for FBC > WL	Acceptable	Small sample size.

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Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
(2013)	childhood sexual abuse 100% PTSD 100% sexual abuse in childhood		Cognitive restructuring and Imagery modification (CRIM) for feelings of being contaminated (FBC) G2: control treatment Waitlist	1 session + 1 booster session	CAPS (completers) G1: pre M=80.6 SD=20.2 1 FU M=60.9 SD=23.3; d = 0.90 [0.12 1.68] G2: pre M=82.6 SD=16.6 1 FU M=80.4 SD=18.3; d = 0.12 [-0.62 0.86] PDS (completers) G1: pre M=30.2 SD=10.0 post M=24.4 SD=11.0 1 FU M=24.4 SD=10.8; pre-post d = 0.56 [-0.20 1.32] pre-1FU d = 0.56 [-0.20 1.32] G2: pre M=33.6 SD=9.7 post M=32.5 SD=8.3 1 FU M=33.8 SD=9.9 pre-post d = 0.13 [-0.61 0.87] pre-1FU d = 0.0 [-0.76 0.72]; between group differences (ITT 1 FU): CAPS d = 1.01 PDS d = 0.95; between group differences (completers): CAPS: 1 FU d = 0.93 [0.15 1.72]; PDS: post d = 0.84 [0.07 1.61] 1 FU d = 0.91 [0.13 1.69] RCI (CAPS completers 1 FU): G1: 7/14 (50%) G2: 1/14 (7.1%) Remission (CAPS completers 1 FU) G1: 5/14 (35.7%) G2: 1/14 (7.1%)	able	Short follow-up. No details on randomization procedure. One therapist conducted all treatments who was one of the two developers of the intervention.
Kangas, Milross & Taylor et al. (2013)	recently diagnosed head and neck cancer patients concurrently undergoing radiotherapy 14 % PTSD 100% illness or medical procedure	35	G1: active treatment multi-modal CBT (psycho-education pertaining to HNC and illness-related stress, breathing and relaxation, imaginal exposure to distressing cancer-related memories, graded in vivo exposure, cognitive restructuring, behavioral activity scheduling, relapse prevention) G2: control treatment Supportive Counseling (SC)	10 weeks 7 sessions	CBT = SC PCL-S (ITT): G1: pre M=33.1 SE=1.91; 1 FU M=29.0 SE=1.94; 6 FU M=23.8 SE=1.97; 12 FU M=27.6 SE=2.0 G2: pre M=30.6 SE=2.36; 1 FU M=27.4 SE=2.38; 6 FU M=24.0 SE=2.39; 12 FU M=29.3 SE=2.54 d within (PCL-S ITT): G1: 1 FU d = 0.47 6 FU d = 1.07 12 FU d = 0.63 G2: 1 FU d = 0.36 6 FU d = 0.74 12 FU d = 0.15 d between (PCL-S ITT): 1 FU d = -0.18; 6 FU d = 0.03; 12 FU d = 0.18 PTSD diagnosis (CAPS) G1: pre 5/21 (23.8%) 12 FU 4/21 (19.4%) G1: pre 1/14 (7.1%) 12 FU 0/14 (0%)	Low to Acceptable	Generalizability of study findings to PTSD populations questionable as (1) early intervention setting, and (2) very low PTSD severity pre-treatment. No information on randomization procedure and concealed allocation. No information on any concurrent psychological or pharmacological treatment. - No immediate post-intervention assessment. Moderate assessment retention rates
Karatzias, Power & Brown et al. (2011)	100% PTSD 44% physical or sexual assault, 37% accidents, 20% others	46	G1: EMDR G2: EFT	8 weeks, 4 sessions 8 weeks, 4 sessions	EMDR=EFT Clinical significant change (post) G1=34.8% G2=8.7% PCL-C (ITT) G1: pre M=59.3 SD=11.1 post M=41.6 SD=21.8 3mFU M=43.1 SD=21.6 G2: pre M=57.8 SD=12.0 post M=42.0 SD=16.9 3mFU M=41.0 SD=18.1 ES-within (Cohen's d; ITT) G1: post=1.0 3mFU=0.9 G2: post=1.1 3mFU=1.1 CAPS (ITT) G1: pre M=67.8 SD=14.0 post M=42.7 SD=30.1 3mFU M=43.8 SD=30.5 G2: pre M=62.5 SD=14.4 post M=40.5 SD=26.3 3mFU M=38.7	High	n/a

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD diagnosis Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Katz, Douglas & Zaleski et al. (2014)	100% physical or sexual assault	51	G1: PE G2: Holographic Reprocessing (HR) G3: Person-centered (PC)	10 sessions	SD=28.6 ES-within (Cohen's d; ITT) G1: post=1.1 3mFU=1.0 G2: post=1.0 3mFU=1.0 PE=HR>P PCL (Completer) G1: pre M=66.2 SD=12.9 post M=47.9 SD=22.7 G2: pre M=54.3 SD=13.6 post M=32.8 SD=10.0 G3: pre M=51.6 SD=17.8 post M=49.1 SD=23.4	Low to Acceptable	Diagnosis of PTSD was not inclusion criterion. Only pre-post comparison, no FU assessment. Only self-report measures as outcome variables, no blinded assessor-based rating. No details on randomization procedure. Small cell sizes
Keane, Fairbank, Cadell et al. (1989)	100% PTSD 100% military trauma as military service	24	G1: Implosive therapy G2: WCL	14 sessions, 18 weeks	Implosive flooding>WCL MMPI-PTSD subscale (ITT) G1: pre M=36.4 SD=10.6 post M=28.8 SD=15.0 6mFU=29.1 SD=15.5 G2: pre M=36.5 SD=6.7 post M=31.9 SD=12.0	Low	Small sample size. No standardized time period in WL control group. No details on randomization procedure. No validated measure of PTSD severity. No blind assessor-based instrument.
Kearney, Malte & McManus et al. (2013)	100% PTSD 100% military trauma as military service	47	G1: MBSR G2: TAU	8 weeks, 7 sessions 8 weeks	MBSR+TAU=TAU (post) MBSR+TAU>TAU (4mFU) Clinical significant change (post) G1=32% G2=22.7% PCL-C (ITT) G1: pre M=59.9 SD=11 post M=52.5 SD=13 3mFU M=54.4 SD=15 G2: pre M=62.9 SD=11 post M=58.5 SD=11 3mFU M=60.2 SD=13; ES-between (Cohen's d; ITT) Post=-0.51 3mFU=0-.42 PCL-C (completer) G1: pre M=59 SD=11.5 post M=52 SD=13.1 3mFU M=54 SD=14.8 G2: pre M=63 SD=10.8 post M=59 SD=11.0 3mFU M=60 SD=12.5; ES-between (Cohen's d; completer); Post=-0.56 3mFU=-0.47	Acceptable	Small sample size. PTSD diagnosis not established with structured clinical interview. Outcome measures only included self-report instruments, no blind assessor-based instrument. No details on randomization procedure.
Kelly & Garland (2016)	community sample of IPV trauma survivors 100% interpersonal violence	45 (39)	G1: active treatment Trauma-informed MBSR G2: control group waitlist	8 weeks 8 sessions	TI-MBSR > WL (ITT) PCL-C (Completer) G1: pre M=49 SD=11; post M=35 SD=12 G2: pre M=46 SD=12; post M=40 SD=13 Cohen's d for differences in pre-post-changes between groups: d = .94	Low to Acceptable	No detailed information on randomization procedure. Concurrent treatment not systematically assessed. Only self-report measures as outcome variables, no blind assessor-based rating. No FU data. No ITT analysis. Representativeness for clinical PTSD

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Kent, Davis & Stark et al. (2011)	100% PTSD 50% physical or sexual assault, 5% accident, 31% combat, 14% traumatic grief	39	G1: Resilience-oriented Treatment G2: WCL	12 weeks, 10 sessions	Resilience-oriented treatment>WCL PDS (ITT) G1: pre M=35.9 SD=9.5 post M=23.0 SD=12.2 G2: pre M=37.5 SD=9.8 post M=36.9 SD=9.7 ES-between (Cohen's d); Post=1.40	Acceptable	populations questionable as no formal PTSD diagnosis as inclusion criterion and only moderate symptom severities. Small sample size Only pre-post-comparison, no FU
Kersting, Kroker & Schlicht et al. (2011)		83	G1: Internet-based CBT G2: WCL	5 weeks, 10 assignments	Internet therapy>WCL (post and 3mFU) Reliable change (traumatic stress) G1=62% G2=36% IES (ITT) G1: pre M=33.1 SD=13.2 post M=17.9 SD=12.4 3mFU M=19.1 SD=14.5 G2: pre M=34.6 SD=11.4 post M=27.9 SD=10.9; ES-within (Cohen's d; ITT) G1: Post=0.84 G2: Post=0.34; ES-within (completer) G1: Post=1.15 G2: Post=0.59; ES-between (Cohen's d; ITT) Post=0.56 ES-between (completer) Post=0.86	High	n/a
Kersting, Kroker & Schlicht et al. (2013)		228	G1: Internet-based treatment G2: WCL	5 weeks, 10 assignments	Internet therapy>WCL (post and 12mFU) IES-R (completer) G1: pre M=30.5 SD=12.0 M=17.6 SD=12.2 3mFU M=13.1 SD=10.4 12mFU M=9.2 SD=9.7 G2: pre M=31.7 SD=11.6 post M=28.3 SD=11.8 ES-within (Cohen's d; completer) G1: post=1.02 3mFU=1.31 12mFU=1.50 ES-between (Cohen's d; ITT) Post=0.88	High	n/a
Kim, Schneider & Bevans et al. (2013)	100% other traumatic experience (work-related)	29	G1: Mindfulness-based stretching and deep breathing exercise (MBX) G2: CG G3: BASE group	8 weeks, 13 sessions	MBX>CG and BASE group PCL-C (ITT) G1: pre M=43.2.1 SD=11 post M=24.3 SD=3.3 G2: pre M=42.6 SD=12.7 post M=41.0 SD=16.3 G3: pre M=21.8 SD=3.4	Acceptable	Small sample size PTSD diagnosis not established with structured clinical interview Only pre-post comparison, no FU assessment. Only self-report measures as outcome instrument, no blind assessor-based instrument
Kip, Rosenzweig & Hernandez et al. (2013)	100% traumatic experience as military service	57	G1: Accelerated Resolution Therapy (ART) G2: Attention control (AC)	4 sessions, 2 sessions	ART>AC Reliable change index G1=58.6% G2=10.7% PCL-M (ITT) G1: pre M=57.4 SD=15.0 post M=42.0 SD=13.7 G2: pre M=56.4 SD=15.7 post M=54.3 SD=5.6 PCL-M (completer) G1: pre M=57.4 SD=15.0 post M=40.2	Acceptable	PTSD diagnosis not assessed with structured clinical interview. Only self-report measures as outcome, no blind assessor-based rating.

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Reference	Population % PTSD diagnosis Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Knaevelsrud & Brand (2015)	100% PTSD	159	G1: Internet-based cognitive behavioral therapy (CBT) G2: WCL	5 weeks, 10 sessions 5 weeks	SD=13.4 G2: pre M=56.4 SD=15.7 post M=53.9 SD=6.0 Interapy>WCL Reliable change (post completer) G1=74% G2=6% PDS (ITT) G1: pre M=30.4 SD=8.2 post M=20.3 SD=12.5 3mFU M=20.8 SD=12.4 G2: pre M=30.7 SD=8.1 post M=30.2 SD=8.7; ES-between (Cohen's d) Post=0.92 PDS (completer) G1: pre M=30.9 SD=8.1 post M=14.0 SD=10.8 3mFU M=10.9 SD=7.9 G2: pre M=31.8 SD=7.1 post M=31.0 SD=8.4	Acceptable	Only pre-post-comparison between conditions, as cross-over took place in AC group after post-assessment. No details on randomization procedure. PTSD was not established with gold standard structured clinical interview. Only self-report measures as outcome, no blind assessor-based rating.
Knaevelsrud & Maercker (2007) & (2010)	70% PTSD 32% physical or sexual abuse, 6% accident, 9% illness, 4% traumatic grief	96 (87)	G1: Internet-based cognitive behavioral therapy (CBT) G2: WCL	5 weeks, 10 sessions 5 weeks	Interapy>WCL IES-R (ITT) G1: pre M=65.0 post M=33.4 3mFU M=31.9 G2: pre M=61.4 post M=53.2 IES-R (completer) G1: pre M=63.1 post M=26.6 3mFU M=26.1 12mFU M=23.4	Acceptable	PTSD not established with structured clinical interview. Only self-report measures as outcome variables, no blind assessor-based rating. Naturalistic follow-up, about 24% of the participants indicated that they engaged in face-to-face therapy during the follow-up period
Koopman, Ismailji & Holmes et al. (2005)	53% PTSD 100% interpersonal intimate partner violence	59	G1: Expressive writing intervention G2: Neutral writing intervention	4 weeks, 4 sessions	EWI = NWI PCL-S (Completer): G1: pre M= 46.5 SD=15.6; 3-5m FU M=39.9 SD=18.7 G2: pre M= 44.3 SD=14; 3-5m FU M=38.1 SD=15.4	Low to Acceptable	PTSD was not inclusion criterion, generally low PTSD symptom severity; generalizability to clinic setting unclear. Only self-report measures as outcome, no blind assessor-based rating. No FU assessment. No ITT analysis.
Krakow, Hollifield, Johnston, et al. (2001)	95% heightened PTSD symptoms 100% physical or sexual assault, 42% Single trauma exposure, 58% multiple trauma exposure	168 (114)	G1: Imagery Rehearsal Therapy (IRT) G2: WCL	5 weeks, 3 sessions 24 weeks	IRT>WCL PSS (completer) G1: pre M=28.3 SD=10.4 3mFU M=17.2 SD=10.4 ES-within (Cohen's d)=0.29 G2: pre M=28.5 SD=11.7 3mFU M=25.3 SD=11.8 ES-within (Cohen's d)=1.0 CAPS (completer) G1: pre M=81.9 SD=17.0 3mFU M=49.6 SD=24.0 ES-within (Cohen's d)=1.53 G2: pre M=79.6 SD=24.4	High	n/a

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Reference	Population % PTSD diagnosis Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Krakow, Hollofield & Schrader et al. (2000)	95% PTSD	169	G1: Imagery-rehearsal therapy G2: Waiting list control group	5 weeks, 3 sessions	3mFU M=68.4 SD=27.3 ES-within (Cohen's d)=0.53 IRT > Control group Pretreatment values and posttreatment values result from different questionnaires PSS-SR (Completer): G1: 3-5m FU M= 15 SD=10.2 G2: 3-5m FU M=25.7 SD=12 PSS-I (Completer): G1: pre M=27.6 SD=10.6 G2: pre M=29.2 SD=12.1	Acceptable	PTSD was not inclusion criterion, generally low PTSD symptom severity; generalizability to clinic setting unclear. Only self-report measures as outcome, no blind assessor-based rating. No FU assessment. No ITT analysis.
Krupnick, Green & Amdur et al. (2016)	veterans seeking mental health care at a veterans medical center 100% PTSD	RCT	G1: active treatment WiRED + TAU (WiRED = therapist-guided online CBT) content: exposure to traumatic wartime events, cognitive restructuring, treatment termination issues G2: control treatment TAU (face-to-face-therapy within a veterans medical center)	12 weeks 10 writing sessions	WIRED + TAU = TAU PCL-M (ITT): G1: pre M=3.6 SD=0.3; post ?; 3FU ?; pre-post d = 1.23 pre-3FU d = 1.93 G2: pre 3.91 SD=0.4; pre-post d = 0.06; pre-3FU d = .45 no significant group x time effect	Low to Acceptable	Small sample size. High assessment dropout. Pre-treatment group differences. Effects of TAU treatment not entirely controlled for. No detailed information on randomization procedure. Only self-report measures as outcome variables, no blind assessor-based rating.
Krupnick, Green & Stockton et al. (2008)	100% PTSD 100% multiple trauma, 100% interpersonal trauma	48	G1: Interpersonal Psychotherapy for PTSD group therapy (IPT) G2: waiting list control group	16 sessions	IPT > Control group CAPS (ITT): G1: pre M=65.2 SD=20.9; post M=40.6 SD=16.9; 3-5m FU M=38.5 SD=20.5 G2: pre M=62.6 SD=16.6; post M=56.9 SD=12.2; 3-5m FU M=43.8 SD=18.2	Low to Acceptable	No information on randomization procedure. Unclear whether blind assessment. Large dropout from assessment, with less than 50% of the control condition providing data at post-treatment and follow-up. Generalizability unclear.
Kruse, Joksimovic & Cavka et al. (2009)	war refugees from Bosnia referred to specialized treatment 100% PTSD lifetime: 100% military trauma as civilian	70 (64)	G1: active treatment Stabilization therapy + somatic usual care stabilization therapy =stabilization stage of the consensus model of trauma therapy G2.: control TAU (psychoeducation, counseling in dealing with authorities, and somatic care)	stabilization therapy: 38 weeks, 25 sessions	Stabilization therapy > TAU HTQ (completers): G1: pre M=3.5 SD=0.4 12-month post-baseline M=2.2 SD=0.7; d = 2.7 G2: pre M=3.5 SD=0.4 12-month post-baseline M=3.6 SD=0.3; d = -0.3 ANCOVA: partial squared eta = 0.657 HTQ "remission": G1 28/34 (82.4%) G2 0/30 (0%); p < .001	Low to Acceptable	No appropriate randomization procedure was used. No ITT analyses. Group differences pre-treatment. Only self-report measures as outcome variables, no blind assessor-based rating. No longer-term FU data; relationship of second assessment to end of treatment unclear.
Kubany, Hill & Owens (2003)	100% PTSD	37 (32)	G1: Immediate Cognitive Trauma Therapy for Battered	6 weeks, 8.5	Immediate CTT-BW > Control group DEQ (ITT): G1: pre M= 58.2 SD=11.9; post M=8.7	Acceptable to	No information on randomization procedure.

