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## Effectiveness of Solution-Focused Couples Therapy on Psychological Well-being and Distress Tolerance among Couples


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## 1. Round 1

### 1.1. Reviewer 1

Reviewer:

The introduction briefly mentions the constructs of psychological well-being and distress tolerance but lacks a clear linkage between these constructs and the specific interventions of solution-focused couples therapy. It would be beneficial to include a brief overview of how solution-focused techniques specifically address these constructs.

The review could be expanded to include recent meta-analyses or systematic reviews that evaluate the efficacy of solution-focused couples therapy compared to other therapeutic modalities. This would provide a stronger basis for the research hypothesis.

The manuscript mentions convenience sampling but does not discuss any limitations this might introduce, such as selection bias. Please include a discussion on how this might affect the generalizability of the results and consider suggesting stratified random sampling for future studies.

The control group received no intervention. For a more robust design, consider a placebo-controlled setup where the control group receives an alternative form of non-therapeutic interaction to more effectively isolate the effect of the therapy being tested.

While ethical considerations are mentioned, providing more detail on the informed consent process, especially how participants were informed about the nature of the control and experimental interventions, would enhance the transparency of the research.

Response: Revised and uploaded the manuscript.

### 1.2. Reviewer 2

Reviewer:

Include more detailed descriptive statistics in the results section. Presenting measures of central tendency and dispersion for all main variables at each time point (pre-test, post-test, follow-up) for both groups would provide a clearer overview of the data.

The manuscript reports significant F-ratios but does not thoroughly discuss the practical significance of these findings. Discussing the effect sizes in the context of clinical significance would be helpful for readers to understand the real-world implications of the therapy.

While the scales used are described, the manuscript should also discuss the validation of these scales within the Iranian population or the specific context of the study, as cultural factors might influence the interpretation of the results.

Ensure consistency in the use of terms throughout the manuscript. For example, "distress tolerance" and "tolerance to distress" are used interchangeably. Choose one term and stick with it to avoid confusion.

Expand the limitations section to discuss other potential biases, such as the therapist's influence or expectancy effects. Additionally, suggest specific future research directions based on the findings, such as testing the therapy in different cultural contexts or with different populations.

Response: Revised and uploaded the manuscript.

## 2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.