

**Clinical evidence table for “For adults, children and young people with clinically important post-traumatic stress symptoms, what factors should be taken into account in order to provide access to care, optimal care and coordination of care?”**

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
Bance 2014	Canada	29	Adults with PTSD	<p>Diagnostic status: Acute stress disorder/acute stress reaction diagnosis according to ICD/DSM criteria (including self-report of diagnosis)</p> <p>Age: NR</p> <p>Gender (% female): 41</p> <p>Ethnicity (% non-white): 28</p> <p>Traumatic event type: Mixed</p> <p>Traumatic event detail: Physical assault: 51.2% Verbal assault: 29.3% Suicide: 64.2%</p>	To be eligible, employees needed to have experienced a traumatic event at work, reported the incident to occupational health and agreed to be contacted by the research team about the study.	Interview (face-to-face)	Content analysis	<p>1. Small sample size may make it difficult to generalize the results.</p> <p>2. Debiasing strategies were not used in the data analysis, which may limit its strength.</p>	<p>1. The researchers did not mention why some participants chose not to take part.</p> <p>2. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection.</p> <p>3. There is no discussion in relation to the credibility of the findings.</p>

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				<p>Accident: 25.8%</p> <p>Other: 27.3%</p> <p>Multiplicity of index trauma: Unclear</p> <p>Mean months since traumatic event: NR</p> <p>Coexisting conditions: NR</p> <p>Lifetime experience of trauma: NR</p>					
Bermudez 2013	US	10	Adults with PTSD	<p>Diagnostic status: Clinically important PTSD symptoms (scoring above a threshold on validated scale)</p> <p>Age: 31-62</p> <p>Gender (% female): 100</p> <p>Ethnicity (% non-white): 100</p> <p>Traumatic event type: Domestic violence</p>	Chronic trauma, including intimate partner violence, and had scores of 35 or above on the Post-traumatic Stress Checklist (PCL).	Focus group and interview	Interpretative phenomenological analysis (IPA)	NR	<ol style="list-style-type: none"> <li>1. The researchers do not discuss data saturation.</li> <li>2. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection.</li> <li>3. The paper does not identify novel areas for further research and the generalisability of the research is not discussed.</li> </ol>

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				<p>Traumatic event detail: All low income, minority women with a history of intimate partner violence.</p> <p>Multiplicity of index trauma: Multiple</p> <p>Mean months since traumatic event: NR</p> <p>Coexisting conditions: NR</p> <p>Lifetime experience of trauma: NR</p>					4. No explicit inclusion/ exclusion criteria
Borman 2013	US	65	Adults with PTSD	<p>Diagnostic status: Clinically important PTSD symptoms (scoring above a threshold on validated scale)</p> <p>Age: 39-75 (mean=56)</p> <p>Gender (% female): 2</p>	<p>Inclusion criteria: aged at least 18 years; PTSD diagnosis confirmed by the medical record and the Clinician Administered PTSD Scale (CAPS; Weathers, Keane, &amp; Davidson, 2001); achieved sobriety</p>	Interview (telephone ). Critical incident research technique interviews	Content analysis. Inductive classification	<p>1. Generalisability of findings as primarily male, middle-aged, and with chronic PTSD.</p> <p>2. Reliability of the codebook for interview analysis was assessed</p>	<p>1. The researchers do not discuss data saturation.</p> <p>2. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection.</p>

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				<p>Ethnicity (% non-white): 37</p> <p>Traumatic event type: Military combat</p> <p>Traumatic event detail: 80% war zone combat trauma 42% wounded in combat.</p> <p>Multiplicity of index trauma: Multiple</p> <p>Mean months since traumatic event: NR</p> <p>Coexisting conditions: NR</p> <p>Lifetime experience of trauma: NR</p>	<p>for at least two months per self-report that was confirmed by PTSD clinicians.</p> <p>Exclusion criteria: unmanaged psychotic or bipolar disorder (during past year); dementia; severe suicidal ideation assessed by the Mini-International Neuropsychiatric Interview (MINI; Sheehan et al., 1998). Study assessors reviewed computerized records and collected self-reports on medication use to determine that all subjects had been on stable types and doses of psychotropic medications for at least two months</p>			<p>using the percent agreement method versus the kappa coefficient (Cohen kappa) and percent agreement does not take into account chance agreement and base rates.</p>	

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					before joining the study.				
Dittman 2014	Norway	30	Children with PTSD	<p>Diagnostic status: Clinically important PTSD symptoms (scoring above a threshold on validated scale)</p> <p>Age: 11-17 (mean=15)</p> <p>Gender (% female): 77</p> <p>Ethnicity (% non-white): NR</p> <p>Traumatic event type: Mixed</p> <p>Traumatic event detail: Exposure to sexual abuse or assault: 33.3%</p> <p>Exposure to mugging or robbery: 3.3%</p> <p>Exposure to non-sexual violence: 50%</p>	Exclusion criteria: acute suicidal behaviour; psychosis; need for an interpreter.	Interview (telephone)	Thematic analysis	<ol style="list-style-type: none"> <li>Interviews were conducted over the phone.</li> <li>Questions about the youths' therapy experiences were broadly formulated.</li> <li>Retrospective reports.</li> </ol>	<ol style="list-style-type: none"> <li>The researchers explained how and why participants were selected but did not provide comprehensive discussion in relation to recruitment, specifically no discussion of how many individuals chose not to participate.</li> <li>Informed consent discussed, although the researchers do not discuss if ethical approval was obtained.</li> <li>Findings comprehensive but no triangulation, member validation or double coding.</li> </ol>

