

## Supplementary file 2: Details on interventions for reducing PTSD in health care professionals

Author & Year (Country)	Intervention type	Content and format	Duration	Session	Frequency	Assessment time	Results
Bryant, 2019 (Australia)	Cognitive behaviour therapy	Prolonged exposure (CBT-L) and brief exposure (CBT-B) comprised one session of psychoeducation, four sessions of cognitive behaviour therapy (CBT) skills training (provided brief instruction in depression management, emotion regulation and so on; a workbook was offered), six sessions that comprised imaginal and in vivo exposure and one session of relapse prevention.	12 weeks Cognitive restructuring was incorporated into sessions 2 - 11. CBT-L sessions were 90 minutes in duration and comprised 40 minutes of imaginal exposure. CBT-B sessions were 60 minutes in duration and comprised 10 min of imaginal exposure	12 sessions	1 session per week	Pre-treatment, post-treatment and 9-month follow-up (6 months following treatment completion)	This study highlights that CBT, which can include either long or brief imaginal exposure, is efficacious in reducing PTSD in emergency service personnel.
Fiol-DeRoque, 2021 (Spain)	A mobile phone-based intervention	An app targeting emotional skills, healthy lifestyle behaviour,	2 weeks	5 sessions	daily prompts (notifications)	Pre-intervention and post-intervention	Among health care workers consuming

	based on cognitive-behavioural therapy and mindfulness approaches	burnout, and social support was delivered. Additionally, daily prompts (notifications) included brief questionnaires, followed by short messages offering tailored information according to the participants' responses.					psychotropic medications, compared to the control app, the intervention significantly improved symptoms of PTSD.
Gerhart, 2016 (USA)	An Experiential Provider Training Series (ACCEPTS)	It is a multimodal program with an emphasis on using mindfulness and communication training. A group format was used. Communication training included directed exercises to engage with peers, express common reactions to patient trauma, and listen to the reactions shared by others. Sitting	8 weeks -Two half-day sessions: 4 h -Weekly session: 1.5 - 2 h	10 sessions	1 session per week	Pre-training, mid-training and post-training	PTSD Re-experiencing (posttreatment $d=-0.34$ , $p<0.01$ ). The results indicated that ACCEPTS is an acceptable and feasible intervention for providers that may enhance well-being.

		meditation was the primary mindfulness exercise emphasized during the group.						
Kim, 2012 (Mexico)	Mindfulness-based stretching and deep breathing exercise	The intervention consisted of stretching and balancing movements combined with breathing and a focus on mindfulness.	8 weeks, 60 minutes each session	16 sessions	Semiweekly		Pre-intervention and post-intervention	The intervention significantly reduced PTSD symptom severity.
Mealer, 2014 (USA)	Resilience training program	The program included a 2-day educational workshop, written exposure sessions, event-triggered counselling sessions, mindfulness-based stress reduction exercises, and a protocolized aerobic exercise regimen.	12 weeks -Educational workshop: 2 days; -Written exposure:30 minutes/session; -Mindfulness-based stress reduction practices:15 minutes/session; -Exercise:30 to 45 minutes/session -Event-Triggered Counselling	-Educational workshop: 1 session; -Written exposure: 12 sessions; -MBSR Practices: at least 36 sessions; -Exercise: at least 36 sessions; -Event-Triggered	-Educational workshop: 1 time; -Written exposure: 1 time/week; -MBSR Practices: at least 3 times per week; -Exercise: at least 3 times per week; -Event-Triggered Counselling		Pre-intervention and post-intervention	This multimodal resilience training program was feasible to conduct and acceptable to ICU nurses. A significant decrease in PTSD symptom score after the intervention was observed (p=0.02).

			Session: 30 to 60 minutes/session	Counselling Session: at least 1 session	Session: 1 session/week		
Rippstein, 2017 (USA)	Online three good things intervention.	Participants were asked to report three things that went well today and their role in bringing them about.	2 weeks	14 sessions	Daily	/	The Three Good Things exercise acknowledges the importance of self-care in health care workers and appears to promote well-being, which might ultimately strengthen resilience.
Slade, 2018 (UK)	<b>Program</b> for the prevention of PTSD in midwifery	The program included 3 parts: (1) Workshop: support midwives' understanding of trauma experiences and providing guidance on managing feelings;	6 months	Not report	Not report	Pre-training and post-training	There was a trend towards reduced levels of PTSD symptomatology, and fewer midwives reported

		(2) Peer support: offer opportunity to receive confidential support over the telephone from a midwife peer; (3) Referral and access to psychological assessment and input: contact a clinical psychologist to receive assessment when needed					subclinical levels of PTSD (from 10% at T1 to 7% at T2)
Slade, 2020 (UK)	Same as above	Same as above	12 weeks	Not report	Not report	/	The program was viewed as highly acceptable and feasible. Midwives and their managers strongly supported its implementation.

**Notes:** ACCEPTS: An Experiential Provider Training Series; CBT: Cognitive behaviour therapy; CBT-L: Prolonged exposure; CBT-B: brief exposure.