

BMJ Open is committed to open peer review. As part of this commitment we make the peer review history of every article we publish publicly available.

When an article is published we post the peer reviewers' comments and the authors' responses online. We also post the versions of the paper that were used during peer review. These are the versions that the peer review comments apply to.

The versions of the paper that follow are the versions that were submitted during the peer review process. They are not the versions of record or the final published versions. They should not be cited or distributed as the published version of this manuscript.

BMJ Open is an open access journal and the full, final, typeset and author-corrected version of record of the manuscript is available on our site with no access controls, subscription charges or pay-per-view fees (<u>http://bmjopen.bmj.com</u>).

If you have any questions on BMJ Open's open peer review process please email <u>info.bmjopen@bmj.com</u>

BMJ Open

# **BMJ Open**

# Efficacy and moderators of efficacy of trauma-focused cognitive behavioural therapies in children and adolescents – protocol for an individual participant data meta-analysis from randomized trials

Journal:	BMJ Open
Manuscript ID	bmjopen-2020-047212
Article Type:	Protocol
Date Submitted by the Author:	23-Nov-2020
Complete List of Authors:	de Haan, Anke; University of Cambridge, MRC Cognition and Brain Sciences Unit; University Children's Hospital Zurich, Department of Psychosomatics and Psychiatry Hitchcock, Caitlin; University of Cambridge, MRC Cognition and Brain Sciences Unit Meiser-Stedman , Richard ; University of East Anglia, Norwich Medical School, Department of Clinical Psychology and Psychological Therapies Landolt, Markus; University Children's Hospital Zurich, Department of Psychosomatics and Psychiatry; University of Zurich, Department of Psychology - Division of Child and Adolescent Health Psychology Kuhn, Isla; University of Cambridge, Medical Library Black, Melissa; University of Cambridge, MRC Cognition and Brain Sciences Unit; Cambridgeshire and Peterborough NHS Foundation Trus (CPFT) Klaus, Kristel; University of Cambridge, MRC Cognition and Brain Sciences Unit Patel, Shivam; University of Cambridge, MRC Cognition and Brain Sciences Unit Fisher, David; University College London, MRC Clinical Trials Unit at UCL, Institute of Clinical Trials and Methodology Dalgleish, Tim; University of Cambridge, MRC Cognition and Brain Sciences Unit; Cambridgeshire and Peterborough NHS Foundation Trus (CPFT)
Keywords:	Child & adolescent psychiatry < PSYCHIATRY, Anxiety disorders < PSYCHIATRY, MENTAL HEALTH

# SCHOLARONE<sup>™</sup> Manuscripts



I, the Submitting Author has the right to grant and does grant on behalf of all authors of the Work (as defined in the below author licence), an exclusive licence and/or a non-exclusive licence for contributions from authors who are: i) UK Crown employees; ii) where BMJ has agreed a CC-BY licence shall apply, and/or iii) in accordance with the terms applicable for US Federal Government officers or employees acting as part of their official duties; on a worldwide, perpetual, irrevocable, royalty-free basis to BMJ Publishing Group Ltd ("BMJ") its licensees and where the relevant Journal is co-owned by BMJ to the co-owners of the Journal, to publish the Work in this journal and any other BMJ products and to exploit all rights, as set out in our <u>licence</u>.

The Submitting Author accepts and understands that any supply made under these terms is made by BMJ to the Submitting Author unless you are acting as an employee on behalf of your employer or a postgraduate student of an affiliated institution which is paying any applicable article publishing charge ("APC") for Open Access articles. Where the Submitting Author wishes to make the Work available on an Open Access basis (and intends to pay the relevant APC), the terms of reuse of such Open Access shall be governed by a Creative Commons licence – details of these licences and which <u>Creative Commons</u> licence will apply to this Work are set out in our licence referred to above.

Other than as permitted in any relevant BMJ Author's Self Archiving Policies, I confirm this Work has not been accepted for publication elsewhere, is not being considered for publication elsewhere and does not duplicate material already published. I confirm all authors consent to publication of this Work and authorise the granting of this licence.

R. O.

**BMJ** Open

Efficacy and moderators of efficacy of trauma-focused cognitive behavioural therapies in children and adolescents – protocol for an individual participant data meta-analysis from randomized trials

Anke de Haan<sup>1,2,3</sup>, Caitlin Hitchcock<sup>1</sup>, Richard Meiser-Stedman<sup>4</sup>, Markus A. Landolt<sup>2,3</sup>, Isla Kuhn<sup>5</sup>, Melissa Black<sup>1,6</sup>, Kristel Klaus<sup>1</sup>, Shivam D. Patel<sup>1</sup>, David J. Fisher<sup>7</sup>, Tim Dalgleish<sup>1,6</sup>

1 Medical Research Council Cognition and Brain Sciences Unit, University of Cambridge, Cambridge, UK

2 Department of Psychology - Division of Child and Adolescent Health Psychology, University of Zurich, Zurich, Switzerland

3 Department of Psychosomatics and Psychiatry, University Children's Hospital Zurich, Zurich, Switzerland

4 Department of Clinical Psychology and Psychological Therapies, Norwich Medical School, University of East Anglia, Norwich, UK

5 Medical Library, University of Cambridge, Cambridge, UK

6 Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), Cambridge, UK

7 MRC Clinical Trials Unit at UCL, Institute of Clinical Trials and Methodology, University College London, London, UK

Correspondence concerning this article should be addressed to Dr. Anke de Haan, Medical Research Council Cognition and Brain Sciences Unit, University of Cambridge, 15 Chaucer Rd, Cambridge CB2 7EF, United Kingdom.

E-mail: Anke.deHaan@kispi.uzh.ch

Telephone: (+44) 01223 767528

ORCID: 0000-0002-4676-348X

Keywords: children and adolescents; individual participant data meta-analysis; posttraumatic stress disorder (PTSD); trauma; trauma-focused cognitive behavioural therapy

Word count: 3712 words

.sed

# ABSTRACT

**Introduction.** Trauma-focused cognitive behavioural therapies are the first-line treatment for posttraumatic stress disorder (PTSD) in children and adolescents. Nevertheless, open questions remain with respect to efficacy: why does this first-line treatment not work for everyone? For whom does it work best? Individual clinical trials often do not provide sufficient statistical power to examine and substantiate moderating factors. To overcome the issue of limited power, an individual participant data meta-analysis (IPD-MA) of randomized trials evaluating forms of trauma-focused cognitive behavioural therapy in children and adolescents aged 6 to 18 years will be conducted.

**Methods and analysis.** We will update the National Institute for Health and Care Excellence (NICE) guideline literature search from 2018 with an electronic search in the databases PsycINFO, MEDLINE, Embase, Cochrane Central Register of Controlled Trials, and CINAHL with the terms (trauma\* OR stress\*) AND (cognitive therap\* OR psychotherap\*) AND (trial\* OR review\*). Electronic searches will be supplemented by a comprehensive grey literature search in archives and trial registries. Only randomized trials that used any manualised psychological treatment – that is a trauma-focused cognitive behavioural therapy for children and adolescents – will be included. The primary outcome variable will be child-reported posttraumatic stress symptoms (PTSS) post-treatment. Proxy-reports (teacher, parent, and caregiver) will be analysed separately. Secondary outcomes will include follow-up assessments of PTSS, PTSD diagnosis, and symptoms of comorbid disorders such as depression, anxiety-related, and externalizing problems. Random-effects models applying restricted maximum likelihood estimation will be used for all analyses. We will utilize the Revised Cochrane Risk of Bias tool to measure risk of bias. The analysis is registered on PROSPERO.

**Ethics and dissemination.** Results will be published in a peer-reviewed journal and presented at international conferences. The findings will enhance the future provision and development of trauma-focused cognitive behavioural therapies in children and adolescents.

PROSPERO registration number CRD42019151954.

# STRENGTHS AND LIMITATIONS OF THIS STUDY

- This is the first individual participant data meta-analysis (IPD-MA) of trauma-focused cognitive behavioural therapies in children and adolescents.
- An IPD-MA can overcome statistical power issues to examine moderating factors of trauma-focused cognitive behavioural therapies in children and adolescents.
- A variety of measures for the primary and secondary outcomes will have been used in the individual trials with commensurate methodological and statistical complexities.
- Study findings will enhance the future provision and development of trauma-focused cognitive behavioural therapies in children and adolescents.

# INTRODUCTION

Within the last two decades, research in children and adolescents has tremendously increased our knowledge about trauma-related disorders such as posttraumatic stress disorder (PTSD), the long-lasting impact of potentially traumatic events (PTEs), and the efficacy of trauma-focused therapies in younger populations. Trauma-focused cognitive behavioural therapies are the first-line treatment for PTSD in children, adolescents, and adults[1]. They are a category of psychological interventions including Trauma-focused Cognitive Behavioral Therapy (Tf-CBT[2]), Cognitive Therapy for PTSD (CT for PTSD[3]), Prolonged Exposure Therapy for Adolescents (PE-A[4]), and the child-friendly version of Narrative Exposure Therapy (KidNET[5]) (see the recent guideline from the National Institute for Health and Care Excellence [NICE][6]).

Classic meta-analyses synthesising aggregated data from randomized controlled trials (RCTs) have shown that trauma-focused cognitive behavioural therapies are effective in reducing psychological distress including PTSD in children and adolescents[7-11]. However, open questions remain with respect to clinical outcome: Why does this first-line treatment not work for everyone? For whom does it work best? Factors that might impact the efficacy of trauma-focused cognitive behavioural therapies in children and adolescents form two broad categories: treatment-related and child-related factors. Treatment-related factors may include the length of therapy, involvement of parents in the intervention, and the balance of behavioural and cognitive intervention components. Child-related factors may include the type of trauma, the severity of symptoms, comorbid diagnoses, gender, age, and other trauma-related or demographic variables. Current stand-alone RCTs invariably lack the power to explore the contribution of these factors to clinical outcomes, and have produced a mixed pattern of findings (e.g.,[12-17]). Further, classical meta-analysis, due to its reliance on summary data, is typically unable to comprehensively evaluate such moderating factors.

#### **BMJ** Open

To overcome these problems of limited power we propose an individual participant data meta-analysis (IPD-MA) of randomized trials. By addressing the critical question about what works for whom, we hope to enhance the future provision and development of trauma-focused cognitive behavioural therapies in children and adolescents. In a first step, our aim is to determine the efficacy of trauma-focused cognitive behavioural therapies for children and adolescents, relative to control and active comparison conditions. A second step then addresses our central aim to explore moderators of treatment effects, both treatment-related factors and child-related factors. Both of these aims are theory-driven and of high clinical relevance for successfully treating children and adolescents who have been exposed to trauma. The following hypotheses will be examined:

- Hypothesis 1: Trauma-focused cognitive behavioural therapies will produce a greater reduction in posttraumatic stress symptoms (PTSS) in children and adolescents compared with either (1) no intervention (no treatment, waitlist), (2) treatment-as-usual (TAU), (3) individual non-trauma focused psychosocial interventions, or (4) other individual trauma-focused psychosocial interventions.
- Hypothesis 2a: Efficacy of trauma-focused cognitive behavioural therapies will be significantly predicted by pre-defined treatment-related factors available at trial baseline. Due to the mixed findings from previous studies, non-directional hypotheses will be tested. Post-treatment PTSS will be significantly predicted by:
  - Pre-defined intended length of treatment (number of sessions).
  - o Pre-defined intended involvement of caregivers.
- Hypothesis 2b: Child-related factors will serve as prognostic predictors for the efficacy of trauma-focused cognitive behavioural therapies. Due to the mixed

findings from previous studies, non-directional hypotheses will be tested. Posttreatment PTSS will be significantly predicted by:

- Age of the participants at the start of treatment.
- o Gender.

- Trauma-type of index-event.
- Trauma-history.
- Severity of PTSS pre-treatment.

# **METHODS AND ANALYSIS**

## Study registration and management

This IPD-MA will be conducted in accordance with Preferred Reporting Items for a Systematic Review and Meta-analysis of Individual Participant Data (The PRISMA-IPD statement[18]), and is registered on PROSPERO (CRD42019151954). Regular email updates will be sent to inform the collaborating network of study progress. End-to-end encrypted electronic data-sharing clouds and email will be used to exchange pseudo-anonymised data and paperwork between researchers.

#### Criteria for included studies

# Types of studies

Only randomized studies will be included in this IPD-MA. Articles must be written in English. Unpublished data will be actively sought; hence, non-peer-reviewed studies will also be included. We will perform sensitivity analyses to evaluate the impact of published vs. unpublished studies on our results.

# <u>Participants</u>

Studies must have recruited children and adolescents aged 6 to 18 years exposed to a single-event trauma (e.g. road traffic accident) or multi-event trauma (e.g. domestic violence) sufficient to meet the DSM-IV or DSM-5 definitions of a qualifying traumatic event. We will request studies with a broader age range; however, only participants within our defined age range will be included in the IPD. Sensitivity analyses will be conducted if the adult version of a treatment were administered to an adolescent sample. A standardised outcome measure comprising either a diagnostic interview indexing symptom severity or a self-report measure of PTSS must have been administered before and after treatment. Furthermore, a clinically-relevant degree of severity of PTSS at trial baseline must have been present as assessed either by scoring above a validated cut-off on a PTSS rating scale or by meeting criteria for PTSD. We will also request studies that include both children and adolescents with and without clinically relevant severity of PTSS as defined above. However, again, only those participants with clinically relevant severity of PTSS will be included in the analyses.

## **Treatments**

In line with the NICE guideline[6], we will include studies that used any manualised psychological treatment that we deem to be a trauma-focused cognitive behavioural therapy for children and adolescents. This includes cognitive therapy, cognitive processing therapy (CPT), compassion focused therapy, exposure therapy/prolonged exposure (PE), virtual reality exposure therapy (VRET), imagery rehearsal therapy, and KidNET. We furthermore adopt the NICE guideline description of trauma-focused cognitive behavioural therapy as laid out in the associated paper (Mavranezouli et al.[10], p. 19); namely, "a broad class of psychological interventions that predominantly use trauma-focused cognitive, behavioural or cognitive behavioural techniques and exposure approaches to treatment. Although some interventions

#### **BMJ** Open

place their main emphasis on exposure (e.g. imaginal reliving, producing a written narrative or in vivo exposure) and others on cognitive techniques (e.g. restructuring of trauma-related appraisals), most use a combination." Independent raters will evaluate author descriptions of their treatment with respect to this definition to determine inclusion within the IPD-MA. In contrast to the NICE guideline[6], we will not include mindfulness-based cognitive therapy (MBCT) as a trauma-focused cognitive behavioural therapy.

In addition, treatment may be delivered in-person or online, but must comprise an individual-, rather than group-format, and a multi-session treatment protocol. A minimum of at least one post-treatment / follow-up assessment must have been reported.

# Comparison conditions

Trauma-focused cognitive behavioural therapies will be compared: (1) against no intervention (no treatment, waitlist); (2) against TAU; (3) against individual non-trauma focused psychosocial interventions; or (4) against other individual trauma-focused psychosocial interventions. Again, comparison condition type will be determined by two independent raters, based on the author descriptions.

#### Primary outcomes

The primary outcome variable will be child-reported PTSS using a standardised selfreport post-treatment (see paragraph "Strategy for data synthesis" for further information). Proxy-reports (teacher, parent, and caregiver) will be analysed separately. The primary endpoint of post-treatment will be indexed as the assessment completed immediately after completion of trauma-focused cognitive behavioural therapy, less than one month after the final treatment session.

## Secondary outcomes

Secondary outcomes will include: a) follow-up assessments of PTSS; b) PTSD diagnoses; and, c) symptoms of comorbid disorders such as depression, anxiety-related, and externalizing problems, reported via self- and proxy-reports. Follow-up lengths to be included comprise assessments between one month and two years following the completion of therapy. During analysis, studies including a follow-up assessment between one and three months post-treatment will be grouped to form a short-term follow-up, and any later assessment points will be grouped per six month period (i.e., 6 months, 12 months). This will result in analysis of follow-up outcomes in the short-term (1-3 months), and at 6, 12, 18, and 24 months post-treatment.

# Search methods for identification of studies and obtaining datasets

Figure 1 depicts our multi-layered search method in order to obtain all potential studies, published and unpublished (in line with The PRISMA-IPD statement[18]).

# Please insert Figure 1 here

*Figure 1*. Flow-chart showing data acquisition. IPD = individual participant data. NICE = National Institute for Health and Care Excellence.

# Electronic searches

Publications identified by the latest NICE guideline for PTSD published in 2018 will be included (the NICE guideline search was completed on the 29<sup>th</sup> January 2018). To update the results of the NICE search, an electronic search using the same databases will be restricted to publications between the 1<sup>st</sup> January 2018 and 12<sup>th</sup> November 2019. We will replicate the NICE guideline search by using the same search terms related to trauma-focused cognitive

#### **BMJ** Open

behavioural therapies. We will exclude specific search terms that are not related to a psychosocial intervention and thereby unlikely to include a cognitive-behavioural therapy approach. This includes physiotherapy and biological interventions (e.g., Transcranial Magnetic Stimulation). We will also exclude specific terms defining any intervention that is not cognitive behaviour therapy-based, e.g., hypnosis or dance therapy. Finally, we will remove terms referring to occupational / return to work support.

Searches in the databases PsycINFO via EBSCOhost, MEDLINE via Ovid, Embase via Ovid, Cochrane Central Register of Controlled Trials (CENTRAL) via Cochrane Library, CINAHL via EBSCOhost will use the following search plan: (trauma\* OR stress\*) AND (cognitive therap\* OR psychotherap\*) AND (trial\* OR review\*) (see supplementary material for the full search strategy).

No language restrictions will be applied to the search, but only studies published in English will be included. Search results will be deduplicated in Endnote (by IK), then imported into Rayyan (a web-based tool for managing systematic reviews[19]). This will allow for blind screening by raters. Two raters will independently review title and abstract of the records identified in the electronic search. The raters will review the records according to the following exclusion criteria applying the same exclusion order: 1) duplicate; 2) language other than English; 3) review or meta-analysis; 4) no randomized trial; 5) no applicable age range extractable; 6) no manualised trauma-focused cognitive behavioural therapy; 7) group-format; 8) single-session treatment; 9) no assessment post-treatment; 10) no standardized outcome measure to assess PTSS; 11) no clinically relevant PTSS extractable; 12) comparison condition outside protocol. Records deemed ineligible from title and abstract by both raters will be set aside. Records appearing eligible (i.e. not meeting any exclusion criterion) or where eligibility can not be determined due to insufficient information in the abstract will proceed to the full-

#### **BMJ** Open

text stage. Again, at the full-text stage, two raters will examine the remaining records independently. Any disagreements will be resolved via discussion with RMS, MAL, and TD.

#### <u>Grey literature</u>

Clinical trial registries and archives will be searched up to the 12<sup>th</sup> November 2019 using the following search string: (child\* OR adolesc\* OR youth OR young\*) AND (PTSD OR posttraumatic stress disorder). We will use the trial registries ClinicalTrials.gov and ISRCTN to identify any relevant unpublished trials, including those that are currently ongoing. Moreover, the archives PsyArXiv and bioRxiv will be searched to identify any relevant preprints up to 6 months prior (12<sup>th</sup> of May 2019) of the electronic search (12<sup>th</sup> of November 2019). Finally, we will check reference lists of included studies and relevant meta-analyses identified by the electronic search to make sure that all available trials will have been detected by the NICE guideline, our electronic search, and grey literature search.

# Non-literature based searching

Key authors will be contacted via email to request any unpublished datasets, and Twitter will be used to raise awareness of the IPD-MA.

# **Data collection**

Corresponding authors of eligible studies will be emailed to request data. A reminder email will be sent after two weeks. If an author does not respond after two emails, another author of the study will be contacted as well (either first, second, or last author). A second attempt to contact both authors together will follow. A maximum of three authors per article

#### **BMJ** Open

will be contacted. We will consider study data unavailable if no study authors respond to multiple contact attempts, or if authors indicate that they no longer have access to the data or do not wish to make their data available. A single person for each included study will be designated to whom all queries about the data collection processes and transformation of individual variables will be addressed. When cleaning and preparing a specific data set, communication with the original investigators will take place by email or telephone.

# Data extraction, quality checks, and storage

The primary variables to be requested from study investigators are listed in Table 1. We aim to collect data on all of these variables from all studies, regardless of whether such data were previously published. For all outcomes, unimputed and untransformed data will be requested. Data will be cleaned and stored separately for each study. Spot checks will be completed to ensure data quality. The pattern of treatment allocation for each included study will be checked to ensure that randomisation and allocation sequence appear appropriate, in accordance with guidelines recommended by Tierney et al.[20]. For final checks before analysis and the statistical analyses, the datasets will be combined into a single dataset. Data will be stored in password-protected files on an encrypted University of Cambridge server.

#### Table 1

Treatment-related factors	Child-related factors	Outcomes
Descriptives	Demographics	
Trial identifier	Anonymised participant	
	identifier	
Country of completion	Gender	
Information about risk of bias	Age	
Type of trauma-focused	Ethnicity	
cognitive behavioural therapy		
Type of comparison group/s	Trauma type of index-event	

Individual participant data to be extracted from included studies

Number of sessions	Trauma history	
Length of treatment in weeks		
Involvement of caregivers		
Any potential covariates (e.g.,	Any potential covariates (e.g.,	Any related outcome variable
mode of administration,	pre-treatment levels of	(e.g., post-treatment level of
profession of therapists)	dysfunctional posttraumatic	dysfunctional posttraumatic
	cognitions, IQ, social support,	cognitions and changes in
	treatment expectancy,	coping behaviours)
	therapeutic alliance)	
	D. 1.1 1.	
Ο.	Psychological symptoms pre-	Psychological symptoms post
	treatment	treatment and follow-up
	Pre-treatment self- and proxy-	Self- and proxy-reported PTS
	reported PTSS	post-treatment and follow-up
	Pre-treatment self- and proxy-	Self- and proxy-reported
	reported depression symptoms	depression symptoms post-
		treatment and follow-up
	Pre-treatment self- and proxy-	Self- and proxy-reported
	reported anxiety-related	anxiety-related symptoms pos
	symptoms	treatment and follow-up
	Pre-treatment self- and proxy-	Self- and proxy-reported
	reported externalizing	externalizing problems post-
	problems	treatment and follow-up
	Diagnoses pre-treatment	Diagnoses post-treatment and
	Diugnoses pre-ireaimeni	
	Des tractus ent d'activité	follow-up
	Pre-treatment diagnostic status	Diagnostic status of PTSD
	of PTSD	post-treatment and follow-up
	Pre-treatment diagnostic status	Diagnostic status of comorbic
	of comorbid disorders	disorders post-treatment and
		follow-up
	Reason for missing data	Reason for missing data

# **Risk of bias**

Two raters will independently evaluate the risk of bias for the included studies by using the revised Cochrane Risk of Bias Tool (RoB 2[21]) to access study quality and risk of bias due to the randomisation process, deviations from intended interventions, missing outcome data, measurement of the outcome, and selection of the reported result. Each study will be rated as of high risk, some concerns, or low risk.