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Reference	Population % PTSD diagnosis Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
			Women (CTT-BW) G2: Delayed CTT-BW (Control group)	sessions	SD=14.6; G2: pre M=54.3 SD=13.3; post M=53.4 SD=13.6 Between group ES (hedge's g)=3.3 DEQ(Completer): G1: pre M=58.1 SD=12.2; post M=5.7 SD=7.2; 3-5m FU M=4.4 SD=3.8 G2: pre M=53.8 SD=14.5; post M=54.3 SD=14.3 Between ES (hedge's g)=3.4 CAPS (ITT): G1: pre M= 82 SD=21; post M=14.9 SD=28.1 G2: pre M=79.1 SD=22.1; post M=72.4 SD=24.6 Between ES (hedge's g)= 2.3 CAPS (Completer): G1: pre M= 80.9 SD=20.7; post M=10.1 SD=19.3; 3-5m FU M=7.9 SD=9.3 G2: pre M=79.1 SD=22.1; post M=76.1 SD=25.2 Between ES (hedge's g)=2.6	high	Generalization unclear due to small sample size and single therapist (who is the developer of the intervention) providing all treatments. Concurrent other treatments and medication were allowed and not controlled for.
Kubany, Hill & Owens et al. (2004)	100% PTSD 100% battered women	125 (86)	G1: Cognitive trauma therapy for battered women (CCT-BW) G2: Delayed treatment	6 sessions, 10 weeks	CCT-BW > Control group CAPS (ITT): G1: pre M=74.4 SD=19.9 post M= 33.3 SD=32.8 G2: pre M=78 SD=20.5 post M=74.1 SD=21.9 CAPS (completer): G1: pre M=72.9 SD=18.4 post M=15.8 SD=14.4 3mFU M=17.7 SD=19.7 6mFU M=22.8 SD=23.7 G2: pre M=77.5 SD=21.9 post M=71.9 SD=23.8 DEQ (ITT): G1: pre M=56.5 SD=13.4 post M=27.9 SD=24.4 G2: pre M=58 SD=15.3 post M= 52.7 SD=16.3 DEQ (completer) G1: pre M=55.4 SD=12.7 post M=16.8 SD=16.1 3mFU M=15.7 SD=16.6 6mFU M=13.9 SD=15 G2: pre M=57.5 SD=15.7 post M=52.0 SD= 15.8 Remission (completers): G1: 91% completer without PTSD at posttreatment	Acceptable to high	No details on randomization procedure.
Kuckertz, Amir & Boffa et al. (2014)	active duty military members receiving treatment at a community inpatient behavioral health unit specializing in treatment of behavioral and chemical	37	G1: active Attention Bias Modification Training (ABM) + inpatient TAU G2: control Attention Control Condition (ACC) + inpatient TAU ACC was identical to ABM with the exception that the probe replaced the threat and neutral words with equal frequency	2 weeks 14 sessions	ABM > ACC PCL-M (completers): G1: pre M=63.1. SD=9.1; post M=42.8 SD=12.0; d within = 3.17 G2: pre M=61.7 SD=9.0; post M=51.6 SD=14.7; d within = 1.81 d between = 0.85	Acceptable	Small sample size for comparison of two active treatment conditions only differing in add-on. No detailed information on randomization procedure. Only self-report measures as outcome variables, no blind assessor-based rating. No FU data.

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Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Lande, Banks-Williams & Francis et al. (2010)	dependency services military personnel 100% PTSD lifetime: 100% military trauma military personnel 100% PTSD 100% military trauma	49	G1: Biofeedback G2: Control group (Treatment as usual)	6 sessions, 3 weeks	Biofeedback = CG PCL-M (completer): G1: pre M=64.18 SD=11.06 G2: pre M=66.59 SD=8.53	Low to Acceptable	Diagnosis of PTSD was not inclusion criterion. Only pre-post comparison, no FU assessment. Only self-report measures as outcome variables, no blinded assessor-based rating. No details on randomization procedure. Small cell sizes
Lange, Rietdijk & Hudcovicova et al. (2003)	90% of completers with IES-score above PTSD-cutoff	184	G1: Interapy, internet-mediated treatment of pathological grief & PTSS G2: Control group	10 sessions, 5 weeks	Interapy > Control group IES-Intrusion (completer) G1: pre M=20.2 SD=7.5 post M=11.1 SD=9.3 1.5mFU M=10.5 SD=9.4 within ES (Cohen's d): pre vs. post = 1.28 G2: pre M=19.9 SD=8.2 post M=22 SD=8.6 between ES ((Cohen's d): post = 0.28 Clinically significant improvement (IES-Intrusion):	Low to Acceptable	Community sample with mild PTSD symptoms and no formal PTSD diagnosis established with a structured clinical interview; generalization to clinical samples unclear. Outcome measures only self-report, no blind assessor-based measures. No details on randomization procedure. No ITT analyses.
Lange, van de Ven & Schrieken et al. (2001)		30	G1: Internet-based therapy (interapy treatment) G2: WLC	10 sessions, 5 weeks	Interapy > WLC IES Avoidance: G1: pre M=12.5 SD=8.6 post M=2.9 SD=3.0 6-weeks FU M=0.9 SD=1.9 G2: pre M=11.7 SD=8.6 post M=8.8 SD=7.2 between-group ES (Cohens' d) post = 0.70 IES Intrusion: G1: pre M=17.5 SD=7.5 post M=6.5 SD=4.5 6-weeks FU M=2.9 SD=2.4 G2: pre M=13.6 SD=7.0 post M=10.0 SD=8.7 between-group ES (Cohens' d) post =1.10 Reliable change index: Avoidance: G1: 86% clinically relevant change G2:29% Intrusion: G1: 82% clinically relevant change G2:56%	Acceptable	Small sample size. Only self-report measures as outcome variables, no blind assessor-based rating. Generalization unclear as non-help-seeking student sample participating in return for course credit.
Lee, Gavriel, Drummond et al.	100% PTSD 71% single trauma,	27 (24)	G1: EMDR G2: Stress inoculation training	8 weeks, 8 sessions,	EMDR=SITPE (post) EMDR>SITPE (3mFU) Clinical significant change G1=66.7% G2=66.7%	Acceptable	Very small sample size. No details on randomization

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Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
(2002)	29% multiple trauma		with prolonged exposure (SITPE)	7 weeks, 7 sessions	Remission rates G1=83% G2=75% IES (completer) G1: pre M=55.8 SD=8.2 post M=23.2 SD=19.0 3mFU M=19.0 SD=18.7 G2: pre M=54.9 SD=9.1 post M=30.3 SD=20.2 3mFU M=32.9 SD=20.0 SI-PTSD (completer) G1: pre M=37.6 SD=5.5 post M=17.0 SD=12.9 3mFU M=14.2 SD=12.2 G2: pre M=42.3 SD=8.3 post M=25.1 SD=13.3 3mFU M=24.3 SD=12.0		procedure. No blinding of assessors. No details on randomization procedure. No ITT analysis.
Levine, Eckhardt & Targ et al. (2005)	14% PTSD 100% illness	181	G1: CAM (Complementary/alternative oriented intervention) G2: Standard Support group	12 weeks, 24 sessions, 12 weeks, 12 sessions	CAM<Support Group Remission rates G1=46.7% G2=54.5% PCL-C (completer)G1: pre M=34.5 SD=11.0 post M=32.5 G2: pre M=33.0 SD=10.0 post M=29.5	Low	Only a minority of participants had PTSD. Very specific group (women with breast cancer) generalization to other populations questionable. Only self-report measures as outcome variables, no blind assessor-based rating No ITT analyses. No information on randomization procedure. No descriptive provided for post- and FU assessments.
Lindauer, Gersons & Meijel et al. (2005)	100% PTSD 63% physical or sexual assault, 25% accident, 4% natural/manmade disaster, 4% military trauma as civilian, 4% witness of traumatic event	24	G1: BEP (Brief Eclectic Psychotherapy) G2: WCL	16 weeks 16 sessions, 18 weeks	BEP>WCL Remission rates G1=83.3% G2=2	Acceptable	Very small sample size. Only self-report measures as outcome variables, no blind assessor-based rating No FU assessment.
Littleton, Grills & Kline et al. (2016)	university students with rape-related PTSD 100% PTSD 100% physical/sexual abuse/IPV lifetime trauma: 100% physical/sexual abuse/IPV at any age	87 (55)	G1: active treatment Therapist-facilitated online CBT program ("From Survivor to Thriver") G2: active treatment self-help psychoeducational online program	14 weeks 9 modules	From Thrive to Survivor program = Psychoeducational program PSS-I (available data) G1: pre M=23.7 SD=6.5; post M=11.2 SD=5.8; 3 FU M=7.9 SD=6.3 G2: pre M=23.0 SD=7.3; post M=10.4 SD=8.5; 3 FU M=6.8 SD=5.7 Within changes (PSS-I initiators/ITT) G1: pre-post d = 2.22/0.88 pre-3FU d = 2.6/1.8 G2: pre-post d = 1.10/0.86 pre-3FU d = 2.26/1.8 RCI (PSS-I) G1: post 73.9% 3 FU 80% G2: post 75% 3 FU 70%	Acceptable	Randomization procedure not free from bias. No blind assessment. High dropout from assessment.

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
	53% physical/ sexual abuse/IPV < age 18 2% witness of traumatic event				differences between groups at post-treatment controlling for pre-treatment scores (PSS-I): $d = 0.06$		
Litz, Engel & Bryant et al. (2007)	100% PTSD 100% combat/terror attack	45	G1: Self-management cognitive behavior therapy G2: Supportive counseling	8 weeks, 8 weeks	Self-management CBT>SC Remission rates G1=25% G2=4.8% High end-state functioning G1=29.2% G2=0% PSS-I (completer) G1: pre M=26.7 SD=9.0 post M=14.9 SD=13.4 3mFU M=13.2 SD=7.1 6mFU M=8.7 SD=8.0 G2: pre M=29.2 SD=9.9 post M=20.0 SD=11.5 3mFU M=14.0 SD=8.6 6mFU M=17.5 SD=10.4 ES-between (completer) Post=0.41 3mFU=0.10 6mFU=0.95	Accept- able to high	No information on randomization procedure.
Litz, Salters- Pedneault & Steenkamp et al. (2012)	100% PTSD 100% military trauma as military service	26	G1: DCS (Brief Exposure Therapy + DCS) G2: Placebo (Brief exposure therapy + placebo)	6 sessions, 6 sessions	DCS>Placebo Remission rates G1=76.9% G2=30.8% Clinical significant worsening G1=23.1% G2=0% PCL-M (ITT) G1: pre M=37.9 SD=8.8 post M=34.1 SD=21.1 3mFU M=33.3 SD=14.7 6mFU M=29.2 SD=13.2 G2: pre M=39.0 SD=8.8 post M=24.2 SD=15.0 3mFU M=26.9 SD=16.4 6mFU M=27.3 SD=15.8 ES-between (Hedges g) Post=.8 CAPS (ITT) G1: pre M=69.6 SD=23.2 post M=72.3 SD=28.6 3mFU M=62.6 SD=26.7 6mFU M=62.2 SD=32.2 G2: pre M=73.4 SD=16.4 post M=53.7 SD=26.2 3mFU M=58.2 SD=26.2 6mFU M=55.5 SD=27.0 ES-between (Hedges g) Post=.73	Accept- able	Very small sample size.
Maercker, Zollner, Menning et al. (2006)	46% PTSD 100% accident	48 (42)	G1: CBT G2: WCL	12 weeks, 11 sessions 12 weeks	CBT>WCL Remission rates G1=75% G2=40% IES-R (completer) G1: pre M=60.8 post M=27.9 3mFU M=26.8 G2: pre M=57.2 post M=50.8 CAPS (completer) G1: pre M=47.6 SD=19.1 post M=18.3 SD=18.8 3mFU M=18.9 SD=23.8 G2: pre M=41.8 SD=17.1 post M=35.2 SD=23 ES-between (Cohen's d; ITT) Post=1.34 ES-between (Cohen's d; completer) Post=1.61	Accept- able	Only half of the sample met criteria for PTSD. Randomization procedure may have induced bias. Significant group differences prior to randomization.
Maieritsch, Smith & Hessinger et al. (2016)	OEF/OIF/OND veterans 100% PTSD	90	G1: active treatment CPT videoconferencing G2: active treatment CPT in	presumably 12 sessions	There was a trend that CPT videoconferencing is non- inferior to CPT in-person CAPS (ITT): G1: pre M=81.5 SE=3.2; post M=51.4	Accept- able	Study compares two forms of delivering the same treatment. No other control condition.

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
	100% military trauma as military personnel		person		SE=4; 3 FU M=50 SE=4.4 G2: pre M=78.6 SE=31.; post M=51.9 SE=4.1 3 FU M=48.2 SE=4.2 PCL (ITT) G1: pre M=60.7 SE=1.9; post M=48.1 SE=2.3 3 FU M=45.1 SE=2.5 G2: pre M=60.1 SE=1.8; post M=46.2 SE=2.2 3 FU M=45.9 SE=2.3 pre-post d (completer): CAPS: video d = -1.4 in-person d = - 0.9 PCL: video -0.8 in-person -1.0		Insufficient information on randomization procedure. Unclear whether blinding of assessors took place.
Marcus (1997)	100% PTSD	67	G1: EMDR G2: Standard care		EMDR>Standard care IES G1: pre M=46.1 SD=10.7 post M=17.9 SD=16.5 3mFU M=12.3 SD=14.6 6mFU M=11.5 SD=14.6 G2: pre M=49.7 SD=11.7 post M=35.0 SD=20.2 3mFU M=33.0 SD=20.8 6mFU M=27.6 SD=21.1	Low to Acceptable	Crucial information missing, including number of sessions, number of participants allocated to each condition. Treatment length not standardized, may be different between EMDR and control group. Type of intervention in control group not controlled for/reported in detail. No ITT analysis. No FU data. Only self-report measures as outcome variables, no blind assessor-based rating.
Margolies, Rybarczyk & Vrana et al. (2013)	100% PTSD 100% military trauma as military service	40	G1: CBT-I/IRT (CBT for insomnia with adjunctive IRT) G2: WCL	6 weeks, 4 sessions, 6 weeks	CBT-I/IRT>WCL PSS-SR (completer) G1: pre M=41.8 SD=14.2 post M=33.5 SD=13.7 G2: pre M=39.8 SD=11.4 post M=47.1 SD=9.7	Low to Acceptable	Moderate sample size No diagnosis of PTSD assessed pre-treatment. Only self-report measures as outcome variables, no blind assessor-based rating. No information on randomization procedure. No follow-up data. Main focus on insomnia and nightmares, not PTSD symptoms as a whole.
Markowitz, Petkova & Neria et al. (2015)	100% PTSD	110	G1: Prolonged Exposure G2: Interpersonal therapy G3: Relaxation	14 weeks, G1: 10 sessions G2: 14 sessions G3: 10	IPT = PE > Relaxation PSS-SR (completer): G1: pre M=77.7 SD=22.3 post M=34.1 SD=26.4 within group ES(Cohens' d) post =1.81 G2: pre M=74.3 SD=20.2 post M=41.7 SD=26.1 within group ES (Cohens' d) post =1.61 G3:pre M=83.2 SD=15.3 post M=64.7 SD=27.4 within	High	Different number of sessions between conditions.

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD diagnosis Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
				sessions	group ES(Cohens' d) post = 0.71 between group ES (Cohens' d) post: G1-G2: d= 0.63 G1-G3: d= -1.55 G2-G3: d= -0.92 CAPS (completer): G1: pre M=72.1 SD=18.2 post M=37.5 SD=28.8 within group ES(Cohens' d): post = 1.88 G2: pre M=68.9 SD=16.2 post M=39.8 SD=24.3 within group ES(Cohens' d) post = 1.69 G3: pre M=68.9 SD=16.4 post M=46.5 SD=31.0 within group ES(Cohens' d) post = 1.32 between group ES(Cohens' d) post: G1-G2: d= 0.32 G1-G3: d= -0.88 G2-G3: d= -0.56 >30% improvement on CAPS: G1: 47% rate of response G2: 63% rate of response G3: 38% rate of response		
Marks, Lovell, Noshirvani et al. (1998)	100% PTSD 15% multiple trauma, 39% interpersonal trauma, 28% accident, 3% combat, 5% bombing, 15% witnessing trauma, 11% other	87 (77)	G1: Exposure G2: combined Exposure & cognitive restructuring G3: Relaxation	10 sessions, 16 weeks	Exposure=cognitive restructuring=E&CRS > Relaxation CAPS severity (completers) G1: pre M=2.6 SD=0.6 post M=1.5 SD=1.4 1mFU M=1.1 SD=1.2 3mFU M=0.5 SD=0.5 6mFU M=0.5 SD=0.5 within ES (mean change/SD change) pre vs. post = 1 pre vs. 1mFU = 1 pre vs. 3mFU = 2 pre vs. 6mFU = 2 G2: pre M=3.2 SD=0.8 post M=1.6 SD=1.2 1mFU M=1.8 SD=1.2 3mFU M=1.5 SD=0.9 6mFU M=1.5 SD=0.9 within ES (mean change/SD change) pre vs. post = 1 pre vs. 1mFU = 1 pre vs. 3mFU = 2 pre vs. 6mFU = 2 G3: pre M=3.1 SD=0.7 post M= 2 SD=1.2 1mFU M=1.6 SD=1.5 3mFU M=1.1 SD=1 6mFU M=0.8 SD=0.7 within ES (mean change/SD change) pre vs. post = 1 pre vs. 1mFU = 2 pre vs. 3mFU = 2 pre vs. 6mFU = 2 G4: pre M=2.7 SD=0.8 post M=1.7 SD=1.3 1mFU M=1.8 SD=1.1 3mFU M=1.5 SD=1.1 within ES (mean change/SD change) pre vs. post = 1 pre vs. 1mFU = 1 pre vs. 3mFU = 1 Responders (no PTSD at post; CAPS): G1: 75% G2: 65% G3: 64% G4: 55%	Acceptable	No details on randomization procedure. Significant differences on symptom measures pre-treatment.
McDonagh, Friedman & McHugo et al. (2005)	100% PTSD 100% childhood sexual abuse trauma	74 (57)	G1: CBT G2: Present-centered therapy (PCT) G3: WLC	14 sessions, 14-20 weeks	CBT = PCT > WLC CAPS (ITT) G1: pre M=69.9 SD=16.8 post M=53.1 SD=28.8 G2: pre M=67.7 SD=14.6 post M=47.2 SD=22.4 G3:pre M=72.0 SD=17.6 post M=65.5 SD=18.6 between group ES (Cohens' d) post: G1-G2:	High	n/a

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD diagnosis Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
McGovern, Lambert-Harris & Xie et al. (2015)	M = 35.3 years 59.3% female 95.5% Caucasian 1.8% Hispanic 100% PTSD	221	G1: Integrated CBT (Manual guided individual therapy focusing on PTSD symptoms and substance use) plus standard care G2: Individual addiction counseling (Manual guided individual therapy that targets exclusively substance use and recovery) plus standard care G3: Standard care only (Intensive outpatient program services with group and individual therapies and medication management, three of seven of the study sites also offered trauma-focused group session using Seeking Safety materials)	Integrated CBT and individual addiction counseling 8-12 Standard care 18-20	-0.22 G1-G3: 0.50 G2-G3:0.89 CAPS (completer): G1: pre M=67.1 SD=18.4 post M=38.5 SD=27.7 3mFU M=32.8 SD=20.4 6mFU M=31.9 SD=27.8 G2: pre M=67.5 SD=15.1 post M=44.9 SD=22.1 3mFU M=44.4 SD=17.7 6mFU M=43.3 SD=23.4 G3: pre M=70.0 SD=16.9 post M=62.5 SD=17.0 between group ES (Cohens' d) post: G1-G2: 0.26 G1-G3: 1.07 G2-G3: 0.89 between group ES (Cohens' d) 3mFU: G1-G2: 0.61 between group ES (Cohens' d) 6mFU: G1-G2: 0.45 PTSD (CAPS): Integrated CBT = Individual addiction counseling = Standard care Effect size estimates G1 vs. G2 -0.12 Integrated CBT vs G3 -0.24 G1 pre M = 76.7 SD = 18.1 post M = 46.8 SD = 24.8 G2 pre M = 78.8 SD = 21.4 post M = 49.6 SD = 25.7 G3 pre M = 76.5 SD = 20.8 post M = 52.6 SD = 26.5 Substance use severity (ASI Alcohol): G1 = G2 = G3 Effect size estimates G1 vs. G2 0.00. Integrated CBT vs. G3 0.25 G1 pre M = 0.2 SD = 0.2 post M = 0.2 SD = 0.2 G2 pre M = 0.2 SD = 0.2 post M = 0.2 SD = 0.2 G3 pre M = 0.2 SD = 0.2 post M = 0.1 SD = 0.2 Substance use severity (ASI Drug): G1 = G2 = G3 Effect size estimates Integrated CBT vs. G2 -0.13 ICBT vs. G3 -0.13 G1 pre M = 0.1. SD = 0.1 post M = 0.1 SD = 0.1 G2 pre M = 0.1 SD = 0.1 post M = 0.1 SD = 0.1 G3 pre M = 0.2 SD = 0.1 post M = 0.1 SD = 0.1	Acceptable	No details on randomization procedure. no post-t assessment (only FU) Time of treatment not standardized, unclear whether 6m FU is post or FU-assessment Concurrent treatments not systematically controlled.
McGovern, Lambert-Harris & Alterman et al. (2011)	100% PTSD 98% physical or sexual assault, 2% accident	53	G1: Integrated CBT (ICBT) plus standard care G2: Individual addiction counseling plus standard care	G1: 13 weekly sessions G2: 11 weekly sessions	ICBT = IAT = SC CAPS (ITT): G1: pre M=76.71 SD=18.13 post M=46.81 SD=24.81 G2: pre M=78.79 SD=21.36 post M=49.62 SD=25.71 G3: pre M=76.51 SD=20.83 post M=52.60 SD=26.46 PTSD (CAPS): G1 > G2 Group effect ($\chi^2 = 4.14$ df = 1 p = 0.04) G1 pre M = 75.8 SD = 19.9 post M = 36.1 SD = 19.2 3m FU M = 46.5 SD = 21.8 G2 pre M = 84.1 SD = 22.6 post M = 52.6 SD = 21.9 3m FU M = 49.8 SD = 28.6 Substance use severity (ASI alcohol composite): G1 =	Acceptable	No blinding of assessors at FU. No details on randomization procedure. High dropout from treatment and from measurement.

