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OPEN PEER REVIEW

# Feasibility and Acceptability of Internet-Based Emotion-Focused Cognitive Behavioral Therapy in Women with Suspected Fetal Anomalies: A Quasi-Experimental Study

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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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**Contents**

1 **Original submission** Referee 1, Referee 2, Associate Editor, Editor-in-Chief ..... 2
2 **Revision 1** Associate Editor, Editor-in-Chief ..... 4
**Authors' reply to reviewers** ..... 5
**Reviewer and editor comments** ..... 9

## 1 Original submission

4 comments · 11 May 2024 – 14 Jun 2024

### Referee 1 Reviewer

MAJOR REVISION 11 May 2024

Summary: The title suggests that the researcher intends to compare the effects of internet-based counseling with those of regular counseling. However, the methods and results do not reflect this; instead, internet-based counseling is compared between two groups, with and without spousal participation, and the final conclusion is that internet-based education is a good method for women with a diagnosis of fetal anomalies.
Introduction: The introduction addresses women's anxiety during pregnancy and its adverse effects on pregnancy outcomes. However, no attention has been paid to four important topics:
1- Anxiety caused by fetal anomalies and the associated frequencies
2- Emotion-based cognitive behavioral therapy and its application in treating this disorder
3- Comparison of individual therapy and couples therapy
4- Comparison of internet-based therapy with in-person therapy
Methods: 1- Only two groups of mothers (alone and accompanied by their spouses) were included in this study. The stated objectives cannot be achieved with these two groups.
2- One of the inclusion criteria was a gestational age below 20 weeks, and the sessions were held over six weeks. What is the justification for using a postpartum depression questionnaire?
3- The methods mainly describe the instruments. How was the education delivered, and which internet environment or platform was used?
Was the education provided in groups or individually? The exact sampling method and the method of allocation to the groups have not been explained.
Results: Statistically significant differences between the two groups have not been examined.
Discussion: Like the problem statement, the discussion focuses on cognitive behavioral therapy for women's anxiety and stress during pregnancy. Cognitive behavioral therapy, or the type of cognitive behavioral therapy used in this study, the comparison of web-based and in-person therapy, and spousal participation are discussed only briefly.

### Referee 2 Reviewer

MINOR REVISION 1 Jun 2024

Thank you for inviting me to review this paper. The following suggestions are provided to improve this study:

1. I suggested changing the title. Why is feasibility used? As stated in the methodology, this is a quasi-experimental study. In my opinion, it is better to mention the same type of study in the title.
2. In the methods section of the abstract, change “semi-experimental” to “quasi-experimental”. This word is mostly used in Iran. In order for your study to appear more often in search results, it is better to use “quasi-experimental”. (The term is correct in the text – line: 118.)
3. Please check your keywords against MeSH.
4. In the introduction, the first paragraph (lines 49-61) should be deleted or shortened. Focusing on previous studies in this case, such as reference number 13, can show the difference between your work and others. The main purpose of the introduction is to address the innovation of your work.
5. In the last paragraph of the introduction, the same source has been cited twice. Use other articles in this field.
6. In line 168, it is mentioned that the participants were divided into two groups. On what basis was this division done? Was matching done?

7. Five questionnaires are mentioned in the data collection section. In the methodology, write which questionnaires were completed by the participants before and which questionnaires were completed after the intervention.
8. Are the results of the fourth table based on the findings of the 4th and 5th questionnaires?
9. In the discussion, line 294, “semi-experimental” should be corrected.

Good luck

**Associate Editor** MAJOR REVISION 12 Jun 2024

Dear Author,
Based on our reviewers' comments, your manuscript needs some revision in all sections. Please revise and resubmit.
Thank you

**Editor-in-Chief** MAJOR REVISION 14 Jun 2024

Dear Author,
Thank you for your submission to JJCDC. We appreciate the effort you have put into your manuscript. While the study is indeed interesting in the chronic illness field, our reviewers have provided some valuable feedback that we believe will enhance the quality of your article.
We kindly request that you carefully consider the reviewers' comments and make the necessary revisions to all parts of the manuscript. We value your contribution to our journal and hope that you will resubmit the revised manuscript at your earliest convenience.
Thank you once again for choosing to submit your work to JJCDC. We look forward to receiving your revised manuscript.
Best regards,

