

Evidence Profile

Authors & year	Design	Intervention (I) and Comparison (C)	Country	Population		Delivered to	Dosage (total number of sessions)	Primary Outcome domain (Measure(s))	Secondary Outcome domain (Measure(s))	Total sample size	Participants	
				Age (M,SD) ¹	Gender (%)						Intervention	Comparison
Acceptance and commitment												
Twohig 2009	- Case Study	I: Acceptance and Commitment Therapy (ACT) for PTSD	USA	Civilian with history of childhood abuse with persistent PTSD following 20 CBT sessions I: 43 years, female (n=1)	Individual	Twenty one, one hour, weekly sessions	PTSD (SCID, PCL-C)	- Depression (BDI-II) - Anxiety (BAI)	N=1	n=1	N/A	
Case study documented a clinically significant reduction in PTSD symptom severity over the course of the intervention to non-clinical levels by the end of the intervention. The same pattern was found for depression and anxiety symptoms. Outcome measures were not used at follow up, and this it is not known if the change remained clinically significant over time												
Acupuncture												

¹ Mean age and SD is given when provided, alternatively age range is provided

What emerging interventions are effective for the treatment of adults with PTSD?

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Hollifield et al., 2007	- Randomized Controlled Trial	I: Acupuncture C1: Group CBT C2: Assessment, followed by wait list	USA	Mixed trauma I: Mean age=42.3, (SD=12.1); 62.1% female C1: Mean age=40.9 (SD=13.4); 78.6% female C2: Mean age=43.4 (SD=13.5); 63.0% female	Individual Group	I: sixty minute sessions, twice weekly with up to 15 minutes daily home based therapy C1: 120 minutes, weekly with up to 15 minutes daily home based therapy	PTSD (PSS-SR)	- Depression (HSCL) - Anxiety (HSCL)	N=61	I: n=19	C1: n=21 C2: n=21
<p>This RCT found reduced PTSD symptom severity for the acupuncture and group CBT treatment groups in comparison to the wait list control. With large treatment effect sizes for both treatment groups. No significant differences were found between the acupuncture and the group CBT groups, suggesting that acupuncture was as effective as group CBT. At post-treatment, 63%, 36% and 17% of the acupuncture, group CBT and wait list control groups scored below the diagnostic threshold respectively. This pattern was also observed for depression and anxiety. At the three month follow up, the improvement in PTSD, depression and anxiety symptom scores was maintained for both the acupuncture and group CBT groups.</p>											
Adventure therapy / Outward Bound therapy											
No papers identified											
Art therapy											

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No papers identified											
Canine therapy											
No papers identified											
Equine therapy											
No papers identified											
Meditation											
Bormann et al., 2008	- Randomized Controlled Trial	I: Meditation: Mantram intervention C: Assessment, followed by usual care	USA	Vietnam, Korean and first Gulf War veterans Mean age=56 (SD=6.6); 100% male	Individual	Six weeks, 90 minutes per week	PTSD (CAPS, PCL)	- Quality of life (Q-LES-Q:SF)	N=29	n=14	n=15
This RCT found a reduction in symptom severity at post-testing on the self-report measure (with a large effect size, $d = -.72$) and to a lesser extent, at clinical interview (with a small effect size, $d = -.33$). An improvement in quality of life scores was also found (with a large effect size, $d=.72$). The maintenance of these changes was not examined at follow up.											
Transcendental Meditation											

What emerging interventions are effective for the treatment of adults with PTSD?

