Table S1. Detailed Studies' Characteristics.

N	Authors	Study design	Sample size	Type of Trauma	Type of Contemplative practices	Duration	Measures	Main results
1	Jasbi et al., 2018 [21]	RCT with active control	48 male veterans; Mage=53 (SD=2,5)	PTSD	MBCT + Citalopram	8 weekly sessions (60-70 min each)	PCL-5; DASS	↓ PCL-5 (Re-experiencing the events, Avoidance, Negative mood and cognition, Hyperarousal) ↓ DASS (Depression, Anxiety, Stress) ↓CAPS-5 Tot. 31 point reduction at post-test ↓Subscale of hyperarousal
2	Goldstein et al., 2018 [47]	RCT with waitlist and multiple assessment	47 (81% male); Mage= 46.8 (SD= 14.9); war veterans with PTSD, mostly and from racial or ethnic minority (60%).	PTSD	IE	36 sessions in 12 weeks (1 hr each)	SCID-I; CAPS-5; WHOQOL-BREF; Feasibility and Acceptability Questionnaire; Godin Leisure-Time Exercise Questionnaire.	↑ LSI (more physical activity) ↑WHOQOL-BREF greater improvement in the psychological domain but a smaller improvement in the physical domain greater number of sessions attended was associated with an improvement in physical quality of life and psychological quality of life High levels of satisfaction
3	Chopin et al., 2020 [48]	RCT versus control	87 (61% male); Mage 51.41 (SD 11.32); 69 % African Americans; 49 completers (56,3%).	PTSD with comorbid chronic pain	Hatha Yoga	10 cohorts (2 to 8 weeks): 90 min each	PCL-5; PROMIS; Client Satisfaction Questionnaire-8; TSK-11.	↓ PTSD symptoms, kinesiophobia, depression and anxiety Follow-up results: ↔ Intrusion and avoidance symptoms ↑ Social role functioning PROMIS
4	Grupe et al., 2021[49]	RCT and follow-up	30 police officers;	Occupational stress	MBSR	8 weekly sessions	PSQ; OLBI with separate subscales for exhaustion and disengagement; PSQI; PCL-C); PROMIS; WLQ-8); PWB; PANAS; Creactive protein,	↓PSQ Operational stress and moderated by gender and years of police experience: younger men showed greater decline in stress also at follow-up;

			Mage= 38,4 (SD= 7,7).				diastolic/systolic blood pressure, resting pulse rate, skin conductance; Breath Count task.	↓ PCL at post-test and at 5-month follow-up; ↓ Exhaustion subscale of OLBI ↓PROMIS anxiety symptoms and depression symptoms; ↓PANAS Negative affect; ↔PROMIS subscales of pain interference; pain intensity, or physical functioning ↔ Disengagement subscale of OLBI ↔PANAS positive affect; ↔ Physical parameters ↑ Sleep quality PSQI ↑PWB;
5	Gibert et al., 2022 [50]	RCT with active control	34 people (Dive Group=17); (32,4% women); Mage= 36 (SD= 6,9)	PTSD	Scuba diving with mindfulness exercises (the Bathysmed protocol)	6 days with 10 dives	PCL-5; FMI	↔PCL-5 at post-test but: ↓Subscale Intrusion symptoms (PCL-5) at post-test and 1-month follow-up; ↑ Mindfulness (FMI) at Post-test; Large effect size Cohen's *d* at 1-month follow-up; ↔ PCL-5 and FMI at 3-month follow-up
6	Lang et al., 2019 [51]	Pilot RCT	28 Veterans; Mage=49.6 (SD=16.2)	PTSD	CBCT	10 weekly sessions (1 hr for each)	CAPS-5; PCL-5; PHQ-9; BSI-18; STAXI-2; Sleep-Related Disturbance Measures from NIH PROMIS; AUDIT-C; SCS-R; SCS; PHLMS; TEQ; RTSQ; DES'	↑ Social connectedness (SCS-R) ↓PCL-5, PHQ-9, CAPS-5 (subscale Hyperarousal), large effect size in hyperarousal, reexperiencing, negative alterations in cognitions Medium effect size in empathy, mindful awareness, anxiety, rumination Large effect size in depression

