Author's response to reviews

Title: Improving communication and practical skills in working with inpatients who self-harm: a pre-test/post-test study of the effects of a training programme.

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

Thank you very much for allowing us to revise our manuscript “Improving communication and practical skills in working with inpatients who self-harm: a pre-test/post-test study of the effects of a training programme”.

We are pleased that the reviewers see possibilities for publication and we thank them for their constructive feedback. We seriously looked at their comments and revised the manuscript accordingly.

Please, see below our detailed response to the reviewers’ comments. We hope our revisions meet your expectations and that the manuscript will now be suitable for publication in BMC Psychiatry.

Kind regards, also on behalf of all the authors,

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We thank the reviewers for their useful comments and for recognizing that the manuscript is of importance for the field of psychiatry and mental health.

Reviewer 1 (Fredrik A. Walby)

**Reviewer's report:**

**Comment(1):**
Research of how to communicate effectively with and care for patients who self-harm is both important and lacking. The Kool et. al study is a welcome contribution to the field. It is generally clear and well written

**Answer:**
Thank you very much for your positive comment!

**Comment(2):**
The research questions posed by the authors are generally well applied and the methods are appropriate, although some more limitations should be discussed (see below). The data are for the most part sound, but the interpretation is not always clear to me (see below).

**Major compulsive Revisions(3):**
The use of the concept of (treatment) staff. One has to read table 2 to get a clear picture of the participants in the study. What is meant by “staff” should be clear in the abstract, preferably in the title as well.

**Answer:**
We added to the abstract the following explanation of treatment staff: nurses, social workers, psychologists, psychiatrists, and occupational therapists. We decided not to change the title. In our opinion, the enumeration of the various professionals would make the title too cumbersome. We hope the explanation in the abstract is sufficient.

**Comment(4):**
I am also not comfortable with the concept of “lay expert”, it is not clearly defined, and does a history of self-harm make a person an expert on the behavior in others or in general?

**Answer:**
We agree with the reviewer that the term ‘lay expert’ needs further explanation. For this reason we added to the abstract: i.e. people who currently harm themselves, or who have harmed themselves in the past and have the skills to disseminate their knowledge and experience. We added also to the definition on page 4 ‘and have the skills to disseminate their knowledge and experience’.
We also agree that having a history of self-harm does not make a person an expert in general. Lay experts do however provide insight information concerning a specific symptom, behavior or disease which can be useful for treatment staff and scholars.
Comment(5):
In the abstract it is stated that the programme “improved the relationship between pt. and staff. Can’t see that this is measured nor written in the conclusion on p17. Please reformulate /specify.

Answer:
We changed the conclusion as follows: A specialised training programme in how to care for patients who self-harm can result in a more positive attitude towards self-harm patients, an improved self-efficacy in caring for patients who self-harm, and a greater closeness with the patients.

Comment(6):
Variables paragraph on page 7: The whole paragraph is misnamed and misplaced. The first part should be moved to the measurement paragraph on page 8. The lengthy discussion on why those concepts were chosen should be moved to the introduction, and the heading could be deleted.
Answer:
We agree with the reviewer and moved a part of this paragraph to the method section, and deleted another part, since it was a repetition of the introduction section.

Comment(7):
Methods / instruments
Generally the validity or lack of known validity of the different scales used should be stated, not only the internal consistency. I am particularly concerned about the ADSHQ Questionnaire. This is stated to measure attitudes of staff, but of the reported 4 dimensions of the questionnaire, only one (empathic approach) seems to be directly conceptually related to attitudes? Please clarify.

Answer:
We added to the text that both scales (ADSHQ and PCQ) had acceptable psychometric properties, with relevant literature references (pages 7 and 8). We also agree with the reviewer that attitude is a complex construct, which is, according to Azjen & Fishbein (2005) multidimensional in nature. This was also found by McAllister et al. (2002) when they constructed their questionnaire and found the dimensions: confidence in assessment and referral, dealing effectively with self-harm patients, empathic approach and coping effectively with legal and hospital regulations. They stated in their study ‘if staff perceive themselves as skilled to address the needs of clients who deliberately self-harm, they are more likely to feel worthwhile working with such clients and less likely to demonstrate negative attitudes’ (Mc Allister et al. 2002, p. 583). In our study we followed the dimensions of McAllister, but we agree there are without doubt other conceptual dimensions of attitude towards self-harm. We added to the text on p. 13: According to McAllister et al. (2002) staff are less likely to have a negative attitude if they perceive themselves as skilled to address the needs of patients who self-harm and, as a consequence, feel better equipped to work with such patients [11]. Attitude is a multidimensional construct with cognitive, affective, and behavioral components [24]. In this study, we followed the dimensions constructed by McAllister et al. (2002), but there are without doubt other conceptual dimensions of attitude towards self-harm.
Comment (8):
Results
One of the major findings of this study is that the training influenced the attitude of staff (p15). “Dealing effectively with self-harm pt.” showed the largest gain in effect size. This is no attitudinal dimension per se, please clarify.