Authors & year	Design	Intervention (I) and Comparison (C)	Country	Population Age (M,SD) ¹	Delivered to	Dosage (total)	Primary Outcome domain	Secondary	Total sample size	Participants	
Rees et al., 2013	- Case controlled study	I: Meditation: Transcendental Meditation (TM) C: Assessment, followed by delayed intervention	Uganda	Mixed Trauma Sample I: Mean age=32.8 (SD=7.3); 61.9% male C: Mean age (SD=7.8); 61.9% male	Individual & Group	20 minutes, twice daily for 135 days	PTSD (PCL-C; administered in Swahili, French, Lingala, and English).	None assessed	N=42	n=21	n=21
<p>This case control study documented a clinically significant change reduction in PTSD symptom severity among the TM group over the course of the intervention. Differences in the PCL-C scores between the TM and delayed intervention group were also found to be statistically significant. The maintenance of these changes was not examined at follow up.</p>											
Rosenthal et al., 2011	- Case series	I: Meditation: Transcendental Meditation	USA	OIF/OEF veterans I: Age range 25-40 years; 100% male	Individual	20 minutes twice a day for 12 weeks	PTSD (CAPS, PCL-M)	- Depression (BDI) - Quality of life (Q-LES-Q)	N=5	n=5	N/A
<p>This case series study found a reduction in PTSD symptom severity over the course of the intervention on both self-report and clinical interviews. This was also seen with a significant reduction in depression scores, and an increase in quality of life scores over the period of the intervention. It was noted that one veteran reported worsened scores on the BDI at 8 weeks, than at baseline, but this may have been explained by changes to medication. Outcome measures were not used at follow up, and it is not known if the symptom changes were maintained.</p>											

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Mindfulness											
No papers identified											
Music Therapy											
Carr et al., 2012	- Randomized Controlled Trial (exploratory)	I: Group Music Therapy C: Assessment, followed by wait list	UK	Mixed trauma Sample I: Mean age=34 (range=20-57); 62% female C: Mean age=44 (range=33-53); 50% female	Group	One hour weekly, for 10 weeks	PTSD (IES-R)	- Depression (BDI-II)	N=16	n=8	n=8
This pre-post study reported a reduction in PTSD symptom severity ($p = .0035$) over the course of the intervention. Although there was a reduction in depression scores over the course of the intervention, this was not found to be statistically significant. There was no follow-up, and it is not known if the changes in symptom severity were maintained.											
Emotional Freedom Therapy/Technique											
Karatzias et al., 2011	- Randomized Controlled Trial	I: Power Therapy: Emotional Freedom Technique C: EMDR	UK	Mixed trauma Sample I: Mean age=39.7 (SD=10.9); 52%	Individual	Sixty minutes, for up to 8 sessions	PTSD (CAPS, PCL-C)	- Depression (HADS) - Anxiety (HADS)	N=23	n=12	n=11

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				female C: Mean age=41.5 (SD=10.8); 61% female							
<p>This RCT found large treatment effect sizes for both EMDR and EFT groups. However, there were no significant differences found between the EMDR and EFT groups, suggesting that the EFT was as effective as the EMDR. Clinically significant change was recorded on the CAPS and PCL-C by 40% and 35% of the EMDR and 39% and 9% of the EFT groups, respectively. This pattern was also observed for depression and anxiety. At the three month follow up, large treatment effect sizes for both EMDR and EFT groups on all outcome measures were maintained, and again there was no significant differences found between the EMDR and EFT groups. At the follow-up clinically significant change was recorded on the CAPS and PCL-C by 35% and 26% of the EMDR and 39% and 17% of the EFT groups, respectively.</p>											
Rewind therapy/technique											
No papers identified											
Thought field therapy											
No papers identified											
Traumatic Incident Reduction											
No papers identified											
Visual Kinaesthetic Dissociation Technique											
Gray et al., 2012	- Case Study	I:Power Therapy: Visual	USA	Iraq war veteran	Individual	Three, 60 minute	PTSD (PCL-C)	None assessed	N=1	n=1	-

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		Kinaesthetic Dissociation Technique		I: 30 years, male (n=1)		sessions, 3 days apart				
<p>The case study documented clinically significant change with reduced PTSD symptoms over the course of the treatment to non-clinical levels by the end of the treatment period. Outcome measures were not used at follow up and it is not known if these clinically significant changes were maintained over time.</p>										