**Author’s response to reviews**

**Title:** Examining the effect of the individual characteristics of implementers and the interaction of multiple relationships on the structure of psychosocial intervention teams

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**Version:** 1  **Date:** 03 Jun 2020

**Author’s response to reviews:**

Manuscript ID:
IMPS-D-19-00662

Manuscript title:
Testing the effect of the individual characteristics of implementers and the interaction of multiple relationships on the structure of psychosocial intervention teams

Dear Prof. Aarons and dear reviewers:

First of all, we should appreciate the time spent reviewing our manuscript. After reviewing all the comments and replying point by point to each of them, we consider that the manuscript has significantly improved its overall quality.

We have used the "track control" option in Word to facilitate the revision of the modifications made in the body of the text. In this document the text included in the text appear in red colour.

Responses to comments are listed below.

Best regards,

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**Editor comments:**

Thank you for this contribution and please respond to my and reviewer comments.
There is little literature cited regarding how the broader field of team research is related to the present study. Be clear about the degree which the "teams" actually operate as teams. Refer and cite literature on different types of teams (e.g., cross-functional teams, interdisciplinary teams) and how you define teams in this setting. I am not suggesting a comprehensive review, but rather citing more of the relevant team research.

For example, see:


Response: This text is included to explain the types of team works that can provide healthcare services delivery. At the end of the next paragraph, I explain what kind of teams operate in the program under study (see lines 118 to 142): In healthcare settings, the intervention process is usually delivered by groups of professionals who work in a collaborative fashion to improve the service quality [2]. The literature shows the importance of work teams for providing high quality care to users and patients [3]. There are several types of work teams depending on their structure, composition, functions and task distribution [4]. Cross-functional, self-directed and multidisciplinary are some of the many forms teams can adopt in organizational environments [5]. A cross-functional team is a group of professionals with different background and experiences which working toward a common objective; Self-directed teams are conceptualized as a set of individuals who share the responsibility to develop specific tasks and work with low level of supervision; Multidisciplinary team is a group of people, with different academic backgrounds and professional experiences, who work together for achieving a common goal [6]. In the specific context of the program examined in this work, teams operate as multidisciplinary team care in which professionals from a range of discipline (in this case psychologists, social workers and community facilitators) work together to deliver comprehensive care that addresses as many of the patient's needs as possible [7]. The users of the PAPSI-VI exhibit psychosocial problems, difficulties of adjustment to the community settings they inhabit, and at collective level, those contexts presents several barriers to overcome vulnerability conditions. Considering this factors multidisciplinary team care is considered an adequate design to solve the variety of demands affecting victims attended by this initiative.

The references 2 to 7 are also included in the reference list.

Please define what you mean by "focus groups" in line 100 and "re-signify" in line 101, page 5: This is a mistake, I mean to small groups instead of focus groups. I change the term (see line 115). The term re-signify is better explained in lines 116 and 117 with this text: the community can confer sense to the victimizing act and reduce the sense of guilty that many of them experience (lines 151-152)
Reviewer 1
Thank you to the authors and editors for the opportunity to review this manuscript. The authors of "Testing the effect of individual characteristics of implementers and the interaction of multiple relationships on the structure of psychosocial intervention teams" examined structural features of the six network types that implementers participated in, the networks at the individual level (i.e., longevity), and the networks at the relational level (i.e., overlaps and the roles of recognition networks, predisposition to work, information exchange [received and submitted], and user referrals [received and submitted]). Colombia's Single Registry of Victims was analyzed, and social network analysis was utilized to evaluate the program's processes. Study findings indicated that longevity was a primary factor affecting all relationships explored. Given the unique program evaluated, this study has potential to guide program decision making and procedures to improve the referral process. The authors are encouraged to include the following recommendations into their manuscript:

* Because the study is a cross sectional design and not experimental, it is recommended that the authors edit their title to more accurately reflect the study. Individual characteristics of implementers and the interaction of multiple relationships are not experimentally manipulated (i.e., tested); thus, "examining" may be more appropriate.

