Reviewer's report

Title: Implementing Cognitive Behavioral Therapy in the Real World: A Case Study on Innovation in Public Mental Health

Version: 1 Date: 24 May 2007

Reviewer: Dean Fixsen

Reviewer's report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Bridging the science to service gap is an essential next step in the evidence-based program movement. Without a reliable bridge, the products of science go unused and do not benefit consumers and communities, the intended recipients. In this MS, the authors provide a clear and useful review of the literature to set the stage for a report of their findings from a “collective case study” regarding a “multi-faceted strategy” to implement CBT in typical care settings.

Of the 35 clinicians in 2 urban MH centers, 25 (25/35=71%) agreed to participate in the study. Of these 25, 7 dropped out (7/35=20%), 9 (9/35=25%) completed training (E group) and 9 (9/35=25%) were not trained (C group). Of the 66 teenagers who were possible candidates for the study, 49 (49/66=74%) agreed to participate, 39 (39/66=59%) met the eligibility criteria, 34 (34/66=52%) provided consent, and 16 (16/66=24%) were assigned to therapists who were in the E group. Thus, in this “real world” experiment, 24% of the possible children were treated by 25% of the possible therapists. In Table 1, medical records and audio taped sessions indicated that 3 of the 9 (33%) E therapists never provided CBT and 4 of the 16 (25%) E children never received CBT. Eight (50%) of the E children received 6 or more sessions of CBT out of an average of 16 therapy sessions per teenager. These data are of interest to the field, especially for those who are concerned about the application of evidence-based programs in typical service settings.

The strengths of this MS are the clear descriptions of how implementation of CBT was attempted, with whom, under what conditions, etc. and the results at the clinician level regarding their actual use of CBT with individual adolescents. This study tells us what might happen when one person declares herself the change agent and works diligently to implement an evidence-based program in typical service settings. This approach is not unusual in a service world that is struggling to make good use of science-based programs and practices. The weaknesses in this MS are mostly methodological, with too many conclusions drawn from too few cases.

I recommend that the authors edit the MS to focus more squarely and concisely on the “real world” aspects (such as the data summary provided in the paragraph above and on pages 7-8) and remove much of the speculation presented in the “conclusion” section (most of page 11). I am not sure what Table 2 adds to the study. Having one more list of “reasons why I think things did not work” may not be useful. There are untold numbers of ways things don’t work and only a few ways in which they do work.

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Discretionary Revisions (which the author can choose to ignore)

What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.