Internet and Mobile Interventions for Adults with PTSD and Their Family Members

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Health Systems Research

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Appendix

SEARCH STRATEGIES

Search Date: 10/04/23		Search Statement	Results
MEDLINE Ovid MEDLINE(R) and Epub Ahead of Print, In-Process, In-Data-Review & Other Non-Indexed Citations and Daily 1946 to October 03, 2023	1	Stress Disorders, Post-Traumatic/ or (((post-trauma* or posttrauma) adj3 (disorder* or neuros* or psychos* or stress* or symptom*)) or PTSD).ti,ab,kw.	61613
	2	exp Telemedicine/ or Therapy, Computer Assisted/ or Internet/ or Internet-Based Intervention/ or exp Cell Phone/ or Mobile Applications/ or (electronic health or ehealth or e-health or digital health or mobile health or mhealth or m-health or ecounsel* or e-counsel* or etherap* or e-therap* or computer* or phone* or mobile* or internet* or online* or web-based or web-deliver* or app or apps or app-based or app-deliver* or application-based or application-deliver* or text or texting or text-based or text-deliver* or asynchronous).ti,ab,kw.	1050854
	3	1 and 2	4141
	4	(adolescen* or child* or infant* or pediatric* or paediatric* or PICU).ti,ab,kw.	2385079
	5	3 not 4	3447
	6	limit 5 to English language	3391
PsycINFO 1967 to September Week 4 2023	1	Posttramatic Stress Disorder/ or (((post-trauma* or posttrauma) adj3 (disorder* or neuros* or psychos* or stress* or symptom*)) or PTSD).ti,ab,id.	59114
	2	exp Computer Assisted Therapy/ or Internet/ or exp Mobile Devices/ or exp Mobile Applications/ or (electronic health or ehealth or e-health or digital health or mobile health or mhealth or m-health or ecounsel* or e-counsel* or etherap* or e-therap* or computer* or phone* or mobile* or internet* or online* or web-based or web-deliver* or app or apps or app-based or app-deliver* or application-based or application-deliver* or text or texting or text-based or text-deliver* or asynchronous).ti,ab,id.	390142
	3	1 and 2	3854
	4	(adolescen* or child* or infant* or pediatric* or paediatric* or PICU).ti,ab,id.	959997
	5	3 not 4	3086
	6	limit 5 to English language	2902
CCRCT: Cochrane Central Register of Controlled Trials Issue 10 of 12, October 2023	1	MeSH descriptor: [Stress Disorders, Post-Traumatic] this term only	3701
	2	(((post-trauma* or posttrauma*) NEAR/3 (disorder* or neuros* or psychos* or stress* or symptom*)) or PTSD):ti,ab,kw	8502
	3	#1 or #2	8502
	4	MeSH descriptor: [Telemedicine] explode all trees	4293
	5	MeSH descriptor: [Therapy, Computer-Assisted] this term only	1480
	6	MeSH descriptor: [Internet] this term only	5193
	7	MeSH descriptor: [Internet-Based Intervention] this term only	568
	8	MeSH descriptor: [Cell Phone] explode all trees	3166
	9	MeSH descriptor: [Mobile Applications] this term only	1601

	10	(electronic health or ehealth or e-health or digital health or mobile health or mhealth or m-health or ecounsel* or e-counsel* or etherap* or e-therap* or computer* or phone* or mobile* or internet* or online* or web-based or web-deliver* or app or apps or app-based or app-deliver* or application-based or application-deliver* or text or texting or text-based or text-deliver* or asynchronous):ti,ab,kw	139626
	11	{or #4-#10}	141452
	12	#3 and #11	1407
	13	(adolescen* or child* or infant* or pediatric* or paediatric* or PICU):ti,ab,kw	338152
	14	#11 not #12	1106
	15	limit 14 to English language	1103
PTSDPubs	1	MAINSUBJECT.EXACT.EXPLODE("PTSD") or TITLE(((post-trauma* or posttrauma) NEAR/3 (disorder* or neuros* or psychos* or stress* or symptom*)) or PTSD) or ABSTRACT(((post-trauma* or posttrauma) NEAR/3 (disorder* or neuros* or psychos* or stress* or symptom*)) or PTSD)	48425
	2	MAINSUBJECT.EXACT("Telemedicine") OR MAINSUBJECT.EXACT("Computer Assisted Psychotherapy") OR TITLE(electronic health or ehealth or e-health or digital health or mobile health or mhealth or m-health or ecounsel* or e-counsel* or etherap* or e-therap* or computer* or phone* or mobile* or internet* or online* or web-based or web-deliver* or app or apps or app-based or app-deliver* or application-based or application-deliver* or text or texting or text-based or text-deliver* or asynchronous) OR ABSTRACT(electronic health or ehealth or e-health or digital health or mobile health or mhealth or m-health or ecounsel* or e-counsel* or etherap* or e-therap* or computer* or phone* or mobile* or internet* or online* or web-based or web-deliver* or app or apps or app-based or app-deliver* or application-based or application-deliver* or text or texting or text-based or text-deliver* or asynchronous)	7060
	3	[S1] and [S2]	5042
	4	MAINSUBJECT.EXACT.EXPLODE("Children") or MAINSUBJECT.EXACT("Adolescents") OR TITLE(adolescen* or child* or infant* or pediatric* or paediatric* or PICU) or ABSTRACT (adolescen* or child* or infant* or pediatric* or paediatric* or PICU)	18496
	5	[S3] not [S4]	4167
	6	limit 3 to English language	4111
	7	limit to peer-reviewed studies, dissertations, and reports	3060
		Total	10456
		Total after deduplication	7507

STUDIES EXCLUDED DURING FULL-TEXT SCREENING

Citation	Exclude Reason
ACTRN12606000401550. The efficacy of an Internet-based therapy (Interapy) for posttraumatic stress: a randomized controlled trial. Published online September 13, 2006. https://www.anzctr.org.au/Trial/Registration/TrialReview.aspx?ACTRN=12606000401550	Ineligible publication type
ACTRN12610000988055. The PTSD Program: a randomized controlled trial of an internet based education program for post-traumatic stress disorder. Published online November 16, 2010. https://www.anzctr.org.au/Trial/Registration/TrialReview.aspx?ACTRN=12610000988055	Ineligible publication type
ACTRN12611000951954. Sino-Swiss Internet-based intervention for Posttraumatic Stress Disorder project. Published online May 9, 2011. https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02433400/full	Ineligible setting
ACTRN12611000989943. A comparison of Internet-based Cognitive Behavioural Therapy for Posttraumatic Stress Disorder with and without exposure: a randomized controlled trial. Published online September 16, 2011. https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01835812/full	Ineligible publication type
ACTRN12616000956404. Internet-based intervention for Posttraumatic Stress Disorder (PTSD) in soldiers: exploring mechanisms of treatment outcome. Published online July 20, 2016. https://www.anzctr.org.au/Trial/Registration/TrialReview.aspx?id=370924	Ineligible publication type
Allen AR, Newby JM, Smith J, Andrews G. Internet-based cognitive behavioural therapy (iCBT) for posttraumatic stress disorder versus waitlist control: study protocol for a randomised controlled trial. Trials. 2015;16(101263253):544.	Ineligible publication type
Alon Y, Azriel O, Pine D, Bar-Haim Y. A randomized controlled trial of supervised remotely-delivered attention bias modification for posttraumatic stress disorder. Psychological Medicine. 2022.	Ineligible intervention
Bahena S. Efficacy of a mobile application among a sample of veterans with symptoms of post-traumatic stress disorder. Dissertation Abstracts International: Section B: The Sciences and Engineering. 2016;77(2-B(E)):No-Specified.	Full text unavailable
Barrett MC. Beta-testing of an interactive multimedia computer program of exposure therapy for PTSD. Dissertation Abstracts International: Section B: The Sciences and Engineering. 2019;80(8-B(E)):No-Specified.	Ineligible comparator
Bartel A. Examining change in objective and subjective neurocognitive performance following a randomized online trauma intervention. 2021;82.	Full text unavailable
Bauer A, Amspoker AB, Fletcher TL, et al. A Resource Building Virtual Care Programme: improving symptoms and social functioning among female and male rural veterans. European journal of psychotraumatology. 2021;12(1):1860357.	Ineligible intervention
Bedford LA, Dietch JR, Taylor DJ, Boals A, Zayfert C. Computer-Guided Problem-Solving Treatment for Depression, PTSD, and Insomnia Symptoms in Student Veterans: A Pilot Randomized Controlled Trial. Behavior therapy. 2018;49(5):756-767.	Ineligible population
Belleville G, Lebel J, Ouellet MC, et al. Resilient - An online multidimensional treatment to promote resilience and better sleep: a randomized controlled trial. 2019;64:S214-S215.	Ineligible publication type
Belleville G, Ouellet M-C, Bekes V, et al. Efficacy of a Therapist-Assisted Self-Help Internet-Based Intervention Targeting PTSD, Depression, and Insomnia Symptoms After a Disaster: A Randomized Controlled Trial. Behavior therapy. 2023;54(2):230-246.	Ineligible population
Benight CC, Shoji K, Yeager CM, Weisman P, Boult TE. Predicting Change in Posttraumatic Distress Through Change in Coping Self-Efficacy After Using the My Trauma Recovery eHealth Intervention: Laboratory Investigation. JMIR mental health. 2018;5(4):e10309.	Ineligible population