Response: Thank you for this precise comment, the first word of the title is changed according to the reviewer suggestion (examining instead of testing). See lines 1 and 3.

* The study authors examine Colombia's Single Registry of Victims (SRV), which is a unique program that has the potential to inform fields of implementation science and psychological intervention. Description of the program and some processes are included, and it is also recommended that the authors add to the introduction what the value in examining these specific teams is. The "Contributions to Literature" section nicely describes broader implications of the study, and similarly, the authors are encouraged to strengthen their case for examining the specific types of teams evaluated within this study.

Response: Thank you for this comment, I have to clarify that the SRV is not the program itself, the program we analyze is the PAPSIVI (Comprehensive Program of Psychosocial Care and Health for Victims of Conflict). The SRV is a Government official census that includes all the victims of the armed conflict since 1985. But for applying to participate in the PAPSIVI initiative, the potential users (victims) should to be inscribed in the SRV. We mention this census because constitutes an essential criteria for participate in PAPSIVI.

The text that explains the kind of teams implementing PAPSIVI I included in lines 128 to 142: “Multidisciplinary team is a group of people, with different academic backgrounds and professional experiences, who work together for achieving a common goal [8]. In the specific context of the program examined in this work, teams operate as multidisciplinary team care in
which professionals from a range of discipline (in this case psychologists, social workers and community facilitators) work together to deliver comprehensive care that addresses as many of the patient's needs as possible [9]. The users of the PAPSIVI exhibit psychosocial problems, difficulties of adjustment to the community settings they inhabit, and at collective level, those contexts presents several barriers to overcome vulnerability conditions. Considering this factors multidisciplinary team care is considered an adequate design to solve the variety of demands affecting victims attended by this initiative.” Also references 8 and 9 are included to support the underlying concept of multidisciplinary care team.

* The authors states in the title that the focus is on individual attributes; however, the focus of the study is primarily seniority/longevity. First, the authors should be consistent in the term used to refer to the duration of time in a position. Seniority and longevity are used interchangeably, but the authors should be consistent in the language used for clarity.
Response: I agree with the reviewer comment. After reviewing specific literature on organizational behavior, I observe that the term seniority better reflects the permanence of individuals within organizations, instead of longevity which is usually applied to show the time organizations are active operative in a market or productive sector. I use the term seniority in all the text including tables. The mention to longevity is deleted from the text.

*The authors are also recommended to include additional literature review on factors influencing longevity either in the introduction or methods to support their case for focusing on longevity (i.e., indicate why longevity was chosen as a variable and the focus of the individual characteristics), or in the discussion to ground their conclusions around the potential impact of increasing longevity in program implementers.
Response: The next text along with three references [44-46] is included in the discussion section: There are several factors that may explain the overall low rate of seniority of PAPSIVI implementers. Psychosocial interveners are in continuous contact during the attendance process with people and communities that have suffered severe episodes of trauma and victimization. This fact produces that some professionals empathize with the users and, in some cases, develop high levels of fatigue, stress and anxiety that motivate their decision to leave their work. In this line, some studies suggest that healthcare professionals could be considered “second victims” as a consequence of the effects derived from the prolonged exposition to the users’ experience of trauma [44]. Another factor contributing to the staff turnover is that the hiring process in some periods is discontinued due to lack of financial resources and budget constraints. This causes that, given the uncertainty about their future, some professionals decide to leave the program looking for more stable contracts in other organizations. To reduce implementers’ turnover, program managers may develop specific actions to increase motivation and satisfaction. Increasing motivation and satisfaction has proved effects reducing turnover in healthcare professionals [45]. Achieve the stability of program implementers is a key factor having into account that experimented professionals may exert influence on the behavior of users with regards to the program, ramping up the adherence of users to the treatment [46]. (see lines 634 to 652)

References included:

* Additionally, in the limitations, the authors should include discussion of individual characteristics that may differ between implementers who stay with a program compared to implementers who leave programs.
Response: A limitations section is included just before of conclusions. This is the text included in this section: (see lines 680 to 709)

