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OPEN PEER REVIEW

The Effectiveness of Acceptance-based Emotion Regulation Group Therapy on Diabetes Control Scale in Patients with Type 2 Diabetes: A Simple Randomized Controlled Study

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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

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1 Original submission

3 comments · 24 Mar 2021 – 16 Apr 2021

Mohammadreza Shalbafan Reviewer

MAJOR REVISION 24 Mar 2021

Thank you for sending the manuscript for review. It seems to address an interesting topic with an acceptable sample size, although there are some issues that should be addressed by the author(s) in the revised manuscript:

1. The type of study should be added to the title.
2. "An…structured DSM-V clinical interview for Axis 1 and 2 disorders." from the text. The authors should clarify which clinical interview was used, because DSM-5, not DSM-V, does not contain axes.
3. The time and city of the study should be added to the abstract.
4. The findings should be described in more detail in the abstract. More specifically, mean differences within and between groups during follow-ups, along with the main statistical findings, such as p-values, should be added.
5. Only the last keyword was selected from MESH, and the others should be replaced with appropriate ones.
6. Given the important connection between the intervention and culture, the prevalence of DM-T2 in Iran, as well as the Iranian cultural aspect of the intervention, should be discussed in both the introduction and the discussion.
7. Why was "membership in the Diabetes Association" an inclusion criterion? Also, what was the researchers' rationale for using 35–65 years as the age range for inclusion?
8. The manuscript needs proofreading by an expert in the English language. Some sentences are very long and unclear.
9. The intervention should be described in detail in a table, and the description in the text should be summarized very briefly.
10. It should be noted that the psychometric properties of the Persian version of DDQL are reported.
11. "In the previous version of this interview, the reliability of six disorders was reported as optimal (range 0.76 to 0.1) and for other disorders, the range was between 0.57 to 0.65 (29)." This sentence is not relevant to the mentioned tool. If you used SCID based on DSM-5, the whole subsection should be rewritten.
12. If performed, randomization should be explained in detail; if not, the barriers and rationales should be explained.
13. The second paragraph of the results should be summarized.
14. This sentence and the mentioned p-values are not consistent with table-2: "According to Table 2, the Group×Time interaction on glycosylated hemoglobin (P = 0.05, F =17.52), self-care activity (P = 0.05, F =2.50) and quality of life (P = 0.05, F =2.35) was statistically significant."
15. Ethical considerations, including the IRB code, should be added as a separate subsection.
16. This paper would be useful for enriching the manuscript as well:

Armani Kian, A., Vahdani, B., Noorbala, A. A., Nejatisafa, A., Arbabi, M., Zenoozian, S., & Nakhjavani, M. (2018). The impact of mindfulness-based stress reduction on emotional wellbeing and glycemic control of patients with type 2 diabetes mellitus. Journal of diabetes research, 2018.

Associate Editor

MAJOR REVISION 6 Apr 2021

Dear author,
Please revise your article according to the reviewers' comments.

Editor-in-Chief MAJOR REVISION 16 Apr 2021

Your paper has been evaluated by external peer reviewers. Please make your revisions according to the reviewers' comments. I would appreciate it if you would make the revisions as soon as possible using Track Changes in MS Word and colored text.

After revision, authors are obliged to upload a Word file containing the reviewers' comments and their responses to all comments, one by one.

Besides, please pay attention to the word count limitation:
Word count limits are specified at this link: http://kowsarpub.com/en/index.php/services/for-authors/895-word-count

We look forward to receiving your revised manuscript. Thank you for sending your work to the Iranian Journal of Psychiatry and Behavioral Sciences.

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Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

4 May, 2021

Dear Editor,
Subject: **Revision of the Manuscript**
Please attached find the revised version of the manuscript entitled: "**The Effectiveness of acceptance based emotion regulation group intervention on diabetes control scale in patients with type 2 diabetes: A randomized controlled study**". Also, the responses to the reviewers' comments are attached. In the new version of paper, the authors tried to address all the points clearly and without any ambiguity.

Manuscript ID.: 114224

Manuscript Title: The Effectiveness of acceptance based emotion regulation group intervention on diabetes control scale in patients with type 2 diabetes: A randomized controlled study

The authors would like to thank you for both reviewing the manuscript and helpful comments. The manuscript has been revised due to the precise comments of the reviewers. The new paragraphs and modifications, added to the new version of the paper, are marked in both the response letter and the paper.
The authors' responses to the comments are as follows:

Reviewers' Comments

Reviewer 1

We would like to thank you for your sincere comments and thoughtful review. We tried to provide reasonable responses to your great comments.

1- "Group intervention" should be replaced by "group therapy".
The change has been made all through the paper.

