




The Effectiveness of the Floortime Rehabilitation Method on the Theory of Mind in Students With High-functioning Autism

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1. Round 1

1.1. Reviewer 1

Reviewer:

The statement "researchers emphasize that difficulties in understanding one's own and others' movements, social interactions, and atypical behaviors are significantly associated with motor problems and inefficient movement execution" is important, but could you provide more recent references to support this claim? The citation of Harris et al. (2008) might not fully reflect the current state of research. Please ensure that the literature review reflects the latest developments in the field.

The phrase "lower motor proficiency is linked to social withdrawal, difficulty forming friendships, and poorer social development" is crucial to your argument. However, could you clarify whether this association is bidirectional? Are motor issues the cause of social difficulties, or could social withdrawal exacerbate motor proficiency issues? This needs a clearer explanation to strengthen the logical flow.

The phrase "An important consideration in treating children with ASD is the necessity of family involvement in therapy" is a significant point. However, it would be helpful to elaborate on why family involvement is critical. How does family participation directly influence the outcomes of interventions such as Floortime? This additional explanation would strengthen the argument for including parents in therapeutic processes.

The sentence "Motor imagery plays a vital role in cognitive processes related to skilled motor behaviors" is central to your hypothesis. To strengthen this argument, could you expand on how motor imagery has been previously shown to support motor development in children with ASD specifically? Citing additional studies that focus on ASD could enhance the relevance of this claim.

The sentence "Considering the aforementioned points, the present study seeks to answer the question: Is the Floortime rehabilitation method effective in enhancing levels of theory of mind and motor imagery in children with high-functioning autism spectrum disorder?" introduces the research question clearly. However, it would be beneficial to state briefly how the study is uniquely positioned to answer this question. What makes this study different from others investigating Floortime or related interventions?

The sampling method is clearly explained, but the inclusion criteria for the participants could be specified more clearly. For example, why were only male children chosen, and how does this affect the generalizability of the findings? A discussion of this choice could help address potential biases in the study.

The description of multi-stage cluster random sampling is somewhat unclear. Could you provide more details on how the schools were selected within the randomly chosen districts? Additionally, were there any efforts made to ensure that the sample was representative of the broader population of children with ASD, in terms of socioeconomic status or severity of symptoms?

The statement that the 45 participants were randomly divided into three groups is essential, but it would be helpful to mention whether any stratification was used (e.g., based on age, severity of ASD). This would address potential concerns about group comparability.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The introduction presents a solid background on Autism Spectrum Disorder (ASD), but the sentence "Although much of the research and clinical focus on ASD has been directed toward improving social and behavioral development, issues related to learning and motor control have not been considered diagnostic criteria for this disorder" could benefit from further clarification. Could you explain why motor control and learning difficulties have been underexplored as diagnostic criteria, despite their potential impact on social behavior? This would provide a clearer rationale for your study's focus on motor imagery.

You mention that Floortime is one of the most widely used developmental interventions but do not explain why it is particularly suited to address motor skills in children with ASD. Could you expand on how Floortime's specific components directly address motor control and motor imagery deficits, as this connection is central to your research question?

The sentence "Floortime emphasizes the impact of natural emotions and emotional interactions on children's cognitive, linguistic, self-regulatory, and social abilities" is well-written but might benefit from further elaboration. Specifically, how does Floortime's approach differ from other interventions in its handling of these emotional factors, and why is it believed to be effective for motor skill enhancement in ASD children? A comparative discussion could add depth here.

The explanation of the core principle of Floortime is thorough. However, when describing the six levels of developmental capacities (e.g., "attention and regulation, engagement and forming relationships"), please provide a brief example of how these capacities manifest in practical Floortime sessions. This will help readers visualize the intervention and its practical application.

In the sentence "Floortime is essentially a gradual process of increasing a child's tolerance through play," it would be helpful to clarify how "tolerance" is defined in this context. Does this refer to tolerance for social interactions, sensory input, or emotional regulation? This clarification would improve the precision of your argument.

It would be useful to explain how the "Dossa-Ho method intervention" was implemented in the study. This method is mentioned as a comparison to Floortime but is not described in sufficient detail for readers to understand how it differs or aligns with the Floortime intervention. A brief description of this intervention would clarify its role in the study.

In the control group, no intervention is provided. Could you explain what measures were taken to ensure that the control group did not receive any alternative treatments (e.g., traditional therapies, parental guidance)? This would help clarify potential confounding variables in your study design.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.