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IJ Psychiatry and Behavioral Sciences
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Peer Review Report for "Comparison of the Effectiveness of the KiSS Cognitive-Behavioral Therapy Program and Reflexotherapy on Insomnia in Children"

Author(s): Afsaneh Bagheri Karimi, Anita Baghdassarians, Farbod Fadai

Review Timeline:

Submit Date:	20 Feb 2022
Revised Date:	23 Jul 2022
Accepted Date:	30 Jul 2022

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (0) — 20 May 2022

Dear AE,
There are some comments which should be addressed by the author:

Please read my comments and revise the paper.
Replace the “availability sampling” with “convenience sampling”.
Replace “divided into” to “assigned into”
It’s recommended to use “instruments” instead of “study questionnaire”.
Please explain what Kiss Means in the first paragraph.

Kind regards,

REFEREE: Reviewer | **Revision** (0) — 25 May 2022

Dear AE,

The present study is innovative in terms of title and purpose with emphasis on sleep

disorders in children (insomnia) and the introduction and application of two new methods in the treatment of this disorder, according to the time of the study (2011).
The study introduced sleep disorders and their prevalence in children and emphasized new sources in the theoretical information, but did not mention the revised version of DSM5. In the field dimension, there are all standards in the selection of measuring instruments. The age group is also considered.
Regarding the community and the sample, there is no need for two control groups and the sampling period has also limited external validity. Considering the year of implementation (2011) and the year of publication of the article (1401), care should be taken in using the results and findings by the experts of the article and more emphasis should be placed on this limitation in the article.

Kind regards

¬ **Somayeh Zamirinejad**: Associate Editor | **Revision** (0) 1 Jun 2022

Dear EIC,
There are some comments which should be addressed by the author:

This is a quasi-experimental study comparing the effectiveness of two interventions, KiSS treatment, and reflex therapy, with two separate control groups. Two reviewers have read this manuscript and presented their concerns. Reviewer #1 points out that having two control groups is unnecessary, and also the large interval between the time of implementation and writing the report needs to be mentioned as a limitation, I agree that having two control groups is unjustified and the rationale should be explained.
In general, this manuscript fails to determine the significance of the research topic, the logic behind choosing these interventions to compare with each other, the gap it fills, and the proper report of the outcomes.

Here I added some more issues that need to be addressed:

Abstract

1. The first sentence of the background is not well written and also is not informative or necessary.

2. The KiSS treatment program has not been introduced in any part of the manuscript. In the first place that you mention the phrase, it should be noted that what does it stand for? Because it's not as well-known as the authors think it is. Googling "The KiSS treatment program" does not lead to any meaningful or relative information. For example, nowhere in the manuscript, is the reader informed that this program is a multicomponent treatment comprising (CBT-I, hypnotherapy, and imagination).

3. "The KiSS treatment program" is not a MeSH keyword.

Background:

1. The numbering of citations is rather odd. It starts with 6 and then goes to 42. Citation number 1 does not appear in the text till the method section! It needs to be ordered according to the appearance of the text.

2. Describe the allocation method in more detail. Was it random or not? Which method was used to generate a random sequence? What was the allocation concealment mechanism? Who generated the sequence? Who enrolled participants?

3. The third paragraph of the introduction needs a more valid and related reference. The reference you mentioned is a research project with a non-related topic to the text. Also if this is an unpublished work, it needs to be mentioned in the references. If it is published, needs to be replaced with the published paper information.

4. In the exclusion criteria you are supposed to mention the criteria by which you excluded participants from entering the sample. The criteria you mentioned (like absence in sessions) is suitable for excluding the data from statistical analysis; because those participants were already included in the sample.

5. It is highly recommended to include participants' flow diagrams.

6. The reasons for exclusion and dropouts should be explained.

7. A "Personal Information Questionnaire" has been introduced consisting of many items. It claims to provide information like the child's medical history and use of drugs, history of child sleep problems, current status of the child's sleep, daily activities, and parents' attitudes about sleep disorders of the child. But it's not clear what these entail. For example how it is going to measure "parent's attitudes about sleep disorders"? Is it an open-ended question? Or multi-choice? If multi choice what are the options? This goes for all the other items as well.

Results:

1. In the methods you claimed that so many demographic characteristics are going to be measured, but there is no mention or evidence of them in the results. Include a demographic characteristics table with the findings of parents' education, child's medical history and use of drugs, history of child's sleep problems, and current status of child's sleep, daily activities, and parents' attitudes about sleep disorders of the child.

2. Table 2 is unnecessary and can be removed and presented in text.

3. On page 10 you mention that insomnia scores in the posttest and follow-up stages increased significantly. Since you haven't provided the mean scores of the variable in pre-, post, and follow-up, it's not possible for the reader to understand or imagine the significance of this finding. A table with the mean score of the measured variable of all 4 groups in 3 stages of measurement should be included.

Discussion:

1. The discussion should take into account the mechanism by which the intervention was intended to work (causal pathways) or alternative mechanisms or explanations. What we see in your discussion is mostly giving info about the pathways or brain structures or other factors that are important or have some kind of effect on the sleep process. Like some isolated islands of information.

