





## Comparison of the Effectiveness of Parent-Child Relationship-Based Play Therapy and Attachment-Based Play Therapy on Internalizing and Externalizing Behavioral Disorders in Children with Learning Disabilities

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## 1. Round 1

### 1.1. Reviewer 1

Reviewer:

The introduction provides valuable context, but a clearer distinction between the terms "learning disabilities" and "specific learning disorders" would strengthen the opening. The sentence "Academic skills such as reading, writing, and mathematics, which were previously classified as separate problems in earlier versions of the DSM, are now referred to as specific learning disorders in the DSM-5 (Bulut et al., 2024; Luna, 2024)" requires more precision. Are you referring to all learning disabilities as a group or specifically to those classified under the DSM-5? Please clarify, as reading deficits and math deficits may have nuanced differences in diagnostic criteria.

It would be helpful to expand on how you ensured random assignment to the three groups. Did this occur after the purposive sampling, and how was it verified? Discussing potential confounds or biases in the randomization process (e.g., if certain demographics were overrepresented in one group) would improve the transparency of the sampling process.

The description of the "Learning Disabilities" questionnaire is thorough, but it would be useful to mention any potential limitations of this measure in the context of Iranian cultural considerations. Are there specific nuances in how learning disabilities are diagnosed and reported in this region, and could this affect the validity of the tool?

You mention that certain items were removed from the questionnaire due to low factor loadings (e.g., items 15, 16, 49, 59). It would be valuable to provide some context or a brief justification for why these specific items were problematic. Were they conceptually related to other measures, or did they lack relevance to your population? Providing more insight into the removal process would enhance the rigor of your data collection procedures.

The description of the "Parent-Child Relationship-Based Play Therapy" is very detailed, but the overall therapeutic process could be more tightly aligned with specific learning disabilities. For example, how do the strategies employed in each session specifically target the learning deficits seen in this population (e.g., dyslexia, dyscalculia)? This will help readers understand the therapy's relevance to the study's goals.

Response: Revised and uploaded the manuscript.

## 1.2. Reviewer 2

Reviewer:

You mention "the study of children with specific learning disorders" as a framework for understanding underlying mechanisms, but it would be useful to briefly elaborate on which neuro-cognitive mechanisms are most commonly studied. Are these cognitive processes such as working memory, executive function, or processing speed? Additionally, "the logic behind studying selected groups of children facing specific deficits" is not entirely clear. Could this statement be more explicitly linked to how it relates to your study's hypothesis?

The phrase "students with learning disabilities experience more behavioral disorders compared to other healthy children (Hamidi et al., 2014)" may benefit from a stronger empirical support or more specific figures. Could you specify the nature of these behavioral disorders in more detail (e.g., types of externalizing vs. internalizing behaviors)? How does this general finding relate to the context of your study, particularly in the context of play therapy?

The relationship between specific learning disabilities and behavioral disorders is presented well, but the suggestion that children with learning disabilities experience "greater social exclusion and loneliness" would benefit from citation or empirical data. Can you provide specific studies or data that quantify this social impact, particularly in relation to dyslexia or dyscalculia?

The introduction to play therapy is detailed, but the link between parent-child relationship-based play therapy and the target population (children with learning disabilities) needs further clarification. Are there specific studies or theories that suggest this type of therapy would be particularly beneficial for children with these deficits? This would better justify the intervention choice and link it directly to the problem being studied.

You provide a strong overview of attachment-based play therapy, but it would be helpful to emphasize how attachment theory links specifically to academic behaviors or cognitive function. In what ways do you believe improving the parent-child attachment relationship will lead to improvements in the children's academic performance or behavioral regulation?

The descriptive statistics presented in Table 1 are valuable, but it would be useful to report the exact statistical tests used to analyze changes in the pre-test, post-test, and follow-up stages. This would provide transparency regarding the significance of observed changes.

The ANCOVA results show that both therapy groups significantly reduced behavioral disorders. However, the effect sizes reported (Eta Squared values) are very large. Could you provide more context on the magnitude of these effects? Do these results indicate clinically meaningful changes, or are they statistically significant but not necessarily impactful in a real-world setting?

Response: Revised and uploaded the manuscript.

## 2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.