Reviewer’s report

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

Version: 3 Date: 9 August 2007

Reviewer: fiona lobban

Reviewer’s report:

General
The authors have made considerable changes to the paper on the basis of reviewers comments. These have addressed some of the original problems, but some difficulties remain. I have to admit that I found the paper very difficult to read and I am unable to tell if some of the difficulties can be resolved by a clearer writing style or not.

I have listed the revisions which I hope will make the paper easier to follow. In particular guidance on consort diagrams should be sort.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. -A lot of the method is actually results eg. The number of people attending training
And the number of invited teams who agreed to participate are results, not method.

2. “These measures were devised by an expert group with experience in working with and training mental health workers in dual diagnosis interventions. The group agreed that the final versions of the SES, the DDA, and the KADD had face and content validity. The measures were administered to 3 dual diagnosis experts (independent of the study) and they all scored highly on the scales.”
I am not sure what this means – did they rate them on face and content validity and it was on these dimensions they all scored highly….or did the experts complete the clinical measures designed for the study and score highly…I am not sure this tells us anything scientific about the measures based on 3 people.

3. In my initial review I commented on the need to report inter-item correlations for the items on the subscales for the study. The authors reply this isn’t necessary. I disagree. By reporting a Cronbach’s alpha for the scale, the implication is that the scale is intended to consist of coherent items assessing a common construct. An alpha of 0.97 suggests a very high degree of correlation between the items. This suggests that the items are actually measuring the same
thing and it may be pointless to have 10 items. If there is no variation in the responses on them – why have them all? Need to justify having all the items in the scale.

4. results opens with

“At 18 months follow-up data were obtained on a total of 63 (80%) staff (control=27; intervention=36).”

Is this 80% of those who completed data at baseline? Or of the whole pool?

It would be helpful to start with how many people completed the data at baseline, what percentage this was of the potential population, and then what percentage of these then completed the follow-up data collection. This would be aided by an accurate consort

5. Attendance

“However only 39% of the case managers in the experimental group attended all 5 days and a quarter only attended 50%.”

Therefore intention to treat is too harsh – it does not really tell you about the impact of the training – as many people didn’t have it – further analysis needs to look at people who received adequate dose. It is wrong to conclude that the intervention (training) per se does not work as most people did not receive it. It can be concluded that offering the training in this way, in this context does not work (but it could be because people did not attend). This is an important distinction which needs to be drawn out, along with the implication that it may be that if there was a way to improve attendance, the training may be more effective.

6. Consort – very confusing – 2nd box – includes data on 2 teams not taking part, and the number of CCs in the teams that did agree. Need to keep boxes separate eg 40 allocated to training – 6 not receive it – 36 then complete the measures but cannot work out from this if the 4 who did not complete measures were from the 6 who did not receive training or not – very confusing

7. In response to my initial comment about potential leaking of the intervention between CCs within the same team, some of who are allocated to the intervention, and some to treatment as usual, the authors have now commented that this is unlikely to have occurred as there was no overall change in scores on the measures between baseline and follow-up. However, the main conclusions are that there was no significant change on a number of the measures for the intervention group either, so how can this be used as an argument against leaking of the intervention? This is a big problem with the design and I think it is very likely to have occurred.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
Method
1. 1st sentence does not make grammatical sense
2. Sentence beginning “consent was obtained…” Does not make grammatical sense
3. Trial should read trial
4. Sentence including “…scale later determind to the Knowledge …” what does this mean?
5. Pg 10 – “no confident” should be “no confidence”
6. Pg 11 – spelling mistake (moer)
7. Pg 12 “subjects” should be “participants”
8. Results – this reference to the outcome results for the service users comes as a surprise as these results are not reported anywhere – needs elaborating or removing
   “The implication is that they were not successful at implementation as there was no demonstrable impact on service user outcomes apart from a reduction in psychopathology [17]. “
9. Table 1 and 3 need to include the Ns for each group

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

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: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

i declare that I have no competing interests