Author's response to reviews

Title: Training in Dual Diagnosis Interventions (The COMO Study): A Randomised Controlled Trial

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Author's response to reviews: see over
To BMC Editorial

Cover letter to address points raised by peer review
RE COMO Study ref MS 1134398965129980

I would like to thanks the reviewers for their detailed and helpful comments. Hopefully the amendments have addressed these issues to a satisfactory level. We have attempted to address all the reviewers comments and this letter runs through the main comments and how these have been addressed.

Response to Peter Nolan’s comments

Rationale for measurement tools- clarification for the choice of the AAPPQ has been added. The other scales used were developed specifically for the study as there was no tools available for the measurement of knowledge and confidence about skills in the public domain at the time of commencement of the study.

Ideal services for retaining skills- this comment has been addressed in the discussion in recommendations for further work

Why were the follow-up 18months? This was to allow enough time for any changes to service users as a result of exposure to training to become apparent. This has been added to the methodology. In addition, it would have been interesting to have measured worker outcomes immediately after training and every 6 months to assess whether learning eroded over time. This was not done.

Why do authors think knowledge is the strongest outcome?- the strongest outcomes were both knowledge and confidence and we drew this conclusion from the fact that there was significant difference at follow-up between experimental and control at follow-up. This is addressed within the discussion.

Response to Carl Lombards Comments
Sample size paragraph has been re-written to clarify issues with sample size calculation of keyworkers. This trial was a cluster trial with the case manager as cluster for the patients. However this paper only concerns the individually randomised case managers. The ANCOVAs have been repeated with team as a fixed factor in SPSS to ensure that the team effect is factored into the results.

Randomisation was by keyworker

1. The consort diagram with distribution of keyworkers will remain as it is without more detail about individual team
distributions unless it is specifically requested as the authors feel this would add very little important information.

2. the team effect- this has been answered above by re-running ANCOVAs

3. sample size calculations re-written

4. the 6 who were randomised but didn’t attend training, were still included in the trial, attended supervision etc- this has been clarified in the text.

5. There is no data on why those case managers are lost to follow-up

6. secondary analysis intro has been re-written.

Minor / essential revisions- made as suggested.

Response to Fiona Lobban’s comments
Intervention: There is more detail included on the nature of the intervention taught.
Second point about research evidence for interventions has been addressed and references have been added.

Detail on evaluation of course- there is little to add on this- I have added a recommendation for future research that should seek qualitative feedback about the training and also its implementation in clinical practice

There is no data on individual attendance at supervision- again this point is addressed in discussion and makes recommendations for future research

Design and unit of cluster- already addressed by previous reviewer.

Reason why individual and not whole teams trained has been clarified in methods
The problem of contamination /leaking has been discussed in discussion section- it doesn’t seem to have been a problem as the control group made no improvements from base-line to follow-up, and they would have done had there been some contamination.

Clustering and sample size already addressed in previous section
Measures- the authors feel that the inter-item correlations would add little to the information about the psychometric properties of the scales; however, will add if editors feel it is important.

Missing data at follow-up- have added a comment about the amount missing from one arm of the trial. Little to add by way of explanation; lost to follow-up didn’t mean refusal to fill in questionnaire.

Follow-up period already addressed in response to Peter Nolan.

Corrections-
Have made suggested corrections to abstract, background, and discussion.

Best Wishes

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