# Strategy for data synthesis

Data will be analysed across a series of stages, in order to be guided by data availability and the degree of potential for harmonisation. Unimputed and untransformed data will be requested.

Firstly, for published studies, key variables will be re-analysed within each study (e.g., participant numbers per treatment condition, mean PTSS scores pre- and post-treatment, numbers gender, mean age), as to identify any potential inconsistencies in the supplied data.

Secondly, data will be harmonised as far as possible: (a) the definitions and scales of outcomes (e.g., standardizing PTSS total scores across different measures); (b) the timings of measurements (e.g., pre-treatment defined as the assessment directly before start of treatment; post-treatment defined as the assessment immediately after completing treatment, less than one month after the final treatment session); (c) the definitions, scales and/or subgroups used for covariates (e.g., the specific index trauma event will be grouped into accidental trauma, natural disaster, war trauma, or interpersonal trauma).

Thirdly, depending on the amount of missing data and whether missing at random assumptions are met, multiple imputation will be carried out.

#### **BMJ** Open

Based on the step-wise approach described before, decisions may be made e.g. to put aside certain desired analyses or adjustment factors if it is felt that data are too limited and may bias results. Once the final constitution of the model has been agreed based on the above, we will proceed to the meta-analysis pooling itself. Note that modelling will be done for each outcome (as specified in Table 1) separately. All analyses will be completed using randomeffects models employing restricted maximum likelihood estimation. However, if there is considerable heterogeneity in the quality of studies (indexed by RoB 2), a sensitivity analysis will be completed comparing random-effects and fixed-effects models.

Depending on the IPD data sets we receive, we will collect aggregate data (AD) from studies where IPD could not be obtained and combine it with the IPD to tackle inclusion bias[22]. In this case, sensitivity analyses will be performed comparing an IPD-only meta-analysis with a meta-analysis that combines IPD and AD.

One-stage approaches will be applied using the R software[23]. We will investigate the overall summary of treatment effect and we are further interested in the heterogeneity in treatment effect across- and within-studies. If the one-stage model fails to converge, a two-stage model will be calculated.

# Hypothesis 1

A one-stage linear mixed effects (LME) model with random intercept and outcome baseline adjustment with different residual variance per study will be applied to analyse the effect of trauma-focused cognitive behavioural therapies on the continuous outcome of PTSS post-treatment. A mixed effects logistic regression model will be used to analyse the treatment effect on the binary outcome PTSD diagnosis post-treatment. Sensitivity analysis will be completed contrasting a (single) random intercept (as primary) with a separate fixed intercept for each study (as sensitivity). As described before, if the one-stage model fails to converge, a two-stage model will be completed.

#### Hypothesis 2a

We will use meta-regression to explore whether the overall effect of trauma-focused cognitive behavioural therapies varies in relation to treatment-related factors such as predefined intended length of treatment and pre-defined intended involvement of caregivers.

## Hypothesis 2b

To investigate whether the overall effect of trauma-focused cognitive behavioural therapies varies by child-related factors such as age, gender, trauma type of index-event, trauma-history, and symptom severity pre-treatment, subject-level interactions will be investigated. Interaction term between treatment status and subject-level covariates will be specified[22].

Random-effects distributions for the interaction effects will be specified. Effects on the continuous primary outcome of PTSS post-treatment will be analysed using a one-stage LME model with random intercept to account for correlation between the interaction estimate and other parameter estimates. Patient-level covariates will be centred to separate within-trial and across-trial effects. A mixed effects logistic regression model for the binary secondary outcome of PTSD diagnosis post-treatment will be applied. Sensitivity analysis will be completed contrasting a (single) random intercept (as primary) with a separate fixed intercept for each study (as sensitivity). As described before, if the one-stage model fails to converge, a two-stage model will be completed.

#### **BMJ** Open

# Additional analyses with sub-samples

Depending on the data provided, we will investigate further treatment-related factors such as pre-defined mode of administration, profession of therapists, and treatment expectancy pre-treatment. Moreover, additional child-related factors such as comorbidity pre-treatment, pre-treatment levels of dysfunctional posttraumatic cognitions, IQ, and pre-treatment parental mental health will be addressed.

# Future analyses

In future investigations of the obtained data, we plan to conduct mediation analyses within the IPD-MA context to evaluate mechanisms of action of trauma-focused cognitive behavioural therapies. The most promising candidates seem to be changes in targeted cognitive and behavioural processes; for example, improvements in dysfunctional posttraumatic cognitions of the child regarding being permanently and disturbingly changed, or feeling vulnerable[24-26], as well as changes in safety-seeking behaviours[25].

Moreover, we are aiming to investigate non-responding, deterioration, and possible predictors for dropping out from trauma-focused cognitive behavioural therapies across studies.

# **ETHICS AND DISSEMINATION**

We will cite the ethics code for each contributing study in the published paper. Contributing studies will be required to remove patient identifiers before providing their data. This includes names, addresses, and date of birth which will be converted to age at index trauma event and age at time of assessment. Contributing studies need to have permission to share anonymised data.

# PATIENT AND PUBLIC INVOLVEMENT

Patients were not involved in this study. However, secondary data analysis ensures maximum return from patient involvement in research. The outcome of this IPD-MA will be published in an international peer-reviewed journal. The findings will further be presented at international conferences.

# **AUTHORS' CONTRIBUTIONS**

AdH, CH, RMS, MAL, and TD designed the project. IK, MB, KK, SDP, and DJF contributed to study methods. All authors critically reviewed and approved the final manuscript.

# **COMPETING INTERESTS STATEMENT**

The authors declare that they have no competing interests.

# **FUNDING STATEMENT**

Anke de Haan is funded by the Swiss National Science Foundation (Grant Reference: P2ZHP1\_187612). Caitlin Hitchcock and Shivam D. Patel are partly supported by the Economic and Social Research Council (Grant Reference: ES/R010781/1). Melissa Black is partly supported by the National Institute for Health Research Cambridge Biomedical Research Centre. Kristel Klaus is funded by the UK Medical Research Council (Grant Reference: MC\_PC\_17213). David J. Fisher is funded by the UK Medical Research Council (Grant Reference: MC\_UU\_12023/24). Tim Dalgleish is funded by the UK Medical Research Council (Grant Reference: SUAG/043 G101400) and partly supported by the National Institute for Health Research Centre.

# REFERENCES

- 1. Forbes D, Creamer M, Bisson JI, et al. A guide to guidelines for the treatment of PTSD and related conditions. *J Trauma Stress* 2010;23(5):537-52. doi: 10.1002/jts.20565
- Cohen JA, Mannarino AP, Deblinger E. Treating trauma and traumatic grief in children and adolescents. New York, NY, US: Guilford Press, 2006.
- 3. Smith P, Perrin S, Yule W, et al. Post traumatic stress disorder: cognitive therapy with children and young people. London: Routledge 2010.
- 4. Foa EB, Chrestman K, Gilboa-Schechtman E. Prolonged exposure manual for children and adolescents suffering from PTSD. New York, NY, US: Oxford University Press 2008.
- 5. Schauer M, Neuner F, Elbert T. Narrative Exposure Therapy for Children and Adolescents (KIDNET). In: Landolt MA, Cloitre M, Schnyder U, eds. Evidence-based treatments for trauma related disorders in children and adolescents. Cham: Springer International Publishing 2017:227-50.
- National Institute for Health and Care Excellence. Post-traumatic stress disorder NICE guideline [NG116]. 2018. https://www.nice.org.uk/guidance/ng116/evidence (accessed 10.2019).
- Dorsey S, McLaughlin KA, Kerns SEU, et al. Evidence base update for psychosocial treatments for children and adolescents exposed to traumatic events. J Clin Child Adolesc Psychol 2017;46(3):303-30. doi: 10.1080/15374416.2016.1220309
- B. Gutermann J, Schreiber F, Matulis S, et al. Psychological treatments for symptoms of posttraumatic stress disorder in children, adolescents, and young adults: a meta-analysis. *Clin Child Fam Psychol Rev* 2016;19:77–93. doi: 10.1007/s10567-016-0202-5
- 9. Lenz AS, Hollenbaugh KM. Meta-analysis of trauma-focused cognitive behavioral therapy for treating PTSD and co-occurring depression among children and adolescents.

#### **BMJ** Open

doi:

2015;6(1):18-32.

Counseling Outcome Research 10.1177/2150137815573790

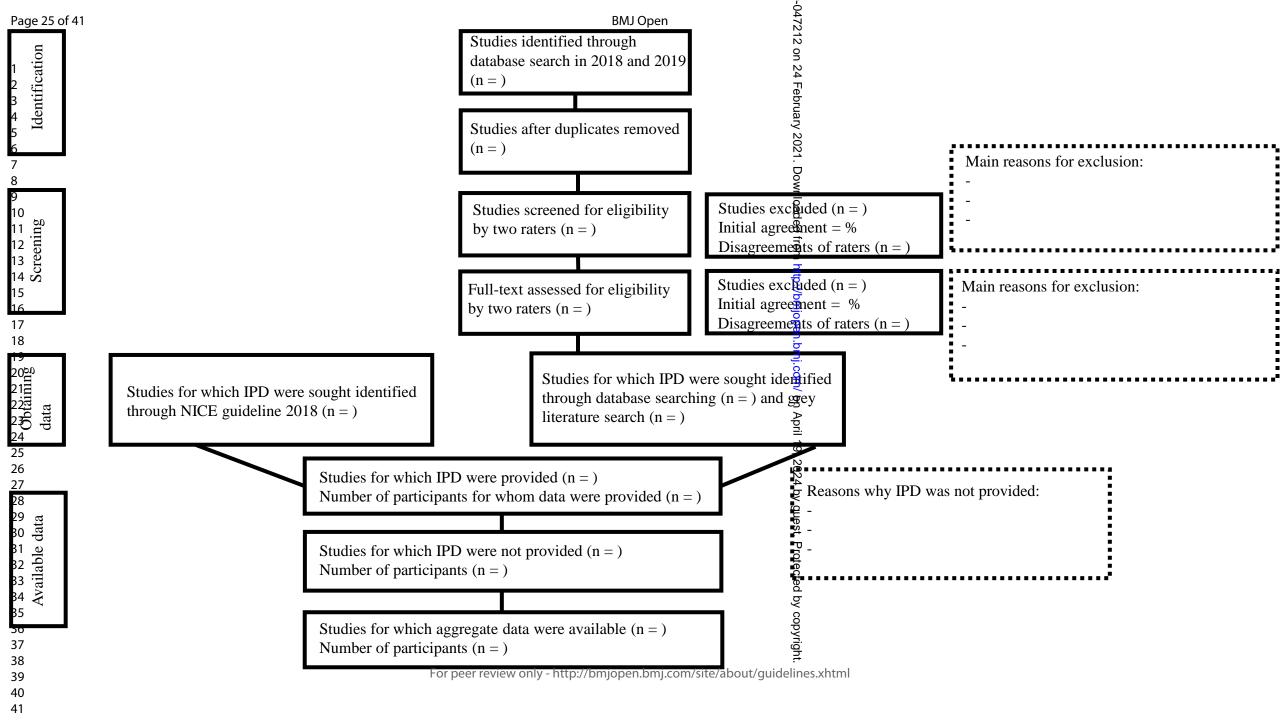
 Mavranezouli I, Megnin-Viggars O, Daly C, et al. Psychological and psychosocial treatments for children and young people with post-traumatic stress disorder: a network meta-analysis. *J Child Psychol Psychiatry* 2020;61(1):18-29. doi: 10.1111/jcpp.13094

and

Evaluation

- Morina N, Koerssen R, Pollet TV. Interventions for children and adolescents with posttraumatic stress disorder: a meta-analysis of comparative outcome studies. *Clin Psychol Rev* 2016;47:41-54. doi: 10.1016/j.cpr.2016.05.006
- Deblinger E, Mannarino AP, Cohen JA, et al. Trauma-focused cognitive behavioral therapy for children: impact of the trauma narrative and treatment length. *Depress Anxiety* 2011;28(1):67-75. doi: 10.1002/da.20744
- Goldbeck L, Muche R, Sachser C, et al. Effectiveness of trauma-focused cognitive behavioral therapy for children and adolescents: a randomized controlled trial in eight German mental health clinics. *Psychother Psychosom* 2016;85(3):159-70.
- 14. Knutsen M, Jensen TK. Changes in the trauma narratives of youth receiving trauma-focused cognitive behavioral therapy in relation to posttraumatic stress symptoms. *Psychother Res* 2019;29(1):99-111. doi: 10.1080/10503307.2017.1303208
- 15. Ormhaug SM, Jensen TK, Wentzel-Larsen T, et al. The therapeutic alliance in treatment of traumatized youths: relation to outcome in a randomized clinical trial. J Consult Clin Psychol 2014;82(1):52-64. doi: 10.1037/a0033884
- 16. Ready CB, Hayes AM, Yasinski CW, et al. Overgeneralized beliefs, accommodation, and treatment outcome in youth receiving trauma-focused cognitive behavioral therapy for childhood trauma. *Behav Ther* 2015;46(5):671-88. doi: 10.1016/j.beth.2015.03.004
- Yasinski C, Hayes AM, Ready CB, et al. In-session caregiver behavior predicts symptom change in youth receiving trauma-focused cognitive behavioral therapy (TF-CBT). J Consult Clin Psychol 2016;84(12):1066-77. doi: 10.1037/ccp0000147

- Stewart LA, Clarke M, Rovers M, et al. Preferred reporting items for systematic review and meta-analyses of individual participant data: the PRISMA-IPD statement. *JAMA* 2015;313(16):1657-65. doi: 10.1001/jama.2015.3656
- 19. Ouzzani M, Hammady H, Fedorowicz Z, et al. Rayyan a web and mobile app for systematic reviews. *Syst Rev* 2016;5(1):210. doi: 10.1186/s13643-016-0384-4
- Tierney JF, Vale C, Riley R, et al. Individual participant data (IPD) meta-analyses of randomised controlled trials: guidance on their use. *PLoS Med* 2015;12(7):e1001855. doi: 10.1371/journal.pmed.1001855
- 21. Sterne JAC, Savović J, Page MJ, et al. RoB 2: a revised tool for assessing risk of bias in randomised trials. *BMJ* 2019;366:14898. doi: 10.1136/bmj.14898
- 22. Debray TP, Moons KG, van Valkenhoef G, et al. Get real in individual participant data (IPD) meta-analysis: a review of the methodology. *Res Synth Methods* 2015;6(4):293-309. doi: 10.1002/jrsm.1160
- 23. R Core Team. R: a language and environment for statistical computing. Vienna: R Foundation for Statistical Computing 2020.
- 24. Jensen TK, Holt T, Mørup Ormhaug S, et al. Change in post-traumatic cognitions mediates treatment effects for traumatized youth - a randomized controlled trial. *J Couns Psychol* 2018;65(2):166-77. doi: 10.1037/cou0000258
- 25. Meiser-Stedman R, Smith P, McKinnon A, et al. Cognitive therapy as an early treatment for post-traumatic stress disorder in children and adolescents: a randomized controlled trial addressing preliminary efficacy and mechanisms of action. J Child Psychol Psychiatry 2017;58(5):623-33. doi: 10.1111/jcpp.12673
- 26. Pfeiffer E, Sachser C, de Haan A, et al. Dysfunctional posttraumatic cognitions as a mediator of symptom reduction in trauma-focused cognitive behavioral therapy with children and adolescents: results of a randomized controlled trial. *Behav Res Ther* 2017;97:178-82. doi: 10.1016/j.brat.2017.08.001



# Search strategy de Haan et al.

Database	Number of hits
Medline	1913
Embase	2000
CINAHL	2506
Cochrane	2413
PsycINFO	2105
Total	10937
Total deduplicated	7091

Searches run 12th November 2019

Limited by publication date 2018 to date

\_\_\_\_\_

# Medline

Database: Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Daily and Versions(R) <1946 to November 08, 2019>

Search Strategy:

1 stress disorders, traumatic/ or combat disorders/ or psychological trauma/ or stress disorders, post-traumatic/ or stress disorders, traumatic, acute/ or stress, psychological/ (147421)

2 (railway spine or (rape adj2 trauma\*) or reexperienc\* or re experienc\* or torture syndrome or traumatic neuros\* or traumatic stress).ti,ab. (15096)

3 (trauma\* and (avoidance or grief or horror or death\* or nightmare\* or night mare\* or emotion\*)).ti,ab.
(35178)

4 (posttraumatic\* or post traumatic\* or stress disorder\* or acute stress or ptsd or asd or desnos or (combat neuros\* or combat syndrome or concentration camp syndrome or extreme stress or flashback\* or flash back\* or hypervigilan\* or hypervigilen\* or psych\* stress or psych\* trauma\* or psycho?trauma\* or psychotrauma\*) or (posttrauma\* or traumagenic\* or traumatic stress\*)).ti,ab. (106800)

5 or/1-4 (245567)

6 psychotherapy/ (53279)

7 (((psycholog\* or psycho social\* or psychosocial\*) adj3 (intervention\* or program\* or therap\* or treat\*)) or psychotherap\* or psycho therap\* or talk\* therap\* or therapeutic technique\* or therapist\* or third wave or time limited).ti,ab,sh. (144180)

8 exp behavior therapy/ (72171)

9 (((behaviour\* or behavior\*) adj2 cognitiv\*) or cbt or ccbt or ((behav\* or cognitive\*) adj3 (intervention\* or manag\* or program\* or restructure\* or therap\* or treat\*)) or (stress inoculation adj2 (intervention\* or program\* or therap\* or treat\*)) or (behav\* adj2 activat\*) or ((trauma adj (based or focused or led)) or exposure based or prolonged exposure)).ti,ab. (115271)

10 emotions/ (63893)

11 (((compassion or emotion\* or emotive\*) adj (based or focused or led)) or emotional processing or ((compassion or emotion\* or emotive\*) adj3 (coach\* or intervention\* orprogram\* or therap\* or treat\*))).ti,ab. (7907)

12 implosive therapy/ or narrative therapy/ or virtual reality exposure therapy/ (1886)

13 (((augmented or virtual) adj2 reality) or (virtual adj (environment or restorative)) or ((exposure or implosive or virtual reality) adj2 (intervention\* or program\* or therap\* or train\*))).ti,ab. (16289)

14 ((imagery adj2 (rehears\* or re hears\*)) or (((lower\* or reduc\*) adj3 (bad dream\* or nightmare\*)) and (intervention\* or program\* or therap\* or treat\*)) or ((intervention\* or program\* or therap\* or treat\*) adj3 nightmare\*)).mp. or ((presleep or presleep) adj2 imagery).ti,ab. (267)

15 (mindfulness or ((exposure or narrative) adj therapy)).sh. (2743)

- 16 (kidnet or mindful\* or narrative therap\*).ti,ab. (8835)
- 17 debrief\*.ti,ab. (3803)

18 eye movement desensitization reprocessing/ (205)

- 19 (emdr or (eye movement adj2 desensiti\*)).ti,ab. (671)
- 20 psychotherapy, psychodynamic/ (529)

21 (psychodynamic or (dynamic adj (psychotherapy\* or therap\*)) or incident reduction or ((brain or transcranial) adj2 stimulat\*) or rtms).ti,ab. (36027)

- 22 (psychoanal\* or psychosomatic\*).ti,ab. (26156)
- exp counseling/ (42669)
- 24 counsel\*.ti,ab. (103170)
- 25 (hg therap\* or human givens).ti,ab. (14)
- 26 couples therapy/ or family therapy/ or marital therapy/ or exp parents/ed (22720)

27 (((con?joint or couple\* or family or families or husband\* or marriage\* or marital\* or partner\* or relations\* or spous\* or wife or wives\* or (child\* adj5 parent\*)) adj6 (counsel\* or intervention\* or program\* or support\* or therap\* or treat\*)) or ((couples\* or family\* or relations\*) adj (based or focused or led)) or ecological therap\* or expressed emotion or family dynamics or family relationships).tw. (171018)

28 ((child\* adj2 family traumatic stress intervention) or cftsi).ti,ab. (2)

29 psychoeducation.sh. or (psychoed\* or psycho ed\*).ti,ab. (5975)

30 community networks/ or friends/ or exp peer group/ or self care/ or self-help groups/ or social networking/ or social support/ (133084)

31 ((self adj (administer\* or assess\* or attribut\* or care or change or directed or efficacy or help\* or guide\* or instruct\* or manag\* or medicat\* or monitor\* or regulat\* or reinforc\* or re inforc\* or support\* or technique\* or therap\* or train\* or treat\*)) or selfadminister\* or selfassess\* or selfattribut\* or selfcare or selfchange or selfdirected or selfefficacy or selfhelp\* or selfguide\* or selfinstruct\* or selfmanag\* or selfmedicat\* or selfmonitor\* or selfregulat\* or selfreinforc\* or self re inforc\* or selfsupport\* or selftechnique\* or selftherap\* or selftrain\* or selftreat\* or (wellness adj (therap\* or train\* or treat\*))).ti,ab,sh. (139336)

32 (befriend\* or be\*1 friend\* or buddy or buddies or ((community or lay or paid or support) adj (person or worker\*))).ti,ab. (3080)

33 (((consumer\* or famil\* or friend\* or lay or mutual\* or peer\* or social\* or spous\* or voluntary or volunteer\*) adj3 (assist\* or advice\* or advis\* or counsel\* or educat\* or forum\* or help\* or mentor\* or network\* or support\* or visit\*)) or ((consumer\* or famil\* or peer\* or self help or social\* or support\* or voluntary or voluntary or volunteer\*) adj2 group\*) or ((consumer\* or famil\* or friend\* or lay or mutual\* or peer\* or self

help or social\* or spous\* or support\* or voluntary or volunteer\*) adj3 (intervention\* or program\* or rehab\* or therap\* or service\* or skill\* or treat\*)) or (((consumer\* or famil\* or friend\* or lay\* or peer\* or spous\* or user\* or support\* or voluntary or volunteer\*) adj (based or counsel\* or deliver\* or interact\* or led or mediat\* or operated or provides or provider\* or run\*)) or ((consumer\* or famil\* or friend\* or lay\* or peer\* or relation\* or spous\* or support\*) adj3 trust\*) or voluntary work\*)).ti,ab. (314043)

