Reviewer's report

Title: Triple P - Positive Parenting Program for parents of preterm born preschoolers: A randomized, clinical trial

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Reviewer: Stephen Scott

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Trial of primary care triple P for young children who were born prematurely or asphyxiated

Introduction

This study reports a carefully conducted a randomised controlled trial of primary care triple P with children who on average were just under four years of age. They had not had a good start in life, being either premature or asphyxiated, but they were not severely affected insofar as in all cases their IQ was above 70. Behaviour problems are a major detract all of quality of life in such children, so it is very important to identify what is, and what is not effective in ameliorating these. The trial was well carried out, and it is honest as far as it was open rather than single-blind, but because the measures are parent completed the should not be subject to investigator bias.

The trial is important as the have been very few trials on developmentally compromised children so this is an important addition to the literature.

Minor essential revisions

1. It would benefit from explicit reporting of CONSORT criteria, they are nearly all met but a few are missing and they should comply with this.

2. The training and skills of the interventionists needs to be better reported, we are told they are licensed in triple P, does that mean they passed the exit examination after initial training, could they state how frequently they had supervision and whether they videotaped sessions? This is important as there is an increasing literature showing that successful outcomes are not just an issue of fidelity to the manual, but the skill of the practitioner also is important.

3. The discussion section needs to consider the explanations for the lack of effect more systematically. The authors are right that it fits in with the nonrandomised trials suggesting that primary care triple P is insufficient to bring about change. However, there are a number of possibilities.

a. The first and most obvious one is that the triple P programme is not of the highest quality, thus a recent trial where both triple P and incredible years were used showed the former did not work whereas the latter did.

b. Secondly, do they believe that it was due to the characteristics of the children
that were less responsive to change in their environment than children who had not had burst distress or been premature? This seems an unlikely explanation, since parenting did not change.

c. Thirdly, is for sessions enough for bringing about substantial parenting change? Some would argue that you need 10 or 12 sessions to achieve this.

Discretionary revisions

The findings are negative and are somewhat over optimistically reported in terms of triple P being as good as a waiting-list, it would be more honest to say that the intervention had no effect.

Summary

If these comments could be taken on board I think this is a strong paper and is a significant addition to the literature, particularly to time when parenting programmes are being uncritically rolled out as something of a panacea for many of society’s ills. Therefore publishing trials which have a null findings is an important part of the scientific process.

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that have no competing interests