Author's response to reviews

Title: Developing Community-based Preventive Interventions in Hong Kong: A Description of the First Phase of the Family Project

Authors:

Sunita M Stewart (sunita.stewart@utsouthwestern.edu)
Cecilia S Fabrizio (fabrizio@hku.hk)
Malia R Hirschmann (mhirsch@hku.hk)
Tai Hing Lam (hrmrlth@hku.hk)

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Author's response to reviews: see over
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Dear Dr. Thomson,

Re: MS: 1808541085529703 'Developing Community-based Preventive Interventions in Hong Kong: A Description of the First Phase of the Family Project'

We are very appreciative of the careful review and significant guidance provided by the reviewers. As requested, we are providing a point-by-point response to the reviewers’ and your comments. Our response appears in italics, and the material from the revised text appears in red font.

Reviewer 1:

**Major Compulsory Revisions:**

1. The authors do not operationalize the 3Hs in the description of the intervention development in the introduction (Hong Kong context), in the terms of measurement (measurement), or in relation to the proposed construct of parent-child stress.

We have now made more explicit the relationship between the targeted parent behaviors in the intervention, and the construct of parent-child stress in relation to health, happiness and harmony.

The following statements have been added on p. 9:

   We proposed that parent behaviors are an important determinant of the quality of the relationship between parents and their children, and these relationships were essential to the ultimate goals of health, happiness and harmony. We further proposed that these behaviors could be identified by examining the common sources of stress in the parent-child relationship.

   In addition, we have provided information about how we measured health, happiness and harmony in the measures section on p. 21:

   Secondary measures were the distal endpoints of perceived health (participants were asked to rate their health on a 5-point Likert scale from poor to excellent), happiness (measured by the Subjective Happiness Scale which has been previously translated and used in Chinese samples [41, 42]), and harmony (using an 8-item scale developed by our research team...)

2. Multiple variables were mentioned but not fully described in the text. Among them were parent-child closeness (p. 9), school performance (p. 9), parental control (p.11), self-efficacy (p. 17). In this descriptive paper it would be essential to identify all key constructs and provide brief definitions to foreshadow the main results paper.

   All these variables have now been either deleted or more specifically described.

   The terms “close” and “closeness” used to describe the parent-child relationship have been deleted from the manuscript (p. 9 and p. 11). Each sentence in which they were used contained other more specific terms to describe the nature of the relationship to which children and parents aspired.

   “School performance” has been replaced with “homework completion and other preparation that parents believe leads to academic achievement” (p. 10).

   “Parental control” has been replaced with “behavior management” (p. 12), and “parenting” (p.22).
“Self-efficacy” has now been defined at its first use on p.16, as “the belief that one is capable of achieving a desired goal.”

3. If the families were demonstrating parent-child stress as indicated in the formative, qualitative form it would seem that the program was secondary in focus rather than primary as was indicated in the introduction. The target community and families were also not defined. Perhaps the target community and families were not yet showing symptoms of parent-child stress.

The reviewer’s questions have been very helpful to make us aware of which aspects of our working models we have not made explicit. We hope that our explicit description makes the role of parent-child stress clearer. We now have indicated that relationship stress would not be unusual in times of transition, and that by minimizing negative interactions that promote stress and maximizing positive interactions that decrease stress, we would promote the desired outcomes of health, happiness and harmony (p. 8):

Transitions …often include some degree of relationship stress…By minimizing negative interactions and enhancing positive relationships at these times, we hypothesized that we would promote the distal outcomes of health, happiness and harmony…

4. Other descriptive papers for community-wide RCTs identify risk factors, community or neighborhood indicators, and community characteristics. The national/country statistics on divorce, income, and inter-marriage did not seem specific to the implementation community. It would be helpful to include local level data on divorce rates, school performance, wage and cost of living gaps, or other “negative” community indicators.