34 (((lay or peer\*) adj3 (advis\* or consultant or educator\* or expert\* or facilitator\* or instructor\* or leader\* or mentor\* or person\* or tutor\* or worker\*)) or expert patient\* or mutual aid).ti,ab. (6617)

35 (peer\* adj3 (assist\* or counsel\* or educat\* or program\* or rehab\* or service\* or supervis\*)).ti,ab. (5735)

36 ((psychoeducat\* or psycho educat\*) adj3 (group or network\* or service\*)).ti,ab. (774)

37 ((psychosocial or social) adj work\*).ti,ab. (15927)

38 ((ptsd or posttrauma\* or post trauma\* or trauma\*) adj2 support\*).ti,ab. (1565)

39 recovery support.ti,ab. (173)

40 assisted living facilities/ or emergency shelter/ or group homes/ or halfway houses/ or housing/ or independent living/ or residential facilities/ (30265)

41 ((resident\* or hous\* or accommod\* or commun\* or comu\* or home\*) adj5 (support\* or support\* or shelter\* or outreach\* or visit\* or appointment\*)).ti,ab. (50036)

42 (residential treatm\* or residential facility\* or supported hous\* or public hous\*).ti,ab. (3249)

43 (accomod\* or assertive community treatment\* or home\* or housing\* or outreach\* or residential\*).ti,ab.(525321)

44 placement.ti,ab. (122669)

45 or/6-44 (1653237)

46 meta analysis.sh,pt. or "meta-analysis as topic"/ or "review literature as topic"/ (129841)

47 (exp databases, bibliographic/ or (((electronic or computer\* or online) adj database\*) or bids or cochrane or embase or index medicus or isi citation or medline or psychit or psychit or scisearch or science citation or (web adj2 science)).ti,ab.) and (review\*.ti,ab,sh,pt. or systematic\*.ti,ab.) (163499)

48 ((analy\* or assessment\* or evidence\* or methodol\* or quantativ\* or systematic\*) adj2 (overview\* or review\*)).tw. or ((analy\* or assessment\* or evidence\* or methodol\* or quantativ\* or systematic\*).ti. and review\*.ti,pt.) or (systematic\* adj2 search\*).ti,ab. (329117)

49 (metaanal\* or meta anal\* or (research adj (review\* or integration))).ti,ab. or reference list\*.ab. or bibliograph\*.ab. or published studies.ab. or relevant journals.ab. or selection criteria.ab. or (data adj (extraction or synthesis)).ab. or (handsearch\* or ((hand or manual) adj search\*)).ti,ab. or (mantel haenszel or peto or dersimonian or der simonian).ti,ab. or (fixed effect\* or random effect\*).ti,ab. or ((pool\* or combined or combining) adj2 (data or trials or studies or results)).ti,ab. (300023)

50 or/46-49 (562928)

51 exp clinical trial/ or exp "clinical trials as topic"/ or cross-over studies/ or double-blind method/ or placebos/ or random allocation/ or single-blind method/ (1194973)

52 ((clinical adj2 trial\*) or (crossover or cross over)).ti,ab. (429760)

53 (((single\* or doubl\* or trebl\* or tripl\*) adj2 blind\*) or mask\* or dummy or doubleblind\* or singleblind\* or trebleblind\* or tripleblind\*).ti,ab. (240549)

54 (placebo\* or random\*).ti,ab. (1162532)

55 or/51-54 (2043304)

56 5 and 45 and (50 or 55) (12008)

- 57 animals/ not human\*.mp. (4342443)
- 58 56 not 57 (11757)
- 59 limit 58 to yr="2018 -Current" (1913)

\*\*\*\*\*

# Embase

Database: Embase <1974 to 2019 November 08>

Search Strategy:

1 \*acute stress/ or \*behavioural stress/ or \*emotional stress/ or \*critical incident stress/ or \*mental stress/ or \*posttraumatic stress disorder/ or \*psychotrauma/ (69082)

2 (trauma\* and (avoidance or grief or horror or death\* or nightmare\* or night mare\* or emotion\*)).ti,ab. (50168)

3 (railway spine or (rape adj2 trauma\*) or reexperienc\* or re experienc\* or torture syndrome or traumatic neuros\* or traumatic stress).ti,ab. (20306)

4 (posttraumatic\* or post traumatic\* or stress disorder\* or acute stress or ptsd or asd or desnos or (combat neuros\* or combat syndrome or concentration camp syndrome or extreme stress or flashback\* or flash back\* or hypervigilan\* or hypervigilen\* or psych\* stress or psych\* trauma\* or psycho?trauma\* or psychotrauma\*) or (posttrauma\* or traumagenic\* or traumatic stress\*)).ti,ab. (139168)

5 or/1-4 (212899)

6 \*psychotherapy/ (38266)

7 exp \*behavior therapy/ or exp \*cognitive therapy/ (29422)

8 (((psycholog\* or psycho social\* or psychosocial\*) adj3 (intervention\* or program\* or therap\* or treat\*)) or psychotherap\* or psycho therap\* or talk\* therap\* or therapeutic technique\* or therapist\* or third wave or time limited).ti,ab,sh. (246754)

9 (((behaviour\* or behavior\*) adj2 cognitiv\*) or cbt or ccbt or ((behav\* or cognitive\*) adj3 (intervention\* or manag\* or program\* or restructure\* or therap\* or treat\*)) or (stress inoculation adj2 (intervention\* or program\* or therap\* or treat\*)) or (behav\* adj2 activat\*) or ((trauma adj (based or focused or led)) or exposure based or prolonged exposure)).ti,ab. (158532)

10 \*emotion/ (28919)

11 (((compassion or emotion\* or emotive\*) adj (based or focused or led)) or emotional processing or ((compassion or emotion\* or emotive\*) adj3 (coach\* or intervention\* orprogram\* or therap\* or treat\*))).ti,ab. (10888)

12 exposure therapy/ or narrative therapy/ or virtual reality exposure therapy/ (1602)

13 (((augmented or virtual) adj2 reality) or (virtual adj (environment or restorative)) or ((exposure or implosive or virtual reality) adj2 (intervention\* or program\* or therap\* or train\*))).ti,ab. (21776)

**BMJ** Open

14 ((imagery adj2 (rehears\* or re hears\*)) or (((lower\* or reduc\*) adj3 (bad dream\* or nightmare\*)) and (intervention\* or program\* or therap\* or treat\*)) or ((intervention\* or program\* or therap\* or treat\*) adj3 nightmare\*)).mp. or ((presleep or presleep) adj2 imagery).ti,ab. (454)

- 15 (mindfulness or ((exposure or narrative) adj therapy)).sh. (23980)
- 16 (kidnet or mindful\* or narrative therap\*).ti,ab. (12154)
- 17 debrief\*.ti,ab. (6509)

- 18 (emdr or (eye movement adj2 desensiti\*)).ti,ab. (925)
- 19 psychodynamic psychotherapy/ (1214)

20 (psychodynamic or (dynamic adj (psychotherapy\* or therap\*)) or incident reduction or ((brain or transcranial) adj2 stimulat\*) or rtms).ti,ab. (53209)

- 21 (psychoanal\* or psychosomatic\*).ti,ab. (35159)
- 22 exp counseling/ (159666)
- 23 counsel\*.ti,ab. (148163)
- 24 (hg therap\* or human givens).ti,ab. (21)
- 25 couple therapy/ or family therapy/ or marital therapy/ or exp parent/ (246712)

26 (((con?joint or couple\* or family or families or husband\* or marriage\* or marital\* or partner\* or relations\* or spous\* or wife or wives\* or (child\* adj5 parent\*)) adj6 (counsel\* or intervention\* or program\* or support\* or therap\* or treat\*)) or ((couples\* or family\* or relations\*) adj (based or focused or led)) or ecological therap\* or expressed emotion or family dynamics or family relationships).tw. (226599)

27 ((child\* adj2 family traumatic stress intervention) or cftsi).ti,ab. (6)

28 psychoeducation.sh. or (psychoed\* or psycho ed\*).ti,ab. (12914)

29 friendship/ or peer counseling/ or peer group/ or self help/ or self care/ or social network/ or social support/ or support group/ (193307)

30 ((self adj (administer\* or assess\* or attribut\* or care or change or directed or efficacy or help\* or guide\* or instruct\* or manag\* or medicat\* or monitor\* or regulat\* or reinforc\* or re inforc\* or support\* or technique\* or therap\* or train\* or treat\*)) or selfadminister\* or selfassess\* or selfattribut\* or selfcare or selfchange or selfdirected or selfefficacy or selfhelp\* or selfguide\* or selfinstruct\* or selfmanag\* or selfmedicat\* or selfmonitor\* or selfregulat\* or selfreinforc\* or self re inforc\* or selfsupport\* or selftechnique\* or selfterap\* or selftrain\* or selftreat\* or (wellness adj (therap\* or train\* or treat\*))).ti,ab,sh. (188037)

31 (befriend\* or be\*1 friend\* or buddy or buddies or ((community or lay or paid or support) adj (person or worker\*))).ti,ab. (4130)

32 (((consumer\* or famil\* or friend\* or lay or mutual\* or peer\* or social\* or spous\* or voluntary or volunteer\*) adj3 (assist\* or advice\* or advis\* or counsel\* or educat\* or forum\* or help\* or mentor\* or network\* or support\* or visit\*)) or ((consumer\* or famil\* or peer\* or self help or social\* or support\* or voluntary or volunteer\*) adj2 group\*) or ((consumer\* or famil\* or friend\* or lay or mutual\* or peer\* or self help or social\* or spous\* or support\* or voluntary or volunteer\*) adj3 (intervention\* or program\* or rehab\* or therap\* or service\* or skill\* or treat\*)) or (((consumer\* or famil\* or friend\* or lay\* or peer\* or spous\* or user\* or support\* or voluntary or volunteer\*) adj3 (intervention\* or lay\* or peer\* or spous\* or user\* or support\* or voluntary or volunteer\*) adj (based or counsel\* or deliver\* or interact\* or led or mediat\* or operated or provides or provider\* or run\*)) or ((consumer\* or famil\* or friend\* or lay\* or peer\* or relation\* or spous\* or support\*) adj3 trust\*) or voluntary work\*)).ti,ab. (410161)

33 (((lay or peer\*) adj3 (advis\* or consultant or educator\* or expert\* or facilitator\* or instructor\* or leader\* or mentor\* or person\* or tutor\* or worker\*)) or expert patient\* or mutual aid).ti,ab. (8679)

34 (peer\* adj3 (assist\* or counsel\* or educat\* or program\* or rehab\* or service\* or supervis\*)).ti,ab. (7548)

35 ((psychoeducat\* or psycho educat\*) adj3 (group or network\* or service\*)).ti,ab. (1226)

- 36 ((psychosocial or social) adj work\*).ti,ab. (22915)
- 37 ((ptsd or posttrauma\* or post trauma\* or trauma\*) adj2 support\*).ti,ab. (1890)
- 38 recovery support.ti,ab. (216)

39 assisted living facility/ or emergency shelter/ or halfway house/ or housing/ or independent living/ or residential home/ (36467)

40 ((resident\* or hous\* or accommod\* or commun\* or comu\* or home\*) adj5 (support\* or support\* or shelter\* or outreach\* or visit\* or appointment\*)).ti,ab. (66837)

41 (residential treatm\* or residential facility\* or supported hous\* or public hous\*).ti,ab. (3836)

42 (accomod\* or assertive community treatment\* or home\* or housing\* or outreach\* or residential\*).ti,ab. (693104)

- 43 placement.ti,ab. (174618)
- 44 or/6-43 (2352266)
- 45 meta analysis/ or "meta analysis (topic)"/ or systematic review/ (349285)

46 (exp bibliographic database/ or (((electronic or computer\* or online) adj database\*) or bids or cochrane or embase or index medicus or isi citation or medline or psyclit or psychlit orscisearch or science citation or (web adj2 science)).ti,ab.) and (review\*.ti,ab,sh,pt. or systematic\*.ti,ab.) (223431)

47 ((analy\* or assessment\* or evidence\* or methodol\* or quantativ\* or systematic\*) adj2 (overview\* or review\*)).tw. or ((analy\* or assessment\* or evidence\* or methodol\* or quantativ\* or systematic\*).ti. and review\*.ti,pt.) or (systematic\* adj2 search\*).ti,ab. (392909)

48 (metaanal\* or meta anal\* or (research adj (review\* or integration))).ti,ab. or reference list\*.ab. or bibliograph\*.ab. or published studies.ab. or relevant journals.ab. or selection criteria.ab. or (data adj (extraction or synthesis)).ab. or (handsearch\* or ((hand or manual) adj search\*)).ti,ab. or (mantel haenszel or peto or dersimonian or der simonian).ti,ab. or (fixed effect\* or random effect\*).ti,ab. or ((pool\* or combined or combining) adj2 (data or trials or studies or results)).ti,ab. (393628)

49 or/45-48 (775067)

50 exp "clinical trial (topic)"/ or exp clinical trial/ or crossover procedure/ or double blind procedure/ or placebo/ or randomization/ or random sample/ or single blind procedure/ (1962363)

- 51 (clinical adj2 trial\*).ti,ab. (504366)
- 52 (crossover or cross over).ti,ab. (101345)

53 (((single\* or doubl\* or trebl\* or tripl\*) adj2 blind\*) or mask\* or dummy or doubleblind\* or singleblind\* or trebleblind\* or tripleblind\*).ti,ab. (323907)

- 54 (placebo\* or random\*).ti,ab. (1578946)
- 55 or/50-54 (2965134)
- 56 5 and 44 and (49 or 55) (10225)
- 57 animals/ not human\*.mp. (857762)
- 58 56 not 57 (10209)
- 59 limit 58 to yr="2018 -Current" (2000)

3
4
5
6
7 8
8
9
10
11
12
13
14
14 1 r
15
16
17 18
18
19
20
21
22
23
24
25
26
27
28
28 29
30
31
32
33
34
35
36
37
38
39
40
40 41
42
43
44
45
46
47
48
49
50
51
52
53
54
54 55
56
57
58
59
60

1 2

\*\*\*\*\*

# PsycINFO

#	Query	Results
S64	s59 not s60 Limiters - Publication Year: 2018-2020	2,105
S63		277,708
S62		1,761,949
S61	s59 not s60	16,053
S60	animal not human	289,401
S59	S5 AND S48 AND S58	16,256
S58	S56 OR S57	765,475
	( (clinical trials or placebo or random sampling) ) OR (clinical adj2 trial*) OR ( crossover or cross over ) OR ( (((single* or doubl* or trebl* or tripl*) n2 blind*) or mask* or dummy or doubleblind* or singleblind* or trebleblind* or	
S57	tripleblind*) ) OR ( placebo* or random* ) OR treatment outcome*	347,654
S56	S49 OR S50 OR S51 OR S52 OR S53 OR S54 OR S55	468,514
	( metaanal* or meta anal* or (research n1 (review* or integration)) ) OR ( reference list* or bibliograph* or published studies or relevant journals or selection criteria ) OR ( (data n1 (extraction or synthesis)) ) OR ( (handsearch* or ((hand or manual) n1 search*)) ) OR ( (mantel haenszel or peto or dersimonian or der simonian) ) OR ( (fixed effect* or random effect*) ) OR (	
S55	((pool* or combined or combining) n2 (data or trials or studies or results)) )	142,371
S54	(systematic* n2 search*)	6,258
\$53	( analy* or assessment* or evidence* or methodol* or quantativ* or systematic* ) AND review*	297,715
S52	((analy* or assessment* or evidence* or methodol* or quantativ* or systematic*) n2 (overview* or review*))	317,006
S51	( ((electronic or computer* or online) n1 database*) or bids or cochrane or embase or index medicus or isi citation or medline or psyclit or psychit or scisearch or science citation or (web n2 science) ) AND ( review* or systematic* )	53,766
S50	computer searching	1,605

	S49	( (literature review or meta analysis) ) OR systematic review	138,174
		S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35 OR S36 OR S37 OR S38 OR S39 OR S40 OR S41 OR S42 OR	
)	S48	S43 OR S44 OR S45 OR S46 OR S47	1,682,227
2 } L	S47	TI ( placement or student placement ) OR AB placement	26,717
3	S46	TI ( (accomod* or assertive community treatment* or home* or housing* or outreach* or residential*) ) OR AB ( (accomod* or assertive community treatment* or home* or housing* or outreach* or residential*) )	190,252
) ) <u>2</u>	S45	TI ( (residential treatm* or residential facility* or supported hous* or public hous*) ) OR AB ( (residential treatm* or residential facility* or supported hous* or public hous*) )	9,115
5 5 7 3	S44	TI ( ((resident* or hous* or accommod* or commun* or comu* or home*) n5 (support* or support* or shelter* or outreach* or visit* or appointment*)) ) OR AB ( ((resident* or hous* or accommod* or commun* or comu* or home*) n5 (support* or support* or shelter* or outreach* or visit* or appointment*)) )	39,683
) ) <u>-</u> ;	S43	TI ( ((resident* or hous* or accommod* or commun* or comu* or home*) adj5 (support* or support* or shelter* or outreach* or visit* or appointment*)) ) OR AB ( ((resident* or hous* or accommod* or commun* or comu* or home*) adj5 (support* or support* or shelter* or outreach* or visit* or appointment*)) )	0
- 	S42	(((((DE "Assisted Living") OR (DE "Shelters")) OR (DE "Group Homes")) OR (DE "Halfway Houses")) OR (DE "Housing")) OR (DE "Residential Care Institutions")	19,622
)	S41	TI recovery support OR AB recovery support	2,144
2 3 4	S40	TI ( ((ptsd or posttrauma* or post trauma* or trauma*) n2 support*) ) OR AB ( ((ptsd or posttrauma* or post trauma* or trauma*) n2 support*) )	1,570
5 7 8	S39	TI ( ((psychosocial or social) n1 work*) ) OR AB ( ((psychosocial or social) n1 work*) )	48,187
) ) 2	S38	TI ( ((psychoeducat* or psycho educat*) n3 (group or network* or service*)) ) OR AB ( ((psychoeducat* or psycho educat*) n3 (group or network* or service*)) )	1,967
3 1 5 7	S37	TI ( (peer* n3 (assist* or counsel* or educat* or program* or rehab* or service* or supervis*)) ) OR AB ( (peer* n3 (assist* or counsel* or educat* or program* or rehab* or service* or supervis*)) )	7,910
3 )	S36	TI ( (((lay or peer*) n3 (advis* or consultant or educator* or expert* or facilitator* or instructor* or leader* or mentor* or person* or tutor* or	10,195

worker\*)) or expert patient\* or mutual aid) ) OR AB ( (((lay or peer\*) n3 (advis\* or consultant or educator\* or expert\* or facilitator\* or instructor\* or leader\* or mentor\* or person\* or tutor\* or worker\*)) or expert patient\* or mutual aid) )

TI ( (((consumer\* or famil\* or friend\* or lay or mutual\* or peer\* or social\* or spous\* or voluntary or volunteer\*) n3 (assist\* or advice\* or advis\* or counsel\* or educat\* or forum\* or help\* or mentor\* or network\* or support\* or visit\*)) or ((consumer\* or famil\* or peer\* or self help or social\* or support\* or voluntary or volunteer\*) n2 group\*) or ((consumer\* or famil\* or friend\* or lay or mutual\* or peer\* or self help or social\* or spous\* or support\* or voluntary or volunteer\*) n3 (intervention\* or program\* or rehab\* or therap\* or service\* or skill\* or treat\*)) or (((consumer\* or famil\* or friend\* or lay\* or peer\* or spous\* or user\* or support\* or voluntary or volunteer\*) n1 (based or counsel\* or deliver\* or interact\* or led or mediat\* or operated or provides or provider\* or run\*)) or ((consumer\* or famil\* or friend\* or lay\* or peer\* or relation\* or spous\* or support\*) n3 trust\*) or voluntary work\*)) ) OR AB ( (((consumer\* or famil\* or friend\* or lay or mutual\* or peer\* or social\* or spous\* or voluntary or volunteer\*) n3 (assist\* or advice\* or advis\* or counsel\* or educat\* or forum\* or help\* or mentor\* or network\* or support\* or visit\*)) or ((consumer\* or famil\* or peer\* or self help or social\* or support\* or voluntary or volunteer\*) n2 group\*) or ((consumer\* or famil\* or friend\* or lay or mutual\* or peer\* or self help or social\* or spous\* or support\* or voluntary or volunteer\*) n3 (intervention\* or program\* or rehab\* or therap\* or service\* or skill\* or treat\*)) or (((consumer\* or famil\* or friend\* or lay\* or peer\* or spous\* or user\* or support\* or voluntary or volunteer\*) n1 (based or counsel\* or deliver\* or interact\* or led or mediat\* or operated or provides or provider\* or run\*)) or ((consumer\* or famil\* or friend\* or lay\* or peer\* or relation\* or spous\* or support\*) n3 trust\*) or voluntary work\*)) )

TI ( (befriend\* or be# friend\* or buddy or buddies or ((community or lay or paid or support) n1 (person or worker\*))) ) OR AB ( (befriend\* or be# friend\* or buddy or buddies or ((community or lay or paid or support) n1 (person or worker\*))) )

SU ( ((self n1 (administer\* or assess\* or attribut\* or care or change or directed or efficacy or help\* or guide\* or instruct\* or manag\* or medicat\* or monitor\* or regulat\* or reinforc\* or re inforc\* or support\* or technique\* or therap\* or train\* or treat\*)) or selfadminister\* or selfassess\* or selfattribut\* or selfcare or selfchange or selfdirected or selfefficacy or selfhelp\* or selfguide\* or selfinstruct\* or selfmanag\* or selfmedicat\* or selfmonitor\* or selfregulat\* or selfreinforc\* or self re inforc\* or selfsupport\* or selftechnique\* or selftherap\* or selftrain\* or selftreat\* or (wellness n1 (therap\* or train\* or treat\*))) ) OR TI ( ((self n1 (administer\* or assess\* or attribut\* or care or change or directed or efficacy or help\* or guide\* or instruct\* or manag\* or medicat\* or monitor\* or regulat\* or reinforc\* or re inforc\* or support\* or technique\* or therap\* or train\* or treat\*)) or selfadminister\* or selfassess\* or selfattribut\* or selfcare or selfchange or selfdirected or selfefficacy or selfhelp\* or selfguide\* or selfinstruct\* or selfmanag\* or selfmedicat\* or selfmonitor\* or selfregulat\* or selfreinforc\* or self re inforc\* or selfsupport\* or selftechnique\* or selftherap\* or selftrain\* or selftreat\* or (wellness n1 (therap\* or train\* or treat\*))) ) OR AB ( ((self n1 (administer\* or assess\* or attribut\* or care or change or directed or efficacy or help\* or guide\* or instruct\* or manag\* or medicat\* or monitor\* or regulat\* or reinforc\* or re inforc\* or support\* or technique\* or therap\* or train\*

