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: 17 November 2013

Reviewer: J Paul J Seale

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The authors are to be commended for significant efforts to adapt CRA and CRAFT, evidence-based interventions from the U.S., to the Aboriginal Australian population. The timeline indicates a major, sustained effort to complete this process over three to four years. I look forward to reading more regarding outcomes as they utilize and apply the materials created.

Major Compulsory Revisions

ABSTRACT

1. The abstract claims that CRA and CRAFT are “consistent with Aboriginals Australians’ notions of health and well-being.” This needs to be explained and substantiated more clearly in the Background section of the text.

2. The abstract conclusion is a description of the method, rather than a conclusion of what the process accomplished. The conclusion should describe positive results of this method or process. For example, did the process result in certification of individuals who can now offer CRA and CRAFT in the Aboriginal Australian context? Did the process create materials and procedures that are more appropriate to the needs of Aboriginal Australian problem drinkers?

3. The development and feedback process resulted in significant modifications of the CRA and CRAFT programs, however this is not mentioned in the “Results” section of the abstract. This should be included.

TEXT

4. The authors mention that extensive Aboriginal input was obtained and reported in a separate article (reference 9). A brief summary of the results of this study should be included in this paper. A key component of the adaptation process should include use and integration of these findings in the adaptation process. If this was done, the authors should describe how this integration was accomplished. If this was not done, the authors should explain why this step was omitted, or how it is planned in the future.

5. The authors provide their own framework of the steps utilized for adapting materials to the needs of the Aboriginal population (“Tailoring CRA and CRAFT”). Others have worked to develop processes or systems for this kind of cultural adaptation. Did the authors draw from such previous work, or utilize a theoretical framework for their efforts? If so, this should be described. If not, the authors should explain why this was not done.
6. The final step in development of culturally adapted materials is gathering feedback from those in the target population, either prior to use or during piloting. Feedback from Aboriginal Australians is needed to evaluate the adequacy and utility of the final product. Has this been done yet? If so, what were the outcomes? If not, are there plans to accomplish this?

7. Qualifications of counselors. Were any individuals without university degrees certified in CRA or CRAFT? This would be an important point to describe, especially if these individuals turn out to be successful in use of these approaches. For example, many alcohol and drug counselors in other parts of the world do not have university degrees.

8. Counselors were certified in the U.S. versions of CRA and CRAFT, however they anticipate using the modified Aboriginal versions in practice. What support, if any, might be needed to help them feel comfortable utilizing materials that differ from those they have used heretofore?

9. Significant new information is introduced in the discussion. This includes challenges of staff turnover, including CRA/CRAFT trainees as co-facilitators in CRA/CRAFT groups, creation of Australian manuals, use of story-telling, creation of powerpoints and workbook exercises, presenting 6 group sessions and offering individual sessions as needed. This should be moved into the Results section.

10. Limitations. Two additional limitations are minimal involvement of Aboriginal Australians in the tailoring and certification process and lack of feedback or evaluation data on the new adapted materials.

Minor Essential Revisions

1. The format of numerous references (2, 15, 16, 17, etc.) needs to be corrected.
2. Please include demographics on the trainees, including age and ethnicity, either in Table 1 or under “Setting and Participants.”
3. The interpretation of the quotation at the bottom of p. 14 does not seem to capture the message and content. Provider 103 seems to be saying that in general, the CRA/CRAFT model does not seem to fit the aboriginal context, though some components might be helpful. This does not seem to support the claim that “CRA and CRAFT could be successfully delivered…if tailored to their needs, preferences, and literacy levels.” Please reword this sentence to capture the essence of the comment or change the quotation.

Discretionary Revisions

1. Two quotations regarding the usefulness of Skype are not needed; one is sufficient.
2. For use by others in similar projects, please consider creating a table that includes an outline of key recommendations of the described adaptation process: simplify the language, add pictures, create a more “Australian” version, present ideas in light of what has happened to aboriginal peoples in the past, reduce the number of sessions, deliver interventions in a group setting, create an
abbreviated outline/guideline, reduce the number of outcome measures, recruit patients through probation, parole, and health care services that do not currently offer alcohol/drug services for Aboriginals, etc.

3. I find the flow in the figure to be confusing. It is difficult to discern a timeline, though this is perhaps what the numbers describe. The process seems to stop prematurely. It seems some steps are missing as well. Are there plans to implement the curriculum, gather feedback, and continue modifying as needed? If so, could these be added?

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**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.