Implementation took place in a number of different communities across Hong Kong. We are not aware of reliable data at the levels of these communities. Hong Kong has sometimes been called a “city-state” (e.g. Cullen, R. Hong Kong: The making of a modern city-state. Retrieved from https://elaw.murdoch.edu.au/archives/issues/2006/1/eLaw_Cullen_13_2006_03.pdf) and we would offer that statistics would best be obtained at this level for the territory at large. We have reorganized the paper and hope that our previously presented data on divorce and low income households are now more prominent (p. 5):

The proportion of low income domestic households grew substantially from 14.4% in 1993 to 22.6% in 2003…Divorce has become more common, with the number rising more than eightfold in the last 25 years…

We have now added data on suicide rates (p.5):

Suicide attempts per 100,000 increased from 29.5 in 1997 to 41.6 in 2003, and completed suicide rates have risen from 7.8 per 100,000 in 1982 to 13.8 in 2009…

5. There were no psychometric data provided on the measures which were developed.

Our primary measures were single items that measured behaviors that were targeted in the intervention. As such they were not amenable to typical psychometric analyses. These kinds of measures are typical in behavior change programs using HAPA (e.g. Luczynska, 2006), and more appropriate for the population than longer surveys. Secondary measures were either scales that have already been validated with Chinese samples or developed for the study. We have now provided some information about the psychometric properties of the longer scales, and will of course
submit to editorial decision regarding whether more information would be helpful. However, we submit that, given that the specific findings from these measures are not a focus of this paper and that our changes have already added considerably to the length, this information is dispensable.

The first paragraph on measurement (pp. 21) now reads:

Primary outcome measures were the behaviors that were targeted in the intervention programs. In several programs they were measured by single items that asked the respondent to indicate the frequency of each behavior with their child over the previous two weeks (response options: 1 = never to 5 = always). These kinds of items are not amenable to usual psychometric examination. However, they are commonly used in HAPA-based behavior change programs [e.g., 41]. Secondary measures were the distal endpoints of perceived health (participants were asked to rate their health on a 5-point Likert scale from poor to excellent), happiness (measured by the Subjective Happiness Scale (which has been previously translated and used in Chinese samples [42]), and harmony (using an 8-item scale developed by our research team, with Cronbach’s alpha reflecting internal consistency of .92 and two-week test-retest reliability of r = .83 in the development sample).

6. The qualitative/formative research portion did not provide sufficient information on what questions were asked, who asked the questions, who rated the responses, the reliability of coding, and how the themes were translated into assessment items or outcomes.

Our methods were interview-based and theme extraction was done through consensus rather than coding programs. We have now changed the term "Qualitative Research" to “Group interviews” (p. 10). We have also added the following information to the section describing the formative component (pp. 11):

They were asked to share their point of view on the current, most significant stressors for family relationships in Hong Kong using a series of open-ended questions. The groups were conducted by trained research assistants or members of the teaching faculty. Sessions were recorded and transcribed, and then reviewed by members of the research team.

We have provided some information previously on the development of assessment items that is relevant to the reviewer’s question. We have made some additions (underscored below) to clarify the process further (p. 22):

We began by surveying members of the targeted sample to develop items to assess change. We asked for information about critical and warm parenting behaviors that are common for Hong Kong parents. Sessions were taped and transcribed, and the survey team discussed and identified behaviors to measure. Then we developed simple single-item measures for the range of potential behaviors (e.g. “nagging”) that we planned to target in our interventions, to determine frequency (“How often in the last two weeks did you nag your child?” with response alternatives being never/sometimes/frequently). Their use in trial groups suggested that these were more likely to show change than were broader scales of warmth or harsh parenting.

7. There was no description of how the HAPA model which uses an individualistic motivational framework was applicable or perceived to be relevant to a more collectivistic community/family context as noted in the Hong Kong context.

We have now added the following information in the text (p. 16):
There is a body of evidence from naturalistic studies from communal cultures that support this model…

There was no explanation regarding the transferability of a model on health behavior change to parenting behavior change. This was a notable adaptation of an intervention regardless of the cultural context in which the model was implemented.

We have also addressed the model’s cultural applicability, and justified its use further as follows (p. 16):

There also is evidence for change from a brief intervention based on HAPA to support the validity of this model in Chinese groups…In addition, this model has a number of qualities that make it particularly promising for large scale public health interventions developed in academic-community partnerships. It leads directly to brief interventions that can be easily scripted and do not require extensive training or supervision. Furthermore, it is parsimonious and highly acceptable to community partners who found it easy to understand and intuitive. It has never been used to design parenting interventions to our knowledge, and as such represents an innovative application of the model.

9. There was no figure indicating the number of targeted eligible families, number who screen failed, the number who were randomized, the number on the assessment only or wait list control, number who withdrew or were withdrawn.

