

Reviewer #3 -- Mickey Dougherty

Abstract: The discussion section of the abstract does not seem to be about the results or methods. Some revision is needed.

Late in the manuscript the term treatment fidelity is used. This term should be introduced and used earlier (background); it seems that intervention fidelity rather than intervention adherence is what is being studied.

Pg. 4. para 1, last sentence. Good statement of rationale.

Pg. 5. para 2 – 4. The information from Bandura does not seem to be threaded through the manuscript. It is not mentioned in reference to the intervention or in the Discussion. Either it should be used through the manuscript or it should be omitted, probably the former. The focus should be on the intervention studied, rather than on medication adherence literature.

Pg. 6, para 2. The purpose of the study should be sharpened and set off as aims/objectives that are used in the analysis. Better discrimination of the parent and current study are needed. A sub-section describing the parent study is one alternative.

Pg 7. para 1. The procedures include information on the intervention. The intervention should be presented in a sub-section. A table showing the content of each intervention session is needed to understand the information in the Results.

Pg 7. para 2. This seems to be about ways to assure intervention integrity. It may be in procedures, but should be developed as procedures to assure intervention integrity.

Pg 7. para 4. A rationale for the endpoints selected is needed. Could these be related to Bandura?

Pg 8. The procedures for analysis are welcome, but it would be helpful if they were related to aims/objectives.

Pg 11, para 1. The reader does not know what the intended content of each session was, but it is needed (see above).

Pg 12. Treatment fidelity is used for the first time here. This is a concept that should be developed in the background section, which will make the discussion of results flow more smoothly.

Pg 12-16. This section is too long and should be shortened (by approximately two pages). The Discussion section should interpret the results in light of the background literature.

Additionally, much of the information in the Discussion should have been included in other places in the manuscript, e.g., information on attempts for telephone contact (pg. 13 para 3 line 3 to pg.14 , para 2, line 2).

It is important to restrict the Discussion to the interpretation of results and to avoid going beyond them.

Throughout. The figures do not add enough and could/should be deleted. One issue for this manuscript is that the background literature is probably not well focused for the study reported.