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Witnessing interpersonal violence: 6.6% Unexpected severe injury or death of close family member or friend: 6.6% Multiplicity of index trauma: Unclear Mean months since traumatic event: NR Coexisting conditions: Depression: 72.8% Anxiety: 66.4% Behavioural & attention problems: 59.1% Lifetime experience of trauma: NR					
Eisenman 2008	US	60	Adults with PTSD	Diagnostic status: Clinically important PTSD symptoms (scoring above a	Inclusion criteria: primary care patients with PTSD; foreign-born Latino adults (Mexican,	Interview (face-to-face)	Content analysis	1. Convenience sampling method.	1. The setting for data collection was described, although not justified. It is clear how data were

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				threshold on validated scale) Age: NR Gender (% female): 90 Ethnicity (% non-white): 100 Traumatic event type: Mixed Traumatic event detail: Physically abused as a child: 21%, Physically attacked as a teenager or adult: 33%, Sexual molestation: 19%, Raped, forced oral/anal sex: 13%, Witnessed death/injury of another: 18%, Family member killed/disappeared from political violence: 15%, Witnessed death/injury of	Cuban or other Caribbean, Central and South American); aged at least 18 years			2. High refusal rate 3. Study findings not representative of Latino populations across the US, and trauma may not be representative of that in broader Latino population. 4. No control groups of Latinos without PTSD	collected and methods are explicit, although not justified. The researchers did not discuss data saturation. 2. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection.

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				<p>many people during political violence: 11%, Personally beaten/raped during political violence: 3%, Other: 5%</p> <p>Multiplicity of index trauma: Unclear</p> <p>Mean months since traumatic event: NR</p> <p>Coexisting conditions: NR</p> <p>Lifetime experience of trauma: NR</p>					
Ellis 2016	Canada	5	Adults with PTSD	<p>Diagnostic status: Clinically important PTSD symptoms (scoring above a threshold on validated scale)</p> <p>Age: NR</p> <p>Gender (% female): 20</p>	<p>Participants were defined by three continuous variables: frequency of nightmares, degree to which the nightmares replicate trauma incidents, and PTSD levels. Participants were chosen if they reported moderate</p>	Interview (face-to-face)	Interpretative phenomenological analysis (IPA). IPA of PTSD dream changes following focusing oriented dreamwork treatment for trauma survivors	NR	<ol style="list-style-type: none"> <li>1. Small sample size</li> <li>2. Data collection method and data analysis methods briefly alluded to. No justification of the data collection method of clinical interviews or the data analysis method of interpretive</li> </ol>



Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				<p>Ethnicity (% non-white): NR</p> <p>Traumatic event type: Being tortured</p> <p>Traumatic event detail: All 5 were refugees reporting moderate to high levels of nightmare frequency and degree to which nightmares replicate traumatic events and PTSD levels</p> <p>Multiplicity of index trauma: Multiple</p> <p>Mean months since traumatic event: NR</p> <p>Coexisting conditions: NR</p> <p>Lifetime experience of trauma: NR</p>	to high levels in all three categories				<p>phenomenological analysis.</p> <p>3. Researchers explained why participants were selected, but no explanation as to why people chose not to take part.</p> <p>4. Data collection in therapy sessions 1 and 4, but not clear what format data collection takes and no justification for data collection location, time or format. The researchers do not discuss data saturation.</p> <p>5. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection.</p> <p>6. No ethical information reported.</p>

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									7. No explicit research finding and no discussion of alternative conclusions/limitations. No consideration of credibility of research findings.
Ellison 2012	US	29	Adults with PTSD	<p>Diagnostic status: Clinically important PTSD symptoms (scoring above a threshold on validated scale)</p> <p>Age: NR (54% under 30 years)</p> <p>Gender (% female): 6</p> <p>Ethnicity (% non-white): 19</p> <p>Traumatic event type: Military combat</p> <p>Traumatic event detail: NR</p> <p>Multiplicity of index trauma: Multiple</p>	<p>Inclusion criteria: military service since 2001 and deployment in the Middle East; an educational goal (to either continue education if enrolled or to begin or go back to school or training); screened positive for PTSD by answer affirmatively to the following questions: "Do you consider yourself to have war related problems that may be signs of PTSD (for example: having flashbacks, trouble sleeping, feeling edgy or easily</p>	Focus group	Open coding	<ol style="list-style-type: none"> <li>1. Generalisability of findings</li> <li>2. Analysis by age groups</li> <li>3. Data were gathered in different parts of the country in different service systems so findings could differ</li> </ol>	<ol style="list-style-type: none"> <li>1. The researchers only allude to a data analysis method of a thematic approach. No justification of the data collection method of focus groups or data analysis method of a thematic approach.</li> <li>2. The researchers explained how the participants were selected and why they were appropriate. No explanation is provided as to why participants did not take part.</li> <li>3. The researchers do not consider their own role, potential bias, or influence during the</li> </ol>