We have now provided more information relevant to participation, recruitment and retention. We have also previously provided retention rates (83% to 93%). If the editorial decision is that CONSORT diagrams would be appropriate for each of the studies, we can include them. We believe that this level of detail is best in the papers that describe the individual studies that resulted. Our purpose here is not to present the details of the each of the trials, but rather to describe the general developmental process and the challenges and lessons learned.

Additions made to the manuscript to provide more detail about recruitment and enrollment, are:

(pp. 20): The goal was to recruit 50 participants into each arm of the study (based on a priori sample size calculation for a statistical power of 80% and a moderate effect size) for most programs. Each team had a tight time frame within which to complete these interventions and follow-up assessments because of the nature of the program (e.g. adjustment to primary school which had to take place in the summer), or known time periods when parents’ energies would lie elsewhere (e.g. review and examination times), aggressive recruitment using multiple methods was utilized…These broad publicity methods make it difficult to calculate the total eligible pool who received information about the program.

(p. 20): The primary exclusion criteria across studies were: no child at home in the target range, evidence of current parental or child problems significant enough to receive counseling or psychiatric care, less than a primary level education, and illiteracy in Chinese. Some participants passed the screen, but then could not be contacted. Others found it difficult to make arrangements to cover their home responsibilities. Of the participants screened for inclusion and exclusion criteria, the proportion that actually enrolled ranged from 82 percent to 86 percent in the different programs.
Reviewer 2:

Major Compulsory Revisions

1. Clearly stated purpose statement. The purpose or objective of the manuscript as currently written is not clear. The only reference to the focus of the paper is provided on page 4, first paragraph: “This paper focuses only on the intervention component’s development, and reports on the first phase that lasted approximately two years following initiation.” As such, readers are not informed as to what they may hope to glean from this manuscript. Upon reading the manuscript, the reader may infer that the purpose is to describe the process through which the intervention was developed and associated lessons learned and challenges, but the authors should provide a clear statement of purpose as well as a roadmap so that readers may be aware of the type of information and results to be presented.

We now begin the paper with the following statements (p. 4):

This paper describes the first phase of a program of family-based interventions to promote family health, happiness and harmony in Hong Kong. Programs were developed and implemented in the community, using a collaborative approach with community partners. We will describe the process, and the lessons learned, highlighting both the benefits and the challenges of designing locally relevant interventions in a nonwestern culture and of academic-community partnerships.

The statement of purpose has also been included in the abstract (p. 2):

This paper describes the first phase of a program of family-based interventions to promote family health, happiness and harmony in Hong Kong. Programs were developed and implemented in the community, using a collaborative approach with community partners. The development process, challenges, and the lessons learned are described.

2. Reorganization. The manuscript does not follow the journal’s guidelines for section headings, which should include Background, Methods, Results and Discussion (combined or separate), and Conclusions.

We have now organized the paper into sections, beginning with Background (p. 4), Methods (p. 8), Results (p. 13), and Discussion (p. 24).

Although the manuscript is not a traditional research paper in the sense that it focuses more on the process of developing and implementing an intervention rather than on the outcomes or the presentation of data, it would nonetheless benefit from reorganization. The manuscript currently begins by describing the initiative prior to presenting the issues and problems to be addressed. Thus, the rationale and need for the intervention remain unclear until later in the manuscript. The following suggestions are provided to aid in the organization of the manuscript:

a. Background section – Describe the issue at hand and why there is a need for the family intervention very early in this section. Data to support the prevalence or increase in the problem/issue (i.e. break-down in family interrelationships) are more convincing than descriptions of mass media reporting. This section should also include a brief description of the initiative and the collaborative approach used, including descriptions of the research team and community partners, including their respective roles.
We have now reorganized the paper so that the issues and problems to be addressed (now in the second paragraph of the paper, p. 4) now precede the description of the initiative (described in the fourth paragraph of the paper, end of p. 5). Data to support the need for intervention for the family (including reports of domestic violence, divorce, and absent parents) are all presented in the second (p. 4) and third paragraphs (p. 5).

Descriptions of media reports have been removed.

This section also includes information about the mandate for collaboration (p. 6), and the academic and community teams (pp. 6-7).

