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The Effectiveness of Cognitive-Behavioral Couple Therapy and Social Support Training on Marital Conflict and Social Interactions Among Mothers of Children with Specific Learning Disorders

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1. Round 1

1.1. Reviewer 1

Reviewer:

The participant description beginning with “The statistical population consisted of mothers of children with specific learning disorders who attended counseling centers in Bushehr, Iran” is insufficiently specific regarding diagnostic verification. The manuscript should explain how the children's specific learning disorders were established, including whether diagnosis was based on DSM criteria, clinical records, standardized educational or neuropsychological assessment, specialist diagnosis, or parental report. The type of specific learning disorder should also be reported, including reading, written expression, mathematics, or mixed presentations, because heterogeneity in children's conditions could materially affect parental stress and intervention outcomes.

The inclusion criterion stating that participants were “mothers of a child diagnosed with a specific learning disorder” should be expanded to clarify whether mothers had to be currently married and cohabiting with a spouse. This issue is particularly important because one intervention is described as cognitive-behavioral couple therapy, yet the sample is repeatedly characterized as consisting of mothers rather than couples. The manuscript should clearly state whether spouses attended the sessions, whether both partners participated in therapeutic exercises, and whether outcome measures were completed only by

mothers. Without this information, the intervention label “couple therapy” and the unit of treatment remain conceptually ambiguous.

The social support training paragraph attributes the intervention to “Guerra et al. (2025),” but the source is not included in the reference list provided for the Introduction and Discussion. The complete reference should be included in the manuscript's bibliography, and the authors should verify that the cited study actually provides the six-session protocol described. If the protocol was constructed by the present researchers based on broader concepts in that source rather than directly reproduced from it, this distinction must be stated explicitly to avoid inaccurately attributing a newly developed intervention to another study.

The manuscript should provide essential information about intervention fidelity and therapist qualifications. Neither intervention paragraph currently identifies the therapist's profession, academic degree, clinical training, years of experience, supervision, or specific competence in cognitive-behavioral couple therapy and social support interventions. Furthermore, the authors should report whether sessions followed a manual, whether fidelity checklists were completed, whether sessions were supervised or recorded, and how deviations from the protocol were managed. These details are particularly important when differences between two active psychological interventions are being interpreted.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The description of the Revised Marital Conflict Questionnaire states that it was “developed by Sanaei-Zaker and Bostanipour (2008),” but the manuscript should provide substantially more psychometric and structural information. The authors should report the original instrument's subscales, the number of items assigned to each subscale, the response anchors of the five-point scale, evidence for construct or criterion validity from prior research, and previously reported reliability coefficients. The current statement that the instrument assesses “multiple dimensions of marital conflict” is too general for a scientific Methods section and prevents readers from adequately evaluating measurement validity.

In the paragraph describing the Social Interaction Anxiety Scale, the manuscript refers to the outcome as “social interactions” in some sections but identifies the instrument as the Social Interaction Anxiety Scale and correctly states that higher scores indicate greater anxiety and difficulty in social interactions. This terminology should be standardized throughout the manuscript. The dependent variable should preferably be called “social interaction anxiety” rather than “social interactions,” because these constructs are not interchangeable. Improvement on this measure represents a reduction in social interaction anxiety, not necessarily a direct increase in objectively measured social interaction frequency or quality.

The Methods section states that “Items 5, 9, and 11 are reverse-scored” on the Social Interaction Anxiety Scale. The authors should verify this scoring statement against the exact version used in the study and report whether a validated Persian version was administered. If a Persian adaptation was used, the translator/adaptor, validation sample, factorial structure, internal consistency, and any modifications from the original Mattick and Clarke instrument should be documented. Using an internationally established measure does not itself establish linguistic and cultural validity in the present Iranian sample.

The manuscript reports item-total correlations as evidence of “internal validity” for both questionnaires. This terminology should be revised because item-total correlations primarily provide evidence regarding internal consistency and item discrimination rather than construct validity in the broader psychometric sense. If the authors wish to claim validity in the present sample, they should conduct and report an appropriate analysis such as confirmatory factor analysis, convergent validity assessment, or correlations with established related constructs. Otherwise, the wording should be limited to stating that all items showed statistically significant item-total associations.

The cognitive-behavioral couple therapy paragraph states that the six-session protocol was “adapted to the circumstances and psychosocial needs of mothers of children with specific learning disorders based on the protocol described by Darwiche et al. (2022).” The adaptation process requires fuller methodological documentation. The authors should specify which

components were retained, omitted, added, or modified relative to the source protocol; who conducted the adaptation; whether experts reviewed the content; and whether the adapted intervention was piloted. Without this information, intervention reproducibility and treatment fidelity cannot be adequately assessed.

The intervention description repeatedly uses the term “couple therapy,” but the session summaries focus heavily on mothers, for example, “the therapist helps mothers understand the difference between being a spouse and being a parent.” This creates uncertainty about whether the intervention was delivered individually to mothers, in mother-only groups, or jointly to marital dyads. The manuscript should explicitly identify the treatment format, group size, presence or absence of spouses, therapist-to-participant ratio, and whether role-playing involved actual partners or simulated interactions. This clarification is central to the internal validity and correct nomenclature of the intervention.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.