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Mean months since traumatic event: NR Coexisting conditions: NR Lifetime experience of trauma: NR	angry, feeling numb or withdrawn?"; and "Have you even been diagnosed as having PTSD by a mental health professional?"				formulation of the research question and data collection. 4. Ethical approval obtained, no discussion of informed consent.
Ghafoori 2014	US	27	Adults with PTSD	Diagnostic status: Clinically important PTSD symptoms (scoring above a threshold on validated scale) Age: NR Gender (% female): NR (predominantly male) Ethnicity (% non-white): NR (predominantly black) Traumatic event type: Mixed Traumatic event detail: Physical assault/abuse: 51.9%,	Inclusion criteria: English speakers aged over 18 years who had experienced, witnessed or been confronted with lifetime traumatic event(s) to which the individual responded with intense fear, helplessness or horror. Exclusion criteria: psychosis; suicidal/homicidal thoughts; history of suicidal attempt; psychiatric hospitalisation in prior 12 months; substance use 24	Interview (multiple methods)	Grounded theory: coding consensus, co-occurrence and comparison	1. Psychological issues were measured retrospectively by self-report screening rather than clinical interview. 2. Sample may be non-representative of low income, urban trauma survivors. 3. All participants were already in contact with health services.	1. Incomplete description of final subset of participants for qualitative analysis. 2. The setting for data collection was not described or justified. It is clear how data were collected and methods are explicit, although not justified (60 minute semi-structured interviews, audiotaped and transcribed). No mention of data saturation. 3. The researchers do not consider their own role, potential bias, or influence during the

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				Robbery/mugging 40.7%, Attempted sexual assault: 18.5%, Sexual assault/penetration: 29.6%, Threatened with weapon: 28.6%, Childhood physical assault: 51.9%, Domestic Violence: 48.1%, Witnessed death/assault: 44.4%, Life threatening illness: 33.3%, Life threatening accident: 51.9%, Traumatic death of a loved one: 59.3% Multiplicity of index trauma: Unclear Mean months since traumatic event: NR Coexisting conditions: NR	hours prior to interview			4. Racism within health system, or negative service experiences were not assessed	formulation of the research question and data collection. 4. The researchers do not describe how some of the data presented were selected from the sample. A limited number of quotations were provided.

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				Lifetime experience of trauma: 4.6 (SD 2.3)					
Hundt 2015	US	23	Adults with PTSD	<p>Diagnostic status: Clinically important PTSD symptoms (scoring above a threshold on validated scale)</p> <p>Age: Mean=54</p> <p>Gender (% female): 26</p> <p>Ethnicity (% non-white): 65</p> <p>Traumatic event type: Military combat</p> <p>Traumatic event detail: NR</p> <p>Multiplicity of index trauma: Multiple</p> <p>Mean months since traumatic event: NR</p> <p>Coexisting conditions: NR</p>	Veterans who completed at least eight sessions of evidence-based psychotherapy (EBP) in a Veterans Affairs (VA) PTSD clinic	Interview (multiple methods)	Grounded theory: Constant comparative approach (CCA)	1. Generalisability of results - specific to EBP completers in a VA PTSD clinic.	<p>1. The researchers explained how the participants were selected and why they were appropriate. No explanation is provided as to why participants did not take part.</p> <p>2. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection.</p>

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Jindani 2015	Canada	40	Adults with PTSD	<p>Lifetime experience of trauma: NR</p> <p>Diagnostic status: Clinically important PTSD symptoms (scoring above a threshold on validated scale)</p> <p>Age: 18-63 (mean=44)</p> <p>Gender (% female): 78</p> <p>Ethnicity (% non-white): NR</p> <p>Traumatic event type: Mixed</p> <p>Traumatic event detail: Sexual and childhood sexual abuse: 27.5%</p> <p>Physical trauma: 3.2%</p> <p>Emotional abuse: 5.2%</p> <p>Compassion fatigue: 1.6%</p>	<p>Inclusion criteria: aged at least 18 years; fluent in English.</p> <p>Exclusion criteria: scored less than 57 on the Post-traumatic Stress Disorder Checklist (PCL); current yoga/meditation practice, inability to abstain from substance consumption 24 hours before class; at safety risk.</p>	Interview (telephone)	Thematic analysis	<ol style="list-style-type: none"> <li>1. Generalisability of findings given that individuals presenting PTSD symptoms who chose to participate in a yoga intervention may have been healthier and/or had more interest in alternative treatment approaches.</li> <li>2. Similarly, a certain level of intrinsic motivation was required to complete the yoga program because participants</li> </ol>	<ol style="list-style-type: none"> <li>1. No discussion of data saturation.</li> <li>2. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection.</li> <li>3. No discussion in relation to credibility of the findings.</li> </ol>

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				<p>Adverse life circumstances: 16%</p> <p>Multiplicity of index trauma: Unclear</p> <p>Mean months since traumatic event: NR</p> <p>Coexisting conditions: NR</p> <p>Lifetime experience of trauma: NR</p>				<p>were required to attend 8-week classes and encouraged to participate in a home practice.</p> <p>3. The small sample size and lack of an active control are also limitations of this preliminary study.</p>	
Kaltman 2014	US	27	Adults with PTSD	<p>Diagnostic status: Clinically important PTSD symptoms (scoring above a threshold on validated scale)</p> <p>Age: Mean=46</p> <p>Gender (% female): 100</p> <p>Ethnicity (% non-white): 100</p> <p>Traumatic event type: Mixed</p>	<p>Inclusion criteria: Latino primary care patient; had at least one trauma exposure; screened positive for PTSD or depression (30% screened positive for PTSD, 26% for depression, and 44% for both)</p>	Interview (format NR)	Content analysis	<p>1. Participants already in contact with health services, may not be generalizable.</p> <p>2. Structured discussion of barriers may have occluded other factors.</p> <p>3. Treatment preferences of sample may</p>	<p>1. Study would benefit from discussion of employment security of participants</p> <p>2. This study sought to develop and preliminarily evaluate a mental health intervention for trauma-exposed Latina immigrants with depression and/or posttraumatic stress disorder (PTSD) for primary</p>