The following material describing the structure of the collaboration and the roles of the collaborators is new (p. 7):

A senior social worker from each NGO paired with an academic investigator to provide the leadership for the sub-team. This sub-team worked together on that NGO’s projects from start to finish. Each team met weekly, with frequent additional contact by phone and e-mail, and met on at least a quarterly basis with two senior academic investigators: the PI for the larger project, and the PI for the Intervention arm to share ideas and solve problems. Cross-team communication was frequent, with quarterly progress reports from all sub-teams shared among all project staff. Standardization of the common aspects of the studies (e.g. scales, database) was coordinated by the Program Manager for the Interventions arm.

...The NGOs took a lead in recruitment and in delivering the intervention. The academic staff provided oversight to the development of assessment and quality control materials, data management and analysis.

b. Methods – Describe the planning process, including the various strategies to assess sources of parent-child stress, the findings, other sources of input, and considerations

We now begin this section with our guiding principles (pp. 7-9), and describe the planning process (pp. 9 - 12).

c. Results

i. Intervention design and assessment

Intervention design and its challenges are presented in this section (pp. 13-15).

Because there were 5 separate pilot studies conducted, a table briefly describing each study (e.g. target behaviors, intervention approaches, the comparison program, outcomes, and transition points targeted) would be helpful.

A summary table has now been provided, and is referenced on p. 15. Because the transition points were described in the text (pp. 12 - 13), they were not repeated in the table.

ii. Challenges and lessons learned
Challenges are described throughout the section in which intervention design (pp.12 - 14), recruitment (p. 18), and measurement (pp.19-21) are discussed. (As suggested by the Editor, Lessons Learned are presented in the Discussion, pp.24 - 26, rather than in this section.)

d. Conclusions – What are the key take-home messages of this research? These should be highlighted here.

We have described the most important messages of this paper: the reward and challenges of academic-community collaboration; some major differences in how researchers and clinicians approach their work; and that cultural issues are highly relevant not only to the process of defining problems, but also to strategies used to promote change. These now appear under the heading of Lessons Learned in the Discussion (pp. 24- 26):

(i) Academic-community partnerships require not only early involvement of community partners in the development of the interventions [49], but also mutual education, explicit discussions about all issues, and genuine respect for the complementary nature of the skills and experience that both groups bring to the table. Appropriate NGO personnel were key members of all project teams and at least one experienced member of the NGO was also a part of the core group that developed and tested each intervention. Throughout the development and testing phase the community partners’ interpretation of the nuances of participants’ responses was invaluable, significantly enriching the quality of the study.

(ii) Differences in point of views held by clinicians and academics reappear and need ongoing resolution. Community partners were concerned about the applicability of the scientific methods to their endeavors, particularly the artificiality of manualized treatment, and insensitivity of assessment to the processes that change. Academics did not adequately appreciate the burden on participants in clinical trials from lengthy questionnaires, randomization, and the requirement to attend all sessions. By emphasizing that an important goal of the pilot process was to develop an effective program that would have high utilization, both clinicians and academics were forced to acknowledge the inappropriateness of program attributes that each might otherwise never have been questioned. For example, one NGO suggested a two-day intensive program that they believed would be successful. However discussion with potential target group members revealed that not many participants had the time available to participate in a program thus structured. In a different area of the research, clinicians were concerned that the measures used would not adequately capture changes. Academics were able to educate community partners that capturing relevant change was a problem to be solved in every study. The importance of the process of developing sensitive measures through clinical input, and the validity of qualitative and consumer satisfaction measures in evaluating a program were emphasized. Careful analysis of the participants’ post-intervention responses was planned to determine whether the lack of observed change could be attributed solely to measurement issues, and to guide future instrumentation.

(iii) Cultural issues span not only the definition of the problem, but also the implementation of the solution. Some strategies for change are more appropriate across cultures than others, because they elicit culturally appropriate solutions. Although didactic programs are simple to translate and implement at little cost, they seem to be ineffective, and if designed by external experts they may be culturally biased or irrelevant. Attributional questions described on p. 18, as well as group problem solving techniques and planning efforts ensured content that is more likely to be specific to the individual and the cultural context.
3. Greater elaboration of community involvement in the development and implementation of the intervention. Given that an important focus of this manuscript is the development of an intervention from “within” a culture, the readers would benefit from additional information describing the structure of the collaboration and the contributions made by the respective partners. How were the community partners selected or invited to participate in this research? Did the collaboration involve using or building off of longstanding relationships? What were the roles of community partners in this study? Additional information regarding the types of community partners involved would be informative. The authors describe social service agency partners. What sectors were represented? Were they only community-based organizations or were healthcare providers also represented?