413,615

6,926

163,016

S33

58

59

60

1	
2	
3	
4	
5	
6	
7	
8	
9	
1	0
1	1
1	2
1	3
1	3 4
1	4
1	5
1	6
1	7
1	8
1	9
2	0
2	1
2	2
2	3
2	4
2	4 5
2	2 2
2	6
2	7
2	8
	9
3	0
-	v
3	1
3	1
3 3	1 2
3 3 3	1 2 3
3 3 3 3	1 2 3 4
3 3 3 3 3	1 2 3 4 5
3 3 3 3 3 3	1 2 3 4 5 6
3 3 3 3 3 3	1 2 3 4 5 6
3 3 3 3 3 3 3 3 3	1 2 3 4 5 6 7 8
3 3 3 3 3 3 3 3 3 3 3 3	1 2 3 4 5 6 7 8 9
3 3 3 3 3 3 3 3 3 4	1 2 3 4 5 6 7 8 9 0
3 3 3 3 3 3 3 3 3 3 3 3	1 2 3 4 5 6 7 8 9 0
3 3 3 3 3 3 3 3 3 4	12345678901
3 3 3 3 3 3 3 3 4 4	123456789012
3 3 3 3 3 3 3 4 4 4 4	1234567890123
3 3 3 3 3 3 3 3 4 4 4 4 4 4 4	1234567890123
3 3 3 3 3 3 3 4 4 4 4 4 4 4 4	123456789012345
3 3 3 3 3 3 3 3 4 4 4 4 4 4 4 4 4 4	1234567890123456
3 3 3 3 3 3 3 4 4 4 4 4 4 4	12345678901234567
3 3 3 3 3 3 3 4 4 4 4 4 4 4 4 4	123456789012345678
3 3 3 3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4	1234567890123456789
3 3 3 3 3 3 3 4 4 4 4 4 4 4 4 4 5	12345678901234567890
3 3 3 3 3 3 3 4 4 4 4 4 4 4 4 5 5	123456789012345678901
3 3 3 3 3 3 3 4 4 4 4 4 4 4 4 4 5	123456789012345678901
3 3 3 3 3 3 3 4 4 4 4 4 4 4 4 4 5 5	1234567890123456789012
3 3 3 3 3 3 3 4 4 4 4 4 4 4 4 4 5 5 5	12345678901234567890123
3 3 3 3 3 3 3 3 4 4 4 4 4 4 4 5 5 5 5 5	12345678901234567890123
3 3 3 3 3 3 3 4 4 4 4 4 4 4 4 5 5 5 5 5	123456789012345678901234
3 3 3 3 3 3 3 4 4 4 4 4 4 4 4 5 5 5 5 5	12345678901234567890123456

S35

S34

#### **BMJ** Open

2 3			
3 4		or treat*)) or selfadminister* or selfassess* or selfattribut* or selfcare or	
5		selfchange or selfdirected or selfefficacy or selfhelp* or selfguide* or	
6		selfinstruct* or selfmanag* or selfmedicat* or selfmonitor* or selfregulat* or	
7		selfreinforc* or self re inforc* or selfsupport* or selftechnique* or selftherap* or	
8		selftrain* or selftreat* or (wellness n1 (therap* or train* or treat*)))))	
o 9			
9 10			
		((((((((DE "Friendship") OR (DE "Network Therapy")) OR (DE "Social	
11		Networks" OR DE "Online Social Networks")) OR (DE "Peer Relations")) OR	
12		(DE "Peers")) OR (DE "Peer Counseling")) OR (DE "Self-Care Skills")) OR	
13		(DE "Self-Help Techniques" OR DE "Self-Management")) OR (DE "Social	
14	S32	Support")) OR (DE "Support Groups" OR DE "Twelve Step Programs")	120,236
15			
16		SU psychoeducation OR AB ( (psychoed* or psycho ed*) ) OR TI ( (psychoed*	
17	S31	or psycholed ((psycholed of psycholed )) or rr ((psycholed ))	11,472
18	551	or psycholog ()	11,472
19			
20		TI ( ((child* n2 family traumatic stress intervention) or cftsi) ) OR AB ( ((child*	
21	S30	n2 family traumatic stress intervention) or cftsi) )	6
22			
23		(((con*joint or couple* or family or families or husband* or marriage* or	
24		marital* or partner* or relations* or spous* or wife or wives* or (child* n5	
25		•	
26		parent*)) n6 (counsel* or intervention* or program* or support* or therap* or	
27		treat*)) or ((couples* or family* or relations*) n1 (based or focused or led)) or	
28	~ ~ ~	ecological therap* or expressed emotion or family dynamics or family	
29	S29	relationships)	860,043
30			
31		((((DE "Couples Therapy") OR (DE "Family Intervention")) OR (DE "Family	
32		Therapy" OR DE "Conjoint Therapy" OR DE "Strategic Family Therapy" OR	
33		DE "Structural Family Therapy")) OR (DE "Marriage Counseling" OR DE	
34	S28	"Conjoint Therapy")) OR (DE "Parent Training")	39,528
35	~		
36			
37	S27	TI ( (hg therap* or human givens) ) OR AB ( (hg therap* or human givens) )	1,727
38			
39	S26	TI counsel* OR AB counsel*	102,924
40			,
41			
42		DE "Counseling" OR DE "Community Counseling" OR DE "Cross Cultural	
43		Counseling" OR DE "Educational Counseling" OR DE "Genetic Counseling"	
44		OR DE "Gerontological Counseling" OR DE "Grief Counseling" OR DE	
45		"Group Counseling" OR DE "Marriage Counseling" OR DE "Microcounseling"	
46		OR DE "Multicultural Counseling" OR DE "Occupational Guidance" OR DE	
47		"Pastoral Counseling" OR DE "Peer Counseling" OR DE "Premarital	
48		Counseling" OR DE "Psychotherapeutic Counseling" OR DE "Rehabilitation	
49	S25	Counseling" OR DE "School Counseling"	62,561
50			
51		TI ( psychoanal* or psychosomatic* ) OR AB ( psychoanal* or psychosomatic*	
52	S24	)	90,066
53	521		20,000
54			
55		TI ( ((psychodynamic or (dynamic adj (psychotherapy* or therap*)) or incident	
56		reduction) or ((brain or transcranial) n2 stimulat*) or rtms) ) OR AB (	
57		((psychodynamic or (dynamic adj (psychotherapy* or therap*)) or incident	
58	S23	reduction) or ((brain or transcranial) n2 stimulat*) or rtms))	38,235
59			
60			

r
2
3
4
5
6
7
/
8
9
10
11
12
13
14
15
16
16 17 18
17
18
19
20
20
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36 37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

S22	DE "Psychodynamic Psychotherapy"	3,370
S21	TI ( (emdr or (eye movement n2 desensiti*)) ) OR AB ( (emdr or (eye movement n2 desensiti*)) )	1,872
S20	DE "Eye Movement Desensitization Therapy"	1,437
S19	TI debrief* OR AB debrief*	2,815
S18	DE "Debriefing (Psychological)"	283
S17	TI ( (kidnet or mindful* or narrative therap*) ) OR AB ( (kidnet or mindful* or narrative therap*) )	16,869
S16	SU (mindfulness or ((exposure or narrative) n1 therapy))	14,174
S15	TI ( ((presleep or presleep) n2 imagery) ) OR AB ( ((presleep or presleep) n2 imagery) )	0
S14	((imagery n2 (rehears* or re hears*)) or (((lower* or reduc*) n3 (bad dream* or nightmare*)) and (intervention* or program* or therap* or treat*)) or ((intervention* or program* or therap* or treat*) n3 nightmare*))	1,694
<b>S</b> 13	TI ( (((augmented or virtual) n2 reality) or (virtual n1 (environment or restorative)) or ((exposure or implosive or virtual reality) n2 (intervention* or program* or therap* or train*))) ) OR AB ( (((augmented or virtual) n2 reality) or (virtual n1 (environment or restorative)) or ((exposure or implosive or virtual reality) n2 (intervention* or program* or therap* or train*))) )	13,974
S12	((DE "Exposure Therapy") OR (DE "Narrative Therapy")) OR (DE "Virtual Reality")	10,913
	TI ( (((compassion or emotion* or emotive*) n1 (based or focused or led)) or emotional processing or ((compassion or emotion* or emotive*) n3 (coach* or intervention* or program* or therap* or treat*))) ) OR AB ( (((compassion or emotion* or emotive*) n1 (based or focused or led)) or emotional processing or ((compassion or emotion* or emotive*) n3 (coach* or intervention* or	
S11	program* or therap* or treat*))) )	25,414
S10	(DE "Emotion Focused Therapy") OR (DE "Sympathy")	3,110
S9	TI ( (((behaviour* or behavior*) n2 cognitiv*) or cbt or ccbt or ((behav* or cognitive*) n3 (intervention* or manag* or program* or restructure* or therap* or treat*)) or (stress inoculation n2 (intervention* or program* or therap* or train* or treat*)) or (behav* n2 activat*) or ((trauma n1 (based or focused or led)) or exposure based or prolonged exposure)) ) OR AB ( (((behaviour* or behavior*) n2 cognitiv*) or cbt or ccbt or ((behav* or cognitive*) n3 (intervention* or manag* or program* or restructure* or therap*)) or	154,978
70	(stress inoculation n2 (intervention* or program* or therap* or train* or treat*))	154,270

#### **BMJ** Open

	or (behav* n2 activat*) or ((trauma n1 (based or focused or led)) or exposure	
	based or prolonged exposure)))	
	(DE "Behavior Therapy" OR DE "Aversion Therapy" OR DE "Conversion	
	Therapy" OR DE "Dialectical Behavior Therapy" OR DE "Exposure Therapy"	
	OR DE "Implosive Therapy" OR DE "Reciprocal Inhibition Therapy" OR DE	
	"Response Cost" OR DE "Systematic Desensitization Therapy") OR (DE	
	"Cognitive Behavior Therapy" OR DE "Acceptance and Commitment Therapy"	
	OR DE "Cognitive Processing Therapy" OR DE "Prolonged Exposure	
<b>S</b> 8	Therapy")	49,013
50	Therapy )	49,015
	TI ( (((psycholog* or psycho social* or psychosocial*) n3 (intervention* or	
	program* or therap* or treat*)) or psychotherap* or psycho therap* or talk*	
	therap* or therapeutic technique* or therapist* or third wave or time limited))	
	OR AB ( (((psycholog* or psycho social* or psychosocial*) n3 (intervention* or	
	program* or therap* or treat*)) or psychotherap* or psycho therap* or talk*	
	therap* or therapeutic technique* or therapist* or third wave or time limited) )	
	OR SU ( (((psycholog* or psycho social* or psychosocial*) n3 (intervention* or	
	program* or therap* or treat*)) or psychotherap* or psychotherap* or talk*	
<b>S</b> 7	therap* or therapeutic technique* or therapist* or third wave or time limited) )	281,242
57	along of along out to and a set along of a set alon	201,212
<b>S</b> 6	DE "Psychotherapy"	67,719
S5	S1 OR S2 OR S3 OR S4	140,653
55		110,000
	TI ( (railway spine or (rape n2 trauma*) or reexperienc* or re experienc* or	
	torture syndrome or traumatic neuros* or traumatic stress) ) OR AB ( (railway	
	spine or (rape n2 trauma*) or reexperienc* or re experienc* or torture syndrome	
<b>S</b> 4	or traumatic neuros* or traumatic stress) )	19,098
	TI ( (trauma* and (avoidance or grief or horror or death* or nightmare* or night	
	mare* or emotion*)) ) OR AB ( (trauma* and (avoidance or grief or horror or	
<b>S</b> 3	death* or nightmare* or night mare* or emotion*)))	23,709
55	death of ingritinate of ingrit mate of emotion ))))	23,107
	TI ( (posttraumatic* or post traumatic* or stress disorder* or acute stress or ptsd	
	or asd or desnos or (combat neuros* or combat syndrome or concentration camp	
	syndrome or extreme stress or flashback* or flash back* or hypervigilan* or	
	hypervigilen* or psych* stress or psych* trauma* or psycho?trauma* or	
	psychotrauma*) or (posttrauma* or traumagenic* or traumatic stress*)) ) OR	
	AB ( (posttraumatic* or post traumatic* or stress disorder* or acute stress or	
	ptsd or asd or desnos or (combat neuros* or combat syndrome or concentration	
	camp syndrome or extreme stress or flashback* or flash back* or hypervigilan*	
	or hypervigilen* or psych* stress or psych* trauma* or psycho?trauma* or	
S2	psychotrauma*) or (posttrauma* or traumagenic* or traumatic stress*)) )	104,519
	(((((((DE "Posttraumatic Stress Disorder" OR DE "Complex PTSD" OR DE	
	"DESNOS") OR (DE "Acute Stress Disorder")) OR (DE "Combat Experience"))	
	OR (DE "Emotional Trauma")) OR (DE "Post-Traumatic Stress")) OR (DE	
	"Traumatic Neurosis")) OR (DE "Trauma")) OR (DE "Psychological Stress"))	
<b>S</b> 1	OR (DE "Chronic Stress")	70,398
51		

## CINAHL

#	Query	Results
S54	S51 NOT S49	11,937
\$53	S51 NOT S49 Limiters - Published Date: 20180101-20191231	2,506
\$52	S51 NOT S49	11,937
S51	S6 AND S50	12,028
S50	S40 OR S48	670,268
S49	MH ANIMALS NOT MH HUMANS	79,628
S48	s41 or s42 or s43 or s44 or s45 or s46 or s47	505,183
S47	TI ( placebo* or random* ) OR AB ( placebo* or random* )	318,823
	TI ( single blind* or double blind* or treble blind* or mask* or dummy* or singleblind* or doubleblind* or trebleblind* or tripleblind* ) OR AB ( single	
S46	blind* or double blind* or treble blind* or mask* or dummy* or singleblind* or doubleblind* or trebleblind* or tripleblind* )	54,242
S45	TI ( crossover or cross over ) OR AB ( crossover or cross over )	17,078
S44	TI clinical n2 trial* OR AB clinical n2 trial*	95,858
S43	(MH "Crossover Design") OR (MH "Placebos") OR (MH "Random Assignment")	78,307
S42	MW double blind* or single blind* or triple blind*	55,488
S41	(MH "Clinical Trials+")	268,307
S40	s7 or s8 or s9 or s10 or s11 or s12 or s13 or s14 or s15 or s16 or s17 or s18 or s19 or s20 or s21 or s22 or s23 or s29 or s30 or s31 or s34 or s35 or s36 or s37 or s38 or s39	236,549
S39	TI ( (analy* n5 review*) or (evidence* n5 review*) or (methodol* n5 review*) or (quantativ* n5 review*) or (systematic* n5 review*) ) OR AB ( (analy* n5 review*) or (evidence* n5 review*) or (methodol* n5 review*) or (quantativ* n5 review*) or (systematic* n5 review*) )	121,320

#### **BMJ** Open

2 3 4 5 6 7	S38	TI ( (pool* n2 results) or (combined n2 results) or (combining n2 results ) ) OR AB ( (pool* n2 results) or (combined n2 results) or (combining n2 results ) )	5,060
8 9 10 11 12	<b>S</b> 37	TI ( (pool* n2 studies) or (combined n2 studies) or (combining n2 studies) ) OR AB ( (pool* n2 studies) or (combined n2 studies) or (combining n2 studies) )	5,591
12 13 14 15	S36	TI ( (pool* n2 trials) or (combined n2 trials) or (combining n2 trials) ) OR AB ( (pool* n2 trials) or (combined n2 trials) or (combining n2 trials) )	1,344
16 17 18	S35	TI ( (pool* n2 data) or (combined n2 data) or (combining n2 data ) ) OR AB ( (pool* n2 data) or (combined n2 data) or (combining n2 data ) )	8,792
19 20	S34	s32 and s33	3,735
21 22 23	S33	TI review* AND PT review*	24,679
24 25 26 27	S32	TI analy* or assessment* or evidence* or methodol* or quantativ* or qualitativ* or systematic*	393,433
27 28 29	S31	TI systematic* n5 search* OR AB systematic* n5 search*	14,939
30 31	<b>S</b> 30	TI systematic* n5 review* OR AB systematic* n5 review*	88,888
32 33 34	S29	(s24 or s25 or s26) and (s27 or s28)	81,701
35 36	S28	TI systematic* OR AB systematic*	133,890
37 38 39	S27	TX review* OR MW review* OR PT review*	4,746,766
40 41	S26	(MH "Cochrane Library")	23,041
42 43 44 45 46		TI (bids or cochrane or embase or "index medicus" or "isi citation" or medline or psyclit or psychlit or scisearch or "science citation" or (web n2 science)) OR AB (bids or cochrane or embase or "index medicus" or "isi citation" or medline or psyclit or psychlit or scisearch or "science citation" or	
47 48	S25	(web n2 science ) )	65,455
49 50 51		TI ( "electronic database*" or "bibliographic database*" or "computeri?ed database*" or "online database*" ) OR AB ( "electronic database*" or "bibliographic database*" or "computeri?ed database*" or "online database*"	
52 53 54	S24	)	14,423
55 56	S23	(MH "Literature Review")	7,803
57 58 59 60	S22	PT (systematic*) or PT( meta*)	86,982

2 3			
4	621	TI ( "fixed effect*" or "random effect*" ) OR AB ( "fixed effect*" or "random	17.262
5	S21	effect*")	17,363
6			
7		TI ( "mantel haenszel" or peto or dersimonian or "der simonian" ) OR AB (	
8 9	S20	"mantel haenszel" or peto or dersimonian or "der simonian")	1,726
9 10			
11		TI ( handsearch* or "hand search*" or "manual search*" ) OR AB (	
12	S19	handsearch* or "hand search*" or "manual search*")	5,430
13			
14	S18	AB "data extraction" or "data synthesis"	8,188
15			
16	S17	AB "selection criteria"	4,257
17	~ - /		.,
18	S16	AB "relevant journals"	433
19 20	510	AB relevant journais	433
20			
22	S15	AB "published studies"	5,562
23			
24	S14	AB bibliograph*	6,982
25			
26	S13	TI "reference list*"	21
27			
28	S12	AB "reference list*"	7,455
29	512		7,435
30 31			
32	011	TI ( "research review*" or "research integration" ) OR AB ( "research	1 467
33	S11	review*" or "research integration")	1,467
34			
35	S10	(MH "Meta Analysis")	40,851
36			
37		TI ( metaanal* or "meta anal*" or metasynthes* or "meta synethes*" ) OR AB	
38	S9	( metaanal* or "meta anal*" or metasynthes* or "meta synethes*")	61,476
39			
40	<b>S</b> 8	(MH "Systematic Review")	74,342
41 42			
42	S7	(MH "Literature Searching+")	7,587
44	57	(WIT Enterature Searching)	7,507
45	0.6		01 5 40
46	<b>S</b> 6	s1 or s2 or s3 or s4 or s5	91,542
47			
48		TI ( (posttraumatic* or "post traumatic*" or "stress disorder*" or "acute stress"	
49		or ptsd or asd or desnos or ("combat neuros*" or "combat syndrome" or	
50		"concentration camp syndrome" or "extreme stress" or flashback* or "flash	
51 52		back*" or hypervigilan* or hypervigilen* or "psych* stress" or "psych*	
JZ		trauma*" or psychotrauma* or psychotrauma*) or (posttrauma* or traumagenic* or "traumatic stress*")) ) or AB ( (posttraumatic* or "post	
53			
53 54		traumatic*" or "stress disorder*" or "acute stress" or ptsd or asd or desnos or	
53		traumatic*" or "stress disorder*" or "acute stress" or ptsd or asd or desnos or ("combat neuros*" or "combat syndrome" or "concentration camp syndrome"	
53 54 55		traumatic*" or "stress disorder*" or "acute stress" or ptsd or asd or desnos or ("combat neuros*" or "combat syndrome" or "concentration camp syndrome" or "extreme stress" or flashback* or "flash back*" or hypervigilan* or	
53 54 55 56 57 58	S5	traumatic*" or "stress disorder*" or "acute stress" or ptsd or asd or desnos or ("combat neuros*" or "combat syndrome" or "concentration camp syndrome" or "extreme stress" or flashback* or "flash back*" or hypervigilan* or hypervigilen* or "psych* stress" or "psych* trauma*" or psychotrauma* or	35,785
53 54 55 56 57	S5	traumatic*" or "stress disorder*" or "acute stress" or ptsd or asd or desnos or ("combat neuros*" or "combat syndrome" or "concentration camp syndrome" or "extreme stress" or flashback* or "flash back*" or hypervigilan* or	35,785

<b>S</b> 4	TI ( (trauma* and (avoidance or grief or horror or death* or nightmare* or "night mare*" or emotion*)) ) or AB ( (trauma* and (avoidance or grief or horror or death* or nightmare* or "night mare*" or emotion*)) )	11,611
	TI ( ("railway spine" or (rape near/2 trauma*) or reexperienc* or "re experienc*" or "torture syndrome" or "traumatic neuros*" or "traumatic stress") ) or AB ( ("railway spine" or (rape near/2 trauma*) or reexperienc* or "re experienc*" or "torture syndrome" or "traumatic neuros*" or "traumatic	
<b>S</b> 3	stress"))	6,744
<b>S</b> 2	(MH "stress, psychological")	44,491
<b>S</b> 1	(MH "stress disorders, post-traumatic")	20,118
	hrane Library h Name: anke Run: 13/11/2019 09:24:52	
Comn		
ID	Search Hits	
#1	MeSH descriptor: [Stress Disorders, Traumatic] explode all trees 2394	
#2	MeSH descriptor: [Combat Disorders] explode all trees 125	
#3	MeSH descriptor: [Psychological Trauma] explode all trees 57	
#4	MeSH descriptor: [Stress Disorders, Post-Traumatic] explode all trees 227	75
#5	MeSH descriptor: [Stress Disorders, Traumatic, Acute] explode all trees 43	
#6	MeSH descriptor: [Stress, Psychological] explode all trees 5703	
#7 syndro	("railway spine" or (rape near/2 trauma*) or reexperienc* or "re experienc*" ome" or "traumatic neuros*" or "traumatic stress"):ti 716	or "torture
#8 syndro	("railway spine" or (rape near/2 trauma*) or reexperienc* or "re experienc*" ome" or "traumatic neuros*" or "traumatic stress"):ab 1672	or "torture
#9	(trauma* and (avoidance or grief or horror or death* or nightmare* or "night	mare*" or
emoti	on*)):ti 162	
#10	(trauma* and (avoidance or grief or horror or death* or nightmare* or "night	mare*" or
emoti	on*)):ab 2642	
	(posttraumatic* or "post traumatic*" or "stress disorder*" or "acute stress" or s or ("combat neuros*" or "combat syndrome" or "concentration camp syndrom " or flashback* or "flash back*" or hypervigilan* or hypervigilen* or "psych* s	ne" or "extreme