2- according to guideline of IJPBS, Keywords should be taken from those recommended by the US National Library of Medicine`s Medical Subject Headings (MESH) browser list. You can use the following address: http://www.ncbi.nlm.nih.gov/mesh/" and they should be ordered according to alphabet. Acceptance Based Emotion Regulation and Group Intervention are not selected from MESH.
The above-mentioned terms have been changed according to MESH as follows:
Emotion regulation, group therapy

3- Background is too long and should be cut in half.
This part has been shortened as much as possible to address the point mentioned by the respected reviewer.
4- Ethical number is necessary and should be written in method section.
The code was added to the 'method' part: The Ethics Committee of Iran University of Medical Sciences (ID: IR.IUMS.REC.1398.760) approved this study
5- In method section should be mentioned: How long has the follow-up been?

Follow-up time: Follow-up was performed 6 months after the last group therapy session. In that session, the participants filled-out the questionnaires again and underwent bold test.

6- How often were the questionnaires filled out?

Questionnaires and blood glucose tests: The pre-test stage was performed in the first group therapy session and the post-test stage was performed in the final group therapy session. Also, the follow-up stage was performed 6 months after the last group therapy session and the group members completed the questionnaires of this stage and performed their blood sugar test.

7- When was the interview done? Was it repeated?

All interviews and briefings were conducted by the researcher (the first author of the article) who was a final year student in clinical psychology, before the start of group therapy sessions and were not repeated in other stages of the study.

8- Please provide more detailed information about group therapy? It was held weekly? How long was each group therapy session? Who led the group?

Acceptance-based emotion regulation group therapy sessions were conducted by the first author of the article, who underwent practical and theoretical emotion regulation training units under the supervision of a supervisor with clinical supervision during his doctoral studies. Acceptance-based emotion regulation group therapy was performed in 14 sessions per week and each session lasted for 2 hours once a week.

9- The present study utilized a randomized controlled design to evaluate Effectiveness of acceptance based emotion regulation group intervention on diabetes control scale in patients with type 2,…In method should be mentioned the type of study as randomized controlled study.

The point is added to the “method section”.

10- Provide Flow chart of the trial as a figure.

A flow chart has been added to the paper as figure 1.

11- Means and standard deviations for all variables at pre-, post- and follow-up assessments should be reported.

This table was added to the paper.

Table 2. Descriptive Statistics of pre, post, and follow-up tests in the two groups

Factor		Emotion Regulation	Control
		M/SD	M/SD
HbA1c	Pre-Test	7.89(2.14)	8.36(1.96)
	Post-Test	6.80(1.65)	8.67(2.19)
	Follow	6.90(1/78)	9.66(2.32)

Self-care	Pre-Test	65.03(12/23)	62.25(12.04)
	Post-Test	73.64(12/49)	68.43(11.55)
	Follow	83.07(12.77)	66.78(11.13)
Quality of life	Pre- test	-9.28(2.01)	-8.50(1.13)
	Post-Test	1.78(1.66)	-10.30(1.53)
	Follow	0.27(1.43)	-8.50(1.32)

12- More than half of references were from more than 10 years ago.

Seven references have been updated as follows:

2. Association AD. 4. Foundations of care: education, nutrition, physical activity, smoking cessation, psychosocial care, and immunization. Diabetes care. 2015;38(Supplement 1):S20-S30.
15. Baghban Baghestan A, Aerab Sheibani K, Javedani Masrur M. Acceptance and commitment based therapy on disease perception and psychological capital in patients with type II diabetes. The Horizon of Medical Sciences. 2017;23(2):135-40.
19. Ghaedrahmati A, Jabalameli S. Effect of Acceptance and Commitment Therapy on the Quality of Life and Physical Indices of Patients with Diabetes. Journal of Diabetes Nursing. 2019:911-20.
20. Rahimi MA, AghaYosefi A. Studying the effectiveness of ACT on biological markers (2HPP, HBA1C, FBS) with patients with type II diabetes. Yafteh. 2019;21(2).
21. Saeedi P, Petersohn I, Salpea P, Malanda B, Karuranga S, Unwin N, et al. Global and regional diabetes prevalence estimates for 2019 and projections for 2030 and 2045: Results from the International Diabetes Federation Diabetes Atlas. Diabetes research and clinical practice. 2019;157:107843.
44. Armani Kian A, Vahdani B, Noorbala AA, Nejatisafa A, Arbabi M, Zenoozian S, Nakhjavani M. The impact of mindfulness-based stress reduction on emotional wellbeing and glycemic control of patients with type 2 diabetes mellitus. Journal of diabetes research, 2018; 1986820.
46. Mousavi M, DashtBozorgi Z. Effect of acceptance and commitment group therapy (ACT) on the hardness and perceived stress coefficient among patients with type 2 diabetes. Iranian Journal of Health Education and Health Promotion. 2017; 5(4):311-9.