7	Yi. et al., 2022 [52]	RCT with active control	94 women; Mage= 40.8 (SD= 13,2), Most drivers with almost two months since MVA	PTSD from MVA	Kripalu Yoga	6 sessions (45 min for each) for 12 weeks	IES-R; DASS-21	↔ Differential Emotion Scale (DES): Positive and Negative Emotions ↔Alcool Consumption and all the other variables ↓IES-R at post-test ↓Subscales Intrusion and Avoidance ↔Subscale Hyperarousal ↔IES-R at 3-month follow-up ↓DASS-21 at post-test and 3-month follow-up and Tot score<Control ↓Subscales Depression and Anxiety ↔Subscale Stress
8	Somohano et al., 2022 [53]	Pilot RCT and follow-up	23 women; Mage= 36.1 (SD= 7.9)	PTSD-SUD	MBRP	8 sessions (1 hr each) in a 4-week period	PCL-5; PACS; self-reported minutes of daily meditation practice, and self-reported frequency of daily engagement in mindfulness skills to everyday activities	Higher duration (i.e., minutes per practice) of formal mindfulness practice → lower PTSD Symptoms (avoidance, arousal, reactivity, negative cognitions and mood in PCL-5) at 6-month follow-up; ↔Informal practice did not predict any outcomes. ↔Formal and informal practice did not predict reduction in intrusion symptoms (PCL-5) and craving at 6-month follow-up.
9	Muller-Engelmann et al., 2019 [54]	RCT with multiple weekly assessments and follow-up	14 (78,6% women); Mage=41.14 (SD= 12.30); PTSD patients	Interpersonal violence Childhood sexual or physical abuse;	Trauma-adapted intervention from loving-kindness meditation and MBSR	8 individual sessions (1.30 hr each)	CAPS-5; SCID-I; IPDE; LEC-5; DTS; BSI; BDI-II; WHO-5; FFMQ; SCS; MBE.	↓CAPS-5 at follow-up (especially on avoidance) (9 out of 12 did not meet PTSD criteria); ↓DTS at post-test and follow-up;

				Physical violence in adulthood				↓BDI-II at follow-up;
10	Staples et al., 2022 [55]	RCT with active control and follow-up	108 veterans (96% male); Mage 55.97 (SD=11,7).	PTSD	MBSG	10 weeks	PCL- M; STAXI-2; PSQI; PHQ-9.	↓ self-criticism at follow-up ↔BSI medium effect sizes ↑mindfulness skills of nonjudging and acting with awareness ↑ attention to breath in MBE at follow-up ↑self-compassion at follow-up ↑WHO-5 (75%): half of them at post-test ↓ Hyperarousal and avoidance ↓ PTSD symptoms ↓ Anger and sleep disturbance ↔ Depression, anxiety, post traumatic growth and health related quality of life
11	Aizik-Reebs et al., 2022 [56]	RCT with waitlist and follow-up	158 Eritrean asylum-seekers (46% female); Mage=31.8 (SD=5.2);	Traumatized and chronically stressed; Forced displacement	MBTR-R	9-weekly sessions (2.5 hr each)	HTQ; PHQ-9; SRET	↓Posttest change in self-criticism (endorsement and drift rate) ↔Posttest change in drift rates to self-compassion stimuli ↑ Posttest increase in self-compassion (endorsement) Type of treatment (MBTR-R; Waitlist) →change of self-criticism (at post-test) → PTSD symptoms (HTQ) and depression (PHQ-9); Type of treatment (MBTR-R; Waitlist) →change of self-compassion (at post-test) → PTSD symptoms (HTQ), but not depression (PHQ-9)

