

FM REVIEW 2016 5A COMMENTS

Comments to Editor: This article briefly reviews the history and current status of behavioral sciences/behavioral health over the past 50 years, as well as briefly pointing to future directions. It provides a comprehensive overview of major trends and developments, and uses innovative methods such as the wordle to illustrate some of its points. Because of the importance of this article, I asked 4 leading figures in behavioral science to review it. As you might imagine, most had extensive comments. I recommend that all these be forwarded to the authors, indicating that reviewer and editorial response was highly favorable and our intention is to publish the article; but that we would appreciate their consideration of the points made by each reviewer. I have also summarized what I consider to be the most salient issues in need of addressing from each reviewer.

Comments to Author: Thank you for this excellent, well-written, and well-conceptualized paper on the evolution of behavioral science in family medicine, which will make a significant contribution to the journal's special issue. Because of the importance of this topic, we asked 4 leading figures in behavioral science to review the article. As you might imagine, most had extensive comments! We recommend that you review these comments thoughtfully, and make an effort to address the most salient ones. I have summarized below what struck me as key points to consider.

Given the length limitations of the paper, it is likely not possible to adequately respond to all reviewer concerns. We would be able to accommodate expansion of the paper to 3500 words to address those you deem most important.

SUMMARY OF KEY REVIEWER COMMENTS

1) Reviewer 1 raises many essential contextual points. Specifically, he notes corporate, institutional, and social pressures mitigating against the goals and ideals of behavioral health; the importance of medical humanities in behavioral science teaching; the triadic relationships (and more in the inpatient setting) which have replaced the dyadic patient-doctor relationship of the past; the fact that in shifting to a systems model insights and skills have been gained, but more psychodynamic interpretations and awareness have been lost.

Each of these probably deserves a paper in its own right. In my mind, the most critical to acknowledge is the tension between behavioral health goals and the corporatization of health care. It might be possible to address the remaining points with a brief acknowledgment (for example, you do mention interprofessional teamwork while noting it is beyond the scope of the paper; you could allude to medical humanities as an intriguing complement to behavioral science teaching; and you could note valuable insights from past models).

2) Reviewer 2 would like more information on the methodology, both in terms of how the review of the literature (including search terms) was conducted and the construction and interpretation of the wordless. The reviewer feels the paper would also benefit from a clearer statement at the start

delineating scope of work. Similarly, this reviewer requests a rationale for the time frames chosen (why THOSE start and cut-off points? Did these represent significant turning points in the field?), and suggests that a timeline of important dates for “big ideas” in behavioral science development might give a more linear understanding of the evolution of the field. This reviewer also points out some minor discrepancies in terms of when certain events occurred in conjunction with other developments which should be reviewed for accuracy.

3) Reviewer 3 also suggests clearer organization. I agree that it is hard to find the “current phase” of behavioral science in the paper as written. Rather, the paper seems to be broken down into early, middle, and future, with additional A-heads of Expansion of the Common Ground and Integrated Behavioral Health. These appear to refer to “current phase,” but the lack of consistency in the formatting of headings is confusing. Another lack of consistency is that only the middle years have sub-heads. Is this because there was more going on during this phase?

This reviewer suggests a reorganization of the paper based on theme rather than temporality. However, I think the same effect could be accomplished if you were to note under “scope of paper” that you plan to discuss various thematic developments within each of the periods identified. Retaining the early-middle-current structure makes all the more important presenting a rationale for why these blocs of time reflect these phases.

In addition, this reviewer recommends a frequency table rather than the wordless.

Personally, I like the visual effect the wordless offer, but please consider whether this suggestion would provide more information to readers.

Finally, reviewer 3 notes the importance of mentioning research as a component of behavioral science. The scholarly contributions of behavioral science faculty are plentiful, and if possible the historical and ongoing research efforts of behavioral scientists, often in collaboration with physician faculty, should be noted in the text.

4) Reviewer 4 notes some of the problems with the early core competencies. If you agree with this point, it could be referenced briefly in a footnote.

More importantly, this reviewer comments on the relative paucity of reflection in the piece. While agreeing that limited space constricts opportunities for such reflection, it might be possible in the final section on “Future” to reflect a bit more broadly on what has been gained over the past 50 years; what if anything has been lost; what are the constraints, if any, on fulfilling an ideal vision of integrated healthcare; and how the earlier visions of behavioral science both point to and had to adapt to what likely lies ahead.

Again, we understand that not all these issues can be dealt with in what is necessarily a relatively brief overview. What we ask is that you wrestle with the suggestions, and consider where some of the most critical points might be integrated or alluded to in some form within the current paper.

Thank you for your willingness to undertake a revision. I know we are all united in wanting to make this portrait of behavioral science past, present, and future as accurate and comprehensive as possible.