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Reference	Population % PTSD diagnosis Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
McLay, Wood & Webb-Murphy et al. (2011)	100% PTSD 100% military trauma as military personnel	20	G1: Virtual reality-graded exposure therapy (VR-GET) G2: Treatment as usual (TAU)	10 weeks, G1: 11 sessions G2: 14 sessions	G 2 Group effect ($\chi^2 = 0.00$ df = 1) G1 pre M = 0.3 SD = 0.3 post M = 0.1 SD = 0.2 3m FU M = 0.1 SD = 0.2 G2 pre M = 0.2 SD = 0.2 post M = 0.1 SD = 0.1 3m FU M = 0.0 SD = 0.1 Substance use severity (ASI drug composite): G1 = G2 Group effect ($\chi^2 = 0.02$ df = 1) G1 pre M = 0.2 SD = 0.2 post M = 0.1 SD = 0.1 3m FU M = 0.1 SD = 0.1 G2 pre M = 0.2 SD = 0.1 post M = 0.1 SD = 0.1 3m FU M = 0.1 SD = 0.1 VR-graded exposure therapy > TAU CAPS (completer): G1: pre M = 83.5 SD = 18.1 post M = 48.1 SD = 36.9 G2: pre M = 82.8 SD = 13.6 post M = 72.3 SD = 33.8 >30% improvement on CAPS: G1: 70% of participants G2: 11% of participants	Low to Acceptable	No blinded assessment No information on dose and type of treatments in TAU Interval from pre- to post-assessment not standardized between conditions Only 1 therapist treating all patients No FU assessment Very small sample size
Meffert, Abdo & Alla et al. (2014)	100% PTSD	22	G1: Interpersonal psychotherapy (IPT) G2: WCL	6 sessions, 3 weeks	Interpersonal therapy > WLC HTQ (completer): G1: pre M = 2.92 SD = 0.44 post M = 1.76 SD = 0.49 G2: pre M = 2.88 SD = 0.55 post M = 2.60 SD = 0.63	Low	Very small sample size No details on randomization procedure (especially concealment) Generalization questionable as trained lay counselors used, and study conducted in a different cultural context. No appropriate statistical analyses comparing active tx to control group. PTSD neither entry criterion nor key target.
Meredith, Eisenman & Han et al. (2016)	primary care patients 100% PTSD 3% single trauma 97% multiple trauma	404	G1: active treatment Collaborative care with care manager G2: control group Minimally enhanced usual care	52 weeks, 14 care manager sessions	Care Manager collaborative care = Usual Care CAPS severity (ITT n = 355): G1: pre M = 71.2; post M = 46.9 G2: pre M = 71.0; post M = 44.2 CAPS diagnosis (ITT n = 355) G1: pre n = 184 (100%); post n = 80 (43.4%) G1: pre n = 171 (100%); post n = 67 (39.4%)	Acceptable	Insufficient information on randomization procedure. Differences between sites not checked.
Meston, Lorenz & Stephenson (2013)	21% PTSD 100% childhood sexual abuse	91	G1: Sexual schema-focused expressive writing G2: Trauma-focused expressive writing	5 weekly sessions		Low	PTSD not entry criterion; low rate of PTSD in sample. Main target was sexual dysfunction. No adequate reporting of descriptive data on outcome variables. Generalization to clinical populations unclear as population was non-

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Reference	Population % PTSD diagnosis Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Miner, Kuhn & Hoffman et al. (2016)	community sample of trauma survivors	49	G1: active treatment mobile app "PTSD Coach" G2: control group waitlist	4 weeks	PTSD Coach > waitlist ITT G1: pre M=63.0 SD=11.3; post M=56.3 SD=10.5 G2: pre M=59.3 SD=11.3; post M=55.8 SD=13.0 small between pre-post-differences: d = -.25 Completers: G1: pre M=63.7 SD=9.9; post M=55.8 SD=10.6 G2: pre M=59.3 SD=12.1; post M=55.8 SD=13.3 small between pre-post-differences: d = -.33 non-significant differences in symptom reduction (>= 10 PCL-points) between PTSD coach (n = 9 39.1%) and waitlist (n = 4 19%)	Acceptable	treatment-seeking and selected based on a traumatic experience, but not symptomatology. Lack of blind assessment. Comparison of two active treatment conditions with small variation; no adequate control group No formal diagnosis of PTSD as entry criterion. No detailed information on randomization procedure. Only self-report measures as outcome variables, no blind assessor-based rating. No long-term FU data.
Mitchell, Dick & DiMartino et al. (2014)	71% PTSD	38	G1: Yoga group G2: Assessment control group	12 weeks, 12 sessions	Yoga group = Control group PCL-C (ITT): G1: pre M=51.9 SD=14.4; post M=39.1 SD=16.0 G2: pre M=53.4 SD=10.6; post M=39.1 SD=12.7 Between ES (Cohen's d): post=0.2	Low to Acceptable	Small sample size leading to reduced power. Formal diagnosis of PTSD not entry criterion. Randomization procedure lacks adequate concealment. Only 1m-FU. Only self-report measures as outcome variables, no blind assessor-based rating
Monson, Fredman & Macdonald et al. (2012)	100% PTSD 63% sexual and physical abuse, 8% accident, 13% witness of traumatic event in others	40	G1: Cognitive-behavioral conjoint therapy (CBCT) G2: Wait list	12 weeks, 15 sessions	CBCT > Wait list PCL (ITT): G1: pre M=49.9; post M=30.4 Within ES (hedge's g): post=1.6 G2: pre M= 57.9; post M= 46.8. Within ES (hedge's g): post=0.71 Between ES (hedge's g): post=0.6 CAPS (ITT): G1: pre M=68.9; post M=33.5 Within ES (hedge's g): post=1.8 G2: pre M=73.0; post M= 60.8. Within ES (hedge's g): post=0.57 Between ES (hedge's g): post=1.1	High	n/a
Monson, Schnurr, Resick et al. (2006)	military personnel 100% PTSD 22% sexual and physical abuse,	60 50)	G1: Cognitive Processing Therapy (CPT) G2: Waiting list control group	6 weeks, 12 sessions	CPT > Control group PCL (ITT): G1: pre M=60.7; post M=44.6 G2: pre M=61.5; post M=56.4 Between ES (hedge's g): post=1.0 Between ES (hedge's g) (Completer): post=	Acceptable to high	No information on randomization procedure. Concurrent treatments were allowed.

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Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
	78% military trauma				CAPS (ITT): G1: pre M=76.7; post M=52.1 G2: pre M=79.1; post M=76.0 Between ES (hedge's g): post=1.1 Between ES (hedge's g) (Completer): post=1.1		
Moradi, Moshirpanahi & Parhon et al. (2014)	military personnel 100% PTSD 100% military trauma	24	G1: Memory Specificity Training (MEST) G2: Control group	4 weeks, 4 sessions	MEST > Control group IES-R (Completer): G1: pre M=27.8 SD=2; post M=12.9 SD=3.2; 3-5m FU M=13.3 SD=2.9 Within ES (Cohen's d): pre vs post=5.7 G2: pre M=26.1 SD=3.3; post M=24.9 SD=3.8; 3-5m FU M=24.5 SD=3 Within ES (Cohen's d): pre vs post=0.3 Between ES (Cohen's d): post=3.5	Low to Acceptable	Very small sample size, resulting in limited power. Generalization to German population unclear due to variation in cultural context. Only self-report measures as outcome variables, no blind assessor-based rating.
Morath, Gola & Sommershof et al. (2014)	refugees with a history of war and torture experience 100% PTSD 100% military trauma as civilian	34	G1: active treatment NET G2: control treatment waitlist	12 weeks 12 sessions	NET > WL CAPS (ITT): G1: pre M=92.4 SD=14.9; 4FU M=58.6 SD=24.9; d = -1.61 G2: pre M=76.9 SD=15.9; 4FU M=74.6 SD=20.4	Low to Acceptable	Small sample size. Main research question was biological outcome, not clinical outcomes. No detailed information on randomization procedure. Significant group differences at baseline.
Morland, Mackintosh & Greene et al. (2014)	100% PTSD 100% Military trauma as military personnel,	125	G1: In- Person cognitive processing therapy-cognitive only version (CPT-C) G2: Cognitive Processing Therapy via video teleconferencing (VTC)	6 weeks, 12 sessions	CPT-C = VTC CAPS (ITT): G1: pre M= 68.9 SD=13; post M=58.7 SD=21; 3-5m FU M=57.6 SD=19.7; 6-9m FU M=57.7 SD=19.8 G2: pre M=72 SD=14.6; post M=55.6 SD=18.8; 3-5m FU M=53.7 SD=19; 6-9m FU M=56.2 SD=18 Between ES (Cohen's d): post -.3; 3-5m FU= -.3; 6-9m FU= -.3 CAPS (Completer): G1: pre M= 69 SD=13.7; post M=60.5 SD=20.9; 3-5m FU M=57.4 SD=19.7; 6-9m FU M=57.8 SD=18.7 G2: pre M=71.1 SD=14.8; post M=55.9 SD=19.6; 3-5m FU M=54.4 SD=19.2; 6-9m FU M=56.5 SD= 18.7 Between ES (Cohen's d): post -.3; 3-5m FU= -.3; 6-9m FU= -.4	High	n/a
Morland, Mackintosh & Rosen et al. (2015)	civilians and veterans, reserves, and guard 100% PTSD	126	G1: active treatment CPT - In Person G2: active treatment CPT – video teleconferencing	12 weeks 12 sessions	videoconferencing is non-inferior to in-person in both ITT and completer samples Differences in change from baseline (ITT): post d = -.06 3 FU d = -.11 6 FU d = -.17 very slightly favoring the videoconferencing condition CAPS (ITT) G1: pre M=67.3 [62.5 72.1] post M=53.3 [43.9 63.3] 3 FU M=54.5 [44.7 64.4] 6 FU M=52.3 [39.6 65.8] G2: pre M=67.6 [62.7 72.5] post M=50.5	Acceptable	Non-inferiority study comparing two ways of delivering the same intervention (CPT), no additional control condition. Limited information on randomization procedure. Unclear whether blind assessments.

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Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Mueser, Gottlieb & Xie et al. (2015)	M = 43.7 years 69% female 34% Caucasian 56% Black 18% Hispanic 1% Asian 9% Other 100% PTSD	201	G1: CBT programme (Based on cognitive models of PTSD that posit that a key dimension of the disorder is the cognitive distortions that result from the trauma exposure and subsequent attempts to cope with associated negative affect, trauma-focused) G2: Brief treatment programme (Designed to provide the same breathing retraining and educational components as the CBT programme, but without the cognitive restructuring)	12-16 weeks in the CBT condition and 3 weeks in the brief treatment programme	[39.9 61.0] 3 FU M=50.9 [40.1 61.7] 6 FU M=46.5 [35.3 57.7] PTSD (CAPS): CBT > brief treatment Treatment group effect ES = -0.29 F(1,170) = 6.51 p = 0.01 G1 pre M = 86.1 SD = 13.5 post M = 63.6 SD = 27.1 6m FU M = 63.2 SD = 29.0 12m FU M = 60.6 SD = 28.4 G2 pre M = 85.8m SD = 13.1 post M = 70.4 SD = 25.0 6m FU M = 70.2 SD = 24.7 12m FU M = 65.9 SD = 26.4 Depression (BDI-II): G1 = G2 Treatment group effect ES = 0.03 F(1,169) = 0.65 p = 0.42 CBT pre M = 30.5 SD = 12.4 post M = 23.5 SD = 14.1 6m FU M = 25.0 SD = 14.0 12m FU M = 23.4 SD = 13.2 G2 pre M = 29.8 SD = 12.1 post M=26.1 SD = 14.5 6m FU M = 24.1 SD = 12.8 12m FU M = 22.4 SD = 14.4 Anxiety (BAI): G1= G2 Treatment group effect ES=70.17 F(1,167) = 2.08 p = 0.15 G1 pre M = 29.2 SD = 14.8 post M = 23.3 SD = 15.1 6m FU M = 24.6 SD = 16.3 12m FU M = 23.4 SD = 15.0 G2 pre M = 29.3 SD = 14.3 post M = 26.4 SD = 15.1 6m FU M = 26.3 SD = 15.3 12m FU M = 24.8 SD = 17.6	High	n/a
Mueser, Rosenberg & Xie et al. (2008)	M = 44.2 years 78.7% female 84.3% Caucasian 100% PTSD 78% Physical abuse or sexual abuse or interpersonal violence or domestic violence 1% accident, 1% military trauma, 15% traumatic grief, 2% witnessed traumatic event in others	54	G1: CBT for PTSD (Sessions followed a structured format and included handouts, worksheets, and homework assignments) G2: TAU (Usual services patients had been receiving before. No cognitive restructuring or exposure therapy treatments for PTSD)	16- 24	PTSD (CAPS): CBT > TAU Interaction effect treatment x time df = 1 78 F (χ ²) = 8.30 p = .005 ES = .45 G1 pre M = 74.5 SD = 17.6 post M = 55.5 SD = 27.9 3m FU M = 55.1 SD = 26.0 6m FU M = 57.5 SD = 25.3 G2 pre M = 76.2 SD = 17.1 post M = 67.8 SD = 26.8 3m FU M = 64.8 SD = 28.3 6m FU M = 70.9 SD = 24.2 PTSD (PTCI–Total): G1 pre M = 3.9 SD = 1.0 post M = 3.3 SD = 1.1 3m FU M = 2.9 SD = 1.0 6m FU M = 3.1 SD = 1.0 G2 pre M = 3.76 SD = 1.0 post M = 3.5 SD = 1.2 3m FU M = 3.5 SD = 1.3 6m FU M = 3.6 SD = 1.2 Depression (BDI-II): CBT > TAU interaction effect treatment x time df = 1 78 F (χ ²) = 14.9, p = .001 ES = .51 G1 pre M = 31.5 SD = 13.2 post M = 21.9 SD = 11.5 3m FU M = 21.7 SD = 13.3 6m FU M = 25.0 SD = 12.9 G2 pre M = 31.8 SD = 13.8 post M = 27.7 SD = 14.8 3m FU M = 30.7 SD = 15.3 6m FU M = 31.3 SD = 13.5	High	Concurrent medication not systematically assessed.

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
					Anxiety (BAI): CBT > TAU Interaction effect treatment x time df = 1 78 F(χ^2) = 5.14 p = .03 ES = .23 G1 pre M = 48.3 SD = 13.0 post M = 42.6 SD = 13.0 3m FU M = 41.1 SD = 14.3 6m FU M = 43.6 SD = 12.0 G2 pre M = 49.7 SD = 13.3 post M = 45.8 SD = 14.2 3m FU M = 48.0 SD = 15.6 6m FU M = 47.8 SD = 13.7		
Nacasch, Foa & Huppert et al. (2011)	100% PTSD 100% military trauma as military service	30	G1: PE G2: TAU	15 weeks, 11 sessions 15 weeks, 11 sessions	PE>TAU PTCI (ITT) G1: pre M=128.1 SD=35.7 post M=96.3 SD=42.6 G2 pre M=145.1 SD=32.6 post M=145.2 SD=38.8 ES-between (Cohen's d) Post=1.20 PSS-I (ITT) G1: pre M=37.1 SD=3.8 post M=18.9 SD=9.1 12mFU M=16.3 SD=10.4 G2: pre M=36.8 SD=6.2 post M=35.0 SD=8.9 12mFU M=35.4 SD=7.6 ES-between (Cohen's d) Post=1.80	Acceptable	Small sample size leading to reduced statistical power.
Nacash, Huppert & Su et al. (2015)	100% PTSD 18% accident, 67% military trauma as military	40	G1: 60-min PE G2: 90-min PE	15 weeks, 14 sessions, 15 weeks, 13 sessions	60-min PE=90-min PE PTCI (completer) G1: pre M=134.1 SD=36.9 post M=87.3 SD=40.3 G2: pre M=132.2 SD=30.3 post M=91.9 SD=37.3 ES-between (Cohen's d) post=-0.12 PSS-I (ITT) G1: pre M=32.2 SD=6.0 post M=13.3 SD=9.5 G2: pre M=31.6 SD=6.4 post M=12.2 SD=8.0 ES-between (Cohen's d) post=0.12 6mFU=0.16 PSS (completer) G1: pre M=32.2 SD=6 post M=13.3 SD=9.5 6mFU M=13.6 SD=9.3 G2: pre M=31.6 SD=6.4 post M=12.2 SD=8.0 6mFU M=12.2 SD=7.8	Acceptable	Comparison of two versions of PE; sample size small for non-inferiority trial
Neuner, Kurreck & Ruf et al. (2010)	100% PTSD	32	G1: NET G2: TAU	9 sessions NET	NET>TAU. Reliable change G1: 63% G2: 19%Worsening (increase in PDS score) G1: 13% G2 50% PDS (ITT) G1: pre M=38.9 SD=6.4 post M=26.0 SD=9.2 ES-within (Cohen's d): pre-post=1.6 G2: pre M=36.9 SD=8.0 post M=34.10 SD=6.1ES-within (Cohen's d): pre-post=0.4 ES-between (Cohen's d): 1.04	Acceptable	Small sample size. Unclear whether adequate concealment method was used for randomization. Blind assessments not maintained in all cases. No immediate post-treatment assessment.
Neuner, Onyut & Ertl et al. 2008	100% PTSD	277	G1: NET G2: TC (Trauma counseling) G3: MG (monitoring group = control group)	3 weeks, 6 sessions, 3 weeks, 6 sessions, 24 weeks	NET=TC>MG Remission rates G1: 69.8% without diagnosis G2: 65.2% without diagnosis G3: 36.8% without diagnosis PDS (ITT) G1: pre M=25.9 SD=13.2 post M=5.4 SD=6.6 6mFU M=6.1 SD=6.8 ES-within (Cohen's d):	Acceptable	High attrition rates for follow-up assessment. No adequate concealment method for randomization described. Generalizability to German setting

