PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	"When it goes back to my normal I suppose": a qualitative study using online focus groups to explore perceptions of 'control' amongst people with eczema and parents of children with eczema in the UK
AUTHORS	Howells, Laura; Chalmers, Joanne; Cowdell, Fiona; Ratib, Sonia; Santer, Miriam; Thomas, Kim

VERSION 1 – REVIEW

REVIEWER	Carlo Gelmetti University of Milan, Unit of Pediatric Dermatology, Ospedale Maggiore Policlinico, Milan (Italy)
REVIEW RETURNED	05-Jun-2017

GENERAL COMMENTS	It is sure that this kind of investigation required a lot of work. It is not sure that the data obtained by the authors justify the effort. In other words. This technique can be considered "new" but the results are not new for those people involved in the management of Atopic Dermatitis as acknowledged by the authors ("The burden of uncontrolled eczema largely reflects findings from previous studies on patient and parent experiences of eczema"). As the investigator realized, any word (e.g., "control"? "cure"? "chronic"?) has a different meaning in different people; moreover, all the efforts directed to transform emotions into numbers are commendable but insufficient. The online focus groups, besides obvious advantages (I.e., reduced barriers of geographical location, etc.) have big limitations (e.g., voice intonation) that can be pivotal, not only in White British. In summary, even though the "hardware" is globally accessible (?!), the "software" (the methodology) will hardly permit to identify differences across countries.

REVIEWER	Enza D'Auria Department of Pediatrics Ospedale dei Bambini Vittore Buzzi University of Milan Italy
REVIEW RETURNED	06-Jun-2017

GENERAL COMMENTS	The objective of the study is original and pointed out to an important issue, that is the patients' perspective on eczema. However, there are main methodological concerns, as following: - The main concern regards the main outcome of the study, that is, as the same authors declare, long-term control of eczema, however it is not clear what it exactly means. In other words, in the section Patient and public involvement the authors state that they decided to use “long term management” to describe “long term control” initially, but the language participants used was subsequently adopted, but it not clear what is exactly. It is puzzling to observe that while participants never used “long term control” in the discussion but simply “control”, in the section Strenght and limitation the authors state that is “the first qualitative study to consider “long-term of eczema from a patient and parent perspectives”. It seems quite contradictory. The authors should be better clarify. In the section “main finding” the authors state that participants frequently used the term “flare”/flare-up instead of “long-term control”, but again the same participants would measure “long-term control” (again this term was used) as repeated measures of various factors such as quality of life, itch or mood that is much more than simply the concept of “flares”. -Participants state that they preferred self-reported measures to doctor measures . To this purpose, it is important to address that there are just some patients-oriented measures, that is PO-SCORAD and POEM. To this purpose, the authors should mentioned them and briefly highlight in the discussion section (see and cite : Schmitt J, Langan S, Deckert S, Svensson A, von Kobyletzki L, Thomas K, Spuls P (2013) Assessment of clinical signs of atopic dermatitis: a systematic review and recommendation. J Allergy Clin Immunol 132 (6):1337-1347 and Stalder JF, Barbarot S, Wollenberg A, Holm EA, De Raeve L, Seidenari S, Oranje A, Deleuran M, Cambazard F, Svensson A, Simon D, Benfeldt E, Reunala T, Mazereeuv J, Boralevi F, Kunz B, Misery L, Mortz CG, Darsow U, Gelmetti C, Diepgen T, Ring J, Moehrenschlager M, Gieler U, Taieb A (2011) Patient-Oriented SCORAD (PO-SCORAD): a new self-assessment scale in atopic dermatitis validated in Europe. Allergy 66 (8):1114-1121). Moreover, in another study PO-SCORAD resulted better correlated to quality of life than SCORAD index (see and cite Boccardi D, D'Auria E, Turati F, Di Vito M, Sortino S, Riva E, Cerri A. Disease severity and quality of life in children with atopic dermatitis. The role of PO-SCORAD in clinical practice). -Being a qualitative and novelty methods (on-line group) it would have been very important to have a feedback from the participants to the study. Unfortunately, only 4 participants provided their feedback on the results, that much limit the validity of the conclusions -On the basis of the study findings, considering the main limitations (mainly the sample size and the few feedbacks reports) I am concerned on the possibility to drawn firm conclusions and

	recommendations as these showed in the box 1. I believe the current study can give suggestions on the real possibility to use this novel methods in the clinical practice to obtain more data on the feasibility and efficacy Minor issues: - The central part of the text is quite difficult to follow and too long: it should be more concise , giving the essential messages and not reporting all the single experiences - The topic guide was developed with input from only two parents of children with eczema and two adults with eczema: this is a further limitation of the study, joining to the fact that the disease diagnosis was patients based and not doctor-based- (adults >16 yrs with self-reported eczema and parents of children with parent-reported eczema)