Reviewer 2

We would like to thank you for your sincere comments and thoughtful review. We tried to provide reasonable responses to your great comments.

1. Type of study should be added to the title.

The point is added accordingly:

The Effectiveness of acceptance based emotion regulation group intervention on diabetes control scale in patients with type 2 diabetes: (A randomized controlled study)

2. "…structured DSM-V clinical interview for Axis 1 and 2 disorders."from text. The authors should clarify that which clinical interview was used, because DSM-5, not DSM-V, doesn`t contain Axis.

The word axis 1 and 2 is omitted from the text.

3. Time and city of study should be added to abstract.

The information is added to the abstract: The study was conducted in 2019-2020 in Tehran.

4. Findings should be described more in abstract. More specifically, mean difference within and between groups during follow-ups with main statistical findings like p-value should be added.

This part was added to the abstract:

The findings revealed that the mean difference between pre-test and post-test in the experimental group was significant in the variables of HbA1c, quality of life, and self-care while the mean difference between the post-test score and follow-up was not significant in HbA1c (P= 0.17) and Quality of life (P= 0.27) of the experimental group which indicates the stability of the treatment effect, six months after the intervention.

5. Only last key word was selected from MESH and others should be replaced with appropriate ones.

The other terms have been changed according to MESH as follows:

Emotion regulation, group therapy

6. Regarding important binding of the intervention with culture, prevalence of DM-T2 in Iran as well as Iranian cultural aspect of intervention should be discussed in both introduction and discussion.

The point has been addressed in both parts accordingly.

7. Why was "membership in the Diabetes Association" inclusion criterion? As well as what

was rationale of researchers for 35-65 year old as age range of inclusion criterion?
Type 2 diabetes is associated with diagnosis and prevalence in adulthood, and the age of 35 to 65 years, according to endocrinologists, is the most common age to see endocrinologists. The criterion of membership in the Diabetes Association was deleted as an entry criterion because there is no need for this entry criterion when it is a sample of the association.

8. The manuscript needs proof-reading by an expert in English language. Some sentences are so long and unclear.
The manuscript is revised accordingly.

9. Intervention should be described in details as a table and description in text should be, extremely, summarized.
This information was added to the method part.
Questionnaires and blood glucose tests: The pre-test stage was performed in the first group therapy session and the post-test stage was performed in the final group therapy session. Also, the follow-up stage was performed 6 months after the last group therapy session and the group members completed the questionnaires of this stage and performed their blood sugar test.
Follow-up time: Follow-up was performed 6 months after the last group therapy session.

All interviews and briefings were conducted by the researcher (the first author of the article) who was a final year student in clinical psychology, before the start of group therapy sessions and were not repeated in other stages of the study.

Acceptance-based emotion regulation group therapy sessions were conducted by the first author of the article, who underwent practical and theoretical emotion regulation training units under the supervision of a supervisor with clinical supervision during his doctoral studies. Acceptance-based emotion regulation group therapy was performed in 14 sessions per week and each session lasted for 2 hours once a week.

10. It should be noted that psychometric properties of Persian version of DDQL are reported.
The sentence was added to the manuscript as:
In this research, the Persian version of the scale was utilized.

11. “In the previous version of this interview, the reliability of six disorders was reported as optimal (range 0.76 to 0.1) and for other disorders, the range was between 0.57 to 0.65 (29).”. This sentence is not relevant to mentioned tool. If you used SCID based on DSM-5, whole of the sub-section should be rewritten.

The paragraph was revised as follows:
Structured clinical interview DSM-V for mental disorders (SCID-I):

The DSM-V Structured Clinical Interview for mental Disorders is a semi-structured interview reviewed in 2014 by First to assess Mood Disorders, Psychotic Disorders, Anxiety Disorders, Substance Abuse Disorders, Obsessive-Compulsive Disorders and related disorders, Eating Disorders, Physical Symptom Disorders, Some Sleep Disorders (such as Insomnia and Hypersomnia), External Disorders, along with related disorders to trauma and stressors. In a recent study, the reliability of six disorders was reported as optimal (range 0.76 to 0.1) and for other disorders, the range was between 0.57 to 0.65 (32).

12. If performed, randomization should be explained in details and if not the barriers and rationales should be explained.

Forty patients with diabetes who met the conditions for participation in the study and signed the informed consent form, were placed in one of the emotion regulation groups based on acceptance and waiting list (control) by completely random assignment and by random replacement method. They were divided into intervention and control groups:

1- Intervention group: drug therapy along with acceptance based emotion regulation group therapy,

2- Control group: drug treatment.

