Dear editor and reviewers,

We thank the reviewers for their thoughtful comments about our manuscript; we believe that they have helped improve the manuscript. Below we outline our comments.

Reviewer #1:

Introduction

1) You give good reasons for why this is an important topic, and I agree. Specifics are short - therefore I was wondering if you could elaborate a little (or just restructure discussion) on GenerationPMTO, implementation, and why fidelity to the model is important.

We appreciate the comment and agree with the reviewer that the Background could benefit with some re-structure. We have edited this section considerably and it hopefully flows better.
Method

1) It is interesting how you measure effects of this course in many different ways. I have one question: Would it be important to include measures on students´ fidelity scores as they are conducting the groups? How did the work in the groups go? I'm guessing you have some information about those things that could be of relevance.

This is an excellent comment. We have videos of all sessions conducted by the students. To review them it would require funding from our team; we are currently looking for support to score the student’s videos for fidelity. We have added a comment to that effect in the discussion section: “Finally, research has shown that online training can have similar effect in terms of improving provider knowledge compared to in vivo training (57) but this research has not been extended to document improvement in the acquisition of skills. Our study is unique in indicating skills gains based on students’ self-reports in our focus groups. In future evaluations, we would suggest that students’ clinical sessions are rated using the FIMP rating system to verify the gain in skills. We predict that the training’s unique use of behavioral rehearsal and coaching would account for gains in clinical skills.”

Results

1) Integration of qualitative and quantitative results is interesting for readers and gives good information about feasibility. Again, how would information about parent groups’ outcome (e.g., attendance and homework) and students´ fidelity scores as conducting the groups make results even richer?

We agree that adding further information about parents’ outcomes would enhance the quality of this study. We are incorporating this in our next steps and will do a more systematic evaluation of the fidelity of the training effects on the fidelity of the therapists and consequence outcomes of parents and children. Because of the pilot nature of this study, we would not have enough sample at the families’ level to capture any significant changes in the parents’ and children’s outcomes. It is our experience, however, that fidelity at the therapist level does predict changes in parenting practices; consequently improving child outcomes. An interesting research question is how fidelity at the training level predicts fidelity at the therapists’ level – a research question that we are currently studying.

Discussion

1) Your discussion is well structured. My thoughts are: a) How will long term implementation fidelity and support be monitored for this group? b) Group treatment demands much from clinicians so I was wondering if that should be discussed and if a
short individual process (has been shown to be successful in Norway) would be a training option in this setting. A description about what this pilot will lead to in terms of next steps would be useful.

The long term of fidelity tracking in a university setting is constrained by the boundaries of the academic calendar and by when we start the training. This was a pilot study and most of our students have graduated. Some of them are in fact conducting GenerationPMTO work and continue to be involved with our team. Our second author is establishing the training in her university and the question about the sustainment in fidelity could be an interesting empirical question to pursue.

The discussion of training in group versus individual setting is an interesting one, particularly when considering training in the academic setting. We have added our argument for doing group training in the discussion:

“This project involved a group training, requiring a minimum of two therapists for a group of 6-8 parents. GenerationPMTO has also developed training for individual therapists. We opted to do a group training because our group aimed to capitalize on the social component that is important for minority population (59,60). GenerationPMTO training is tailored to the agencies where it will be delivered with a more cursory review of theory and research relative to applied skills development. In our case, the academic context called for a deeper dive into theory and research findings. Given the time allotted (2 semesters), focusing on group delivery seemed more feasible. It also was an excellent fit to the context of our collective work, which has been delivering group interventions. The knowledge acquired by students could certainly be applied at the individual level. To deliver individual level therapy, however, student would need more supervision on the part of the trainer which was not feasible for us to accommodate in this pilot project.”

Reviewer #2:

The investigators describe the use of a blended learning strategy to teach evidence-based practices among graduate students enrolled in psychology, social work and family therapy interventions. I have the following comments.

