Reviewer's report

Title: Delivering an Optimised Behavioural Intervention (OBI) to people with low back pain with high psychological risk; results and lessons learnt from a feasibility randomised controlled trial of Contextual Cognitive Behavioural Therapy (CCBT) vs. Physiotherapy

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Reviewer: Howard Vernon

Reviewer's report:

This manuscript presents the results of a feasibility study of a randomized clinical trial of high-quality Contextual Cognitive Behavioral Therapy (CCBT) vs. physiotherapy in the treatment of chronic low back pain patients who are deemed to be at high psychological risk. The main aims of the study were to demonstrate the feasibility of the protocol; secondary aims were to descriptively evaluate outcomes.

This study was very well-conceived, strongly justified with respect to the literature and to theory and very well-executed. Its contribution to the literature is very substantial, especially as it provides support for and a basis for a larger randomized trial. The manuscript is very well-written. The authors provide a very clear record of their activities in conducting the trial; many of the points raised would be very helpful to readers intending to conduct similar trials. The discussion of strengths and limitations is clear and appropriate.

I have only two minor essential revisions which take the form of requests for elaboration on two points:

1. On page 8, the authors state: “Credibility and acceptability scores were summarised by group. To assess credibility, mean scores and 95% confidence intervals were calculated overall and by randomised group for the first two questions of the Borkovec and Nau expectation and satisfaction questionnaire [35] (details in table 2).”

My concern relates to the nature of the informed consent process, specifically about what was told to the subjects who, as the authors admit, were originally referred for and, therefore expecting to receive, physiotherapy. I can appreciate that this presented some challenges to the authors in creating a consent form with the optimal balance of information for the subjects to, on the one hand, make an informed decision to participate (i.e., elect to be randomized rather than just receive the treatment they expected), but, on the other hand, not influence the subject too much in respect of the credibility evaluation.

So, my questions are: when was the credibility assessment done? What had been told to subjects about the two interventions at that time? In other words,
how prepared were subjects to give an appropriate response to the 2 questions: in the CCBT group – what did they know about this “alternative” form of treatment?; in physiotherapy group, were their opinions motivated by the fact that this was what they were originally referred for?

In the Discussion, the authors might wish to consider how these factors may have influenced the results they obtained (slightly lower credibility scores in the CCBT group).

2. The authors report that almost about half of the subjects had left school by age 16. This seems to be a very high percentage when compared to other studies and to the demographics of low back pain. This seems likely to have had an impact on the way they viewed the treatments “cognitively”, that is for credibility and acceptance. I think the authors should elaborate on this in the Discussion.

**Level of interest:** An article of outstanding merit and interest in its field

**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