2

# 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.

Dear Editor of Jundishapur Journal of Chronic Disease Care

Thank you for inviting us to revise the manuscript ID 147163. We revised the paper according to suggestions of the reviewers. We highlighted the changes . with yellow color. Also, we responded the comments

,Best regard

Corresponding Author

Reviewer 1

Summary: From the title, it is inferred that the respected researcher's intention is the effect of internet-based counseling compared with usual counseling. However, the methods and results do not reflect this; rather, internet-based counseling was compared in two groups with and without spousal participation, and in the final conclusion they reached the finding that .internet-based education is a good method for women diagnosed with fetal anomaly

**Response: Thank you for your valuable comments, which led to the improvement of this .article**

**The title of this study is a comparison of "the ease of use of two internet-based emotion-focused models", in one of which spousal participation was added. The same is written in the objective. The conclusion has also shown that these two models are equal to each other in terms of both ease of use and efficacy. Also, the final conclusion was edited and .made clearer**

Introduction: The Introduction addresses the issue of women's anxiety in pregnancy and its :adverse effects on pregnancy outcome, whereas four important topics

1- Anxiety caused by fetal anomaly and the related frequencies

2- Emotion-based cognitive behavioral therapy and its application in the treatment of this disorder

3- Comparison of individual therapy and couple therapy

4- Comparison of internet-based therapy with in-person therapy

.have received no attention

**Response: The Introduction was edited, and articles were added on the above suggested .topics**

Methods: 1- In this research, only two groups of mothers (alone and with spouse) were .included in the study; with these two groups, achieving the stated objectives is not possible

**Response: We understand your concern about including only two groups (mothers alone and with spouse) in the study. Our primary objective was to evaluate the feasibility, acceptability and efficacy of internet-based emotion-focused cognitive behavioral therapy (IECBT) in managing anxiety in pregnant women, particularly**

**comparing outcomes with and without spousal participation. We believe these two groups are sufficient to achieve our objectives for the following reasons:**

**1. Feasibility and acceptability: By focusing on these two groups, it can be determined whether IECBT is a practical and well-received intervention among pregnant women, whether they are treated alone or with their spouse.**

**2. Efficacy: Comparing these two groups allows us to directly evaluate the effect of spousal participation on IECBT outcomes and provide clear insight into its potential benefits.**

**We acknowledge that including additional groups could provide more comprehensive data. However, our aim was to maintain a focused and manageable study design that can provide meaningful and practical results. In any case, we included your concern regarding the generalizability of the results to other pregnant groups in the Limitations section and addressed it in the suggestions.**

2- One of the inclusion criteria in the study was a gestational age under 20 weeks, and the sessions were six weeks; what is the justification for using a postpartum depression questionnaire?

**Response: Although the EPDS was initially devised to assess postpartum depression, its application gradually became broader and it was also used for depression in pregnancy. Thus, today in the research literature, the EPDS is the most common instrument for measuring depression in women, both during pregnancy and after childbirth. In addition, the application of the EPDS goes beyond this, and it is the most common instrument for measuring depression in fathers during their wives' pregnancy and after childbirth. A few examples are mentioned:**

**1- Accuracy of the Edinburgh Postnatal Depression Scale (EPDS) for screening to detect major depression among pregnant and postpartum women: systematic review and meta-analysis of individual participant data**

**2- Predictive validity of the Edinburgh postnatal depression scale and other tools for screening depression in pregnant and postpartum women: a systematic review and meta-analysis**

**3- Validity of the Edinburgh postnatal depression scale for screening pregnant and postpartum adolescents: A systematic review**

**4- Comparison of the EPDS and PHQ-9 in the assessment of depression among pregnant women: Similarities and differences**

3- The Methods is mostly a description of the instruments; how was the type of education, and which internet arena or platform did they use?

**Response: Thank you for your feedback on the methodology. As explained in the methodology section, the sessions were delivered through the Zehn-e Aram ("Calm Mind") website. This item is highlighted in the revision.**

Was the education group-based or private? How exactly the sample was selected and how allocation to the groups was done has not been explained.

