Reviewer's report

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.

Version: 3 Date: 20 December 2013

Reviewer: Fredrik A. Walby

Reviewer's report:

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.

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:

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.

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?

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.

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 choose should be moved to the introduction, and the heading could be deleted.

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.

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.

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

Minor Essential Revisions:

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

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

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?

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare I have no competing interest