Author’s response to reviews

Title: The copycat phenomenon after two Finnish school shootings: an adolescent psychiatric perspective

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Author’s response to reviews:

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Dr Martina Ruf

MS: 1862357473666330 - The copycat phenomenon after two Finnish school shootings: an adolescent psychiatric perspective

Madam,

We thank both reviewers for their constructive comments concerning our manuscript. Please see below our point-to-point answers and clarifications concerning the issues taken up by the reviewers. The revisions in the manuscript have been made using red color.

Reviewer I

Abstract:
We sharpened our conclusions and the text says now: “The copycats with school massacre threats were characterized with a high prevalence of mental and behavioural disorders. Like actual school shooters, they can be characterized psychotic and to a certain extend also traumatized, but unlike the shooters, the copycats are not psychopathic.”. See page 3.

Background:
It seems that our description of typical Finnish homicides was unclear. We changed the text in order to be more precise: “Both shootings were characterized by careful planning and ceremonial violence with special clothing and weapons [1], and both differed completely from typical Finnish homicides, which are impulsive manslaughters committed by marginalized boys and men and characterized by alcohol intoxication [2]. This ceremonial type of crime with documentation and sharing it with other persons also differed from traditional premeditated murders and received a great deal of media attention in Finland. “

Page 4, 3rd para (Internet-paragraph):
We omitted the comparisons between the copycats using Internet and the copycats using other methods, because-as the both reviewers mentioned-hypotheses behind these comparisons were neither theoretically based nor based on empirical findings. Because of this, the whole paragraph concerning Internet has been taken away from the manuscript.

Page 4, 3rd para (age- paragraph):

We omitted the comparisons between younger and older copycats, because-as the both reviewers mentioned-hypotheses behind these comparisons were neither theoretically based nor based on empirical findings. Because of this, the whole paragraph concerning Internet has been taken away from the manuscript.

Page 5, 2nd para, line 6 (serious by nature”):

See above; the whole paragraph has been omitted.

Methods: Page 5, 3rd para, line 3:

Who sent them for evaluation?

We clarified the setting as can be seen in page 5: “A nation-wide study was conducted on a group consisting of 13-18-year-old adolescents who were sent for adolescent psychiatric evaluation between 8.11.2007 (the day after the first school shooting) and 30.6.2009 because they had threatened to carry out a school shooting. After the threat of school massacre became known, the school and police authorities made the decision to take the adolescent to GP who decided about referring to adolescent psychiatric services. The index event for identifying the adolescent as a subject of the present study was that the referral was registered in specialist level public adolescent psychiatric service.”

Does your sample cover all massacre threats in Finland or is it a selection of those who were suspected of having psychiatric disorder?

See Introduction, page 4: “After the school shooting in November 2007, and before the second incident, 87 threats were recorded by the police, and within a few weeks from the second incident, more than a hundred new threats were communicated. Still in 2011, the annual number of threats seems to be approaching 60 cases (police statistics, personal communication from Savolainen, M.).”

See method discussion, page 18: “Unfortunately, it was not possible to find the total number of school massacre threats expressed during the study period, but the number has been estimated to be in the hundreds, according to the Finnish police (see the Introduction). It is likely that the sample of the present study consisted of those adolescents of whom the school and social authorities had been the most concerned regarding their mental health and, because of this, generalizing the results to other copycats, who might even display more delinquent features must be done with caution.”

Page 5, 3rd para, line 9:

What was the selection criterion?
We clarified the procedure as can be seen in page 6: “Information about the study was sent both by e-mail and post to all the chief physicians in the field of adolescent psychiatry in Finland. The chief physicians were asked to go through the referrals made during the above-mentioned time and to select referrals that included threats to carry out a school massacre. Altogether 77 referrals with school massacre threats were found. The chief adolescent psychiatrists were asked to send the basic information of the patients (names and social security numbers) to the researchers. The researchers (N.L. and R.K-H.) traveled to the adolescent psychiatric units and studied the medical files of the index adolescents. The individual persons were not met but the data about them were collected from the files. The study was accepted by the Ethics committee of the Helsinki University Hospital and was approved by the Ministry of Social Affairs and Health.”

How many patients were sorted out?
Nobody was sorted out.

Page 6, 1st para, line 1 (medical files):
The diagnoses were made by the clinical adolescent psychiatrists of the adolescent units using ICD-10 as part of their clinical work. Some of the doctors used instruments like SCID or Kiddie-Sads-PL. As we write in method discussion (page 17), the level of Finnish medical files is fine and in Finland the basic diagnostic procedures have been proven reliable [77, 78]. We collected variables that are typically investigated in Finnish adolescent psychiatric examination. If the item was mentioned in medical files, it was coded as +. Of course, one must remember that sometimes clinicians might have forgotten to ask questions about some items or to write down their findings to the medical files. Because of this, the psychopathology found in the present sample is rather underestimated than overestimated. We included this to our method discussion, see page 18.