Citation	Exclude Reason
Berkel DN. A randomized controlled trial of a brief online mindfulness intervention for PTSD and chronic pain. Dissertation Abstracts International: Section B: The Sciences and Engineering. 2022;83(11-B):No-Specified.	Full text unavailable
Bisson JI, Kitchiner NJ, Lewis C, Roberts NP. Guided, internet-based interventions for post-traumatic stress disorder. The lancet Psychiatry. 2023;10(8):577-579.	Ineligible publication type
Bomyea J. Evaluating the effect of a novel cognitive training program on ptsd symptoms. Dissertation Abstracts International: Section B: The Sciences and Engineering. 2015;75(12-B(E)):No-Specified.	Full text unavailable
Bragesjo M, Arnberg FK, Sarnholm J, Olofsdotter Lauri K, Andersson E. Condensed internet-delivered prolonged exposure provided soon after trauma: A randomised pilot trial. Internet interventions. 2021;23(101631612):100358.	Ineligible population
Brief DJ, Rubin A, Keane TM, et al. Web intervention for OEF/OIF veterans with problem drinking and PTSD symptoms: a randomized clinical trial. Journal of consulting and clinical psychology. 2013;81(5):890-900.	Ineligible population
Bruner V, Gore K, DeDeyn J, Jaffer A, Litz B, Bryant R. A therapist-guided internet-based self-management approach to post-traumatic stress after military events. 2004.	Full text unavailable
Buckheit KA, Possemato K, Kuhn E. An exploration of alcohol use and mechanisms of change during PTSD treatment in primary care. 2023;47:348.	Full text unavailable
Cernvall M, Sveen J, Bergh Johannesson K, Arnberg F. A pilot study of user satisfaction and perceived helpfulness of the Swedish version of the mobile app PTSD Coach. European journal of psychotraumatology. 2018;9(Suppl 1):1472990.	Ineligible population
Cloitre M, Amspoker AB, Fletcher TL, et al. Comparing the Ratio of Therapist Support to Internet Sessions in a Blended Therapy Delivered to Trauma-Exposed Veterans: Quasi-experimental Comparison Study. JMIR mental health. 2022;9(4):e33080.	Ineligible intervention
Craske MG, Rose RD, Lang A, et al. Computer-assisted delivery of cognitive behavioral therapy for anxiety disorders in primary-care settings. Depression and anxiety. 2009;26(3):235-242.	Ineligible intervention
Creech S, Pulverman C, Shin M, et al. An open trial to test participant satisfaction with and feasibility of a computerized intervention for women veterans with sexual trauma histories seeking primary care treatment. Violence Against Women. 2020;27(3-4):597-614.	Ineligible population
Damon M. The impact of a low-intensity couples intervention on emotional intimacy in veterans with PTSD and their partners. Dissertation Abstracts International Section A: Humanities and Social Sciences. 2020;81(2-A):No-Specified.	Full text unavailable
Dannhaus LA. Mindfulness-based stress reduction in veterans: A variation on a pilot study. Dissertation Abstracts International: Section B: The Sciences and Engineering. 2019;80(3-B(E)):No-Specified.	Full text unavailable
Dillon KH, Medenblik AM, Mosher TM, Elbogen EB, Morland LA, Beckham JC. Using Interpretation Bias Modification to Reduce Anger in Veterans with Posttraumatic Stress Disorder: A Pilot Study. Journal of traumatic stress. 2020;33(5):857-863.	Ineligible intervention
DRKS00016931. Internet-based therapy for physicians with post-traumatic stress. Published online 2019. https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01972960/full	Full text unavailable
DRKS00017749. Self-Management and PTSD: Assessing Usability and Applicability of CoachPTBS as well as HCC over time. Published online January 11, 2019. https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02067323/full	Full text unavailable
Dumarkaite A, Truskauskaite-Kuneviciene I, Andersson G, Kazlauskas E. The Effects of Online Mindfulness-Based Intervention on Posttraumatic Stress Disorder and Complex Posttraumatic Stress Disorder Symptoms: A Randomized Controlled Trial With 3-Month Follow-Up. Frontiers in psychiatry. 2022;13(101545006):799259.	Ineligible outcome

Citation	Exclude Reason
Dumarkaite A, Truskauskaite-Kuneviciene I, Andersson G, Mingaudaite J, Kazlauskas E. Effects of Mindfulness-Based Internet Intervention on ICD-11 Posttraumatic Stress Disorder and Complex Posttraumatic Stress Disorder Symptoms: a Pilot Randomized Controlled Trial. Mindfulness. 2021;12(11):2754-2766.	Ineligible population
Duran EP, Hemanny C, Vieira R, et al. A Randomized Clinical Trial to Assess the Efficacy of Online-Treatment with Trial-Based Cognitive Therapy, Mindfulness-Based Health Promotion and Positive Psychotherapy for Post-Traumatic Stress Disorder during the COVID-19 Pandemic: A Study Protocol. International journal of environmental research and public health. 2022;19(2).	Ineligible intervention
Ehlers A, Wild J, Warnock-Parkes E, et al. Therapist-assisted online psychological therapies differing in trauma focus for post-traumatic stress disorder (STOP-PTSD): a UK-based, single-blind, randomised controlled trial. The Lancet Psychiatry. 2023;10(8):608-622. doi:10.1016/S2215-0366(23)00181-5	Ineligible intervention
Elbogen EB, Dennis PA, Van Voorhees EE, et al. Cognitive rehabilitation with mobile technology and social support for veterans with TBI and PTSD: a randomized clinical trial. Journal of Head Trauma Rehabilitation. 2018.	Ineligible intervention
Elbogen EB, Dennis PA, Van Voorhees EE, et al. Cognitive Rehabilitation With Mobile Technology and Social Support for Veterans With TBI and PTSD: A Randomized Clinical Trial. The Journal of head trauma rehabilitation. 2019;34(1):1-10.	Ineligible intervention
Elledge BD. The efficacy of online eye movement desensitization and reprocessing (EMDR)-informed therapy for clients with post traumatic stress disorder (PTSD) symptoms. Dissertation Abstracts International: Section B: The Sciences and Engineering. 2022;83(7-B):No-Specified.	Full text unavailable
Engel CC, Litz B, Magruder K, Gore K, Harper Cordova E, Yeager D. Randomized Trial of A Web-Based Nurse-Assisted PTSD Self-Management Intervention for Primary Care: study Design and Status. 2009.	Ineligible publication type
Enggasser JL, Livingston NA, Ameral V, et al. Public implementation of a web-based program for veterans with risky alcohol use and PTSD: A RE-AIM evaluation of VetChange. Journal of substance abuse treatment. 2021;122(kai, 8500909):108242.	Ineligible population
Fitzpatrick S, Wagner AC, Crenshaw AO, et al. Initial outcomes of couple HOPES: A guided online couple intervention for PTSD and relationship enhancement. Internet Interventions. 2021;25(101631612):100423. doi:10.1016/j.invent.2021.100423	Ineligible outcome
Gawlytta R, Knaevelsrud C, Niemeyer H, Bottche M, Scherag A, Rosendahl J. Internet-based cognitive-behavioral writing therapy reduces post-traumatic stress after intensive care in patients and their spouses: first results of the REPAIR trial. 2019;47:S54.	Ineligible publication type
Gawlytta R, Niemeyer H, Bottche M, Scherag A, Knaevelsrud C, Rosendahl J. Internet-based cognitive-behavioural writing therapy for reducing post-traumatic stress after intensive care for sepsis in patients and their spouses (REPAIR): study protocol for a randomised-controlled trial. BMJ open. 2017;7(2):e014363.	Ineligible publication type
Hallenbeck HW, Jaworski BK, Wielgosz J, et al. PTSD Coach Version 3.1: A Closer Look at the Reach, Use, and Potential Impact of This Updated Mobile Health App in the General Public. JMIR mental health. 2022;9(3):e34744.	Ineligible outcome
Hirai M, Skidmore ST, Clum GA, Dolma S. An Investigation of the Efficacy of Online Expressive Writing for Trauma-Related Psychological Distress in Hispanic Individuals. Behavior Therapy. 2012;43(4):812-824. doi:10.1016/j.beth.2012.04.006	Ineligible population
Interian A, Kline A, Perlick D, et al. Randomized controlled trial of a brief Internet-based intervention for families of Veterans with posttraumatic stress disorder. Journal of rehabilitation research and development. 2016;53(5):629-640. doi:10.1682/JRRD.2014.10.0257	Ineligible outcome