We have now included more information about the community partners (pp. 6 - 7):

Social services in Hong Kong are largely provided by NGOs who receive most of their funding from the Hong Kong government with additional support from other charitable foundations and private donors. All community partners for the interventions described in this paper were NGOs. They were selected because they were large in size and had multiple community centers in low income areas, (enhancing the likelihood that we could recruit adequate numbers for our trials), and provided a broad range of services not restricted to particular demographics (such as elderly or domestic workers) and so were more likely to have access to families with children. Each NGO was the site for one of the four programs. One of the NGOs had a long-standing relationship with a member of the faculty. The remaining agencies had no previous collaboration experience with the investigators, and were recommended by the granting agency as responsive to family-based initiatives.

Additional information was added to describe the structure of the collaboration (p.7):

A senior social worker from each NGO paired with an academic investigator to provide the leadership for the sub-team. This sub-team worked together on that NGO’s projects from start to finish. Each team met weekly, with frequent additional contact by phone and e-mail, and met on at least a quarterly basis with two senior academic investigators: the PI for the larger project, and the PI for the Intervention arm to share ideas and solve problems. Cross-team communication was frequent, with quarterly progress reports from all sub-teams shared among all project staff. Standardization of the common aspects of the studies (e.g. scales, database) was coordinated by the Program Manager for the Interventions arm.

and the role of each partner (p. 8):

The NGOs took a lead in recruitment and in delivering the intervention. The academic staff took primary responsibility for the development of assessment and quality control materials, and data management and analysis.

4. Greater elaboration on the strategies used to investigate sources of parent-child stress (pages 9-11). Given that the qualitative approaches (b and c) were used to inform the development of the intervention, further information should be provided regarding the selection of participants, the total number interviewed, the topics discussed, and an explicit statement of the themes (b only). For c in particular, did group participants represent a community-based sample? Clinic based? School based? How were participants grouped by the age of their child (e.g. provide ages or age categories)?

We have now provided more information about size and recruitment of the group described in section b (p. 10):
Group interviews conducted by members of the academic team with convenience samples of 18 university and nursing school students and young adult research staff, recruited by word of mouth. We formed three approximately equal sizes groups, with whom we informally explored stresses on Hong Kong families today.

and additional information about the group in c (p. 11):

… each team conducted several discussion groups ranging in size from 5 – 8 participants, with a total of 144 participants from lower and middle class backgrounds. These participants were recruited by our community partners from their pool of community center attendees and volunteers, selected because they were known to be forthcoming in their ideas and representative in age, education, and social status of attendees in that district likely to be recruited into the programs. These parents were organized by age of their child (kindergarten, elementary school, and middle school). They were asked to share their point of view on the current, most significant stressors for family relationships in Hong Kong using a series of open-ended questions. The groups were conducted by trained research assistants or members of the teaching faculty. Sessions were recorded and transcribed, and then reviewed by members of the research team.

Minor Essential Revisions

5. There are two areas where previous work is referred to but not cited. Please add citations to the following:

a. Page 5, second paragraph – “The importance of developing interventions from ‘within’ a culture has been recognized as important [cite], but…”

We have now provided reference for this statement which now appears in the first paragraph of the paper (reference [1]).

b. The difficulties of dissemination evidence-based interventions have been recognized [cite], and the CBPR approach has been lauded [cite], but …”

These references are now provided as [2], and [3] on p. 4.

6. Page 8, first paragraph – The first paragraph is confusing. Were the two guiding premises used to guide the planning process for the intervention, or did they emerge as a result of the planning process? Also, please elaborate on the term “life space.”

We have now stated clearly that the premises guided the planning process (“We approached the planning processes with a few guiding principles.” p. 8, first line of Methods). We have also replaced the term “lifespace” with “roles and responsibilities” (p. 8).

7. Page 13, second paragraph – The authors state that they used the Health Action Process Approach model to guide the design of the intervention. It would be helpful if the authors could provide a brief overview of the constructs involved in this model in this paragraph.

We have now provided more information about the HAPA model, and highlighted the key constructs from the model that guided our interventions. The paragraph (pp. 15 - 16) now reads:
The model emphasizes the distinction between the preintentional motivation process that drives a person’s behavioral intention and a postintentional volition process that facilitates their adoption and longer-term maintenance of the specific behavior change [30]. In both processes, self-efficacy, or the belief that one is capable of achieving a desired goal, is a key to initiating and maintaining behavior change. This model guided our focus on the two essential components of change: intention to make the desired change, and planning, or preparing in detail for the behavior change to move the participant from intention to action.