Limitations
This research is cross-sectional, for this reason we do not have information on the characteristics of the professionals who left the program before carrying out this research. However some plausible explanations supported on the literature on the factors that explain high turnover in the PAPSIVI program are offered. To do this, first is needed to explain in brief why community advocates are the professional group with more seniority in the program. Community advocates have the condition of victims recognized by the Government and are registered in the SRV. In most cases, the criterion to select them is that they should to reside in the same community in which the program is implemented. For this reason they do not need to displace to other communities to work, that is, is easy for them to follow collaborating in the program. Another factor that could explain the long-time they have been working in the program is that they do not develop interventions; they connect the other members of the multidisciplinary team care (psychologists and social workers) with the potential users of the program in the communities. Due to their role as connectors, rather than as interveners, they do not suffer the harmful effects derived from providing care to victims who have suffered severe episodes of trauma. Finally, community facilitators are considered a vulnerable population due to their victim status. This makes that probably, working in the program is not only a great opportunity, but the only one to earn an income and support their families. In contrast, psychologists and social workers maintain continuous and direct contact with victims. This may provokes high levels of fatigue and stress that may contribute to activate turnover intentions. Psychologists and social workers, in contrast to community advocates, have to travel to other communities to provide care. Considering the geographical dispersion that characterizes rural communities in the Department of Córdoba, this is an extra factor that may contribute to turnover intentions. Finally, psychologists and social workers are qualified professionals that have more opportunities to find job in the labor market compared with community facilitators.

* For the purposes of the study, the team is defined as the psychologist, social worker, and community advocate (page 4). Within the program, a liaison nurse, physician, and administrative staff are also involved in program implementation. It is recommended that the authors state why the team of focus is only limited to the psychologist, social worker, and community advocate.
Response: This text is included to justify the team composition: (see lines 110 to 116). I also have to clarify that 1 psychologist, 1 social worker and one community advocate is the minimum structure of the multidisciplinary, that is, there teams that may include 2 psychologists, 3 social workers and 1 community advocate (lines 90 to 92).

The rest of professionals (liaison nurse, physician and administrative staff) develop other task related with the program but not centered in provide healthcare itself for this reason they are not included within intervention teams. The liaison nurse and the physician are dedicated to evaluate particular cases of users that present special needs (for example severe mental illness) that requires be referred to mental health services. The administrative staff receipts the documentation of the users and solves questions

Additionally, description of how such professionals coordinate between each other is needed. Given that the authors assert that professionals who are more experienced within the program (i.e., longevity) may assist with facilitating communication and program processes, some description of how these professionals interact and coordinate with each other is needed.

Response: This paragraph is included to explain the teamwork dynamic.

Once the implementers are assigned to a team, and the team is assigned to attend to a community, in the first stage the community advocate is the first actor to access the community, usually a few days before the arrival of the rest of the team members. The objective of this first stage is to identify the users and maintain contact with community leaders to explain the activities the rest of implementers will carry out in the next days. Within the multidisciplinary care team, one professional (psychologist or social worker) act as team coordinator. The main functions of the coordinator is to (a) organize the visits to the users, (b) evaluate which cases requires combined attention with more than one professional and, at the end of the visit to the community (b) receipt information about incidences during the intervention process. If within the team there is a professional newly incorporated into the program, it is assigned to the community promoter who acts as a mentor during the first days working in the communities. (see lines 158 to 184)

* Recognition network and predisposition to work should be operationally defined (page 7-8).

Response: The explanation of both networks is provided: (see lines 262 to 285)

“…the recognition network that examines the degree to which implementers are able to recognize other professionals by name; (b) the predisposition to work network which aims to know the level of affinity between the program implementers; (c)…”

* When describing participants (page 8), the authors should include SD and range when referring to the mean time within the program. The authors should also include some description of the non-participants, specifying how many professional declined or were not contacted. How participants were enrolled should also be included in the design and procedure section (page 8) (i.e., clarify if all professionals who implemented PAPSVI in Cordoba were contacted).

Response: The SD and range is provided in the participant section, and this text is included to explain the participation rate.

All the implementers were invited to participate, however those that were displaced in remote rural communities for providing service during the coordination meetings they do not participate in the study (see lines 325 to 327)
* To measure the effect of longevity, groups were created with a cutoff of 8 months. The authors should clarify why this cut point was utilized.  
Response: This text is included to explain the division of groups according to the months working in the program:
“The division of groups was established using the 50th percentile as the cut-off point, which is equivalent to 8 months working on the program.” (see lines 396 to 398)

* Variables in the models included user referrals submitted, information requests submitted, and information requests received. To more clearly describe these networks, the authors should state what time frame these data were submitted and received (i.e., X referrals submitted over Y months?).  
Response: In the cases of users referral network and information exchange networks (both received and submitted) implementers were encouraged to nominate only professionals with whom they exchanged information or referred users within the previous month. This decision was made in order to identify the most accurate structure of real interactions (see lines 356 to 360)

* The authors found that requests for information focused on a few professionals (page 12). In the discussion, the authors should expand on the role of administrative staff and how they may (or may not) facilitate communication between implementers, particularly to encourage heterophily.  
Response: This text is included: “In the particular case of this program, coordination and administrative staff may activate communication channels in order to increase interactions between MTC’s in order to promote the discovery and dissemination of good intervention practices and lessons learned” (see lines 593 to 596)

* Longevity of the professional was found to be the most determining factor in explaining the relational context of the community interveners (page 19). As previously recommended, in the discussion, the authors should also include literature on what other individual variables may impact longevity.  
Response: In lines 696 to 698 I describe the important role of community advocate increasing the ecological validity of the program. “Due to their role as connectors, rather than as interveners, they do not suffer the harmful effects derived from providing care to victims who have suffered severe episodes of trauma”

Additionally, the authors may consider if longevity may be more important for some roles (e.g., community advocate) over other roles. Given that the effectiveness of the program depends on the victims' ability to access the list and its programs, bolstering the community advocates' role may be a priority due to their role within the community.
Response: This paragraph is included to explain the central role of community advocates in the implementation stage. “As commented previously, community advocates are a key piece in the implementation process. They (a) present the program goals to community authorities, (b) reduce the initial uncertainty associated to the program activities and, in parallel, (c) increase the rate of participation and adherence to the program”. (see lines 626 to 630)

Lastly, as the average term is one year, the authors should include recommendations for intervention to prolong professionals' term with the program.
Response: This text is added: “To reduce implementers’ turnover, program managers may develop specific actions to increase motivation and satisfaction. Increasing motivation and satisfaction has
proved effects reducing turnover in healthcare professionals. Achieve the stability of program implementers is a key factor having into account that experimented professionals may exert influence on the behavior of users with regards to the program, ramping up the adherence of users to the treatment.” (see lines 646 to 652)

Dear Reviewer#1: thanks for all your suggestions.

Reviewer 2
Overall This is a really strong piece of work and very interesting. It is great to see researchers examining the factors that influence successful implementation of an intervention. Particularly when it is a nationally rolled out intervention. I have not used, but am familiar with social network analysis, so it was great to see it used in this paper. I think it really strengthens the evaluation component of this intervention. Please view my feedback as considerations that can strengthen the readability of the paper. The actual study itself appears to be really high quality. I believe the introduction just needs some reworking to help build the narrative so that readers can better digest the aims and subsequent research.

Introduction Lines 66-70 - just clarify that this data relates to the database referenced in the first sentence, as I assume it does? Lines 71-72 - similar to the above comment, I would clarify the reference of this data Lines 72-74 –
Response: Dear reviewer I have to clarify that the SRV is not the program itself, the program we analyze is the PAPSIVI (Comprehensive Program of Psychosocial Care and Health for Victims of Conflict). The SRV is a Government official census that includes all the victims of the armed conflict since 1985. But for applying to participate in the PAPSIVI initiative, the potential users (victims) should to be inscribed in the SRV. We mention this census because constitutes an essential criteria for participate in PAPSIVI.

There is a bit of a jump there from prevalence of victims to the need for interventions. I would firstly outline the mental and physical impacts these victims have faced, and if there are gaps in currently delivered interventions. I.e. are there already services in place, if so, are they not meeting the needs of the victims, or are there currently no services in place and there is a demonstrated need for services?
Response: The next text is included in lines 75 to 86: “Empirical evidence suggested that people that have suffered episodes of violence (kidnapping, torture, massacres or forced displacement) exhibit mental health problems with a prevalence ranging between 1.5-32.9% [2]. According to the results derived from a systematic review [3], the main mental health problems identified in populations affected by wartime violence are post-traumatic stress disorder (9%); major depressive disorder (5%) and generalized anxiety disorder (4%). Although the Colombian Government has developed several initiatives to improve the mental health of war victims, these efforts seem insufficient due to dimensions of the problem and the low level of adjustment of the interventions regarding the population needs.” Two additional references are included to support this idea: [2] Campo-Arias A, Celina Oviedo H, Herazo E. Prevalence of mental symptoms, possible cases and disorders in victims displaced by the internal armed conflict in Colombia: A systematic review. Rev Colomb Psiquiatr. 2014;43(4):177-185. http://dx.doi.org/10.1016/j.rcp.2014.07.003

Line 75 - the introduction narrative is lost a bit from here on. You have highlighted the problem of a large number of victims of conflict and the need for appropriate interventions. But you then introduce one specific intervention that has been implemented nationally. I think here you need to be a bit more explicit on why you have focused on this intervention before you dive into the detail. I.e. is it your position that this intervention is addressing the problem you have motivated and that this paper is an inquiry into this specific intervention?
Response: This text is included in order to respond to this comment: “The decision to explore the implementation process of this specific program was adopted due to (a) the nation-wide coverage of the program, (b) the multi-level nature of the intervention and (c) the lack of empirical evidence regarding to the intervention effectiveness” (see lines 95 to 99)

The rest of the introduction goes into great detail into the intervention and it just needs to be motivated why Page 4 - given the international audience of this paper, it might be worth explaining the difference between regions and municipalities
Response: I have changed the term “region” by the term “department” which is of common use to define an administrative area. The next text is included to clarify what mean a municipality in this study: “municipalities (in the Colombian context, a municipality is a geographical demarcation that may include small and medium-size cities as well as rural communities)” (see lines 102 to 104)

Lines 82-88 - you describe the multidisciplinary professionals how are implementing the program, but end the sentence saying this group provides care to individuals, families and communities. But then the following sentence describes a different number of multidisciplinary professionals who provide the intervention. It takes a few reads to try and figure out what this means, so a bit of clarity around the implementation team and the care delivery team and how these two teams work together, would be good.
Response: I aggregate this text in order to explain the features of the multidisciplinary care teams implementing PAPSIVI. “Multidisciplinary team is a group of people, with different academic backgrounds and professional experiences, who work together for achieving a common goal [6]. In the specific context of the program examined in this work, teams operate as multidisciplinary team care in which professionals from a range of discipline (in this case psychologists, social workers and community facilitators) work together to deliver comprehensive care that addresses as many of the patient's needs as possible [7]. The users of the PAPSIVI exhibit psychosocial problems, difficulties of adjustment to the community settings they inhabit, and at collective level, those contexts presents several barriers to overcome vulnerability conditions. Considering this factors multidisciplinary team care is considered an adequate design to solve the variety of demands affecting victims attended by this initiative.” (see lines 128 to 142)

Line 108 - this paragraph begins to answer the thoughts that were entering my mind - that you have described that the care delivery team work together, however the paragraph prior describes
them in a way that makes it seem they work individually and separately. I would open this sentence with a bit more specificity around how it is important to understand how they work as a team and that this paragraph considers some of the contributing factors to team work and its influence on intervention delivery.

