Reviewer's report

Title: Association of childhood trauma with cognitive functioning in healthy adults: a pilot study

Version: 1 Date: 17 September 2009

Reviewer: T Giesbrecht

Reviewer's report:

1. The authors describe some of the animal literature which shows that early-life stress can have profound consequences on cognitive functioning. Some authors in the field of PTSD assume that these cognitive consequences are a result of hippocampal damage caused by traumatic stress and its associated chronically increased cortisol levels (see, for example, Bremner, 1999, 2002). This idea has sparked criticism from other scientists (e.g., Jelicic & Merckelbach, 2004). The theoretical framework might benefit inclusion this literature.

2. The authors might include reference to the resilience literature showing that most people do not develop overt psychopathology after a traumatic event (Ozer, Best, Lipsey, & Weiss, 2003; Bonano, 2004).

3. I do not find the theoretical framework convincing. The authors should outline specific predictions based on prior findings and describe assumed mechanism in more detail.

4. The authors state in the discussion that memory deficits were associated with trauma and that working memory deficits are predictive of academic achievement. It seems that the authors assume that memory mediates academic achievement. Mediation between achievement and memory could be determined statistically as outlined by (Baron & Kenny, 1986).

5. Please also report standardized regression coefficients.

6. Why would income be a possible confounder?

7. The authors state that a Bonferoni correction would be overly conservative given the sample size. I do not understand their line of reasoning. Keep in mind that chance findings/extreme values are also more likely in small samples.

8. Please determine Cronbach’s alphas for the current sample.

9. Could the analysis be substantially compressed by predicting trauma-exposure from all cognitive measures? This would only show the unique portion of the effects.

10. Where axis II disorders also screened and excluded?

11. The authors state in the discussion that their sample was randomly selected from the general population. I find this unlikely given the skewed gender distribution. This approach would require, for example, selection from a phonebook. Self-refereed would not be randomly selected from the general population.
12. What about other (subclinical) symptoms which are thought to be associated with trauma and cognition. One might for example, think about dissociation (Giesbrecht, Lynn, Lilienfeld, & Merckelbach, 2008)?