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				<p>Traumatic event detail: Emotional abuse: 92.59%, childhood physical abuse: 51.85%, domestic violence witnessed as child: 51.85%, adult physical violence: 51.85%, life-threatening illness: 44.44%, rape/unwanted sexual contact: 40.74%, and violent loss: 40.74%</p> <p>Multiplicity of index trauma: Multiple</p> <p>Mean months since traumatic event: NR</p> <p>Coexisting conditions: 70% screened positive for depression</p>				<p>not be directly related to actual treatment seeking behaviour.</p> <p>4. Not able to investigate importance of region of origin on immigrant care seeking behaviour</p>	<p>care clinics that serve the uninsured. Quantitative analysis is also important.</p> <p>3. Recruitment strategy described, no discussions of reasons why some may have chosen not to take part.</p> <p>4. The setting for data collection was not described or justified. Clear data collection strategy described. No discussion of data saturation.</p> <p>5. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection.</p> <p>6. The researchers do not describe how some of the data presented were selected from the sample. A limited</p>



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				Lifetime experience of trauma: 6.2 (SD 2.61)					number of quotations were provided. 7. Contribution of study to existing knowledge is not adequately discussed
Kaltman 2016	US	28	Adults with PTSD	Diagnostic status: Clinically important PTSD symptoms (scoring above a threshold on validated scale) Age: Mean=48 Gender (% female): 100 Ethnicity (% non-white): 100 Traumatic event type: Mixed Traumatic event detail: Physical abuse as a child (75%), Emotional abuse (71%), Physical assault as an adult (64%).	Inclusion criteria: Latino immigrants in primary care; screened positive for depression (defined as a score of 10 or higher on the PHQ-9) and/or PTSD (a score of 30 or higher on the PTSD Checklist, PCL) (57% screened positive for both PTSD and depression, 36% for PTSD only, and 7% for depression only).	Interview (format NR)	NR	1. Convenience sample of a group of Latina immigrants. Thus, its generalisability beyond this group is uncertain. 2. Self-selected sample so participants may have been more motivated than typical primary care patients. 3. Self-report measures were used to assess	1. Data analysis method not stated. No reference to rationale for the data collection method of interviews and no rationale for the data analysis method. 2. The setting for data collection was not described or justified. The method of data collection (interviews) is not clear or justified. Data saturation is not discussed. 3. The researchers do not fully consider their own role, potential bias, or influence during the formulation of the research

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				<p>Multiplicity of index trauma: Multiple</p> <p>Mean months since traumatic event: NR</p> <p>Coexisting conditions: 64% screened positive for depression</p> <p>Lifetime experience of trauma: NR</p>				<p>depression and PTSD rather than more formal diagnostic interviews</p> <p>4. Interviews were administered by the interventionist, introducing an additional confound.</p>	<p>question and data collection.</p> <p>4. Informed consent discussed. The researchers do not state ethical approval was obtained. Limited detail in relation to how the research was explained to participants.</p> <p>5. The researchers do not state the analysis method or provide an in-depth description of the analysis method. It is not clear how the themes are derived from the data. The researchers do not describe how the data presented were selected from the sample. Eight quotations were provided to support the findings and contradictory findings were not presented.</p>

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									6. The qualitative findings are not explicitly stated.
Kehle-Forbes 2017	US	37	Adults with PTSD	<p>Diagnostic status: Unclear Age: Mean=55 Gender (% female): 100 Ethnicity (% non-white): NR (predominantly white) Traumatic event type: Exposure to sexual abuse or assault Traumatic event detail: US women veterans who served in the Vietnam and post-Vietnam era (1975-1998) exposed to sexual abuse/assault. Medical sexual assault: 73.3%</p>	<p>Inclusion criteria: women veterans in the US Veterans Health Administration (VHA); had applied for veteran PTSD disability benefits between 1994 and 1998; had no change in disability benefits since 1998; demonstrated a meaningful improvement or worsening in PTSD symptoms since 2004.</p>	Interview (telephone)	Grounded theory: Constant comparative approach (CCA)	<p>1. Women only represent a subset of veterans who have filed PTSD disability claims 2. Did not include veterans from Operations Iraqi Freedom/Enduring Freedom or New Dawn. 3. Participants were not asked specifically about gender-specific VHA experiences. 4. Women were not asked specifically to compare VHA</p>	<p>1. Researcher explained how participants were recruited but no explanation as to why people chose not to take part. 2. The setting for data collection was described, although not justified. It is clear how data was collected and methods are and explicit, although not justified. The researchers did not discuss data saturation. 3. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection. 4. The researchers do not discuss new areas</p>

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				<p>Multiplicity of index trauma: Unclear</p> <p>Mean months since traumatic event: NR</p> <p>Coexisting conditions: NR</p> <p>Lifetime experience of trauma: NR</p>				care to non-VHA care	where research is necessary or generalisability of research findings.
Murray 2016	UK	25	Adults with PTSD	<p>Diagnostic status: Clinically important PTSD symptoms (scoring above a threshold on validated scale)</p> <p>Age: 28–65 (mean=41)</p> <p>Gender (% female): 36</p> <p>Ethnicity (% non-white): 40</p> <p>Traumatic event type: Mixed</p> <p>Traumatic event detail: Exposure to non-sexual violence: 32%</p>	Inclusion criteria: English-speaking adults receiving a course of trauma-focused CBT for PTSD.	Free-text written response	Grounded theory: Constant comparative approach (CCA)	<p>1. Small sample size</p> <p>2. Uncontrolled convenience sample</p> <p>3. Limited generalisability to non-English speakers.</p>	<p>1. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection.</p> <p>2. No ethical information reported.</p>