Generally, the paper though interesting and noteworthy is not well positioned as a pilot/feasibility study. The feasibility goals are not well described and it is unclear how the measures taken are used to inform feasibility. This is an important piece as it speaks to the suitability of the paper for this journal and demonstrates that the work has generated information to pave a way forward.
Thank you for the comment. We have edited the background and hopefully have enhanced the flow of the article.

Abstract:

Please add an objective to the abstract, at the end of the background or in the methods section. Something along the lines of "we conducted a before-after study to determine the feasibility of the blended learning approach, where feasibility was operationalised as knowledge acquisition, satisfaction, fidelity, acceptability and usability."

We appreciate the suggestion. We have added the sentence and edited the methods paragraph.

Also note in the methods section that focus groups were conducted, as this is reported in the results with no prior mention. The conclusions should include a comment on feasibility.

We thank the reviewer for the recommendations and have edited the abstract accordingly.

Main paper:

Background:

This statement "Considering than an estimated 4.19 million youths receive outpatient mental health services in the U.S. annually…" is quite abrupt with no prior mention that the paper relates to mental health in youth.

How did you make the assessment that 700,000 mental health professionals is not enough? For what region and what population does this number refer? A denominator is needed.

The background is a bit hard to follow and the problem is not presented clearly. It is unclear whether the main concern is poor mental health, lack of trained evidence based practitioners or concerns with current teaching strategies. It could be all of these, but the flow is lacking. I recommend starting by introducing the problem and how evidence-based practice is the solution, which is hard to implement because of sub-optimal approaches to training. Continue with how BL might be an innovative approach, but its feasibility is unknown, hence the current study.

We have edited the background. It is our hope that it is easier to read now.

Page 4 line 4: edit important to importance
Thank you. We have edited the sentence.

This sentence is incomplete: "Effective provider training from the active ingredients used in effective interventions, namely behavioral rehearsal (22) and ongoing support to achieve skills mastery (i.e., coaching)(24)"

We agree and apologize for the oversight. This sentence was actually deleted from the background.

On page 6, some description of what the investigators mean by fidelity is warranted.

We have added a couple of sentences outlining what we mean by fidelity:

“The GenerationPMTO team is committed to improving access to care while adhering to the most rigorous standards of fidelity. Competent delivery is assessed via video recordings and rated with a fidelity measurement tool, the Fidelity of Implementation Rating System (FIMP; (32)), which has shown to have predictive validity for pre/post changes in observed parenting practices and parent child outcomes (28,33–35).”

Write mean and standard deviation in full at first use.

We have edited the sentence “Students were 12 women and two men between 24 and 34 years of age (Mean = 28.27; Standard Deviation = 3.98) to write mean and standard deviation.

“"X and X authors" enter actual initials or delete.

Thank you, we have edited the “x” authors accordingly.

Feasibility is nowhere mentioned in in the measures section of this paper, other than as an interview question. It is unclear how the measures would be used to determine if blended learning is feasible.

Feasibility in this pilot was operationalized as knowledge acquisition, satisfaction, fidelity, acceptability and usability. We have edited the abstract and in the method section.
The first sentence of the discussion still does not appear to address feasibility. The authors should comment on how the measures taken above were used to determine if this intervention was feasible or not. What aspects of the approach will be kept and which will be improved?

We have edited the discussion considerably and hopefully it addresses the issues raised by the reviewer. In terms of aspects to keep, we have added the following paragraph:

“We have described early approaches to GenerationPMTO certification (53). As the intervention is being scaled out to a variety of settings, technology has been incorporated in the training. Specifically, practitioners are being trained to implement GenerationPMTO over the phone in British Columbia and most recently, an in person training with a blended online-video approach is taking place. We are closely following the fidelity to the model and examining outcomes as we adapt the trainings to increase the reach of our intervention.”

Again, we thank the reviewers for their great comments.