

Comparison of the Effectiveness of Cognitive-Behavioral Play Therapy and Resilience-Based Play Therapy on Anxiety in Children Aged 6 to 8 Undergoing Dental Treatment

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1. Round 1

1.1. Reviewer 1

Reviewer:

The authors could consider additional statistical tests to compare the immediate post-treatment effects and the durability of these effects at follow-up, enhancing the robustness of the findings.

Some sections of the results could be made clearer, especially in the tables presenting the statistical analysis. Simplifying these tables and providing a brief narrative explanation of the key findings in the text would improve readability.

Expanding the discussion to compare these findings with similar studies in different contexts (e.g., other stressful pediatric healthcare procedures) could enhance the paper's contribution to the literature.

A thorough proofreading is recommended to correct minor typographical errors and ensure consistency in formatting, particularly in the references section.

A more detailed rationale for selecting CBPT and RBPT, including a review of existing literature on these methods' effectiveness, would strengthen the paper's theoretical foundation.

Authors revised and uploaded the document.

1.2. Reviewer 2

Reviewer:

The article needs clearer explanation of the quasi-experimental design, particularly how the control group was managed and why this design was chosen over a randomized controlled trial, which could offer stronger evidence for the interventions' efficacy.

The authors should provide a power analysis or other justification for the sample size to ensure it has adequate power to detect a meaningful difference between interventions.

While the study outlines the sessions for CBPT and RBPT, more detailed descriptions of the activities and theoretical underpinnings for each session could help in replicating the study and understanding why certain activities might be more effective.

The study could be strengthened by analyzing potential covariates that might influence anxiety levels in children, such as previous dental experiences, parental anxiety, and socioeconomic status.

A longer follow-up period beyond two months would be beneficial to assess the long-term effectiveness of the interventions, especially to see if improvements in anxiety are sustained over time.

Incorporating qualitative feedback from participants and their parents could provide deeper insights into how the children experienced the therapies and any perceived benefits or drawbacks.

The limitations section should more explicitly address the implications of the study's design and sampling method on the generalizability of the findings.

Authors revised and uploaded the document.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.