In both groups, 20 people entered the sessions, of which 4 in the intervention group and 3 in the control group were lost during the study.

13. Second paragraph of results should be summarized.

The paragraph is revised as follows:

Then, the Mixed-design ANOVA was used to assess the effectiveness of the therapy on patients with type 2 diabetes comparing to the control group, the results of which are shown in Table 2.

14. This sentence and mentioned p-values are not consistent with table-2: "According to Table 2, the Group×Time interaction on glycosylated hemoglobin (P = 0.05, F =17.52), self-care activity (P = 0.05, F =2.50) and quality of life (P = 0.05, F =2.35) was statistically significant."

The information was revised as follows:

Variable	Df	Mean Square	F/P			partial π^2
			Time	Group	Time×Group	
HbA1c	3.19	5.76	(0.04)3.19	(0.006)9.00	(0.0001)17.52	**0.40**
Self-Care	1	330.041	(0.01)4.95	(0.009)8.44	(0.09)2.50	**0.20**
Quality of Life	1	412.57	(0.04)2.63	(0.02)2.81	(0.13)2.35	**0.23**

According to Table 2, the Group×Time interaction on glycosylated hemoglobin (P = 0.0001, F =17.52), self-care activity (P = 0.09, F =2.50) and quality of life (P = 0.13, F =2.35) was statistically significant. As a result, it can be stated that the intervention led to a difference between the experimental and the control groups. In addition, the obtained ETA coefficient shows that the intervention could predict 0.40 of glycated hemoglobin, 0.20 of changes in self-care activities and 0.23 of changes in the quality of life.

15. Ethical considerations included IRB code should be added as a separated sub-section.

The code was added to the 'method' part: The Ethics Committee of Iran University of Medical Sciences (ID: IR.IUMS.REC.1398.760) approved this study

16. This paper would be useful for enriching the manuscript as well:

Armani Kian, A., Vahdani, B., Noorbala, A. A., Nejatisafa, A., Arbabi, M., Zenoozian, S., & Nakhjavani, M. (2018). The impact of mindfulness-based stress reduction on emotional wellbeing and glycemic control of patients with type 2 diabetes mellitus. Journal of diabetes research, 2018

Thank you very much for introducing the source. It was very useful. Also, the following sentence was drawn from the article.

Moreover, studies showed that mindful eating techniques, introduced in an effort to develop an individual understanding of diet and nutrition and to increase patients' mindful awareness with regard to eating, were effective in achieving favorable results

2 Revision 1

1 comment · 5 Jun 2021

Editor-in-Chief

MINOR REVISION 5 Jun 2021

Thank you for your recent revisions.
Your paper has now been evaluated again. According to the associate editor's comments, it needs some more revisions. Please make your revisions according to these comments. I would appreciate it if you could make the revisions as soon as possible using Track Changes mode in MS Word and colored text.

3

Revision 2

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

6 June, 2021

Dear Associate Editor,
Subject: **Revision of the Manuscript (2)**
Please attached find the revised version of the manuscript entitled: "**The Effectiveness of acceptance based emotion regulation group therapy on diabetes control scale in patients with type 2 diabetes: A simple randomized controlled study**". Also, the responses to the respected associate editor's comments are attached. The authors tried to address all the points mentioned clearly and without any ambiguity.

Manuscript ID.: 114224

Manuscript Title: The Effectiveness of acceptance based emotion regulation group therapy on diabetes control scale in patients with type 2 diabetes: A simple randomized controlled study

Associate Editor' Comments

We would like to thank you for your sincere comments and thoughtful review. We tried to provide reasonable responses to your great comments.

1- "Group intervention" should be replaced by "group therapy".

The change has been made in the title of the paper.

2- The type of randomization has not mentioned.

This study adopted 'simple random sampling' with pre/test, posttest, with follow-up and a control group. The point has been added to the title as well as the method part.

3- The title of the figure should be written below it.

The change has been made accordingly.

4- Pre-post-follow up boxes should be omitted from flowchart because there did not contain any information.

The boxes were omitted from the flowchart. However, it should be mentioned that they were explained in the text thoroughly.

3 Revision 2

1 comment · 17 Jul 2021

Editor-in-Chief

ACCEPT 17 Jul 2021

We have completed our review of your manuscript and are pleased to inform you that it is being considered for publication in the IJPBS. Note that the publication of your article will only be finalized with your cooperation in the editorial process.
Thank you for your fine contribution. On behalf of the Editors of IJPBS, we look forward to your continued contributions to the Journal.