Author’s response to reviews

Title: Measurement Training and Feedback System for Implementation of Family-Based Services for Adolescent Substance Use: Protocol for a Cluster Randomized Trial of Two Implementation Strategies

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Author’s response to reviews:

My co-authors and I are grateful for the opportunity to re-submit a substantially revised version of our study protocol to Implementation Science. Below please find our responses to each issue raised in your editorial review of our original submission.

Evidence Base for the Intervention

The intervention being tested in this study, Measurement Training and Feedback System for Implementation, is a multicomponent intervention consisting of three primary components, each supported by its own evidence base, as described in the manuscript: (a) Therapist self-report of fidelity to evidence-based practices: The intervention is anchored by a pragmatic quality measure for assessing delivery of core elements of evidence-based treatment approaches for adolescent substance use (p. 6). The measure itself has demonstrated solid reliability, construct validity, and predictive validity in usual care (p. 16). (b) Observational fidelity ratings: The intervention features weekly training of therapists in observational fidelity coding of evidence-based practices, which is the gold standard methodology for treatment fidelity evaluation (pp. 6-7). (c) Measurement feedback system: Measurement feedback is a well-supported methodology for enhancing the quality of a broad set of behavioral healthcare indicators (pp. 7-8).

In addition, this version of the intervention is designed to increase the utilization of family-based services for adolescent substance use in usual care. Family-based services have the strongest empirical portfolio for treating adolescent substance use (p. 5).

It is true that this study is (to our knowledge) the first to test these three evidence-supported components together as a single, multicomponent clinician training package for increasing
implementation of evidence-based practices. It is also true that the intervention is among the first to utilize a standardized measurement feedback system to track treatment fidelity indicators rather than treatment outcome indicators. In these ways the intervention represents two innovations in the application and testing of these research-proven components within the field of implementation science.

Manuscript Length

The manuscript has been reduced from well over 7000 words to its current length of 5256 words, which falls below the word count limit of 5500 words.

CONSORT Criteria

A CONSORT project enrollment flow chart has been added as Figure 1 in the manuscript. We also completed a CONSORT 2010 reporting checklist and included it in the submission materials.

Abbreviations

We reduced the number of abbreviations (in the form of acronyms) from the original count of 12 to the new count of 5 (see edited list on p. 23). Because the five terms for which we use acronyms are repeated frequently throughout the manuscript, we believe that employing these acronyms alleviates potential reader fatigue and enhances the readability of the manuscript.

Please note that, as articulated above, substantive changes to this revised version of manuscript are of two kinds: (1) Reducing manuscript length via piecemeal editing throughout the document; and (2) eliminating multiple abbreviations throughout. For this reason, we have not appended a second version of the revised manuscript in track changes, as this would have made for tedious and (we believe) uninformative editorial review.