Response: This text also the internal coordination process within each team: Within the multidisciplinary care team, one professional (psychologist or social worker) act as team coordinator. The main functions of the coordinator is to (a) organize the visits to the users, (b) evaluate which cases requires combined attention with more than one professional and, at the end of the visit to the community (b) receipt information about incidences during the intervention process. If within the team there is a professional newly incorporated into the program, it is assigned to the community promoter who acts as a mentor during the first days working in the communities.” (see lines 177 to 184)

Lines 118-120 - this sentence appears quite repetitive to lines 111-112. Perhaps these two paragraphs could be synthesised. Or if different points are being made, clarify this.

Response: This sentence is deleted from the text: “Professionals of different profiles and theoretical-practical backgrounds collaborate in the programs.” (Lines 118-120 in the first version)

Lines 148 onward - I’m not sure if the definition of SNA helps here as it adds a lot of jargon and assumes a lot of methodology specific knowledge. I would consider describing the importance of examining the interactions and relations among the team as important for successful intervention outcomes and then save the description of SNA for the method section.

Response: I put this text in the method section to explain the contributions of SNA for evaluating the implementation process: “Social network analysis (SNA) helps understand how certain relationships favor other interactions, showing the interdependence among different social systems composed of the same professionals. Some proposals show the interdependence among multiple interactions that shape the structure of socio-health professional teams. Reciprocity is important in referring users and sharing information, which means that cohesion measures such as homophily, transitivity, and reciprocity explain much of the structural variability of networks. This shows interdependence among the characteristics of the micro-local units that constitute the networks (e.g., dyads) and the global network structure. (see lines 340 to 348)

Your introduction just seems to lose a bit of focus and requires a bit of re-reading to get a sense of what specific study you are motivating.

Response: This text is included in the introduction o clarify the research focus: “Recent studies highlight the importance to deeply understand the interaction patterns connecting the implementers. The relational dynamic and the networks structure that support program development determine various implementation outcomes such as acceptability, appropriateness, adoption, feasibility and fidelity”. (Lines 196 o 199). This reference is included to support this idea: “Neal JW, Neal ZP. Implementation capital: merging frameworks of implementation outcomes and social capital to support the use of evidence-based practices. Implement Sci. 2019; 14(1): 16. https://doi.org/10.1186/s13012-019-0860-z” (See reference 16)

Lines 168 and 170 - I think it is important to say the 'objectives of the current study' just for clarity

Lines 171 and 179
Response: The general and specific objectives are grouped under the section “Objectives of the current study” (see line 257).

objectives 1 and 3 have a lot of specific terminology that hasn't been introduced or explained, making it difficult to understand what the research objectives are. Lines 176 - objective 2 wasn't motivated in the introduction, there was no discussion of seniority or length of position held, so I am unclear on why it is a research objective

Response: This text is included (Lines 224 to 228): “Some studies suggested that seniority of implementers in the program is a key factor to understand the role of professionals in the implementation process. More experienced professionals develop deep understanding of the implementation process, serves as key informants o other team members and increase the adherence of users to the program activities” This idea is supported with this reference: “Cross W, West J, Wyman PA, Schmeelk-Cone K, Xia Y, Tu X, Forgatch M. Observational measures of implementer fidelity for a school-based preventive intervention: development, reliability, and validity. Prev Sci. 2015; 16(1):122-132”

Method Initially - I would think it is important to discuss how this study is part of a larger project, which I assume it is, which is how you have access to the data and the implementers. Having the broader context of this research program would provide more information and detail.