Citation	Exclude Reason
ISRCTN13697710. A study of trauma-focused online guided self help versus trauma-focused cognitive behavioural therapy for post-traumatic stress disorder. Published online 2016. https://www.isrctn.com/ISRCTN13697710?q=ISRCTN13697710&filters=&sort=&offset=1&totalResults=1&page=1&pageSize=10	Ineligible publication type
Jain S. Treating posttraumatic stress disorder via the Internet: does therapeutic alliance matter? JAMA. 2011;306(5):543-544.	Ineligible publication type
Johnson SS, Levesque DA, Broderick LE, Bailey DG, Kerns RD. Pain Self-Management for Veterans: Development and Pilot Test of a Stage-Based Mobile-Optimized Intervention. JMIR medical informatics. 2017;5(4):e40.	Ineligible population
Jung F, Rohr S, Konig HH, Kersting A, Riedel-Heller SG. HELP@APP : study design for the development and evaluation of a self-help app fortraumatized Syrian refugees in Germany. 2019;81(8-9):672.	Ineligible publication type
Kim S, Lee K. Development and evaluation of an online mental health program for traumatized female college students: A randomized controlled trial. Archives of psychiatric nursing. 2023;43(6yr, 8708534, 8708535):118-126.	Ineligible intervention
Kirk MA, Taha B, Dang K, et al. A Web-Based Cognitive Behavioral Therapy, Mindfulness Meditation, and Yoga Intervention for Posttraumatic Stress Disorder: Single-Arm Experimental Clinical Trial. JMIR mental health. 2022;9(2):e26479.	Ineligible intervention
Knaevelsrud C. Effects of an Internet-based Intervention for Posttraumatic Stress Disorder. 2011.	Ineligible publication type
Knaevelsrud C, Maercker A. Long-term effects of an internet-based treatment for posttraumatic stress. Cognitive behaviour therapy. 2010;39(1):72-77.	Ineligible population
Lange A, Schrieken B, van de Ven J-P, et al. "Interapy": The effects of a short protocolled treatment of posttraumatic stress and pathological grief through the Internet. Behavioural and Cognitive Psychotherapy. 2000;28(2):175-192.	Ineligible population
Lange A, van de Ven JP, Schrieken B, Emmelkamp PM. Interapy, treatment of posttraumatic stress through the Internet: a controlled trial. Journal of behavior therapy and experimental psychiatry. 2001;32(2):73-90.	Ineligible population
Lange A, van de Ven JP, Schrieken BA, Bredeweg B, Emmelkamp PM. Internet-mediated, protocol-driven treatment of psychological dysfunction. Journal of telemedicine and telecare. 2000;6(1):15-21.	Ineligible population
Lehavot K, Litz B, Millard SP, Hamilton AB, Sadler A, Simpson T. Study adaptation, design, and methods of a web-based PTSD intervention for women Veterans. Contemporary clinical trials. 2017;53(101242342):68-79.	Ineligible study design
Lerner JA. Internet-based assessment and treatment for posttraumatic stress disorder among motor vehicle accident survivors. 2007;68(3-B):1932.	Full text unavailable
Lerner JA. Internet-based assessment and treatment for posttraumatic stress disorder among motor vehicle accident survivors [dissertation] 2007.	Full text unavailable
Litz BT, Williams L, Wang J, Bryant R, Engel CC, Jr. A Therapist-Assisted Internet Self-Help Program for Traumatic Stress. Professional Psychology: Research and Practice. 2004;35(6):628-634.	Ineligible publication type
Livingston NA, Mahoney CT, Ameral V, et al. Changes in alcohol use, PTSD hyperarousal symptoms, and intervention dropout following veterans' use of VetChange. Addictive behaviors. 2020;107(2gw, 7603486):106401.	Ineligible population
McLean CL, Ruork AK, Ramaiya MK, Fruzzetti AE. Feasibility and initial impact of single-session internet-delivered acceptance vs change skills for emotions for stress- and trauma-related problems: a randomized controlled trial. Behavioural and cognitive psychotherapy. 2023;51(5):443-458.	Ineligible population

Citation	Exclude Reason
McLean CP, Rauch SAM, Foa EB, et al. Design of a randomized controlled trial examining the efficacy and biological mechanisms of web-prolonged exposure and present-centered therapy for PTSD among active-duty military personnel and veterans. Contemporary clinical trials. 2018;64(101242342):41-48.	Ineligible publication type
Mitchell H-R, Smith SK, Gebert R, Applebaum AJ. Mobile cognitive behavioral therapy for posttraumatic stress: Diving back in after hematopoietic stem cell transplant. Psycho-oncology. 2022;31(10):1802-1805.	Ineligible study design
Monson CM, Wagner AC, Crenshaw AO, et al. An uncontrolled trial of couple HOPES: A guided online couple intervention for PTSD and relationship enhancement. Journal of family psychology. 2022;36(6):1036-1042. doi:10.1037/fam0000976	Ineligible outcome
NCT01410721. Neural Markers and Rehabilitation of Executive Functioning in Veterans with Traumatic Brain Injury and Posttraumatic Stress Disorder. Published online August 3, 2011. https://clinicaltrials.gov/study/NCT01410721?tab=table	Ineligible publication type
NCT01474057. DElivery of Self Training and Education for Stressful Situations-Primary Care Version. Published online March 26, 2010. https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01533942/full	Ineligible publication type
NCT01554839. The Family of Heroes: an Evaluation of an Online Educational Tool. Published online March 5, 2012. https://clinicaltrials.gov/study/NCT01554839?term=NCT01554839&rank=1	Ineligible publication type
NCT01581983. Mindfulness Meditation Format Pilot Study. Published online April 7, 2012. https://clinicaltrials.gov/study/NCT01581983?term=NCT01581983&rank=1	Ineligible publication type
NCT01678196. Helping Families Help Veterans With PTSD and Alcohol Abuse: an RCT of VA-CRAFT. Published online August 29, 2012. https://clinicaltrials.gov/study/NCT01678196?term=NCT01678196&rank=1	Ineligible publication type
NCT01694316. Use of a Novel Neuroplasticity-based Neurobehavioral Intervention for PTSD. Published online September 27, 2012. https://classic.clinicaltrials.gov/ct2/show/NCT01694316?term=NCT01694316&draw=2&rank=1	Ineligible publication type
NCT01710943. Web-based CBT for Recent Veterans Experiencing Problems With Trauma Symptoms or Alcohol/Drug Use. Published online October 19, 2012. https://classic.clinicaltrials.gov/ct2/show/NCT01710943	Ineligible publication type
NCT02445196. PTSD Coach App Evaluation. Published online May 15, 2015. https://classic.clinicaltrials.gov/ct2/show/NCT02445196?term=NCT02445196&draw=2&rank=1	Ineligible publication type
NCT02486692. Pilot Evaluation of AboutFace: novel Peer Education Resource for Veterans. Published online July 1, 2015. https://classic.clinicaltrials.gov/ct2/show/NCT02486692?term=NCT02486692&draw=2&rank=1	Ineligible publication type
NCT02486705. Evaluation of PTSD Family Coach, a Mobile Phone App for Family Members of Individuals With PTSD. Published online July 1, 2015. https://classic.clinicaltrials.gov/ct2/show/NCT02486705	Ineligible publication type
NCT02685358. An RCT of a Primary Care-Based PTSD Intervention: clinician-Supported PTSD Coach. Published online February 12, 2016. https://clinicaltrials.gov/study/NCT02685358?term=NCT02685358&rank=1	Ineligible publication type
NCT02766296. Emotional Working Memory Training for Veterans With PTSD Symptoms. Published online May 4, 2016. https://clinicaltrials.gov/study/NCT02766296?term=NCT02766296&rank=1	Ineligible publication type
NCT02777294. Evaluation of Web-Based CBT for Rape Victims. Published online May 19, 2016. https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01558386/full	Ineligible publication type

Citation	Exclude Reason
NCT02917447. Evaluation of Web-Based CBT for Women Veterans With PTSD. Published online September 23, 2016. https://clinicaltrials.gov/study/NCT02917447?term=NCT02917447&limit=10&rank=1	Ineligible publication type
NCT02929979. Cognitive Remediation for Alcohol Use Disorder and Posttraumatic Stress Disorder. Published online September 28, 2016. https://clinicaltrials.gov/study/NCT02929979?term=NCT02929979&limit=10&rank=1	Ineligible publication type
NCT02954146. Mobile Health Application for Family and Behavioral Health Provider Communication. Published online October 24, 2016. https://clinicaltrials.gov/study/NCT02954146?term=NCT02954146&rank=1	Ineligible publication type
NCT02956902. A Smartphone Intervention with Telemedicine Support for Management of Post-traumatic Stress Disorder: a Randomized Trial. Published online November 6, 2016. https://classic.clinicaltrials.gov/ct2/show/NCT02956902	Ineligible publication type
NCT02986152. Cancer Distress Coach Mobile App Trial. Published online December 6, 2016. https://clinicaltrials.gov/study/NCT02986152?term=NCT02986152&limit=10&rank=1	Ineligible population
NCT03196999. Remotely Resolving Psychological Stress (Remote RePS). Published online June 20, 2017. https://clinicaltrials.gov/study/NCT03196999?term=NCT03196999&limit=10&rank=1&tab=table	Ineligible publication type
NCT03199742. Evaluation of a Mobile Phone App for Veterans With PTSD. Published online June 20, 2017. https://clinicaltrials.gov/study/NCT03199742?term=NCT03199742&limit=10&rank=1	Ineligible publication type
NCT03208738. Pilot Evaluation of the VetChange Mobile App for Veterans With PTSD Who Engage in Problem Drinking. Published online July 11, 2017. https://clinicaltrials.gov/study/NCT03208738?term=NCT03208738&limit=10&rank=1	Ineligible publication type
NCT03906240. Pilot Study Testing a Web-Based Moral Elevation Intervention for Veterans With PTSD and Moral Injury. Published online March 27, 2019. https://clinicaltrials.gov/study/NCT03906240?term=NCT03906240&limit=10&rank=1&tab=table	Ineligible publication type
NCT04094922. PTSD Coach Sweden: evaluating a Self-help Mobile App for Posttraumatic Stress in a Community Sample. Published online September 17, 2019. https://clinicaltrials.gov/study/NCT04094922?term=NCT04094922&limit=10&rank=1	Ineligible publication type
NCT04155736. Testing a Self-Management App for Symptoms of Posttraumatic Stress. Published online October 30, 2019. https://clinicaltrials.gov/study/NCT04155736?term=NCT04155736&limit=10&rank=1	Ineligible publication type
NCT04231578. Couple HOPES (Helping Overcome PTSD and Enhance Satisfaction). Published online January 18, 2020. https://classic.clinicaltrials.gov/ct2/show/NCT04231578	Ineligible publication type
NCT04333667. Effectiveness of Mindfulness-based Internet Intervention Still Me. Published online March 31, 2020. https://clinicaltrials.gov/study/NCT04333667?term=NCT04333667&limit=10&rank=1	Ineligible publication type
NCT04771767. Combined Ketamine and eCBT Intervention for PTSD. Published online November 19, 2020. https://clinicaltrials.gov/study/NCT04771767?term=NCT04771767&limit=10&rank=1	Ineligible intervention
NCT05569915. Project QueST: queer Survivors of Trauma. Published online October 3, 2022. https://clinicaltrials.gov/study/NCT05569915?term=NCT05569915&rank=1&tab=table	Ineligible population
Nollett C, Lewis C, Kitchiner N, et al. Pragmatic RAndomised controlled trial of a trauma-focused guided self-help Programme versus InDividual trauma-focused cognitive Behavioural therapy for post-traumatic stress disorder (RAPID): trial protocol. BMC psychiatry. 2018;18(1):77.	Ineligible publication type