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				Unintentional injury: 20% Unintentional illness/medical emergency: 20% Military combat: 8% Witnessing violent deaths: 8% Domestic violence: 4% Exposure to sexual abuse or assault: 4% Terrorist attacks: 4% Multiplicity of index trauma: Single Mean months since traumatic event: NR Coexisting conditions: NR Lifetime experience of trauma: NR					

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Niles 2016	US	17	Adults with PTSD	<p>Diagnostic status: Clinically important PTSD symptoms (scoring above a threshold on validated scale)</p> <p>Age: 32-67 (mean=51)</p> <p>Gender (% female): 35</p> <p>Ethnicity (% non-white): 41</p> <p>Traumatic event type: Military combat</p> <p>Traumatic event detail: NR ('veterans')</p> <p>Multiplicity of index trauma: Multiple</p> <p>Mean months since traumatic event: NR</p> <p>Coexisting conditions: NR</p> <p>Lifetime experience of trauma: NR</p>	<p>Inclusion criteria: aged at least 18 years; a PTSD diagnosis in the electronic medical record or endorsement of at least one of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) re-experiencing symptoms of PTSD during the telephone screening; willingness to complete five visits over the course of the study; no plans to relocate while enrolled in the study; agreement not to initiate enrolment in other formalised exercise programmes until completion of the study; no current medical conditions that limit ability to</p>	Focus group and interview	General inductive approach	<ol style="list-style-type: none"> <li>1. Small sample size</li> <li>2. No diagnostic measure used, and some of the participants reported mild symptoms of PTSD, so findings may not apply to a broader population of veterans with diagnosed PTSD.</li> <li>3. Potential selection bias. Since participants understood they were volunteering to take part in a Tai Chi study, they were likely to be more enthusiastic</li> </ol>	<ol style="list-style-type: none"> <li>1. No reference to rationale for the data collection method of interviews and no justification of the data analysis method.</li> <li>2. The setting for data collection was not described or justified. It is clear how data was collected and methods are and explicit, although not justified. All of the focus groups were audio-taped, however the researchers do not state if the interviews were audio-taped. The researchers did not discuss data saturation.</li> <li>3. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection.</li> </ol>

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					<p>participate safely in moderate exercise as measured by the Physical Activity Readiness Questionnaire (PAR-Q) during the telephone screening; no contraindications noted by the participant's primary care provider (or another member of the medical team, e.g. cardiologist); not currently pregnant, if female.</p> <p>Exclusion criteria: evidence of active substance dependence as noted in the electronic medical record; a current diagnosis of mania, hypomania, unstable bipolar disorder, psychotic disorder, active suicidality or a history of psychosis,</p>			<p>about participating and offering positive feedback about this unconventional intervention than others within the larger veteran population.</p> <p>4. Monetary compensation provided to participants for transportation, time and inconvenience may have acted as an incentive for participation and potentially enhanced recruitment, attendance and retention rates.</p> <p>5. The four-session</p>	

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					as noted in electronic medical record; recent (past 3 months) hospitalisation for mental health or substance use issues; current participation in another longitudinal intervention study addressing post-traumatic stress symptoms, traumatic brain injury or other mental health disorders.			introduction to Tai Chi was substantially shorter than a typical Tai Chi programme.	
Palmer 2004	Canada	30	Adults with PTSD	Diagnostic status: PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis) Age: 20-54 (mean=41) Gender (% female): 83	Inclusion criteria: survivors of childhood abuse; in an inpatient treatment programme	Interview (face-to-face)	Ethnographic approach	1. Relatively small sample size so the transferability of the findings is uncertain. 2. Qualitative data are subjective by their nature and abuse survivors may have a range	1. The researchers do not state the objectives of the research. The importance and relevance of the research is stated. 2. The researcher described how the participants were selected, and why the participants selected were the most



Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				<p>Ethnicity (% non-white): 13</p> <p>Traumatic event type: Childhood abuse</p> <p>Traumatic event detail: No further details reported</p> <p>Multiplicity of index trauma: Multiple</p> <p>Mean months since traumatic event: NR</p> <p>Coexisting conditions: NR</p> <p>Lifetime experience of trauma: NR</p>				<p>of motivations for contributing to research.</p> <p>3. Survivors who have benefitted from a treatment programme are likely to be generous in sharing their experiences so that others may be helped.</p>	<p>appropriate. The researchers did not mention why some participants chose not to take part.</p> <p>3. The researchers did not discuss data saturation.</p> <p>4. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection.</p> <p>5. Informed consent discussed. However, the researchers do not state ethical approval was obtained and provide no detail in relation to how the research was explained to participants.</p> <p>6. There is no discussion in relation to credibility of the findings.</p>

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
Possema to 2015	US	18	Adults with PTSD	<p>Diagnostic status: Screened positive for PTSD symptoms in primary care clinic</p> <p>Age: NR</p> <p>Gender (% female): 22</p> <p>Ethnicity (% non-white): 18</p> <p>Traumatic event type: Military combat</p> <p>Traumatic event detail: No further details provided ('combat veterans')</p> <p>Multiplicity of index trauma: Multiple</p> <p>Mean months since traumatic event: NR</p> <p>Coexisting conditions: 100% hazardous alcohol/substance use</p>	<p>Inclusion criteria: Screened positive in primary care clinic for PTSD symptoms or hazardous alcohol/substance use</p>	Focus group	NR (authors state that 'no formal analytic approach was used')	NR	<ol style="list-style-type: none"> <li>1. Data collection method stated, although no formal qualitative data analysis approach was used. The researchers do not provide a rationale for the use of focus groups.</li> <li>2. Limited information in relation to recruitment strategy and provided no explanation as to why people chose not to take part.</li> <li>3. The researcher did not discuss data saturation.</li> <li>4. No description of relationship between researchers and participants.</li> <li>5. The researchers state they did not use formal analytical methods and do not justify this decision. The researchers do not describe how the</li> </ol>