REVIEWER	Dr Amy Mitchell Parenting and Family Support Centre, School of Psychology, The University of Queensland, Australia The Parenting and Family Support Centre is partly funded by royalties stemming from published resources of the Triple P – Positive Parenting Program, which is developed and owned by The University of Queensland (UQ). Royalties are also distributed to the Faculty of Health and Behavioural Sciences at UQ and contributory authors of published Triple P resources. Triple P International (TPI) Pty Ltd is a private company licensed by Uniquest Pty Ltd on behalf of UQ, to publish and disseminate Triple P worldwide. The author of this review has no share or ownership of TPI. Dr Mitchell is an employee at UQ.
REVIEW RETURNED	10-Jun-2017

GENERAL COMMENTS	The paper is extremely well-written and easy to follow, provides a clear background and rationale for the study, and concludes with a logical discussion that places the study's results in context. Minor revisions are suggested below, in the hope that they may further strengthen this important work. 1. Page 2 line 45 – suggest change "their parents" to "parents of children with eczema" 2. Page 4 line 3 – suggest reword to read "Other ways of measuring long-term control focused on assessment of use of eczema medications…" 3. Page 4 line 6 – to avoid confusion with the present study, reword to read "The review highlighted that…" 4. Page 5 – Participant Selection – it would be helpful to include a few sentences describing how participants were initially screened (e.g. online demographics survey?) and how eczema severity was assessed. 5. The authors refer to "secondary care" – it may be helpful to give a very brief definition or example of secondary care at the first use, to clarify the term for unfamiliar readers. 6. Page 21, line 40 – suggest reword to read "Dissatisfaction with treatment that did not lead to controlled eczema…."

	7. Page 25, line 29 - suggest change “their parents” to “parents of children with eczema”

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1
Carlo Gelmetti
University of Milan, Unit of Pediatric Dermatology, Ospedale Maggiore Policlinico, Milan (Italy)
Please state any competing interests or state ‘None declared’: None
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Thank you for taking the time to review our manuscript and providing us with insight that we hope has improved our manuscript.

***Reviewer comment 1
It is sure that this kind of investigation required a lot of work. It is not sure that the data obtained by the authors justify the effort. In other words. This technique can be considered “new” but the results are not new for those people involved in the management of Atopic Dermatitis as acknowledged by the authors (“The burden of uncontrolled eczema largely reflects findings from previous studies on patient and parent experiences of eczema”). As the investigator realized, any word (e.g., “control”? “cure”? “chronic”?) has a different meaning in different people; moreover, all the efforts directed to transform emotions into numbers are commendable but insufficient.

^^^Author’s response to comment 1
Whilst we agree with the reviewer that lots of the aspects of “long-term control” of eczema that was discussed by the participants in the study can be seen as not all that “new” for people who are involved in managing the disease, this is the first formal investigation of this subject from a patient and parent perspective. This work can be seen as important as at an international consensus meeting to develop a core outcome set in eczema (http://www.homeforeczema.org /), it was acknowledged that although it was voted that “long term control” was an important issue, there was not consensus on what was really meant by this and an international survey suggested this study was an important net step to understanding the concept from a patient perspective. We have made changes to the introduction and discussion to help frame the rationale for this study within this context more clearly.

~~~Changes made to manuscript in response to comment 1
Page 3
Introduction
“There is currently no consensus on what is meant by “long-term control” of eczema, but it is recognised that it is important to consider the patient perspective in outcome measures in eczema (4). Therefore, this study explores the patient perspective of “long-term control” and adopts the language used by patients to discuss this concept, which were most commonly “control” and “flares”.”

Page 3-4
Introduction
“Previous qualitative research has explored the impact of eczema, information needs, attitudes to self-care and views on treatment of parents of children with eczema (7-12). However, very little is known about what people understand by the widely used term eczema ‘control’, hence a post meeting questionnaire of the HOME IV delegates indicated that qualitative work to establish what long-term control means to patients was set as an important research priority for the long-term control working
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group (13).”

Page 18 (marked version), Page 17 (clean version)
Discussion, main findings
“While some of these experiences have been reported elsewhere, this study specifically helps us understand how these experiences relate to the concept of “control” (7-12).”

***Reviewer comment 2
The online focus groups, besides obvious advantages (I.e., reduced barriers of geographical location, etc.) have big limitations (e.g., voice intonation) that can be pivotal, not only in White British. In summary, even though the “hardware” is globally accessible (?!), the “software” (the methodology) will hardly permit to identify differences across countries.

^^^Author’s response to comment 2
We agree with the reviewer that the methodology has limitations that include no voice intonation and we have included discussions of this in the strengths and limitations section of the discussion. However, this is why we have given a lot of attention to the feasibility and acceptability of the method to inform the use of this method in subsequent countries. Furthermore, we do not plan on using this methodology with different participants from different countries all in one focus group, rather that these focus groups could be conducted “separately” in the different countries to ensure that the evidence base informing HOME V discussions is an international perspective.