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Neuner, Schauer, Klaschik et al. (2004)	100% PTSD 52% witnessing bad injuries/death, 46% interpersonal violence (e.g. torture, kidnappings, sexual assault), 2% natural disasters	77 (43)	G1: Narrative Exposure Therapy G2: Supportive Counselling G3: Psychoeducation	G1&G2: 4 weekly sessions G3: 1 session	pre-post= 1.4 pre-6mFU=1.4 G2: pre M=26.7 SD=12.5 post M=5.3 SD=5.7 6mFU M=5.0 SD=6.6 ES-within (Cohen's d): pre-post=1.5 pre-6mFU=1.5 G3: pre M=21.3 SD=10.6 6mFU M=10.1 SD=8.1 ES-within (Cohen's d): pre-6mFU=0.80 NET > SC = psychoeducation PDS(ITT): G1: pre M=25.2 SD=7.4 post M=19.1 SD=11.7 4mFU M=24.5 SD=7.8 12mFU16 SD=5.1 within ES (mean change/pooled SD): pre vs. post = 0.6 pre vs. 12mFU = 1.6 G2: pre M=22 SD=8 post M=19.8 SD=10.9 4mFU M=22.8 SD=10.1 12mFU M=23.1 SD=7.7 within ES (mean change/pooled SD): pre vs. post = 0.2 pre vs. 12mFU = -0.1 G3: pre M=19.5 SD=8 post M=21.2 SD=9.4 4mFU M=27.7 SD=6.6 12mFU M=23.9 SD=7 within ES (mean change/pooled SD): pre vs post = -0.5 pre vs. 12mFU = -0.9 CID(I)(ITT): G1: pre M=13.4 SD=2.1 12mFU M=8.9 SD=2.7 within ES (mean change/pooled SD): pre vs. 12mFU = 1.9 G2: pre M=13.9 SD=2.3 12mFU M=12.6 SD=3.2 within ES (mean change/pooled SD): pre vs. 12mFU = 0.4 G3: pre M=14.2 SD=2.9 12mFU M=13.4 SD=3.3 within ES (): pre vs. 12mFU = 0.3 Remission at 12mFU (G1 n=14 G2 n=14 G3 n=10): G1: 71% without PTSD diagnosis G2: 21% without PTSD diagnosis G3: 20% without PTSD diagnosis	Acceptable	unclear due to cultural differences and treatment being provided by trained lay counselors. Ongoing traumatic experiences between posttreatment and FU, participants living in refugee camp; after treatment more NET participants were able to leave the camp into more secure areas than of the other groups, possible empowering effect of NET. Specific sample and context, unclear whether generalizable to clinical contexts in Germany.
Nieminen, Berg & Frankenstein et al. (2016)	women with posttraumatic stress symptoms following a traumatic childbirth 25% PTSD 100% illness/medical procedure (childbirth)	56 (51)	G1: active treatment Therapist-guided internet-based trauma-focused intervention (TF-ICBT) content: psychoeducation, anxiety coping methods and skill training, imaginary and in vivo exposure, and cognitive restructuring G2: control group waitlist (+ weekly monitoring of TES and PHQ-9)	8 weeks 8 weekly modules that were prompted by individual therapist feedback after completion	TF-ICBT > waitlist TES (ITT): G1: pre M=45.4. SD=8.2; post M=31.6 SD=11.1; d = 1.42 G2: pre M=43.7 SD=8.6; post M=35.7 SD=11.3; d = 0.80 difference in improvements between groups (ITT): TES: d = 0.36; IES-R: d = 0.82 probable PTSD (TES score ≥ 30) G1: pre 28/28 (100%) post 16/24 (67%) G2: pre 28/28 (100%) post 16/27 (60%) PTSD diagnosis (M.I.N.I. available data, statistical test not reported): G1: pre 9/28 (32%) post 3/18 (17%) G2: pre 5/28 (18%) post 7/27 (26%)	Low to Acceptable	Only minority of participants met criteria for PTSD. Very specific sample (PTSD symptoms related to childbirth). Generalizability to typical PTSD populations unclear. Only self-report measures as outcome variables, no blind assessor-based rating. No FU data.
Nijdam, Gersons & Reitsma et al.	100% PTSD 46% single	140	G1: Brief eclectic psychotherapy	17 weeks, 15	Brief eclectic psychotherapy=EMDR Remission rates G1: 85.7% without diagnosis G2:	High	n/a

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
(2012)	traumatic event, 54% multiple traumatic events, 19% complex trauma, 64% physical or sexual assault, 19% accident, 7% natural or manmade disaster, 10% other		G2: EMDR	sessions, 17 weeks, 7 sessions	93.7% without diagnosis IES-R (completer) G1: pre M=79.9 SD=16.9 post M=38.0 SD=34.4 ES-within (Cohen's d): pre-post=1.55 G2: pre M=72.8 SD=20.7 post M=28.5 SD=29.6 ES-within (Cohen's d): pre-post=1.73 SI-PTSD (completer) G1: pre M=40.1 SD=6.3 post M=20.5 SD=12.8 ES-within (Cohen's d): pre-post=1.95 G2: pre M=39.4 SD=6.2 post M=17.7 SD=11.1 ES-within (Cohen's d): pre-post=2.43		
Ochsner Margolies, Rybarczyk & Vrana et al. (2013)	100% PTSD 100% Military trauma as military personnel	40	G1: CBT with adjunctive IRT (CBT-I) G2: Waitlist control group	6 weeks, 4 sessions	CBT-I > Control group PSS-SR (Completer): G1: pre M=41.8 SD=14.2; post M= 33.5 SD=13.7 G2: pre M= 39.8 SD=11.4; post M=47.1 SD=9.7 Between ES (partial eta squared): post=0.4	Low to Acceptable	Small sample size. No ITT analyses reported. Only pre-post analyses, no FU. Only self-report measures used as outcome, no blinded assessor-based rating. No details on randomization procedure provided. Sleeping problems as main outcome.
Oktedalen, Hoffart & Langkaas (2014)	100% PTSD	67	G1: Prolonged Exposure with imagery exposure (IE) G2: Prolonged Exposure with imagery rescripting (IR)	12 weeks, 10 sessions	IE = IR PSS-I (Completer): G1: pre M=35.0 SD=8.4; post M=19.7 SD=13.9 G2: pre M=33.2 SD=6.6; post M=21.9 SD=14.1	Low to Acceptable	Small sample size for study comparing two active bona fide treatments. Only self-report measures as outcome variables, no blind assessor-based rating. No FU data. No ITT analysis.
Pacella, Armelie & Boarts et al. (2012)	100% Illness	66	G1: Prolonged exposure (PE) G2: Waitlist control group	5 weeks, 10 sessions	PE > Control group PSS-I (ITT): G1: pre M=25.3 SD=10.3; post M= 14.9 SD=11.1; 3m FU M=14.4 SD=11.8 G2: pre M=26.0 SD=9.6; post M=23.3 SD=11.3; 3m FU M=19.8 SD=9.4 PSS-I (Completer): G1: pre M=26.4 SD=9.8; post M=8.3 SD=5.2; 3m FU M=7.3 SD=6.7 G2: pre M=27.0 SD=8.5; post 24.1 SD=10.7; 3m FU M=20.5 SD=8.9	Acceptable to high	Specific sample (Individuals with HIV), needs to be taken into account. No formal diagnosis of PTSD was entry criterion for study (only screening).
Paivio, Jarry & Chagigiorgis et al. (2010)	62% PTSD 100% physical abuse or sexual abuse	56	G1: Emotion-focused therapy for trauma with imaginal confrontation (EFTT-IC) G2: Emotion-focused therapy for trauma with empathic	17 weeks, 17 sessions	EFTT-IC = EFTT-EE IES (Completer): G1: pre M=25.5 SD=8.3; post M=11.7 SD=8.1; 10-12m FU M=13.3 SD=7.47 G2: pre M=25.1 SD=9.2; post M=8.5 SD=8.5; 10-12m FU M=10.0 SD= 7.6	Acceptable	Small sample size with limited power for comparison between two active conditions. Only 2/3 met criteria for PTSD. No control group, but two version of a treatment approach compared, leading

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
			exploration of trauma material (EFTT-EE)		PSS-I (Completer): G1: pre M=23.2 SD=11.4; post M=10.4 SD=10.3 G2: pre M=23.2 SD=12.0; post M=8.0 SD=8.5		to limited conclusions for guideline process. No appropriate randomization method related to concealment.
Peniston & Kulkosky (1991)	100% PTSD 100% Military trauma as military personnel	29	G1: Alpha-theta brainwave neuro-feedback therapy (BWT) G2: Emotion-focused therapy for trauma with empathic exploration of trauma material (EFTT-EE)	28 weeks, 30 sessions	BWT > TC	Low	Very small sample size. No adequate measure of PTSD. No FU data. No adequate presentation of data and analyses. No details on randomization.
Polusny, Erbes & Thuras et al. (2015)	OEF/OIF, gulf war, and Vietnam war veterans 97% PTSD lifetime trauma: 94% abuse/violence, 64% accident, 58% illness/medical procedure, 43% disaster, 74% military trauma as military personnel, 95% other (e.g. sudden, unexpected death of someone close)	116	G1: active treatment MBSR G2: active treatment Present-Centered Therapy	9 weeks 9 sessions	MBSR > Present-Centered Therapy PCL (ITT) G1: pre M=63.6 [59.0-63.4] post M=55.7 [52.6-58.9] 2 FU M=54.4 [51.2-57.6] G2: pre M=58.8 [55.7-61.8]. post M=55.8 [52.7-58.9] 2 FU M=56.0 [52.9-59.0] CAPS (ITT) G1: pre M=69.9 [65.0-74.8]. post M=56.3 [51.0-61.5] 2 FU M=49.8 [44.3-55.3] G2: pre M=62.5 [57.6-67.4] post M=51.7 [46.5-56.8] 2FU M=50.6 [45.4-55.8] PCL symptom reduction significantly greater in Loss of PTSD diagnosis at posttreatment G1: 42.3%. G2: 43.9%; difference not significant Reduction in PCL moderately higher in MBSR than in Present-Centered Therapy at 2 FU (d = .40) Reduction of ≥ 10 points at posttreatment PCL: G1 n = 19 (32.8%). G2 n = 13 (22.4%). difference not significant CAPS: G1 n = 33 (56.9%). G2 n = 28 (48.3%). difference not significant	High	n/a
Popiel, Zawadzki & Pragloska et al. (2015)	100% PTSD 100% accident	228	G1: Prolonged exposure (PE) G2: Paroxetine (Ph) G3: Combined prolonged exposure and paroxetine (PE + Ph)	12 weeks, 12 sessions	PE > Ph PE+Ph = PE PE+Ph = Ph PDS (ITT): G1: pre M=32.6 SD=9.7 G2: pre M=32.6 SD=8.1 G3: pre M=30.9 SD=10.3 Between ES (Cohen's d): G1 vs G2 (ITT): post=0.3 G1 vs G2 (completer): post=0.4 G1 vs G3 (ITT): post=0.1 G1 vs G3 (completer): post=0.2 G2 vs G3 (ITT): post=0.2 G2 vs G3 (completer): post=0.2 SCID-I (ITT): G1: pre M=11.8 SD=2.4 G2: pre M=11.7 SD=2.2 G3: pre M=11.8 SD=2.4 Between ES (Cohen's d): G1 vs G2 (ITT): post=1.0 G1 vs G2 (completer): post=0.9 G1 vs G3 (ITT): post=0.4 G1 vs G3 (completer): post=0.3 G2 vs G3 (ITT): post=	Acceptable	No sufficient details on randomization procedure. Lack of descriptive data for post- and FU assessments.

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Reference	Population % PTSD diagnosis Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Possemato (2016)	primary care veterans 48% PTSD 100% military trauma	62 (40)	G1: active treatment Brief Mindfulness Training + treatment as usual in primary care (PC-BMT) G2: control group Treatment as usual in primary care (PC-TAU)	4 weeks 4 sessions	1.3 G2 vs G3 (completer): post=1.2 PC-BMT = PC-TAU CAPS (ITT): G1: pre M=46.4 SD=14.3 post M=38.0 SD=17.1 G2: pre M=45.3 SD=15.6 post M=39.0 SD=23.4 Cohens' d (generated from partial squared eta): d =.24 presumably slightly favoring the PC-BMT condition; inferential statistics not significant. PCL-S (ITT): G1: pre M=50.5 SD=13.2 post M=43.1 SD=14.8 2 FU M=44.5 SD=13.8 G2: pre M=49.3 SD=12.6 post M=42.3 SD=13.9 2 FU M=41.7 SD=13.3 Cohens d (generated from partial squared eta): d =.24. presumably slightly favoring the PC-TAU condition. inferential statistics not significant	Acceptable	Only 50% of the sample had PTSD, generalizability to clinical populations unclear. Randomization procedure not free from bias. No FU assessment. High number of non-starters.
Possemato, Kuhn & Johnson et al. (2016)	primary care veterans 100% military trauma	20	G1: active treatment PTSD Coach - Self-Management G2: active treatment PTSD Coach - Clinician Support	8 weeks SM: 1 session CS: 4 sessions	Clinician Support > Self-Management PCL-S (ITT): moderate between group change effect (d = .54) G1: pre M=56.0 SD=15.3; post M=49.8 SD=18.1 G2: pre M=51.0 SD=7.7; post M=40.0 SE=10 PCL-S improvement (decrease of ≥ 10 points ITT): moderate chi square effect size between groups ($\phi = .33$) G1: n = 3 (37.5%) G2: n = 7 (70%)	Low to Acceptable	Small sample size. No formal PTSD diagnosis at intake, moderate PTSD severity. Only self-report measures as outcome variables, no blind assessor-based rating. No FU data.
Possemato, Ouimette & Geller (2010)	Kidney transplant recipients probable PTSD (symptoms on the PCL consistent with a DSM-IV PTSD diagnosis): 15% index trauma: 100% illness/medical procedure	52 (48)	G1: active treatment Online expressive writing (EW) (about deepest thoughts and feelings about experience with kidney failure and transplant) G2: control treatment Medical Fact Writing (MFW) (about detailed account of the facts regarding kidney failure and transplant and their treatment)	10 days 3 writing sessions	EW = MFW PCL (study completers): G1: pre M=37. SD=12 3-month post baseline M=32 SD=6 G2: pre M=37 SD=11 3-month post baseline M=36 SD=12 group x time interaction (PCL): total score: n.s. re-experience subscale: n.s. Avoidance subscale: n.s. arousal subscale: sign.. partial squared eta = 0.06 probable PTSD (= (symptoms on the PCL consistent with a DSM-IV PTSD diagnosis. study completers): G1: pre 4/22 (18%). 3-month post baseline 2/22 (9%) G2: pre 3/26 (11%). 3-month post baseline 3/26 (11%)	Low	Very specific sample, low PTSD symptomatology, generalizability to clinical samples with PTSD questionable. Lack of detailed information on randomization procedure. Only self-report measures as outcome variables, no blind assessor-based rating. No longer-term FU data.
Possemato, Ouimette & Knowlton (2011)	primary care veterans with combat exposure	31	G1: active treatment Written Emotional Disclosure (WED) on one traumatic combat	3 writing sessions	WED = control PCL (ITT): partial squared eta = 0.03	Low	Small sample size. Only half of the sample met criteria for PTSD.

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Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
	48% PTSD 100% military trauma		experience G2: psychological placebo control Time management narratives				No detailed information on randomization procedure. Only self-report measures as outcome variables, no blind assessor-based rating. Descriptive data on key outcome variables not reported.
Power, McGoldrick, Brown et al. (2002)	100% PTSD 53% accident, 35% physical/sexual abuse/ interpersonal violence, 4% traumatic grief	105 (102)	G1: EMDR G2: Exposure plus cognitive restructuring (E+CR) G3: Waiting list control group	10 weeks, 10 sessions	EMDR = E+CR > Control group IOE (Completer): G1: pre M=35.1 SD=4.4; post M=11.8 SD=12 G2: pre M=32.7 SD=5; post M=19.2 SD=12.3 G3: pre M=32.6 SD=6.6; post M=29.6 SD=8.6	Acceptable	Not all assessments conducted by blind raters. FU results only analyzed for completers. No descriptive data provided for FU.
Price (2005)	63% PTSD 100% childhood sexual abuse	24	G1: Body-oriented therapy G2: Massage group	10 weeks, 8 sessions	Body-oriented therapy = Massage group CR-PTSD (Completer): G1: pre M=1.2 SD=0.6; post M=0.7 SD=0.4; 3-5m FU M=0.6 SD=0.3 G2: pre M=1 SD=0.4; post M=0.5 SD=0.4; 3-5m FU M=0.5 SD=0.4	Low to Acceptable	Very small sample size. Only 2/3 of the sample had PTSD. Randomization procedure suboptimal, does not rule out bias. Only self-report measures as outcome variables, no blind assessor-based rating PTSD measures did not include current gold standard.
Pruiksma (2016)	community sample with trauma-related nightmares 64% PTSD lifetime trauma: 83% abuse/interpersonal violence, 90% abuse/interpersonal violence < age 18, 61% accident, 50% witness of traumatic events in others, 39% other (fear being killed or seriously injured)	70	G1: active treatment Exposure, Relaxation and Rescripting therapy (ERRT) with nightmare exposure and rescripting (EX) G2: active treatment ERRT without nightmare exposure and rescripting (NEX)	3 weeks 3 sessions	ERRT-EX = ERRT-NEX on all outcome measures (ITT) CAPS (available data sample): G1: pre M=45.1 SD=22.62 n=37; post M=43.4 SD=31.8 n=21; 3 FU M=50.1 SD=40.3 n=13; 6 FU M=29.3 SD=29.1 n=12; Cohen's d pre-6FU: d = -.65 within 95%-CI G2: pre M=51.6 SD=27.3 n=33 post M=39.7 SD=21.8 n=18; 3 FU M=33.4 SD=23.8 n=13; 6 FU M=25.8 SD=19.1 n=10; Cohen's d pre-6FU: d = -1.01 within 95%-CI TRNS - nightmare frequency (available data sample) G1 pre M=4.1 SD=2.9 n=37; post M=3.0 SD=3.3 n=13; 3 FU M=1.7 SD=1.9 n=13; 6 FU M=2.3 SD=3.6 n=12; Cohen's d pre-6FU: d = -.61 within 95%-CI G2 pre M=4.2 SD=2.7 n=30; post M=2.7 SD=3.4 n=18; 3 FU M=1.5 SD=2.2 n=13; 6 FU M=0.9 SD=1.1.	Acceptable	Main target symptom was nightmares, moderate PTSD symptoms, diagnosis not inclusion criterion. Change in type of delivery during course of trial (group vs. individual) High dropout. Significant baseline differences.