**BMJ** Open

trauma\*" or psychotrauma\* or psychotrauma\*) or (posttrauma\* or traumagenic\* or "traumatic stress\*")):ti 4046

#12 (posttraumatic\* or "post traumatic\*" or "stress disorder\*" or "acute stress" or ptsd or asd or desnos or ("combat neuros\*" or "combat syndrome" or "concentration camp syndrome" or "extreme stress" or flashback\* or "flash back\*" or hypervigilan\* or hypervigilen\* or "psych\* stress" or "psych\* trauma\*" or psychotrauma\* or psychotrauma\*) or (posttrauma\* or traumagenic\* or "traumatic stress\*")):ab 7920

#13 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 with Publication Year from 2018 to 2019, with Cochrane Library publication date Between Jan 2018 and Dec 2019, in Trials 

to peer teries only

BMJ Open

# **BMJ Open**

#### Efficacy and moderators of efficacy of trauma-focused cognitive behavioural therapies in children and adolescents – protocol for an individual participant data meta-analysis from randomized trials

Journal:	BMJ Open
Manuscript ID	bmjopen-2020-047212.R1
Article Type:	Protocol
Date Submitted by the Author:	29-Jan-2021
Complete List of Authors:	de Haan, Anke; University of Cambridge, MRC Cognition and Brain Sciences Unit; University Children's Hospital Zurich, Department of Psychosomatics and Psychiatry Hitchcock, Caitlin; University of Cambridge, MRC Cognition and Brain Sciences Unit Meiser-Stedman , Richard ; University of East Anglia, Norwich Medical School, Department of Clinical Psychology and Psychological Therapies Landolt, Markus; University Children's Hospital Zurich, Department of Psychosomatics and Psychiatry; University of Zurich, Department of Psychology - Division of Child and Adolescent Health Psychology Kuhn, Isla; University of Cambridge, Medical Library Black, Melissa; University of Cambridge, MRC Cognition and Brain Sciences Unit; Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Klaus, Kristel; University of Cambridge, MRC Cognition and Brain Sciences Unit Patel, Shivam; University of Cambridge, MRC Cognition and Brain Sciences Unit Fisher, David; University College London, MRC Clinical Trials Unit at UCL, Institute of Clinical Trials and Methodology Dalgleish, Tim; University of Cambridge, MRC Cognition and Brain Sciences Unit; Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)
<b>Primary Subject Heading</b> :	Mental health
Secondary Subject Heading:	Evidence based practice, Paediatrics
Keywords:	Child & adolescent psychiatry < PSYCHIATRY, Anxiety disorders < PSYCHIATRY, MENTAL HEALTH

## SCHOLARONE<sup>™</sup> Manuscripts

1	
2	
3	



I, the Submitting Author has the right to grant and does grant on behalf of all authors of the Work (as defined in the below author licence), an exclusive licence and/or a non-exclusive licence for contributions from authors who are: i) UK Crown employees; ii) where BMJ has agreed a CC-BY licence shall apply, and/or iii) in accordance with the terms applicable for US Federal Government officers or employees acting as part of their official duties; on a worldwide, perpetual, irrevocable, royalty-free basis to BMJ Publishing Group Ltd ("BMJ") its licensees and where the relevant Journal is co-owned by BMJ to the co-owners of the Journal, to publish the Work in this journal and any other BMJ products and to exploit all rights, as set out in our <u>licence</u>.

The Submitting Author accepts and understands that any supply made under these terms is made by BMJ to the Submitting Author unless you are acting as an employee on behalf of your employer or a postgraduate student of an affiliated institution which is paying any applicable article publishing charge ("APC") for Open Access articles. Where the Submitting Author wishes to make the Work available on an Open Access basis (and intends to pay the relevant APC), the terms of reuse of such Open Access shall be governed by a Creative Commons licence – details of these licences and which <u>Creative Commons</u> licence will apply to this Work are set out in our licence referred to above.

Other than as permitted in any relevant BMJ Author's Self Archiving Policies, I confirm this Work has not been accepted for publication elsewhere, is not being considered for publication elsewhere and does not duplicate material already published. I confirm all authors consent to publication of this Work and authorise the granting of this licence.

RELEX ONL

#### **BMJ** Open

Efficacy and moderators of efficacy of trauma-focused cognitive behavioural

therapies in children and adolescents – protocol for an individual participant data meta-analysis from randomized trials Anke de Haan<sup>1,2,3</sup>, Caitlin Hitchcock<sup>1</sup>, Richard Meiser-Stedman<sup>4</sup>, Markus A. Landolt<sup>2,3</sup>, Isla Kuhn<sup>5</sup>, Melissa Black<sup>1,6</sup>, Kristel Klaus<sup>1</sup>, Shivam D. Patel<sup>1</sup>, David J. Fisher<sup>7</sup>, Tim Dalgleish<sup>1,6</sup> 1 Medical Research Council Cognition and Brain Sciences Unit, University of Cambridge, Cambridge, UK 2 Department of Psychology - Division of Child and Adolescent Health Psychology, University of Zurich, Zurich, Switzerland 3 Department of Psychosomatics and Psychiatry, University Children's Hospital Zurich, Zurich, Switzerland 4 Department of Clinical Psychology and Psychological Therapies, Norwich Medical School, University of East Anglia, Norwich, UK 5 Medical Library, University of Cambridge, Cambridge, UK 6 Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), Cambridge, UK 7 MRC Clinical Trials Unit at UCL, Institute of Clinical Trials and Methodology, University College London, London, UK Correspondence concerning this article should be addressed to Dr. Anke de Haan, Medical Research Council Cognition and Brain Sciences Unit, University of Cambridge, 15 Chaucer Rd, Cambridge CB2 7EF, United Kingdom. E-mail: Anke.deHaan@kispi.uzh.ch Telephone: (+44) 01223 767528

ORCID: 0000-0002-4676-348X

Keywords: children and adolescents; individual participant data meta-analysis; posttraumatic stress disorder (PTSD); trauma; trauma-focused cognitive behavioural therapy

Word count: 3439 words

.sed

#### ABSTRACT

**Introduction.** Trauma-focused cognitive behavioural therapies are the first-line treatment for posttraumatic stress disorder (PTSD) in children and adolescents. Nevertheless, open questions remain with respect to efficacy: why does this first-line treatment not work for everyone? For whom does it work best? Individual clinical trials often do not provide sufficient statistical power to examine and substantiate moderating factors. To overcome the issue of limited power, an individual participant data meta-analysis (IPD-MA) of randomized trials evaluating forms of trauma-focused cognitive behavioural therapy in children and adolescents aged 6 to 18 years will be conducted. Methods and analysis. We will update the National Institute for Health and Care Excellence (NICE) guideline literature search from 2018 with an electronic search in the databases PsycINFO, MEDLINE, Embase, Cochrane Central Register of Controlled Trials, and CINAHL with the terms (trauma\* OR stress\*) AND (cognitive therap\* OR psychotherap\*) AND (trial\* OR review\*). Electronic searches will be supplemented by a comprehensive grey literature search in archives and trial registries. Only randomized trials that used any manualised psychological treatment – that is a trauma-focused cognitive behavioural therapy for children and adolescents - will be included. The primary outcome variable will be child-reported posttraumatic stress symptoms (PTSS) post-treatment. Proxy-reports (teacher, parent, and caregiver) will be analysed separately. Secondary outcomes will include follow-up assessments of PTSS, PTSD diagnosis, and symptoms of comorbid disorders such as depression, anxietyrelated, and externalizing problems. Random-effects models applying restricted maximum likelihood estimation will be used for all analyses. We will utilize the Revised Cochrane Risk of Bias tool to measure risk of bias.

Ethics and dissemination. Contributing study authors need to have permission to share anonymised data. Contributing studies will be required to remove patient identifiers before providing their data. Results will be published in a peer-reviewed journal and presented at international conferences.

PROSPERO registration number CRD42019151954.

#### STRENGTHS AND LIMITATIONS OF THIS STUDY

- This is the first individual participant data meta-analysis (IPD-MA) of trauma-focused cognitive behavioural therapies in children and adolescents.
- In contrast to existing individual studies, an IPD-MA will provide the statistical power to examine moderating factors of trauma-focused cognitive behavioural therapies in children and adolescents.
- Only randomized controlled trials will be included to allow us to evaluate the efficacy of trauma-focused cognitive behavioural therapies over and above the non-specific effects of comparator conditions.
- A variety of measures of the primary and secondary outcomes will have been used in the individual studies bringing commensurate methodological and statistical complexity.
- Study findings will enhance the future provision and development of trauma-focused cognitive behavioural therapies in children and adolescents.

#### **INTRODUCTION**

Within the last two decades, research in children and adolescents has tremendously increased our knowledge about trauma-related disorders such as posttraumatic stress disorder (PTSD), the long-lasting impact of potentially traumatic events (PTEs), and the efficacy of trauma-focused therapies in younger populations. Trauma-focused cognitive behavioural therapies are the first-line treatment for PTSD in children, adolescents, and adults[1]. They are a category of psychological interventions including Trauma-focused Cognitive Behavioral Therapy (Tf-CBT[2]), Cognitive Therapy for PTSD (CT for PTSD[3]), Prolonged Exposure Therapy for Adolescents (PE-A[4]), and the child-friendly version of Narrative Exposure Therapy (KidNET[5]) (see the recent guideline from the National Institute for Health and Care Excellence [NICE][6]).

Classic meta-analyses synthesising aggregated data from randomized controlled trials (RCTs) have shown that trauma-focused cognitive behavioural therapies are effective in reducing psychological distress including PTSD in children and adolescents[7-11]. However, open questions remain with respect to clinical outcome: Why does this first-line treatment not work for everyone? For whom does it work best? Factors that might impact the efficacy of trauma-focused cognitive behavioural therapies in children and adolescents form two broad categories: treatment-related and child-related factors. Treatment-related factors may include the length of therapy, involvement of parents in the intervention, and the balance of behavioural and cognitive intervention components. Child-related factors may include the type of trauma, the severity of symptoms, comorbid diagnoses, gender, age, and other trauma-related or demographic variables. Current stand-alone RCTs invariably lack the power to explore the contribution of these factors to clinical outcomes, and have produced a mixed pattern of findings (e.g.,[12-17]). Further, classical meta-analysis, due to its reliance on summary data, is typically unable to comprehensively evaluate such moderating factors.

#### **BMJ** Open

To overcome these problems of limited power we propose an individual participant data meta-analysis (IPD-MA) of randomized trials. By addressing the critical question about what works for whom, we hope to enhance the future provision and development of trauma-focused cognitive behavioural therapies in children and adolescents. In a first step, our aim is to determine the efficacy of trauma-focused cognitive behavioural therapies for children and adolescents, relative to control and active comparison conditions. A second step then addresses our central aim to explore moderators of treatment effects, both treatment-related factors and child-related factors. Both of these aims are theory-driven and of high clinical relevance for successfully treating children and adolescents who have been exposed to trauma. The following hypotheses will be examined:

- Hypothesis 1: Trauma-focused cognitive behavioural therapies will produce a greater reduction in posttraumatic stress symptoms (PTSS) in children and adolescents compared with either (1) no intervention (no treatment, waitlist), (2) treatment-as-usual (TAU), (3) individual non-trauma focused psychosocial interventions, or (4) other individual trauma-focused psychosocial interventions.
- Hypothesis 2a: Efficacy of trauma-focused cognitive behavioural therapies will be significantly predicted by pre-defined treatment-related factors available at trial baseline. Due to the mixed findings from previous studies, non-directional hypotheses will be tested. Post-treatment PTSS will be significantly predicted by:
  - Pre-defined intended length of treatment (number of sessions).
  - o Pre-defined intended involvement of caregivers.
- Hypothesis 2b: Child-related factors will serve as prognostic predictors for the efficacy of trauma-focused cognitive behavioural therapies. Due to the mixed

findings from previous studies, non-directional hypotheses will be tested. Posttreatment PTSS will be significantly predicted by:

- Age of the participants at the start of treatment.
- o Gender.
- Trauma-type of index-event.
- Trauma-history.
- Severity of PTSS pre-treatment.

## METHODS AND ANALYSIS

#### Study registration and management

This IPD-MA will be conducted in accordance with Preferred Reporting Items for a Systematic Review and Meta-analysis of Individual Participant Data (The PRISMA-IPD statement[18]), and is registered on PROSPERO (CRD42019151954). Regular email updates will be sent to inform the collaborating network of study progress. End-to-end encrypted electronic data-sharing clouds and email will be used to exchange pseudo-anonymised data and paperwork between researchers.

#### Patient and public involvement

Patients were not involved in this study. However, secondary data analysis ensures maximum return from patient involvement in research. The outcome of this IPD-MA will be published in an international peer-reviewed journal. The findings will further be presented at international conferences.

#### **Ethics and dissemination**

We will cite the ethics code for each contributing study in the published paper. Contributing studies will be required to remove patient identifiers before providing their data. This includes names, addresses, and date of birth which will be converted to age-at-indextrauma-event and age-at-time-of-assessment. Contributing studies will need to have permission to share anonymised data.

#### Criteria for included studies

#### Types of studies

Only randomized studies will be included in this IPD-MA. Articles must be written in English. Unpublished data will be actively sought; hence, non-peer-reviewed studies will also be included. We will perform sensitivity analyses to evaluate the impact of published vs. ez o, unpublished studies on our results.

#### Participants

Studies must have recruited children and adolescents aged 6 to 18 years exposed to a single-event trauma (e.g. road traffic accident) or multi-event trauma (e.g. domestic violence) sufficient to meet the DSM-IV or DSM-5 definitions of a qualifying traumatic event. We will request studies with a broader age range; however, only participants within our defined age range will be included in the IPD. Sensitivity analyses will be conducted if the adult version of a treatment were administered to an adolescent sample. A standardised outcome measure comprising either a diagnostic interview indexing symptom severity or a self-report measure of PTSS must have been administered before and after treatment. Furthermore, a clinicallyrelevant degree of severity of PTSS at trial baseline must have been present as assessed either

Page 11 of 41

#### **BMJ** Open

by scoring above a validated cut-off on a PTSS rating scale or by meeting criteria for PTSD. We will also request studies that include both children and adolescents with and without clinically relevant severity of PTSS as defined above. However, again, only those participants with clinically relevant severity of PTSS will be included in the analyses.

In line with the NICE guideline[6], we will include studies that used any manualised psychological treatment that we deem to be a trauma-focused cognitive behavioural therapy for children and adolescents. This includes cognitive therapy, cognitive processing therapy (CPT), compassion focused therapy, exposure therapy/prolonged exposure (PE), virtual reality exposure therapy (VRET), imagery rehearsal therapy, and KidNET. We furthermore adopt the NICE guideline description of trauma-focused cognitive behavioural therapy as laid out in the associated paper (Mavranezouli et al.[10], p. 19); namely, "a broad class of psychological interventions that predominantly use trauma-focused cognitive, behavioural or cognitive behavioural techniques and exposure approaches to treatment. Although some interventions place their main emphasis on exposure (e.g. imaginal reliving, producing a written narrative or in vivo exposure) and others on cognitive techniques (e.g. restructuring of trauma-related appraisals), most use a combination." Independent raters will evaluate author descriptions of their treatment with respect to this definition to determine inclusion within the IPD-MA. In contrast to the NICE guideline[6], we will not include mindfulness-based cognitive therapy (MBCT) as a trauma-focused cognitive behavioural therapy.

In addition, treatment may be delivered in-person or online, but must comprise an individual-, rather than group-format, and a multi-session treatment protocol. A minimum of at least one post-treatment / follow-up assessment must have been reported.

#### Comparison conditions

Trauma-focused cognitive behavioural therapies will be compared: (1) against no intervention (no treatment, waitlist); (2) against TAU; (3) against individual non-trauma focused psychosocial interventions; or (4) against other individual trauma-focused psychosocial interventions. Again, comparison condition type will be determined by two independent raters, based on the author descriptions.

#### Primary outcomes

The primary outcome variable will be child-reported PTSS using a standardised selfreport post-treatment (see paragraph "Strategy for data synthesis" for further information). Proxy-reports (teacher, parent, and caregiver) will be analysed separately. The primary endpoint of post-treatment will be indexed as the assessment completed immediately after completion of trauma-focused cognitive behavioural therapy, less than one month after the final treatment session.

#### Secondary outcomes

Secondary outcomes will include: a) follow-up assessments of PTSS; b) PTSD diagnoses; and, c) symptoms of comorbid disorders such as depression, anxiety-related, and externalizing problems, reported via self- and proxy-reports. Follow-up lengths to be included comprise assessments between one month and two years following the completion of therapy. During analysis, studies including a follow-up assessment between one and three months post-treatment will be grouped to form a short-term follow-up, and any later assessment points will be grouped per six month period (i.e., 6 months, 12 months). This will result in analysis of

 follow-up outcomes in the short-term (1-3 months), and at 6, 12, 18, and 24 months post-treatment.

#### Search methods for identification of studies and obtaining datasets

Figure 1 depicts our multi-layered search method in order to obtain all potential studies, published and unpublished (in line with The PRISMA-IPD statement[18]).

#### Please insert Figure 1 here

*Figure 1*. Flow-chart showing data acquisition. IPD = individual participant data. NICE = National Institute for Health and Care Excellence.

#### Electronic searches

Publications identified by the latest NICE guideline for PTSD published in 2018 will be included (the NICE guideline search was completed on the 29<sup>th</sup> January 2018). To update the results of the NICE search, an electronic search using the same databases will be restricted to publications between the 1<sup>st</sup> January 2018 and 12<sup>th</sup> November 2019. We will replicate the NICE guideline search by using the same search terms related to trauma-focused cognitive behavioural therapies. We will exclude specific search terms that are not related to a psychosocial intervention and thereby unlikely to include a cognitive-behavioural therapy approach. This includes physiotherapy and biological interventions (e.g., Transcranial Magnetic Stimulation). We will also exclude specific terms defining any intervention that is not cognitive behaviour therapy-based, e.g., hypnosis or dance therapy. Finally, we will remove terms referring to occupational / return to work support.

Searches in the databases PsycINFO via EBSCOhost, MEDLINE via Ovid, Embase via Ovid, Cochrane Central Register of Controlled Trials (CENTRAL) via Cochrane Library, CINAHL via EBSCOhost will use the following search plan: (trauma\* OR stress\*) AND (cognitive therap\* OR psychotherap\*) AND (trial\* OR review\*) (see supplementary material for the full search strategy).

No language restrictions will be applied to the search, but only studies published in English will be included. Search results will be deduplicated in Endnote (by IK), then imported into Rayyan (a web-based tool for managing systematic reviews[19]). This will allow for blind screening by raters. Two raters will independently review title and abstract of the records identified in the electronic search. The raters will review the records according to the following exclusion criteria applying the same exclusion order: 1) duplicate; 2) language other than English; 3) review or meta-analysis; 4) no randomized trial; 5) no applicable age range extractable; 6) no manualised trauma-focused cognitive behavioural therapy; 7) group-format; 8) single-session treatment; 9) no assessment post-treatment; 10) no standardized outcome measure to assess PTSS; 11) no clinically relevant PTSS extractable; 12) comparison condition outside protocol. Records deemed ineligible from title and abstract by both raters will be set aside. Records appearing eligible (i.e. not meeting any exclusion criterion) or where eligibility can not be determined due to insufficient information in the abstract will proceed to the fulltext stage. Again, at the full-text stage, two raters will examine the remaining records independently. Any disagreements will be resolved via discussion with RMS, MAL, and TD.

#### Grey literature

Clinical trial registries and archives will be searched up to the 12<sup>th</sup> November 2019 using the following search string: (child\* OR adolesc\* OR youth OR young\*) AND (PTSD OR posttraumatic stress disorder). We will use the trial registries ClinicalTrials.gov and ISRCTN to identify any relevant unpublished trials, including those that are currently ongoing. Moreover, the archives PsyArXiv and bioRxiv will be searched to identify any relevant

#### **BMJ** Open

preprints up to 6 months prior (12<sup>th</sup> of May 2019) of the electronic search (12<sup>th</sup> of November 2019). Finally, we will check reference lists of included studies and relevant meta-analyses identified by the electronic search to make sure that all available trials will have been detected by the NICE guideline, our electronic search, and grey literature search.

#### Non-literature based searching

Key authors will be contacted via email to request any unpublished datasets, and Twitter will be used to raise awareness of the IPD-MA.

#### **Data collection**

Corresponding authors of eligible studies will be emailed to request data. A reminder email will be sent after two weeks. If an author does not respond after two emails, another author of the study will be contacted as well (either first, second, or last author). A second attempt to contact both authors together will follow. A maximum of three authors per article will be contacted. We will consider study data unavailable if no study authors respond to multiple contact attempts, or if authors indicate that they no longer have access to the data or do not wish to make their data available. A single person for each included study will be designated to whom all queries about the data collection processes and transformation of individual variables will be addressed. When cleaning and preparing a specific data set, communication with the original investigators will take place by email or telephone.

#### Data extraction, quality checks, and storage

The primary variables to be requested from study investigators are listed in Table 1. We aim to collect data on all of these variables from all studies, regardless of whether such data were previously published. For all outcomes, unimputed and untransformed data will be requested. Data will be cleaned and stored separately for each study. Spot checks will be completed to ensure data quality. The pattern of treatment allocation for each included study will be checked to ensure that randomisation and allocation sequence appear appropriate, in accordance with guidelines recommended by Tierney et al.[20]. For final checks before analysis and the statistical analyses, the datasets will be combined into a single dataset. Data will be stored in password-protected files on an encrypted University of Cambridge server.

