





# Design and Validation of an Acceptance and Commitment Therapy-Based Intervention Package for Mothers of Children with Intellectual Disabilities

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## 1. Round 1

### 1.1. Reviewer 1

Reviewer:

In the sentence "ACT leads to psychological flexibility in mothers of children with intellectual disabilities through six core processes," it would be helpful to elaborate briefly on what these processes entail. Providing a succinct description could enhance clarity for readers unfamiliar with ACT.

The sampling method for expert selection is described as "purposeful sampling." This needs further elaboration. How were these specific eight experts chosen, and why are they representative of the field?

The exclusion criteria for mothers with severe psychological disorders are appropriate. However, the rationale for excluding mothers using psychotropic medications should be expanded. Would including them introduce confounding variables?

The study is described as "qualitative in nature," yet the data analysis includes quantitative measures such as the CVR and CVI. This hybrid approach should be justified and explained more clearly in the methods section.

In Table 1, the session content appears thorough, but it might be beneficial to include a rationale for the choice of metaphors used (e.g., "Magic wand," "Duck metaphor"). How do these specific metaphors aid in achieving therapeutic goals?

Authors revised the manuscript and uploaded the document.

### 1.2. Reviewer 2

Reviewer:

The literature review in the introduction is somewhat limited. There should be a broader discussion of the previous interventions used with mothers of children with intellectual disabilities beyond ACT. This would help place ACT in a broader context of therapeutic interventions.

The sentence "ACT is based on the hypothesis that psychological distress arises from attempts to control or escape negative thoughts and emotions" (Mahvash et al., 2024) requires more detailed citations of foundational ACT studies. Including seminal works by Hayes et al. would strengthen this statement.

The sample size of eight professors for content validation seems relatively small. Justify this choice in terms of saturation or expert selection criteria. Could more experts improve generalizability?

The CVR values in Table 4 range from 0.75 to 1. Although this indicates acceptable validity, a more detailed explanation of why 0.75 was chosen as the threshold value should be provided. Are there alternative interpretations of CVR values in similar studies?

The explanation of face validity using the "Impact Score" formula is unclear. A brief example of how the impact score was calculated for one session would help clarify this process for readers.

The study uses both CVR and CVI to assess content validity, but the distinction between these two measures is not adequately explained. Clarify why both were necessary and how they complement each other.

The discussion would benefit from a more thorough comparison with existing literature on similar interventions for mothers of children with disabilities. For example, how does this intervention package compare to mindfulness-based interventions or CBT?

In the discussion, you recommend that "therapists and counselors in the field of therapy use this approach." It would be helpful to outline specific settings (e.g., clinical, educational) where this intervention would be most applicable and effective.

Authors revised the manuscript and uploaded the document.

## 2. Revised

Editor's decision: Accepted.

Editor in Chief's decision: Accepted.