Evidence Table 3. Treatment and control arms from included trials

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| **Author, Year****Comparison Type** | **Group 1****Mode****Duration and Number of Treatments/****Dose and Frequency** | **Group 2****Mode****Duration and Number of Treatments/****Dose and Frequency** | **Group 3****Mode****Duration and Number of Treatments/****Dose and Frequency** | **Group 4****Mode****Duration and Number of Treatments/****Dose and Frequency** | Group 5ModeDuration and Number of Treatments/Dose and Frequency | Cointerventions AllowedIf Yes, Describe | **Comments** |
| Beatty, 20101Active vs. inactive | Self-help workbook with suggestions, worksheets, and CDSelf-helpWorkbook to be read over a 3-month period | "Information control" group (see Comments)Self-helpWorkbook to be read over a 3-month period | NA | NA | NA | UnclearNA | G2 group: Received same workbook as G1 but without suggestions, worksheets or CD |
| Bryant, 20082Head-to-head trial | Prolonged exposure therapy (PE) (mixed imaginal and in vivo)Face-to-face (F2F) individualFive weekly 90-min sessions | Cognitive therapy (CT) / cognitive restructuringF2F individualFive weekly 90-min sessions | WaitlistNAAssessment at baseline and at 6 weeks | NA | NA | NoNA |  |
| Bryant, 20033Head-to-head trial | CBT-mixed (see components in Comments)F2F individualFive 90-min sessions once a week | Supportive controlF2F individualFive 90-min sessions once a week | NA | NA | NA | NoNA | G1 CBT components: Education about trauma reactions, progressive muscle relaxation traning, imaginal exposure, cognitive restructuring, graded in vivo exposure.G2 Supportive control components: Educational, general problem-solving skills. |

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

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| **Author, Year****Comparison Type** | **Group 1****Mode****Duration and Number of Treatments/****Dose and Frequency** | **Group 2****Mode****Duration and Number of Treatments/****Dose and Frequency** | **Group 3****Mode****Duration and Number of Treatments/****Dose and Frequency** | **Group 4****Mode****Duration and Number of Treatments/****Dose and Frequency** | Group 5ModeDuration and Number of Treatments/Dose and Frequency | Cointerventions AllowedIf Yes, Describe | **Comments** |
| Bryant, 19984Head-to-head trial | CBT-mixed (see components in Comments)F2F individualFive 90-min sessions with clinical psychologist, once per week | Supportive controlF2F individualFive 90-min sessions with clinical psychologist, once per week | NA | NA | NA | NoNA | G1 CBT components: Education about trauma reactions, muscle relaxation training, imaginal exposure, cognitive restructuring of fear-related beliefs, and graded in vivo exposure G2 Supportive control components: provider offered unconditional supportive role and education about trauma including homework. |
| Bryant, 20055Head-to-head trial | CBT-mixed (see components in Comments)F2F individualFive once-weekly 90-min sessions | CBT-mixed combined with hypnosis (see components in Comments)F2F individualFive once-weekly 90-min sessions | Supportive controlF2F individualFive once-weekly 90-min sessions | NA | NA | NA | G1 CBT components: Education about trauma reactions, breathing control, imaginal exposure, cognitive restructuring, graded in vivo exposure, relapse-prevention strategies.G2 CBT+Hypnosis components: Identical to G1 CBT except that hypnotic induction used prior to each imaginal exposure exercise. |
| Campfield, 20016Head-to-head trial | Psychological debriefingF2F individual and groupOne 1-2 hr debriefing within 10 hrs of robbery | Psychological debriefingF2F individual and groupOne 1-2 hr debriefing after 48 hrs of robbery | NA | NA | NA | NA |  |

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

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| **Author, Year****Comparison Type** | **Group 1****Mode****Duration and Number of Treatments/****Dose and Frequency** | **Group 2****Mode****Duration and Number of Treatments/****Dose and Frequency** | **Group 3****Mode****Duration and Number of Treatments/****Dose and Frequency** | **Group 4****Mode****Duration and Number of Treatments/****Dose and Frequency** | Group 5ModeDuration and Number of Treatments/Dose and Frequency | Cointerventions AllowedIf Yes, Describe | **Comments** |
| Gamble, 20057Active vs. inactive | Supportive counseling incorporated CISD elements and issues relevant to childbearing contextMultiple (F2F and phone) (see Comments)Two sessions lasting 40-60 mins total | Usual careOther (see Comments)Standard postnatal care | NA | NA | NA | UnclearNA | G1: F2F component delivered by a research midwife.G2: No other data provided. |
| Melnyk, 20048Active vs. inactive | Psychoeducation (see Comments)Self-helpThree sessions (6-16 hrs after PICU admission; 2-6 hrs after transfer to general pediatric unit; 2-3 days after children discharged) | Inactive control (see Comments)Self-helpThree sessions (6-16 hrs after PICU admission; 2-6 hrs after transfer to general pediatric unit; 2-3 days after children discharged) | NA | NA | NA | NoNA | G1 intevention: COPE program, which was an education-behavioral intervention program delivered by audiotapes and matching written information followed by 2 booster sessions that introduced a workbook with parent-child activities designed to enhance child coping.G2: Also received audiotaped information and a workbook, but both were non-specific. |