#### Table 1

Treatment-related factors	Child-related factors	Outcomes
Descriptives	Demographics	
Trial identifier	Anonymised participant	
	identifier	
Country of completion	Gender	
Information about risk of bias	Age	
Type of trauma-focused	Ethnicity	
cognitive behavioural therapy		
Type of comparison group/s	Trauma type of index-event	
Number of sessions	Trauma history	
Length of treatment in weeks		
Involvement of caregivers		
Any potential covariates (e.g.,	Any potential covariates (e.g.,	Any related outcome variables
mode of administration,	pre-treatment levels of	(e.g., post-treatment level of
profession of therapists)	dysfunctional posttraumatic	dysfunctional posttraumatic
	cognitions, IQ, social support,	cognitions and changes in
	treatment expectancy,	coping behaviours)
	therapeutic alliance)	

Individual participant data to be extracted from included studies

	Psychological symptoms pre-	Psychological symptoms post-
	treatment	treatment and follow-up
	Pre-treatment self- and proxy-	Self- and proxy-reported PTSS
	reported PTSS	post-treatment and follow-up
	Pre-treatment self- and proxy-	Self- and proxy-reported
	reported depression symptoms	depression symptoms post-
		treatment and follow-up
	Pre-treatment self- and proxy-	Self- and proxy-reported
	reported anxiety-related	anxiety-related symptoms post
	symptoms	treatment and follow-up
0	Pre-treatment self- and proxy-	Self- and proxy-reported
	reported externalizing	externalizing problems post-
	problems	treatment and follow-up
	Diagnoses pre-treatment	Diagnoses post-treatment and
		follow-up
	Pre-treatment diagnostic status	Diagnostic status of PTSD
	of PTSD	post-treatment and follow-up
	Pre-treatment diagnostic status	Diagnostic status of comorbid
	of comorbid disorders	disorders post-treatment and
		follow-up
	4	
	Reason for missing data	Reason for missing data

*Note.* PTSS = posttraumatic stress symptoms. PTSD = posttraumatic stress disorder.

#### **Risk of bias**

Two raters will independently evaluate the risk of bias for the included studies by using the revised Cochrane Risk of Bias Tool (RoB 2[21]) to access study quality and risk of bias due to the randomisation process, deviations from intended interventions, missing outcome data, measurement of the outcome, and selection of the reported result. Each study will be rated as of high risk, some concerns, or low risk.

#### Strategy for data synthesis

Data will be analysed across a series of stages, in order to be guided by data availability and the degree of potential for harmonisation. Unimputed and untransformed data will be requested.

Firstly, for published studies, key variables will be re-analysed within each study (e.g., participant numbers per treatment condition, mean PTSS scores pre- and post-treatment, numbers gender, mean age), as to identify any potential inconsistencies in the supplied data.

Secondly, data will be harmonised as far as possible: (a) the definitions and scales of outcomes (e.g., standardizing PTSS total scores across different measures); (b) the timings of measurements (e.g., pre-treatment defined as the assessment directly before start of treatment; post-treatment defined as the assessment immediately after completing treatment, less than one month after the final treatment session); (c) the definitions, scales and/or subgroups used for covariates (e.g., the specific index trauma event will be grouped into accidental trauma, natural disaster, war trauma, or interpersonal trauma).

Thirdly, depending on the amount of missing data and whether missing at random assumptions are met, multiple imputation will be carried out.

Based on the step-wise approach described before, decisions may be made e.g. to put aside certain desired analyses or adjustment factors if it is felt that data are too limited and may bias results. Once the final constitution of the model has been agreed based on the above, we will proceed to the meta-analysis pooling itself. Note that modelling will be done for each outcome (as specified in Table 1) separately. All analyses will be completed using randomeffects models employing restricted maximum likelihood estimation. However, if there is considerable heterogeneity in the quality of studies (indexed by RoB 2), a sensitivity analysis will be completed comparing random-effects and fixed-effects models.

#### **BMJ** Open

Depending on the IPD data sets we receive, we will collect aggregate data (AD) from studies where IPD could not be obtained and combine it with the IPD to tackle inclusion bias[22]. In this case, sensitivity analyses will be performed comparing an IPD-only metaanalysis with a meta-analysis that combines IPD and AD.

One-stage approaches will be applied using the R software[23]. We will investigate the overall summary of treatment effect and we are further interested in the heterogeneity in treatment effect across- and within-studies. If the one-stage model fails to converge, a two-stage model will be calculated.

#### Hypothesis 1

A one-stage linear mixed effects (LME) model with random intercept and outcome baseline adjustment with different residual variance per study will be applied to analyse the effect of trauma-focused cognitive behavioural therapies on the continuous outcome of PTSS post-treatment. A mixed effects logistic regression model will be used to analyse the treatment effect on the binary outcome PTSD diagnosis post-treatment. Sensitivity analysis will be completed contrasting a (single) random intercept (as primary) with a separate fixed intercept for each study (as sensitivity). As described before, if the one-stage model fails to converge, a two-stage model will be completed.

#### Hypothesis 2a

We will use meta-regression to explore whether the overall effect of trauma-focused cognitive behavioural therapies varies in relation to treatment-related factors such as predefined intended length of treatment and pre-defined intended involvement of caregivers.

#### Hypothesis 2b

To investigate whether the overall effect of trauma-focused cognitive behavioural therapies varies by child-related factors such as age, gender, trauma type of index-event, trauma-history, and symptom severity pre-treatment, subject-level interactions will be investigated. Interaction term between treatment status and subject-level covariates will be specified[22].

Random-effects distributions for the interaction effects will be specified. Effects on the continuous primary outcome of PTSS post-treatment will be analysed using a one-stage LME model with random intercept to account for correlation between the interaction estimate and other parameter estimates. Patient-level covariates will be centred to separate within-trial and across-trial effects. A mixed effects logistic regression model for the binary secondary outcome of PTSD diagnosis post-treatment will be applied. Sensitivity analysis will be completed contrasting a (single) random intercept (as primary) with a separate fixed intercept for each study (as sensitivity). As described before, if the one-stage model fails to converge, a two-stage model will be completed.

#### Additional analyses with sub-samples

Depending on the data provided, we will investigate further treatment-related factors such as pre-defined mode of administration, profession of therapists, and treatment expectancy pre-treatment. Moreover, additional child-related factors such as comorbidity pre-treatment, pre-treatment levels of dysfunctional posttraumatic cognitions, IQ, and pre-treatment parental mental health will be addressed.

#### Future analyses

In future investigations of the obtained data, we plan to conduct mediation analyses within the IPD-MA context to evaluate mechanisms of action of trauma-focused cognitive behavioural therapies. The most promising candidates seem to be changes in targeted cognitive and behavioural processes; for example, improvements in dysfunctional posttraumatic cognitions of the child regarding being permanently and disturbingly changed, or feeling vulnerable[24-26], as well as changes in safety-seeking behaviours[25].

Moreover, we are aiming to investigate non-responding, deterioration, and possible predictors for dropping out from trauma-focused cognitive behavioural therapies across studies.

#### **AUTHORS' CONTRIBUTIONS**

AdH, CH, RMS, MAL, and TD designed the project. IK, MB, KK, SDP, and DJF contributed to study methods. All authors critically reviewed and approved the final manuscript.

#### **COMPETING INTERESTS STATEMENT**

The authors declare that they have no competing interests.

## **FUNDING STATEMENT**

Anke de Haan is funded by the Swiss National Science Foundation (Grant Reference: P2ZHP1\_187612). Caitlin Hitchcock and Shivam D. Patel are partly supported by the Economic and Social Research Council (Grant Reference: ES/R010781/1). Melissa Black is partly supported by the National Institute for Health Research Cambridge Biomedical Research Centre. Kristel Klaus is funded by the UK Medical Research Council (Grant Reference: MC\_PC\_17213). David J. Fisher is funded by the UK Medical Research Council (Grant Reference: MC\_UU\_12023/24). Tim Dalgleish is funded by the UK Medical Research Council (Grant Reference: SUAG/043 G101400) and partly supported by the National Institute for Health Research Centre.

2	
2	
3	
4	
5	
5 6 7	
-	
7	
8	
8 9 10	
10	
11	
11	
11 12 13 14 15 16 17	
13	
14	
15	
16	
10	
17	
18	
19	
20	
21	
20 21 22 23 24 25 26 27	
22	
23	
24	
25	
26	
20	
27	
28	
29	
30	
31	
27	
32 33 34 35 36 37	
33	
34	
35	
36	
27	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	

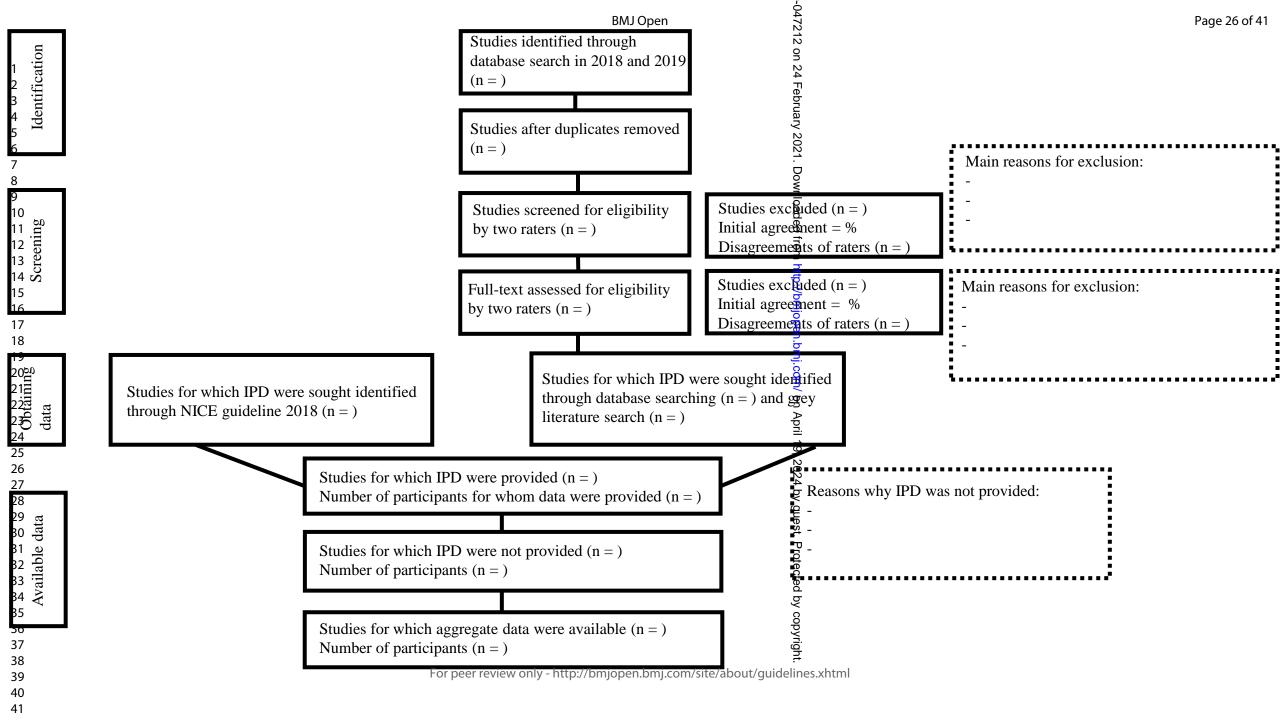
#### REFERENCES

- 1. Forbes D, Creamer M, Bisson JI, et al. A guide to guidelines for the treatment of PTSD and related conditions. J Trauma Stress 2010;23(5):537-52. doi: 10.1002/jts.20565 2. Cohen JA, Mannarino AP, Deblinger E. Treating trauma and traumatic grief in children and adolescents. New York, NY, US: Guilford Press, 2006. 3. Smith P, Perrin S, Yule W, et al. Post traumatic stress disorder: cognitive therapy with children and young people. London: Routledge 2010. 4. Foa EB, Chrestman K, Gilboa-Schechtman E. Prolonged exposure manual for children and adolescents suffering from PTSD. New York, NY, US: Oxford University Press 2008. 5. Schauer M, Neuner F, Elbert T. Narrative Exposure Therapy for Children and Adolescents (KIDNET). In: Landolt MA, Cloitre M, Schnyder U, eds. Evidence-based treatments for trauma related disorders in children and adolescents. Cham: Springer International Publishing 2017:227-50. 6. National Institute for Health and Care Excellence. Post-traumatic stress disorder NICE guideline [NG116]. 2018. https://www.nice.org.uk/guidance/ng116/evidence (accessed 10.2019). 7. Dorsey S, McLaughlin KA, Kerns SEU, et al. Evidence base update for psychosocial treatments for children and adolescents exposed to traumatic events. J Clin Child Adolesc Psychol 2017;46(3):303-30. doi: 10.1080/15374416.2016.1220309
- B. Gutermann J, Schreiber F, Matulis S, et al. Psychological treatments for symptoms of posttraumatic stress disorder in children, adolescents, and young adults: a meta-analysis. *Clin Child Fam Psychol Rev* 2016;19:77–93. doi: 10.1007/s10567-016-0202-5
- 9. Lenz AS, Hollenbaugh KM. Meta-analysis of trauma-focused cognitive behavioral therapy for treating PTSD and co-occurring depression among children and adolescents.

*Counseling Outcome Research and Evaluation* 2015;6(1):18-32. doi: 10.1177/2150137815573790

- Mavranezouli I, Megnin-Viggars O, Daly C, et al. Psychological and psychosocial treatments for children and young people with post-traumatic stress disorder: a network meta-analysis. *J Child Psychol Psychiatry* 2020;61(1):18-29. doi: 10.1111/jcpp.13094
- Morina N, Koerssen R, Pollet TV. Interventions for children and adolescents with posttraumatic stress disorder: a meta-analysis of comparative outcome studies. *Clin Psychol Rev* 2016;47:41-54. doi: 10.1016/j.cpr.2016.05.006
- Deblinger E, Mannarino AP, Cohen JA, et al. Trauma-focused cognitive behavioral therapy for children: impact of the trauma narrative and treatment length. *Depress Anxiety* 2011;28(1):67-75. doi: 10.1002/da.20744
- Goldbeck L, Muche R, Sachser C, et al. Effectiveness of trauma-focused cognitive behavioral therapy for children and adolescents: a randomized controlled trial in eight German mental health clinics. *Psychother Psychosom* 2016;85(3):159-70.
- 14. Knutsen M, Jensen TK. Changes in the trauma narratives of youth receiving trauma-focused cognitive behavioral therapy in relation to posttraumatic stress symptoms. *Psychother Res* 2019;29(1):99-111. doi: 10.1080/10503307.2017.1303208
- 15. Ormhaug SM, Jensen TK, Wentzel-Larsen T, et al. The therapeutic alliance in treatment of traumatized youths: relation to outcome in a randomized clinical trial. J Consult Clin Psychol 2014;82(1):52-64. doi: 10.1037/a0033884
- 16. Ready CB, Hayes AM, Yasinski CW, et al. Overgeneralized beliefs, accommodation, and treatment outcome in youth receiving trauma-focused cognitive behavioral therapy for childhood trauma. *Behav Ther* 2015;46(5):671-88. doi: 10.1016/j.beth.2015.03.004
- Yasinski C, Hayes AM, Ready CB, et al. In-session caregiver behavior predicts symptom change in youth receiving trauma-focused cognitive behavioral therapy (TF-CBT). J Consult Clin Psychol 2016;84(12):1066-77. doi: 10.1037/ccp0000147

18. Stewart LA, Clarke M, Rovers M, et al. Preferred reporting items for systematic review and		
meta-analyses of individual participant data: the PRISMA-IPD statement. JAMA		
2015;313(16):1657-65. doi: 10.1001/jama.2015.3656		
19. Ouzzani M, Hammady H, Fedorowicz Z, et al. Rayyan - a web and mobile app for		
systematic reviews. Syst Rev 2016;5(1):210. doi: 10.1186/s13643-016-0384-4		
20. Tierney JF, Vale C, Riley R, et al. Individual participant data (IPD) meta-analyses of		
randomised controlled trials: guidance on their use. PLoS Med 2015;12(7):e1001855.		
doi: 10.1371/journal.pmed.1001855		
21. Sterne JAC, Savović J, Page MJ, et al. RoB 2: a revised tool for assessing risk of bias in		
randomised trials. BMJ 2019;366:14898. doi: 10.1136/bmj.14898		
22. Debray TP, Moons KG, van Valkenhoef G, et al. Get real in individual participant data		
(IPD) meta-analysis: a review of the methodology. Res Synth Methods 2015;6(4):293-		
309. doi: 10.1002/jrsm.1160		
23. R Core Team. R: a language and environment for statistical computing. Vienna: R		
Foundation for Statistical Computing 2020.		
24. Jensen TK, Holt T, Mørup Ormhaug S, et al. Change in post-traumatic cognitions mediates		
treatment effects for traumatized youth - a randomized controlled trial. J Couns Psychol		
2018;65(2):166-77. doi: 10.1037/cou0000258		
25. Meiser-Stedman R, Smith P, McKinnon A, et al. Cognitive therapy as an early treatment		
for post-traumatic stress disorder in children and adolescents: a randomized controlled		
trial addressing preliminary efficacy and mechanisms of action. J Child Psychol		
Psychiatry 2017;58(5):623-33. doi: 10.1111/jcpp.12673		
26. Pfeiffer E, Sachser C, de Haan A, et al. Dysfunctional posttraumatic cognitions as a		
mediator of symptom reduction in trauma-focused cognitive behavioral therapy with		
children and adolescents: results of a randomized controlled trial. Behav Res Ther		
2017;97:178-82. doi: 10.1016/j.brat.2017.08.001		



## Search strategy de Haan et al.

Database	Number of hits
Medline	1913
Embase	2000
CINAHL	2506
Cochrane	2413
PsycINFO	2105
Total	10937
Total deduplicated	7091

Searches run 12th November 2019

Limited by publication date 2018 to date

\_\_\_\_\_

## Medline

Database: Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Daily and Versions(R) <1946 to November 08, 2019>

Search Strategy:

1 stress disorders, traumatic/ or combat disorders/ or psychological trauma/ or stress disorders, post-traumatic/ or stress disorders, traumatic, acute/ or stress, psychological/ (147421)

2 (railway spine or (rape adj2 trauma\*) or reexperienc\* or re experienc\* or torture syndrome or traumatic neuros\* or traumatic stress).ti,ab. (15096)

3 (trauma\* and (avoidance or grief or horror or death\* or nightmare\* or night mare\* or emotion\*)).ti,ab.
(35178)

4 (posttraumatic\* or post traumatic\* or stress disorder\* or acute stress or ptsd or asd or desnos or (combat neuros\* or combat syndrome or concentration camp syndrome or extreme stress or flashback\* or flash back\* or hypervigilan\* or hypervigilen\* or psych\* stress or psych\* trauma\* or psycho?trauma\* or psychotrauma\*) or (posttrauma\* or traumagenic\* or traumatic stress\*)).ti,ab. (106800)

5 or/1-4 (245567)

6 psychotherapy/ (53279)

7 (((psycholog\* or psycho social\* or psychosocial\*) adj3 (intervention\* or program\* or therap\* or treat\*)) or psychotherap\* or psycho therap\* or talk\* therap\* or therapeutic technique\* or therapist\* or third wave or time limited).ti,ab,sh. (144180)

8 exp behavior therapy/ (72171)

9 (((behaviour\* or behavior\*) adj2 cognitiv\*) or cbt or ccbt or ((behav\* or cognitive\*) adj3 (intervention\* or manag\* or program\* or restructure\* or therap\* or treat\*)) or (stress inoculation adj2 (intervention\* or program\* or therap\* or treat\*)) or (behav\* adj2 activat\*) or ((trauma adj (based or focused or led)) or exposure based or prolonged exposure)).ti,ab. (115271)

10 emotions/ (63893)

11 (((compassion or emotion\* or emotive\*) adj (based or focused or led)) or emotional processing or ((compassion or emotion\* or emotive\*) adj3 (coach\* or intervention\* orprogram\* or therap\* or treat\*))).ti,ab. (7907)

12 implosive therapy/ or narrative therapy/ or virtual reality exposure therapy/ (1886)

13 (((augmented or virtual) adj2 reality) or (virtual adj (environment or restorative)) or ((exposure or implosive or virtual reality) adj2 (intervention\* or program\* or therap\* or train\*))).ti,ab. (16289)

14 ((imagery adj2 (rehears\* or re hears\*)) or (((lower\* or reduc\*) adj3 (bad dream\* or nightmare\*)) and (intervention\* or program\* or therap\* or treat\*)) or ((intervention\* or program\* or therap\* or treat\*) adj3 nightmare\*)).mp. or ((presleep or presleep) adj2 imagery).ti,ab. (267)

15 (mindfulness or ((exposure or narrative) adj therapy)).sh. (2743)

16 (kidnet or mindful\* or narrative therap\*).ti,ab. (8835)

17 debrief\*.ti,ab. (3803)

18 eye movement desensitization reprocessing/ (205)

19 (emdr or (eye movement adj2 desensiti\*)).ti,ab. (671)

20 psychotherapy, psychodynamic/ (529)

21 (psychodynamic or (dynamic adj (psychotherapy\* or therap\*)) or incident reduction or ((brain or transcranial) adj2 stimulat\*) or rtms).ti,ab. (36027)

22 (psychoanal\* or psychosomatic\*).ti,ab. (26156)

exp counseling/ (42669)

24 counsel\*.ti,ab. (103170)

25 (hg therap\* or human givens).ti,ab. (14)

26 couples therapy/ or family therapy/ or marital therapy/ or exp parents/ed (22720)

27 (((con?joint or couple\* or family or families or husband\* or marriage\* or marital\* or partner\* or relations\* or spous\* or wife or wives\* or (child\* adj5 parent\*)) adj6 (counsel\* or intervention\* or program\* or support\* or therap\* or treat\*)) or ((couples\* or family\* or relations\*) adj (based or focused or led)) or ecological therap\* or expressed emotion or family dynamics or family relationships).tw. (171018)

28 ((child\* adj2 family traumatic stress intervention) or cftsi).ti,ab. (2)

29 psychoeducation.sh. or (psychoed\* or psycho ed\*).ti,ab. (5975)

30 community networks/ or friends/ or exp peer group/ or self care/ or self-help groups/ or social networking/ or social support/ (133084)

31 ((self adj (administer\* or assess\* or attribut\* or care or change or directed or efficacy or help\* or guide\* or instruct\* or manag\* or medicat\* or monitor\* or regulat\* or reinforc\* or re inforc\* or support\* or technique\* or therap\* or train\* or treat\*)) or selfadminister\* or selfassess\* or selfattribut\* or selfcare or selfchange or selfdirected or selfefficacy or selfhelp\* or selfguide\* or selfinstruct\* or selfmanag\* or selfmedicat\* or selfmonitor\* or selfregulat\* or selfreinforc\* or self re inforc\* or selfsupport\* or selftechnique\* or selftherap\* or selftrain\* or selftreat\* or (wellness adj (therap\* or train\* or treat\*))).ti,ab,sh. (139336)

32 (befriend\* or be\*1 friend\* or buddy or buddies or ((community or lay or paid or support) adj (person or worker\*))).ti,ab. (3080)

