Reviewer’s report

Title: A randomized controlled trial of mental health interventions for survivors of systematic violence in Kurdistan, Northern Iraq

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Reviewer: Angela Nickerson

Reviewer’s report:

Thank you for the opportunity to review the manuscript "A randomized controlled trial of mental health interventions for survivors of systematic violence in Kurdistan, Northern Iraq". I found this manuscript to be clearly-written, the study well-designed, and I believe the findings represent a significant contribution to the field.

I have the following suggestions for the authors (all minor essential revisions).

1. The introduction was well-written and provided a good introduction to the literature, and strong background to the current study. A couple of sentences in the introduction could be clarified. On page five (line 80), the authors state that "Iraqi refugees in the US who reported torture had 4.32 and 2.08 times the odds of mental distress and physical health problems respectively". It would be helpful if the authors clarify what the reference for these odds ratios were (e.g. compared to those who had not been tortured?)

2. On page 6, line 101 the authors state "At the time of the study, Kurdistan had experienced relatively little violence". This seems to contradict the next statement that there was significant trauma in the 1980s. Do the authors mean that, at the time of the study, Kurdistan was experiencing relatively little violence?

3. Could the authors clarify what they mean by "their perception of how they are treated by others" page 6, line 104?

4. On page 9, line 179, the authors state that "instrument reliability and validity were tested for all outcomes among local survivors of systematic violence". Could the authors clarify if these individuals were part of the study sample? What was the interval between instrument administration for the indices of test-retest reliability?

5. The authors state on page 9, line 184 "In previous studies using this approach, we have found that instruments tend to perform either well or poorly across most tests". I'm not sure how useful this is as an argument for retaining the PTSD scale, as the authors report that, in this case, the instrument did not perform well across tests. I would suggest leaving this out, and just stating that this scale was retained despite psychometric limitations.

6. If possible, it would be helpful to outline some of the basic principles and components of BATD and CPT. This would be useful for readers who are not familiar with these interventions. I also wasn't sure what the authors meant by
"aspects of the treatment with greater focus on the underlying behavior principles in BATDS were streamlined or removed". Could the authors provide examples of this?

7. On page 14, line 283, the authors reported that, in addition to endorsement of key depression symptoms, participants must have a score of at least 29 to be eligible for the intervention. Could the authors provide detail on how they chose this number?

8. On page 16, line 346, the authors state that "models with and without governate level were not qualitatively different". Could they clarify what this means? Were intraclass correlation coefficients used to test for the impact of data clustering?

9. I thought the results and discussion were well written and clear. On page 22, line 482, the authors state that "A similar trial of CPT in Southern Iraq (unpublished data) showed roughly similar results." I'm not sure how much this adds to the paper given the readers do not have access to this study.

Level of interest: An exceptional article

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests