Author’s response to reviews

Title: Implementation of Internet-delivered cognitive behavior therapy within community mental health clinics: a process evaluation using the Consolidated Framework for Implementation Research

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1. We added the following information to the introduction to foreshadow the results:

More specifically, this study explores the extent to which ICBT implementation was impacted by intervention characteristics (e.g., evidence, advantages, complexity, quality, cost), the outer setting (e.g., patient needs, networks, policies), the inner setting (e.g., structure, communication, culture), individual characteristics (e.g., therapist/manager knowledge, self-efficacy, interest), and implementation processes (e.g., planning, engaging, conducting, reflecting, and evaluating). The findings may assist others who are interested in incorporating ICBT into service delivery within community mental health clinics in that we highlight a process for ICBT implementation. We also identify facilitators that are associated with the uptake of ICBT as well as barriers that need to be overcome to improve implementation efforts.

2. We added the following subheadings to the method section to improve flow:

Geographical context
Healthcare system
Online therapy process

(Please note that a previous reviewer requested this detailed information and therefore no information was deleted)
3. We removed the t-tests.

4. We added the following information to describe the survey. The full survey is included in an additional file.

Participants were then provided with a description of each CFIR domain (intervention characteristics, outer setting, inner setting, individual characteristics, and implementation process) and were asked to comment on both positive and negative aspects of the domain on ICBT implementation. For example, the following question was posed: “The inner clinic setting (e.g., structure, communication, culture) can influence program implementation efforts. Please comment on any positive or negative factors within your clinic setting that you feel may have influenced the implementation of ICBT within your health region.” After providing open-ended feedback, participants rated agreement with a series of 47 statements (see Table 5 for items) related to ICBT implementation on a scale from 1 “strongly disagree”) to 5 “(strongly agree”). The statements referenced facets of each CFIR domain. Example questions included: “It is positive that the ICBT Wellbeing Course was developed externally and the health region did not have to develop our own ICBT program” (Intervention Characteristics); “My health care region is aware of the high need for mental health care” (Outer Setting); “My health region has an adequate number of therapists available to deliver ICBT” (Inner Setting); “Therapists in my health region have adequate knowledge of ICBT” (Individual Characteristics); and, “We spent adequate time planning how to deliver ICBT in advance in my health region” (Implementation Processes).

5. We have added qualitative and quantitative subsheadings to the results.

6. We added these sentences to our limitations section

In terms of limitations, it should be noted that qualitative analyses have the potential to be subjective and influenced by coder bias. In order to offset this bias, however, multiple coders were used and quantitative ratings supplemented the qualitative findings. A further limitation of this study is the sample size which could limit generalizability of the findings.

7. The Discussion was shortened as requested.

8. Table 3 was shortened.