33 (((consumer\* or famil\* or friend\* or lay or mutual\* or peer\* or social\* or spous\* or voluntary or volunteer\*) adj3 (assist\* or advice\* or advis\* or counsel\* or educat\* or forum\* or help\* or mentor\* or network\* or support\* or visit\*)) or ((consumer\* or famil\* or peer\* or self help or social\* or support\* or voluntary or voluntary or volunteer\*) adj2 group\*) or ((consumer\* or famil\* or friend\* or lay or mutual\* or peer\* or self

For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml

# BMJ Open

help or social\* or spous\* or support\* or voluntary or volunteer\*) adj3 (intervention\* or program\* or rehab\* or therap\* or service\* or skill\* or treat\*)) or (((consumer\* or famil\* or friend\* or lay\* or peer\* or spous\* or user\* or support\* or voluntary or volunteer\*) adj (based or counsel\* or deliver\* or interact\* or led or mediat\* or operated or provides or provider\* or run\*)) or ((consumer\* or famil\* or friend\* or lay\* or peer\* or relation\* or spous\* or support\*) adj3 trust\*) or voluntary work\*)).ti,ab. (314043)

34 (((lay or peer\*) adj3 (advis\* or consultant or educator\* or expert\* or facilitator\* or instructor\* or leader\* or mentor\* or person\* or tutor\* or worker\*)) or expert patient\* or mutual aid).ti,ab. (6617)

35 (peer\* adj3 (assist\* or counsel\* or educat\* or program\* or rehab\* or service\* or supervis\*)).ti,ab. (5735)

36 ((psychoeducat\* or psycho educat\*) adj3 (group or network\* or service\*)).ti,ab. (774)

37 ((psychosocial or social) adj work\*).ti,ab. (15927)

38 ((ptsd or posttrauma\* or post trauma\* or trauma\*) adj2 support\*).ti,ab. (1565)

39 recovery support.ti,ab. (173)

40 assisted living facilities/ or emergency shelter/ or group homes/ or halfway houses/ or housing/ or independent living/ or residential facilities/ (30265)

41 ((resident\* or hous\* or accommod\* or commun\* or comu\* or home\*) adj5 (support\* or support\* or shelter\* or outreach\* or visit\* or appointment\*)).ti,ab. (50036)

42 (residential treatm\* or residential facility\* or supported hous\* or public hous\*).ti,ab. (3249)

43 (accomod\* or assertive community treatment\* or home\* or housing\* or outreach\* or residential\*).ti,ab.(525321)

44 placement.ti,ab. (122669)

45 or/6-44 (1653237)

46 meta analysis.sh,pt. or "meta-analysis as topic"/ or "review literature as topic"/ (129841)

47 (exp databases, bibliographic/ or (((electronic or computer\* or online) adj database\*) or bids or cochrane or embase or index medicus or isi citation or medline or psychit or psychit or scisearch or science citation or (web adj2 science)).ti,ab.) and (review\*.ti,ab,sh,pt. or systematic\*.ti,ab.) (163499)

48 ((analy\* or assessment\* or evidence\* or methodol\* or quantativ\* or systematic\*) adj2 (overview\* or review\*)).tw. or ((analy\* or assessment\* or evidence\* or methodol\* or quantativ\* or systematic\*).ti. and review\*.ti,pt.) or (systematic\* adj2 search\*).ti,ab. (329117)

49 (metaanal\* or meta anal\* or (research adj (review\* or integration))).ti,ab. or reference list\*.ab. or bibliograph\*.ab. or published studies.ab. or relevant journals.ab. or selection criteria.ab. or (data adj (extraction or synthesis)).ab. or (handsearch\* or ((hand or manual) adj search\*)).ti,ab. or (mantel haenszel or peto or dersimonian or der simonian).ti,ab. or (fixed effect\* or random effect\*).ti,ab. or ((pool\* or combined or combining) adj2 (data or trials or studies or results)).ti,ab. (300023)

50 or/46-49 (562928)

51 exp clinical trial/ or exp "clinical trials as topic"/ or cross-over studies/ or double-blind method/ or placebos/ or random allocation/ or single-blind method/ (1194973)

52 ((clinical adj2 trial\*) or (crossover or cross over)).ti,ab. (429760)

53 (((single\* or doubl\* or trebl\* or tripl\*) adj2 blind\*) or mask\* or dummy or doubleblind\* or singleblind\* or trebleblind\* or tripleblind\*).ti,ab. (240549)

54 (placebo\* or random\*).ti,ab. (1162532)

55 or/51-54 (2043304)

56 5 and 45 and (50 or 55) (12008)

- 57 animals/ not human\*.mp. (4342443)
- 58 56 not 57 (11757)
- 59 limit 58 to yr="2018 -Current" (1913)

\*\*\*\*\*

# Embase

Database: Embase <1974 to 2019 November 08>

Search Strategy:

1 \*acute stress/ or \*behavioural stress/ or \*emotional stress/ or \*critical incident stress/ or \*mental stress/ or \*posttraumatic stress disorder/ or \*psychotrauma/ (69082)

2 (trauma\* and (avoidance or grief or horror or death\* or nightmare\* or night mare\* or emotion\*)).ti,ab. (50168)

3 (railway spine or (rape adj2 trauma\*) or reexperienc\* or re experienc\* or torture syndrome or traumatic neuros\* or traumatic stress).ti,ab. (20306)

4 (posttraumatic\* or post traumatic\* or stress disorder\* or acute stress or ptsd or asd or desnos or (combat neuros\* or combat syndrome or concentration camp syndrome or extreme stress or flashback\* or flash back\* or hypervigilan\* or hypervigilen\* or psych\* stress or psych\* trauma\* or psycho?trauma\* or psychotrauma\*) or (posttrauma\* or traumagenic\* or traumatic stress\*)).ti,ab. (139168)

5 or/1-4 (212899)

6 \*psychotherapy/ (38266)

7 exp \*behavior therapy/ or exp \*cognitive therapy/ (29422)

8 (((psycholog\* or psycho social\* or psychosocial\*) adj3 (intervention\* or program\* or therap\* or treat\*)) or psychotherap\* or psycho therap\* or talk\* therap\* or therapeutic technique\* or therapist\* or third wave or time limited).ti,ab,sh. (246754)

9 (((behaviour\* or behavior\*) adj2 cognitiv\*) or cbt or ccbt or ((behav\* or cognitive\*) adj3 (intervention\* or manag\* or program\* or restructure\* or therap\* or treat\*)) or (stress inoculation adj2 (intervention\* or program\* or therap\* or train\* or treat\*)) or (behav\* adj2 activat\*) or ((trauma adj (based or focused or led)) or exposure based or prolonged exposure)).ti,ab. (158532)

10 \*emotion/ (28919)

11 (((compassion or emotion\* or emotive\*) adj (based or focused or led)) or emotional processing or ((compassion or emotion\* or emotive\*) adj3 (coach\* or intervention\* orprogram\* or therap\* or treat\*))).ti,ab. (10888)

12 exposure therapy/ or narrative therapy/ or virtual reality exposure therapy/ (1602)

13 (((augmented or virtual) adj2 reality) or (virtual adj (environment or restorative)) or ((exposure or implosive or virtual reality) adj2 (intervention\* or program\* or therap\* or train\*))).ti,ab. (21776)

### **BMJ** Open

14 ((imagery adj2 (rehears\* or re hears\*)) or (((lower\* or reduc\*) adj3 (bad dream\* or nightmare\*)) and (intervention\* or program\* or therap\* or treat\*)) or ((intervention\* or program\* or therap\* or treat\*) adj3 nightmare\*)).mp. or ((presleep or presleep) adj2 imagery).ti,ab. (454)

- 15 (mindfulness or ((exposure or narrative) adj therapy)).sh. (23980)
- 16 (kidnet or mindful\* or narrative therap\*).ti,ab. (12154)
- 17 debrief\*.ti,ab. (6509)
- 18 (emdr or (eye movement adj2 desensiti\*)).ti,ab. (925)
- 19 psychodynamic psychotherapy/ (1214)

20 (psychodynamic or (dynamic adj (psychotherapy\* or therap\*)) or incident reduction or ((brain or transcranial) adj2 stimulat\*) or rtms).ti,ab. (53209)

- 21 (psychoanal\* or psychosomatic\*).ti,ab. (35159)
- 22 exp counseling/ (159666)
- 23 counsel\*.ti,ab. (148163)
- 24 (hg therap\* or human givens).ti,ab. (21)
- 25 couple therapy/ or family therapy/ or marital therapy/ or exp parent/ (246712)

26 (((con?joint or couple\* or family or families or husband\* or marriage\* or marital\* or partner\* or relations\* or spous\* or wife or wives\* or (child\* adj5 parent\*)) adj6 (counsel\* or intervention\* or program\* or support\* or therap\* or treat\*)) or ((couples\* or family\* or relations\*) adj (based or focused or led)) or ecological therap\* or expressed emotion or family dynamics or family relationships).tw. (226599)

27 ((child\* adj2 family traumatic stress intervention) or cftsi).ti,ab. (6)

28 psychoeducation.sh. or (psychoed\* or psycho ed\*).ti,ab. (12914)

29 friendship/ or peer counseling/ or peer group/ or self help/ or self care/ or social network/ or social support/ or support group/ (193307)

30 ((self adj (administer\* or assess\* or attribut\* or care or change or directed or efficacy or help\* or guide\* or instruct\* or manag\* or medicat\* or monitor\* or regulat\* or reinforc\* or re inforc\* or support\* or technique\* or therap\* or train\* or treat\*)) or selfadminister\* or selfassess\* or selfattribut\* or selfcare or selfchange or selfdirected or selfefficacy or selfhelp\* or selfguide\* or selfinstruct\* or selfmanag\* or selfmedicat\* or selfmonitor\* or selfregulat\* or selfreinforc\* or self re inforc\* or selfsupport\* or selftechnique\* or selfterap\* or selftrain\* or selftreat\* or (wellness adj (therap\* or train\* or treat\*))).ti,ab,sh. (188037)

31 (befriend\* or be\*1 friend\* or buddy or buddies or ((community or lay or paid or support) adj (person or worker\*))).ti,ab. (4130)

32 (((consumer\* or famil\* or friend\* or lay or mutual\* or peer\* or social\* or spous\* or voluntary or volunteer\*) adj3 (assist\* or advice\* or advis\* or counsel\* or educat\* or forum\* or help\* or mentor\* or network\* or support\* or visit\*)) or ((consumer\* or famil\* or peer\* or self help or social\* or support\* or voluntary or volunteer\*) adj2 group\*) or ((consumer\* or famil\* or friend\* or lay or mutual\* or peer\* or self help or social\* or spous\* or support\* or voluntary or volunteer\*) adj3 (intervention\* or program\* or rehab\* or therap\* or service\* or skill\* or treat\*)) or (((consumer\* or famil\* or friend\* or lay\* or peer\* or spous\* or user\* or support\* or voluntary or volunteer\*) adj3 (based or counsel\* or deliver\* or interact\* or led or mediat\* or operated or provides or provider\* or run\*)) or ((consumer\* or famil\* or friend\* or lay\* or peer\* or relation\* or spous\* or support\*) adj3 trust\*) or voluntary work\*)).ti,ab. (410161)

33 (((lay or peer\*) adj3 (advis\* or consultant or educator\* or expert\* or facilitator\* or instructor\* or leader\* or mentor\* or person\* or tutor\* or worker\*)) or expert patient\* or mutual aid).ti,ab. (8679)

34 (peer\* adj3 (assist\* or counsel\* or educat\* or program\* or rehab\* or service\* or supervis\*)).ti,ab. (7548)

35 ((psychoeducat\* or psycho educat\*) adj3 (group or network\* or service\*)).ti,ab. (1226)

- 36 ((psychosocial or social) adj work\*).ti,ab. (22915)
- 37 ((ptsd or posttrauma\* or post trauma\* or trauma\*) adj2 support\*).ti,ab. (1890)
- 38 recovery support.ti,ab. (216)

39 assisted living facility/ or emergency shelter/ or halfway house/ or housing/ or independent living/ or residential home/ (36467)

40 ((resident\* or hous\* or accommod\* or commun\* or comu\* or home\*) adj5 (support\* or support\* or shelter\* or outreach\* or visit\* or appointment\*)).ti,ab. (66837)

41 (residential treatm\* or residential facility\* or supported hous\* or public hous\*).ti,ab. (3836)

42 (accomod\* or assertive community treatment\* or home\* or housing\* or outreach\* or residential\*).ti,ab.(693104)

- 43 placement.ti,ab. (174618)
- 44 or/6-43 (2352266)
- 45 meta analysis/ or "meta analysis (topic)"/ or systematic review/ (349285)

46 (exp bibliographic database/ or (((electronic or computer\* or online) adj database\*) or bids or cochrane or embase or index medicus or isi citation or medline or psyclit or psychlit orscisearch or science citation or (web adj2 science)).ti,ab.) and (review\*.ti,ab,sh,pt. or systematic\*.ti,ab.) (223431)

47 ((analy\* or assessment\* or evidence\* or methodol\* or quantativ\* or systematic\*) adj2 (overview\* or review\*)).tw. or ((analy\* or assessment\* or evidence\* or methodol\* or quantativ\* or systematic\*).ti. and review\*.ti,pt.) or (systematic\* adj2 search\*).ti,ab. (392909)

48 (metaanal\* or meta anal\* or (research adj (review\* or integration))).ti,ab. or reference list\*.ab. or bibliograph\*.ab. or published studies.ab. or relevant journals.ab. or selection criteria.ab. or (data adj (extraction or synthesis)).ab. or (handsearch\* or ((hand or manual) adj search\*)).ti,ab. or (mantel haenszel or peto or dersimonian or der simonian).ti,ab. or (fixed effect\* or random effect\*).ti,ab. or ((pool\* or combined or combining) adj2 (data or trials or studies or results)).ti,ab. (393628)

49 or/45-48 (775067)

50 exp "clinical trial (topic)"/ or exp clinical trial/ or crossover procedure/ or double blind procedure/ or placebo/ or randomization/ or random sample/ or single blind procedure/ (1962363)

- 51 (clinical adj2 trial\*).ti,ab. (504366)
- 52 (crossover or cross over).ti,ab. (101345)

53 (((single\* or doubl\* or trebl\* or tripl\*) adj2 blind\*) or mask\* or dummy or doubleblind\* or singleblind\* or trebleblind\* or tripleblind\*).ti,ab. (323907)

54 (placebo\* or random\*).ti,ab. (1578946)

55 or/50-54 (2965134)

- 56 5 and 44 and (49 or 55) (10225)
- 57 animals/ not human\*.mp. (857762)
- 58 56 not 57 (10209)
- 59 limit 58 to yr="2018 -Current" (2000)

******	******	
Psycl	NFO	
#	Query	Resu
	s59 not s60 Limiters - Publication Year: 2018-2020	
S64		2,10
S63		277,
S62		1,76
S61	s59 not s60	16,0
S60	animal not human	289,4
S59	S5 AND S48 AND S58	16,2
S58	S56 OR S57	765,4
S57	( (clinical trials or placebo or random sampling) ) OR (clinical adj2 trial*) OR ( crossover or cross over ) OR ( (((single* or doubl* or trebl* or tripl*) n2 blind*) or mask* or dummy or doubleblind* or singleblind* or trebleblind* or tripleblind*) ) OR ( placebo* or random* ) OR treatment outcome*	347,
S56	S49 OR S50 OR S51 OR S52 OR S53 OR S54 OR S55	468,
S55	( metaanal* or meta anal* or (research n1 (review* or integration)) ) OR ( reference list* or bibliograph* or published studies or relevant journals or selection criteria ) OR ( (data n1 (extraction or synthesis)) ) OR ( (handsearch* or ((hand or manual) n1 search*)) ) OR ( (mantel haenszel or peto or dersimonian or der simonian) ) OR ( (fixed effect* or random effect*) ) OR ( ((pool* or combined or combining) n2 (data or trials or studies or results)) )	142,
S54	(systematic* n2 search*)	6,25
S53	( analy* or assessment* or evidence* or methodol* or quantativ* or systematic* ) AND review*	297,
<b>S</b> 52	((analy* or assessment* or evidence* or methodol* or quantativ* or systematic*) n2 (overview* or review*))	317,
S51	( ((electronic or computer* or online) n1 database*) or bids or cochrane or embase or index medicus or isi citation or medline or psyclit or psychlit or scisearch or science citation or (web n2 science) ) AND ( review* or systematic* )	53,7
S50	computer searching	1,60

S49	( (literature review or meta analysis) ) OR systematic review	138,174
	S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35 OR S36 OR S37 OR S38 OR S39 OR S40 OR S41 OR S42 OR	
S48	S43 OR S44 OR S45 OR S46 OR S47	1,682,227
S47	TI ( placement or student placement ) OR AB placement	26,717
S46	TI ( (accomod* or assertive community treatment* or home* or housing* or outreach* or residential*) ) OR AB ( (accomod* or assertive community treatment* or home* or housing* or outreach* or residential*) )	190,252
S45	TI ( (residential treatm* or residential facility* or supported hous* or public hous*) ) OR AB ( (residential treatm* or residential facility* or supported hous* or public hous*) )	9,115
S44	TI ( ((resident* or hous* or accommod* or commun* or comu* or home*) n5 (support* or support* or shelter* or outreach* or visit* or appointment*)) ) OR AB ( ((resident* or hous* or accommod* or commun* or comu* or home*) n5 (support* or support* or shelter* or outreach* or visit* or appointment*)) )	39,683
S43	TI ( ((resident* or hous* or accommod* or commun* or comu* or home*) adj5 (support* or support* or shelter* or outreach* or visit* or appointment*)) ) OR AB ( ((resident* or hous* or accommod* or commun* or comu* or home*) adj5 (support* or support* or shelter* or outreach* or visit* or appointment*)) )	0
S42	(((((DE "Assisted Living") OR (DE "Shelters")) OR (DE "Group Homes")) OR (DE "Halfway Houses")) OR (DE "Housing")) OR (DE "Residential Care Institutions")	19,622
S41	TI recovery support OR AB recovery support	2,144
S40	TI ( ((ptsd or posttrauma* or post trauma* or trauma*) n2 support*) ) OR AB ( ((ptsd or posttrauma* or post trauma* or trauma*) n2 support*) )	1,570
S39	TI ( ((psychosocial or social) n1 work*) ) OR AB ( ((psychosocial or social) n1 work*) )	48,187
S38	TI ( ((psychoeducat* or psycho educat*) n3 (group or network* or service*)) ) OR AB ( ((psychoeducat* or psycho educat*) n3 (group or network* or service*)) )	1,967
S37	TI ( (peer* n3 (assist* or counsel* or educat* or program* or rehab* or service* or supervis*)) ) OR AB ( (peer* n3 (assist* or counsel* or educat* or program* or rehab* or service* or supervis*)) )	7,910
S36	TI ( (((lay or peer*) n3 (advis* or consultant or educator* or expert* or facilitator* or instructor* or leader* or mentor* or person* or tutor* or	10,195

#### **BMJ** Open

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
49 50	
50 51	
52	
53	
54	
55	
56	
57	

58

59

60

S35

S34

S33

worker\*)) or expert patient\* or mutual aid) ) OR AB ( (((lay or peer\*) n3 (advis\* or consultant or educator\* or expert\* or facilitator\* or instructor\* or leader\* or mentor\* or person\* or tutor\* or worker\*)) or expert patient\* or mutual aid) )

TI ( (((consumer\* or famil\* or friend\* or lay or mutual\* or peer\* or social\* or spous\* or voluntary or volunteer\*) n3 (assist\* or advice\* or advis\* or counsel\* or educat\* or forum\* or help\* or mentor\* or network\* or support\* or visit\*)) or ((consumer\* or famil\* or peer\* or self help or social\* or support\* or voluntary or volunteer\*) n2 group\*) or ((consumer\* or famil\* or friend\* or lay or mutual\* or peer\* or self help or social\* or spous\* or support\* or voluntary or volunteer\*) n3 (intervention\* or program\* or rehab\* or therap\* or service\* or skill\* or treat\*)) or (((consumer\* or famil\* or friend\* or lay\* or peer\* or spous\* or user\* or support\* or voluntary or volunteer\*) n1 (based or counsel\* or deliver\* or interact\* or led or mediat\* or operated or provides or provider\* or run\*)) or ((consumer\* or famil\* or friend\* or lay\* or peer\* or relation\* or spous\* or support\*) n3 trust\*) or voluntary work\*)) ) OR AB ( (((consumer\* or famil\* or friend\* or lay or mutual\* or peer\* or social\* or spous\* or voluntary or volunteer\*) n3 (assist\* or advice\* or advis\* or counsel\* or educat\* or forum\* or help\* or mentor\* or network\* or support\* or visit\*)) or ((consumer\* or famil\* or peer\* or self help or social\* or support\* or voluntary or volunteer\*) n2 group\*) or ((consumer\* or famil\* or friend\* or lay or mutual\* or peer\* or self help or social\* or spous\* or support\* or voluntary or volunteer\*) n3 (intervention\* or program\* or rehab\* or therap\* or service\* or skill\* or treat\*)) or (((consumer\* or famil\* or friend\* or lay\* or peer\* or spous\* or user\* or support\* or voluntary or volunteer\*) n1 (based or counsel\* or deliver\* or interact\* or led or mediat\* or operated or provides or provider\* or run\*)) or ((consumer\* or famil\* or friend\* or lay\* or peer\* or relation\* or spous\* or support\*) n3 trust\*) or voluntary work\*)) )

TI ( (befriend\* or be# friend\* or buddy or buddies or ((community or lay or paid or support) n1 (person or worker\*))) ) OR AB ( (befriend\* or be# friend\* or buddy or buddies or ((community or lay or paid or support) n1 (person or worker\*))) )

SU ( ((self n1 (administer\* or assess\* or attribut\* or care or change or directed or efficacy or help\* or guide\* or instruct\* or manag\* or medicat\* or monitor\* or regulat\* or reinforc\* or re inforc\* or support\* or technique\* or therap\* or train\* or treat\*)) or selfadminister\* or selfassess\* or selfattribut\* or selfcare or selfchange or selfdirected or selfefficacy or selfhelp\* or selfguide\* or selfinstruct\* or selfmanag\* or selfmedicat\* or selfmonitor\* or selfregulat\* or selfreinforc\* or self re inforc\* or selfsupport\* or selftechnique\* or selftherap\* or selftrain\* or selftreat\* or (wellness n1 (therap\* or train\* or treat\*))) ) OR TI ( ((self n1 (administer\* or assess\* or attribut\* or care or change or directed or efficacy or help\* or guide\* or instruct\* or manag\* or medicat\* or monitor\* or regulat\* or reinforc\* or re inforc\* or support\* or technique\* or therap\* or train\* or treat\*)) or selfadminister\* or selfassess\* or selfattribut\* or selfcare or selfchange or selfdirected or selfefficacy or selfhelp\* or selfguide\* or selfinstruct\* or selfmanag\* or selfmedicat\* or selfmonitor\* or selfregulat\* or selfreinforc\* or self re inforc\* or selfsupport\* or selftechnique\* or selftherap\* or selftrain\* or selftreat\* or (wellness n1 (therap\* or train\* or treat\*))) ) OR AB ( ((self n1 (administer\* or assess\* or attribut\* or care or change or directed or efficacy or help\* or guide\* or instruct\* or manag\* or medicat\* or monitor\* or regulat\* or reinforc\* or re inforc\* or support\* or technique\* or therap\* or train\*