Citation	Exclude Reason
NTR5065. The effectiveness of a mobile app in reducing of post-traumatic stress symptoms. Published online February 24, 2015. https://www.onderzoekmetmensen.nl/en/trial/29192	Ineligible publication type
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RISK OF BIAS ASSESSMENTS

RANDOMIZED CONTROLLED TRIALS (ROB-2)

Trial Name or Author Year	Bias from randomization process	Bias from deviation from intended interventions (Assignment)	Bias from deviation from intended interventions (Adherence)	Bias from missing outcome data	Bias in measurement of outcome	Bias in selection of reported result	Overall risk of bias (Low, Some concerns, High)
Acosta 2017	Some concerns	Low	High	Some concerns	High	Low	High
	Permuted block randomization based on diagnoses. Allocation concealment not described. No significant baseline differences between groups.	Blinding of participants not feasible. No reported deviations from intended intervention.	38.3% of treatment group completed all modules. Greater # lost to follow-up in treatment group than TAU only group. Analysis included all randomized participants. Both groups had access to usual VA primary care services and groups did not differ in amount of care received. Psychotropic medication use not reported.	All randomized participants included in analysis (ITT), but methods of handling missing data not described.	Combination of clinician-administered and self-report measures that rely on participant report of symptoms. Participants were not blind to group assignment and comparison condition was inactive. Outcome measurement did not differ between groups. Validated outcome measures used.	Primary outcomes specified in protocol were reported.	
Allen 2022	Low	Low	Some concerns	Some concerns	High	Some concerns	High
	1:1 random allocation conducted by an independent individual. No significant baseline differences between groups.	Blinding of participants not feasible. No reported deviations from intended intervention.	66.7% of treatment group completed all modules. Similar # withdrawals between groups. Both groups could not be currently receiving PTSD treatment and had to have stable medication regimen. Psychotropic medication use not reported.	ITT analysis does not include participants who withdrew or didn't complete baseline assessment (4 in treatment group, 5 in waitlist). Missing data handled with model-based imputation (maximum likelihood estimation).	Outcomes were self-report measures. Participants were not blind to group assignment and comparison condition was inactive. Outcome measurement did not differ between groups. Validated outcome measures used.	6-month outcomes not reported; some secondary outcomes of interest not reported (Sheehan Disability Scale, WHODAS-II)	

Trial Name or Author Year	Bias from randomization process	Bias from deviation from intended interventions (Assignment)	Bias from deviation from intended interventions (Adherence)	Bias from missing outcome data	Bias in measurement of outcome	Bias in selection of reported result	Overall risk of bias (Low, Some concerns, High)
Andersson 2021	Low	Low	High	Low	High	Some concerns	High
	Computer-generated randomization conducted by an independent individual. No baseline differences reported.	Blinding of participants not feasible. No reported deviations from intended intervention.	18.8% of treatment group completed all modules. 15.6% dropout in treatment group and 3.1% in control group. Both groups could not be currently receiving psychological treatment. Psychotropic medication use not reported.	All randomized participants included in ITT analyses. Missing data handled with model-based imputation.	Combination of clinician-administered and self-report measures that rely on participant report of symptoms. Participants were not blind to group assignment and comparison condition was inactive. Outcome measurement did not differ between groups. Validated outcome measures used.	No protocol identified	
Berdard-Gilligan 2022	High	Low	Some concerns	Unclear	Some concerns	Some concerns	High
	Randomization was likely appropriate and concealed, but baseline symptoms on the primary outcomes significantly differed in Wave 1 suggesting different levels of sx severity between groups.	Intervention groups were similar (only the content of the texts differed) and it is unclear whether participants were notified or aware of group assignment. No reported deviations from intended intervention.	Co-interventions was just included as a binary outcome and there was not exclusion criteria about current treatments.	A small number of participants were not included in analysis. Investigators did not provide details about these participants or why they were not analyzed.	Outcomes were self-report measures. Unclear whether participants were blind to group assignment, but active comparison condition was used. Outcome measurement did not differ between groups. Validated outcome measures used.	The study was not pre-registered.	
Bedford 2023	Low	Low	Low	Low	Some concerns	Low	Some concerns
	Computer-generated randomization within the online survey system. No baseline differences reported.	Blinding of participants not feasible. No reported deviations from intended intervention.	Single session intervention; appears all participants completed the session. No information provided on receipt of concurrent therapy. 53.3 % reported taking psychotropic medications, but % for each group not provided.	23.7% int. vs 27.3% control without follow-up assessment. All randomized participants included in ITT analyses. Missing data handled with multiple imputation.	Outcomes were self-report measures. Participants were not blind to group assignment, but active comparison condition was used. Outcome measurement did not differ between groups. Validated outcome measures used.	Outcomes specified in protocol were reported.	

Trial Name or Author Year	Bias from randomization process	Bias from deviation from intended interventions (Assignment)	Bias from deviation from intended interventions (Adherence)	Bias from missing outcome data	Bias in measurement of outcome	Bias in selection of reported result	Overall risk of bias (Low, Some concerns, High)
Bisson 2022	Low Computer-generated allocation sequence conducted by a data manager who emailed allocation to the trial manager. Control group had higher level of education.	Low Blinding of participants not feasible. No reported deviations from intended intervention.	Some concerns 79.4% of participants in the iCBT-TF group and 55.6% in the face-to-face CBT-TF group met the a priori definition of full adherence, but definitions of adherence were different for each group. Both groups could not be currently receiving psychological treatment and had to have stable medication regimen. Psychotropic medication use not reported.	Low 71-74% completed follow-up. All randomized participants included in ITT analyses. Missing data handled with multiple imputation.	Some concerns Combination of clinician-administered and self-report measures that rely on participant report of symptoms. Participants were not blind to group assignment, but an active comparison condition was used. Outcome measurement did not differ between groups. Validated outcome measures used.	Low Outcomes specified in protocol were reported.	Some concerns
Clausen 2019	High First 13 participants were randomly assigned by the lab manager (unclear method). Other research staff were blind to allocation sequence. Last 7 participants were assigned to treatment group (not randomly). Baseline differences not reported.	Low Blinding of participants not feasible. No reported deviations from intended intervention.	Some concerns 57% in intervention group and 50% in placebo group received full training. Required stable dose of antidepressant or sleep medications (2 PTSD participants reported stable dose of antidepressants). No information on concurrent therapy.	High Completer analysis (analyses did not include withdrawals; 42% int. and 50% control).	Some concerns Outcomes were self-report measures. Participants were not blind to group assignment, but active comparison condition was used. Outcome measurement did not differ between groups. Validated outcome measures used.	Low Outcomes specified in protocol were reported.	High
De Kleine 2019	Some concerns Computer-generation randomization within the online platform. The active group was significantly older than the control group and	Low Participants blinded to group allocation. No reported deviations from intended intervention.	Low 97% completed all treatment sessions. The number of participants receiving trauma-focused therapy or psychotropic	Some concerns 61% active vs. 72% control had data at 6 months. All randomized participants were included in analyses, but unclear handling	Some concerns Outcomes were self-report measures. Participants appear to have been blind to group assignment and an active comparison condition was used. Outcome measurement	Some concerns Unable to access trial registration	Some concerns

Trial Name or Author Year	Bias from randomization process	Bias from deviation from intended interventions (Assignment)	Bias from deviation from intended interventions (Adherence)	Bias from missing outcome data	Bias in measurement of outcome	Bias in selection of reported result	Overall risk of bias (Low, Some concerns, High)
	reported less exposure to trauma during childhood and less violence/physical assault in adulthood.		medications did not differ between groups.	of missing data in ITT analysis.	did not differ between groups. Validated outcome measures used.		
Engel 2015	Low Centrally conducted random permuted blocking scheme. Does not state how sequence was generated. No significant baseline differences.	Low Blinding of participants not feasible. No reported deviations from intended intervention.	Some concerns 35% of the treatment group completed all logins. Excluded individuals actively engaged in trauma-focused treatment or with an unstable medication regimen. Psychotropic medication use not reported.	Low 82.% had complete data. No difference in missing data between groups. All randomized participants included in ITT analyses. Missing data handled with model-based imputation.	High Outcomes were self-report measures. Participants were not blind to group assignment and comparison condition was inactive. Outcome measurement did not differ between groups. Validated outcome measures used.	Some concerns No protocol identified.	High
Erbes 2020	Some concerns Details of sequence generation/allocation concealment not reported. Baseline differences not reported.	Low Blinding of participants not feasible. No reported deviations from intended intervention.	Some concerns 56% of participants in the treatment group completed the entire course. Initiation of mental health care was an aim of the study/outcome of interest: 36% treatment group vs. 21% control. Psychotropic medication use not reported.	Some concerns Completer analysis; 5 (11%) randomized participants not included in analyses (2 treatment group participants that did not initiate the treatment, 3 participants missing data at posttreatment).	High Outcomes were self-report measures. Participants were not blind to group assignment and comparison condition was inactive. Outcome measurement did not differ between groups. Validated outcome measures used.	Low Outcomes specified in protocol were reported.	High
Fonzo 2019	Low Computer-generated random sequence; allocation was concealed prior to randomization of each participant. No	Low Participants blinded to group allocation. No reported deviations from intended intervention.	Some concerns Rates of adherence to completing the minimal adequate dose were 77% in the active arm and 75% in the control arm. Participants could not be currently engaged in	Some concerns 35% of total sample dropped out. All randomized participants included in analysis; missing data handled with	High Combination of clinician-administered and self-report measures that rely on participant report of symptoms. Participants were blind to group assignment and an	Low Outcomes specified in protocol were reported.	High