~~~Changes made to manuscript in response to comment 2
Page 21 (marked version), Page 20 (clean version)
Discussion, section on implications for research and clinical practice
“This study is the first stage of an international qualitative research project that will aim to understand long-term control of eczema for patients and parents in different countries to ensure that what is important to patients about the long-term control of eczema is an international perspective.”

Reviewer: 2
Enza D'Auria
Department of Pediatrics. Ospedale dei Bambini Vittore Buzzi. University of Milan, Italy
Please state any competing interests or state ‘None declared’: none declared
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Thank you for taking the time to review our manuscript and providing us with insight that we hope has improved our manuscript.

***Reviewer comment 1
The objective of the study is original and pointed out to an important issue, that is the patients' perspective on eczema. However, there are main methodological concerns, as following:
- The main concern regards the main outcome of the study, that is, as the same authors declare, long-term control of eczema, however it is not clear what it exactly means. In other words, in the section Patient and public involvement the authors state that they decided to use “long term management” to describe “long term control” initially, but the language participants used was subsequently adopted, but it not clear what is exactly. It is puzzling to observe that while participants never used “long term control” in the discussion but simply “control”, in the section Strenght and limitation the authors state that is “the first qualitative study to consider “long-term of eczema from a patient and parent perspectives”. It seems quite contradictory. The authors should be better clarify.
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^^^Author's response to comment 1
The reviewer is right to point out that the language used can be complicated. We are attempting to understand "long-term control" from a patient perspective. However, when discussing this concept, patients often referred to "flares" and "control". Therefore, we still aim to use these findings to inform our understanding of "long-term control", but this was not used in everyday language.

We hope the changes made to try to delineate this distinction make the study easier to follow.

~~~Changes made to manuscript in response to comment 1
Page 3
Introduction
"There is currently no consensus on what is meant by "long-term control" of eczema, but it is recognised that it is important to consider the patient perspective in outcome measures in eczema (4). Therefore, this study explores the patient perspective of "long-term control" and adopts the language used by patients to discuss this concept, which were most commonly "control" and "flares".

Page 6
Method, Public and patient involvement
A ranking activity posted via Twitter (n=75) and input from the Centre of Evidence Based Dermatology patient panel helped us decide what language to use to discuss "long-term control" in advertisements and information about the study resulted in the decision to use "long-term management" to describe "long-term control" initially, but the language participants used was subsequently adopted.

Page 18 (marked version), Page 17 (clean version)
Discussion
"The language used to discuss "long-term control" can vary. "Long-term control" is a combination of two concepts; the timeframe and disease activity. There has been international consensus that long-term control should be measured in a clinical trial of eczema treatment that is three months or longer in duration. We did not discuss the trial context with participants in these focus groups as we were interested in their individual and everyday experiences. Participants spontaneously used the term "control" during discussions. Participants also frequently used the terms "flare"/"flare-up", but what experiences constituted a flare was highly variable. Some people had "chronic" flares lasting for months, whereas some lasted hours or days."

***Reviewer comment 2
In the section "main finding" the authors state that participants frequently used the term "flare"/flare-up instead of "long-term control", but again the same participants would measure "long-term control" (again this term was used) as repeated measures of various factors such as quality of life, itch or mood that is much more than simply the concept of "flares".

^^^Author's response to comment 2
We agree with the reviewer that this is slightly misleading and have changed the language to "control" to reflect the phrasing used by participants.

