Author's response to reviews

Title: The comparative effectiveness of Integrated treatment for Substance abuse and Partner violence (I-StoP) and substance abuse treatment alone: A randomized controlled trial

Authors:

Fleur L. Kraanen (F.L.Kraanen@uva.nl)
Ellen Vedel (Ellen.Vedel@iellinek.nl)
Agnes Scholing (H.A.Scholing@uva.nl)
Paul M.G. Emmelkamp (P.M.G.Emmelkamp@uva.nl)

Version: 10 Date: 10 July 2013

Author's response to reviews: see over
Dear editor,

Hereby we send you the revised version of the manuscript “The comparative effectiveness of Integrated treatment for Substance abuse and Partner violence (I-StoP) and substance abuse treatment alone: A randomized controlled trial”. In response to the previous version of the manuscript, you made the following comment:

“I also have remaining concerns about power. Authors should explicitly acknowledge in the methods section that they were only powered to detect large effects - then they should note what they consider to be "large" effects, the formula on which those power analyses are based (authors note in the discussion that they needed 20 people for a well-powered study of large effects - on what power calculation was this based?), and a justification for why only large effects were of interest.”

We added a subparagraph to the ‘statistical analyses’ paragraph addressing power analyses (p. 16) in which we justify why only large effects are of interest, in which we define “large effects” and in which we describe how we determined the number of participants that were needed for power of .80. In our previous version of the MS, we based this on Cohen’s (1992) article. We now, however, computed the number of participants that were needed for power of .80 at α = .05 for one sided testing using G*Power (which explains the difference of 1 participant compared to our previous version of the MS). Also, we calculated the number of participants that were needed for between-subjects analyses (i.e., I-StoP vs. CBT-IPV+) and for pre- and posttreatment comparisons within-subjects. Finally, we reflected more extensively on power in the discussion (p. 25).

In addition, we adapted the manuscript according to reviewer #1’s final comment.

Reviewer 1

I have one remaining concern about the arbitrariness of the inclusion criterion of 7+ acts of physical violence in the past year. The manuscript now states that the goal of IPV treatment was to “break a pattern” of IPV perpetration in an enduring relationship and not to focus on patients “for whom IPV perpetration was an incident”. I agree that this is an important goal, but why not include patients with 2-3 incidents in the previous year? What is the clinical experience that informs this cutoff? A better empirical rationale for is necessary for only including those with 7+ incidents in the previous year.

We decided to include patients who committed 7+ incidents of physical IPV for statistical and clinical reasons. Our considerations regarding statistics were that patients were selected on the basis of past year IPV perpetration but outcome measures assessed IPV perpetration in the past 8
weeks. To minimize the chance that patients would report no physical IPV at pretreatment and (thus) could not improve during treatment, we agreed that patients should be involved in a pattern of IPV. Our clinical considerations were that we aimed to include patients who were involved in a pattern of IPV perpetration and not patients for whom IPV perpetration was a single incident. Our clinical experience was that patients who committed a single incident of IPV, typically scored 2 or 3 on the CTS2, whereas, for example, they pushed, grabbed and hit their partner during a single incident. We aimed to use a cutoff well above three, and settled for a cutoff of 7. We clarified this in the method section (p. 8 and 9).

In addition, in order to emphasize that we were included patients who were involved in a pattern of IPV perpetration, we added this to the abstract and emphasized this at the end of the introduction (p. 8) and the beginning of the discussion (p. 22).

We hope that, with the adaptations we made, the manuscript is now suitable for publication in BMC Psychiatry.

Sincerely,

Fleur L. Kraanen
Ellen Vedel
Agnes Scholing
Paul M. G. Emmelkamp