Reviewer’s report

Title: Computer-assisted cognitive-behavioral therapy for adolescent depression in primary care clinics in Santiago, Chile (YPSA-M): study protocol for a randomized controlled trial

Version: 2 Date: 26 May 2014

Reviewer: Tara Donker

Reviewer’s report:

This two-arm single blind RCT study will test the efficacy of CCBT vs TAU for depressed adolescents in Chile. The study is straightforward and has importance to the field. As this protocol has already undergone peer review, only the following points are considered: 1) sufficient details to allow replication and 2) whether the writing is acceptable. The writing is acceptable but needs to be expanded, and at this stage, there are insufficient details provided to allow for replication.

Major Compulsory revisions

1. Background: With the sentence ‘[CCBT] can be effective in the treatment of adults, although the outcomes in adolescents remain unclear’, the authors refer to reference 16, which is a reference for panic disorder amongst adults. Please use more appropriate references demonstrating results of efficacy for CCBT programs for depression among adolescents. Examples are: Calear et al (The YouthMood Project – J Cons Clin Psych 2009) or O’Kearney et al. (school-based interne program for reducing depressive symptoms in adolescent girls- Depr Anx 2009; Effects of a CBT internet program on depression, vulnerability to depression and stigma in adolescents males: a school-based RCT- Cogn Beh Ther 2006).

2. In the last paragraph (alinea), the construct ‘blended’ is used, which has not been introduced before. Please define this construct and provide a rationale for using this type of delivery of CCBT. Also add references of research using this type of delivery method of technology-based interventions. Evidence of guided self-help is robust (e.g. Cuijpers et al., 2010, Is guided self-help as effective as face-to-face therapy, Psych Medicine). There is some evidence of the efficacy of blended therapy but most research on efficacy of blended therapy is still being examined. That the CCBT is offered blended also needs to be addressed in the abstract/title.

3. Please adhere to the SPIRIT guidelines for protocols (see Trials website, instructions for authors of study protocols. Describe usual care comprises. E.g. interventions: description of control group, strategies to improve adherence, recruitment: strategies for achieving adequate participant enrolment to reach target sample size, how will recruitment take place? Which method of assessment delivery will be used (face-to –face, paper-pencil, online)? This will
have influence on psychometric properties of questionnaires used. Also provide information about data management, data monitoring, possible harms and about assessors of the diagnostic interview: what is their clinical background and how are they trained to assess the diagnostic interview?

4. The discussion is one sentence long. This needs to be expanded. This can include discussion of any practical or operational issues involved in performing the study, and any other issues linked to the study that do not fall within background/methods.

Minor Essential Revisions

5. Is there an manual of the CCBT intervention available or published? Please add the reference, or state whether this manual is available on request with the authors.

6. Authors contribution: please use abbreviations (VM, GR and RA conceived…)

**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