Author’s response to reviews

Title: Evaluating an online support package delivered within a disability unemployment service: Protocol for a randomised controlled feasibility study.

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Author’s response to reviews: see over
Dear Editors,

Thank you for the opportunity to respond to the editor’s and reviewers’ comments regarding the manuscript: MS: 1406164217148438, “Evaluating an online support package delivered within a disability unemployment service: Study protocol for a randomised controlled feasibility study”. We found them very helpful and have responded to each point in turn and amended the manuscript accordingly.

Reviewer 1

1. You use the term CBT based resource in describing the tool and I would suggest you keep that language consistent throughout- eg; Under Aims, you describe it as a CBT resource where when you first describe it under The Living Life Resource is is a CBT-based life skills program.

   Thank you for raising this point. We now refer to the intervention as a “CBT based life skills online intervention” throughout.

2. I was confused as to whether the participants will complete the program at home and/or office or just at the office as when you describe the resource you say if can be done at home and then when you discuss recruitment process you say the participants will complete in the office only.

   It is expected that the majority of intervention will be completed in the Remploy office on allocated computers. However, participants will be given the option of using the online resource and revising completed modules at home. This is now explained in the methods section (p. 5).
3. I was not clear on whether or not there would be any data on if the participants completed the modules individually or in a group setting, as both are listed as options.

    The delivery type (individual or group) will be recorded by Remploy. This has been clarified on p.9.

**Reviewer 2**

1. Abstract. Under methods, suggest to list the feasibility study outcomes and benchmarks for considering the study feasible. The feasibility outcomes are currently listed under the discussion section of the abstract.

    Thank you for this suggestion. The outcomes have been moved to the methods section of the abstract. Due to the abstract word count limit, the benchmarks cannot be included but are outlined in full on page 15

2. Inclusion and exclusion criteria: are there any language restrictions? is the LL program available in other languages? is computer literacy an inclusion criterion? Expected older adults may not be able to use online resources?

    The protocol refers to “Able to register on the website, read and understand the LL resources via the internet or DVD; at home or in the Remploy office.” Although some variants of the LL program are available in other languages the English language version is used here. We have added the statement “Although non-English language versions of the courses are available, the English language version is used in the current study to facilitate support by Remploy staff.” (page 6)

3. Page 8 procedures for recruitment. Is the term “case loader” known job title?

    Yes, this is the job title of the support workers within Remploy. “Support worker” has been included in brackets on p.8.

4. How would you handle potential contamination? Is there a possibility that TAU wait list group will also access the website? It seems to be publicly available resource and the consent form must describe the study procedures including the website.
Contamination is an issue that we will investigate. The online intervention used is a separate website and is password protected so those in the DAC would not be able to access it. However, a separate free access version of the package is available. This free website contains some of the same materials but has a less comprehensive selection of resources. Participants will not be made aware of the free version. However, we will ask about other support received at the follow-up points in order to identify any contamination. Further information regarding this has been added on p. 9.

5. “Electronic data files will anonymised”? Do mean coded? data that are anonymized cannot be linked to identifiers and therefore you will not be able to link the results to the individuals. Coded and de-identified data are stripped from identifiers however can be linked using an ID code to the individual participants. Please specify.

   Thank you – this has been clarified on p. 10.

6. Statistical analyses: how would you measure the adherence to the intervention?

   Adherence to the intervention will be measured as the number of online sessions completed (self-reported). Additionally, the number of support sessions the participants take part in will be recorded. Further information has been included on p. 13.

7. Page 13, please define these acronyms: “IA and DAC groups”

   Thank you. These acronyms are now defined on p. 7 where they are first mentioned.

8. Please provide analyses plans for each of the study objectives:

   Primary question:
   a. Is the study design feasible - How would you assess the feasibility?

      A section addressing how we will determine the feasibility of the study has been added to the discussion, p. 15.

   b. Is it possible to recruit from Remploy? What is the acceptable recruitment rate? Over what duration?
In the future pilot study, the recruitment period is estimated to be 6 months, with the aim of recruiting approximately 60 people in total. Therefore, an acceptable recruitment rate in the current feasibility study is 2-3 participants per week for 6 months (see p.15).

c. Randomise participants and collect data at baseline, 3 months and 6 months? What are acceptable feasibility parameters for each of these data points? 90% follow up rate?

The main outcomes relating to employment are collected by Remploy as part of their standard procedures so we expect to have close to 100% follow-up rate for these variables (no. of applications, employment status etc.). The remaining data concerning mood will be collected by the researcher. From our knowledge and experience of online trials, we believe a follow-up rate of ≥ 70% is acceptable for secondary outcomes (see p.15).

Secondary questions
a. To what extent will participants adhere to the intervention? How would you measure this? What is the acceptable adherence rate?

The adherence rate is defined as the number of online modules completed. An acceptable completion rate is ≥4 modules (see p.15). We have aligned this with comparable completion data collected in a recent face to face class-based delivery of the same course.

b. Is the Living Life package satisfactory/acceptable to participants? How would you measure this?

We will be using the Client Satisfaction Questionnaire to assess acceptability of the intervention. As outlined on p.13, scores range from 8-32, the median is therefore 20. For this study scores ≥ 20 will be considered as acceptable (see p.15).
9. Final point, the reporting of this protocol should follow the SPIRIT Initiative (Standard Protocol Items: Recommendations for Interventional Trials)

Thank you, we have worked through the SPIRIT checklist and ensured all required information is now included in the manuscript.

I look forward to hearing your final decision.

Yours sincerely

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