**Response: We appreciate your suggestions to provide more details. The education was delivered privately and online through the Zehn-e Aram ("Calm Mind") website; the method of sample selection and allocation to the two groups was explained in the methodology section.**

Results: Statistically significant differences between the two groups have not been examined.

**Response: Tables 3 and 4 are comparisons of means for the study outcomes. This section was edited and made clearer.**

**As Table 3 shows, we examined changes in the treatment outcomes, namely pregnancy-specific stress, depression and anxiety, at two levels:**

**Within-group: The aim of this examination was whether the outcome scores changed after the intervention compared with before the intervention in each treatment model. In other words, did each of the treatment models have an effect on the outcomes?**

**Between-group: The aim is to compare the means of the outcomes in the two types of treatment model at the end of the intervention. The comparison between groups shows us whether the models differ in their efficacy on the outcomes. Which model is more effective?**

Discussion: The Discussion, like the statement of the problem, focuses on cognitive behavioral therapy for anxiety and stress in women during pregnancy, and cognitive behavioral therapy or the type of cognitive behavioral therapy used in this research, or the comparison of web-based and in-person delivery and the presence of the spouse, has been discussed only very briefly.

**Response: Emotion-focused cognitive behavioral therapy is one of the third-generation cognitive behavioral therapies. Given that the research literature on emotion-focused cognitive behavioral therapy is scarce, we had to draw on models close to it. Nevertheless, to address the respected reviewer's concern, we again conducted a more comprehensive search and added studies.**

Reviewer 2:

Thank you for inviting me to review this paper, suggestions are provided to improve this study:

**Response: Thank you for valuables comments to improve the paper.**

1. I suggested changing the title. Why is feasibility used? As stated in the methodology, this is a quasi-experimental study. In my opinion, it is better to mention the same type of study in the title.

**Response: We agree that the title should accurately reflect the quasi-experimental nature of our study. We have revised the title to better align with the methodology and focus of the research.**

2. In the method of abstract, “semi-experimental’ change to “quasi-experimental’. This word is mostly used in Iran. In order for your study to have more visits in the search, it is better to use “quasi-experimental’. (in the text is correct – line: 118)

**Response: We agree that using "quasi-experimental" instead of "semi-experimental" will improve the clarity and visibility of our study. We have made the necessary change in the abstract.**

3. Please check your keywords with Mesh.

**Response: We have reviewed and revised the keywords using MeSH terms to ensure they align with standardized terminology and improve the discoverability of our study.**

4.In the introduction, the first paragraph (lines 49-61) should be deleted or shortened. Focusing on previous studies in this case, such as reference number 13, can show the difference between your work and others. The main purpose of the introduction is to address the innovation of your work.

**Response: We agree that the first paragraph can be shortened and that focusing on previous studies will better highlight the innovation of our work.**

5. In the introduction, the last paragraph, the same resource has been cited twice. Use other articles in this field.

**Response: We have revised this section to include additional references from other relevant studies, but very few studies have been conducted on this topic.**

6. In line 168, it is mentioned that the participants were divided into two groups. On what basis is this division done? Has matching been done?

**Response: We have added details to the methods section to explain the basis for this division and the matching process used to ensure comparability between the groups.**

7. Five questionnaires are mentioned in the data collection section. In the methodology, write which questionnaires were completed by the participants before and which questionnaires were completed after the intervention.

**Response: We have revised the methodology section to specify which questionnaires were completed before and after the intervention.**

8. Are the results of the fourth table based on the findings of the 4th and 5th questionnaires?

**Response: We have clarified that the results in the fourth table are based on the findings of the 4th and 5th questionnaires.**

9.In discussion, line 294 semi-experimental be corrected.

**Response: We have corrected "semi-experimental" to "quasi-experimental" as suggested.**

## 2 Revision 1

2 comments · 29 Oct 2024 – 29 Oct 2024

### Associate Editor

ACCEPT 29 Oct 2024

Dear Author,
All comments have been made and this manuscript is acceptable.
Thanks

### Editor-in-Chief

ACCEPT 29 Oct 2024

Dear Author,
This manuscript could be acceptable for publication.
Thanks