Reviewer's report

Title: Motivation to persist with Internet-based cognitive behavioural treatment using blended care: a qualitative study

Version: 1 Date: 3 October 2013

Reviewer: Liesje Donkin

Reviewer's report:

This is an extremely interesting and timely paper that helps to build on the understanding of the mechanisms that impact usage on online interventions. More qualitative studies are required in this field to help researchers better understand what can improve engagement with interventions and thus produce better outcomes. The paper provides an interesting perspective tying the findings to SDT and by interviewing non-completers. I thank you for the opportunity to review the paper and have listed my comments/queries below.

Major Compulsory Revisions
1. It paper would benefit from clarifying if the aim is to understand experiences or motivation. It becomes a little unclear at times.
2. Cite source of current recommendations as mentioned in abstract
3. Many readers of this journal may not understand what a phenomenological heuristic approach entails. It would be useful to expand on this to help the readers understand your methods.
4. Were there any other inclusion criteria other than seeking help from the GP for depression? Eg., speaking Norwegian? Being over 16 or 19 years of age? Etc.?
5. It would be useful to clarify what was meant by “supportive nature only” for the face to face interventions. Was it supportive psychotherapy (ie dealing with day-to-day problems)? Technical support for the program? Psychoeducation and reinforcement of the principles in the program? Was it scripted and were there any limitations on what was talked about? Also, was it the same therapist? What was their training?
6. At what stage of recruitment did continuous recruitment change to strategic recruitment? And how was n=14 decided on?
7. Could you clarify, did all non-completers attend the debriefing interview?
8. Please clarify whom the pilot interview was conducted on.
9. Whilst the support of family is important and an appropriate part of treatment, it seems that the second and third lot of quotes in the belonging section are not directly related to treatment? This would benefit from some clarifying and linking back to the goals of the paper or using quotes that make this link. Without this, some of the points in the discussion seem to be an over-extension of findings.
10. Can you provide a reference that MoodGym is more user friendly than other
programs? Or can this be reworded to be less definitive?

11. In the discussion, the statement that “According to Prochaska, tailoring the therapeutic relationship and treatment intervention to the patient’s stage of change can enhance the outcome, specifically the percentage of patients completing therapy, and the ultimate success of treatment” needs to be explicitly linked back to the study.

12. A unique aspect of your paper is interviewing those that did not complete the intervention. It would be useful to discuss any differences between these and those that completed. I understand that the sample size is small but it would be beneficial nonetheless.

Minor Essential Revisions

1. In introduction, paragraph 1, I believe the sentence “However, general practitioners (GPs) currently treat most patients with depression, and as treatment they are widely and increasingly prescribing antidepressants” would read better as “and as a treatment they”.

2. Paragraph 2 of the introduction seems to jump around a bit. It may benefit from restructuring so that sentences flow on from the previous one.

3. Paragraph 2, sentence 1. I wonder if there are better papers about the effectiveness of iCBT for treating depression? Perhaps the systematic reviews and meta-analyses that focus solely on depression? Such as Andersson & Cuijpers (2009) (http://www.tandfonline.com/doi/abs/10.1080/16506070903318960) or similar?

4. In paragraph 2 of the introduction. The phrase “address the requests of patients”, do you mean the treatment desires? Answer questions that they may have? It may be beneficial to clarify this.

5. The statement about short interventions not being effective seems slightly irrelevant to the paper as not addressed at all. I believe that it could be removed without impacting the paper.

6. Page 5, the sentence beginning, “According to Møller…” Could you please expand on what you mean by an independent parameter and decontextualised factor”.

7. Page 5, the sentence beginning “Prochaska claims…” may be clearer to include motivation in this. Eg., “that a person goes through different stages of motivation when a change is made”

8. The rate of completion may be better suited in results section.

9. The last portion of the last sentence in the Intrinsic Motivation results, beginning “while others…” may be more appropriate in the Hope for Recovery Section.

10. The sentence in the results section, page 10, under competence and autonomy reading “Neither represented the technical challenges of logging on and manoeuvring within the ICBT programme a problem” does not seem to make sense?
11. As the really unique part of this study is the therapist component, the paper maybe strengthened by focussing on this part more. What more was there about the therapist interactions that aided motivation? It feels a little lost in the paper.
12. Why do other patients in the waiting room make relatedness worse?
13. The discussion would benefit from some elaboration on the difference between blended care and guided CBT, and the implications of this for the findings and generalisation.
14. Would also benefit from elaborating how relatedness may change with GP delivering treatment (which has been discussed in discussion), but given that step three of recommendations is a therapist with appropriate competencies, further elaboration is warranted.

Discretionary Revisions
15. Page 11, paragraph 2, “regardless” means that despite the challenges presented previously, but it appears that this sentence supports the previous statements. So regardless may not be appropriately used here.
16. Page 15, paragraph 1, sentence 2 needs to aligned (spatially) with previous sentence. It looks like formatting has changed.
17. It is useful to tie the findings back to a theory as you have with SDT. I wonder about structuring the results under the three components of SDT: relatedness, belonging and connectedness to really reinforce this and make it easier for the reader to tie back to the theory.

Level of interest: An article of importance in its field

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:
No competing interests to disclose