Reviewer’s report

Title: Protocol for a randomised controlled trial of three forms of early intervention for youth with borderline personality disorder: the MOBY study

Version: 2 Date: 14 August 2015

Reviewer: Peter Fonagy

Reviewer’s report:

Major and minor compulsory revisions

Abstract:
The Background section could be shortened and the Conclusions and Implications made more specific.

Background:
The lack of adequate control in previous trials should be emphasised in relation to the variability of TAU or EUC. The authors should make explicit the limitations of a methodology that does not include a manualised comparator treatment and perhaps give a brief justification for using the treatment suggested. A second point is that the breadth of the outcome measures used should be linked to the failure of adult trials to show superiority in general adaptive function and the limitations highlighted by longitudinal studies in this domain.

Hypotheses:
The authors do not intend a full factorial design, which leaves the hypothesis section relatively complicated to understand. The value added by HYPE to BEF plus YMHS is one hypothesis, and the value added by CAT to HYPE is another. At the moment this is clear, but it takes considerable processing on the part of the reader.

Methods:
The Methods section is very clear and the authors are to be commended on the attention to detail. A relatively small problem, but one which should be addressed, relates to randomisation, perhaps the most critical of the sections. The details of where randomisation and consenting occur are not clearly specified, and the extent to which this is independent from the research team is unclear. The phrase currently used, “Operated by the Trial Coordinator”, needs to be clarified to say exactly who does what in the consenting and randomisation process.

The treatments are well described but the least known treatment for many will be “befriending”. This reader would like a longer description of the nature of the relationship between the befriender and the client. Is it always the same person? How often and for how long do they meet? What does the manual specify in
relation to the process of the treatment? Is the first meeting different from the fifth, for example? Who trains befrienders? How is adherence to protocol or treatment integrity assessed? I note that a scale is mentioned, but I do not know what it measures. How do you know that the befrienders are doing what they are supposed to do and doing it adequately?

I was particularly concerned about safeguarding in relation to befriending and who takes clinical responsibility. I am presuming that referral is made to YMHS but this is not made explicit – this should be addressed.

The statistical analysis is the weakest section, and was unclear to me. I am not a statistician but I would have expected a multilevel model given that the data will be in effect a growth curve model. The plan contrasts had been made clear earlier in the paper but they are not made clear here.

Discussion:
This is fine. I would expect to see a brief coverage of anticipated problems, and the authors should add this.

1. Will the study design adequately test the hypothesis? Yes
2. Are sufficient details provided to allow replication of the work or comparison with related analyses: if not, what is missing? Covered in the above points
3. Is the planned statistical analysis appropriate? As discussed above, the industry standard is multilevel modelling and this is clearly multilevel data so I am not sure why it is not being used here.
4. Do the figures appear to be genuine, i.e. without evidence of manipulation? Yes
5. Is the writing acceptable? Yes

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.