

The Effectiveness of Metacognitive Training on Distress Tolerance and Cognitive Dysregulation in Mothers of Children with Intellectual Disabilities


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1. Round 1

1.1. Reviewer 1

Reviewer:

In the Introduction, the statement “mothers... often assume the primary caregiving role” would benefit from empirical grounding specific to the Iranian context. Consider adding region-specific demographic or sociological data to strengthen contextual validity.

In the Measures section, for the Distress Tolerance Questionnaire, the scoring description “from strongly agree, scored as 1, to strongly disagree, scored as 5” appears counterintuitive. Please confirm whether reverse coding was applied globally or only to specific items and justify the scoring direction.

The reported Cronbach’s alpha for cognitive dysregulation in the present study is 0.69, which is borderline acceptable. This limitation should be explicitly acknowledged and discussed, particularly regarding measurement reliability and potential attenuation of effect sizes.

In the Intervention section, the description is comprehensive but lacks procedural fidelity indicators. Please indicate whether session adherence was monitored (e.g., via checklists or supervision) and whether therapist competence was assessed.

In the Data Analysis section, the use of repeated measures ANOVA is appropriate; however, given the small sample size ($n=30$), consider justifying statistical power assumptions beyond reporting power = 1.00, which appears implausibly high without a priori power analysis.

In the Results section, the sentence “values of skewness and kurtosis... were within acceptable ranges” would benefit from specifying the exact thresholds used (e.g., ± 1 or ± 2) to support the normality claim.

The paragraph describing assumption testing is thorough, but the inclusion of “interaction test of group \times pretest” for homogeneity of regression slopes is more typical of ANCOVA rather than repeated measures ANOVA. Please clarify the rationale for this test.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

In the paragraph beginning “One of the central constructs... is distress tolerance,” the conceptualization is clear but lacks theoretical anchoring beyond definition. You should explicitly link distress tolerance to established frameworks (e.g., emotion regulation theory or resilience models) to enhance theoretical depth.

The sentence “cognitive dysregulation refers to maladaptive patterns of thinking...” would benefit from operational clarity. Please specify whether the construct is treated as unidimensional or multidimensional in your study, especially given the dichotomous scoring of the measurement tool.

In the Introduction paragraph on interventions, the claim that prior approaches “may not directly address the underlying metacognitive processes” is somewhat overstated. Some mindfulness-based approaches explicitly target meta-awareness; consider moderating this claim or providing comparative evidence.

The paragraph introducing metacognitive therapy (MCT) is strong conceptually; however, the sentence “MCT aims to modify individuals’ beliefs about thinking” should be supplemented with a clearer distinction between positive and negative metacognitive beliefs, as this distinction is central to Wells’ model.

The final paragraph of the Introduction appropriately leads to the study aim, but it would benefit from a more explicit statement of the research gap. Currently, the gap is implied rather than directly articulated.

In the Methods section under “Study Design and Participants,” the sentence “participants were randomly assigned through simple randomization” requires elaboration. Please specify the randomization procedure (e.g., random number table, software-based allocation) and whether allocation concealment was implemented.

The inclusion criteria state “no use of psychiatric medications with fluctuating dosages,” but this is ambiguous. Clarify whether stable medication use was permitted and how medication status was controlled analytically.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.