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Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Quinones, Maquet & Velez et al. (2015)	Columbian ex-combatants from illegal armed groups who gave up their weapons PTSD as defined by PCL-C \geq 44: 86% trauma history: 88% death of peers in combat, 58% wounded in combat	100	G1: Waitlist + TAU (=mandatory ordinary assistance protocol for reintegrating individuals) G2: Satyananda Yoga + TAU (=mandatory ordinary assistance protocol for reintegrating individuals)	16 weeks, 32 sessions	n=10; Cohen's d pre-6FU: d = -1.35. within 95%-CI Satyananda Yoga > Waitlist PCL-C (Completers): G1 pre M=54.9 SD=17.4; post M=48.3 SD=14.1; d = 0.42 G2 pre M=56.3 SD=15.5; post M=38.8 SD=14.9; d = 1.15 difference in improvements between groups: d = -0.73	Low to Acceptable	No formal diagnosis of PTSD Only self-report measures as outcome variables, no blind assessor-based rating. Multi-site study, not testing for differences between sites. No FU assessments. Very specific setting, unclear whether generalizable to German clinical settings.
Rauch, King & Abelson et al. (2015)	military personnel 100% PTSD 100% Military trauma	36	G1: Prolonged Exposure therapy (PE) G2: Present-Centered therapy (PCT)	12 weeks, 12 sessions	PE > PCT PTCI (Completer): G1: pre M=121.9 SD=27.2; post M=91.3 SD=41.9 G2: pre M=117.4 SD=32.3; post M=97.1 SD=45.6 CAPS (Completer): G1: pre M=79.2 SD=12.1; post M=30 SD=18.4 Within ES: pre vs post=3.2 G2: pre M=77.4 SD=12.1; post M=53.6 SD=28.7 Within ES: pre vs post=1.1	Low to Acceptable	small sample size
Rees, Travis & Shapiro et al. (2013)		42	G1: Transcendental Meditation G2: WLC		Transcendental Meditation > WLC PCL-C (Completer): G1: pre M=65.2 SD=7.3 post M=29.2 SD=6.1 3mFU M=26.5 SD=5.4 G2: pre M=67.8 SD=6.5 post M=74.6 SD=7.1 3mFU M=73.8 SD=5.2	Low to Acceptable	Broken randomization. Blindness not carried through. Only self-report measures as outcome variables, no blind assessor-based rating
Reger, Koenen-Woods & Zetocha et al. (2016)	OIF/OEF active duty soldiers 100% PTSD 100% military trauma	162	G1: control group minimal attention waitlist (WL) G2: active treatment Prolonged Exposure (PE) G3: active treatment Virtual Reality Exposure (VRE)	5 weeks 10 sessions	PE > WL VRE > WL PE > VRE results consistent in both ITT and completer analyses CAPS (raw data): G1: pre n=54 M=78.89 SD=16.87; post n=47 M=68.06 SD=24.27 G2: pre n=54 M=78.28 SD=16.35; post n=32 M=44.28 SD=33.73; 3 FU n=27 M=36.63 SD=31.8; 6 FU n=24 M=38.33 SD=28.49 G3: pre n=54 M=80.44 SD=16.23; post n=30; M=57.07 SD=32.32; 3 FU n=25 M=56.64 SD=31.5 6 FU n=18 M=53.50 SD=28.07 Feingolds ES for change score differences between groups (CAPS ITT all ES within 95%-CIs): WL < PR: post -1.33 WL < VRE: post -.81 PE > VRE: post .53 3 FU .88 6 FU .83 RCI and CSI improvement (CAPS	High	n/a

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD diagnosis Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Resick, Galovski & O'Brien et al. (2008)	100% PTSD 100% interpersonal violence	162	G1: Cognitive Processing Therapy (CPT) G2: CPT Written accounts only (WA) G3: CPT cognitive only (CPT-C)	G1=6 sessions G2=7 sessions G3=6 sessions	ITT post): WL n=5 (10.6%) PE n=16 (50%) VRE n=10 (33.3%) RCI improvement no CSI improvement (CAPS ITT): WL n=5 (10.6%) PE n=5 (15.5%) VRE n=7 (23.3%) RCI worsening (CAPS ITT post): WL n=0 PE n=0 VRE n=1 (3.3%) CPT = WA = CPT-C PDS (ITT): G1: pre M=29.1 SD=9.5 post M=14.0 SD=11.8 6mFU M=12.1 SD=11.9 within group ES (Hedges' g) post = 1.1 within group ES (Hedges' g) 6mFU = 1.2 G2: pre M=29.4 SD=9.7 post M=18.8 SD=15.1 6mFU M=14.6 SD=12.6 within group ES (Hedges' g) post = 0.7 within group ES (Hedges' g) 6mFU = 1.0 G3: pre M=28.5 SD=9.5 post M=12.9 SD=12.1 6mFU M=12.2 SD=11.42 within group ES (Hedges' g) post = 1.1 within group ES (Hedges' g) 6mFU = 1.1 PDS (completer): G1: within group ES (Hedges' g) post = 0.9 within group ES (Hedges' g) 6mFU = 0.8 G2: within group ES (Hedges' g) post = 0.7 within group ES (Hedges' g) 6mFU = 0.9 G3: within group ES (Hedges' g) post = 0.9 within group ES (Hedges' g) 6mFU = 0.9 CAPS (ITT): G1: pre M=70.2 SD=15.5 post M=34.7 SD=27.6 6mFU M=32.0 SD=28.5 within group ES (Cohen's d) pre vs. post/6mFU = -1.7 G2 pre M=70.4 SD=18.6 post M=44.8 SD=31.6 6mFU M=35.9 SD=27.1 within group ES (Cohen's d) pre vs. post/6mFU = -1.54 G3 pre M=73.9 SD=21.04 post M=31.32 SD=37 6mFU M=31.03 SD=27.57 within group ES (Cohen's d) pre vs. post/6mFU = -1.82 CAPS (completer): G1: within group ES (Cohen's d) pre vs. post/6mFU = -2.03 G2: within group ES (Cohen's d) pre vs. post/6mFU = -1.98 G3: within group ES (Cohen's d) pre vs. post/6mFU = -2.18	High	n/a
Resick, Nishith, Weaver et al (2002) & Resick, Williams & Suvak et al. (2012) (long-	100% PTSD 100% sexual abuse, 14.2% single trauma, 85.8% multiple trauma	171 (121)	G1: Cognitive-processing therapy (CPT) G2: Prolonged Exposure (PE) G3: Minimal attention (MA)	6 weeks, 13 sessions	CBT = PE > MA PSS (ITT): G1: pre M=29.6 SD=8.6; post M=13.7 SD=11.1; 3-5m FU M=14.7 SD=11.8; 6-9m FU M=15.1 SD=12.0; >24m FU M=9.7 SD=10.4 G2: pre M=30.1 SD=9.2; post M=18.0 SD=13.2; 3-5m FU M=18.1 SD=13.8; 6-9m FU M=18.4 SD=14.0; >24m	High	n/a

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD diagnosis Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
					<p>term follow-up)</p> <p>FU M=9.9 SD=10.5 G3: pre M=28.7 SD=7.3; post M=27.8 SD=8.1; 3-5m FU M=27.8 SD=8.1; 6-9m FU M=27.8 SD=8.1 Between ES (Cohen's d): G1 vs G2: post=0.3; 3-5m FU M=0.2; 6-9m FU=0.2 G1 vs G3: post=1.2; G2 vs G3: post=0.7</p> <p>PSS (Completer): G1: pre M=29.2 SD=8.72; post M=8.3 SD=6; 3-5m FU M=9.8 SD=9.0; 6-9m FU M=9.5 SD=9.3 G2: pre M=29.9 SD=8.8; post M=11.8 SD=9.9; 3-5m FU M=12.7 SD=11.0; 6-9m FU M=10.2 SD=9.1 G3: pre M=28.9 SD=7.5; post M=28.0 SD=8.4 Between ES (Cohen's d): G1 vs G2: post=0.4; 3-5m FU M=0.3; 6-9m FU M=0.1 G1 vs G3: post=2.7 G2 vs G3: post=1.8</p> <p>CAPS (ITT): G1: pre M=74.8 SD=18.8; post M=39.1 SD=31.1; 3-5m FU M=14.7 SD=11.8; 6-9m FU M=42.9 SD=31.1; >24m FU M=26 SD=23.4 G2: pre M=76.6 SD=19.7; post M=44.9 SD=33.5; 3-5m FU M=49.2 SD=32.9; 6-9m FU M=47.0 SD=33.7; >24m FU M=25.9 SD=26.1 G3: pre M=69.9 SD=19.6; post M=69.3 SD=18.6; 3-5m FU M=69.3 SD=18.6; 6-9m FU M=69.3 SD=18.6 Between ES (Cohen's d): G1 vs G2: post=0.1; 3-5m FU M=0.2; 6-9m FU M=0.1 G1 vs G3: post=1.0 G2 vs G3: post=0.7</p> <p>CAPS (Completer): G1: pre M=73.7 SD=18.5; post M=21.7 SD=15.6; 3-5m FU M=26.8 SD=20.0; 6-9m FU M=29.3 SD=23.6 G2: pre M=76.4 SD=19.1; post M=25.4 SD=23.5; 3-5m FU M=34.3 SD=26.9; 6-9m FU M=24.1 SD=18.8 G3: pre M=69.9 SD=19.9; post M=69.7 SD=19.2 Between ES (Cohen's d): G1 vs G2: post=0.2; 3-5m FU M=0.3; 6-9m FU M=-0.3 G1 vs G3: post=2.8</p>		
Resick, Wachen & Mintz et al. (2015)	100% PTSD 1% Childhood sexual abuse, 99% deployment-related military trauma	108	G1: Cognitive Processing Therapy - cognitive only (CPT-C) G2: Present centered therapy (PCT)	6 weeks, G1=8 sessions G2=10 sessions	<p>CPT-C > PCT</p> <p>PCL-S (Completer): G1: pre M=59.3 SD=10.1 post M=47.8 SD=1.9 6mFU M=46.8 SD=2.0 12mFU M=46.1 SD=2.3 within group ES (Cohens' d) post = -1.1 within group ES (Cohens' d) 6mFU = -1.2 within group ES (Cohens' d) 12mFU = -1.3 G2: pre M=58.5 SD=10.6 post M=51.2 SD=1.9 6mFU M=50.2 SD=2.0 12mFU M=48.6 SD=2.2 within group ES (Cohens' d) post = -0.7 within group ES (Cohens' d) 6mFU = -0.8 within group ES (Cohens' d) 12mFU = -1.0 Between</p>	Acceptable to high	High attrition rates to follow-up assessment.

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Rissanen, Nordin & Ahlgren et al. (2015)	Newly diagnosed breast cancer patients receiving standard oncological care and having cancer-related traumatic stress-symptoms	155	G1: active treatment Stress-management Education (SME, step I) followed by a CBT group stress management intervention (GSM, step II) G2: active treatment Stress-management Education (SME, step I) followed by a CBT individual stress management intervention (ISM, step II)	Group SM: 12 weeks, 10 sessions, 120 minutes Individual SM: 18 weeks, 4-8 sessions, 60 minutes	group ES (Cohens' d): post = -0.4 6mFU = -0.4 12mFU = -0.3 PSS-I (Completer): G1: pre M=27.7 SD=7.4; post M=23.0 SD=1.3; 6 months FU M=20.0 SD=1.5; 12 months FU M=19.0 SD=1.4 within group ES (Cohens' d) post = 0.66 within group ES (Cohens' d) 12 months FU =1.21 G2: pre M=27.1 SD=7.0; post M=23.9 SD=1.3; 6 months FU M=21.0 SD=1.5; 12 months FU = 19.9 SD=1.4 within group ES (Cohens' d) post =0.45 within group ES (Cohens' d) 12 months FU =1.01 Between group ES (Cohens' d): post=0.21 6 months FU=0.22 12 months FU=0.21 individual = group IES-intrusion (ITT): G1: post step-I M=16 SD=6; 12 FU post-inclusion M=13 SD=6; significant improvement (p < 0.01) G2: post step-I M=15 SD=6; 12 FU post-inclusion M=14 SD=7; significant improvement (p < 0.01)	Low to Acceptable	Randomization procedure not free from bias. Significant pre-treatment differences between conditions. Only self-report measures as outcome variables, no blind assessor-based rating. Very specific sample (cancer patients), PTSD diagnosis not an inclusion criterion. No FU assessment.
Rosen, Tiet & Harris et al. (2013)	military personnel 100% PTSD 100% military trauma	837	G1: Telephone care + TAU G2: TAU	5 sessions, 12 weeks	Telephone care = TAU PCL (ITT): G1: pre M=67.9 SD=11.0 post M=60.4 SD=14.4 4mFU M=63.8 SD=12.9 12mFU M=63.9 SD=13.0 G2: pre M=67.2 SD=11.4 post M=59.7 SD=14.3 4mFU M=63.3 SD=12.7 12mFU M=63.4 SD=12.5	Acceptable	Only self-report measures as outcome variables, no blind assessor-based rating. Does not evaluate treatment for PTSD but telephone care management following residential treatment.
Rosenbaum, Sherrington & Tiedemann (2015)	100% PTSD	81	G1: Exercise plus usual care G2: usual care	12 weeks	Exercise > usual care PCL-C (ITT): G1: pre M=64.5 SD=11.9 post M=53.7 SD=13.5 G2: pre M=64.2 SD=12.2 post M=57.9 SD=14.9	Acceptable	Predominantly male participants, needs to be taken into account when interpreting the findings. Only self-report measures as outcome variables, no blind assessor-based rating Loss of 1/3 of participants to FU.
Rothbaum (1997)	100% PTSD 100% sexual assault victims	21 (18)	G1: EMDR G2: Waitlist control	4 weekly sessions	EMDR > WLC IES (Completer): G1: pre M=47.4 SD=15.0 post M=12.4 SD=11.2 3mFU M=5.7 SD=5.8 G2: pre	Acceptable	Small sample size. No details on randomization procedure.

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD diagnosis Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
					M=48.9 SD=8.9 post M=45.4 SD=6.4 PSS (Completer): G1: pre M=33.3 SD=8.7 post M=14.3 SD=8.4 3mFU M=9.8 SD=8.7 G2: pre M=39.0 SD=8.2 post M=35.0 SD=5.9		Unclear whether ITT analysis.
Rothbaum, Cahill, Foa al. (2006)	100% PTSD 62% assault, 9% accident, 22% Death of another	65	G1: Sertraline G2: Sertraline + PE	5 weeks G2: 10 sessions	Sertraline < Sertraline+PE SIP (ITT): G1: pre M= 14.5 SD=11.65 post M=14.9 SD=15.27 G2: pre M=16.1 SD=10.64 post M=10.2 SD=8.83	Acceptable	Reduced power for comparison between two active bona fide treatments. No details on randomization procedure. No placebo control condition.
Rothbaum, Price & Jovanovic et al. (2014)	100% PTSD 100% military trauma as military personnel	156	G1: D-Cycloserine plus virtual reality exposure G2: Alprazolam plus virtual reality exposure G3: placebo pill plus virtual reality exposure	5 sessions, 6 weeks	D-Cycloserine = Alprazolam = Placebo PSS (ITT): G1: pre M=32.9 post M=27.1 3mFU M=25.2 6mFU M=24.1 12mFU M=22.6 G2: pre M=32.4 post M=25.6 3mFU M=26.1 6mFU M=26.3 12mFU M=24.2 G3: pre M=32.4 post M=24.2 3mFU 21.4 6mFU M=20.0 12mFU M=21.7 CAPS(ITT): G1: pre M=85.3 post M=65.9 3mFU M=60.3 6mFU M=56.0 12mFU M=48.0 G2: pre M=88.0 post M=69.6 3mFU M=66.8 6mFU M=63.4 12mFU M=57.2 G3: pre M=82.6 post M=63.8 3mFU M=51.5 6mFU M=46.9 12mFU M=48.4	Acceptable to high	Focus on augmentation of VRET, lack of control group without VRET.
Sack, Zehl & Otti et al. (2016)	100% PTSD index trauma: 45% abuse/ interpersonal violence 43% accident 12% other (disaster or disease)	139 (116)	G1: active treatment EMDR - exposure with eyes moving while fixating on the moving hand of the therapist (EM) G2: active treatment EMDR - exposure with fixating on the nonmoving hand of the therapist (EF) G3: active treatment EMDR - exposure without the explicit task of fixating on an external focus of attention (EC)	max. 8 weekly sessions	EM > EC EF > EC EM = EC CAPS (ITT): EM = EF EF > EC G1: pre M=58.6 SD=16.6; post M=22.8 SD=18.1; d = 2.06 G2: pre M=60.8 SD=15.5; post M=20.3 SD=16.3; d = 2.58 G3: pre M=57.6 SD=23.9; post M=26.6 SD=18.8; d = 1.44 comparable results for completers (G1: d = 2.22; G2: d = 2.55; G3: d = 1.53) Response (Δ CAPS pre-post >20 completers): EM = EF EM > EC EF > EC G1: n = 33 (80.5%) G2: n = 33 (86.6%) G3: n = 23 (62.2%) Remission (SCID-PTSD ITT): no significant differences G1: n = 38 (80.9%) G2: n = 37 (78.7%); G2: n = 36 (80%) Sessions until remission (SCID-PTSD ITT): no significant differences G1: M = 4.1 G2: M = 5.0; G3: M = 4.2	Acceptable	Study mainly focused on mechanisms of change; comparison of 3 version of EMDR, no control condition without EMDR. No FU assessment.
Sannibale, Teesson & Creamer et al.	M = 41.2 years 53% female	62	G1: Integrated therapy for PTSD and AUD (Integrated CBT for AUD with a	Planned duration: 12 weeks,	PTSD (CAPS): Integrated therapy = Alcohol support Between-group differences in CAPS-severity over	Acceptable	High dropout rate to FU.