Trial Name or Author Year	Bias from randomization process	Bias from deviation from intended interventions (Assignment)	Bias from deviation from intended interventions (Adherence)	Bias from missing outcome data	Bias in measurement of outcome	Bias in selection of reported result	Overall risk of bias (Low, Some concerns, High)
	significant baseline differences.		psychotherapy and, if on antidepressant medications, had to be on a stable regimen. Psychotropic medication use not reported.	model-based imputation.	active comparison condition was used, but assessors administering the CAPS were not blind to group assignment. Outcome measurement did not differ between groups. Validated outcome measures used.		
Gawlytta 2022	Low Computer-generated random sequence; performed centrally by an independent individual. Duration of mechanical ventilation among ventilated patients greater in treatment group.	Low Participants blinded to group allocation. No reported deviations from intended intervention.	Some concerns Treatment adherence unclear. Excluded patients with ongoing therapeutic treatment. Psychotropic medication use not reported.	Low Up to 15% missing data. All randomized participants included in ITT analyses. Missing data handled with multiple imputation.	Some concerns Outcomes were self-report measures. Participants were blind to group assignment. Outcome measurement did not differ between groups. Validated outcome measures used.	Low Outcomes specified in protocol were reported.	Some concerns
Hensler 2022; Hensler 2023	Low Computer-generated allocation sequence; sequence generated by an external statistician; allocation concealed from research team. Baseline differences not reported.	Some concerns Blinding of participants not feasible. At follow-up, 4 participants on the waitlist reported having used PTSD Coach.	Some concerns 19% participants with access to the app stated that they had not used PTSD Coach. 7 participants (app access=4; waitlist=3) reported using a self-management app other than PTSD Coach. Participants started psychological treatment (app access=10; waitlist=10), changed their medication (app access=8; waitlist=10), or started a new medication (app access=10; waitlist=8). 26 people sought professional help	Low 77-85% had complete data. All randomized participants included in ITT analyses. Missing data handled with multiple imputation.	High Outcomes were self-report measures. Participants were not blind to group assignment and comparison condition was inactive. Outcome measurement did not differ between groups. Validated outcome measures used.	Low Outcomes specified in protocol were reported.	High

Trial Name or Author Year	Bias from randomization process	Bias from deviation from intended interventions (Assignment)	Bias from deviation from intended interventions (Adherence)	Bias from missing outcome data	Bias in measurement of outcome	Bias in selection of reported result	Overall risk of bias (Low, Some concerns, High)
			related to their trauma (app access=17; waitlist=9).				
Hirai 2020	Some concerns Only states that participants were randomly assigned. No significant baseline differences.	Some concerns Unclear whether participants were blind to group assignment (interventions were similar). No reported deviations from intended intervention.	Some concerns 34% of participants never started the first writing session. 48% completed intervention and follow-up assessments (only completers were analyzed). Co-interventions not reported.	High Completer analysis; only includes 48% of participants randomized.	Some concerns Outcomes were self-report measures. Unclear whether participants were blind to group assignment, but active comparison condition was used. Outcome measurement did not differ between groups. Validated outcome measures used.	Some concerns No protocol identified.	High
Ivarsson 2014	Low Computer-generated randomization sequence; randomization conducted by an independent individual. No significant baseline differences.	Low Blinding of participants not feasible. No reported deviations from intended intervention.	Some concerns 68% completed a minimum dose as defined by investigators. 22.6% of intervention group and 29% of waitlist were taking psychotropic medication at baseline. Excluded participants with ongoing psychological treatment.	Low Response rate 87%. All randomized participants included in analysis; missing data handled with model-based imputation.	High Outcomes were self-report measures. Participants were not blind to group assignment and comparison condition was inactive. Outcome measurement did not differ between groups. Validated outcome measures used.	Some concerns No protocol identified.	High
Knaevelsrud 2007	Some concerns Computer-generation randomization; allocation concealment not described. No significant baseline differences.	Low Blinding of participants not feasible. No reported deviations from intended intervention.	Some concerns 16% did not complete treatment (dropped out), but no information provided on adherence. Participants could not be receiving treatment elsewhere. Psychotropic medication use not reported.	Low 84% completed follow-up. Analyses included all randomized participants, but missing data was handled with simple imputation of baseline scores.	High Outcomes were self-report measures. Participants were not blind to group assignment and comparison condition was inactive. Outcome measurement did not differ between groups.	Some concerns Unable to access trial registration.	High

Trial Name or Author Year	Bias from randomization process	Bias from deviation from intended interventions (Assignment)	Bias from deviation from intended interventions (Adherence)	Bias from missing outcome data	Bias in measurement of outcome	Bias in selection of reported result	Overall risk of bias (Low, Some concerns, High)
					Validated outcome measures used.		
Krupnick 2017	High No detail provided on sequence generation or allocation concealment methods. Intervention group had significantly lower baseline intrusion and hyperarousal symptoms, and lower PCL total scores than those in the TAU group.	Low Blinding of participants not feasible. No reported deviations from intended intervention.	High No information provided on adherence to intervention. 4 TAU pts began and 1 completed a course of CPT during the course of the study. The average number of psychosocial treatment sessions was 2.44 for TAU and 0.78 for intervention group. Antidepressant medication use was similar between groups.	High 25% in treatment group and 67% of TAU who completed the baseline assessment completed the follow-up assessment. ITT analyses included participants who completed the baseline assessment (did not include 3 randomized participants). Missing data was handled with model-based imputation.	High Outcomes were self-report measures. Participants were not blind to group assignment and comparison condition was inactive. Outcome measurement did not differ between groups. Validated outcome measures used.	Some concerns No protocol identified.	High
Kuhn 2017	Low Computer-generated randomization sequence; randomization conducted by the study coordinator. Significant baseline differences in psychosocial functioning scores only.	Low Blinding of participants not feasible. No reported deviations from intended intervention.	Some concerns Intervention was access to the app; do not report how many participants in the intervention group used the app. Participants could not currently be in PTSD treatment. Psychotropic medication use not reported.	Low 82% int. and 90% control responded at 3 months. All randomized participants included in ITT analyses. Missing data handled with multiple imputation.	High Outcomes were self-report measures. Participants were not blind to group assignment and comparison condition was inactive. Outcome measurement did not differ between groups. Validated outcome measures used with exception of PTSD coping self-efficacy.	Some concerns No protocol identified.	High
Lange 2003	Low Computer-generated randomization sequence. Allocation	Low Blinding of participants not feasible. No reported deviations	Some concerns 36% in intervention group did not complete treatment; no additional	High Only treatment completers were asked to complete	High Outcomes were self-report measures. Participants were not	Low Outcomes specified in	High

Trial Name or Author Year	Bias from randomization process	Bias from deviation from intended interventions (Assignment)	Bias from deviation from intended interventions (Adherence)	Bias from missing outcome data	Bias in measurement of outcome	Bias in selection of reported result	Overall risk of bias (Low, Some concerns, High)
	concealment not described. No significant baseline differences.	from intended intervention.	information provided on adherence. Participants could not currently be in treatment elsewhere. Psychotropic medication use not reported.	follow-up assessment; 28% of randomized participants did not have follow-up data. Repeated main analysis with ITT sample (all participants randomized); missing data was handled with simple imputation of baseline values.	blind to group assignment and comparison condition was inactive. Outcome measurement did not differ between groups. Validated outcome measures used.	protocol were reported.	
Larsen 2019	Some concerns Only states that participants were randomly assigned. No significant baseline differences.	Some concerns Appears that participants were blind to group assignment (interventions were similar). No reported deviations from intended intervention.	Some concerns 72% of randomized participants overall were treatment completers (completed at least 80% of training sessions). There was no difference between groups on average number of completed training sessions. All but 3 participants (all in intervention group) were receiving other treatments. 3 participants in each group had a notable change in treatment status during the study.	High Only treatment completers were asked to complete follow-up assessment; 28% of randomized participants did not have follow-up data. Repeated main analysis with ITT sample (all participants randomized); missing data was handled with simple imputation of baseline values.	Some concerns Outcomes were self-report measures. Participants appear to have been blind to group assignment and an active comparison condition was used. Outcome measurement did not differ between groups. Validated outcome measures used.	Low Outcomes specified in protocol were reported.	High
Lehavot 2021	Low Design paper specifies computer-generated randomization sequence. Baseline differences not reported.	Low Blinding of participants not feasible. No reported deviations from intended intervention.	Some concerns The intervention group had a lower proportion of treatment completers than the phone monitoring group (76% vs 96%); completion defined as >50% sessions. Participants	Low Over 80% randomized completed all follow-up assessments. Analyses included all randomized participants (ITT);	High Outcomes were self-report measures. Participants were not blind to group assignment and comparison condition was inactive. Outcome measurement did not	Some concerns Secondary outcomes specified were not reported (depression, quality of life)	High