2. You report a finding that insomnia reappears in children in reflexotherapy group What symptoms tend to reappear? Why do you think that is? You should explain and interpret this finding more.

Conclusions:

1. "… recommended as the first choice treatment of insomnia …"
Such recommendations cannot be made based on the findings of one study. You can just point out that between these 2 interventions, this one showed more promising results.

2. I left more comments in the PDF file. Take a look at those also.

Kind regards,
AE

Mehran Zarghami: EIC | **Revision (0)** 5 Jun 2022

Dear Authors,

Thank you for submitting your manuscript for consideration for publication in the Iranian Journal of Psychiatry and Behavioral Sciences. External peer reviewers have evaluated your paper. Please revise it according to their comments. I would appreciate it if you could do the revisions as soon as possible.

After revision, authors are obliged to upload reviewers' comments in a Word file, and they reply to each comment individually. Please note that the full manuscript file must be highlighted to indicate revised texts.

Besides, please pay attention to the word count limitation:
Word count limits are declared in this link: https://brieflands.com/journals/ij-psychiatry-and-behavioral-sciences/knowledgebase/category/tree#word_count_limits

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

Kind Regards,
EIC

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Dear Dr. Mehran Zarghami

Editor-in-Chief of Iranian Journal of Psychiatry and Behavioral Sciences

Title: "Comparison of the Effectiveness of the KiSS Treatment Program and Reflexotherapy on Insomnia in Children" (ID: 123504)

Thank you very much for reviewing our manuscript. We also greatly appreciate the reviewers for their complimentary comments and suggestions. We have reviewed the comments and have revised the manuscript accordingly.

Our response are given in a point-by-point manner below. Changes to the manuscript showed in red color.

Sincerely yours

Reviewer 1:

."Replace the "availability sampling" with "convenience sampling
"Replace "divided into" to "assigned into
."It's recommended to use "instruments" instead of "study questionnaire
.Please explain what does Kiss Mean in the first paragraph

The manuscript revised accordingly comments of the first reviewer.

Reviewer 2:

The present study is innovative in terms of title and purpose with emphasis on sleep disorders in children (insomnia) and the introduction and application of two new methods in the .treatment of this disorder, according to the time of the study (2011)
The study introduced sleep disorders and its prevalence in children and emphasized new sources in the theoretical information, but did not mention the revised version of DSM5. In the field dimension, there are all standards in the selection of measuring instruments. The age .group is also considered
In relation to the community and the sample, there is no need for two control groups and the .sampling time period has also limited external validity
Considering the year of implementation (2011) and the year of publication of the article (1401), care should be taken in using the results and findings by the experts of the article and more .emphasis should be placed on this limitation in the article

1. ICSD-3 and DSM-5 diagnostic criteria for insomnia mention in paragraph 2 of background:

This disorder is in the third edition of the International Classification of Sleep Disorders and the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders in the form of dissatisfaction with sleep quantity or quality (e.g., difficulty in initiating sleep, maintaining sleep, or waking up early in the morning and not being able to return to sleep) defined for at least 3 nights per week for at least 3 months despite adequate opportunity for sleep that leads to feelings of distress and impaired performance.

2. Two control group:

The two relationship elements of therapeutic alliance (the patient or client-therapist relationship) and group cohesion (the patient and other group members relationship) were found to contribute to therapeutic outcome. Since a large number of studies have shown that there is a positive correlation between the group cohesion, patient's recovery and outcome of treatment in group therapy (Yalom, 2020). So, in this study due to the difference in the implementation of the two intervention methods (i.e., group-individual) and in order to control the effect of the group cohesion on the research results, two control groups were used.
Yalom, I. D., & Leszcz, M. (2020). The theory and practice of group psychotherapy. Basic books.

3. The year of implementation (2011) and writing the report (1401):

According to date of Ethical Approval and date of enroll participants and assessment, dear reviewer been mistaken about time interval.

- Ethical Approval: IR.IAU.CTB.REC.1400.028.

- Enroll participants and assessment: In order to perform this study among children of 8 to 10 years with insomnia referring to Medical & Psychology Clinic of Shokoufeh in, Tehran, Iran, within July to October 2021.

Associate Editor's:

Abstract

1. The first sentence of the background is not well written, and also is not informative or necessary.

The first sentence of background was deleted.

2. The KiSS treatment program has not been introduced in any part of the manuscript. In the first place that you mention phrase, it should be noted that what does it stand for? Because it's not as well-known as the authors think it is. Googling "The KiSS treatment program" does not lead to any meaningful or relative information. For example nowhere in the manuscript the reader has been informed that this program is a multicomponent treatment comprising of (CBT-I, hypnotherapy, and imaginations).

The KiSS treatment program introduced in manuscript.

3. "The KiSS treatment program" is not a MeSH keyword.

According to the book and articles of Ashlarb et al., it was replaced by term of KiSS cognitive-behavioral therapy program instead of KiSS treatment program.