Response: This text is included at the beginning of the “design and procedure” section: “The study is cross-sectional and exploratory and the data presented here is part of a broader study designed to understand the variables associated to the implementation process that could affect the program effectiveness” (see lines 308 to 310)

Line 204 - You mentioned a questionnaire, after only mentioning that interviews were conducted. A bit more detail on whether this is mixed methods, or if a questionnaire was provided during the interviews. Line 222 - You have now mentioned using SPSS which indicates this study utilises quantitative measures. I would perhaps include at the beginning of the method where you introduce that this is a cross-sectional study, that it is mixed-methods where surveys were provided during interviews (if this is what happened) as I assumed this was a qualitative study based on the description of interviews as the data

Response: This is not a mixed method study; however, eight interviews were conducted with key informants to design the questionnaire and to gain a deeper understanding of the organizational context that underpins the implementation process. But this qualitative information is not reported in this manuscript. The next text is included “The information gathering process occurred as follows: (a) a member of the research team traveled to the monthly coordination meetings that bring together all PAPSIVI implementers; (b) Then, the researcher presents the characteristics of the questionnaire indicating how it should be answered by giving concrete examples; (c) During the completion of the relational data, the researcher offers guidelines on how to respond to the socio-centric instrument.” (see lines 319 to 327)

Lines 261-264 - I would bring this information up earlier in the method as it provides some important information that this is part of a broader study

Response: This text is included in the “design and procedure section”: “The protocol of this study was revised to and approved by the Center for Research, Development and Innovation of the Universidad Pontificia Bolivariana. The project that supported this research was approved by the
institutional review board of the University. All study participants provided written informed consent.” (see lines 310 to 314)

Results The results section is clear and very well presented. My only suggestion is to be consistent with presentation. For example, the beginning of the second and third sections, you re-introduce the research objective, but this was not done in the first section.
Response: This text is included at the beginning of the Results section: “The first research objective is focused on analyze the structural cohesion of the six networks evaluated” (see lines 443 to 444)

The results section clearly demonstrates the utility of SNA to examine the relationships and networks between a multidisciplinary team implementing an intervention Discussion Line 390 - this is a really clear articulation of the paper and I would suggest including this in the introduction too to summarise the focus of the study
Response: This text is included in the Introduction: “This research examines different types of relationships among professionals who implement a program that provides psychosocial care to victims of war in Colombia” (see lines 89 to 90)

Lines 401-402 - I would perhaps also consider that the structure of the intervention doesn’t actually promote much cohesion in that the care delivery is quite separate with the different professions responsible for different levels of care, i.e. individual, family and community It would seem that this study has highlighted, with data, that the structure of the intervention doesn’t necessarily set up for success. I.e. the above point that despite it being a multi-disciplinary approach, the professions are in fact working quite separately and there is no structure for team work. Therefore, this study is important to highlight that. However, what is lacking, is what this means for the intervention. I would have hoped the discussion section would engage with suggestions around what these findings mean for the intervention design and implementation.
Response: This text is included before the “Limitations” section: “The results shown suggest that, despite the multidisciplinary nature of the teams that implement the program, it is necessary to promote internal communication and develop protocols for the teams to work collaboratively to take advantage of the synergy of each professional profile and offer comprehensive care at the individual, family and community levels of intervention. This implies that the managers of the PAPsIVI must facilitate that the work carried out by the teams allow them to attend in an integral way to the multiple demands that the users of the program exhibit” (see lines 672 to 678)

It also is a bit unclear if the conclusion section is trying to provide a synthesised evaluation of the intervention as it relates to the relationships and networks or if the conclusion is trying to promote the utility of the methodology SNA. It is important to be clear on what the take home message is. It is ok for it to be both, but then I would structure the conclusion section in a way that reflects this.
Response: This text is included in order to explicit the conclusions of this study: “The results of this research suggest, in agreement with previous studies, that the relationships established by the implementers and the relational structure that underlies such interactions affect the results of the implementation process. For this reason, since the stage of intervention design, it is necessary to incorporate instruments that allow evaluating the different types of interactions that occur among implementers during the intervention process. The results of such structural evaluation will serve to adapt the design and composition of multidisciplinary care teams to meet the demands of users.”
Dear Reviewer#2: thank you so much for your comments and efforts to improve the overall merit of this manuscript.

Ignacio Ramos-Vidal, PhD.
Department of Social Psychology, University of Seville (Spain)
(UPB-Monteria-Colombia)