Reviewer's report

Title: Metacognitive therapy vs. eye movement desensitization and reprocessing for posttraumatic stress disorder: Study protocol for a randomized controlled trial.

Version: 0 Date: 27 Oct 2017

Reviewer: Marianne Littel

Reviewer's report:

This is a valuable study, important to the field of PTSD treatment.

I have a few minor comments:

1. Background on EMDR should be updated with the latest theories and findings.
   a. The authors indicate that "There is currently no empirically supported model of the therapeutic mechanisms of EMDR: however, there is a theory that, over the past years, has received mounting evidence: the working memory theory. See Maxfield et al. 2008 (A working memory explanation for the effects of eye movements in EMDR), van den Hout & Engelhard, 2012 (How does EMDR work?).
   b. The authors presume that EMDR works because of "overlaps with core components of CBT, such as imaginal exposure and cognitive restructuring of negative trauma-related cognitions", however in a meta-analysis by Lee & Cuijpers (2012) it was demonstrated that the eye movements have significant additional value.

2. It is not clear from the introduction what MCT actually is; please elaborate a bit more (1-2 sentences) on how MCT targets metacognitive beliefs.

3. It is hypothesized (h2) that MCT will outperform EMDR. Please provide the relevant references (showing differences in effect sizes)

4. Patients with psychotic symptoms, alcohol or drug abuse, suicidality will be excluded from participation. How will these symptoms/disorders be assessed?

5. Patients will be subjected to stratified randomization according to presence and severity of borderline personality traits (p6-top). At the same time patients with borderline personality disorder will be excluded (p6-participant section). This (possible) discrepancy should be clarified.
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