12	Oren-Schwarz, 2023 [57]	RCT with active control	158 Eritrean asylum-seekers (55.7% female); Mage= 31,8 (SD= 5.2)	Forced displacement	MBTR-R	9-weekly sessions (2.5 hr each)	HTQ; PHQ-9; SSGS; PMLD	MBTR-R, relative to waitlist control →shame (no guilt) at post-test → PTSD symptom severity (HTQ subscale) / Depression (PHQ-9) at post-test
13	Kang, Sponheim & Lim, 2022 [58]	RCT with active control (Present-centered group therapy)	98 veterans with PTSD symptoms (PCL) (14,3% women); Mage= 58.6 (SD= 10.4)	PTSD from combat	MBSR	8 weekly sessions	PCL-5; CAPS; PHQ-9; PHQ-15 EEG recorded with BioSemi Active Two EEG system in resting-meditation-resting procedure ECG Flanker cognitive task (as attentional task) Spectral power of theta and alpha frequency oscillations of the spontaneous EEG and the TF; HEBR	↓ PCL-5 ↑ spontaneous alpha power (8–13 Hz) in the posterior electrode cluster but ↔ in the follow-up analysis ↑task-related frontal theta power (4–7 Hz in 140–220 ms after stimulus) ↑ frontal theta heartbeat-evoked brain responses (HEBR) (3–5 Hz and 265–336 ms after R peak). ↓ CAPS ↓ PHQ Type of treatment (MBSR, Control)→ frontal theta heartbeat evoked brain responses→ PCL-5
14	Fishbein et al., 2022 [59]	RCT with active control	134 (88% female); Mage= 56.24 (SD=11.58).	Cancer survivors	ACT	10 sessions	Mediators: SCS; BEAQ; BEVS; VLQ; EAC. Outcomes: HADS; IES-R; CARS.	↓ Bull's eye Values BEVS (improvement) ↔VLQ ACT →SCS, EAC→IES-R ACT→SCS, EAC, BEVS→ CARS and General Anxiety HADS-A (marginal mediation) ↑SCS

								↑ EAC
15	Mehling et al., 2018 [60]	RCT with waitlist and multiple assessment	47 (81% male); Mage =46.8; from 24 to 69 war veterans with PTSD and from racial or ethnic minority (60%).	PTSD	IE	36 sessions in 12 weeks (50 min each)	FFMQ; MAIA; PSOM; CAPS-5; WHOQOL.	↓CAPS-5 (average reduction of 31 points) ↑FFMQ Non reactivity, Observing ↑ MAIA Emotional Awareness, Self-Regulation, Body Listening; ↑PSOM total, Focused Attention, Restful Repose PSOM and FFMQ Non-Reactivity → CAPS Hyperarousal subscale/ Psychological WHOQOL (partial mediation)
16	Powers et al., 2022 [61]	RCT with active control and follow-up	42 Black adults (85% women); Age from 18 to 65; (55.5% of MBCT, 87.5% of WLC)	PTSD and chronic trauma exposure to multiple events	Trauma adapted MBCT group Combined interventions	8-weekly sessions (1,5 hr each)	TEI; PHQ-9; CAPS-5; MINI for screening; CSQ-8; PBPT	Good feasibility (75% completers) Good Acceptability: high levels of satisfaction (CSQ-8) and several perceived benefits regarding physical, emotional state and interpersonal relationships; The most frequently reported barriers (PBPT): participation restrictions, stigma, lack of motivation, no availability of services, emotional concerns, misfit of therapy to needs, time constraints, and negative evaluation.
17	Killeen et al., 2023 [62]	RCT with active control Integrative Coping Skills (ICS)	90 Women (53,3% non-completers); Age from 18 to 65	PTSD; SUD	Trauma adapted MBRP	8 weekly sessions	Rate of Retention in the treatment; PSS; FFMQ; MINI; CAPS-5; TLFB; DERS	48 women met the definition of non-completers (attending < 75% sessions); ↓ Lowest rate of completion among unemployed women in the ICS control group, with low FFMQ;