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Lifetime experience of trauma: NR					data presented were selected from the sample. Only a very limited number of quotations were provided to support the findings and contradictory findings were not presented. 6. The findings are not comprehensive and there is no triangulation, member validation or double coding.
Possema to 2017	US	9	Adults with PTSD	Diagnostic status: Clinically important PTSD symptoms (scoring above a threshold on validated scale) Age: NR Gender (% female): NR Ethnicity (% non-white): NR Traumatic event type: Military combat	Inclusion criteria: Veteran; had no intent to initiate PTSD treatment in specialty mental health care in the next 2 months. Exclusion criteria: gross cognitive impairment; suicidal intent or attempts in the past 2 months; received mental health counselling for PTSD in the last	Interview (telephone)	Content analysis	1. Results may be idiosyncratic to site of study	1. It is clear how data was collected and methods are explicit, although not justified. The researchers did not discuss data saturation. 2. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection. 3. The researchers state the analysis

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Traumatic event detail: No further details reported Multiplicity of index trauma: Multiple Mean months since traumatic event: NR Coexisting conditions: NR Lifetime experience of trauma: NR	2 months outside of VA primary care				method, and provide limited detail of the analysis method. It is not clear how the themes are derived from the data. The researchers do not describe how the data presented were selected from the sample. Only three quotations were provided to support the findings and other findings mentioned were not supported by quotations. Contradictory findings were not presented.
Salloum 2015	US	33	Children with PTSD and their family/caregivers	Diagnostic status: PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis) Age: 8-12 (mean=10) Gender (% female): 53	Inclusion criteria: at least five DSM-IV-defined PTSD symptoms (measured by the ADIS-IV-C/P, including at least one symptom in each of the three PTSD clusters); aged 8-12 years; parent/caregiver	Interview (face-to-face)	Framework analysis	1. Relatively small sample size, limited age group of 8–12 year olds, and qualitative methods do not allow for generalisation. 2. Given the relatively small	1. It is clear how data were collected and methods are explicit and comprehensive, although not justified. The researcher did not discuss data saturation. 2. Authors state that research assistants are not involved in the therapy. However,

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				<p>Ethnicity (% non-white): 35</p> <p>Traumatic event type: Childhood sexual abuse</p> <p>Traumatic event detail: Childhood sexual abuse: 64.7%</p> <p>Domestic violence: 17.6%</p> <p>Unexpected severe injury or death of close family member or friend: 11.8%</p> <p>Unintentional injury: 5.9%</p> <p>Multiplicity of index trauma: Multiple</p> <p>Mean months since traumatic event: NR</p> <p>Coexisting conditions: Major depression: 94%</p> <p>Lifetime experience of trauma: Mean</p>	<p>was willing and able to participate in the treatment and complete informed consent.</p> <p>Exclusion criteria: parent/caregiver or child psychosis, mental retardation, autism, or any condition that would limit the caregiver's ability to understand CBT and the child's ability to follow instructions; parent had substance use disorder within 3 months prior to enrolment; child or parent was suicidal; child or parent was not fluent in English; if the child was on medication, the child was not on a stable medication regimen for at least 4 weeks prior to admission to the study; parent/caregiver</p>			<p>sample it was not possible to examine patterns of themes by ages, type of trauma, diagnosis, and by response/non-response</p> <p>3. The methods did not allow member checking where parents and children were able to review the results.</p> <p>4. Five parents and six children who participated in the treatment study did not complete the interview and thus did not</p>	<p>this does not address bias in the formulation of research question or analysis.</p>

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				number of traumatic events 2.24 (SD = 1.35). 59% experienced more than one traumatic event Family/carer age: Mean=36.53 Family/carer gender (% female): 100 Family/carer ethnicity (% non-white): 35%	who would be the treatment participant was the perpetrator, or if the child was perpetrated by a person who still lives in the home (e.g., mother's boyfriend, sibling).			provide feedback	
Salloum 2016	US	52	Children with PTSD and their family/carers	Diagnostic status: clinically important PTSD symptoms (scoring above a threshold on validated scale) Age: 3-7 Gender (% female): 48 Ethnicity (% non-white): 37 Traumatic event type: Mixed Traumatic event detail: Domestic	Inclusion criteria: at least 5 DSM-PTSD symptoms; parents/children speak English; participating in an RCT for trauma-focused CBT. Exclusion criteria: non-participation of mid- or post-treatment assessment	Interview (format NR)	Thematic analysis	1. Findings may not be generalizable. 2. Children's own experience (rather than child's experience from parent perspective) was not within scope. 3. Questions may be too broad to	1. Recruitment strategy described and why the participants selected were the most appropriate. No discussions of reasons why some may have chosen not to take part. 2. The setting for data collection was not described or justified. Clear data collection method with interview questions described.

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				violence: 34.6%, sexual abuse: 32.7%, traumatic grief: 11.5%, accident: 5.8%, physical abuse: 3.8%, kidnapping: 1.9%, illness: 1.9%, community violence 1.9% Multiplicity of index trauma: Multiple Mean months since traumatic event: NR Coexisting conditions: NR Lifetime experience of trauma: 2.7 (SD 1.15) Family/carer age: NR Family/carer gender (% female): 94				address all parents' concerns. 4. Format of questions may have contributed to bias. 5. Some parents contributed to some but not all interview sessions	No mention of data saturation. 3. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection. The researchers do not consider their role in the data analysis as two researchers not involved clinically with the treatment code all of the transcripts.