Answer:
The dimension ‘Dealing effectively with self-harm patients’ is in our view the behavioral component of attitude towards self-harm, and as such an important aspect of this attitude. We hope we clarified this by the explanation (also of McAllister) about attitude in the previous answer.

Comment (9):
Limitations
Self-report, + only staff reports, no measure of overt behavior towards patients. Both communication and practical skills as stated in the title are overt behavior and should preferably be measured as such. Any impact from a patient perspective, and any impact on patient adherence to treatment, level of symptoms or acceptance of care not assessed. This is in my view the most important limitation and should be elaborated.

Answer: we agree with the reviewer that this is an important limitation. We added on p. 15: A last but important limitation is the absence of any measured impact of the training on patient care. We recommend further research on the influence of training the treatment staff in communication and practical skills on the acceptance of care, treatment adherence, and level of self-harm of patients.

Comment (10):
Lack of control for training effect per se, not the specific content of this programme should also be elaborated.

Answer: we added on p. 15:
Further, we cannot be sure whether the effects of the training were achieved by the training content or by other aspects, such as the art exhibition or the extra attention staff received when they followed the training. Results should therefore be interpreted with this limitation in mind.

Minor Essential Revisions (11):
The Language throughout the paper is ok, although some more polishing seams necessary. e.g. page3 "art Exposition". Some concepts should be better defined or perhaps changed

Answer
We screened the whole manuscript and revised it accordingly.

Comment (12):
Page 4: 20-30% of patients harm themselves: Once? Lifetimes? Please be more specific.

Answer
We added: in their lifetime
Comment (13):
Page 4: "self-harm is a functional form of behavior. Seams a little simplistic, most will consider this behavior as both functional and dysfunctional? E.g. have functional properties?"

Answer:
We changed the sentence in: There is increasing awareness that self-harm serves a purpose for patients.

Reviewer 2 (Jo Robinson)

Reviewer's report
Minor Essential Revisions:
1. I think the manuscript would benefit from some minor restructuring. For example, the introduction section should end with the aims of the study and then the section on the training program I think would be better in the methods section under a sub-heading 'the intervention'.

Answer:
We revised the last sentence of the introduction into: The aim of this study is to describe the scientific evaluation of this training programme. We also replaced the description of the training programme to the method section and labelled it as: the intervention.

2. The sub-heading Variables should really read 'Outcomes of interest'
3. Related to this is the fact that in the section currently headed 'variables' there are 1 or 2 sentences that are not methods and really belong back in the introduction section. I suggest the authors re-read this section and pull those sentences out.

These changes would make it easier for the reader to follow the paper

Answer to 2 and 3
We agree with the reviewer and moved a part of this paragraph to the method section, and deleted another part as it was already written in the introduction section.

4. In the limitations section I think the authors should make reference to the lack of follow-up data and the fact that self-report data at post-test doesn't actually measure change in actual behaviour or practice, just attitudes. This is a shortfall of much gatekeeper training research and the authors may want to suggest that it could be a focus of future research.

Answer: we agree with the reviewer that behavioral change is important as an outcome but also as focus of future research. For this reason we mentioned on p. 14 ‘Our study does not confirm unambiguously whether the change in beliefs, attitudes and intentions actually led to behavioural changes among the participants and to a higher quality of care. Follow-up studies should focus on the actual behavioural changes and improvements in the quality of care for patients as a consequence of improved attitudes’

We also want to refer to our answers on comment 7 and 8 of the other reviewer.

Discretionary Revisions:
5. I think the addition of some discussion of the broader context of how this intervention sits within a suicide prevention framework may be of interest. For
example some discussion of the literature around gatekeeper training more generally and how their findings compare to those of other studies.

**Answer**

We understand the importance of the broader context in the field of suicide prevention. Nevertheless we prefer not to broaden the discussion, because our focus was on self-harm with a non-fatal outcome (see our definition at the beginning of the introduction). The training, and also the instruments used to measure the results all focused on self-harm instead of suicide or suicidality.

A final comment:

6. I am not sure that the discussion of the art objects really adds to the paper - was some formal evaluation of this conducted?

**Answer**

We acknowledge there was no formal evaluation of the influence of the art objects, which we regret. From many participants we heard they were impressed by the art objects and in our view it certainly influenced the sensitivity of participants for the experiences of patients. Since we have no research results concerning the art project, we can only mention it as a separate part of the project.