413,615

6,926

163,016

# **BMJ** Open

	or treat*)) or selfadminister* or selfassess* or selfattribut* or selfcare or selfchange or selfdirected or selfefficacy or selfhelp* or selfguide* or selfinstruct* or selfmanag* or selfmedicat* or selfmonitor* or selfregulat* or selfreinforc* or self re inforc* or selfsupport* or selftechnique* or selftherap* or selftrain* or selftreat* or (wellness n1 (therap* or train* or treat*))) )	
<b>S</b> 32	((((((((DE "Friendship") OR (DE "Network Therapy")) OR (DE "Social Networks" OR DE "Online Social Networks")) OR (DE "Peer Relations")) OR (DE "Peers")) OR (DE "Peer Counseling")) OR (DE "Self-Care Skills")) OR (DE "Self-Help Techniques" OR DE "Self-Management")) OR (DE "Social Support")) OR (DE "Support Groups" OR DE "Twelve Step Programs")	120,236
<b>S</b> 31	SU psychoeducation OR AB ( (psychoed* or psycho ed*) ) OR TI ( (psychoed* or psycho ed*) )	11,472
<b>S</b> 30	TI ( ((child* n2 family traumatic stress intervention) or cftsi) ) OR AB ( ((child* n2 family traumatic stress intervention) or cftsi) )	6
\$20	(((con*joint or couple* or family or families or husband* or marriage* or marital* or partner* or relations* or spous* or wife or wives* or (child* n5 parent*)) n6 (counsel* or intervention* or program* or support* or therap* or treat*)) or ((couples* or family* or relations*) n1 (based or focused or led)) or ecological therap* or expressed emotion or family dynamics or family relationships)	860.042
S29	relationships)	860,043
S28	((((DE "Couples Therapy") OR (DE "Family Intervention")) OR (DE "Family Therapy" OR DE "Conjoint Therapy" OR DE "Strategic Family Therapy" OR DE "Structural Family Therapy")) OR (DE "Marriage Counseling" OR DE "Conjoint Therapy")) OR (DE "Parent Training")	39,528
S27	TI ( (hg therap* or human givens) ) OR AB ( (hg therap* or human givens) )	1,727
S26	TI counsel* OR AB counsel*	102,924
	DE "Counseling" OR DE "Community Counseling" OR DE "Cross Cultural Counseling" OR DE "Educational Counseling" OR DE "Genetic Counseling" OR DE "Gerontological Counseling" OR DE "Grief Counseling" OR DE "Group Counseling" OR DE "Marriage Counseling" OR DE "Microcounseling" OR DE "Multicultural Counseling" OR DE "Occupational Guidance" OR DE "Pastoral Counseling" OR DE "Peer Counseling" OR DE "Premarital Counseling" OR DE "Psychotherapeutic Counseling" OR DE "Rehabilitation	
S25	Counseling" OR DE "School Counseling"	62,561
S24	TI ( psychoanal* or psychosomatic* ) OR AB ( psychoanal* or psychosomatic* )	90,066
<b>S</b> 23	TI ( ((psychodynamic or (dynamic adj (psychotherapy* or therap*)) or incident reduction) or ((brain or transcranial) n2 stimulat*) or rtms) ) OR AB ( ((psychodynamic or (dynamic adj (psychotherapy* or therap*)) or incident reduction) or ((brain or transcranial) n2 stimulat*) or rtms) )	38,235

2			
3	S22	DE "Psychodynamic Psychotherapy"	3,370
4	522	DE 1 Sychodynamie i Sychodierapy	5,570
5			
6		TI ( (emdr or (eye movement n2 desensiti*)) ) OR AB ( (emdr or (eye	
7	S21	movement n2 desensiti*)) )	1,872
8			
9	S20	DE "Eye Movement Desensitization Therapy"	1,437
10	520		1,137
11			
12	S19	TI debrief* OR AB debrief*	2,815
13			
14	S18	DE "Debriefing (Psychological)"	283
15	510		200
16			
17		TI ( (kidnet or mindful* or narrative therap*) ) OR AB ( (kidnet or mindful* or	
18	S17	narrative therap*))	16,869
19			
20	S16	SU (mindfulness or ((exposure or narrative) n1 therapy))	14,174
21	510	SO (mindramess of ((exposure of narrative) in therapy))	14,174
22			
23		TI ( ((presleep or presleep) n2 imagery) ) OR AB ( ((presleep or presleep) n2	
24	S15	imagery))	0
25			
26			
27		((imagery n2 (rehears* or re hears*)) or (((lower* or reduc*) n3 (bad dream* or	
28		nightmare*)) and (intervention* or program* or therap* or treat*)) or	
29	S14	((intervention* or program* or therap* or treat*) n3 nightmare*))	1,694
30			
31		TI ( (((augmented or virtual) n2 reality) or (virtual n1 (environment or	
		restorative)) or ((exposure or implosive or virtual reality) n2 (intervention* or	
32		program* or therap* or train*))) ) OR AB ( (((augmented or virtual) n2 reality)	
33			
34	012	or (virtual n1 (environment or restorative)) or ((exposure or implosive or virtual	12.074
35	S13	reality) n2 (intervention* or program* or therap* or train*))) )	13,974
36			
37		((DE "Exposure Therapy") OR (DE "Narrative Therapy")) OR (DE "Virtual	
38	S12	Reality")	10,913
39			- )
40			
41		TI ( (((compassion or emotion* or emotive*) n1 (based or focused or led)) or	
42		emotional processing or ((compassion or emotion* or emotive*) n3 (coach* or	
43		intervention* or program* or therap* or treat*))) ) OR AB ( (((compassion or	
44		emotion* or emotive*) n1 (based or focused or led)) or emotional processing or	
45		((compassion or emotion* or emotive*) n3 (coach* or intervention* or	
46	S11	program* or therap* or treat*))) )	25,414
47			
48	010		2 1 1 0
49	S10	(DE "Emotion Focused Therapy") OR (DE "Sympathy")	3,110
50			
51		TI ( (((behaviour* or behavior*) n2 cognitiv*) or cbt or ccbt or ((behav* or	
52		cognitive*) n3 (intervention* or manag* or program* or restructure* or therap*	
53		or treat*)) or (stress inoculation n2 (intervention* or program* or therap* or	
54		train* or treat*)) or (behav* n2 activat*) or ((trauma n1 (based or focused or	
55		led)) or exposure based or prolonged exposure)) ) OR AB ( (((behaviour* or	
56		behavior*) n2 cognitiv*) or cbt or ccbt or ((behav* or cognitive*) n3	
57		(intervention* or manag* or program* or restructure* or therap* or treat*)) or	
58	S9		154,978
59		(stress inoculation n2 (intervention* or program* or therap* or train* or treat*))	
60			
00			

1 2	
2 3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13 14	
14	
16	
17	
18	
4 5 7 8 9 10 11 12 13 14 15 16 17 18 19	
20	
21	
22 22	
12 13 14 15 16 17 18 19 20 21 20 21 22 23 24 25 26 27 28 29 30	
2 <del>4</del> 25	
26	
27	
28	
29	
30	
31 32	
33	
34	
34 35	
36 37 38	
37	
39 40	
40 41	
42	
43	
44	
45	
46 47	
47 48	
40 49	
50	
51	
52	
53	
54	
55 56	
56 57	
58	
59	
60	

	or (behav* n2 activat*) or ((trauma n1 (based or focused or led)) or exposure based or prolonged exposure)) )	
S8	(DE "Behavior Therapy" OR DE "Aversion Therapy" OR DE "Conversion Therapy" OR DE "Dialectical Behavior Therapy" OR DE "Exposure Therapy" OR DE "Implosive Therapy" OR DE "Reciprocal Inhibition Therapy" OR DE "Response Cost" OR DE "Systematic Desensitization Therapy") OR (DE "Cognitive Behavior Therapy" OR DE "Acceptance and Commitment Therapy" OR DE "Cognitive Processing Therapy" OR DE "Prolonged Exposure Therapy")	49,013
	TI ( (((psycholog* or psycho social* or psychosocial*) n3 (intervention* or program* or therap* or treat*)) or psychotherap* or psycho therap* or talk* therap* or therapeutic technique* or therapist* or third wave or time limited) ) OR AB ( (((psycholog* or psycho social* or psychosocial*) n3 (intervention* or program* or therap* or treat*)) or psychotherap* or psycho therap* or talk* therap* or therapeutic technique* or therapist* or third wave or time limited) ) OR SU ( (((psycholog* or psycho social* or psychosocial*) n3 (intervention* or program* or therapeutic technique* or therapist* or third wave or time limited) ) OR SU ( (((psycholog* or psycho social* or psychosocial*) n3 (intervention* or program* or therap* or treat*)) or psychotherap* or psycho therap* or talk*	
<b>S</b> 7	therap* or therapeutic technique* or therapist* or third wave or time limited))	281,242
S6	DE "Psychotherapy"	67,719
S5	DE "Psychotherapy" S1 OR S2 OR S3 OR S4	140,653
S4	TI ( (railway spine or (rape n2 trauma*) or reexperienc* or re experienc* or torture syndrome or traumatic neuros* or traumatic stress) ) OR AB ( (railway spine or (rape n2 trauma*) or reexperienc* or re experienc* or torture syndrome or traumatic neuros* or traumatic stress) )	19,098
<b>S</b> 3	TI ( (trauma* and (avoidance or grief or horror or death* or nightmare* or night mare* or emotion*)) ) OR AB ( (trauma* and (avoidance or grief or horror or death* or nightmare* or night mare* or emotion*)) )	23,709
	TI ( (posttraumatic* or post traumatic* or stress disorder* or acute stress or ptsd or asd or desnos or (combat neuros* or combat syndrome or concentration camp syndrome or extreme stress or flashback* or flash back* or hypervigilan* or hypervigilen* or psych* stress or psych* trauma* or psycho?trauma* or psychotrauma*) or (posttrauma* or traumagenic* or traumatic stress*)) ) OR AB ( (posttraumatic* or post traumatic* or stress disorder* or acute stress or ptsd or asd or desnos or (combat neuros* or combat syndrome or concentration camp syndrome or extreme stress or flashback* or flash back* or hypervigilan* or hypervigilen* or psych* stress or psych* trauma* or psycho?trauma* or	
S2	psychotrauma*) or (posttrauma* or traumagenic* or traumatic stress*)) )	104,519
	(((((((DE "Posttraumatic Stress Disorder" OR DE "Complex PTSD" OR DE "DESNOS") OR (DE "Acute Stress Disorder")) OR (DE "Combat Experience")) OR (DE "Emotional Trauma")) OR (DE "Post-Traumatic Stress")) OR (DE "Traumatic Neurosis")) OR (DE "Trauma")) OR (DE "Psychological Stress"))	
<b>S</b> 1	OR (DE "Chronic Stress")	70,398

CIN	CINAHL		
#	Query	Results	
S54	S51 NOT S49	11,937	
S53	S51 NOT S49 Limiters - Published Date: 20180101-20191231	2,506	
S52	S51 NOT S49	11,937	
S51	S6 AND S50	12,028	
S50	S40 OR S48	670,268	
S49	MH ANIMALS NOT MH HUMANS	79,628	
S48	s41 or s42 or s43 or s44 or s45 or s46 or s47	505,183	
S47	TI ( placebo* or random* ) OR AB ( placebo* or random* )	318,823	
S46	TI ( single blind* or double blind* or treble blind* or mask* or dummy* or singleblind* or doubleblind* or trebleblind* or tripleblind* ) OR AB ( single blind* or double blind* or treble blind* or mask* or dummy* or singleblind* or doubleblind* or trebleblind* or tripleblind* )	54,242	
S45	TI ( crossover or cross over ) OR AB ( crossover or cross over )	17,078	
S44	TI clinical n2 trial* OR AB clinical n2 trial*	95,858	
S43	(MH "Crossover Design") OR (MH "Placebos") OR (MH "Random Assignment")	78,307	
S42	MW double blind* or single blind* or triple blind*	55,488	
S41	(MH "Clinical Trials+")	268,307	
S40	s7 or s8 or s9 or s10 or s11 or s12 or s13 or s14 or s15 or s16 or s17 or s18 or s19 or s20 or s21 or s22 or s23 or s29 or s30 or s31 or s34 or s35 or s36 or s37 or s38 or s39	236,549	
<b>S</b> 39	TI ( (analy* n5 review*) or (evidence* n5 review*) or (methodol* n5 review*) or (quantativ* n5 review*) or (systematic* n5 review*) ) OR AB ( (analy* n5 review*) or (evidence* n5 review*) or (methodol* n5 review*) or (quantativ* n5 review*) or (systematic* n5 review*) )	121,320	

	BMJ Open	
S38	TI ( (pool* n2 results) or (combined n2 results) or (combining n2 results ) ) OR AB ( (pool* n2 results) or (combined n2 results) or (combining n2 results ) )	5,060
S37	TI ( (pool* n2 studies) or (combined n2 studies) or (combining n2 studies) ) OR AB ( (pool* n2 studies) or (combined n2 studies) or (combining n2 studies) )	5,591
S36	TI ( (pool* n2 trials) or (combined n2 trials) or (combining n2 trials) ) OR AB ( (pool* n2 trials) or (combined n2 trials) or (combining n2 trials) )	1,344
S35	TI ( (pool* n2 data) or (combined n2 data) or (combining n2 data ) ) OR AB ( (pool* n2 data) or (combined n2 data) or (combining n2 data ) )	8,792
S34	s32 and s33	3,735
S33	TI review* AND PT review*	24,679
S32	TI analy* or assessment* or evidence* or methodol* or quantativ* or qualitativ* or systematic*	393,43
<b>S</b> 31	TI systematic* n5 search* OR AB systematic* n5 search*	14,939
S30	TI systematic* n5 review* OR AB systematic* n5 review*	88,888
S29	(s24 or s25 or s26) and (s27 or s28)	81,701
S28	TI systematic* OR AB systematic*	133,89
S27	TX review* OR MW review* OR PT review*	4,746,
S26	(MH "Cochrane Library")	23,041
S25	TI ( bids or cochrane or embase or "index medicus" or "isi citation" or medline or psyclit or psychlit or scisearch or "science citation" or (web n2 science ) ) OR AB ( bids or cochrane or embase or "index medicus" or "isi citation" or medline or psyclit or psychlit or scisearch or "science citation" or (web n2 science ) )	65,455
S24	TI ( "electronic database*" or "bibliographic database*" or "computeri?ed database*" or "online database*" ) OR AB ( "electronic database*" or "bibliographic database*" or "computeri?ed database*" or "online database*" )	14,423
S23	(MH "Literature Review")	7,803
323	(, ,	.,

## **BMJ** Open

TI ( "fixed effect*" or "random effect*" ) OR AB ( "fixed effect*" or "random effect*" )	17,363
TI ( "mantel haenszel" or peto or dersimonian or "der simonian" ) OR AB ( "mantel haenszel" or peto or dersimonian or "der simonian" )	1,726
TI ( handsearch* or "hand search*" or "manual search*" ) OR AB ( handsearch* or "hand search*" or "manual search*" )	5,430
AB "data extraction" or "data synthesis"	8,188
AB "selection criteria"	4,257
AB "relevant journals"	433
AB "published studies"	5,562
AB bibliograph*	6,982
TI "reference list*"	21
AB "reference list*"	7,455
TI ( "research review*" or "research integration" ) OR AB ( "research review*" or "research integration" )	1,467
(MH "Meta Analysis")	40,851
TI ( metaanal* or "meta anal*" or metasynthes* or "meta synethes*" ) OR AB ( metaanal* or "meta anal*" or metasynthes* or "meta synethes*" )	61,476
(MH "Systematic Review")	74,342
(MH "Literature Searching+")	7,587
s1 or s2 or s3 or s4 or s5	91,542
TI ( (posttraumatic* or "post traumatic*" or "stress disorder*" or "acute stress" or ptsd or asd or desnos or ("combat neuros*" or "combat syndrome" or "concentration camp syndrome" or "extreme stress" or flashback* or "flash back*" or hypervigilan* or hypervigilen* or "psych* stress" or "psych* trauma*" or psychotrauma* or psychotrauma*) or (posttrauma* or traumagenic* or "traumatic stress")) ) or AB ( (posttraumatic* or "post traumatic*" or "stress disorder*" or "acute stress" or ptsd or asd or desnos or ("combat neuros*" or "concentration camp syndrome" or "concentration camp syndrome" or "concentration camp syndrome" or "combat neuros*" or "stress disorder*" or "acute stress" or ptsd or asd or desnos or ("combat neuros*" or "combat syndrome" or "concentration camp syndrome" or "extreme stress" or flashback* or "flash back*" or hypervigilan* or hypervigilen* or "psych* stress" or "psych* trauma*" or psychotrauma* or psychotrauma* or psychotrauma*) or (posttrauma* or psychotrauma* or psychotrauma*) or (posttrauma* or psychotrauma*) or (posttrauma* or "traumatic stress*")) )	35,785
	effect***) TI ( *mantel haenszel" or peto or dersimonian or "der simonian" ) OR AB ( *mantel haenszel" or peto or dersimonian or "der simonian" ) TI ( handsearch* or "hand search*" or "manual search*" ) OR AB ( handsearch* or "hand search*" or "manual search*" ) AB "data extraction" or "data synthesis" AB "selection criteria" AB "relevant journals" AB "nelevant journals" AB "bibliograph* TI " reference list*" AB "reference list*" TI ( 'research review*' or "research integration" ) OR AB ( *research review*' or "research integration" ) OR AB ( *research review*'' or "research integration" ) OR AB ( *research review*'' or "research integration" ) OR AB ( *research review*'' or "research integration" ) OR AB ( *research review*'' or "research integration" ) OR AB ( *research review*'' or "research integration" ) OR AB ( *research review*'' or "research integration" ) OR AB ( *research review*'' or "research integration" ) OR AB ( *research review*'' or "research integration" ) OR AB ( *research review*'' or "research integration" ) OR AB ( *research review*'' or "research integration" ) OR AB ( *research review*'' or "research integration" ) OR AB ( *research review*'' or "research integration" ) OR AB ( *research review*'' or "research integration" ) OR AB ( *research review*'' or "research integration" ) OR AB ( *research review*'' or "research integration" ) OR AB ( *research review*'' or "research integration" ) OR AB ( *research review*'' or "research integration" ) OR AB ( *research review*'') OR AB (metaanal* or "meta anal*" or metasynthes* or "meta syntehes*'') OR AB (metaanal* or "meta anal*" or metasynthes* or "meta syntehes*'') OR AB (*for syntematic Review'') (MH "Systematic Review'') II ( (posttraumatic* or "post traumatic*" or "stress disorder*" or "acute stress" or ptsd or asd or desnos or ("combat neuros*" or "combat syndrome" or "stress disorder*" or "psych stress" or ptsd or asd or desnos or ("combat neuros*" or "nombat syndrome" or "concentration camp syndrome" or "extreme stress" or flashback*"

<b>S</b> 4	TI ( (trauma* and (avoidance or grief or horror or death* or nightmare* or "night mare*" or emotion*)) ) or AB ( (trauma* and (avoidance or grief or horror or death* or nightmare* or "night mare*" or emotion*)) )	11,611
	TI ( ("railway spine" or (rape near/2 trauma*) or reexperienc* or "re experienc*" or "torture syndrome" or "traumatic neuros*" or "traumatic stress") ) or AB ( ("railway spine" or (rape near/2 trauma*) or reexperienc* or "re experienc*" or "torture syndrome" or "traumatic neuros*" or "traumatic	
<b>S</b> 3	stress"))	6,744
S2	(MH "stress, psychological")	44,491
<b>S</b> 1	(MH "stress disorders, post-traumatic")	20,118
Coc	hrane Library	
Search	n Name: anke	
Date F	Run: 13/11/2019 09:24:52	
Comm	nent:	
ID	Search Hits	
#1	MeSH descriptor: [Stress Disorders, Traumatic] explode all trees 2394	
#2	MeSH descriptor: [Combat Disorders] explode all trees 125	
#3	MeSH descriptor: [Psychological Trauma] explode all trees 57	
#4	MeSH descriptor: [Stress Disorders, Post-Traumatic] explode all trees 22	75
#5	MeSH descriptor: [Stress Disorders, Traumatic, Acute] explode all trees 43	
#6	MeSH descriptor: [Stress, Psychological] explode all trees 5703	
#7 syndro	("railway spine" or (rape near/2 trauma*) or reexperienc* or "re experienc*" ome" or "traumatic neuros*" or "traumatic stress"):ti 716	or "torture
#8 syndro	("railway spine" or (rape near/2 trauma*) or reexperienc* or "re experienc*" ome" or "traumatic neuros*" or "traumatic stress"):ab 1672	or "torture
#9	(trauma* and (avoidance or grief or horror or death* or nightmare* or "night	mare*" or
emotio	on*)):ti 162	
#10	(trauma* and (avoidance or grief or horror or death* or nightmare* or "night	mare*" or
emotio	on*)):ab 2642	
	(posttraumatic* or "post traumatic*" or "stress disorder*" or "acute stress" of s or ("combat neuros*" or "combat syndrome" or "concentration camp syndrom ' or flashback* or "flash back*" or hypervigilan* or hypervigilen* or "psych* s	ne" or "extreme

trauma\*" or psychotrauma\* or psychotrauma\*) or (posttrauma\* or traumagenic\* or "traumatic stress\*")):ti 4046

#12 (posttraumatic\* or "post traumatic\*" or "stress disorder\*" or "acute stress" or ptsd or asd or desnos or ("combat neuros\*" or "combat syndrome" or "concentration camp syndrome" or "extreme stress" or flashback\* or "flash back\*" or hypervigilan\* or hypervigilen\* or "psych\* stress" or "psych\* trauma\*" or psychotrauma\* or psychotrauma\*) or (posttrauma\* or traumagenic\* or "traumatic stress")):ab 7920

#13 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 with Publication Year
from 2018 to 2019, with Cochrane Library publication date Between Jan 2018 and Dec 2019, in Trials 2413

for occr review only