Reviewer’s report

Title: Phase-Based Treatment versus Immediate Trauma-Focused Treatment in Patients with Childhood Trauma-Related Posttraumatic Stress Disorder: Study Protocol

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Reviewer: Birgit Kleim

Reviewer’s report:

The current manuscript provides an overview of a novel study looking into the effects of treating complex PTSD with (a) a phase based treatment consisting of and (b) delivery of exposure/EMDR directly. The trial is a very timely one that will with no doubt be well received in the scientific and clinical community, as such studies are so far lacking. The question of whether a phase-based treatment is more effective (or feasible) than immediate exposure in complex PTSD is extremely relevant. It is laudable that both originators of the treatment protocols agreed to supervise treatment delivery, this is methodologically very relevant.

I have several critical points, however, that should be reviewed before the paper merits publication:

Aims

- It is hypothesised that "based on the results of previous studies", the phase-based condition will be sign more effective in reducing PTSD symptoms than the immediate trauma-focused therapy. This is not fully in line with the studies reviewed above on p.5 and 6, so the authors should expand. The second hypothesis is reasonable and builds on the research reviewed in the introduction.

Research setting

- How are the authors planning to incorporate patients in need of potentially more/fewer sessions?

- Can the authors assert that numbers will be large enough to have enough power to investigate the moderator hypotheses?

- How is severe use of alcohol defined as an exclusion criteria?

- How are STAIR-EMDR/EMDR only groups matched for therapist contact and general psychotherapy effects? Will all patients receive an equal number of sessions?

Procedures
Who conducts the intake procedure? Is the assessor blind to patients’ group assignment?

Procedures

Will the authors be able to make a statement about the "ideal" length of the STAIR phase of the treatment? In the manual, transition to the NT/EMDR part is to be arranged with patients according to their progress and symptoms. How is this approached using a predefined number of sessions? What if patients are in need of further STAIR sessions? What if they are ready to move on to exposure after STAIR session 3 or so?

Level of interest
Please indicate how interesting you found the manuscript:

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All images and figures within the manuscript should be genuine i.e. without evidence of manipulation. No specific feature within an image may be enhanced, obscured, moved, removed, or introduced. If you have concerns about the veracity of the figures you should choose the first option below.

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Is it essential that this manuscript is seen by an expert statistician? If so, please give your reasons in your report.

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