Author's response to reviews

Title: CANFOR Portuguese Version: validation study

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Dears BMC Psychiatry Editors

On behalf of the research team I am pleased to send you this research paper, now reviewed, and our request to be published in BMC Psychiatry.

This cover letter concerns the validation study of the Portuguese version of Camberwell Assessment of Needs – Forensic Version (CANFOR) and details all the changes made after the peer review.

First of all, we would like to thank all the reviewers for their comments in order to improve this paper.

As pointed by A. Hassiotis our paper received a grammar and a statistical review. Several changes have been introduced:

1. The Title was modified: “CANFOR Portuguese Version: validation study”.
2. Section “Strengths and limitations” was included.
3. The terms “users” and “service users” were substituted for “forensic psychiatric service users (FPSUs) in order to clarify the context of service users.

Concerning Miao-Yu Y Tsai remarks we generally agreed and re-written several paragraphs in Methods section and Tables in accordance. Anyhow, we would like to reply the numbered questions about the validation procedures and others aspects the colleague made:

1. A) The inter-rater and test-retest reliability studies were all performed by the same two researchers (raters) (MT and AC) (see page 9). About the “raters” in Tables 3 and 6-8 the CANFOR instrument asks for needs in both users’ and staff’ perspectives. By doing this, one can say the respondents are “rating” the needs according their opinion. In conclusion, the inter-rater and test-retest reliability studies had two raters (researchers) and the CANFOR instrument had been rated by service users (FPSUs) and staff.

B) The subjects of the study were prisoners (detained in prison facilities) and offenders considered not guilty by reason of mental disorder (detained in a security ward), all attending psychiatric care. Therefore, they were named “service users”, but for better understanding we have chosen the designation “forensic psychiatric service users (FPSUs)” in the reviewed version.
C) In the inter-rater reliability study 96 subjects were interviewed and scored simultaneously by two researchers (96*2=192 scores) as described in page 9. The roles of the interviewers alternated in the next participant’s interview, not in the same interview.

D) In Tables 4 and 5 the Kappa coefficient was displayed (reference (30)) and the rate of agreement (% agreement) expressed by the number of score agreed/total number of scores *100. However, as you suggested we recalculated the Kappa weighted coefficient and the tables were modified in accordance.

E) Each first section of CANFOR domains could be scored in one of five categories (see page 10). In order to build a symmetric table and test agreement with Kappa coefficient these scores have been transformed in two binary variables: “unmet need versus other score” and “met need versus other score”. The columns in Tables 4 and 5 were mistakenly identified and were corrected in the reviewed version.

2. A) We decided to re-written these paragraphs to make them clearer. Not all the subjects (n=143) take part in the inter-rater and test-retest reliability procedures. In the inter-rater reliability study 96 subjects were interviewed by two researchers and it was made 96*2 scores (total 192 scores). In the inter-rater reliability study 99 subjects were scored in two different moments (7-14 days apart) by the same researcher (99*2=198 total scores). For the convergent study we used all the scores obtained from all the subjects (n=143). This is why the subject’s number in the inter-rater and test-retest reliability studies is not the same.

B) Already answered in 1.

3. We agree with your argument when one intended to make a comparison within subjects about instruments’ scores. However we selected the Mann-Whitney Test because we intended to make a between subjects analysis of two independent groups. We thought in a comparative analysis between the groups of CANFOR scores (“unmet need versus other score”) in respect to the values of an ordinal variable (BPRS scales scores) where the group of subjects who scored “unmet need” was considered independent from the group of subjects who scored “other score”.

4. We totally agree with you. The Kappa coefficient is not a suitable statistic considering the three category values of need status that can be considered an ordinal scale. We recalculated the Kappa weighted coefficient and the tables were modified in accordance.

The specific comments made by Miao-Yu Y Tsai have been acknowledged and corrected:

1. The reference number [30] and [29] was interchanged.
2. The mention of “type I error” was deleted due to re-written section.
3. Correction made (see page 12): “In order to emphasize the higher significant associations between unmet needs and BPRS’s scales only the associations with a p value less than 0.01 will be displayed in Tables 7 and 8”.

4. Previous table 6, now table 5, was modified.

The Clive Long’s review did not mention any modification.

We hope that you find our reviewed paper satisfactory and you could consider it for publication.

Yours sincerely,

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