Reviewer's report

Title: Tailoring a family-based alcohol intervention for Aboriginal Australians, and the experiences and perceptions of health care providers trained in its delivery.

Version: 1 Date: 7 November 2013

Reviewer: PETER D'ABBS

Reviewer's report:

1. Minor essential revisions:
   1.1 Abstract: Results para: delete 'it' from first line; change 'to' to 'the' in fourth line.
   1.2 Methods: Tailoring CRA and CRAFT, final para: change 'its effectiveness' to 'their effectiveness'.
   1.3 Data collection: first para: change 'providers perceptins' to 'providers perceptions'.
   1.4 Craft counselor certification: second para, bibliographical references to Skype and ooVoo are incomplete.
   1.5 Adaptability of CRA and CRAFT for Aboriginal Australians: first para, delete 'it' from second line.

2. Discretionary revisions:
   Although 'discretionary', these issues in my view are important, and the authors should be urged to address them.

   2.1 This paper describes an attempt to adapt two intervention methods, developed in the US, for use with Aboriginal Australians engaged in alcohol misuse. It marks a useful contribution to an important issue on which evidence remains scant. However, the present draft is missing some important information:

   2.1.1. Two organizations were involved in the project: a drug and alcohol treatment agency, and an Aboriginal Community Controlled Health Service (ACCHS). Was the first agency a 'mainstream' agency or one that focused mainly or entirely on Aboriginal clients? Did it provide residential or non-residential treatment, or both?

   2.1.2. Although an ACCHS took part, only three of its staff members did so, none of whom (according to the paper) completed either CRA or CRAFT certification. In fact, after the scene-setting part of the paper, the ACCHS is not mentioned in the results or discussion. It would be useful if the authors were to discuss and perhaps give some reasons for what appears to have been a very limited engagement by the ACCHS in the project.

   2.1.3. We are told that on completion of training, health care providers received
‘certification’ in CRA and/or CRAFT. By whom? The American founders, or the project team, or someone else?

2.1.4. We are told that ‘Aboriginal-specific CRA and CRAFT manuals’ were developed as part of the project, by ‘a researcher with more than 20 years of experience in Aboriginal primary care’. What is not made clear is how much, if any, Aboriginal input into this process took place, either on the part of the experienced researcher – who may or may not be Aboriginal herself – or by others. Given the centrality of cultural and therapeutic adaptation to this whole exercise, this point is important to clarify.

2.2 Use of direct quotations:

In general, this is appropriate. However, on three occasions I believe they add little or nothing to what has already been stated in the text, and in the interest of succinctness could be omitted, viz:

2.2.1 CRA training days: 2nd quotation;
2.2.2 Therapeutic issues: quotation beginning ‘The worst part…’
2.2.3 Adaptability of CRA and CRAFT for Aboriginal Australians: last quotation, i.e. beginning ‘… the scenarios out of the manual…’

**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:**

I declare that I have no competing interests.