







# Comparison of the Effectiveness of Cognitive-Behavioral Therapy and Short-Term Solution-Focused Therapy on Distress Tolerance in Pregnant Women

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E d i t o r		R e v i e w e r s
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## 1. Round 1

### 1.1 Reviewer 1

Reviewer:

You report Cronbach's  $\alpha$  from an Iranian sample, but the adaptation process is not fully described. Please indicate if the Persian DTS underwent confirmatory factor analysis or content validation beyond reporting  $\alpha$  and test-retest reliability.

The description says "Higher scores indicate greater distress tolerance," but the scoring directions could confuse readers since some DTS items are reverse-coded. Clarify whether reverse scoring was applied and how the total score was computed.

No mention is made of therapist training, supervision, or adherence checklists. Please describe who delivered the therapies and how fidelity to the protocols was ensured.

In "CBT vs SFBT difference not statistically significant ( $p > .05$ )" — specify the exact p-value rather than stating  $p > .05$  for transparency.

You mention "conceptual overlap between CBT and SFBT in fostering self-efficacy and adaptive coping" but do not reference process measures. Consider discussing how future studies could measure mediators like self-efficacy or hope.

Authors revised the manuscript and uploaded the updated document.

## 1.2 Reviewer 2

Reviewer:

The CBT sessions are described in detail; however, the source “Sperry (2009)” is mentioned without full citation details in the reference list. Please add the complete reference or clarify if this is an adapted manual.

In describing SFBT, you state “culturally relevant ice-breakers and psychoeducation on self-efficacy, couple adaptability, and emotion regulation.” Please expand on how these adaptations were informed (local qualitative data, expert review, cultural sensitivity framework?).

While you state “robust support for the clinical usefulness of both CBT and SFBT”, please quantify clinical significance (e.g., average DTS change relative to minimal clinically important difference, if available).

The practical implication of CBT (8 sessions) vs. SFBT (6 sessions) is interesting but underexplored. Discuss whether the slightly shorter SFBT could make it more cost-effective or accessible.

The limitation states “relatively homogeneous regarding socioeconomic status” but no demographic table is provided beyond education. Please provide or reference key demographic descriptors (income, employment, parity).

Authors revised the manuscript and uploaded the updated document.

## 2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.