Author’s response to reviews

Title: Exploring Supported Conversation with Familial Caregivers of Persons with Dementia: A Pilot Study

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Author’s response to reviews:

Editor's comments:

1) Description of the intervention is limited; please provide a detailed description of the intervention along with appropriate references.

  * A fuller description of the intervention was added with the inclusion of a figure and table to help denote what was done each week in the intervention and how the intervention was updated for dementia populations through the use of aspects of the FOCUSED and TANDEM programs

2) The statistical analysis - given the small sample size (only 4 dyads were in this study) statistical comparisons are not appropriate. Please remove results of any statistical comparisons throughout and provide descriptive statistics.

  * Wilcoxon signed rank comparisons were removed as were effect size measurements

3) There are repetitions in places - please revise the manuscript removing repetitions.

  * Manuscript was revised to remove repetitions where necessary.
Other comments are,

Heading Dementia and Communication, 3rd paragraph, 3rd sentence - change 'a variety of' to 'a number of'

* This wording was changed

Heading Caregiver training in Dementia, 3rd paragraph, last sentence - provide references

* References have been added

Heading Supported Conversation for Adults with Aphasia, 4th paragraph and heading SCA & Dementia - there are repetitions in these sections. Please provide a clear and detailed description of the intervention under a separate heading.

* I have added a fuller description of the intervention in the methods section and have added a table and figure to aid in this description

Heading Quantitative measures, 2nd paragraph, first sentence - please add who administer the MPC tool

* Who analyzed the conversations using the MPC and MSC tool was added to the first paragraph under quantitative measures

Heading Quantitative measures, 3rd paragraph, first sentence Both the MSC and MPC ...... - add reference to previous work.

* References have been added

Heading Qualitative measures - how did you collect these measures? please add

* How qualitative measures were collected was added end of the paragraph in this section.

Heading Caregiver measures - sentence one and two are repetitions, please revise
* Sentences were removed to reduce repetition

Heading Social Validity - please add what you mean by social validity so it is clear to the readers who may not be familiar with this topic.

* A definition of social validity was added.

Heading procedure - please make it clear what the term experiment and experimental sessions refer to, perhaps revise.

* A definition of experiential learning and how it was used in this context was added.

Heading Didactic training - better structure this section to improve clarity. perhaps use a table providing information on what was done on each week and how that is different from FOCUSED and TANDEM

* A table was added to improve the clarity of this section and add a fuller discussion of the training

Headings Data Collection Procedures and Data Collection measures must be placed together in the manuscript to improve the flow.

* The data collection procedures were folded into the data collection measures to improve the flow.

Heading Effect size - given this is a pilot study and the small size, please revise this heading to potential or likely Effect size

* Effect size was removed since the data was not analyzed using non parametric statistics

Heading Individual Differences in Response SCA Treatment, 1st sentence - please remove

* This sentence was removed
Reviewer #1

Comments

The authors provide detailed background of the topic that provides a good rational for the study. They also provide detailed descriptions of the measures used and link each to the relevant research question to guide the reader. For the benefit of the reader and to make the manuscript clearer perhaps a visual guide for the TANDEM and FOCUSED programmes could be included. There is a lot of written information about the different aspects that were used for participant training. A figure or diagram would help to clearly understand how the different programmes were used.

* A figure and table were added to help better describe the intervention and what aspects of the FOCUSED and TANDEM program were used to enhance the program.

Results are succinct and clearly laid out. However, I would like to see more detailed results or acknowledgment of the changes to unproductive behaviours. This would add more to the results section. Table 3 almost seems unnecessary without further explanation of the results contained within it. This would provide also provide an opportunity to discuss it further in the discussion section.

* Greater detail was added to the results section

The discussion section would benefit from more in depth discussion of the findings in relation to the wider literature. For example, lines 400-407 is a recap of the results with no fuller discussion of the findings.

The limitations of the study are clearly presented and discussed, as are the future research ideas and suggestions.

* A fuller discussion of the results with their relation to the wider literature was included in the discussion

Typographical errors

Page 7: line 137. Does is underlined.

Page13: line 266-267. Fix sentence that reads, "there is a considerable focus of the programme is education on dementia and its effects"
Reviewer #2

1. Line 149: What are the criteria for acceptance (if any) into the Brain Fitness program? What does "strengths-based program" mean in this context? Is there any reason to suspect selection bias (with the individuals in this program being more likely to respond to SCA) or cointervention effects?

   * More information was added in this paragraph to describe the brain fitness program and its criteria for admission which is relatively minimal. Also in terms of selection bias and cointervention effects, we acknowledge the likelihood of selection bias as participants self-reported their communication deficits and due to the small sample size. This was explicitly added to the limitations of the study. There also is the possibility of cointervention effects as participants continued to go to brain fitness during the experimental time. This was added to the limitations and will be a larger topic of discussion for the larger N trials.

2. Line 152-153: It is stated that "dyads were recruited and chosen based on self-reported difficulties in communication between the individual with dementia and their caregiver" - how were "communication difficulties" defined, in this context?

   * Definition of communication difficulties was added in this paragraph

3. Table 1: Does the data presented pertain only to the individual with dementia or their spousal caregiver as well? It would be helpful to know the demographics of the spousal caregivers, as they may also differentially respond to the intervention.

   * The data is only for the individuals with dementia. We unfortunately thought to gather spousal demographic data after the completion of the trials and have been unable to get in contact with a couple of dyads to gather this information. This is definitely something we will be gathering with great specificity in our next trial.
4. Lines 195-199: Which populations have the MSC and MPC instruments been validated in (i.e. are they appropriate in the dementia context)?

* The focus of the validation of the MSC and MPC has been in individuals with communication disorders, therefore, we felt it was an appropriate measure to use.

5. Lines 340-341: It appears there may be a typo, as it states "increases in both MSC and MSC scores" and the MSC value is reported twice.

* This was updated.

6. Tables 2 and 3: Are the reported before-and-after changes (e.g. 1.63 points in MSC, 1.88 in MPC, etc.) clinically meaningful for patients with dementia and their caregivers? Despite the relatively short duration of the study, as in any before-and-after design, is there any reason to suspect maturation or history bias?

* According to the caregivers on the social validity measure, caregivers did see an improvement in the day to day interaction between them and their loved one. In terms of maturation, we are not very worried about this effect as the experiment was relatively short and the caregivers were learning a skill rather than rehabilitating a cognitive domain.

7. I'm not sure if I missed this, but how long was each individual training session? Did the caregivers report any logistical difficulties associated with finding/committing to attending the in-person training sessions? This would have implications for future larger-scale versions of this program.

* The length of sessions was added to the manuscript.

8. The line graph for MPC pre-post results appears to be missing dyad 2.

* Details on this were added to the figure caption