Supplemental Materials

Supplemental Materials 1: Articles Reviewed in the Systematic Review and Meta-analysis Search

Strategy


https://doi.org/10.1093/milmed/usx219


https://doi.org/10.1002/jts.22653


https://doi.org/10.1093/milmed/158.2.69


https://doi.org/10.1080/20008198.2019.1684226


https://doi.org/10.1177/1534765612459891


Supplemental Materials 2: Articles Included in Present Meta-Analysis


https://doi.org/10.1037/a0027522


https://doi.org/10.1037/a0027522


https://doi.org/10.1016/j.beth.2020.02.002


https://doi.org/10.3389/fpsyt.2017.00157


treatment-planning group on evidence-based PTSD treatment utilization and completion among

on cognitive processing therapy outcomes in the community. *Journal of Traumatic Stress, 32*(2),

therapy for anger dysregulation with military veterans: A pilot study. *Journal of Contemporary


outcomes for depressed substance abusers? *Journal of Substance Abuse Treatment, 35*(3), 343–

(2007). A randomized trial of self-management and psychoeducational group therapies for
comorbid chronic posttraumatic stress disorder and depressive disorder. *Journal of Traumatic
Stress, 20*(3), 221–237. https://doi.org/10.1002/jts.20214

among veterans receiving prolonged exposure therapy. *Psychological Trauma: Theory, Research,

(2015). Psychotherapy for depression in older veterans via telemedicine: A randomised, open-


*The Journal of ECT, 35*(1), 53–60. https://doi.org/10.1097/YCT.0000000000000505


exposure for combat-related posttraumatic stress disorder. *Journal of Consulting and Clinical

Goetter, E. M., Blackburn, A. M., Stasko, C., Han, Y., Brenner, L. H., Lejeune, S., Tanev, K. S., Spencer, T. J.,
processing therapy for military service members in an intensive treatment program.
*Psychological Trauma: Theory, Research, Practice, and Policy, 13*(6), 632–640.
https://doi.org/10.1037/tra0000956

veteran peer intervention and its relationship to mental health treatment engagement.

Goodson, J. T., Helstrom, A. W., Marino, E. J., & Smith, R. V. (2017). The impact of service-connected
disability and therapist experience on outcomes from prolonged exposure therapy with
https://doi.org/10.1037/tra0000260

Gray, M. J., Schorr, Y., Nash, W., Lebowitz, L., Amidon, A., Lansing, A., Maglione, M., Lang, A. J., & Litz, B.
https://doi.org/10.1016/j.beth.2011.09.001

Gray, R., Budden-Potts, D., & Bourke, F. (2019). Reconsolidation of traumatic memories for PTSD: A
https://doi.org/10.1080/10503307.2017.1408973


https://doi.org/10.1037/ser0000325

https://doi.org/10.1037/0033-3204.45.2.186


https://doi.org/10.1002/jclp.21911

https://doi.org/10.1016/j.drugalcdep.2019.107647


https://doi.org/10.1002/da.22104

https://doi.org/10.7205/MILMED-D-13-00298


https://doi.org/10.1023/B:JOTS.000022622.71244.0f


who served in Iraq and Afghanistan. *Military Medicine, 177*(6), 635–642.

https://doi.org/10.7205/MILMED-D-11-00221


https://doi.org/10.1089/cyber.2011.0003


https://doi.org/10.1002/jts.22036


https://doi.org/10.1080/10503307.2014.900875


https://doi.org/10.1016/j.brat.2013.05.013


### Supplemental Materials 3: Summary of Findings from Select Meta-analyses Examining Dropout in Civilian and Military Populations

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Dropout rate estimate</td>
<td>25.60%</td>
<td>19.70%</td>
<td>26.20%</td>
<td>36.00%</td>
<td>24.20%</td>
</tr>
<tr>
<td>Military sample type</td>
<td>NS (between veteran, SM, and mixed samples)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Age</td>
<td>↑ age, ↓ dropout</td>
<td>↑ age, ↓ dropout</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Committed relationship</td>
<td>NS</td>
<td>↑ in relationships, ↓ dropout</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Cisgender female</td>
<td>NS</td>
<td>↑ female, ↓ dropout</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Race/ethnicity</td>
<td>NS (non-Hispanic White)</td>
<td>NS (White)</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Reserve componenta</td>
<td>↑ in reserves, ↑ dropout</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Service era</td>
<td>NS (OEF/OIF/OND vs. other)</td>
<td>-</td>
<td>-</td>
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<td>-</td>
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<tr>
<td>Service connection</td>
<td>NS</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Therapist experience</td>
<td>NS (mixed experienced and trainee therapists vs. experienced only)</td>
<td>Higher dropout among trainee vs. experienced and mixed</td>
<td>NS (trainee, experienced/licensed, and mixed)</td>
<td>-</td>
<td>-</td>
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<tr>
<td>PTSD versus non-PTSD interventions</td>
<td>NS</td>
<td>NS</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Theoretical orientation</td>
<td>Higher dropout CBT vs. non-CBT</td>
<td>NS</td>
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<tr>
<td>Manualized</td>
<td>Higher dropout non-manualized vs. manualized</td>
<td>Higher dropout non-manualized vs. manualized</td>
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<tr>
<td>Time-limited</td>
<td>NS</td>
<td>Higher dropout in no time limit vs. time limit</td>
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<tr>
<td>Location</td>
<td>Higher dropout VA vs. DoD settings</td>
<td>-</td>
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<tr>
<td>Treatment format</td>
<td>Higher dropout individual vs. group format; NS between individual and combined individual+group</td>
<td>Higher dropout group vs. individual</td>
<td>-</td>
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<tr>
<td>Modality</td>
<td>NS (in person vs. telehealth)</td>
<td>-</td>
<td>NS</td>
<td>NS</td>
<td>-</td>
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<tr>
<td>Study type</td>
<td>NS (effectiveness vs. efficacy)</td>
<td>Higher dropout among effectiveness vs. efficacy</td>
<td>NS (RCT vs. non-RCT)</td>
<td>NS</td>
<td>-</td>
</tr>
<tr>
<td>Dropout definition</td>
<td>Higher dropout therapist report vs. failure to complete; higher dropout when definition was specified using any method vs. when it was not specified</td>
<td>Therapist report higher dropout vs. other definitions</td>
<td>-</td>
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</table>

*Note.* CBT = cognitive behavioral therapy; DoD = Department of Defense; NS = findings were not statistically significant; OEF = Operation Enduring Freedom; OIF = Operation Iraqi Freedom; OND = Operation New Dawn; RCT = randomized controlled trial; SM = service member; VA = Department of Veterans Affairs.

*Reserve component was significant when individually tested as a moderator. However, this variable yielded insufficient data to be included in the final meta-regression model used to identify significant dropout moderators.*