Reviewer’s report

Title: A two-way street: bridging implementation science and cultural adaptations of mental health treatments

Version: 2 Date: 2 April 2013

Reviewer: Anna Lau

Reviewer’s report:

Thank you for the opportunity to review this revised manuscript. The authors were very attentive to the feedback from the editor and reviewers and the result is a much more balanced and nuanced manuscript. I’m not sure if they are running into issues of length but there are probably many options for shortening sections and making the language throughout more concise. In my view the manuscript has been quite responsive to reviews. I would suggest some discretionary revisions to illustrate or extend some of the points made:

1. I think when mentioning international work, it would be important to cite examples such as Murray, Dorsey et al., (2011) and Kumpfer et al., (2008) on cultural adaptation and implementation/workforce issues, respectively.

2. On page 9, where the authors state, “In all, the fields of IS and CA cannot continue to operate in isolation of one another”. It might be more effective to make a brief statement of what can be gained for each side, prior to the next general integrative statement.

3. on page 10, when you state that there should be explicit process and documentation of adaptations during implementation, perhaps the rationale for scientific knowledge can be made clear. E.g., to produce generalizable knowledge about the types of adaptations that may result in better implementation outcomes, generating a taxonomy of adaptations, with implications for research designs in IS and CA research. Perhaps cite Wiltsey-Stirman et al. (in press [?] at Implementation Science on the need to measure spontaneous adaptations).

4. I think Rescinow’s definition of deep structure adaptations states that these adaptations posit differences in theory of change of the intervention (or at least of subset of distinct presumed mechanisms of action), I think this doesn’t come across very clearly in the way it is described on page 13.

5. On page 16, in the discussion of the CAS, I wonder if it worth noting some dissent in the value of a cultural expert who acts as a gatekeeper of culture to represent a whole community. Sanders (2008) cautions against this noting that sometimes mental health professionals or intervention experts may not be the best arbiters of what is culturally acceptable. Instead, Sanders argues that community members vote with their feet and with their response to interventions when implemented.
6. To support the point of the value of cultural adaptations from an IS perspective you highlight possible reception from providers being more favorable when an EBT has been tailored. Perhaps there is some indirect support for this from Aarons et al., (2010) who found in their nationwide sample, Latino therapist had more concerns about fit of EBTs for their clients populations compared to White therapists.

7. On page 23 when you begin addressing the question of When to adapt, it might be important to mention that other models (e.g., Kumpfer et al., 2008) stress that adaptation should only follow pilot implementation with clear indication through evaluation that the original intervention did not fit with client needs. This is more of a developer perspective privileging fidelity and efficacy.

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