Background

1. The numbering of citations is rather odd. It starts with 6 and then goes to 42. Citation number 1 does not appear in the text till the method section! It needs to be ordered according to the appearance of the text.

The numbering of citation corrected.

2. Describe the allocation method in more details. Was it random or not? Which method was used to generate a random sequence? What was the allocation concealment mechanism? Who generated the sequence? Who enrolled participants?

The allocation method described with details
Sampling method: Children with selected by convenience sampling method
Allocation sampling method: Children were assigned randomly into two experimental and two control groups.

3. The third paragraph of the introduction needs a more valid and related reference. The reference you mentioned is a research project with a non-related topic to the text. And also if this is an unpublished work, it needs to be mentioned in the references. If it is published, needs to be replaced with the published paper information.

A new text replaced the third paragraph.

4. In the exclusion criteria you are supposed to mention the criteria by which you excluded participants from entering the sample. The criteria you mentioned (like absence in sessions) is suitable for excluding the data from statistical analysis; because those participants were already included in the sample.
5. It is highly recommended to include participants' flow diagram.
6. The reasons for exclusion and drop outs should be explained.

The inclusion and exclusion criteria and reasons of dropouts explained and was drawn participants' flow diagram.

7. A "Personal Information Questionnaire" has been introduced consisting of many items. It claims to provide information like child's medical history and use of drugs, history of child sleep problems, and current status of child sleep, daily activities, and parents' attitudes about sleep disorders of the child. But it's not clear that what do these entail? For example how it is going to measure "parent's attitudes about sleep disorders"? Is it an open-ended question? Or multi-choice? If multi choice what are the options? This goes for all the other items as well.

A. The purpose of the questions about medical history and use of drugs:
Review of history of organ transplant surgery and physical disease such as cardiovascular disease, epilepsy, and skin disease, fracture, wounds, inflammation or infection in the feet and use of drugs related to these diseases because they would not be able to receive reflexology treatment. It is mentioned in exclusion criteria.

B. History of child sleep problems and current status of child sleep before completing the Sleep Disturbance Scale for Children (SDSC), in order receiving information was asked, which was deleted from the text due to the ambiguity.

C. The purpose of the questions about daily activities:
The purpose of this question was to review the program of children's sports activities during the week. Because the children in the reflexology program had to avoid exercise at least two hours after the treatment sessions. This item was deleted from section of Personal Information Questionnaire due to the ambiguity. It is mentioned in the reflexotherapy protocol section.

D. There was a typographical error regarding the parents' attitude about sleep disorder of the child. The question presented in the questionnaire was related to the Parent's solutions and actions to help the child with insomnia, as if other treatment methods used in the last 6 months before, the child will be excluded from the sample.

E. The purpose of the questions about literacy level:

Having literacy level at least diploma for children's parents was one of the inclusion criteria.

Results

1. In the methods you claimed that so many demographic characteristics are going to be measured, but there is no mention or evidence of them in the results. Include a demographic characteristics table with the findings of parents' education, child's medical history and use of drugs, history of child sleep problems, and current status of child sleep, daily activities, and parents' attitudes about sleep disorders of the child.

These questions are set for determine of Inclusion and exclusion criteria for this reason there is no mention in the results. About parents' attitudes explained in the above lines.

2. Table 2 is unnecessary and can be removed and presented in text.

Table 2 removed in text.

3. In page 10 you mention that insomnia scores in the posttest and follow-up stages increased significantly. Since you haven't provided the mean scores of the variable in pre, post and follow up, it's not possible for the reader to understand or imagine the significance of this finding. A table with the mean score of the measured variable of all 4 group in 3 stages of measurement should be included.

There was a typographical error because in the insomnia scores in the posttest stage decreased but in follow-up stage increased significantly. To understand or imagine the significance of this finding for the reader was drawn the diagram.

Discussion

1. The discussion should take into account the mechanism by which the intervention was intended to work (causal pathways) or alternative mechanisms or explanations. What we see in your discussion is mostly giving info about the pathways or brain structures or other factors that are important or have some kind of effect in the sleep process. Like some isolated islands of information.

The manuscript was revised accordingly comments.

2. You report a finding that insomnia reappear in children in reflexotherapy group what symptoms tend to reappear? Why do you think that is? You should explain and interpret this finding more.

Because reflexotherapy reduced the mean scores of insomnia in the posttest stage. However, the changes were not stable, and the effectiveness of this treatment decreased in the two-month follow-up.

OPEN PEER REVIEW

Revision (1)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

Mehran Zarghami: Associate Editor | **Revision** (1) 30 Jul 2022

Dear EIC,

Based on the authors' answers to the reviewers' comments, the reviewer(s) have recommended publication.

Kind regards,
AE

Mehran Zarghami: EIC | **Revision** (1) 30 Jul 2022

Dear Authors,

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 upon your cooperation with the editorial processing.
Thank you for your fine contribution, and we look forward to your continued contributions to the Journal.

Kind regards,
EIC