								↑ Higher rate of completion in women in TA-MBRP group with low PSS and high FFMQ; ↓ Both the TA-MBRP and ICS groups had low probability of completion for those with high-PSS scores.
18	Somohano & Bowen, 2022 [63]	Single cluster-randomized repeated measures design	83 women (30% ethnic minority); Mage= 36.1 (SD= 7.9)	PTSD-SUD	Trauma-focused and gender responsive MBRP	4 weekly sessions (1 hr each)	For PTSD symptom severity in primary care settings: BSSS; PACS; Acceptability: homework compliance and course satisfaction; self-reported duration of formal practices and frequency of informal practices Feasibility: recruitment, enrolment, and retention. Satisfaction: OCSS	↓Craving (PACS) and PTSD symptoms (BSSS) in both conditions over the 12-month follow-up period and effect sizes similar to other PTSD-SUD interventions ↑Larger effect of Craving and PTSD in both programs after 1-month ↓MBRP had lower BSSS at post-test and 1-month follow-up in comparison with TI-MBRP; TI-MBRP acceptability: homework practice was as expected (in both conditions), retention was below the target but 60%; attrition was higher (64%) at post-test and 1-month follow-up in Ti-MBRP than in MBRP. High satisfaction (OCSS).
19	Possemato et al., 2022 [64]	RCT with active control and follow-up	55 primary care veterans	PTSD	PCBMT	4 weeks	PCL-5; PHQ-9; Health responsibility; Stress management; Not feeling dominated by symptoms	↓ PTSD symptoms at post-test ↓Depression at 16-24 months follow-up ↑Health responsibility ↑Stress Management, not feeling dominated by symptoms.
20	Classen et al., 2020 [65]	RCT with waitlist and follow-up	32 women; Mage =43.5(SD= 10) Eligible if they had previous group experience	Childhood trauma, complex PTSD symptoms.	Trauma and the Body Group (TBG)	20-session program (hr for each):	CTQ-SF; LSCL-R; SBC; BAI; SRS; PCL-5; SDQ-20); DES; BDI-II; PHLMS; IIP-32	↑Body awareness subscale (SBC) ↔ Body dissociation subscale (SBC) ↓ Anxiety (BAI) ↑Soothing receptivity (SRS)

21	Gallegos et al., 2020 [66]	RCT with active control and follow-up	29 women (65% in MBSR group); Mage 42.7 (SD=13.1); 50% Black	In	MBSR	8 weekly sessions	IPVE; LEC-5; PCL-5; DERS; UFOV; RMSSD between normal heartbeats during a 5-min rest period and a sub-sequent trauma imagery task	↔ PCL-5; SDQ-20; DES; PHLMS; IIP-32 ↓ BDI-II No statistical power to test between-group differences; Time effects in MBSR group: Improvement but ↔ divided and selective attention (UFOV) ↔ HRV by RMSSD but increase ↓DERS ↓PCL-5 at post-test and follow-up. Decrease for 50% of the total of participants.
22	Nguyen-Feng et al., 2020 [67]	RCT	64 women	PTSD and childhood interpersonal trauma histories	TCTSY	10 weekly sessions (1hr each)	SLESQ; CAPS; DTS; BDI-II; DES; IASC	TCTSY was most efficacious for those with fewer adult-onset interpersonal traumas. Within this subgroup, TCTSY was more effective in reducing PTSD than the active control condition. clinician-rated PTSD, selfreported PTSD, and emotional control problems, although effects were relatively small to moderate. The efficacy of the intervention conditions was less predictable among those with a history of greater adult-onset interpersonal trauma.
23	Davis et al., 2020 [68]	RCT and follow-up	209 participants (91.4% veterans; 66% male; 61.7% White) Mage= 50.6 (SD= 12.9)	PTSD	HYP; WLP	16 weekly sessions	CAPS-5; PCL-5;	↓PCL-5; CAPS-5
24	Fortuna et al., 2020 [69]	RCT	341 Ispanic migrants (24% US and 76% Spain) (172 assigned to IIDEA);	Dual diagnosis of SUD,	IIDEA; CBT + Mindfulness.	10 weekly sessions IIDEA trial (1 hr each)	Qualitative report on what was useful of the intervention (content analysis); WAI-SR;	Intermediary variables: ↑WAI-SR (alliance), MAAS and IMR