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Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
(2013)	100% PTSD 31% Violent crime 23% Child physical/ sexual abuse 15% Witnessed injury/killing/ mutilation 11% News of someone close 7% Adult abusive relationship 7% Accident/ fire/explosion 7% Other		manualized, exposure-based CBT, incorporating exposure therapy with cognitive restructuring for PTSD related cognitions) G2: Alcohol support (Treatment Targeting AUD and supportive counselling, presentcentred, manualized control condition)	but sessions of therapy were attended within a mean of 18.3 weeks (G2) and 21.2 weeks (G1)	time were not significant ($\beta = 0.2$ SE = 5.8 p = .977). Integrated therapy pre M = 68.0 SD = 23.6 post M = 42.8 SD = 26.5 5m M = 40.4 SD = 23.5 9m M = 43.3 SD = 28.3 G2 pre M = 68.1 SD = 21.1 post M = 46.7 SD = 26.3 5m M = 49.7 SD = 22.9 9m M = 41.2 SD = 34.2 Alcohol consumption (DDD): Integrated therapy < Alcohol support. Significant time x treatment interaction for DDD at the 5-month follow-up with lower consumption among alcohol support (M = 6.9 SD = 6.2) than integrated therapy participants (M = 8.8 SD = 5.9); G1 pre M = 13.4 SD = 7.4 post M = 7.5 M = 5.2 5m M = 8.8 SD = 5.9 9m M = 7.0 SD = 4.2 G2 pre M = 16.0 SD = 6.9 post M = 8.7 SD = 9.5 5m M = 6.9 SD = 6.2 9m M = 7.9 SD = 6.2 Depression (BDI-II): Integrated therapy = Alcohol support. Between group differences not significant ($\beta = 1.6$ SE = 3.0, p = .586) G1 pre M = 30.4 SD = 14.0 post M = 25.1 SD = 18.0 5m M = 26.8 SD = 18.4 9m M = 23.4 SD = 15.1 G2 pre M = 28.5 SD = 9.2 post M = 25.5 SD = 12.5 5m M = 25.3 SD = 12.6 9m M = 22.2 SD = 14.8 Anxiety (STAI): Integrated therapy = Alcohol support; Between group differences not significant ($\beta = 0.3$ SE = 2.8 p = .923) G1 pre M = 55.9 SD = 14.8 post M = 48.8 SD = 15.9 5m M = 53.2 SD = 14.4 9m M = 52.0 SD = 14.7 G2 pre M = 56.0 SD = 10.8 post M = 53.6 SD = 10.5 5m M = 54.7 SD = 14.3 9m M = 49.8 SD = 14.8		
Sautter, Glynn & Cretu et al. (2015)	OIF/OEF veterans and their partners 100% PTSD 100% military trauma as military personnel	57	active treatment Structured Approached Therapy (SAT)	12 weeks 12 sessions	SAT > PFE CAPS (ITT): significant greater improvement in SAT than in PFE at posttreatment and 3 FU G1: pre M=85.93 SE=3.31; post M=48.33 SE=3.71 3 FU M=44.64 SE=3.78 G2: pre M=82.93 SE=3.37; post M=72.59 SE=3.79; 3 FU M=71.93 SE=3.86 PTSD remission (CAPS < 45 scores): G1: n = 15 (52%) G2: n = 2 (7%)	Acceptable to high	No detailed information on randomization procedure Unclear effects of concurrent medication.
Sayer, Noorbaloochi & Frazier et al.	veterans with reintegration difficulty	1292	G1: active treatment expressive writing (Pennebaker) about transition	10 days 4 writing session of	expressive writing = factual writing, expressive writing > no intervention PCL-M (ITT): G1: pre M=39.1 SD=16.5 Mdn=36; 3 FU	Acceptable	Concealment of allocation unclear. PTSD diagnosis neither inclusion criterion nor primary treatment target,

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Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
(2015)	positive screen for probable PTSD (PCL \geq 34): 56%		to civilian life G2: control group Online factual writing about veterans information needs G3: control group no intervention/assessment only	20 minutes each	Mdn=27; 6 FU Mdn=26 G2: pre M=38.8 SD=16.2 Mdn=35; 3 FU Mdn=29; 6 FU Mdn=30 G3: pre M=40.4 SD=15.5 Mdn=39; 3 FU Mdn=34; 6 FU Mdn=32 PTSD screen (PCL-M \geq 34 ITT): G1: pre 53% 3 FU 37.6% 6 FU 35.4% G2: pre 51.5% 3 FU 39.3% 6 FU 40.6% G3: pre 56.3% 3 FU 47% 6 FU 42.6% differences between groups (ES for symptom change adjusted OR for PTSD screen) G1 vs G2: ES = 0.12; adjusted OR = 0.73 [0.57 0.95] G1 vs G3: ES = 0.24; adjusted OR = 0.63 [0.46 0.85]		therefore reduced relevance for guideline. Not all necessary descriptive data reported for FU assessments.
Scheck, Schaeffer & Gillette (1998)	77% PTSD	85 (60)	G1: EMDR G2: Active Listening Control Group	2 sessions, 1 week	EMDR > Active listening IES(Completer): G1: pre M=48.07 SD=11.79 post M=23.43 SD=18.36 within group ES (Cohens' d) post = 2.09 G2: pre M=44.86 SD=16.24 post M=36.41 SD=15.56 within group ES (Cohens' d) post =0.52	Acceptable	PTSD diagnosis is not an entry criterion. Generalizability to clinical populations unclear. Unclear whether adequate randomization concealment. No blind assessment at FU.
Schneier, Neria & Pavlicova et al. (2012)	100% PTSD, 100% trauma caused by manmade disaster	37	G1: Prolonged Exposure plus Paroxetine G2: Prolonged exposure plus placebo	10 weekly sessions	PE+Paroxetine > PE+Placebo CAPS (Completer): G1: pre M=72.6 SD=12.9 post M=21.5 SD=19.9 G2: pre M=65.4 SD=12.8 post M=35.6 SD=31.3	Acceptable	Small sample size, limited power for comparison of two active bona fide treatments. No FU assessment
Schnurr, Friedman, Engel et al. (2007)	100% PTSD 84% physical or sexual assault, 6% military trauma as civilian	284 (199)	G1: PE G2: Present-centered (PC)	10 weeks, 8 sessions, 10 weeks, 9 sessions	PE>PC Reliable change G1=39% G2=20.3% Remission rates G1: 39% without diagnosis G2: 20.3% without diagnosis High end-state functioning G1: 16.3% G2: 7% PCL (ITT) G1: pre M=58.2 post M=41.6 3mFU M=43.5 6mFU M=44.6 ES-within (Cohen's d): pre-post=0.80 G2: pre M=57.1 post M=48.9 3mFU M=48.8 6mFU M=48.5 ES-within (Cohen's d): pre-post=0.43 Es-between (Cohen's d): post=0.40 CAPS (ITT) G1: pre M=77.6 post M=52.9 3mFU M=49.7 6mFU M=50.4 ES-within (Cohen's d): pre-post=0.80 G2: pre M=77.9 post M=60.1 3mFU M=56.0 6mFU M=54.5 ES-within (Cohen's d): pre-post=0.62 Es-between (Cohen's d): post=0.27 3mFU=0.24 6mFU=0.15 CAPS (completer) G1: pre M=76.6 post M=50.0 3mFU M=48.8 6mFU M=48.3 ES-within (Cohen's d): pre-post=1.15 G2: pre M=76.6 post M=61.0 3mFU M=57.1	High	n/a

Anhang 3. Evidenztabellen der Primärstudien

Reference	Population % PTSD diagnosis Trauma type	N (Com- pleters)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Schnurr, Friedman, Foy et al. (2003)	100% PTSD 100% military trauma as military personnel	360 (325)	G1: Trauma-focused group therapy G2: present-centered group therapy	30 weekly sessions, 5 monthly booster sessions	6mFU M=56.5 ES-within (Cohen's d): pre-post=0.67 ES-between (Cohen's d): post=0.54 3mFU=0.34 6mFU=0.29 Trauma-focused = present-centered therapy PCL(ITT): G1: pre M=61.84 SD=0.91 post M=59.70 SD=0.84 5mFU M=58.78 SD=0.89 G2: pre M=62.60 SD=0.94 post M=61.03 SD=0.84 5mFU M=60.00 SD=0.88 PCL (Completer): G1: pre M=61.37 SD=1.19 post M=59.66 SD=1.08 5mFU M=58.44 SD=1.20 G2: pre M=62.41 SD=1.14 post M=62.09 SD=1.06 5mFU M=60.99 SD=1.18 CAPS (ITT): G1: pre M=80.41 SD=1.45 post M=74.00 SD=1.32 5mFU M=72.79 SD=1.51 G2: pre M=82.01 SD=1.44 post M=76.03 SD=1.32 5mFU M=74.82 SD=1.49 CAPS (Completer): G1: pre M=79.97 SD=1.91 post M=73.64 SD=1.61 5mFU M=72.55 SD=1.85 G2: pre M=81.40 SD=1.67 post M=77.78 SD=1.58 5mFU M=76.49 SD=1.80 clinically significant change of >10 points reduction on CAPS: G1=37.1% of participants G2=34.5% of participants	High	n/a
Schnyder, Müller & Maercker et al. (2011)	trauma caused by: 33% violent sexual or non-sexual assaults, 43% accident, 3% natural disaster, 7% military trauma as civilian	30	G1: Brief eclectic psychotherapy (BEP) G2: minimal attention control group (WLC)	16 weekly sessions	BEP > minimal attention PGI (ITT): G1: pre M=40.1 SD=19.5 post M=48.9 SD=24.2 6mFU M=44.2 SD=26.1 within ES (Cohens' d) post = 0.8 within ES (Cohens' d) 6mFU = 0.5 G2: pre M=47.2 SD=13.5 post M=45.5 SD=20.4 within ES (Cohens' d) post = -0.2 CAPS (ITT): G1: pre M=78.6 SD=16.0 post M=60.8 SD=32.8 6mFU M=58.1 SD=30.5 within ES (Cohens' d) post = 1.5 within ES (Cohens' d) 6mFU = 1.8 G2: pre M=73.4 SD=19.2 post M=66.4 SD=20.0 within ES (Cohens' d) post = 0.7 Treatment response (CAPS score decline of >18): G1=5 G2=4 Loss of diagnosis (CAPS score <50): G1=2 G2=0 Complete Remission (CAPS score <20): G1=2 G2=0	Accept- able to high	Small sample size. No details on randomization procedure.
Schoorl, Putman & Van Der Does	100% PTSD	102	G1: Attentional bias	8 sessions,		High	No posttreatment values for SRIP

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
(2013)	7% single trauma, 93% multiple trauma		modification (ABM) G2: Control group	3 weeks			reported.
Seppälä, Nitschke & Tudorascu et al. (2014)	100% military trauma as military personnel	21	G1: Sudarshan Kriya yoga G2: WLC	7 sessions, 1 week	Sudarshan Kriya yoga > WLC PCL-M (ITT): G1: pre M=36.55 SD=11.44 post M=26.00 SD=6.91 12mFU M=25.56 SD=6.58 G2:pre M=32.40 SD=13.34 post M=32.5 SD=15.01 12mFU M=38.80 SD=15.12 between group ES (Cohens' d) post = 1.16 between group ES (Cohens' d) 12mFU = 1.00	Low to Accept- able	Very small sample size. Unsatisfactory concealment in randomization procedure. Only self-report measures as outcome variables, no blind assessor-based rating. PTSD was not an entry criterion; very low PTSD rates. Generalizability for clinical population highly questionable.
Shalev, Ankri &Israeli-Shalev et al. (2012) & Shalev, Ankri & Gilad et al. (2016)	survivors of traumatic events who were admitted to emergency service 100% PTSD 83% accident, 11% manmade disaster, 6% other	242 (199)	G1: Prolonged exposure (PE) G2: Cognitive Therapy (CT) G3: SSRI Subgroup G4: Pill Placebo Subgroup G5: Waitlist group (delayed PE)	12 weeks PE/CT: 12 sessions	PE = CT > SSRI = placebo > WL PSS-SR (available data): G1: pre M= 30.9 SD=8.5; post M=11.0 SD=11.2; 4m FU M=10.4 SD=11.9 G2: pre M=30.6 SD=8.3; post M=11.6 SD=10.5; 4m FU M=9.6 SD=10.6 G3: pre M=36.6 SD=7.9; post M=22.5 SD=14.2; 4m FU M=21.6 SD=3.0 G4: pre M=34.6 SD=6.6; post M=22.2 SD=11.9; 4m FU M=19.4 SD=12.5 G5: pre M=31.1 SD=8.3; post M=22.1 SD=13.1 CAPS (available data): G1: pre M=73.6 SD=21.3; post M=28.6 SD=25.0; 4m FU M=27.5 SD=26.9 G2: pre M=71.8 SD=15.2; post M= 29.5 SD=23.0; 4m FU M=27.9 SD=25.6 G3: pre M=79.8 SD=15.6; post M=48.7 SD=29.6; 4m FU M=47.2 SD=26.7 G4: pre M=74.9 SD=14.7; post M=47.1 SD=20.1; 4m FU M=45.7 SD=26.1 G5: pre M=71.7 SD=15.2; post M=50.6 SD=27.5 Between ES (CAPS. ITT hedge's g): G1 vs G2: post=0.01 (n.s.) G1 vs G5: post=0.93 (sign.) G2 vs G5: post=0.80 (sign.) G3 vs G4: post=0.07 (n.s.) PTSD prevalence (CAPS): G1 vs G2: 21.6% vs 20% (OR .87) G1 vs G5: 21.6% vs. 57.1% (OR 0.21) G2 vs G5: 20% vs. 58.7% (OR 0.18) G3 vs G4: 55.6% vs. 61.9% (OR 0.77) improvement from baseline to 31-month FU): PE = CT = SSRI = placebo improvement from posttreatment to 31-month-FU: SSRI and placebo > PE and CT	Accept- able to high	Investigates early intervention rather than treatment of chronic PTSD. Needs to be taken into account when drawing conclusions for clinical settings dealing with more chronic psychopathology.

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Sijbrandij, Olf & Reitsma et al. (2007)	100% PTSD 73% physical or sexual assault, 13% accident, 2% witnessing traumatic event, 5% traumatic grief	143	G1: Brief Cognitive behavioral Therapy (CBT) G2: CG	4 weeks, 3 sessions 4 weeks	CAPS: G1: post M=28.6 SD=25.0 31FU M=31.5 SD=32.8 G2: post M=29.5 SD=23.0 31FU M=32.1 SD=27.5 G3: post M=48.7 SD=29.6 31FU M=34.3 SD=29.4 G4: post M=47.7 SD=29.6 31FU M=32.1 SD=21.6 PTSD prevalence (CAPS): G1: post 21.4% 31FU 28.6% G2: post 18.2% 31FU 40.0% G3: post 61.9% 31FU 46.2% G4: post 55.6% 31FU 40% Brief-CBT>CG Remission rates: G1: 61.9% without diagnosis G2: 38.9% without diagnosis SI-PTSD (completer) G1: pre M=34.3 SD=8.0 post M=22.1 SD=11.8 3mFU M=15.9 SD=12.9 G2: pre M=36.0 SD=7.0 post M=29.4 SD=11.3 3mFU M=20.5 SD=14.4	Acceptable to high	No independent randomization.
Sikkema (2007)	40% PTSD 100% childhood sexual abuse, 100% illness	253	G1: HIV and Trauma Coping Group Intervention G2: HIV support group G3: Waitlist control	15 weeks, 15 sessions	Coping group > Support group > Waitlist control. IES (ITT): G1: pre M=16.8 SD=9.5; post M=12.5 SD=9.3 G2: pre M=14.4 SD=9.8; post M=12.8 SD=10.1 G3: pre M=11.3 SD=8.2; post M=11.7 SD=9.5 Between ES (Cohen's d): G1 vs G2: post=0.3 G1 vs G3: post=0.5 G2 vs G3: post=0.2	Acceptable	Only 40% of patients diagnosed with PTSD. Very specific population (childhood trauma and HIV), needs to be taken into account for interpretation. No FU assessment. Only self-report measures as outcome variables, no blind assessor-based rating. No details on randomization procedure.
Sloan & Marx (2004)	37% single trauma, 63% multiple trauma	51	G1: Emotional disclosure G2: Control group	3 sessions, 1 week	Disclosure > CG PDS (Completer): G1: pre M=17.6 SD=6.8 post M=11.5 SD=9.9 G2: pre M=16.6 SD=5.3 post M=18.4 SD=7.1	Low to Acceptable	Non-clinical sample (student participating for course credit) with low levels of PTSD symptomatology. Generalizability to clinical populations questionable. No long-term FU. Only self-report measures as outcome variables, no blind assessor-based rating.
Sloan, Marx & Bovin et al. (2012)	100% PTSD 100% trauma caused by motor vehicle accident	46	G1: Narrative exposure disclosure writing G2: WLC	G1: 5 weekly sessions G2: 6 weeks	Narrative exposure > WLC CAPS (Completer): between group ES (Hedges' g) post=3.49 between group ES (Hedges' g) 3mFU=2.18	High	No CAPS posttreatment values were reported.

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Sloan, Marx & Epstein (2005)	24% single trauma, 76% multiple trauma,	81	G1: Repeat disclosure G2: Different disclosure G3: CG	3 sessions, 1 week	Repeat disclosure > different disclosure = CG PDS (Completer): G1: pre M=20.0 SD=6.1 post M=7.6 SD=6.1 G2: pre M=18.3 SD=7.6 post M=16.2 SD=9.2 G3: pre M=19.8 SD=9.5 post M=18.6 SD=9.9	Acceptable	Non-clinical sample (student participating for course credit) with low levels of PTSD symptomatology. Generalizability to clinical populations questionable. No long-term FU. Only self-report measures as outcome variables, no blind assessor-based rating.
Smyth, Hockemeyer & Tulloch et al. (2008)	100% PTSD 56% trauma by sexual assault, 44% military trauma	25	G1: Expressive Writing G2: CG	3 sessions, 1 week	Expressive writing = WLC	Low	No appropriate reporting of clinical outcome data. Small sample size.
Sonne, Carlsson & Beck et al. (2016)	consecutive patients of a specialized transcultural psychiatric outpatient facility for refugees and migrants 100% PTSD 40.8% complex PTSD/DESNOS lifetime: 48% military trauma as civilian (torture), 26% forced displacement (refugee camp), 53% other (imprisonment)	207	G1: active treatment Venlafaxine (+ manual-based flexible CBT and social counseling) G2: active treatment Sertraline (+ manual-based flexible CBT and social counseling)	26-30 weeks, up to ten sessions with a psychiatrist/medical doctor	Venlafaxine = Sertraline HTQ (ITT): G1: pre M=3.18. SE=0.05; post M=5.05 SE=0.06; d = 0.32 G2: pre M=3.24 SE=0.04 post M=3.02 SE=0.06; d = 0.54 mixed model for differences in change between groups: ITT: group x time interaction not significant d =0.22 (slightly favoring the sertraline condition) regression model for group differences at posttreatment: not significant	Acceptable	Randomization procedure did not allow for allocation concealment. Concurrent medication allowed, may have influenced findings. Only pre-post-analyses, no FU data reported. Only self-report measures as outcome variables, no blind assessor-based rating.
Spence, Titov & Dear et al. (2011)	100% PTSD	44	G1: Internet-based CBT G2: WLC	7 sessions	internet-based CBT > WLC PCL-C(ITT): G1: pre M=60.8 SD=10.0 post M=44.8 SD=17.3 3mFU M=43.2 SD=17.9 within group ES (Cohen's d) post = 1.2 within group ES (Cohen's d) 3mFU =1.2 G2: pre M=57.0 SD=9.7 post M=51.8 SD=12.5 within group ES (Cohen's d) post = 0.49	Acceptable	Small sample size. Only pre vs. post comparison, no FU assessment. Only self-report measures as outcome variables, no blind assessor-based rating