8. Page 14, first paragraph under Recruitment – Please provide additional information regarding how participants were recruited through schools. For example, how were schools selected? How was recruitment information shared with parents? How many schools and participants agreed to participate?

We have now clarified that recruitment was done in various sites including schools. We have tried to provide key relevant information without essentially describing each program separately, and we hope that this will be acceptable to the reviewer. More detail of course will be provided in the publications for each pilot. An important issue is that recruitment was conducted broadly across the catchment areas, and so agreement for participation as a proportion of eligible candidates approached is difficult to calculate. We have also provided additional information regarding participation.

The following information has been added to the paper (pp. 20-21):

The goal was to recruit 50 participants into each arm of the study (based on a priori sample size calculation for a statistical power of 80% and a moderate effect size) for most programs. Each team had a tight time frame within which to complete these interventions and follow-up assessments because of the nature of the program (e.g. adjustment to primary school which had to take place in the summer), or known time periods when parents’ energies would lie elsewhere (e.g. review and examination times); therefore aggressive recruitment using multiple methods was utilized.

Schools served as recruitment sites, and were selected by the NGOs, who drew primarily on their existing collaborative relationships with educational institutions in their catchment areas. A variety of methods of publicizing the program was used, including leaflets sent home to parents, presentations to parents by NGO project staff, and advertisements in the school hallways. Recruitment was simultaneously conducted through other methods as well, varying by NGO. These methods included promotional materials distributed at the centers, publicity booths in large housing complexes, posters on local buses, and a feature article in a free community newspaper. Recruitment continued until all spots were filled. These broad publicity methods make it difficult to calculate the total eligible pool who received information about the program.

The primary exclusion criteria across studies were: no child at home in the target range, evidence of current parent or child problems significant enough to receive counseling or psychiatric care, less than a primary level education, and illiteracy in Chinese. Some participants passed the screen, but then could not be contacted. Others found it difficult to make arrangements to cover their home responsibilities. Of the participants screened for inclusion and exclusion criteria, the proportion that actually enrolled ranged from 82 percent to 86 percent in the different programs.
9. Page 15 – Who were the interventionists? Were they university staff, recruited from the community, trained? What was their educational/training background?

*We have now added information about the interventionists on p.16:*

Interventionists worked in pairs, and were typically community agency social workers, though in some groups, the second pair member was a Cantonese-speaking junior faculty member, graduate student or research assistant.

10. Page 22, last paragraph—The authors state that the trials were sustainable and cost-effective. Sustainability typically refers to the continued ability to implement the program beyond the period of research funding. What evidence presented indicates they were sustainable in this way? Or, if the authors are using a different definition of being sustainable, please clarify. Also, how were the interventions determined to be cost-effective when cost data were not presented in this manuscript? If this is based on work presented in another paper or unpublished, this should be indicated.

*We did not gather cost information, and have eliminated the term “cost-effective” to describe our interventions through the manuscript (removed on p. 23, and also removed from the final paragraph of the paper, which has been substantially rewritten). We indeed have no evidence for the sustainability of the program. Rather, we designed the interventions to increase the potential for sustainability and now have so indicated in the following places in the manuscript:*

(abstract, p. 2): Projects emphasized features that promote potential for sustainability (including brief interventions, reliance on existing community agency personnel, and scripted interventions that require little training), so that the programs might be implemented at a population-wide level following a successful trial.

(p. 23): The interventions were designed to increase the potential for sustainability by minimizing demands that would be expected to incur additional costs for the agency: We relied on interventionists with a similar training level to those already employed by the agency and developed scripted intervention manuals that eliminated the need for extensive training. In addition, the program was kept brief allowing more rapid turnover of sessions and more participants than can be served in typical programs developed as clinical trials in academic settings.

11. Because the journal is focused on public health, elaborate on the relevance of this work to the field of public health.

*We have now added a clear statement about the public health significance of our work in two places:*

(abstract, p. 3): This work has public health significance because of the importance of parent-child relationships as a risk-factor for many outcomes in adulthood, the potential application of our interventions to universal populations, and characteristics of the interventions developed that promote dissemination, including minimal additional costs for delivery for community agencies, and high acceptability to participants.