		with active control and follow-up	Age from 18 to 70	depression, anxiety, and chronic stress	Combined interventions		IMR; MAAS; ASI; Lite and urine test results; HSCL-20; GAD-7; PCL-10; PHQ-9	(from a medium to small effect size) also at 6-month follow-up; Outcomes: ↓ Urine test and substance use ASI; PCL-10; GAD; PHQ-9; HSCL-20 Qualitative results: participants found more useful being listened without judgement, learning relaxation and emotional regulation techniques, gaining a sense of self-control, and managing the double diagnosis.
25	Cox et al., 2019 [70]	Pilot RCT and follow-up	80 allocated to mobile/telephone mindfulness (77,5%) or education (22,5%); 56,2% men; Mage= 49.5; admitted for a surgical or trauma diagnosis (69%)	Post discharge of critical illness	Mobile and telephone mindfulness program (awareness of breathing; body systems; emotion and mindful acceptance, and awareness of sound)	4 weekly sessions (1 hr each)	System Usability Scale; CSQ; Rate of completion of the program; PTSS; GAD-7; PHQ-9; CAMS-R; Brief COPE; qualitative data: Report and rate the severity of perceived stressors, open-ended feedback on the app group	Higher drop-out and less CSQ in Mobile program ↓Similar decrease between Mobile and Telephone Mindfulness in PHQ-9, GAD-7; PTSS at 3 months follow-up; ↓Education program had a similar impact of Mindfulness Program on PTSS but less impact than others on PHQ-9 and GAD-7 at 3-months follow-up; ↔CAMS-R and Brief-COPE
26	Miller et al., 2019 [71]	RCT with active control and follow-up	35 adolescents; Mage= 12.9 (SD= 1,8); (37% female) 32 parents; Mage= 44.7 (SD= 9,8);	PTSD	Mentoring + mindfulness program (Learning to Breathe, L2B)	4 mindfulness sessions (30 min each) in 12 weeks	Internalizing subscale of BPM; Child PTSD Symptom Scale on distressing events; PROMIS Sleep-Related Disturbance—SF, PROMIS Pediatric Physical Activity-SF; (REDS); (BRIEF), DERS-SF; FFMQ-SF	↓ Child PTSD symptoms ↓Emotional impulsivity (DERS-SF) ↓Difficult in engaging in goal-directed behavior (DERS-SF) ↔Remaining variables

			(80% female)					
27	Pradhan et al., 2018 [72]	Pilot RCT with active control and follow-up	20 subjects (60% female) Age 30-60	Physical sexual and emotional abuse	TIMBER combined with a single sub-anesthetic dose of ketamine.	12 weekly sessions (1 hr each)	PCL; CAPS; Ham-D; BAI; MoCA	↑Duration of response in TIMBER-K (compared to TIMBER-Placebo): in average 34 days with no or minimal PTSD symptoms (PCL, CAPS) (twice longer than the remission with Mindfulness Therapy alone and 5-fold longer than Ket therapy alone); ↓PCL and CAPS at the relapse were lower than the pre-test; ↔the average DSR (Serine) Plasma Concentration was lower than basal DSR (but not significant) ↔Positive correlation but not significant between DSR and PTSD severity
28	Romaniuk et al., 2023 [73]	Uncontrolled Clinical Trial and follow-up	12 couples (50% male); Mage= 61.90 (SD= 11.09) for the males Mage=61.33 (SD= 8.65) for the females	PTSD	CMT compared to CFT based on psychoeducational skills.	12 biweekly group sessions (2 hr each)	FCS, FSCRS, OAS, SSPS, Depressive experiences questionnaire—Self-criticism subscale, PCL-5, DASS-21, Q-LES-Q-SF, RAS, Post-program feedback questionnaire.	↓ fear of compassion (FCS) towards others and self from pre-test to follow-up ↓ feelings of self-inadequacy (FSCRS) from pre-test to follow-up ↓ levels of external shame (OAS) at follow-up ↓ PCL-5 in the ex-service personnel ↓ Anxiety (DASS-21) at follow-up. ↓ Stress (DASS-21) at follow-up. ↔ PCL-5 in the partner group ↔ Depression (DASS-21) ↑ social safeness (SSPS) at follow-up ↑ Quality of life and satisfaction (Q-LES-Q-SF) at post-test but not at follow-up ↑ Relationship satisfaction (RAS) at post-test but not at follow-up