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Spence, Titov & Johnston et al. (2014)	86% PTSD trauma caused by 57% assault, 3% accident, 4% illness/injury, 2% natural disaster, 2% combat, 5% Captivity, 14% death of someone else	125	G1: Internet-based exposure plus CR G2: Internet-based CR without Exposure	8 weeks G1: 4 sessions G2: 6 sessions	between group ES (Cohen's d) post = 0.47 Exposure + CR = CR IES-R (ITT): G1: pre M=51.3 SD=15.7 post M=32.2 SD=21.6 3mFU M=26.6 SD=21.9 within group ES (Cohen's d) post = 1.01 within group ES (Cohen's d) 3mFU = 1.3 G2: pre M=46.2 SD=14.7 post M=26.7 SD=16.8 3mFU M=22.7 SD=14.9 within group ES (Cohen's d) post = 1.24 within group ES (Cohen's d) 3mFU = 1.59 between group ES (Cohen's d) post =0.29 between group ES (Cohen's d) 3mFU = 0.21 PSS-I (ITT): G1: pre M=31.7 SD=9.6 post M=17.1 SD=9.3 3mFU M=15.7SD=13.4 within group ES (Cohen's d) post = 1.3 within group ES (Cohen's d) 3mFU = 1.4 G2: pre M=32.0 SD=9.3 post M= 14.4 SD=9.3 3mFU M=13.0 SD=10.9 within group ES (Cohen's d) post =1.89 within group ES (Cohen's d) 3mFU = 1.88 between group ES (Cohen's d) post = 0.24 between group ES (Cohen's d) 3mFU = 0.22	Acceptable to high	No blinded assessments. No details on randomization procedure.
Stappenbeck, Luterek & Kaysen et al. (2015)	M = 44.3 years 48.7% Female 42.3% Caucasian 43.6% African American 3.8% Latino 2.6% Native American 1.3% Asian American 6.4% Other 100% PTSD	31	G1: Cognitive restructuring (Authors talked with patients about trauma and gave them A-B-C sheets to identify alternative, more constructive self-statements to replace the cognitive distortion, trauma-focused) G2: Experiential acceptance (Teaching patients to accept thoughts and feelings and urge surfing and brief mindful breathing meditation) G3: Attention control condition (Comparable length interaction, that involved learning something about health that is not specifically relevant to PTSD or SUD)	5	PTSD (IVR PTSD symptoms): Cognitive restructuring = Experiential acceptance > Attention control condition. No significant differences between cognitive restructuring and experiential acceptance (b = 0.01 p = .69 95%CI [-0.02,0.03]). Cognitive restructuring pre M = 3.9 SD = 1.6 post M = 3.1 SD = 1.8 Experiential acceptance pre M = 3.2 SD = 1.6 post M = 2.7 SD = 1.4 Attention control condition pre M = 4.0 SD = 1.4 post M = 3.4 SD = 1.3 Substance use severity (IVR drinks per day): Cognitive restructuring = Experiential acceptance > Attention control condition. No significant differences between cognitive restructuring and experiential acceptance (b = -0.01, p = .12, IRR = 0.99, 95%CI [0.97,1.00]). Cognitive restructuring pre M = 2.7 SD = 3.5 post M = 1.8 SD = 2. Experiential acceptance pre M = 5.2 SD = 5.9 post M = 3.6 SD = 5.0. Attention control condition pre M = 4.6 SD = 4.7 post M =3.1 SD = 3.7	Acceptable	Short FU period. Only self-report measures as outcome variables, no blind assessor-based rating. No ITT analyses.
Steinmetz, Benight & Bishop et al.	100% trauma caused by natural disaster (hurricane)	56	G1: My Disaster Recovery website (MDR) G2: Information-only website	4 weeks	MDR = Information-only = Usual Care MPSS (ITT): G1: pre M=26.72 SD=17.39 post M=23.94 SD=16.74 G2: pre M=29.84 SD=18.42 post	Low to Acceptable	Small cell sizes Only self-report measures as outcome variables, no blind assessor-based rating

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Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
(2012)			G3: Usual care		M=29.26 SD=19.46 G3: pre M=28.26 SD=18.42 post M=21.58 SD=16.30		Study participants may not be representative for usual clinical settings (high education, moderate PTSD severity). High dropout to follow-up.
Stenmark, Catani & Neuner et al. (2013)	100% PTSD	40	G1: Narrative exposure therapy (NET) G2: TAU	10 weekly sessions	NET > TAU CAPS (ITT): G1: pre M=83.7 SD=15.5 G2: pre M=83.67 SD=16.5	Acceptable to high	Unclear whether randomization was immune to bias. Blinding of post-intervention CAPS not carried through in all cases.
Strachan, Gros & Ruggiero et al. (2012)	63% PTSD	40	Behavioral activation and therapeutic exposure in-person (BA-TE-IP)	8 sessions	BA-TE-TH = BA-TE-IP PCL-M (Completer): G1: pre M=57.2 SD=16.2 post M=41.4 SD=16.1 within group ES (Cohens' d) post = 0.98 within group ES (Cohens' d) 12mFU = 0.51 G2: pre M=59.0 SD=12.7 post M=47.9 SD=20.1 within group ES (Cohens' d) post = 0.66 within group ES (Cohens' d) 12mFU = 0.51 between group ES (Cohens' d) post = 0.33	Low to Acceptable	Small sample size, reduced power. Comparison of two form of delivery of same treatment. Not all participants met criteria for full PTSD pre -treatment. Only self-report measures as outcome variables, no blind assessor-based rating No ITT analyses. No FU assessments. No details on randomization procedure.
Suris, Link-Malcolm & Chard et al. (2013)	100% PTSD 100% sexual assault	129	G1: 100% PTSD, 100% sexual assault G2: Present-centered therapy (PCT)	12 sessions	PCL: CPT > PCT; CAPS: CPT = PC PCL (ITT): G1: pre M=65.53 SD=1.67 post M=51.39 SD=2.02 4mFU M=54.98 SD=1.99 6mFU M=50.52 SD=1.97 within group ES (Cohen's d) post = 1.02 G2: pre M=65.40 SD=2.00 post M=57.89 SD=2.18 4mFU M=55.22 SD=2.15 6mFU M=56.22 SD=2.17 within group ES (Cohen's d) post =0.56 between group ES (Cohen's d) post = -0.85 CAPS (ITT): G1: pre M=85.07 SD=2.69 post M=64.97 SD=3.27 4mFU M=63.96 SD=3.26 6mFU M=59.47 SD=3.23 within group ES (Cohen's d) post = 1.02 G2: pre M=83.81 SD=3.29 post M=68.64 SD=3.61 4mFU M=66.35 SD=3.47 6mFU M=61.38 SD=3.54 within group ES (Cohen's d) post = 0.80 between group ES (Cohen's d) post = -0.49	Acceptable to high	High drop-out rate is caused by exclusion of one therapist due to low treatment fidelity.
Talbot, Maguen & Metzler et al. (2014)	100% PTSD	45	G1: CBT for Insomnia (CBT-I) G2: WLC	8 weeks	CBT-I > WLC PCL (ITT): G1: pre M=43.69 SD=1.85 post M=37.19 SD=1.76 6mFU M=32.96 SD=1.65 within group ES (Cohen's d) 6mFU = 0.83 G2: pre M=46.19 SD=2.40	Acceptable	PTSD symptoms not main treatment target, but specifically investigating reduction of sleep by CBT-I in addition to ongoing PTSD treatment. Type of concurrent PTSD treatment

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD diagnosis Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
					post M=42.60 SD=2.88 6mFU M=39.43 SD=2.87		not controlled. Small sample size with reduced power for comparison between two active bona fide conditions.
Tarrier, Pilgrim & Sommerfield et al. (1999)	100% PTSD 52% interpersonal violence (crime), 34% accident	54 after 12 m.	G1: Imaginal Exposure (IE) G2: Cognitive Therapy (CT)	16 weeks, 16 sessions	IE = CT Penn Inventory (Completer): G1: pre M=47.3 SD=11.0; post M=34.4 SD=14.7; 6-9m FU M=41.8 SD=12.5; 10-12m FU M=41.0 SD=14.1; >24m FU M=37.4 SD=12.3 Within ES: pre vs post=0.9 G2: pre M=46.5 SD=13.0; post M=36.1 SD=15.5; 6-9m FU M=37.2 SD=15.8; 10-12m FU M=38.4 SD=15.1; >24m FU M=23.8 SD=12.5 Within ES: pre vs post=0.8	High	n/a
Taylor, Thordarson, Maxfield et al. (2003)	100% PTSD 35% single traumatic event, 65% multiple traumatic events	60 (45)	G1: EMDR G2: Relaxation G3: Exposure Therapy	8 weeks, 8 sessions, 8 weeks, 8 sessions, 8 weeks, 8 sessions	PE>EMDR=Relaxation Symptom worsening G1=5.3%; G2=0%; G3=0%; no values reported.	Acceptable to high	No details on randomization procedure provided.
Ter Heide, Mooren & Kleijn et al. (2011)	75% PTSD	20	G1: EMDR G2: Stabilization condition (SC)	11 sessions	EMDR>SC Clinical significant change G1=5% G2=no indication Remission rates G1=60% without diagnosis G2=0% without diagnosis HTQ (completer) G1: pre M=2.85 SD=0.32 post M=2.37 SD=0.58 3mFU M=2.43 SD=0.65. G2: pre M=2.36 SD=0.16 post M=2.71 SD=0.32 3mFU M=2.85 SD=0.38 SCID-1 (completer) G1: pre M=12.8 SD=1.8 post M=10.8 SD=4.7 3mFU M=9.4 SD=6.8. G2: pre M=13.6 SD=2.1 post M=13.0 SD=2.4 3mFU M=13.8 SD=1.8.	Acceptable	Small sample size leading to reduced power. No ITT analyses. High drop-out, substantial number of data points missing. Blindness was maintained for only 70% of interviews. Differences in session length (90 vs. 60) between conditions.
Ter Heide, Mooren & van de Schoot et al. (2016)	100% PTSD 83% close to death 75% murder of family or friend 72% threatened with torture, and other	20	G1: active treatment EMDR G2: active treatment Stabilization "as usual" (aimed at diminishing PTSD; therapists were asked to select stabilizing interventions to match their patient's needs)	720 Min EMDR: 3 x 60 min. prep. sessions, 6 x 90 min desensitization sessions	EMDR = stabilization CAPS (available data): G1: pre M=74.7 SD=18 n=36; post M=67.4.m SD=23.2 n=32; 3FU M=69.9 SD=25.1 n=32; pre-3FU d = 0.19 [-0.16 0.54] G2: pre M=78.3 SD=18.3 n=36; post M=68.9 SD=26.9 n=29; 3FU M=69.6 SD=25.1 n=31; pre-3FU d = 0.3 [-0.16 0.54] Between group differences in symptom change (ITT): CAPS: ES = -0.04; HTQ: ES = -0.29 (favoring the stabilization condition)	High	n/a

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Reference	Population % PTSD diagnosis Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
				Stabilization 12 x 60 min	CAPS diagnosis G1: pre 30/36 (83%) post 21/22 (65%) 3FU 26/32 (81%) G2: pre 32/36 (89%) post 20/29 (69%) 3FU 22/31 (71%) CAPS improvements (≥ 10 scores) at 3 FU: G1: 13/32 (40.4%) G2: 13/31 (41.9%) CAPS deterioration (≥ 10 scores) at 3 FU: G1 7/32 (21.9%) G2: 8/31 (25.8%)		
Thompson, Chung & Jackson et al. (1995)	5% assault, 2.4% accident, 76.2% natural/ manmade disaster, 16.7% traumatic grief	54	G1: Immediate psychotherapy G2: Delayed Treatment (Waitlist control)	8 weeks, 8 sessions	Immediate psychotherapy > Waitlist control IES (Completer): G1: pre M=42.3 SD=13.8; post M=31.6 SD=19.3 G2: pre M=43.2 SD=19.9; post M=34.5 SD=17.9	Low to Acceptable	Different treatment approaches included. Only self-report measures as outcome variables, no blind assessor-based rating. No FU assessments. Small sample size. No details on randomization procedure. No ITT analysis.
Valentine & Smith (2001)		123	G1: Traumatic incident reduction (TIR) G2: CG		TIR > CG PSS (ITT): G1: pre M=24.6 SD=11.9 post M=14.1 SD=9.2 3mFU M=8.5 SD=9.7 G2: pre M=20.3 SD=12.5 post M=18.2 SD=12.6 3mFU M=15.8 SD=13.9	Low to Acceptable	PTSD diagnosis no entry criterion. Only self-report measures as outcome variables, no blind assessor-based rating No ITT analyses. No details on randomization procedure. Specific setting (prison inmates) and sample characteristics (moderate PTSD severity) may limit generalizability to clinical samples in the community.
Van Dam, Ehrling & Vedel et al. (2013)	62% PTSD 38% Partial PTSD	34	G1: 10 sessions of structured writing therapy (Individual sessions of structured writing therapy were added, trauma focused exposure) plus TAU G2: TAU (Regular intensive treatment for SUD, based on CBT, included coping and social skill training, psychoeducation, relapse prevention and emotion-regulation training in groups plus sessions with an individual	-	PTSD (PDS): Structured writing therapy + TAU = TAU Interaction effect treatment x time $F(3, 34) = 1.9 p = .132$ Partial $\eta^2 = 0.059$ Structured writing therapy pre M = 30.4 SD = 9.7 after 5 sessions M = 28.2 SD = 9.0 post M = 17.6 SD = 12.0 3m FU M = 23.5 SD = 14.8; TAU pre M = 28.3 SD = 10.7 after 5 sessions M = 26.5 SD = 9.8 post M = 24.3 SD = 9.1 3m FU M = 21.7 SD = 9.4 Abstinence (TLFB): Structured writing therapy +TAU = TAU Interaction effect treatment x time $F(2, 34) = 0.48 p = .620$ Partial $\eta^2 = 0.15$ Structured writing therapy pre M = 19.9 SD = 29.3 post M = 76.8 SD = 15.5 3m FU M = 61.0 SD = 30.8 TAU pre M = 20.1 SD = 25.4	Acceptable	Small sample size. Randomization procedure may not be immune to bias. High dropout. Self-report measures taken at all assessment points, structured clinical interview only at pre and post-treatment.

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Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
			therapist)		post M = 66.0 SD = 30.3 3m FU M = 58.6 SD = 38.4 PTSD diagnosis (SCID): SWT+TAU pre n = 19; 100%; post n = 9.8 51.8% TAU pre n = 15 100%; post n = 13.2 88.0%		
Van der Kolk, Hodgdon & Gapen et al. (2016)	individuals who were non- responsive to at least 6 months of trauma-focused psychotherapy 100% PTSD 100% multiple trauma lifetime trauma: 79% emotional abuse in childhood, 69% sexual abuse, 62% domestic violence, and other	52 (44)	G1: control group TAU-waitlist G2: active treatment EEG neurofeedback (+ TAU)	12 weeks 24 sessions	neurofeedback > waitlist consistent results for both the ITT and the completer sample and both CAPS and DTS CAPS (ITT): G1: pre M=76.24 post M=66.49 1 FU M=65.46; Feingolds d pre-1FU: d = -.62 G2: pre M=79.45 post M=42.95 1 FU M=39.1; Feingolds d pre- 1FU: d = -2.33 Feingolds d for difference between groups in within-differences at 1 FU: d = -1.71 PTSD diagnosis (CAPS available data of completers) G1: post 15/22 (68.2%) 1 FU 17/19 (90%) G2: post 6/22 (27.3%) 1 FU 8/19 (42%) all differences between groups statistically significant	High	n/a
van der Kolk, Spinazzola & Blaustein et al. (2007)	100% PTSD	88	G1: EMDR G2: Fluoxetine G3: Fluoxetine	8 weeks, 8 sessions, 8 weeks, 8 sessions, 8 weeks, 8 sessions	EMDR>Fluoxetine=Placebo Remission rates G1: 88% without diagnosis G2: 81% without diagnosis G3: 65% without diagnosis High end-state functioning G1=29% G2=15% G3=12% CAPS (ITT) G1: pre M=69.4 SD=12.7 post M=32.6 SD=22.5 6mFU M=25.8 SD=21.6 G2: pre M=73.7 SD=13.4 post M=42.7 SD=22.1 6mFU M=42.1 SD=15.8 G3: pre M=70.3 SD=13.0 post M=43.6 SD=22.6 ES-between (Cohen's d) G1-G2: post=0.24 6mFU=0.54 G1-G3: post=0.45 G2-G3: post=0.19 CAPS (completer) G1: pre M=69.4 SD=12.7 post M=28.4 SD=19.7 6mFU M=25.7 SD=21.2 G2: pre M=73.7 SD=13.4 post M=38.7 SD=20.3 6mFU M=41.2 SD=15.7 G3: pre M=70.3 SD=13.0 post M=39.8 SD=18.8 ES-between (Cohen's d) G1-G2: post=0.35 6mFU=0.17 G1-G3: post=0.58 G2-G3: post=0.18	Accept- able to high	No detailed information on randomization procedure.
Van der Kolk, Stone & West et al. (2014)	100% PTSD	64	G1: Yoga G2: women's health education	10 weeks, 10 sessions,	Yoga>Health education Remission rates G1: 52% without diagnosis G2: 21% without diagnosis DTS (ITT) G1: pre M=65.2	Accept- able to high	No details on randomization procedure.

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD diagnosis Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
				10 weeks, 10 sessions	SD=23.5 post M=51.5 SD=24.1 ES-within (Cohen's d): pre-post=-0.52 G2: pre M=73.1 SD=25.9 post M=63.8 SD=28.8 ES-within (Cohen's d): pre-post=-0.29 CAPS (ITT) G1: pre M=73.9 SD=20.8 post M=49.5 SD=25.2 ES-within (Cohen's d): pre-post=-1.07 G2: pre M=76.7 SD=20.8 post M=63.5 SD=25.5 ES-within (Cohen's d): pre-post=-0.66		
Van Emmerik, Kamphuis & Emmelkamp (2008)	97% PTSD 61% physical/sexual violence, 23% accident	125	G1: Cognitive Behavioural Therapy (CBT) G2: Structured writing therapy (SWT) G3: Waitlist control condition	10 weeks, 10 sessions	CBT = SWT > Control condition IES (ITT): G1: pre M=46.4 SD=12.3; post M=32 SD=20.3; 10-12m FU M=33.7 SD=22.2 Within ES (Cohen's d): post=0.9 G2: pre M=47.9 SD=13.8; post M=34.3 SD=22.6; 10-12m FU M=33.7 SD=24.6 Within ES (Cohen's d): post=0.7 G3: pre M=49.1 SD=14.7; post M=45.7 SD=13.7; 10-12m FU M=46.6 SD=13.2 Within ES (Cohen's d): post=0.3 Between ES (Cohen's d): G1 vs G2: post=0.1 G2 vs G3: post=0.7	Acceptable	Only self-report measures as outcome variables, no blind assessor-based rating. Randomization procedure may not be immune to bias.
Vaughan, Armstrong, Gold et al. (1994)	78% PTSD, 69% physical/sexual abuse/interpersonal violence, 17% accident	36	G1: EMD(R) G2: Image Habituation Training (IHT) G3: Applied Muscle relaxation (AMR)	3 weeks, 4 sessions	EMD ≥ IHT = AMR IES-I (Completer): G1: pre M=26.2 SD=7.9; post M=10.3 SD=5.6; 3-5m FU M=14.3 SD=9.4 G2: pre M=23.3 SD=10.1; post M=15.6 SD=8.4; 3-5m FU M=12.9 SD=11.4 G3: pre M=24.5 SD=5.8; post M=20.7 SD=12.4; 3-5m FU M=15.7 SD=9.8 SI-PTSD (Completer): G1: pre M=27.9 SD=9.5; post M=16.8 SD=6.2; 3-5m FU M=15.6 SD=7.4 G2: pre M=27.8 SD=4.7; post M=23 SD=10.2; 3-5m FU M=20.6 SD=14.1 G3: pre M=29.9 SD=9.7; post M=23.1 SD=12.5; 3-5m FU M=19.6 SD=10.9	Acceptable	Small sample size, leading to reduced power. No details on randomization procedure.
Wahbeh, Goodrich & Goy et al. (2016)	military personnel 100% PTSD military trauma	114 (102)	G1: active Body scan mindfulness meditation (MM), audio-guided G2: active Slow breathing (SB): breathing training using a breathing biofeedback device designed to reduce respiratory rate G3: active Mindfulness meditation + Slow Breathing (MM + SB): mindful awareness of the breath with an intention to	6 weeks 6 sessions	MM = SB = MM+SB = SQ PCL (completers): G1: pre M=56.3 SD=9.7; post M=50.7 SD=3.9; p = 0.05 G2: pre M=54.5 SD=11.7; post M=54.2 SD=54.2; n.s G3: pre M=52.0 SD=10.8; post M=46.9 SD=11.0; p = 0.006 G4: pre M=55.3 SD=9.7; post M=51.5 SD=12.1; p = 0.04	Low to Acceptable	No ITT analyses. No blind assessments. No detailed information on randomization procedure. Only self-report measures as outcome variables, no blind assessor-based rating. No FU assessment.