Trial Name or Author Year	Bias from randomization process	Bias from deviation from intended interventions (Assignment)	Bias from deviation from intended interventions (Adherence)	Bias from missing outcome data	Bias in measurement of outcome	Bias in selection of reported result	Overall risk of bias (Low, Some concerns, High)
			could not be currently in treatment; had to have stable dose of medications. Psychotropic medication use not reported.	missing data handled with model-based imputation.	differ between groups. Validated outcome measures used.		
Lewis 2017	Low Randomization sequence generated by an independent statistician. Allocation was concealed with sealed, opaque envelopes. Baseline differences not reported.	Low Blinding of participants not feasible. No reported deviations from intended intervention.	Some concerns 36% in treatment group completed all 8 modules, 72% completed more than half. Participants could not be currently in treatment; had to have stable dose of medications. Psychotropic medication use not reported.	Low 71% in treatment group and 81% in waitlist completed post-treatment assessment. Analysis includes all randomized participants (ITT); missing data handled with multiple imputation.	High Combination of clinician-administered and self-report measures that rely on participant report of symptoms. Participants were not blind to group assignment and comparison condition was inactive. Outcome measurement did not differ between groups. Validated outcome measures used.	Some concerns No protocol identified.	High
Littleton 2016	Some concerns Randomization sequence generated with a computerized coin flip. No information provided on allocation concealment. No significant baseline differences.	Low Blinding of participants not feasible. No reported deviations from intended intervention.	High 16% randomized did not complete baseline assessments and log in to program at least once. 16% in treatment group completed the entire program. Participants could not be currently in treatment; had to have stable dose of medications. Psychotropic medication use not reported.	Some concerns 43% of treatment group and 29% of control group did not have follow-up data. ITT analyses was conducted; missing data were handled with multiple imputation.	High Outcomes were self-report measures. Participants were not blind to group assignment and comparison condition was inactive. Outcome measurement did not differ between groups. Validated outcome measures used.	Some concerns No protocol identified.	High
Litz 2007	Some concerns Details of sequence generation and allocation	Low Blinding of participants not feasible. No reported deviations	Some concerns 73% completed treatment; no additional information on	Some concerns 31% of participants overall did not	Some concerns Combination of clinician-administered and self-report	Some concerns No protocol identified.	Some Concerns

Trial Name or Author Year	Bias from randomization process	Bias from deviation from intended interventions (Assignment)	Bias from deviation from intended interventions (Adherence)	Bias from missing outcome data	Bias in measurement of outcome	Bias in selection of reported result	Overall risk of bias (Low, Some concerns, High)
	concealment not described. No significant baseline differences.	from intended intervention.	adherence provided. Participants could not be currently in treatment; had to have stable dose of medications. Psychotropic medication use not reported.	complete post-treatment assessment. ITT analysis conducted, but ITT group is not defined; missing data handled with model-based imputation.	measures that rely on participant report of symptoms. Participants were not blind to group assignment, but an active comparison condition was used. Outcome measurement did not differ between groups. Validated outcome measures used.		
McGuire 2023	Low Computer-generated randomization sequence. Study staff remained blind to sequence until assignments were made. No significant baseline differences.	Low Blinding of participants not feasible. No reported deviations from intended intervention.	Some concerns 63% completed all 8 sessions in the treatment condition. Veterans were not excluded if they were currently enrolled in other treatments; no information on outside treatment reported.	High Completer analysis; 67% in intervention group and 83% in control group were included in analyses. Handling of missing data not described.	High Outcomes were self-report measures. Participants were not blind to group assignment and comparison condition was inactive. Outcome measurement did not differ between groups. Validated outcome measures used.	Some concerns No protocol identified.	High
McLean 2021	Some concerns Block randomization; methods of sequence generation and allocation concealment not described. Baseline differences not reported.	Low Blinding of participants not feasible. No reported deviations from intended intervention.	Some concerns 42% in web-PE and 81% in face-to-face control group completed all 10 sessions, but the number of sessions completed was not significantly different between groups. Excluded participants currently engaged in evidence-based treatment for PTSD. Psychotropic medication use not reported.	High 53% lost to follow-up in web-PE group at post-treatment, 48% of face-to-face control. Unclear whether analyses include all randomized participants, Ns not provided; handling of missing data not described. Design paper states that all participants who provide any	Some concerns Combination of clinician-administered and self-report measures that rely on participant report of symptoms. Participants were not blind to group assignment, but an active comparison condition was used. Outcome measurement did not differ between groups. Validated outcome measures used.	Low Not all secondary outcomes specified in design paper reported, but primary outcomes are reported.	High

Trial Name or Author Year	Bias from randomization process	Bias from deviation from intended interventions (Assignment)	Bias from deviation from intended interventions (Adherence)	Bias from missing outcome data	Bias in measurement of outcome	Bias in selection of reported result	Overall risk of bias (Low, Some concerns, High)
				outcome data will be included.			
McLean 2022	Some concerns Computer-generated randomization sequence. Randomization conducted by study RA; allocation concealment unclear. Baseline differences not reported.	Low Blinding of participants not feasible. No reported deviations from intended intervention.	Some concerns There was a bug that caused one app feature to crash and was corrected halfway through the study. All received the intervention except 1 in app alone group. Unclear adherence to intervention. Co-interventions not reported.	Low 23% app alone, 6% app + support, 19% waitlist lost to follow-up at posttreatment. All randomized participants included in analyses (ITT); missing data handled with model-based imputation.	High Outcomes were self-report measures. Participants were not blind to group assignment and comparison condition was inactive. Outcome measurement did not differ between groups. Validated outcome measures used.	Low Not all secondary outcomes specified in design paper reported, but primary outcomes are reported.	High
Miner 2016	Some concerns Methods of sequence generation and allocation concealment not described. No significant baseline differences.	Low Blinding of participants not feasible. No reported deviations from intended intervention.	Some concerns No participants in treatment group reported never using the app; further adherence information not provided (intervention was access to the app only). Participants could not currently be in PTSD treatment. Psychotropic medication use not reported.	Low 8% in app group and 13% in waitlist did not complete posttreatment assessment. All randomized participants included in ITT analyses. Missing data handled with multiple imputation.	High Outcomes were self-report measures. Participants were not blind to group assignment and comparison condition was inactive. Outcome measurement did not differ between groups. Validated outcome measures used.	Some concerns No protocol identified.	High
Morabito 2023	Some concerns Randomization sequence generated with random number table; allocation concealment not described. Greater # of Hispanic participants in control group; higher baseline negative	Low Blinding of participants not feasible. No reported deviations from intended intervention.	Low 1 participant in the treatment group and 2 in the control group did not complete the intervention (defined as spending more than 2.5 SDs less than mean time). Stable medication regimen required; no information	Some concerns Excluded 3 participants who did not complete the intervention and 2 with impairing drug use during the intervention (10% of randomized participants).	Some concerns Outcomes were self-report measures. Participants were not blind to group assignment, but active comparison condition was used. Outcome measurement did not differ between groups.	Some concerns PANAS, TIQ, LEC, PTCI not mentioned in trial registry. Guilt mentioned in registry but not paper.	Some concerns

Trial Name or Author Year	Bias from randomization process	Bias from deviation from intended interventions (Assignment)	Bias from deviation from intended interventions (Adherence)	Bias from missing outcome data	Bias in measurement of outcome	Bias in selection of reported result	Overall risk of bias (Low, Some concerns, High)
	affect in treatment group.		on other ongoing treatment.	Missing data handled with model-based imputation.	Validated outcome measures used.		
Nieminen 2016	Low Computer-generated randomization sequence; randomization conducted by independent individual. No significant baseline differences.	Low Blinding of participants not feasible. No reported deviations from intended intervention.	Some concerns In treatment group, 54% completed all 8 weeks of treatment and 67% completed at least four modules. Excluded individuals currently participating in psychotherapy. Required stable medication regimen. Psychotropic medication use not reported.	Some concerns 64% int. vs 96% control completed interview. 86% int. vs 96% control completed questionnaire. Flow diagram shows drop-outs excluded from analysis, but table shows ITT with missing data imputed.	High Outcomes were self-report measures. Participants were not blind to group assignment and comparison condition was inactive. Outcome measurement did not differ between groups. One of the self-report PTSD scales is preliminarily validated.	Some concerns No protocol identified.	High
Possemato 2011	Some concerns Methods of sequence generation and allocation concealment not described. Intervention group participants were significantly more likely to be separated or divorced than control participants.	Low Blinding of participants not feasible. No reported deviations from intended intervention.	Some concerns All intervention group participants completed all 3 writing sessions. 1 in intervention group and 4 in control group sought outside treatment.	Some concerns Excluded 5 participants who received other treatment during the study period from ITT analyses. Unclear handling of missing data.	Some concerns Outcomes were self-report measures. Participants were not blind to group assignment, but active comparison condition was used. Outcome measurement did not differ between groups. Validated outcome measures used.	Some concerns No protocol identified.	Some concerns
Possemato 2016	Some concerns Methods of sequence generation and allocation concealment not described. Baseline differences present	Low Blinding of participants not feasible. No reported deviations from intended intervention.	Some concerns All participants completed every treatment session & fidelity to treatment was high among clinicians delivering the treatment. Participants in the clinician-supported group had	Low Missing data handled with multiple imputation. All participants in the clinician-supported group and 80% in the	Some concerns Outcomes were self-report measures. Participants were not blind to group assignment, but active comparison condition was used. Outcome measurement did not differ between groups.	Some concerns Unclear whether outcome assessors were blind to group assignment. Outcomes were self-report measures and participants were	Some concerns