29	Leach & Lorenzon, 2023 [74]	RCT with active control and follow-up	42 women; Mage 47.8 (SD= 12.3); Most unemployed/retired (57.1%) and had experienced domestic violence more than 12 months ago (64.3%).	Traumatic experience of domestic violence	TM	9 individual and group sessions (1–2 hr each): tot 12 h in 8 weeks	AQoL8D, DASS-21, PCL-5, subjective experience was assessed through open-ended questions in the data collection form and trial exit form.	↓ DASS-21 depression, anxiety and stress severity scores ↓ PCL-5 Total Symptom Severity Score ↑ AQoL-8D utility score, superdomain scores and domain scores (except for pain and senses domain scores) ADVERSE EFFECTS Twelve mild adverse events reported by six participants (i.e. nausea, headache, irritability, weight gain). Two participants self-reported a severe adverse event that they believed was related to the intervention (i.e. cold-sore, body feeling heavy).
30	Javidi et al., 2023 [75]	RCT with active control	82 participants with a diagnosis of depressive disorder or PTSD; Mage= 40.3 years (SD= 12.0)	PTSD	Self-Compassion Therapy combined with CBT	12 session program of individualised CBT-based treatment f	SCS, K10, PHQ9; PCL-C; WSAS.	↑ SCS ↓ K10 ↓ PHQ9 ↓ PCL-C ↓ WSAS
31	Bellehsen et al., 2022 [76]	RCT with active control and follow-up	40 veterans (85% male); Mage=51.6 (SD= 11.4); Non caucasian (42.5%).	PTSD	TM	16 sessions over 12 weeks (1 hr each).	CAPS-5; PCL-5; BDI-II; BAI; S-Anger subscale of STAXI-2; Q-LES-Q-SF; ISI.	↓PCL-5; BDI-II; BAI; ISI; ↓50% TM group reduced CAPS-5 and 50.0% no longer met the criteria for a PTSD diagnosis after 3 months ↔S-anger ↔Q-LES/ Q-SF
32	Gerdes et al., 2022 [77]	Uncontrolled Clinical Trial	56 veterans (92.9% male); Mage= 52.1 (SD= 12.9).	PTSD	LKM-S	1 session audio-taped (1.5 hr)	HR and HRV from ECG; SCL; ERQ; PCL-5; PHQ-9; VAS.	↓ self-reported hyperarousal state ↓ SCL, meaning a reduction in sympathetic arousal