~~~Changes made to manuscript in response to comment
Page 18 (marked version), Page 17 (clean version)
Discussion
"Participants talked about how they would measure control as repeated measures of various factors such as quality of life, itch or mood."

***Reviewer comment 3

-Participants state that they preferred self-reported measures to doctor measures . To this purpose, it is important to address that there are just some patients-oriented measures, that is PO-SCORAD and POEM. To this purpose, the authors should mentioned them and briefly highlight in the discussion section (see and cite :
Schmitt J, Langan S, Deckert S, Svensson A, von Kobyletzki L, Thomas K, Spuls P (2013) Assessment of clinical signs of atopic dermatitis: a systematic review and recommendation. J Allergy Clin Immunol 132 (6):1337-1347 and Stalder JF, Barbarot S, Wollenberg A, Holm EA, De Raeve L, Seidenari S, Oranje A, Deleuran M, Cambazard F, Svensson A, Simon D, Benfeldt E, Reunala T, Mazereeuv J, Boralevi F, Kunz B, Misery L, Mortz CG, Darsow U, Gelmetti C, Diepgen T, Ring J, Moehrenschlager M, Gieler U, Taieb A (2011) Patient-Oriented SCORAD (PO-SCORAD): a new self-assessment scale in atopic dermatitis validated in Europe. Allergy 66 (8):1114-1121). Moreover, in another study PO-SCORAD resulted better correlated to quality of life than SCORAD index (see and cite Boccardi D, D'Auria E, Turati F, Di Vito M, Sortino S, Riva E, Cerri A. Disease severity and quality of life in children with atopic dermatitis. The role of PO-SCORAD in clinical practice).

^^^Author’s response to comment 3

We support the reviewer’s opinion that it would be beneficial to cite patient-reported outcome measures that have been developed. Therefore, we have included these in accordance with the reviewer’s wishes.

~~~Changes made to manuscript in response to comment 3

Page 18-19 (marked version), Page 17- 18 (clean version)

Discussion

“There are some patient-reported outcome measures that have been previously developed for use in eczema clinical practice and research, but they may not be sufficient to capture all aspects of eczema control from a patient perspective (23-26).”

***Reviewer comment 4

-Being a qualitative and novelty methods (on-line group) it would have been very important to have a feedback from the participants to the study. Unfortunately, only 4 participants provided their feedback on the results, that much limit the validity of the conclusions

^^^Author’s response to comment 4

We too were disappointed with the low response rate to the results. This is a limitation of the study and have now included it in the strengths and limitations section. We made substantial attempts to contact participants to ask them for feedback.

Hopefully, like us, the reviewer can be reassured that out of those that did provide feedback, all were satisfied that the findings were accurate. Furthermore, regarding the novelty of the methodology, feedback on this aspect was given by 11 participants.

~~~Changes made to manuscript in response to comment 4

Page 21 (marked version), Page 20 (clean version)

Discussion

“11 participants provided feedback on the methodology, however only 4 provided feedback on results. However, the feedback suggested they found the results to be an accurate representation of the discussion.”

***Reviewer comment 5
-On the basis of the study findings, considering the main limitations (mainly the sample size and the few feedbacks reports) I am concerned on the possibility to drawn firm conclusions and recommendations as these showed in the box 1. I believe the current study can give suggestions on the real possibility to use this novel methods in the clinical practice to obtain more data on the feasibility and efficacy

^^^Author's response to comment 5
With all due respect to the reviewer, we feel that the sample size was quite large for a qualitative study of this nature and we felt data saturation of themes was reached. We therefore feel able to make some conclusions about the experiences of what is important about long-term control from a patient and parent perspective.
We agree that these conclusions may be tentative and have therefore softened the language used as they were not intended to be firm conclusions, but as considerations we felt it would be important to bring into the discussions.