Trial Name or Author Year	Bias from randomization process	Bias from deviation from intended interventions (Assignment)	Bias from deviation from intended interventions (Adherence)	Bias from missing outcome data	Bias in measurement of outcome	Bias in selection of reported result	Overall risk of bias (Low, Some concerns, High)
	in social QOL scores.		more days of app use compared to the self-managed group, but full usage data was not available. Participants could not be currently in mental health treatment; had to have stable dose of medications. Psychotropic medication use not reported.	self-managed group completed the posttreatment assessment. ITT analysis included all randomized participants.	Validated outcome measures used.	not blind to group assignment. Validated outcome measures used.	
Possemato 2019	Some concerns Permuted block randomization; no information on methods of sequence generation or allocation concealment. No significant baseline differences.	Low Blinding of participants not feasible. No reported deviations from intended intervention.	Some concerns Participants in both conditions completed an average of 11 modules, but more participants completed at least 1 module in the peer support group than the self-managed group (93% vs 73%). Fidelity of peer support specialists appears to have been moderate. Participants could not be currently in mental health treatment; had to have stable dose of medications. Psychotropic medication use not reported.	High Only included participants who competed follow-up assessment in analysis; did not include 33% of randomized participants. Missing data from included participants was handled with model-based imputation.	Some concerns Outcomes were self-report measures. Participants were not blind to group assignment, but active comparison condition was used. Outcome measurement did not differ between groups. Validated outcome measures used.	Low Outcomes specified in protocol were reported (except that a different version of the PCL was used).	High
Spence 2011	Low Computer-generated randomization sequence, conducted by an independent individual. No significant baseline differences.	Low Blinding of participants not feasible. No reported deviations from intended intervention.	Low 78% in treatment group completed all lessons. Participants could not already be receiving CBT; required stable medication regimen. Psychotropic	Some concerns Two control group participants (10%) did not begin treatment and were not included in analyses. 9% in treatment group did not complete	High Outcomes were self-report measures. Participants were not blind to group assignment and comparison condition was inactive. Outcome measurement did not	Some concerns No protocol identified.	High

Trial Name or Author Year	Bias from randomization process	Bias from deviation from intended interventions (Assignment)	Bias from deviation from intended interventions (Adherence)	Bias from missing outcome data	Bias in measurement of outcome	Bias in selection of reported result	Overall risk of bias (Low, Some concerns, High)
			medication use not reported.	posttreatment questionnaire. All participants who started treatment were included in analyses. Missing data were handled with simple imputation of baseline scores.	differ between groups. Validated outcome measures used.		
Spence 2014	Some concerns No details of randomization process provided. Non-exposure group was significantly older.	Low From protocol it appears that participants were blinded. No reported deviations from intended intervention..	Low. High rates of treatment completion; all participants started at least 1 lesson. 73% int. vs. 79% control completed all lessons.	Low. High rates of assessment completion. Analysis used appropriate methods to handle missing data.	High Combination of clinician-administered and self-report measures that rely on participant report of symptoms. Participants were blind to group assignment and an active comparison condition was used, but assessors administering the CAPS were not blind to group assignment. Outcome measurement did not differ between groups. Validated outcome measures used.	Some concerns Protocol includes PCL-C as an outcome measure; not reported in publication.	High
van Stolk-Cooke 2023	Some concerns No details of randomization process provided. Baseline differences not reported.	Low Blinding of participants not feasible. No reported deviations from intended intervention.	High Small percentage of patients used the app once. No information on co-interventions provided.	High High rates of missing data. Analysis were appropriate to handle missing data, but given the high rates unclear how reliable it is.	Some concerns Outcomes were self-report measures. Participants were not blind to group assignment, but active comparison condition was used. Outcome measurement did not differ between groups. Appears not all	Low Outcomes specified in protocol were reported.	High

Trial Name or Author Year	Bias from randomization process	Bias from deviation from intended interventions (Assignment)	Bias from deviation from intended interventions (Adherence)	Bias from missing outcome data	Bias in measurement of outcome	Bias in selection of reported result	Overall risk of bias (Low, Some concerns, High)
					measures used were validated measures.		

Abbreviations. CBT=cognitive behavioral therapy; iCBT=internet-based cognitive behavioral therapy; ITT= intent to treat; LEC=Life Events Checklist for DSM-5; PANAS=The Positive and Negative Affect Schedule Scale; PCL= PTSD Checklist; PTCI=Posttraumatic Cognitions Inventory; PTSD=posttraumatic stress disorder; PCL-C=PTSD Checklist – Civilian Version; QoL=quality of life; TAU=treatment as usual; TIQ=therapy impact questionnaire; webPE=web-prolonged exposure.

NONRANDOMIZED COMPARISON STUDIES (ROBINS-I)

Study Name or Author Year	Bias due to confounding	Selection bias	Bias in classification of interventions	Bias due to departures from intended interventions	Bias due to measurement of outcomes	Bias due to missing data	Bias in the selection of reported results	Overall risk of bias (Low, Moderate, Serious, Critical, No Information)
McCall 2023	Low	Low	Unclear	Unclear	Unclear	Unclear	Low	Unclear
	Non-randomized preference trial. Prospective clients of an online iCBT service for public service personnel who reported clinically significant PTSD symptoms were offered choice of treatment.	Intervention groups were clearly defined, prior to participants receiving treatment.	69% of participants accessed at least 4/5 lessons. Completion rates were similar for both groups. Excluded participants currently receiving another psychological treatment. No information on psychotropic medication use provided.	Unclear whether outcome assessors were blind to group assignment, but outcomes were self-report measures and participants were not blind to group assignment.	No significant differences between groups at baseline except for depression symptom severity. Unclear whether this difference was controlled for in analyses.	Posttreatment assessments were completed by 65% of randomized participants. Participants who started the intervention were included in analyses (92%). Missing data was handled with multiple imputation.	Primary outcomes and most secondary outcomes specified in protocol were reported. Publication is preliminary results of ongoing study and states that remaining data will be published in the future.	
Wiltsey Stirman 2021	Low	Low	Unclear	Unclear	Unclear	Unclear	Unclear	Unclear
	Open trial participants were Talkspace clients with probable PTSD at intake. Only included individuals who completed PCL assessment at least twice in matched comparison. Comparison group was matched Talkspace clients who did not receive intervention who were seen in a similar timeframe	Intervention groups were clearly defined.	64% of participants in CPT-Text intervention completed all 12 modules. Word count (estimate of engagement) was significantly higher for the TAU Talkspace group. Co-interventions not reported.	Assessments were completed within Talkspace platform. Outcomes were self-report and could have been influenced by knowledge of the intervention received. Methods of outcome assessment were the same for both groups.	Control group selected via propensity matching on baseline PTSD symptom severity and time in treatment. Matching did not take into account demographic characteristics. Demographics appear similar between groups, but race not reported for control group. Other potential confounding variables not examined.	82% of CPT-Text participants who had completed PCL assessments at least twice were matched and included in analyses. Method of handling missing data is not described.	The study was not pre-registered.	

Study Name or Author Year	Bias due to confounding	Selection bias	Bias in classification of interventions	Bias due to departures from intended interventions	Bias due to measurement of outcomes	Bias due to missing data	Bias in the selection of reported results	Overall risk of bias (Low, Moderate, Serious, Critical, No Information)
	and had similar baseline scores.							

Abbreviations. CPT=cognitive processing therapy; iCBT=internet-based cognitive behavioral therapy; PCL=PTSD Checklist; PTSD=posttraumatic stress disorder; TAU=treatment as usual.

PRE-POST STUDIES (ROBINS-I)

Study Name or Author Year	Bias due to confounding	Selection bias	Bias in classification of interventions	Bias due to departures from intended interventions	Bias due to measurement of outcomes	Bias due to missing data	Bias in the selection of reported results	Overall risk of bias (Low, Moderate, Serious, Critical, No Information)
Crenshaw 2023	High Examined differences between 2 study samples but did not account for potential confounders.	Low Secondary analysis of data from 2 prospective studies; included all participants from those studies (except for 1 that did not start the study and wasn't included in analyses for that study).	Low Baseline and follow-up time points aligned with beginning and end of intervention; not influenced by outcome data.	Unclear 33% did not complete the program. Treatment completers completed all treatment sessions. Co-interventions not reported.	Unclear Assessments were completed online. Measures were self-report and participants were aware of receiving intervention.	Unclear Analytic sample included all participants. Model-based imputation of missing data, but level of missing data was high (37% missing posttreatment assessment).	Low All outcomes specified were reported, except for drug use, for which a rationale was provided.	High
Kuhn 2023	High Time trends not accounted for. No adjustment for confounders.	Low Prospective study; selection of participants not based on characteristics observed after the start of the intervention.	Low Baseline and follow-up time points aligned with beginning and end of intervention; not influenced by outcome data.	Unclear Intervention was not completed by 27% of participants. Treatment completers completed all treatment sessions. Co-interventions not reported.	Unclear Method of assessment not reported, but likely online consistent with other Couple HOPES study. Measures were self-report and participants were aware of receiving intervention.	Unclear ITT analyses conducted (using all available data from all randomized participants) except for tertiary outcomes (which excluded 2 couples - 13%). Missing data was handled with model-based imputation.	Low No indication of selective reporting.	High

Study Name or Author Year	Bias due to confounding	Selection bias	Bias in classification of interventions	Bias due to departures from intended interventions	Bias due to measurement of outcomes	Bias due to missing data	Bias in the selection of reported results	Overall risk of bias (Low, Moderate, Serious, Critical, No Information)
Morland 2023	High	Low	Low	Unclear	Unclear	Unclear	Low	High
	Time trends not accounted for. No adjustment for confounders.	Prospective study; selection of participants not based on characteristics observed after the start of the intervention.	Baseline and follow-up time points aligned with beginning and end of intervention; not influenced by outcome data.	Intervention was not completed by 27% of participants. Treatment completers completed all treatment sessions. Co-interventions not reported.	Method of assessment not reported, but likely online consistent with other Couple HOPES study. Measures were self-report and participants were aware of receiving intervention.	ITT analyses conducted (using all available data from all randomized participants) with the exception of tertiary outcomes (which excluded 2 couples - 13%). Missing data was handled with model-based imputation.	No indication of selective reporting.	