								↔HRV response was not different from 0, meaning that the intervention may not have increased the parasympathetic activation (unlike what was expected) ↔ Social Connectedness State self-compassion at both pre and post time points were associated with PCL-5, trait self-compassion (SCS) and emotion suppression (ERQ) ↑HR response (physiological arousal) (not as expected a decrease) ↑HR response to directing compassion towards the self ↑ self-compassion state at the end of LKM ↓ PTSD symptoms ↔ Positive affect (small effect size) ↔ Christian contentment ↔ Christian gratitude ↔ Anxiety, depression, stress (medium effect size)
33	Knabb et al., 2022 [78]	RCT with active control	26 participants belonging to Christian religion; Mage= 42,8 (SD=12,80);	Exposure to crime related events, physical and sexual experiences and general disasters	Christian Meditative Intervention (Lectio Divina)	2 weeks	Christian Contentment Scale; Christian Gratitude Scale; Positive and Negative Affect Schedule; Trauma Symptom Checlist-40	
34	Hodgdon et al., 2022 [79]	Uncontrolled Pilot Clinical Trial and follow-up	17 participants (76% women); Mage=46; range 28-58 76% exposed to two types of trauma prior to the age of 18; and current diagnosis of PTSD on the CAPS and clinical depression.	PTSD	IFS Combined interventions	16 individual sessions (1,5 hr each)	DTS; CAPS; BDI; SIDES-SR; SCS; MAIA.	↓CAPS at post-test and 1-month follow-up At 1-month follow up, 92% of participants no longer met criteria for PTSD ↓DTS at post-test and 1-month follow-up ↓ BDI at post-test and 1-month follow-up

								↓SIDES total score at the 1-month follow up ↔Somatization ↔SCS ↑ Large effect size on Trusting and medium effect sizes on Attention Regulation, Self-Regulation and Body Listening ↑Not-Distracting subscale of MAIA just at 1-month follow-up ↔ No significant time effect for other subscales of MAIA ↓Reported decreased feeling pain or negative emotional states ↑Use of self-regulation skills was uniformly higher.
35	Tibbitts et al., 2021 [80]	Retrospective pre-post approach	152 students (59% woman), community of colour (44 %); 73% ≥ 21 years; 51% attended trauma-informed yoga classes in the corrections and reentry sector, 21% in the substance use treatment and recovery, 28% in community and mental health sectors.	Not revealed	TIY	From 2 to 10 sessions	Survey instrument: Not standardized questionnaire developed ad hoc informed by the framework of self-regulation to evaluate: self-regulation, perceived emotional and physical wellbeing.	↑Reported increased awareness of physical sensations (e.g. breathing and muscle movement) ↑Students in the corrections and reentry sector had the largest benefit after beginning yoga. Adverse effects: For negative emotional states, only few students reported feeling upset, anxious, or stressed after class. Fewer respondents from substance use treatment retrospectively reported feeling upset and anxious or stressed before yoga class. This group showed the least amount of change in self-regulation skills

			24 male; Mage= 22.1 (SD=3.6);		CA-CBT Combined			↓ PHQ-9; SSS-8; ↔PCL-5
36	Kananian et al., 2020 [81]	RCT with waitlist and follow-up	refugees diagnosed with *DSM-5* PTSD, major depressive disorder, and anxiety disorder; with elementary school degree.	Multiple trauma pre-post displacement	interventions	12 sessions in 6 weeks (1.30 hr each)	GHQ-28; PCL-5; PHQ-9; SSS-8; WHOQOL-BREF; ERS.	↑WHOQOL-BREF ↑ERS ↑GHQ-28 at both follow-up; At 1-year follow-up main effects were maintained
37	Schuurmans et al., 2021 [82]	RCT versus TAU	77 adolescents (59.7% male); Mage= 15.25 (SD = 1.79).	PTSD	MUSE	6 weeks: 2 times a week for 15-20 minutes	Basal ANS activity using ECG and ICG by VU-AMS. Basal HPA axis activity using hC levels pg/mg hair. TRIER-C combined with SSST.	↓ Basal activity of SNS (Sympathetic Nervous System) ↔ Reactivity of SNS and PNS (Parasympathetic Nervous System) to acute stress ↑ HPA (Hypothalamic-Pituitary-Adrenal Axis) reactivity to acute stress
38	Zalta et al., 2020 [83]	RCT with 10 assessments	165 veterans (64,2% male); Mage= 40.8 (SD= 9.57); most white; most who served After 9/11; most retired; with PTSD.	PTSD	ITP Combined interventions	3-week: 14 individual sessions of CPT, 13 sessions of group VPT, 13 session group mindfulness adapted from MBSR and 12 sessions of yoga	ISI; PCL-5-18; PHQ-8.	↓ ISI in just 23.4%; ↓ PCL-5-18; PHQ-8 ↔ baseline ISI did not predict PCL-5 and PHQ-8 across all time points but larger improvements in ISI was associated with greater improvement in PCL-5 and PHQ
39	Bandy et al., 2020 [84]	Uncontrolled Pilot Clinical Study	116 (61,2% women); Mage= 20.6 (SD= 2.75);	Several among natural disasters, severe accidents,	TM	4 consecutive days (1.30 hr daily), and weekly follow-up meetings and home practices	PCL-C; Trauma history Questionnaire; BDI.	↓PCL-C in experimental group after 15, 60 and 105 days of practice. In this point, PCL-C was not symptomatic anymore. ↓BDI at both 60 and 105 days