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Family/carer ethnicity (% non-white): 27%					
Stankovic 2011	US	11	Adults with PTSD	<p>Diagnostic status: PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis)</p> <p>Age: 42-68</p> <p>Gender (% female): 0</p> <p>Ethnicity (% non-white): 64</p> <p>Traumatic event type: Military combat</p> <p>Traumatic event detail: 94% Vietnam war; 6% Iraq war</p> <p>Multiplicity of index trauma: Multiple</p> <p>Mean months since traumatic event: NR</p>	<p>Inclusion criteria: military combat veterans with PTSD attending a community mental health agency in the San Francisco Bay Area.</p> <p>Exclusion criteria: severe auditory impairment.</p>	Interview (multiple methods)	NR	<p>1. Frequency of data recording may have been burdensome to participants.</p> <p>2. Follow up interviews were not planned in advance and lead to low response rate of 54%</p>	<p>1. No justification for the data collection method of interviews.</p> <p>2. The researchers alluded to why some participants chose not to take part but not a full discussion around recruitment.</p> <p>3. The setting for data collection was not described or justified. No mention of data saturation.</p> <p>4. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection.</p> <p>5. Informed consent but no mention of ethical approval.</p> <p>6. The researchers provide no description of data analysis,</p>



Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Coexisting conditions: NR Lifetime experience of trauma: NR					although do provide a quote to support every major theme. It is not clear how the themes are derived from the data. The researchers do not describe how some of the data presented were selected from the sample. 7. No discussion of credibility of research or a discussion for the evidence against the findings. 8. The study states the importance of the research but does not discuss generalisability of the findings.
Story 2017	Denmark	5	Adults with PTSD	Diagnostic status: Clinically important PTSD symptoms (scoring above a threshold on validated scale) Age: 28-69 (mean=49)	Inclusion criteria: female veterans who had experienced military sexual trauma and had symptoms of PTSD, even if not formally diagnosed; were a minimum of	Focus group and interview	Meaning condensation	1. Small sample size. 2. Principal investigator was also the therapist	1. Researcher explained how participants were recruited but no explanation as to why people chose not to take part. 2. Researcher-participant

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				<p>Gender (% female): 100</p> <p>Ethnicity (% non-white): NR</p> <p>Traumatic event type: Exposure to sexual abuse or assault</p> <p>Traumatic event detail: Female veterans who had experienced military sexual trauma</p> <p>Multiplicity of index trauma: Unclear</p> <p>Mean months since traumatic event: NR (at least 3 months ago)</p> <p>Coexisting conditions: NR</p> <p>Lifetime experience of trauma: NR</p>	<p>three-months post traumatic event (with no upper limit on time elapsed since trauma).</p> <p>Exclusion criteria: current unstable or uncontrolled psychotic symptoms; current suicidal or homicidal ideation; moderate or greater cognitive impairment.</p>				<p>relationship considered, as researcher and interviewer delivered therapeutic sessions. Although, the researchers do not provide a description of bias in relation to the research question formulation.</p>
Taylor 2013	UK	9	Adults with PTSD	Diagnostic status: Clinically important PTSD	Inclusion criteria: Survivors of torture in treatment for	Interview (format NR)	Interpretative phenomenological analysis (IPA)	1. Sample may not be representative	1. The setting for data collection was described, although

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				<p>symptoms (scoring above a threshold on validated scale)                      Age: 38 -50                      Gender (% female): 11                      Ethnicity (% non-white): 100                      Traumatic event type: Torture                      Traumatic event detail: No further details reported                      Multiplicity of index trauma: Multiple                      Mean months since traumatic event: NR                      Coexisting conditions: NR                      Lifetime experience of trauma: NR</p>	<p>PTSD symptoms; currently reporting re-experiencing; reported moderate to severe pain every day for six months (not as a result of cancer or active disease)</p>			<p>of torture survivors                      2. Semi-structured interviews may have obstructed survivors' reporting on other facets of trauma to those suggested                      3. Use of interpreters may have altered results</p>	<p>not justified. It is clear how data were collected and methods are explicit, although not justified. The researchers did not discuss data saturation.                      2. Before the interview, the researcher briefed interpreters on the aims and methods and their role in realizing these. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection.</p>
Tharp 2016	US	25	Adults with PTSD	<p>Diagnostic status: Clinically important PTSD symptoms (scoring above a</p>	<p>Inclusion criteria: Veterans in mental health treatment who reported perpetrating intimate</p>	<p>Interview (format NR)</p>	<p>Content analysis</p>	<p>1. Sample may not be representative.</p>	<p>1. The setting for data collection was not described or justified. It is clear how data were collected and</p>

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				<p>threshold on validated scale) Age: 31-69 (mean=55) Gender (% female): 0 Ethnicity (% non-white): 44 Traumatic event type: Military combat Traumatic event detail: No further details reported ('veterans') Multiplicity of index trauma: Multiple Mean months since traumatic event: NR Coexisting conditions: NR Lifetime experience of trauma: NR</p>	<p>partner violence (IPV) and were living with a female partner. Exclusion criteria: current risk of suicide and homicide; active psychotic symptoms; current substance intoxication.</p>			<p>2. Responses may have been shaped by social desirability. 3. Responses may only be related to conflict-based IPV and not other forms such as sexual IPV. 4. Partner experiences were unable to be included in analysis</p>	<p>methods are explicit, although not justified. The researchers did not discuss data saturation. 2. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection 3. Informed consent discussed. The researchers do not state ethical approval was obtained and provide no detail in relation to how the research was explained to participants.</p>
Valentine 2016	US	24	Adults with PTSD	Diagnostic status: PTSD diagnosis according to	Inclusion criteria: PTSD diagnosis and score above clinical cut off.	Interview (format NR)	Content analysis	1. Sample may not be generalizable	1. The researchers do not consider their own role, potential bias, or influence during the

