Reviewer's report

Title: Intervention protocol development for model validity: A study of the integration of conventional tobacco cessation interventions into routine CAM practice

Version: 2

Date: 22 May 2014

Reviewer: Andrew Long

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This is an important paper in an area of considerable interest to the readership of BMCCAM. Seeking to enhance the contribution of CAM practitioners in public health/education and promotion is a very valuable area to explore, and in particular, to do this ways that cohere with the principles and practices of CAM as delivered in real-world treatments. Below I have outlined a number of areas which require further attention and/or need for further detail. Throughout the authors are recommended to ensure that the terms used are appropriate for an international readership. Particular examples which may not be understood outside of the USA are the term ‘provider-based CAM’ and ‘quitting’ (vs. stopping / giving up smoking).

Major Compulsory Revisions

1. Greater insight/detail is needed into how model validity is assure and integrated into the programme. And, on p6, is model validity an ‘aspect’, or rather a core principle underlying CAMR – and thus, how is it followed through?

2. Be explicit in the Methods about the aim of each step. Given the data sought in Step 2, make clear how this contributes to the development of the CAMR programme. In Step 3, give more detail on how feasibility and acceptability was explored.

3. In the Results section:
   • Remind the reader of the aim of each step.
   • Integrate the quotes into the surrounding text more effectively, in particular those on p17.
   • Add commentary on Tables where appropriate in the text – e.g. for Step 1 – indeed maybe the table is better situated a little earlier in the text.
   • Add a key to Table 2 (LAc's are …)

4. The Discussion section needs to be extended. Areas to cover include:
   • Issues relating to model validity – for example, in relation to aspects of the findings such as observed ‘hesitancy’ in introducing talk about tobacco (Step 1) and how does CAMR address or reconcile this. This is a critical issue for wider use of the programme and also in relation to adherence/assurance of CAM
model validity, or needed compromises or remaining tensions on this (or might the introduction of tobacco consumption and cessation be raised only where appropriate – in relation to wider lifestyle and linkage of this back to the client’s reasons for seeking CAM treatment; or only for those who are coming for health maintenance?). Consideration needs also to be given to this as a potential barrier to wider implementation and implications for the client-practitioner relationship (building and maintaining).

• Limitations of the study (sample related issues e.g. typicality, working with persons expressing interest vs. other CAM practitioners; response rate to Step 2; transferability of findings …);
• Indication of value and need for further research and evaluation (before wider adoption – or what?).

Minor Essential Revisions
1. P7, first sentence: It would be useful to add in some examples to illustrate this.
2. It would be valuable to provide a little more detail of the CAM practitioners who participated in the research, in particular, in relation to their style of practice (this relates to a judgement by a reader about the issue of transferability and use of the findings).
3. P12 – questionnaire mailed to all? Or is it a sample – assumed former, but make explicit,

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.

Declaration of competing interests:
'I declare that I have no competing interests'