Page 6, 2nd para, line 3 (check-list):
The items of the check-list can be seen in Table 1. This has been added to the manuscript. See pages 6-7.
Check-list is not diagnostic instrument and does not attempt to measure an underlying construct, like for example depression rating scales, and thus psychometric properties typically considered in rating scales, such as internal validity, cannot be considered appropriate for this list. This sentence has been added to manuscript, see page 6.
The items in the checklist are events that are considered important for adolescent’s well-being in Finnish adolescent psychiatry and they are most likely asked in routine adolescent psychiatric assessment. However it is possible that occasionally an event has occurred even if not recorded in case history. Thus, the numbers describing adverse family life events may be slight underestimates. This has been added to the text, see page 7.

Page 6, 5th para, line 1 (diagnostic groups):
Our data (n= 77) is so small that we decided to describe the diagnoses in the level of F-groups.

Page 6, 5th para, line 1 (ACTION-model):
The ACTION method is an aid for a clinician facing the difficult situation of assessing a person who has expressed a targeted threat of violence. It is not a predictive instrument with a given cut point. The steps in the ACTION-assessment guide the clinician to consider what facts talk for real threat of violence and what facts against it, and advised by this, to plan interventions. Predicting rare events is difficult, and of course, if several facts point to an increased risk,
a clinician will likely take action to prevent the violent act. Even if the ACTION model is not a validated research instrument, we chose to use it to characterize the threat, because the steps included in it are strongly supported by violence risk literature (Borum R, Reddy M: Assessing violence risk in Tarasoff situations: a fact-based model of inquiry. Behav Sci Law 2001, 19:35-85.).
We have, however, edited our expression so that we no more refer to "severity" of the threat but to "characteristics" of the threat. See page 7.

Page 8, 1st para, line 8 (construct of psychopathy):
The authors think that the construct of psychopathy is valid.

Who trained you?
All three authors work in the field of Finnish forensic psychiatry and we have been officially trained to use Hare’s instrument. We included the word “officially” to the text.

Can you proof that sufficient information for the scoring was in the files?
See page 9: “The individual assessment was rejected from further analysis if it contained more than five omitted items, as instructed in the PCL: YV manual”. Because of this, we got only 50 PCL-YV scorings out of 77 cases (see Table 4.).

Page 8, 2nd para, line 4 (statistics):
We changed the statistics-section, because we omitted the comparisons between different subgroups of copycats.

Page 8, 2nd para, line 6:
We changed the statistics-section, because we omitted the comparisons between different subgroups of copycats.

Results:
Pages 9 & 10 (too much information in Table 1):
Table 1 has been modified to make it easier to find the main message.

Page 10, 5th para, line 3 (SD, df, p etc.)
Page 10, 5th para, line 5: Table 5 provides too much information
Page 11, 2nd para, line 2: Table 6 is just a list of all the data you collected.
Tables 5. and 6. (the original ones) have been taken away, because we omitted the comparisons between subgroups of the copycats.

Discussion:
Page 12, 1st para, line 8 (comparison to other samples)
We agree that it is informative to compare the results of the present study to other samples. However, we were not able to find any Finnish adolescent forensic samples to compare with. We compared the results of the present study to Finnish adolescent psychiatric inpatient and outpatient samples. See page 9, and new tables 5. and 6. This solution was suggested by Reviewer II.

General:
We made the discussion part shorter and clearer.

Reviewer II
1. We agree the reviewer that the study is better described as an exploratory study focusing to characterize adolescent copycats sent to psychiatric evaluation. We have changed the aim-section, and the characterization is now the main objective of the study; see page 5. We omitted the comparisons between younger and older copycats as well as the comparisons between copycats using Internet and copycats using other methods, because- as the both reviewers mentioned- hypotheses behind these comparisons were neither theoretically based nor based on empirical findings.

2. No true comparison group has been used. We handled it by comparing the results of the copycats to the results of other Finnish studies of disturbed adolescents (Finnish adolescent inpatient and outpatients). See page 9, and new tables 5. and 6.

5. We agree that the main result is the characterization of a typical copycat. We have highlighted this in our manuscript in the discussion-section, see page 17.

6. We omitted the comparisons between younger and older copycats as well as the comparisons between copycats using Internet and copycats using other methods, because- as the both reviewers mentioned- hypotheses behind these comparisons were neither theoretically based nor based on empirical findings.

7. We agree that it is important to focus on adverse family events. See the new Table 6, where the adverse family events of the copycats have been compared to adverse family events of Finnish adolescent inpatients and outpatients.

Copyediting: The original manuscript had been checked up and corrected in Language Office of Helsinki University, which is a professional editing service for researchers in Helsinki University. We are sorry, that it was not made in proper way. We have copyedited the manuscript once again.
Tables: Re-layout of the tables has been made.

On behalf of the authors,

Yours,

Nina Lindberg
adjunct professor, chief adolescent psychiatrist
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