Abbreviations. ITT=intent to treat.

PEER REVIEW COMMENTS AND RESPONSES

Comment #	Reviewer #	Comment	Author Response
Are the objectives, scope, and methods for this review clearly described?			
1	1	Yes	None
2	2	Yes	None
3	3	No - This report focused mainly on CBT as the internet and mobile app intervention for the treatment of PTSD. There are many other apps that are developed by the VA for the treatment of PTSD and PTSD Co-occurring conditions such as pain, depression, and suicide. Some of these apps are used as adjunctive therapies and others are used in place of CBT. Examples included, ACT, CBT-CP, Mindfulness, etc. It would be apropos to broaden the scope to include the additional apps.	Thank you for expressing your concern about the scope of the review. Studies of internet interventions and apps that aim to manage symptoms of PTSD, with or without components aimed to manage other, comorbid conditions, would have been included in this review if they had met the eligibility criteria for the review, regardless of whether the intervention was CBT-based. Often, studies were excluded because participants (at least 50%) did not meet criteria for a diagnosis of PTSD or probable PTSD or the study did not have a control group.
4	4	Yes	None
5	5	Yes	None
6	6	Yes	None
Is there any indication of bias in our synthesis of the evidence?			
7	1	No	None
8	2	No	None
9	3	No	None
10	4	No	None
11	5	No	None
12	6	No	None
Are there any published or unpublished studies that we may have overlooked?			
13	1	No	None
14	2	No	None
15	3	No	None
16	4	No	None

Comment #	Reviewer #	Comment	Author Response
17	5	No	None
18	6	No	None
Additional suggestions or comments can be provided below.			
19	1	Outstanding summary - thanks very much.	Thank you
20	2	For the first bullet under "future research," I think it would be helpful to add 1-2 examples of the types of populations that might be more/less receptive to digital treatments. I think when people think of the word "population," demographic groups come to mind, but I don't think that is what is meant here as that is covered by the next bullet. Judging by the evidence reviewed, it seems like these populations could be treatment-naive patients, or those with subclinical distress.	Based on the updated results, we have now modified some of the future research conditions. As iCBTs demonstrated limited effectiveness across the military samples, we now suggest that future treatments may want to consider targeting treatment-naïve patients in line with a promising civilian trial (Bisson et al, 2022).
21	2	This bullet in future directions seems worthy of splitting up into two. They are both important ideas that should be elaborated upon a little more: "Evaluating strategies to increase treatment adherence to online protocols and the optimal amount of guidance needed for treatments"	We have now modified our Future Directions section in line with our updated results.
22	2	I also think the report's overall conclusions and recommendations for future directions should be elaborated upon further in the executive summary, both in the initial bullets and in the narrative. I realize these are supposed to be brief summaries, but this may be all that some people read, and I think these are crucial points from the report. At present, there is one bullet that contains a lot of high-level information, and there is one concluding sentence in the narrative. I would like to see a little more.	We have elaborated on the executive summary to include a more robust summary of the conclusions and recommendations.
23	3	It is not clear why this report included studies done in other countries with non-Veterans participants.	The eligibility criteria decided on for this report, in collaboration with the Operational Partners, was not limited to US Veterans. However, we highlight studies conducted among US Veterans throughout the report as the evidence with the greatest relevance/applicability and now report results separately for this population, when possible.
24	4	Page vi, line 53: Says 2 studies found no difference between internet and in person. Were they non-inferior studies?	Thank you for your question. The executive summary was edited and no longer mentions these 2 studies. However, we discuss these 2 studies in the results

Comment #	Reviewer #	Comment	Author Response
			section; 1 was a non-inferiority study and the other was not (the second was a small feasibility study).
25	4	Page vii, line 43: Table subheading: PTSD appears twice. Why?	Headings are set to repeat at the start of a new page.
26	4	Page 4, line 18: I would state in PICOTS that over half of sample had to probable PTSD.	We include a statement above the eligibility criteria explaining that we required “about half, at minimum” of the study sample to have probable PTSD. We did not use a hard cut-off of 50% (we included 1 study with 48.4% of the sample having probable PTSD).
27	4	Page 5, line 21: Studies could have clinician administered or self report outcomes. could results be reported separately?	We have added a subgroup analysis examining whether intervention effects differed based on use of a clinician-administered or self-reported outcome measure.
28	4	Page 10, line 15: Is it 34 or 36 RCTs? On line 7 it is 36 and on line 15 it is 34.	There were 36 RCTs included total, but the literature overview is then divided into 2 sections characterizing the PTSD studies and the family member/caregiver studies separately. 34 of the RCTs were on interventions for individuals with PTSD and 2 RCTs were on interventions for family members or caregivers of individuals with PTSD.
29	4	Page 13, line 19: I would include % with PTSD in the table under population.	Thank you for your suggestion. We have added % PTSD to the study characteristics table.
30	4	Page 19, line 11: Could there be subgroup analyses on PTSD v subthreshold? Veteran/active duty v community?	Thank you for your suggestions. We did not conduct subgroup analysis examining PTSD *vs* subthreshold PTSD due to the high degree of variation between studies in how PTSD/probable PTSD was measured and defined. We have conducted additional subgroup analysis examining Veteran/active-duty *vs* community samples and have added this to the results.
31	4	Page 51, line 19: Bias in measurement of outcome. How was self-report rated? The way I think about it, if the assessor was not blinded, then the domain rating will be some concerns or high. It will be some concerns if either 4.4 or 4.5 are answered No (4.4: Could assessment of the outcome have been influenced by knowledge of intervention received?; 4.5: Is it likely that assessment of the outcome was influenced by knowledge of intervention received?). The measures are not objective (like a blood test), so 4.4 is always Yes. The answer for 4.5 depends on	Thank you for your comment. We did not consider self-reported outcomes as a major concern for bias compared with clinician-reported outcomes, given that both assessment methods rely on patients' reporting of symptoms (consistent with many mental health treatment contexts). We did consider outcome assessment method to be a potential source of variability in effects across studies, however, and we have included more detailed reporting of results by

Comment #	Reviewer #	Comment	Author Response
		the comparator condition, we have instructions that if the comparator (any arm) is inactive control then we'd rate that as Yes (there are some other circumstances where that would be rate Yes but they are less common). If 4.5 is rated yes, then the domain rating would be High (and that means the overall rating would also be High).	assessment method. Regarding blinding, studies that did not blind patients to intervention assignment and used an active comparison condition were judged to have some concerns in this domain, while studies that did not blind patients to intervention assignment and used an inactive comparison condition were considered high risk of bias in this domain (and consequently, overall). Finally, because eligibility was limited to studies of individuals with an existing PTSD diagnosis, we did not consider use of self-reported outcome measures to be tantamount to unblinded intervention assignment. We have changed some of the ratings to be consistent with this approach.
32	4	Page 55, line 52: Why is unblinded CAPS rated higher than self-report?	Studies with self-reported PTSD outcomes were only rated lower than studies with clinician-administered PTSD outcomes administered by unblinded assessors in cases where the participants were blind to group assignment or they were not blind to group assignment, but the study used an active comparison condition.
33	4	Page 61, line 55: Seems like bias for measurement should be assessed separately for each outcome. There was a blinded CAPS and self-report. CAPS should be low concern.	As mentioned above, we did not consider self-reported outcomes as a major concern for bias compared with clinician-reported outcomes, given that both assessment methods rely on patients' reporting of symptoms (consistent with many mental health treatment contexts). We did consider outcome assessment method to be a potential source of variability in effects across studies, however, and we have included more detailed reporting of results by assessment method.
34	4	Page 64, line 24: Same as above. There is a blinded CAPS, therefore doesn't seem like high RoB	Given that the CAPS relies on patients' reporting of symptoms, we were concerned with blinding of the participants as well as blinding of the outcome assessors.
35	5	This is a phenomenally well-synthesized review of the extant lit on technology-based interventions for PTSD and their sequelae. Authors lay out the existing value and future potential of internet and tech-based interventions, results appear to be accurately reported, and conclusions drawn by authors are both appropriate and clinically valuable.	Thank you for this comment.

Comment #	Reviewer #	Comment	Author Response
36	5	I am somewhat surprised that the title of this evidence synthesis effort refers to "clinical and at-home resources." This title is confusing and somewhat misleading, since the review seems to focus exclusively on tech-based resources. I might suggest a title revision, if possible, to reflect the subject of the review.	Thank you for this comment. We have changed the title to reflect the aims of the review more closely.
37	6	The "Clinical and At-Home" part of the title is somewhat misleading.	Thank you for this comment. We have changed the title to reflect the aims of the review more closely.
38	6	On page 11, it would help to clarify who was required to have the PTSD diagnosis in the 3 studies mentioned (the patient or the family member?).	We have edited this sentence to make it clearer that we are referring to the PTSD patient.
39	6	My biggest question is which studies were testing trauma-focused CBT vs. more general CBT skills? Similar to the way the authors examined the inclusion of imaginal exposure as a subgroup, this could be examined.	This is a great question and prompted us to take a deeper dive into the specific treatments tested. Given the differential treatment effects for military vs civilians, and the few military studies that evaluated a TF-CBT (4) we decided not to statistically analyze this. However, we did include more details about the included military studies on whether they were CBT vs. TF-CBT, and what TF-CBT frameworks they are based on. We dedicate a paragraph to this topic in our Discussion and reference it as part of our Future Directions.