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Reference	Population % PTSD diagnosis Trauma type	N (Com- pleters)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Wang, Hu & Wang et al. (2012)	100% PTSD 100% natural disaster	138	slow the breath G4: psychological placebo control Sitting quietly (SQ): neutral-content audiobook G1: active treatment Paroxetine G2: active treatment Electro puncture (EP)	12 weeks EP: 42 sessions (every second day)	EP > Paroxetine CAPS (completers): G1: pre M=66.8 SD=21.3; post M=31.2 SD=18.9; 3FU M=26.3 SD=19.4; 6FU M=21.8 SD=18.7 G2: pre M=65.8 SD=19.7; post M=27.3 SD=17.9; 3FU M=20.4 SD=15.5; 6FU M=15.9 SD=14.3 no significant differences between groups (p=0.132) integral reduced rates (CAPS completers): G1: post M=54.9 SD=21.2; 3FU M=61.7 SD=22.1; 6FU M=68.6 SD=22.4 G2: post M=60.3 SD=20.8; 3FU M=70.4 SD=18.3; 6FU M=77.2 SD=17.1 differences in integral scores between groups were statistical significant (p=.019)	Acceptable	No detailed information on randomization. No systematic reporting of concurrent treatment. No ITT analysis. Unclear whether assessors were blinded.
Wang, Wang & Maercker (2013)	49% single trauma, 51% multiple trauma	103	G1: Chinese version of the My Trauma Recovery (CMTR) website G2: Waitlist	4 weeks	CMTR > Waitlist PDS (ITT): G1: pre M= 1.7 SD=0.6; post M=1.1 SD=0.7; 3-5m FU M=0.8 SD=0.8 Within ES: pre vs post=0.8; pre vs 3-5m FU=0.9 G2: pre M=1.7 SD=0.6; post M=1.7 SD=0.6; 3-5m FU M=0.7 SD=0.6 Within ES: pre vs post=0.2; pre vs 3-5m FU=0.8 Between ES: post=-0.4; 3-5m FU=0.1	Acceptable	Full PTSD diagnosis not an entry criterion; only moderate PTSD severity. Only self-report measures as outcome variables, no blind assessor-based rating
Watson, Tuorila & Vickers et al. (1997)	military personnel 100% PTSD 100% military trauma	90	G1: Relaxation G2: Breathing and Relaxation G3: Biofeedback, Breathing and Relaxation	10 sessions	Relaxation = Breathing+ Relaxation = Biofeedback+ Breathing+ Relaxation PTSD-I (Completer): G1: pre M=95.4; post M=95 G2: pre M=98.1; post M=97.8 G3: pre M=90.5; post M=89.4	Low	No control condition. No details on randomization procedure. Only self-report measures as outcome variables, no blind assessor-based rating No FU assessment. Generally poor reporting on methods and results.
Watts, Landon & Groft et al. (2012)	100% PTSD 50% single trauma, 50% multiple trauma, 10% assault	20	G1: rTMS G2: Sham TMS	10 sessions, 2 weeks	rTMS > Sham TMS PCL (Completer): G1: pre M=64.9 SD=6.5 post M=48.7 SD=9.9 G2: pre M=57.3 SD=3.7 post M=54.8 SD=5.0 CAPS (Completer): G1: pre M=81.6 SD=9.5 post M=53.9 SD=15.3 G2: pre M=72.3 SD=12.2 post M=61.7 SD=11.1	Acceptable	Very small sample size, leading to reduced power. No comparison between conditions for FU assessments.
Wells & Colbear	100% PTSD	20	G1: Metacognitive therapy	8 weeks, 6	MTC > Waitlist control group	Acceptable	Very small sample size.

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
(2012)	50% (sexual) assault/ interpersonal violence, 30% accident, 10% witness of traumatic event in others		(MCT) G2: Waitlist control group	sessions	PDS (ITT): G1: pre M=32.7 SD=7.4; post M=16.8 SD=16.4; 3m FU M=11.9 SD=16.7; 6m FU M=9.1 SD=12.1 G2: pre M=37.3 SD=5.6; post M=34.1 SD=4.1 IES (ITT): G1: pre M=53.2 SD=12.1; post M=20.5 SD=18.1; 3m FU M=18.1 SD=26.2; 6m FU M=17.5 SD=23.4 G2: pre M=56.2 SD=10.1; post M=54.8 SD=12.3	able	Only self-report measures as outcome variables, no blind assessor-based rating. All treatment sessions conducted by one therapist who is the developer of the treatment approach. Randomization procedure not immune to bias.
Wells, Walton & Lovell et al. (2015)	100% PTSD 44% physical sexual assault, 25% accident, 13% natural disaster, 9% witness of traumatic event in others	32	G1: Metacognitive Therapy (MCT) G2: Prolonged Exposure (PE) G3: Waitlist control group	8 weeks, 8 sessions	MCT > PE > Waitlist control group IES (Completer): G1: pre M=53.3 SD=8.9; post M=9.9 SD=9.7; 3m FU M=17.1 SD=19.3 Within ES (Hedges g): post=4.5; 3m FU =2.4 G2: pre M=51.2 SD=8.2; post M=23.7 SD=16.3; 3m FU M=22.1 SD=21.2 Within ES (Hedges g): post=1.3; 3m FU=1.2 G3: pre M=52.3 SD=13.0; post M=51.3 SD=13.4	Acceptable	Small sample size, reduced power. Only self-report measures as outcome variables, no blind assessor-based rating
Wilson, Becker & Tinker (1995)	46% PTSD 48% physical/sexual abuse, 9% illness, 19% traumatic grief	80	G1: EMDR G2: Delayed EMDR group	3 sessions	EMDR > waitlist control group IES-I (Completer): Between ES (Cohen's d): post=1.4	Low to Acceptable	Less than half of the sample met criteria for PTSD. Only self-report measures as outcome variables, no blind assessor-based rating. Descriptive data on key outcome variables incomplete. No details on randomization procedure.
Wolff et al. (2015)	Full or subthreshold PTSD or PCL-C > 34 78% Physical 23% Sexual 20% Both	230	G1: Seeking Safety (SS) G2: Male-Trauma Recovery Empowerment Model (24 sessions that are motivated by discussing questions)	14	PTSD (CAPS): Seeking Safety = Male-Trauma Recovery Empowerment Model IC: F(1,223) = 0.05 ns Time: F(3,223) = 50.8 p < .01 X: F(3,223) = 0.6 ns G1 pre M = 44.2 SD = 29.5 post M = 33.2 SD = 26.9 3m FU M = 27.8 SD = 24.7 6m FU M = 25.4 SD = 25.4 G2 M = 44.1 SD = 27.5 post M = 27.5 SD = 25.7 3m FU M = 25.2 SD = 24.9 6m FU M = 23.2 SD = 24.3 PTSD (PCL): Seeking Safety = Male-Trauma Recovery Empowerment Model IC: F(1,227) = 0.06 ns Time: F(3,227) = 26.08 p < .01 X F(3,227) = 0.25 ns G1 pre M = 44.4 13.5 post M = 38.8 SD = 13.6 3m FU M = 38.2 SD = 14.1 6m FU M = 36.6 SD = 15.8 G2 pre M = 43.6 SD = 12.9 post M = 38.1 SD = 14.1	High	ACHTUNG: das ist dieselbe Studie wie in der vorherigen Zeile

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Wolff, Huening & Shi et al. (2015)	100% physical or sexual assault	230	G1: Seeking Safety (SS) G2: M-TREM (Male-Trauma Recovery Empowerment Model) G3: WCL	14 weeks, 28 sessions, 14 weeks, 28 sessions, 14 weeks	3m FU M = 36.4 SD = 14.6 6m FU M = 36.0 SD = 13.3 SS=M-TREM>WCL Remission rates G1: 3.2% without diagnosis G2: 0% without diagnosis PCL (ITT) G1: pre M=44.4 SD=13.5 post M=38.8 SD=13.6 3mFU M=38.2 SD=14.1 6mFU M=36.6 SD=36.6 SD=15.8 G2: pre M=43.6 SD=12.9 post M=38.1 SD=14.1 3mFU M=36.4 SD=14.6 6mFU M=36.0 SD=13.3 CAPS (ITT) G1: pre M=44.2 SD=29.5 post M=33.2 SD=26.9 3mFU M=27.8 SD=24.7 6mFU M=25.4 SD=25.4 G2: pre M=44.1 SD=27.5 post M=27.5 SD=25.7 3mFU M=25.2 SD=24.9 6mFU M=23.2 SD=24.3	Acceptable to high	No details on randomization provided.
Wu, Li & Cho (2014)	100% accident	60	G1: Brief- CBT G2: Self-help program	4 weeks, 4 sessions	B-CBT = SHP IES-I (Completer): G1: pre M=2.4 SD=0.8; 3-5m FU M=1.3 SD=0.8; 6-9m FU M=1.1 SD=0.9 Within ES (Cohen's d): pre vs 3-5m FU=1.2; pre vs 6-9m FU=1.3 G2: pre M=2.1 SD=0.5; 3-5m FU=1.6 SD=0.7; 6-9m FU=1.5 SD=0.8 Within ES (Cohen's d): pre vs 3-5m FU=0.8; pre vs 6-9m FU=0.2 Between ES (Cohen's d): 3-5m FU=0.4; 6-9m FU=0.5	Low to Acceptable	No treatment-seeking sample, PTSD diagnosis not entry criterion, low levels of PTSD. Only self-report measures as outcome variables, no blind assessor-based rating.
Yehuda, Bierer & Pratchett et al. (2014)	100% PTSD 100% Military trauma as military personnel	52	G1: Prolonged Exposure (PE) G2: Minimal Attention Intervention (MA)	12 weeks, 12 sessions	PE= MA	Low	Study mainly focusing on biomarkers related to symptom improvement. Too little clinically relevant outcome data reported and analyzed.
Yeomans, Forman & Herbert et al. (2010)		124	G1: Workshop with psychoeducation G2: Workshop with no psychoeducation G3: Waitlist control	3-day workshop	Workshop without psychoeducation > Workshop with psychoeducation > Waitlist control HTQ (Completer): G1: pre M=2.1 SD=0.5; post M=2.0 SD=0.5 G2: pre M=2.3 SD=0.6; post M=1.9 SD=0.5; G3: pre M=2.0 SD=0.5; post M=2.1 SD=0.5	Low to Acceptable	Content of concurrent treatment unclear. No FU data. Only self-report measures as outcome variables, no blind assessor-based rating. PTSD diagnosis not an entry criterion. Very specific setting, generalizability to German samples unclear.
Yuen, Gros & Price et al. (2015)	100% PTSD 100% Military trauma as military personnel	52	G1: Prolonged Exposure via in-person G2: Prolonged Exposure via home-based telehealth	12 weeks, 10 sessions	PE- in person = PE homebased telehealth PCL (Completer): G1: pre M=61.2 SD=10.9; post M=42.6 SD=18.3 Within ES (hedge's g): pre vs post=1.3 G2: pre M=62.2 SD=13.8; post M=43.4	Acceptable	Small sample size for non-inferiority design. No FU assessments. No ITT analyses.

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Reference	Population % PTSD diagnosis Trauma type	N (Completers)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Zang, Hunt & Cox (2014)	100% PTSD 80% single trauma, 20% multiple trauma, 100% natural disaster	30	G1: Narrative Exposure Therapy (NET) G2: Revised Narrative Therapy (NET-R) G3: Waiting list control	2 weeks, 4 sessions	SD=18.4 Within ES (hedge's g): pre vs post=1.1; Between ES (ITT) (hedge's g): post=-0.2 Between ES (Completer) (hedge's g): post= -0.1 CAPS (Completer): G1: pre M =68.4 SD=14.7; post M=38.3 SD=22.3 Within ES (hedge's g): pre vs post=1.5 G2: pre M=65.3 SD=11.7; post M=35.9 SD=17.7 Within ES (hedge's g): pre vs post=1.9 Between ES (ITT) (hedge's g): post=0.1; Between ES (Completer) (hedge's g): post=0.1 NET = NET-R > Control IES-R (Completer): G1: pre M=50.9 SD=10.7; post M=17 SD=6.7; 3-5m FU M=12.7 SD=9.6 Within ES (hedge's g): pre vs post=3.7 G2: pre M=52.1 SD=9.1; post M=16.9 SD=4.9; 3-5m FU M=12.7 SD=6.5 Within ES (hedge's g): pre vs post=4.6 G3: pre M=56.8 SD=10.9; post M=54.7 SD=10.8; 3-5m FU M=13.8 SD=6.6 Within ES (hedge's g): pre vs post=0.2 Between ES (hedge's g): G1 vs G3: post=4.0 G2 vs G3: post =4.3	Accept- able	Very small sample size. No detailed information on randomization procedure. Only self-report measures as outcome variables, no blind assessor-based rating
Zatzick, Jurkovich & Rivara et al. (2013)		207	G1: Stepped Collaborative Care Intervention (CC) G2: Usual Care (Control)		CC > UC PCL-C (ITT): G1: pre M=51.2; post M=37.4 G2: pre M=52; post M=42.5 CAPS (ITT): G1: post M=38.6 G2: post M=47.2	Accept- able	Complex intervention. Early intervention setting, not treatment of chronic PTSD.
Zatzick, Roy- Byrne & Russo et al. (2004)		121	G1: Collaborative Care Intervention (CC) G2: Usual Care (Control)		CC > Control PCL (ITT): G1: pre M=36.2 SD=12.2 G2: pre M=33.1 SD=10	Low to Accept- able	Early intervention study, not treatment of chronic PTSD. Only self-report measures as outcome variables, no blind assessor-based rating. Insufficient reporting of descriptive on key outcome variables. Complex intervention with varying length.
Zhang, Feng & Xie et al. (2011)	100% PTSD, 100% natural disaster	91	G1: CBT + acupoint stimulation G2: CBT alone	1 week, 3 sessions	CBT + acupoint = CBT alone IES-R (Completer): G1: pre M=60.6 SD=5.0; post M=40.0 SD= 4.3 G2: pre M=61.0 SD=3.4; post M=44.9 SD=3.1	Low	No details on randomization process. Only self-report measures as outcome variables, no blind assessor-based rating. No FU assessments. No appropriate statistical analyses comparing the two conditions.
Zlotnick,	M = 34.6 years	49	G1: Seeking Safety (Cognitive-	24	PTSD (CAPS): Seeking Safety plus TAU = TAU	Accept-	Small sample size.

Anhang 3. Evidenztabelle der Primärstudien

Reference	Population % PTSD diagnosis Trauma type	N (Com- pleters)	Intervention	Duration treatment Sessions	Results	Study quality (SIGN)	Comment
Johnson & Najavits (2009)	100% female 46.9% Caucasian 32.7% Black 14.2% Latino 6.1% Other 84% Full PTSD 175% Subthreshold PTSD (i.e., had at least one symptom from all three clusters that were associated with impairment/distress) Different trauma types		behavioral stabilizing group therapy with psychoeducation and the development of coping skill) plus TAU G2: TAU (Residential substance use treatment, including psychoeducation in groups, weekly individual case management and drug counseling therapy)		Odds ratio for G1 vs G2= 1.22 95% CI [.48 3.13] Wald $\chi^2 = .18$ $p = .67$; G1 pre M = 69.4 SD = 16.7 12 weeks after intake M = 57.0 SD = 23.7 posttreatment M = 50.9 SD = 32.0 3m FU M = 45.9 SD = 30.7; G2 pre M = 64.4 SD = 21.3 12 weeks after intake M = 52.5 SD = 24.6 posttreatment M = 51.5 SD = 24.6 3m FU M = 46.7 SD = 28.3 Drug use severity (ASI Drug Composite): Seeking Safety plus TAU = TAU G1 pre M = 0.2 SD = 0.1 posttreatment M = 0.2 SD = 0.1 3m FU M = 0.2 SD = 0.1; G2 pre M = 0.3 SD = 0.1 posttreatment M = 0.2 SD = 0.1 3m FU M = 0.2 SD = 0.1 Alcohol use severity (ASI Alcohol Composite): Seeking Safety plus TAU = TAU G1 pre M = 0.2 SD = 0.2 posttreatment M = 0.1 SD = 0.2 3m FU M = 0.1 SD = 0.2; G2 pre M = 0.3 SD = 0.3 posttreatment M = 0.2 SD = 0.2 3m FU M = 0.2 SD = 0.2	able	No blinding of assessors. No ITT analysis. No details on randomization procedure.
Zlotnick, Shea & Rosen et al. (1997)	100% PTSD 100% physical or sexual assault	48	G1: affect-management group treatment (AM) G2: WCL	15 weeks, 15 sessions	AM>WCL DTS (completer) G1: pre M=66.9 SD=22.0 post M=45.8 SD=34.1 G2: pre M=75.0 SD=26.0 post M=73.0 SD=30.0	Acceptable	Moderate sample size, reduced statistical power. No details on randomization procedure. Participants received concurrent treatment. Very specific sample. Only self-report measures as outcome, no blind assessor-based instrument.
Zucker, Samuelson & Muench et al. (2009)		53	G1: Respiratory sinus arrhythmia biofeedback (RSA) G2: Progressive muscle relaxation (PMR)	4 weeks	RSA = PMR PTS-T (Completer): G1: pre M=88 SD=12.6; post M=71.8 SD=15.4 G2: pre M=87.8 SD=11.7; post M=73.6 SD=16.9	Low to Acceptable	No formal diagnosis of PTSD. Only self-report measures as outcome variables, no blind assessor-based rating. Treatment protocol not standardized, concurrent treatment not controlled for. No FU data for PTSD examined.