



Comparison of the Effects of Reality Therapy and Cognitive Behavioral Therapy on the Resilience and Adjustment of Family Caregivers of Children with Autism

Haniyeh. Hossein Shiroudi¹, Alireza. Pirkhaefi^{1*}

¹ Department of Clinical Psychology, Ga.C., Islamic Azad University, Garmsar, Iran

* Corresponding author email address: apirkhaefi@iau.ir

E d i t o r

Manijeh Daneshpour^{id}
Department of Couple and Family
therapy, Alliant International
University, California, United
States of America
mdaneshpour@alliant.edu

R e v i e w e r s

Reviewer 1: Seyed Ali Darbani^{id}
Assistant Professor, Department of Psychology and Counseling, South Tehran
Branch, Islamic Azad University, Tehran, Iran.
Email: Ali.darbani@iau.ac.ir
Reviewer 2: Masoud Asadi^{id}
Assistant Professor, Department of Psychology and Counseling, Arak University,
Arak, Iran.
Email: m-asadi@araku.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

The paragraph beginning “One of the most important protective psychological constructs associated with coping in stressful situations is resilience” lacks a sufficiently critical conceptual framework. The manuscript discusses resilience broadly but does not identify whether resilience is being conceptualized as a trait, process, or outcome variable. Since the Connor–Davidson Resilience Scale is grounded in trait-oriented resilience measurement, the theoretical discussion should align more explicitly with the psychometric assumptions of the instrument used in the study.

The manuscript repeatedly cites Dryden (2021) both for cognitive behavioral therapy and for reality therapy conceptualization. However, reality therapy originates from Glasser’s Choice Theory framework, and the manuscript lacks foundational citations to William Glasser’s original theoretical work. This omission weakens the theoretical grounding of the reality therapy intervention and should be corrected with more primary-source referencing.

The authors state that “The control group received no intervention,” but the manuscript does not clarify whether participants in the control condition received any monitoring, psychoeducation, waiting-list support, or ethical follow-up after study

completion. Given the psychological vulnerability of caregivers of children with autism, the ethical management of the control group requires more detailed explanation.

In Table 3, the Bonferroni post-hoc comparisons appear statistically inconsistent with the descriptive means. The reported mean differences between intervention groups and control are extremely small (e.g., -5.63 and -4.78) considering the large descriptive differences observed in Table 1. The manuscript should clarify whether these values represent adjusted marginal means, pooled comparisons, or averaged effects across variables. Without this clarification, interpretation of the post-hoc results remains unclear.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

In the “Measures” section, the manuscript reports that higher scores on the Sinha and Singh Adjustment Questionnaire indicate “greater maladjustment and poorer adaptation,” yet in Table 1 and throughout the Findings section, increases in adjustment scores are interpreted as improvements in adjustment. This represents a serious conceptual and interpretive inconsistency. If higher scores indicate maladjustment, then the posttest increases from 16.06 to 27.26 and from 16.53 to 27.80 would actually indicate worsening adjustment rather than improvement. The authors must carefully review scoring procedures, reverse coding, and interpretation of the adjustment variable throughout the entire manuscript.

The Results section states that “Analysis of covariance (ANCOVA) was employed to compare posttest scores among groups while controlling for pretest differences,” yet the actual analyses presented in Table 2 are repeated measures MANOVA results rather than ANCOVA findings. This inconsistency in the statistical analysis plan creates confusion regarding the analytical strategy used. The authors should revise the Data Analysis section to accurately reflect the analyses conducted and explain why repeated measures MANOVA was selected instead of ANCOVA.

The descriptive statistics in Table 1 raise substantial concerns regarding baseline equivalence. Specifically, the control group resilience pretest mean is reported as 77.93, whereas the intervention groups have means of 46.46 and 47.73. Such a large baseline discrepancy strongly suggests non-equivalent groups prior to intervention. This threatens the validity of treatment comparisons and should have been statistically controlled through ANCOVA or mixed-model analysis with baseline adjustment. The authors must explain why the control group began with substantially higher resilience scores and discuss how this imbalance may have biased the findings.

In the assumptions testing paragraph, the manuscript reports that “The results of Mauchly’s test also supported the assumption of sphericity.” However, because only two repeated measurements (pretest and posttest) were included, the assumption of sphericity is automatically satisfied and Mauchly’s test is unnecessary. Reporting it in this context demonstrates a misunderstanding of repeated measures assumptions and should be corrected to improve methodological accuracy.

The intervention descriptions are insufficiently detailed for replication purposes. For example, the reality therapy section states that “The seventh session emphasized the ten principles of choice theory,” but the manuscript does not specify what those principles were or how they were operationalized therapeutically. Similarly, the CBT sessions mention “behavioral activation strategies” and “dysfunctional thought records” without providing examples or procedural structure. Including a session protocol table or supplementary manualized outline would significantly improve reproducibility and methodological transparency.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief's decision: Accepted.