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

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| **Author, Year****Comparison Type** | **Group 1****Mode****Duration and Number of Treatments/****Dose and Frequency** | **Group 2****Mode****Duration and Number of Treatments/****Dose and Frequency** | **Group 3****Mode****Duration and Number of Treatments/****Dose and Frequency** | **Group 4****Mode****Duration and Number of Treatments/****Dose and Frequency** | Group 5ModeDuration and Number of Treatments/Dose and Frequency | Were Cointerventions Allowed?If Yes, Describe | **Comments** |
| Mulligan, 20129Head-to-head trial | Battlemind training (see Comments)F2F groupSingle session of 45 min | Standard post-deployment brief (see Comments)F2F groupSingle session of 35 min | NA | NA | NA | UnclearNA | G1 received Anglicized postdeployment Battlemind training.G2 received a standard postdeployment stress and homecoming brief. |
| O'Donnell, 201210Active vs. inactive | CBT-mixed (see Comments)F2F individual4-10 sessions of 90 min (Note: >4 sessions provided if HADS scores were 11 or greater after 4th session) | Usual careNAVaried but NR | NA | NA | UnclearNR | UnclearNA | G1 CBT was conducted by masters-level clinical psychologists. Treatment was manualized, evidence-based, and specifically tailored to the clinical symptom-cluster profile of each patient and involved structured homework activities. |
| Rose, 199911Head-to-head trial; active vs. inactive | Psychological debriefingF2F individualSingle 1 hr debriefing session within 30 days of assault | PsychoeducationF2F individualSingle 30 min educational session with leaflet within 30 days of assault | No interventionNANA | NA | NA | NoNA | Co-intervention allowed after 6-month outcome measurement, so NR here. |
| Rothbaum, 201212Active vs. inactive | Modified PE (see Comments for components)F2F individualThree 1 hr sessions distributed about 1 week apart | Assessment onlyNA | NA | NA | NA | UnclearNA | Modified PE components: imaginal exposure, identification of behavioral exposures, brief psychoeducation, breathing retraining, and homework assignments |

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

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| **Author, Year****Comparison Type** | **Group 1****Mode****Duration and Number of Treatments/****Dose and Frequency** | **Group 2****Mode****Duration and Number of Treatments/****Dose and Frequency** | **Group 3****Mode****Duration and Number of Treatments/****Dose and Frequency** | **Group 4****Mode****Duration and Number of Treatments/****Dose and Frequency** | Group 5ModeDuration and Number of Treatments/Dose and Frequency | Cointerventions AllowedIf Yes, Describe | **Comments** |
| Ryding, 200413Active vs. inactive | Supportive counseling (see Comments)F2F groupTwo 2-hour sesssions at 1-2 months post-partum | Usual care (see Comments)NANA | NA | NA | NA | UnclearNA | G1 Supportive counseling components: Focused on personal storytelling in unstructured sessionsG2 usual care: Midwife's and doctor's standard procedure of visiting mother in maternity ward to exchange information about the birthing experience (Note: not all patients in the usual care group received it) |
| Shalev, 201114Head-to-head trial; Active vs. inactive | PE (see components in Comments)F2F individual12 weekly 90-min sessions  | CTF2F individual12 weekly 90-min sessions | EscitalopramNAInitial dose of 10 mg daily was increased to 20 mg (10 mg twice daily) after2 weeks of treatment. Trained psychiatristsprovided 4 weeklysessions (weeks 1-4) followed by 4 biweekly sessions (weeks6-12). | PlaceboNAInitial dose of 1 tablet daily was increased to 2 daily tablets after2 weeks of treatment. Trained psychiatristsprovided 4 weeklysessions (weeks 1-4) followed by 4 biweekly sessions (weeks6-12) (see Comments) | WaitlistNANA | UnclearNA | G1 PE components: Psychoeducation, training in breathing control, prolonged imaginal exposure and in vivo exposure(Note: concealment was broken at the end of the study, and 8 participants with PTSD who received placebo were invited to receive PE, which was accepted by 5 of them.) |

