Reviewer’s report

Title: Exploring Supported Conversation with Familial Caregivers of Persons with Dementia: A Pilot Study

Version: 0 Date: 27 Nov 2018

Reviewer: Dominika Bhatia

Reviewer's report:

Thank you so much for the opportunity to review this manuscript. This was a very interesting study with promising results that may have important implications for the growing populations of both dementia patients and their familial caregivers. I appreciated the thorough literature review provided by the authors as it provided the reader with a clear understanding of the state of the evidence in this field and articulated well the rationale for the present research.

I would also mention a few areas for the authors' consideration that could benefit from further clarification:

1. Line 149: What are the criteria for acceptance (if any) into the Brain Fitness program? What does "strengths-based program" mean in this context? Is there any reason to suspect selection bias (with the individuals in this program being more likely to respond to SCA) or cointervention effects?

2. Line 152-153: It is stated that "dyads were recruited and chosen based on self-reported difficulties in communication between the individual with dementia and their caregiver" - how were "communication difficulties" defined, in this context?

3. Table 1: Does the data presented pertain only to the individual with dementia or their spousal caregiver as well? It would be helpful to know the demographics of the spousal caregivers, as they may also differentially respond to the intervention.

4. Lines 195-199: Which populations have the MSC and MPC instruments been validated in (i.e. are they appropriate in the dementia context)?

5. Lines 340-341: It appears there may be a typo, as it states "increases in both MSC and MSC scores" and the MSC value is reported twice.

6. Tables 2 and 3: Are the reported before-and-after changes (e.g. 1.63 points in MSC, 1.88 in MPC, etc.) clinically meaningful for patients with dementia and their caregivers? Despite the
relatively short duration of the study, as in any before-and-after design, is there any reason to suspect maturation or history bias?

7. I'm not sure if I missed this, but how long was each individual training session? Did the caregivers report any logistical difficulties associated with finding/committing to attending the in-person training sessions? This would have implications for future larger-scale versions of this program.

8. The line graph for MPC pre-post results appears to be missing dyad 2.

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