Reviewer's report

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

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Reviewer: sarah price

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Major Compulsory Revisions

This is an interesting piece of research, raising relevant points regarding how to usefully employ user contact with CAM practitioners for the purpose of pursuing tobacco cessation. There are some major points for the authors to address in order to make this research trustworthy and generalizable.

1. Research Question. I was not totally certain of the specific question this research is addressing. Was it how behaviour change interventions can be integrated into CAM practice in ways that do not detract from the CAM practice or ways that do not compromise the model validity of the smoking cessation programme or both of these? Was the purpose of the paper to describe the iterative process of the development of the programme? I was not convinced that the authors’ use of the question of model validity was entirely appropriate. This maybe because I did not understand the overall research question, or it may have been because it was not the right question for the methods, and/or that there was not enough data to convincingly answer the question. It might also have been that this is a large body of work to report in one research article. In pursing the interest in model validity for three different CAMS, there was sparse detail on what the model validity for these three practices were, and assumptions may have been made, as a consequence, about what these practices had in common to make it appropriate to introduce a new practice (tobacco cessation programme) without compromise of model validity. This is especially relevant when there was a very poor response rate to the survey, and overall, a very small number of participants were involved at the different stages.

Tobacco cessation and CAM Practitioners

3rd paragraph. The NIHS data on the high proportion of smokers that seek CAM may be a specific characteristic of the US.

2. Methods: The idea of a six stage iterative process is worthy for the development of model validity, but the links between some of these stages were not made explicit. For instance, in what way did the first stage (interviews) inform the second stage (the survey) – this is a ‘results’ question but the description of the process by which the findings of the first stage would inform the survey is missing from the methods section. There is sparse information on the analysis of the interviews and the data generally. How the survey was developed is not
made explicit or how the survey information was going to inform the further stages.

Recruitment – it is not clear what the process for recruiting the participants at some of the different stages was, or what numbers were required or achieved (for instance the demonstration stage).

Regarding the demonstration stage (step 3) – there is too much information given on the ‘helpers’ programme, this could be given as a brief outline with a reference.

Feedback stage: it is not clear which stage of this process the practitioners’ feedback is originating from.

Peer review stage: this was well written.

Pilot: what was the purpose of this pilot, was it an exploration or a test of the program and how was the data collected and analysed? Without a clearer focus of what the pilot was for, it is difficult to make judgements about the methods or findings.

3. Results:

This section is problematic because of the weaknesses in the methods. Survey: there was limited information on the survey, the questions, how they were developed and what the main purpose was. The response rate was very low 23% which brings uncertainty on the strength of any findings. For instance the authors write that ‘two-thirds of practitioners’ were interested in receiving cessation training, which should read ‘of those that responded’.

4. Discussion

This study involved a very small number of CAM practitioners from three arguably, very different disciplines, the survey had a very low response rate and little data was provided on the pilot study, or how the participants were recruited – is it possible to say that this is representative of the professions and what do the authors mean by model validity? Is the question really about whether the new intervention is acceptable to CAM practitioners and can be incorporated into practice - acceptability and model validity are different.

In discussing ‘step five results’ or step six results – it would be helpful to remind the reader what these steps were and what questions were being answered by the results

What were the three guiding principles of the CAMr intervention, it might be helpful for the reader to be reminded of them at this stage? Little comment was made on how the three CAM practices responded differently with the acupuncturists much more interested in the programme than the massage therapists from the survey response rate.

The writing style in this section needs to be addressed, for instance: discussion section second para – this is a useful comment, but words like ‘surprise’ and ‘unexpected’ do not add to the discussion, but rather detract from it. If these words are used, then comments need to be made about the expectations of the researchers and whether they used a reflexive approach.
Final paragraph of the discussion section: This point goes too far as until this programme is shown to be effective, it is not possible to comment on what dimensions of the programme are ‘working’ and useful. It is not clear how the authors have arrived at the conclusion that the therapeutic relationship could be a common touchstone to bring together CAM and conventional practitioners – these different modalities all contain different styles of relating to patients – this is a very complex subject and not one necessary to bring into this paper, and at this stage without further detail and referencing. The authors bring in dimensions of the therapeutic relationship at this discussion stage that have not been raised earlier and are not part of the findings of this work.

No mention is made in the discussion section of the limitations of the study including the poor demonstration of the iterative process, the poor response rate and the questions over generalizability and whether all three CAM modalities are suitable to deliver tobacco cessation programmes given some of the comments from the interviews by the massage therapists and also the poor response from the massage therapists.

The conclusions are much too definitive given the limitations of the methods, and analysis and discussion of the data and that this is preliminary work, developing a programme that has not yet been tested.

**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:**

No competing interests