COMMENTS TO EDITOR II: The authors have done an excellent job of addressing the most salient of the 4 reviewers' concerns. My conclusion is that the article has a much better balance than it did between the big picture overview of behavioral science in the last 50 years and some of its most important specific developments. Although I personally was intrigued by the wordless, the reviewers found them confusing, and they have been replaced by a thematic word frequency figure. At one reviewer's request, the authors have also added a very helpful timeline of key events. The overall structure of the paper is much more consistent and easier to follow as well.

My main criticism is that, in the first 3 major sections (early, middle, recent), there is not enough of a comparative approach, with the result that these read a bit like: this happened, then this happened, then this happened. I'd like to see them make it a bit easier for readers to grasp which developments persisted, which were modified or transformed, and which disappeared and were replaced by something new.

There are also still a few organizational issues that need to be addressed; as well as a few sentences whose points are not completely clear or that are not well-integrated into the paragraphs where they are situated.

I recommend that the authors do one further minor revision to clean up these small areas.

COMMENTS TO AUTHOR II: Thank you very much for this revision. The structural spine of the paper is much stronger, which makes the paper easier to follow. The phases of early, middle, recent, and future are now easily identifiable. The concluding paragraphs in particular create a strong sense of just how important behavioral science (and behavioral scientists) have been to the evolution of family medicine over the last 50 years. These were a vital and inspiring addition that will help readers grasp just how unique this collaboration has been.

You have done an excellent job of sifting and sorting among the many often passionate suggestions for revision from 4 different individuals. I concur with the priorities you've set and the decisions you've made. Although I was personally sad to see the wordless go, the thematic word frequency figure is actually probably more revealing. Thank you also for adding the timeline of key events, this provides a very helpful visual summary of a half century of history.

The only overall critique I have is the suggestion that you revisit the 3 phases through a more compare-and-contrast lens. In other words, I think it would help readers if, at each phase, what key aspects remained the same, evolved, or faded away and were replaced by something entirely new. Right now these sections read a bit like: this happened, then this happened, then this happened. The comparative idea is there, but it requires some work of flipping back and forth to bring it fully into focus.

I have also taken the liberty of doing some light editing for readability and clarity. Do not feel compelled to accept these suggestions; but please look at these sentences and word choices carefully to see if they can be improved.

Finally, there are a few sections and sentences where I felt either did not conform to the structural formatting of the paper (which overall is much improved) or which in my read did not clearly convey your intent; or did not seem to fit with the overall point of the section in which they were placed. Please revisit these as well and see if you can clarify.

For this special issue of the journal, I know we all share the desire to make the article as clear and accessible as possible, so that readers can easily grasp the significance of the collaboration between behavioral scientists and family physicians over the years. Thank you for your continued attention to make this possible.

COMMENTS TO EDITOR III: In this second revision, the authors have significantly improved this article in several ways: 1) There is greater overall coherence to the article, especially improved by sub-heads that more closely match content and consistent formatting throughout the paper 2) There is more comparison and contrast between the 3 identified phases of behavioral science, which makes it easier for the reader to identify consistent values and evolving priorities 3) Tangential points have been eliminated so that the "flow" is better.

I have corrected a handful of typographical errors in the attached ms, which I do not think require authorial approval. One point is that I could not find where Figure 3 should occur in the ms, nor where it is specifically referenced. I have brought this to the attention of the authors. Otherwise, I think this article is ready to go and recommend accepting it.

COMMENTS TO AUTHOR III: Thank you so much for this meticulous and thoughtful revision. It is a Herculean task to summarize - and more importantly identify key trends and developments - in 50 years of history and you have done a superb job. These revisions add small but essential final touches that will make this paper a landmark in the field. There is great overall coherence now that sub-heads consistently match content and formatting is consistent throughout. The comparison and contrast between the 3 identified phases of behavioral science make it easier for the reader to identify enduring values and evolving priorities. A few tangential points have been eliminated to enhance the through-line of the article. The Future direction is a highlight of the article, embodying a satisfying and exciting vision going forward that preserves the essential principles and values of the unique collaboration of family physicians and behavioral scientists while opening new doors of possibility.

One small point is that I could not find in the article where you want Figure 3 to be placed and I could not find it specifically referenced. This is an extremely helpful Figure so we want to be sure to include it.

Thank you to your entire team for undertaking this daunting endeavor. It will make an essential contribution to this special issue of the journal.

COMMENTS TO EDITOR: Figure 3 is now referenced in the text and its placement cited in the ms. The authors have done an excellent job with a challenging assignment. I recommend approval of this article.

COMMENTS TO AUTHOR: Thank you for this final small correction placing Figure 3 in the text. I think we can all agree this article provides a comprehensive and insightful overview, describing enduring values, shifting trends, and evolving thinking in the field of behavioral science/behavioral health. I have no doubt that your portrayal of the field's history and future will long be used as a touchstone and reference point by scholars interested in the unique relationship between behavioral scientists and family physicians.