Reviewer Comments:

Reviewer #1: This is a very interesting and overall a well written article about a topic that is very timely. The push for more rapid translation of science into practice (i.e., taking evidence to scale) and the corresponding development of implementation science underscores the need for research such as described in this manuscript. The review of literature is appropriate and references current. Overall the methods section is complete with the exception of the actual procedure used to recruit the sample. Specifically, it is unclear how the author was able to obtain 100% agreement by parents and facilitator to participate in the study and have all sessions audiotaped. There is mention of this being a subsample of settings from a larger study. More information about the construction of the sample would be helpful in considering the results. The sample is small (and noted by the author) but the work significantly adds to this particular area of research at this time. Analyses, conclusions drawn and study limitations are appropriate.

Reviewer #2: Problem: The significance of the problem of implementation fidelity is most relevant to intervention research. The argument is made for the importance of reliability and validity testing of a fidelity measure for group-based preventive intervention.
Background Literature: Implementation fidelity is well defined and articulated, as are the two key dimensions to its assessment: adherence and competence. The background literature also provides a very nice, logically consistent review of research on implementation fidelity for parenting interventions. Study aims are clear.
Methods: The parent participants and group leader sample were clearly and concisely described. The description and format of the parenting intervention were also described with clarity. The variables and measures were concisely and clearly described; internal consistency estimates were all adequate. Coding of the fidelity checklist was described sufficiently. The statistical procedures were articulated with appropriate rationale, detail, and clarity. The figures and tables nicely supported the text.
Discussion: The discussion nicely integrated the findings with earlier literature and explored plausible explanations for the findings. The discussion raised some important issues for consideration. Study limitations were thoughtfully addressed.
Organization and Style: The article is very well written and readable.
Summary: This manuscript describes an important component of intervention research and dissemination, and certainly adds to the body of knowledge for implementation fidelity measurement and assessment.

Reviewer #3: Manuscript review: NRES-D-09-00138

As I thought about this manuscript, I realized that there is an inherent flaw in the development of a Fidelity Checklist to monitor the adherence and competence when

delivering interventions in community settings. It seems to me that the Fidelity Checklist might be better used in the actual conduct of an experiment or replication of an experiment rather than the application of the intervention by clinicians who are not researchers or research assistants. Here are the following reasons:

In an actual experimental study, the researcher would amalgamate a research team of individuals with similar characteristics to execute the intervention in order to maintain constancy of research conditions and knowing that the subjects respond differently to different people. In addition, for reliability purposes, the researcher would train the team, and supervise and monitor the research team frequently, building in a retraining program in order to apply the intervention as uniformly as possible across the members of the research team. In an actual experiment, the rigor of delivering the intervention as designed is primary; other than in pilot studies, the needs or concerns of the Ss are generally not considered.

In a clinical situation, the clinicians might be a diverse groups of individuals, as was reported in the ms. for the group leaders in this study. Other than knowing that the group leaders attended a training workshop (not described at all in the ms.), we have no idea about who selected these individuals and why these individuals were selected to deliver the parent training intervention in the CPP. They were clearly a diverse group in terms of educational levels (high school to graduate school), experience (novice to experts), and racial/ethnic backgrounds; their ages and gender were not reported. I would expect that given this diversity, skill levels varied and would influence competence in the delivery of the intervention. The specific content and underlying theory intervention were not described in the ms.—and should have been—so that the reader could assess the degree of skill that might be needed to deliver the intervention. In addition, given the diversity of characteristics of the group leaders, I would expect that Ss would respond differently to each, and that this would affect the outcome variables measured, such as participant satisfaction. Lastly, in a clinical setting, the needs of the clients would be primary (as the researchers suggested in the Discussion) and the rigor of delivering the intervention secondary. As suggested by the researchers, the group leaders might have flexed the protocol in response to what they believed the parents in the group needed most. I would hope that in any given clinical situation, the needs of the clients would come first.

All things considered, of what value is a Fidelity Checklist to monitor the adherence and competence of individuals who deliver empirically-supported interventions in community or clinical settings? The researchers might argue that given the fairly good results of the study, the Fidelity Checklist has value and is useful. However, at no time do the researchers consider the Hawthorne effect in the discussion of the performance of the group leaders and the statistical results of the study.
In summary of important issues emerging from the ms.:

The intervention was not well-described in the ms.; the specific content delivered and the specific underlying theory of the intervention are not mentioned.
The training program for the group leaders is not describe, e.g., how long, by whom, etc.
The relevant sample characteristics of the group leaders were inadequately described (e.g.

gender and age).
The sample characteristics of the Ss were inadequately described (e.g. ages not reported).
Correlations were performed among an N = 9, making them relatively useless (see table 2).
The ms. is excessively long; thus, the ms. does not adhere to guidelines for authors.
The Fidelity Checklist is of little value for use in community settings.

CHECKLIST FOR STYLE

TITLE PAGE -- Supply the professional title for each author.

ACKNOWLEDGEMENTS -- Supply the titles of those acknowledged.

TEXT -- Reduce # of pages (e.g., regular article is 14-16 pages).

REFERENCES --

Update REFERENCE LIST using APA 6th Ed. format. In particular,

After the 6th author's name and initial, use et al. to indicate the remaining authors of the article (e.g., Gross, Fogg... (2009).

Update IN-TEXT CITATIONS using APA 5th Ed. Format (The Publication Manual of the American Psychological Association, 5th Edition, pp. 208-209). In particular:

On first citation of a reference, list all authors if there are less than 6. For following citations, use first author followed by et al. (e.g., Dusenbury...2003).

In-text citations: use no more than 4 citations per point.

TABLES -- Format tables according to APA 5th Ed:

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