**Supplementary Material**

**Table S1   
Estimated Means and Standard Deviations (in parentheses) of Reaction Times, Accuracy, Attention Bias Variability, and Attention Bias in the Dot-Probe Task as a Function of Group and Training Session**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Session Number** | **1** | **2** | **3** | **4** | **5** | **6** |
| **RT** | **Personalized ACT Group** | 844.38 | 782.78 | 769.62 | 732.73 | 714.94 | 692.82 |
| (198.02) | (159.26) | (164.32) | (161.80) | (131.36) | (130.96) |
| **Non-Personalized ACT Group** | 770.28 | 692.93 | 686.82 | 658.47 | 643.23 | 629.94 |
| (149.63) | (117.05) | (157.55) | (103.77) | (108.33) | (109.34) |
| **Control Group** | 672.67 | 638.66 | 632.51 | 590.85 | 600.31 | 569.57 |
| (107.84) | (105.62) | (111.64) | (78.95) | (85.13) | (60.36) |
| **ACC** | **Personalized ACT Group** | 0.98 | 0.98 | 0.99 | 0.99 | 0.99 | 0.99 |
| (0.02) | (0.01) | (0.01) | (0.02) | (0.01) | (0.01) |
| **Non-Personalized ACT Group** | 0.99 | 0.98 | 0.99 | 0.99 | 0.99 | 0.99 |
| (0.01) | (0.01) | (0.01) | (0.02) | (0.01) | (0.01) |
| **Control Group** | 0.99 | 0.99 | 0.99 | 0.99 | 0.99 | 0.99 |
| (0.02) | (0.01) | (0.01) | (0.01) | (0.01) | (0.02) |
| **ABV** | **Personalized ACT Group** | 0.08 | 0.07 | 0.07 | 0.06 | 0.07 | 0.06 |
| (0.02) | (0.03) | (0.03) | (0.02) | (0.02) | (0.02) |
| **Non-Personalized ACT Group** | 0.09 | 0.07 | 0.06 | 0.07 | 0.06 | 0.06 |
| (0.03) | (0.03) | (0.02) | (0.03) | (0.02) | (0.01) |
| **AB** | **Personalized ACT Group** | 4.20 | 7.45 | 15.53 | 4.58 | 11.91 | 0.29 |
| (32.10) | (38.05) | (40.88) | (30.33) | (30.99) | (22.83) |
| **Non-Personalized ACT Group** | -1.82 | -12.33 | 0.24 | 15.60 | -3.95 | 2.92 |
| (43.00) | (28.51) | (17.40) | (28.66) | (22.86) | (23.10) |

Abbreviations: ACT, Attention Control Therapy; RT, Reaction time; ACC, Accuracy; ABV, Attention Bias Variability; AB, Attention Bias

**Childhood versus Adulthood Trauma Analysis**

A GEE analysis was conducted to examine the effects of Time (pre-treatment, post-treatment, and follow-up) by Group (personalized ACT, non-personalized ACT, and control) by Time of Trauma (childhood and adulthood) on clinician-evaluated and self-reported PTSD symptom severity. Results revealed main effects of time for clinician-rated and self-reported PTSD severity, *Wald χ2*‎s=116.43 and 91.97, *ps*<.0001, respectively, indicating symptom reductions over time. The time-by-group-by-time of trauma interactions were not significant, *Wald χ2*‎s=.38 and .19, *ps*>.98, respectively. Nor were the two-way interactions of time-by-group, *Wald χ2*‎s=2.67 and 1.01, *ps*>.61, respectively, time-by-time of trauma, *Wald χ2*‎s=.30 and .11, *ps*>.86, respectively, and group-by-time of trauma, *Wald χ2*‎s=.50 and 1.73, *ps*>.42, respectively. Finally, non-significant main effects were indicated for group, *Wald χ2*‎s=.33 and .25, *ps*>.85, respectively, and time of trauma, *Wald χ2*‎s=1.11 and .80, *ps*>.29, respectively. In addition, the mean of time since trauma was not different in the childhood (*Mean*=20.91, *SD*=14.57) and adulthood (*Mean=*15.64, *SD*=16.54) time of trauma groups, *t*(58)=1.25, *p*=.21, suggesting that ‘time since trauma’ and ‘time of trauma’ capture different aspects of the trauma’s nature.

**ACT versus Control Analysis**

The personalized and non-personalized ACT conditions were merged to represent a single ACT condition. Then, A GEE analysis was conducted to examine the effect of Time (pre-treatment, post-treatment, and follow-up) by Group (ACT and control) on clinician-evaluated and self-reported PTSD symptom severity. Results revealed significant main effects of symptoms reduction over time, *Wald* *χ*2‎s=124.61 and 108.45, *ps*<.0001, respectively, with no significant main effects of group, *Wald* *χ*2‎s=.04 and .02, *ps*=.85 and .88, respectively, or of group-by-time interaction, *Wald* *χ*2‎s=2.35 and .63, *ps*=.31 and .73, respectively. The differences between the active and control conditions in clinician-evaluated and self-reported scores yielded small effect sizes at post-treatment (*ds*=.12 and .06) and follow-up (*ds*=.12 and .07), respectively. These additional analyses support the conclusion that ACT was no more effective than the control condition in reducing PTSD symptoms.

**Meta-Analysis of Treatment Effects of ACT vs. ABM Trials for PTSD**

Here we calculated the combined effect size of all previous RCTs delivering ACT to patients with PTSD (N=4), taking into account studies with positive as well as null findings. These calculations were carried out using the Comprehensive MetaAnalysis software, version 2.002 (Borenstein, Hedges, Higgins, & Rothstein, 2005. Englewood, NJ: Biostat). The overall between-groups combined effects size based on clinician-evaluated measurement (CAPS; n=3) and self-reported measurement (PCL; n=3) were significant, *Hedge's g*=0.34, *p*<.02, *CI*=0.05-0.63 and *Hedge's* g*=*1.46, *p*<.0001, *CI*=1.08-1.84, reflecting medium and large effect size, respectively. Relying on the magnitude of these previous effects, one could argue that our power calculations are not liberal. Importantly, these previous studies examined the efficacy of what we now suspect to be two active conditions (ACT and ABM). In the current study we also examined two active conditions (personalized and non-personalized ACT), thus rendering our expected (but unattained) effects within reasonable optimism. We further expected to increase power by the addition of a robust neutral control condition. Thus, in the current study we expected to have the capacity to detect a medium effect size and not a large effect size (as noted in the Methods).