Reviewer's report

Title: Narrative Exposure Therapy as a treatment for child and adolescent war survivors with posttraumatic stress disorder: A case report and an uncontrolled clinical trial in an African refugee settlement

Version: Date: 7 November 2004

Reviewer: Bruno Hagglof

Reviewer's report:

General

This paper deals with an important topic, namely treatment methods of PTSD in children and adolescents who are exposed to war-related trauma. The authors describe a narrative exposure therapy (NET) in which lifetime positive and negative experiences are dealt with. Traumatic experiences are gone through in detail helping the children to reconstruct trauma memory. Besides verbal communication, play material and drawings are used in the therapy process. The presented method is a short-term therapy method, including 4-6 sessions of 1-2 hour in duration.

The empirical material of the study is quite small. Six child refugees aged 12-17 years are treated with NET. The children have PTSD according to the Posttraumatic Diagnostic Scale (PDS), confirmed by a CIDI interview before start of treatment. HSCL-25 is also used in the pre-treatment evaluation. Diagnosis of PTSD and depression are made by the use of CIDI. Follow-up assessments with CIDI are done 4 weeks and 9 months after the end of treatment. Two case reports are included in the paper.

The main shortcomings of the study are small sample size, no controls and the use of adult diagnostic methods, not being validated for use in children. This weakness of the study is definitely of major concern when evaluating the paper. However, if the study is judged as being a pilot study (which it obviously is), showing promising results it can be worthwhile to publish while it can motivate a more comprehensive controlled study of the NET method. The authors motivate their choice of assessment methods by referring to that these methods were already translated and used in the study region (Uganda).

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

As much space in the article is used to describe the treatment method NET, that possibly is not so well known by the readers, it could be included in the aims of the study.

The authors should at least discuss possible biases by using "adult" assessment methods in this young population.

Despite small material the authors perform a statistical analysis. The outlier at 9 months (score 1) would have high impact on the 9 month results, which could be discussed.

Since the material is so small it had been possible to show each individual by age, sex and score
over the study period to get more information on the course for each participant.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

"Children" or "adolescents" are both used here and there in the article to describe the study population. Either would be sufficient, e.g. following UN criteria "children are people below 18".

PDS is translated to Posttraumatic Diagnostic Survey in the paper, should it be Scale?

Is Derogatis et al, 1974 proper reference for HSCL-25?

For case one (AWH) some information on the page before "Excerpts of his story" gave similar information as in the Excerpts.

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Discretionary Revisions (which the author can choose to ignore)

**What next?**: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest**: An article whose findings are important to those with closely related research interests

**Quality of written English**: Acceptable

**Statistical review**: No

**Declaration of competing interests**:

?I declare that I have no competing interests?