Reviewer’s report

Title: Developmental Trauma Disorder: Pros and Cons

Version: 2 Date: 14 July 2012

Reviewer: Carryl P Navalta

Reviewer’s report:

Minor essential revisions:

From the abstract:

“This article reviews the current situation with respect to formalizing the diagnostic criteria for developmental trauma disorder (DTD)..... In this paper, we discuss the available arguments for and against the proposal and address implications and consequences for the clinical practice.”

The authors have been responsive to previous reviews; thus, this revised manuscript is much improved in several ways. The approach taken by the authors is consistent with a developmental psychopathology framework, which has proved to be a valid heuristic for the field of child and adolescent mental health.

However, some further issues for the authors to address include the following:

1) Although the authors correctly point out that relevant longitudinal studies are rare, they should review in more depth longitudinal findings that do exist (e.g., Widom and colleagues).

2) Some typos still exist that need correction.

3) At the beginning of page 5, the authors state, “To include DTD in the DSM-V algorithm for PTSD....”. Is this proposed inclusion correct or is DTD being considered as a completely separate diagnosis?

4) The following sentence on page 10 is difficult to understand: “On a neuropsychological level, self-regulation of more complex behaviors in daily life appears to be limited or impaired, because complex traumatized children have learned to focus to survive in the “now and then”[16, 17].”

5) Why “genetic and biopsychosocial origins of the disorder must be ruled out” (page 11) for the diagnosis of DTD is unclear.

6) The authors argue against the DTD diagnosis because it is theory-driven and overlaps with “established diagnoses” such as ‘multiple complex development disorders’ and ‘borderline disorder in infancy’ (page 14). Is the diagnosis truly based on theory or does it reflect a compilation of the available evidence together with a developmental psychopathology framework? Multiple complex development disorders and borderline disorder in infancy are not found in the
DSM or ICD.

7) The authors state that the “DTD diagnosis favors a psychosocial explanation for the etiology of the disorders and neglects the biological explanations of the biopsychosocial model to understand the development of mental disorders” (page 14). Yet, they also state in the introduction that “[c]hronic activation of neurobiological systems involved in the regulation of stress and emotion appears to potentiate activation of the relevant neurotransmitters and neuroendocrinological systems”. The authors need to more fully explain their argument taking into consideration the pre-clinical and clinical neuroscience evidence of developmental stress exposure effects.

8) They also state, “By explaining complex symptom patterns by a single cause, other disorders that require treatment may remain untreated.” The authors need to clarify this statement relative to the extant PTSD literature.

9) The authors argue against DTD because “[c]ertain children who had been severely traumatized do not develop any mental disorder [103].” Should PTSD be omitted as well because most people exposed to a traumatic event do not develop the disorder?

10) The authors are redundant about DTD overlapping with other diagnoses (see pages 14 and 15).

11) In regard to the age sensitivity argument, the authors need to state that all DSM and ICD child diagnoses (not just DTD) “fail to specify the symptoms for different age groups”.

12) This statement is unclear: “Specific symptom scales may be effective in predicting the outcome of traumatization and aspects of developmental psychopathology, and treatment concepts could be established without exclusively focusing on trauma etiology.” (page 18). How are ‘scales’ predictive of ‘outcome’ and ‘developmental psychopathology’?

13) The authors need to discuss and reference the following:

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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

Declaration of competing interests:
I am a clinical researcher and supervisor for a site that is participating in the multisite field trial to validate the proposed DTD diagnosis for inclusion in DSM-V.