Reviewer's report

Title: Developmental Trauma Disorder: Pros and Cons

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Reviewer: Carryl P Navalta

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As stated in the abstract, “This article takes up the current debate about the diagnosis ‘developmental trauma disorder’ and discusses the pros and cons of this diagnosis.” Although the authors make a concerted effort to review various aspects of the proposed diagnosis and the implications of its inclusion in psychiatric nosologies, several shortcomings of the manuscript detract from its overall impact.

Major Compulsory Revisions

1. Most importantly, many problems in the writing by the authors make this manuscript difficult to read and understand. Specifically, wordy sentences, incomplete sentences, one-sentence paragraphs, dangling phrases (e.g., “[hier fehlt was]”; p. 23), incorrect use of words, as well as grammar and syntax errors can be found throughout the text. Thus, an English writing consultant is needed to help the authors write with more clarity and conciseness that will result in a reader-friendly manuscript.

For example, the ‘pros’ and ‘cons’ sections need to be re-written so that the reader can better understand the opposing views. Specifically, the “pro-argument” section needs to be much less disjointed and more cogent. In contrast, the “contra arguments” are described by the authors as tautological overall. They state, for example, “One main problem of trauma development disorder [sic] is that the diagnosis claims to be development oriented [sic], but fails to specify the symptoms for different age groups.” (p. 19). Although this statement is true, all childhood diagnoses found in the DSM and ICD do not specify age-specific symptoms. Rather, the burden is put upon the clinician to base the identification of symptoms on his/her knowledge of child development as well as the most up-to-date research that speaks to differences in symptom expression across age.

2. The authors also appear to overstate the premise that a diagnosis of developmental trauma disorder (DTD) always supersedes diagnosing co-occurring disorders. Although the DTD diagnosis was conceived to capture a constellation of symptom clusters that have some overlap with other diagnoses, this reviewer’s understanding of the diagnosis suggests that the presence of other disorders can and does occur, thereby warranting additional diagnoses.

Minor Essential Revisions

1. Beginning on page 13, the diagnosis is incorrectly named “trauma
developmental disorder” on many occasions.

2. Page 2 (abstract): “Arguments against the diagnosis of developmental trauma disorder include the fact that it would force current diagnostic systems to deviate from the present, purely descriptive basis and emphasize the etiology.”

This statement is partly incorrect as the diagnostic criteria for PTSD include an etiological factor (i.e., exposure to a traumatic event).

**Level of interest:** An article of importance in its field

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I am an investigator and research supervisor for a site that is participating in the multisite field trial to validate the developmental trauma disorder diagnosis for inclusion in DSM-V.