Author’s response to reviews

Title: Narrative Exposure Therapy as a treatment for child war survivors with posttraumatic stress disorder: Two case reports and a pilot study in an African refugee settlement

Authors:
Lamaro P Onyut (patience@vivo.org)
Frank Neuner (frank.neuner@uni-konstanz.de)
Elisabeth Schauer (elisabeth.schauer@vivo.org)
Verena Ertl (verena.ertl@uni-konstanz.de)
Michael Odenwald (michael.odenwald@vivo.org)
Maggie Schauer (maggie.schauer@vivo.org)
Thomas Elbert (thomas.elbert@vivo.org)

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BMC Psychiatry

Re: Resubmission of ms BMC Psychiatry (number)

Dear Sirs,

Thank you very much for inviting us to resubmit a revision of our paper entitled "Narrative Exposure Therapy as a treatment for child war survivors with posttraumatic stress disorder: Two case reports and a pilot study in an African refugee settlement".

We have received your very edifying and insightful comments with gratitude. We are attaching a revised version of the manuscript for consideration in the BioMed Central Psychiatry journal. We have carefully considered your helpful suggestions in making the revisions, which are discussed in detail below.

Reviewer # 1: (Bruno Hagglof)
1) An Aims section has been introduced as was advised, to signal the development of KIDNET.
2) The comments received refer to the possible bias that could be introduced by the use of "adult" assessment methods in a child population. This concern has been noted. The reason for choosing adult instruments was the fact that these instruments had already been translated and validated in Af-Somali. As the relevant interviews were carried out by clinicians who were experienced in the assessment and treatment of children, and as we were aware about the effort needed to translate and validate instruments, we viewed this procedure as good enough for a pilot study. Within the manuscript, it we have now pointed out that the CIDI assessment was carried out within the context of a clinical interview, wherein the clinician employed child-appropriate language and clarifications to make absolutely sure that the child understood the questions. It should be noted that, encouraged by the findings of this pilot study, we currently carry out a RCT on KIDNET using specially translated and validated child instruments (e.g. UCLA PTSD instrument).
3) The reviewer is correct to point out that the statistics might depend on one child who presented with the best outcome on follow-up (UG) - as statistics of very small samples do necessarily rely on single values have do be interpreted carefully. Nevertheless, we would not like to classify this score as an outlier, as it is in the same direction of all other participants' scores, at follow-up we also had scores of 4 and 6. As this participant did not differ strongly from the others in any of our baseline measures, we see no reason to exclude this patient from the statistics, which would also mean to calculate a model with five individuals. We are fully aware about the restrictions of small sample studies, but it should be noted that these small sample studies are necessary and useful to examine potential benefits and dangers for patients before applying the treatment to a larger sample. We do not yet recommend the widespread use of this treatment and avoided such preliminary remarks about efficacy throughout the discussion.
4) A table showing the scores of all the individuals by age, sex and score over the study period has been introduced as advised.
5) We have refrained from using both the terms "child" and 'adolescent' simultaneously and have restricted ourselves to the use of the term "child" throughout the manuscript.
6) PDS has been translated from Posttraumatic Diagnostic Survey to Posttraumatic Diagnostic Scale as was very correctly pointed out.
7) A more appropriate reference was selected for HSCL-25.
8) Extraneous information from AWH’s story that was repeated in the Excerpt has been culled.

Reviewer # 2: (Panos Vostais)

1) The study has been restricted to a pilot study in nomenclature and not an uncontrolled trial as it was previously referred to.
2) It has been noted in the discussion that this particular group of children had multiple and severe war events, and yet benefited from KIDNET. This could point to potential success of the therapy with other groups of children, but such conclusions must await further research. Such comparative research is definitely indicated as a next step, especially randomized controlled trials.

Reviewer # 3 (William Yule)

1) The clarification has been made that KIDNET involves one-to-one treatment with a clinician attending to a single child patient at a time.
2) This is likely to be the last case series concerning KIDNET, as randomized trials are underway.

Please be assured that your comments have been very thankfully received and worked on.

Lamaro P. Onyut and Frank Neuner on behalf of all the authors