			South African students in experimental group with PTSD (PCL-C >44); 61 (70,5% women) in the waiting list: 34 participants also met DSM-IV criteria in a clinician's diagnosis.	sexual and criminal victimization and combat experiences				↓ BDI Depression and PTSD were highly correlated and decreased together through the practice;
								Regular TM practice predicted ↓PCL-C especially during the first 15 days of practice
			27 veterans;				Response Inhibition; PTSD symptoms; depression; sleep disorder; quality of life; neurocognitive complaints.	↑ Life satisfaction
40	Zaccari et al., 2020 [85]	Uncontrolled Clinical Trial	final sample (N = 17), 41% endorsed military sexual trauma (85% of women and 10% of men).	PTSD	Yoga protocol	10 weeks	Cognitive functioning, self-report measures of mental health symptoms, and salivary cortisol were measured within two weeks prior to beginning and following completion.	↓ depression, cortisol
								↔ cognitive performance
			3 women;					↓CAPS-5 (but one for floor effect): reduced number and severity
41	Ong et al., 2019 [86]	Collective case study design	Age from 26 to 52;	IPV	TSY	8 weekly sessions (1 hr each)	CAPS-5; SUD; pre- and post-TSY scaling question worksheet observations on how they made meaning of their recovery; semistructured interviews.	Enhanced physiological, intrapsychic functioning, emotional benefits, enhanced perceptions of self and others, shift in time perspective, interpersonal relationships, self-care, spiritual benefits and positive coping strategies.
			PTSD who have left the abusive relationship for at least 6 months.					
42	Mehling et al., 2018 [60]	RCT with waitlist and multiple assessment	47 (81% male); Mage =46.8; from 24 to 69	PTSD	IE	36 sessions in 12 weeks (50 min each)	FFMQ; MAIA; PSOM; CAPS-5; WHOQOL.	↓CAPS-5 (average reduction of 31 points) ↑FFMQ Non reactivity, Observing

42	Reinhardt et al., 2018 [87]	RCT with waitlist	51 (11.8 % female); Mage= 47.76 (SD= 13.77); (out of 74 participants screened).	PTSD	Kripalu Yoga Program	20 sessions in 10 weeks (1.30 hr each)	PTSD Checklist (PCL-C and M); CAPS-5; IES-R.	CAPS-5 up to moderate PTSD symptoms at post-test in Yoga group but ↔ between differences in CAPS, PCL-M and IES ↓ large effect PCL-M (correlated with PCL-C), self-reported PTSD symptoms were reduced in the yoga group (below the cutoff) while marginally increased in the control group, 51% drop out (higher in the Yoga Group), Self-selectors (from Waitlist) improved more than Randomized Veterans in CAPS and PCL.

Note:
↑= the variables improved and were statistically significant from baseline or from the control group;
↔= no or no statistically significant difference from baseline or from the control group;
↓=the variables declined and were statistically significant from baseline or from the control group;
→=the independent variables significantly predict the outcome variables or the mediators.