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Effectiveness of a Lived-Experience-Based Educational Program on Distress Tolerance in Mothers of Children with Leukemia

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the final paragraph of the Introduction, the sentence “Accordingly, the present study aimed to determine the effectiveness of a lived-experience-based educational program in improving distress tolerance among mothers of children with leukemia” appropriately states the study aim but does not specify the temporal design or the comparison condition. The objective should be reformulated to indicate that effectiveness was evaluated relative to a control group across pretest, posttest, and three-month follow-up assessments. A directional hypothesis should also be stated, predicting that the experimental group would show a greater increase in distress tolerance than the control group and that this improvement would be maintained at follow-up.

The early Introduction paragraph beginning with “Cancer remains one of the most consequential health challenges worldwide” provides a broad overview of global cancer burden but does not present leukemia-specific epidemiological information. Because the study focuses specifically on mothers of children with leukemia, the authors should report the relative frequency of leukemia among childhood cancers, its typical treatment burden, and the psychosocial consequences of prolonged treatment. The transition from general cancer statistics to pediatric leukemia should be made more direct so that the epidemiological rationale clearly supports the selected population.

In the Introduction, the sentence "Within many families, mothers assume the largest share of direct caregiving responsibilities" is plausible but requires more precise contextualization. The manuscript should explain whether this assumption is particularly relevant in the Iranian sociocultural context and how gendered caregiving expectations may intensify maternal distress. The authors should avoid presenting maternal primacy as universally applicable and should clarify that the study concentrates on mothers because of their predominant caregiving role in the sampled setting rather than implying that fathers or other caregivers experience no comparable burden.

The paragraph defining distress tolerance states that it is "an individual's perceived or actual capacity to withstand aversive emotional states," but the instrument used in this study primarily measures perceived distress tolerance. The conceptual distinction between behavioral distress tolerance and self-perceived distress tolerance should be maintained throughout the manuscript. The authors should clarify that the outcome assessed was self-reported perceived distress tolerance and avoid making conclusions about objectively observed tolerance of distress unless a behavioral measure was also administered.

In the Data Collection Tools section, the description of the Distress Tolerance Scale does not provide sufficiently precise scoring information. Please identify which items are reverse-scored, the possible total-score range, and whether the total score was calculated by summing or averaging items. The manuscript should also report reliability estimates from the present sample at each measurement stage rather than relying exclusively on coefficients from previous Iranian studies. Cronbach's alpha or preferably McDonald's omega should be presented for pretest, posttest, and follow-up data.

The statement that "the psychometric properties of the scale have been supported in Iranian samples" should be expanded to include evidence of construct validity, factor structure, and cultural adaptation. Reporting only Cronbach's alpha and test–retest reliability does not establish validity. The authors should explain whether the Persian version reproduced the original four-factor structure and whether confirmatory factor analysis, convergent validity, or criterion validity has been demonstrated. The cited alpha coefficient of .67 is relatively modest and should be acknowledged rather than described uncritically as satisfactory.

The intervention protocol paragraph is comprehensive but does not provide essential implementation details. The authors should report the duration of each session, session frequency, group size, intervention setting, facilitator's professional qualifications, training in Behfar's protocol, and whether a treatment manual was used. The manuscript should also state whether homework assignments were given, how attendance was monitored, and whether participants' adherence to exercises was assessed. Without these details, replication and evaluation of intervention fidelity remain difficult.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

In the Methods section, the sentence "The required sample size was estimated using Cohen's sample size guidelines, assuming a statistical power of .81, an effect size of .60, and a significance level of .05" is insufficiently detailed and potentially problematic. Please specify the exact statistical test used for the power calculation, whether the effect size of .60 represented Cohen's f, d, or another metric, the assumed correlation among repeated measurements, the nonsphericity correction, and the expected number of groups and measurements. The software or table used for calculation should also be identified. Without these details, the adequacy and reproducibility of the sample size determination cannot be evaluated.

In the Study Design and Participants paragraph, the authors state that participants were "assigned by simple random allocation," while the study is repeatedly described as quasi-experimental. If participants were genuinely randomized after recruitment, the design may more accurately be characterized as a randomized controlled trial with convenience recruitment rather than a quasi-experimental study. The authors should explain the randomization procedure, including who generated the allocation sequence, the method used, whether allocation was concealed, and who enrolled and assigned participants. If random assignment was not rigorously implemented, the terminology should be revised to avoid overstating the design.

The participant eligibility criterion stating "not having received concurrent pharmacological or psychological treatment during the preceding six months" requires reconsideration and clarification. Excluding mothers who received any

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pharmacological treatment may be overly broad because treatment for nonpsychiatric medical conditions may have no relevance to distress tolerance. Please specify whether this criterion referred specifically to psychotropic medication and psychological treatment. The diagnostic interview used to exclude acute psychiatric disorders should also be identified by name, and the qualifications and training of the interviewer should be reported.

The Methods section does not provide adequate clinical information about the children with leukemia. The caregiving burden and maternal distress may differ according to the child's age, leukemia subtype, time since diagnosis, treatment phase, hospitalization status, relapse history, and disease severity. The authors should report these clinical characteristics for each group and assess their baseline comparability. At minimum, the manuscript should explain whether the mothers' children were newly diagnosed, undergoing active treatment, in remission, or experiencing relapse, because these factors may substantially influence responsiveness to the intervention.

The paragraph describing ethical procedures states that "all procedures were conducted in accordance with research ethics principles," but no institutional ethics approval code, approving committee, or trial registration information is provided. Please report the full name of the institutional review board or ethics committee, the approval number, and the approval date. If the study was prospectively registered, provide the registration identifier. The manuscript should also explain how participant distress was managed during the group sessions and whether referral procedures were available for mothers who demonstrated severe psychological symptoms.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor's decision: Accepted.
Editor in Chief's decision: Accepted.

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