We agree with the reviewer that further information on the feasibility and efficacy of this methodology would be interesting.

~~~Changes made to manuscript in response to comment 5
Page 30 (marked version), Page 29 (clean version)
Box 1
Seven key findings that could be used to inform the measurement of long-term control
From these findings, we recommend the following seven topics may want to be taken into consideration when deciding how to measure long-term control of eczema:

***Reviewer comment 6
- The central part of the text is quite difficult to follow and too long: it should be more concise , giving the essential messages and not reporting all the single experiences

^^^Author's response to comment 6
We have attempted to cut this down to make it easier to follow. We are sure the reviewer is aware though, that in the reporting of qualitative research, individual quotes are typically reported to highlight the point being made. For example, the reporting guidelines (COREQ) ask "Is there a description of diverse cases or discussion of minor themes?" as a quality criteria.
We wanted to report on the main themes that were very common across individuals, but we also felt it was important to highlight how sometimes there are individuals whose experiences deviate from experiences of the majority.

~~~Changes made to manuscript in response to comment 6
Words cut out have been indicated in the marked manuscript.

***Reviewer comment 7
- The topic guide was developed with input from only two parents of children with eczema and two adults with eczema: this is a further limitation of the study, joining to the fact that the disease diagnosis was patients based and not doctor-based- (adults >16 yrs with self-reported eczema and parents of children with parent-reported eczema)

^^^Author's response to comment 7

We agree that public and patient involvement in developing the topic guide is an important aspect. We consider four participants being involved in the development of this topic guide as a strength of the study. In addition, we also had larger input for decisions around what language to use via a twitter poll and input from our patient panel. The number filling out the poll has been added to make this large public and patient involvement clearer.

We agree with the reviewer that we should comment on the self-report of the eczema diagnosis and severity of disease and have added this as a limitation in the manuscript. However, eczema is an extremely common diagnosis and we do not feel this will introduce bias in this context. All responses fitted with participants having eczema/atopic dermatitis (i.e. treatments discussed, symptoms experienced) and we feel it is unlikely people who did not have eczema would have taken part.

~~~Changes made to manuscript in response to comment 7

Page 6

Methods, Public and patient involvement

A ranking activity posted via Twitter (n=75) and input from the Centre of Evidence Based Dermatology patient panel helped us decide what language to use to discuss "long-term control" in advertisements and information about the study resulted in the decision to use "long-term management" to describe "long-term control" initially, but the language participants used was subsequently adopted.

Page 20 (marked version), Page 19 (clean version)

Discussion, Strengths and limitations section:

"Online recruitment meant that we relied on self-report of eczema diagnosis and eczema disease severity."

Reviewer: 3

Dr Amy Mitchell

Parenting and Family Support Centre, School of Psychology, The University of Queensland, Australia

Please state any competing interests or state 'None declared':

The Parenting and Family Support Centre is partly funded by royalties stemming from published resources of the Triple P – Positive Parenting Program, which is developed and owned by The University of Queensland (UQ). Royalties are also distributed to the Faculty of Health and Behavioural Sciences at UQ and contributory authors of published Triple P resources. Triple P International (TPI) Pty Ltd is a private company licensed by Uniquest Pty Ltd on behalf of UQ, to publish and disseminate Triple P worldwide. The author of this review has no share or ownership of TPI. Dr Mitchell is an employee at UQ.

***Reviewer comment (summary)

Thank-you for the opportunity to review this paper, which reports on a qualitative study exploring perceptions of "control" amongst adults with eczema, and parents of children with eczema. The study addresses a topic of great significance to researchers and clinicians seeking to assess eczema control in a clinical or research context, and will contribute to the development of a set of core outcomes for use in future clinical research with this population.

The paper is extremely well-written and easy to follow, provides a clear background and rationale for the study, and concludes with a logical discussion that places the study's results in context.
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Minor revisions are suggested below, in the hope that they may further strengthen this important work.

^^^Author’s response to comment (summary)
Thank you for these comments. We are pleased that you recognise the importance of the study and hope that the changes we have made in light of your comments strengthen our manuscript.

***Reviewer comment 1
Page 2 line 45 – suggest change “their parents” to “parents of children with eczema”

^^^Author’s response to comment 1
We agree this is clearer and have changed this in the manuscript.

~~~Changes made to manuscript in response to comment 1
Page 2
Strengths and limitations of this study
“We used qualitative research methods to incorporate perspectives of people with eczema and parents of children with eczema into discussions informing the development of a core outcome set.”