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team	
				<p>ICD/DSM criteria (including self-report of diagnosis)</p> <p>Age: NR</p> <p>Gender (% female): 75</p> <p>Ethnicity (% non-white): 71</p> <p>Traumatic event type: Unclear</p> <p>Traumatic event detail: NR</p> <p>Multiplicity of index trauma: Unclear</p> <p>Mean months since traumatic event: NR</p> <p>Coexisting conditions: NR</p> <p>Lifetime experience of trauma: NR</p>					<p>2. No measure of care use</p> <p>3. Racial and ethnicity related stigma may be under-reported</p>	<p>formulation of the research question and data collection.</p>
Vincent 2013	UK	7	Adults with PTSD	<p>Diagnostic status: PTSD diagnosis according to ICD/DSM criteria (including self-</p>	<p>Inclusion criteria: outpatients from PTSD services for asylum seekers, and one primary care service, in</p>	<p>Interview (format NR)</p>	<p>Interpretative phenomenological analysis (IPA)</p>	<p>1. Barriers to understanding including level of English, use of cultural frameworks</p>	<p>1. Recruitment strategy described, and why the participants selected were the most appropriate. No</p>	

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				<p>report of diagnosis) Age: 19-42 Gender (% female): 43 Ethnicity (% non-white): 100 Traumatic event type: Mixed Traumatic event detail: Physical assault, sexual assault, witness to others killed, gang rape, torture, war, witness to family killed, rape, found child murdered, imprisonment, physical threats, witnessed family member harmed Multiplicity of index trauma: Unclear Mean months since traumatic event: NR</p>	<p>England and Wales; asylum-seekers at time of treatment; had a primary diagnosis of PTSD; had at least 2 sessions of trauma-focused CBT, and at least 5 sessions of psychological therapy in the last 6 months; could speak English. Exclusion criteria: actively psychotic; detained under mental health legislation; excluded under advice of their therapist.</p>			<p>and inherent issues associated with PTSD. 2. Sample non-representative and highly heterogeneous. 3. Only patients still in care were included. 4. Sample may be more secure than most asylum seekers. 5. Interviews carried out in care facility which may have affected results.</p>	<p>discussions of reasons why some may have chosen not to take part. 2. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection. 3. Informed consent discussed but no mention of ethical approval. 4. The researchers mention triangulation, although not in a typical context.</p>

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				Coexisting conditions: NR Lifetime experience of trauma: NR					
West 2017	US	31	Adults with PTSD	Diagnostic status: PTSD diagnosis according to ICD/DSM criteria (including self-report of diagnosis) Age: 18-58 Gender (% female): 100 Ethnicity (% non-white): 26 Traumatic event type: Childhood sexual abuse and/or physical abuse Traumatic event detail: Ongoing physical abuse combined with emotional abuse was the most common form of	Inclusion criteria: women aged 18–58 years; with chronic, treatment nonresponsive PTSD related to ongoing or repeated physical and/or sexual abuse in childhood; met diagnostic criteria for PTSD; had a minimum score of 45 on the Clinician Administered PTSD Scale (CAPS); currently involved in psychotherapy for a minimum of 6 months prior to the study.	Interview (face-to-face)	Content analysis	1. Findings cannot be generalised to all trauma survivors given the limited sample. 2. Expectancy effects due to increasing popularity of yoga in the US may have increased positive reports among participants or observers.	1. Explained how participants were selected (from RCT) but not those who didn't choose to take part. 2. Researchers consider bias in analysis, but no discussion of bias in research question formulation and data collection. 3. The researchers do not describe how the data presented were selected from the sample. A comprehensive number of quotations were presented, although contradictory findings were not presented.

Study ID	Country	N	Population	Demographics	Inclusion/Exclusion criteria	Data collection method	Data analysis method	Limitations identified by authors	Limitations identified by review team
				<p>trauma. Many reported a combination of physical, sexual and emotional. Parents or siblings most common perpetrators. Multiplicity of index trauma: Multiple</p> <p>Mean months since traumatic event: NR (trauma occurred at least 12 years prior to intake)</p> <p>Coexisting conditions: NR</p> <p>Lifetime experience of trauma: NR</p>					
Whealin 2016	US	10	Adults with PTSD	Diagnostic status: PTSD diagnosis according to ICD/DSM criteria (including self-	Inclusion criteria: self-report of PTSD; at least 3 chronic conditions; experience using technology to	Focus group	Content analysis	1. Only veterans with web exposure, limits generalisability	1. Recruitment strategy described and why the participants selected were the most appropriate. No



				<p>report of diagnosis)          Age: Mean=57          Gender (% female): 30          Ethnicity (% non-white): 30          Traumatic event type: Military combat          Traumatic event detail: No further details reported ('veterans')          Multiplicity of index trauma: Multiple          Mean months since traumatic event: NR          Coexisting conditions: Chronic pain, depression, cancer and chronic fatigue.          Lifetime experience of trauma: NR</p>	<p>manage health; receipt of care at a Veterans Affairs (VA) facility.</p>			<p>2. May be non-representative in terms of race and regionality.</p>	<p>discussions of reasons why some may have chosen not to take part.          2. The setting for data collection was not described or justified. No mention of data saturation.          3. The researchers do not consider their own role, potential bias, or influence during the formulation of the research question and data collection.</p>
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