Reviewer’s report

Title: Developing Substance Use Programming for Person-Oriented Recovery and Treatment (SUPPORT): Protocol for a pilot randomized controlled trial

Version: 0 Date: 18 Oct 2017

Reviewer: M Hesse

Reviewer’s report:

The authors present their pilot study well.

One comment concerns the value-laden language of the text: While I may share many of their views, they do not necessarily do their text a service by using language that so strongly communicates their views (e.g., calling drug courts "paternalistic" or stating that a strength-based comprehensive recovery network makes long-term recovery more likely). I’d rather have the authors describe the existing system in more neutral terms, concerning the helpfulness of recovery-based approaches, simply describe the evidence, limited as it is, and expand on the underlying logic - this is, after all, a protocol for a feasibility study in a field that is notoriously difficult to research for legal reasons. Some mention of self-determination theory might be in order as well, especially as the authors make use of an instrument that (to my memory) is based on said theory.

Similarly, the authors describe improved outcomes in relation to the IN-ATR program, but do not make clear, if these improvements can reasonably be attributed to the program, or if they may just as well simply have coincided with the running of the program. If outcomes deteriorated after the closing of the program, it would provide some evidence to support the view that the improvements may be attributable to IN-ATR, but regardless, the point is that the evidence is definitely sufficiently weak to warrant spending an effort on research.

The description of the differences between the SUPPORT program and the IN-ATR program confused me a bit - are these differences important for my appreciation of the study, once the results of the pilot (and later, hopefully, of the full study) come out? If these differences are important to the protocol, it would be because they describe how the treatment has been adapted to a new and more narrow target group.

Minor issues:

Under the description of TAU, the authors state: "Clients in the TAU group will have few options than those in SUPPORT;" I suspect this should be "fewer"?

The abbreviation RC is used under "Data collection" but never written out, as far as I could see. Is it "Recovery coaches"?
A practical question: How will data be collected, if the client has poor reading skills?

In terms of recidivism, since the authors probably have access to the exact date of arrest, it is perhaps feasible to do a time-to-event model (such as Cox regression) rather than Fisher's test. The Cox regression model would be much more powerful, because it includes time in the model.

In terms of the mixed effects regressions, I assume that these will be conducted on the recovery-related outcomes. However, a more precise description of the analysis would be an improvement - e.g., will time be modelled as a categorical variable that interacts with randomization, or as a continuous variable that interacts with randomization? Will the baseline values be controlled for, or will the baseline assessment be included in the analysis? I would prefer if the authors write out a line of code from their statistics program to clarify this.

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