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

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| **Author, Year****Comparison Type** | **Group 1****Mode****Duration and Number of Treatments/****Dose and Frequency** | **Group 2****Mode****Duration and Number of Treatments/****Dose and Frequency** | **Group 3****Mode****Duration and Number of Treatments/****Dose and Frequency** | **Group 4****Mode****Duration and Number of Treatments/****Dose and Frequency** | Group 5ModeDuration and Number of Treatments/Dose and Frequency | Cointerventions AllowedIf Yes, Describe | **Comments** |
| Sijbrandij, 200615Head-to-head trial; active vs. inactive | Psychological debriefingF2F individualSingle 45-60 min session | Psychological debriefingF2F individualSingle 45-60 min session | No interventionNANA | NA | UnclearNANA | UnclearNA |  |
| Treggiari, 200916Head-to-head trial | Light pharmacological sedation NALight sedation group targeting a Ramsay level of 1-2 by giving intermittant injection of midazolam | Deep pharmacological sedation NADeep sedation group targeting Ramsay level of 3-4 by giving continuous infusion of midazolam | NA | NA | NA | UnclearNA |  |

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

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| **Author, Year****Comparison Type** | **Group 1****Mode****Duration and Number of Treatments/****Dose and Frequency** | **Group 2****Mode****Duration and Number of Treatments/****Dose and Frequency** | **Group 3****Mode****Duration and Number of Treatments/****Dose and Frequency** | **Group 4****Mode****Duration and Number of Treatments/****Dose and Frequency** | Group 5ModeDuration and Number of Treatments/Dose and Frequency | Cointerventions AllowedIf Yes, Describe | **Comments** |
| Weis, 200617Active vs. inactive | HydrocortisoneNAStarted with loading dose of 100 mg over 10 min IV before anesthesia, followed by continuous infusion of 10 mg/hr for 24 hrs which was reduced to 5 mg/hr on day 2 and then 3x20mg IV on day 3 and 3x10mg IV on day 4 | PlaceboNANA | NA | NA | NA | NoNA |  |

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

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| **Author, Year****Comparison Type** | **Group 1****Mode****Duration and Number of Treatments/****Dose and Frequency** | **Group 2****Mode****Duration and Number of Treatments/****Dose and Frequency** | **Group 3****Mode****Duration and Number of Treatments/****Dose and Frequency** | **Group 4****Mode****Duration and Number of Treatments/****Dose and Frequency** | Group 5ModeDuration and Number of Treatments/Dose and Frequency | Cointerventions AllowedIf Yes, Describe | **Comments** |
| Wong, Under review18Active vs. inactive | PsychoeducationOther (see Comments)Single 18-min viewing session | Wound care educationOther (see Comments)Single 10-min viewing session | NA | NA | NA | UnclearNA | Psychoeducation was provided using a video viewing session and included information about traumatic event causes/identity, consequences, controllability, and timeline regarding when to seek treatment.Wound care education included information about medical treatment for lacerations, the healing process, and home care. |

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

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| **Author, Year****Comparison Type** | **Group 1****Mode****Duration and Number of Treatments/****Dose and Frequency** | **Group 2****Mode****Duration and Number of Treatments/****Dose and Frequency** | **Group 3****Mode****Duration and Number of Treatments/****Dose and Frequency** | **Group 4****Mode****Duration and Number of Treatments/****Dose and Frequency** | Group 5ModeDuration and Number of Treatments/Dose and Frequency | Cointerventions AllowedIf Yes, Describe | **Comments** |
| Zatzick, In press19Active vs. inactive | Collaborative care (see Comments)Other (see Comments)Care managers: median (IQR) of 13.2 (13.3) hours with each patient | Usual care (see Comments)Other (see Comments)NR | NA | NA | NA | UnclearNA | G1 received a stepped collaborative care intervention from a trauma center-based mental health team. The main components were delivered F2F and by phone, including care management and evidence-based pharmacotherapy and CBT.G2 received usual care, which the authors describe as routine outpatient surgical and primary care visits, as well as occasional specialty mental health service usage. |

Abbreviations: CBT = cognitive behavioral therapy; CBT+Hypnosis = CBT combined with hypnosis; CD = compact disc; CISD = Critical incident stress debriefing; COPE = Creating Opportunities for Parent Empowerment; CT = Cognitive therapy; F2F = face-to-face; G = group; HADS = Hospital Anxiety and Depression Rating Scale; hr = hour; IQR = interquartile range; IV = intravenous; mg = milligrams; min(s) = minute(s); N = number of participants; NA = not applicable; NR = not reported; NS = not significant; PE = prolonged exposure therapy; PICU = pediatric intensive care unit; PTSD = posttraumatic stress disorder