Psychological Therapies for PTSD in Adults

Criteria for considering studies

- Any randomised controlled trial (including cluster and cross-over trials) evaluating the efficacy of psychological interventions aimed at reducing symptoms of PTSD in adults
- At least 70% of participants required to be diagnosed with PTSD according to DSM or ICD criteria by means of a structured interview or diagnosis by a clinician
- No restrictions on the basis of comorbidity but PTSD required to be the primary diagnosis
- Eligible comparator interventions: waitlist, treatment as usual, symptom monitoring, repeated assessment, other minimal attention control group or an alternative psychological treatment.
- Duration of PTSD symptoms required to be three months or more
- No restriction on the basis of severity of PTSD symptoms or the type of traumatic event.
- Individual, group and couple interventions
- No minimum sample size
- Only studies published in English
- Unpublished studies eligible

Proposed studies for inclusion


79. Rothbaum B. A controlled study of eye movement desensitization and reprocessing in the
treatment of posttraumatic stress disordered sexual assault victims *Bulletin of the Menninger Clinic*
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desensitisation and reprocessing (EMDR) for PTSD rape victims. . *Journal of Traumatic Stress* 2005;
18: 607-16.
81. Sautter FJ, Glynn SM, Cretu JB, Senturk D, Vaught AS. Efficacy of structured approach
therapy in reducing PTSD in returning veterans: A randomized clinical trial. *Psychological services*
82. Scheck M, Schaeffer, JA, Gillette, C. . Brief psychological intervention with traumatized young
women: the efficacy of eye movemebnt desensitisation and reporcessing. *Journal of Traumatic
Stress* 1998; 11: 25-44.
of trauma-focused group therapy for posttraumatic stress disorder. . *Archives of General Psychiatry*
84. Schnurr P, Friedman MJ, Engel CC, Foa EB, Shea MT, Chow BK, Resick PA, Thurston V, Orsillo
85. Schoorl M, Putman P, Van Der Does W. Attentional bias modification in posttraumatic stress
and promise of cognitive-behavioral therapy using imaginal exposure in patients with posttraumatic
stress disorder resulting from cardiovascular illness NCT00364910. *Journal of clinical psychiatry*
87. Sloan D, Marx B, Bovin M, Feinstein B, Gallagher M. Written exposure as an intervention for
PTSD: A randomized clinical trial with motor vehicle accident survivors. *Behaviour research and
therapy* 2012; 50(10): 627-35.
88. Sloan D, Unger W, Gayle B. Cognitive-behavioral group treatment for veterans diagnosed
with PTSD: Design of a hybrid efficacy-effectiveness clinical trial. *Contemporary clinical trials* 2016;
89. Smyth J, Hockemeyer J, Tulloch H. Expressive writing and post-traumatic stress disorder:
effects on trauma symptoms, mood states, and cortisol reactivity. *British journal of health
90. Stenmark H, Catani C, Neuner F, Elbert T, Holen A. Treating PTSD in refugees and asylum
seekers within the general health care system. A randomized controlled multicenter study.
*Behaviour research and therapy* 2013; 51: 641-7.
processing therapy for veterans with PTSD related to military sexual trauma. . *Journal of traumatic
92. Taylor S, Thordarson, DS, Maxfield, L, Fedoroff, IC, Lovell, K, Ogrodniczuk, J. . Comparative
efficacy, speed, and adverse effects of three PTSD treatments: exposure therapy, EMDR, and
93. Ter Heide F, Mooren T, Kleijn W, de Jongh A, Kleber R. EMDR versus stabilisation in
traumatised asylum seekers and refugees: results of a pilot study. *European journal of
psychotraumatology* 2011; 2: 5881.
94. Van der Kolk B, Spinazzola J, Blaustein M, et al. A randomized clinical trial of EMDR,
fluoxetine and pill placebo in the treatment of PTSD: Treatment effects and long-term maintenance.
movement desensitization compared to image habituation training and applied muscle relaxation in