(and the final paragraph of the paper, p.26): This work has public health significance because of the importance of parent-child relationships as a risk-factor for many outcomes in adulthood, the potential application of our interventions to universal populations, and characteristics of the
interventions developed that promote dissemination, including minimal additional costs for delivery and high acceptability to participants.

**Discretionary Revisions**

12. Page 7 – The first sentence of the second paragraph on this page refers to “rapid social, political, and economic changes” in Hong Kong. While the social and economic conditions are clearly described, it is not apparent what political changes the authors are referring to.

*We have now added information about the political changes in Hong Kong (p. 4-5):*

In 1997, the territory was returned to Chinese rule after 150 years as a British colony.

Also on this page, the authors are encouraged to remove the repeated use of the phrase, “As a result…” It is not clear from the information presented that these are direct causal relationships or rather concomitant trends.

*This term no longer appears in the paper.*

13. Page 13, bottom paragraph – the authors refer to “risk factors such as harsh parenting,” but they do not specify what harsh parenting is a risk factor for.

*We have now indicated that harsh parenting is a risk factor for negative outcomes “such as behavior problems and depressive symptoms” (p. 15).*

14. Page 13, last line – it is not clear why “Cunningham and his group” are referred to by name here.

*The reference by name has now been removed (p. 15).*

15. Throughout the paper the authors enclose certain terms in quotes, e.g., “expert,” “ring true,” “positive discipline.” Rather than leaving readers to wonder what exactly the authors are trying to convey with the use of the quotations, it would be more helpful to simply state the intended meaning without the use of quotations.

*We have used quotations mark more judiciously in this revision.*

“expert” has been replaced with “expert with a theoretical knowledge base but limited experience with the cultural context”. (p. 15).

“ring true” has been replaced with “be concordant with participants’ experiences”. (p. 18)

“positive discipline” was left in quotation marks because it was the term we actually used with parents. However, we have defined it as “non-punitive methods of managing child behavior”. (p. 16).

**Editor’s comments:**

1. The results section should not report lessons learned, rather these should be in the discussion section.
We have placed lessons learned in the Discussion section as reported above (Reviewer 2, Major Compulsory Revisions, point 2).

2. Experimental research that is reported in the manuscript must have been performed with the approval of an appropriate ethics committee. Research carried out on humans must be in compliance with the Helsinki Declaration (http://www.wma.net/e/policy/b3.htm), and any experimental research on animals must follow internationally recognized guidelines. A statement to this effect must appear in the Methods section of the manuscript, including the name of the body which gave approval, with a reference number where appropriate.

The following statement now appears on p. 23:

All trials were reviewed and approved by the University of Hong Kong Institutional Review Board.

All specific changes made in response to the reviewers’ concerns have been highlighted in the manuscript.

In order to make the paper more concise, we removed the following paragraphs on the historical importance of the family in Chinese culture, providing instead, references regarding the traditional primacy of the family in Chinese life (now on p. 4):

(deleted) In traditional Chinese society, the family is seen as “the pivotal and fundamental unit of social organization, as a basic resource of support and as the roots and determinants of an individual’s orientations and life goals” [2]. Conflict-free relationships within the family are an important ideal, reflected in the saying “Family in harmony, everything prospers; family in disharmony, everything fails”. Filial piety is a central value in traditional Chinese culture [3] and involves an attitude of respect and willingness to care for elders in the family. Individuals’ behaviors reflect on their family, and they have the obligation to act in a manner that brings honor to their family. Similarly, an individual’s acts can bring shame to the family. Parents bear the duty of raising their children to bring honor to the family; indigenous Chinese concepts of parenting are reflected in the terms “jiaoxun” (to train) and “guan” (to govern) [4]. “Family orientation” is described as the way people view and manage their relationships within their family, and is seen as an important attribute of individuals. This dimension is given a central role in Chinese culture and specified in indigenously developed personality measures, unlike in western instruments. For example, “Family Orientation” is one of the personality scales in the Cross-Cultural (Chinese) Personality Assessment Inventory (CPAI) [5].

Editing for conciseness and reorganization tracks have not been shown because there were so many minor style changes that we found that the tracked document was difficult to read. However, we will gladly submit this as an additional document upon request.

We hope that you and the reviewers will agree that we have a much improved document as a result of these significant changes, and will deem our paper worthy of publication.

Sincerely,
Sunita M. Stewart