***Reviewer comment 2
Page 4 line 3 – suggest reword to read “Other ways of measuring long-term control focused on assessment of use of eczema medications…”

^^^Author’s response to comment 2
Thank you for this suggestion. This has been changed in the manuscript.

~~~Changes made to manuscript in response to comment 2
Page 3
Introduction
“Other ways of measuring long-term control focused on assessment of use of eczema medications (27% of RCTs) and flares (25% of RCTs) (4).”

***Reviewer comment 3
Page 4 line 6 – to avoid confusion with the present study, reword to read “The review highlighted that…”

^^^Author’s response to comment 3
This has been changed in manuscript.

~~~Changes made to manuscript in response to comment 3
Page 3
Introduction
“The review highlighted that measuring “flares” may not be the only method for capturing the long-term control of eczema.”

***Reviewer comment 4
Page 5 – Participant Selection – it would be helpful to include a few sentences describing how participants were initially screened (e.g. online demographics survey?) and how eczema severity was assessed.
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^^^Author’s response to comment 4
We agree with the reviewer that this information is important and have included it within the methods section.

~~~Changes made to manuscript in response to comment 4
Page 4
Methods, participant selection section
“All those who expressed an interest in the study were sent an online survey. Based on the survey responses, purposive sampling was used to maximise variation in participants relating to characteristics of self-reported eczema severity, ethnicity, age, sex, previous participation in clinical trials, disease duration and previous experience of healthcare services (14).”

***Reviewer comment 5
The authors refer to “secondary care” – it may be helpful to give a very brief definition or example of secondary care at the first use, to clarify the term for unfamiliar readers.

^^^Author’s response to comment 5
This is an important suggestion to ensure the terminology is understood globally and has been added in the manuscript. Thank you.

~~~Changes made to manuscript in response to comment 5
Page 7
Results section
“The majority of participants had been seen in secondary care (had been referred to a hospital specialist) for their eczema (n = 34/36, 94%)”

***Reviewer comment 6
Page 21, line 40 – suggest reword to read “Dissatisfaction with treatment that did not lead to controlled eczema….”

^^^Author’s response to comment 6
We agree with this change had this has now been changed in the manuscript.

~~~Changes made to manuscript in response to comment 6
Page 18 (marked version), Page 17 (clean version)
Discussion
“Dissatisfaction with treatment that did not lead to controlled eczema once the treatment was stopped mirrors interviews with parents that found dissatisfaction with the trial and error approach to eczema treatment in primary care (11).”

***Reviewer comment 7
Page 25, line 29 - suggest change “their parents” to “parents of children with eczema”

^^^Author’s response to comment 7
We agree this is clearer and this has been changed in the manuscript.

~~~Changes made to manuscript in response to comment 7
Page 22 (marked version), Page 21 (clean version)
Conclusions
“Eczema control” can have a variety of meanings for people with eczema and parents of children with eczema, which has important implications for how long-term control may be measured.

VERSION 2 – REVIEW

REVIEWER	Enza D'Auria Department of pediatrics Ospedale dei Bambini Vittore Buzzi University of Milan Milan, Italy
REVIEW RETURNED	31-Jul-2017

GENERAL COMMENTS	The revised manuscript has much improved, according the reviewers' suggestions. In the revised paper, there are two section addressing strenghts and limitations, that result redundant. i suggest the authors to put just one section about study strenghts and limitations, before the conclusions. Furthermore, I suggest to make this section point by point, making a summary of the most important points of both the section included in the actual version of the manuscript

REVIEWER	Dr Amy Mitchell Parenting and Family Support Centre, School of Psychology, The University of Queensland, Australia. The Parenting and Family Support Centre is partly funded by royalties stemming from published resources of the Triple P – Positive Parenting Program, which is developed and owned by The University of Queensland (UQ). Royalties are also distributed to the Faculty of Health and Behavioural Sciences at UQ and contributory authors of published Triple P resources. Triple P International (TPI) Pty Ltd is a private company licensed by Uniquest Pty Ltd on behalf of UQ, to publish and disseminate Triple P worldwide. The author of this review has no share or ownership of TPI. Dr Mitchell is an employee at UQ.
REVIEW RETURNED	10-Jul-2017

GENERAL COMMENTS	The authors should be congratulated on making careful and considered revisions to their manuscript in response to feedback from the reviewers. I am happy to recommend that the paper be accepted for publication in its current form and without further revision. Best wishes for your ongoing work in this area.