






Comparison of the Impact of Functional Communication-Based and Theory of Mind-Based Intervention Programs on Distress Tolerance in Children with Autism Spectrum Disorder

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E d i t o r	R e v i e w e r s
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1. Round 1

1.1. Reviewer 1

Reviewer:

The article defines distress tolerance as “the actual or perceived ability to endure emotional distress”, but later discusses it in relation to emotion regulation and avoidance behaviors. Clarify whether the study treats distress tolerance as a component of emotion regulation or a separate construct.

The methods state that “45 children with ASD were selected using GPower software calculations”*, but do not specify the effect size or power assumptions. Explicitly reporting the effect size and rationale for the sample size calculation would improve methodological transparency.

The inclusion criteria mention “a primary and dominant diagnosis of ASD” but do not specify diagnostic criteria or assessment tools. Were DSM-5 criteria, ADOS, or another diagnostic measure used? Clarify how the ASD diagnosis was confirmed.

The Bonferroni test results (Table 3) indicate no significant difference between FCT and ToM training. However, the discussion states that “the effectiveness of functional communication-based intervention training and theory of mind-based training on distress tolerance in children with ASD in Shahin Shahr, Isfahan, differs significantly.” This seems contradictory—clarify whether the interventions differed significantly or not.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The introduction mentions “FCT effectively reduces maladaptive behaviors in children with ASD”, citing Watts (2020), but does not elaborate on the mechanisms. A brief discussion on how FCT improves distress tolerance beyond behavior reduction would strengthen the theoretical foundation.

The section on ToM-based training states that “acquiring social and ToM-related skills is crucial for everyday relationships”, but it is unclear how this relates to distress tolerance. Provide a theoretical link between understanding others’ perspectives and managing personal emotional distress.

The study outlines the intervention procedures but does not describe how fidelity was maintained across therapists and sessions. Were sessions recorded, or was therapist adherence checked through supervision or fidelity checklists?

The data analysis section states that ANCOVA was used “to compare the post-test scores of distress tolerance while controlling for pre-test scores”, but does not clarify whether homogeneity of regression slopes was tested. Report whether this assumption was checked and met.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.