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OPEN PEER REVIEW

The Effectiveness of Pivotal Response Treatment Training for Mothers on the Communication Skills of Children with Non-verbal Autism Spectrum Disorder: A Randomized Clinical Trial

Farzaneh Abdi, Hossein Rezai, Neda Tahmasebi, Maryam Dastoorpour

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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

1 comment · 19 Jun 2022

Editor-in-Chief

MAJOR REVISION 19 Jun 2022

Dear Authors
According to the reviewers' and associate editor's comments, your article needs major revision. When revising your manuscript, please consider all issues mentioned in the reviewers' comments carefully: please outline every change made in response to their comments.

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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.

Middle East Journal of Rehabilitation and Health Studies

Date: February26, 2023

Subject: Submission of revised paper (ID 127597)

Thank you for your email enclosing the reviewers' comments. We have carefully reviewed the comments and have revised the manuscript accordingly. Our responses are given in a point-by-point manner below. Changes to the manuscript are shown in

"Underline/red".

We hope the revised version is now suitable for publication and look forward to hearing from you in due course.

Sincerely,

Corresponding author:

Farzaneh Abdi

Reviewer 1:Greetings and respect (apologies for writing the comments in Persian; due to a medical problem I am using voice-to-text conversion software, which is Persian). While the authors have put a great deal of effort into conducting the research and writing the article, fundamental issues are apparent, and overall it seems that, given the available sources, this article does not present a new finding, or the authors have not been able to show well what new finding this study has added to the existing knowledge in the field of rehabilitation of autism spectrum disorder:IntroductionThe Introduction discusses the problems of autism and the importance of treatment being cost-effective in terms of time and cost. Reference is also made to the role of parents. However, there is no review of the effect of the PRT intervention .on children with autism

Amended and description added.

Findings from systematic reviews and recent randomized controlled trials on the effectiveness of PRT show that parents are able to implement PRT techniques and that children with ASD indicate promising results regarding self-initiations, language development, general social communication skills and collateral gains such as global functioning. These research adds some evidence on the efficacy of PRT to improve the core symptoms of ASD as well as on its

potential to facilitate other domains of functioning by targeting social-communication skills. In addition, PRT has also resulted in improved parent–child interactional patterns and decreased parental stress (9).

In addition, it has not been explained why non-verbal children with autism were considered for this study.

Amended and description added.

The question arises as to why, among the many treatments that could also be taught to parents of children with autism, this intervention was chosen.

Amended and description added.

The reason for choosing the preschool age range and the importance of addressing this period has also not been explained.

Children aged 2 to 6 years were selected due to the ability of these children to learn language (the golden time of language learning). Also, the brain neuroplasticity is more at this age.

It seems that recent sources in this regard, such as the following sources, have not been reviewed:

Right to the reviewer. These articles were studied. And we rewrite the text using these articles.

de Korte, M. W., van Dongen Boomsma, M., Oosterling, I. J., Buitelaar, J., & Staal, W. G. (2022). Pivotal Response Treatment (PRT) parent group training for young children with autism spectrum disorder: a pilot study. Scientific reports, 12(1), 1-9.
de Korte, M. W., Kaijadoe, S., Buitelaar, J. K., Staal, W. G., & van Dongen-Boomsma, M. (2022). Pivotal Response Treatment (PRT)-Parent Group Training for Young Children with Autism Spectrum Disorder: A Qualitative Study on Perspectives of Parents. Journal of Autism and Developmental Disorders, 1-14.
Singh, N. (2014). The effects of parent training in pivotal response treatment (PRT) and continued support through telemedicine on gains in communication in children with autism spectrum disorder.

MethodsAt the beginning of the Methods section, by easy sampling method, do you mean convenience (available) sampling?

Right to the reviewer. The sentence was amended.

In line sixty-seven, your research population is all mothers of children with autism spectrum [disorder] who referred to autism centres in the city of Khuzestan, not all mothers of [children with] autism in this city.

The sentence was amended.

In line seventy-three, Down syndrome and physical disorders are named as disorders comorbid with autism, whereas these are not the most common comorbid disorders. Also, such a criterion is in fact an exclusion criterion, whereas in line fifty-six it is stated that there is no exclusion criterion

Right to the reviewer. It was amended.

In line seventy-six, the mother's consent to participate in the study can by no means be an inclusion criterion; rather, this is a necessary condition that exists for all studies, and there is no need to mention it as an inclusion criterion.

Amended**.**

In line seventy-six it is mentioned that if the parents did not cooperate, they were excluded from the study. This is a criterion for separation from the study (withdrawal), not an inclusion or exclusion criterion.

Right to the reviewer. It was amended.

In line eighty-one, the word treatment has not been written in the name of the test.

Amended**.**

At the end of the description of the instrument in line ninety-eight, a valid source needs to be cited for the psychometric information of the Persian version. Likewise, no information has been provided about the method of administration, who the respondent is, and the structure of this instrument, such as the number of items of the two subscales concerned and its scoring method.

Amended**.**

In the intervention method section, line one hundred and two, the question is why the ABA method was also used alongside the main intervention (from the text of this section it appears that PRT plus ABA was used in the intervention group).

ABA and PRT for the intervention group and ABA for the control group. So that the only difference between the control and intervention groups is the replacement of the PRT method with ABA for 12 sessions in the intervention group.

Also, a fundamental point about the intervention is that you trained the parents; what guarantee is there that they carried out the training received at home, since at home there was .no control over when they engaged in implementing the training received

The PRT method is a family-based method that is taught to parents and implemented at home. In order to ensure the correct implementation of the program, videos were prepared from some training sessions and presented to the speech therapist. Also, the implementation of the PRT program individually every week was followed by the SLP. ABA method was performed simultaneously for the intervention group in the clinic by the speech therapist.

Another question raised about the intervention is what is meant by routine treatment for the control group, since routine treatment may have different content in different clinics

It means the same as ABA treatment.

The procedure does not state by whom the assessment and training of the parents were ?carried out. Or how did the trainer himself/herself learn this approach

by a speech-language pathologist

There is no mention of what is meant by double-blind in this study and who was unaware of .what

Amended. Blinding has been done in relation to the people who evaluate the results.

..It is not clear whether the training of the parents was individual or in groups

It was individually.

ResultsIn the Results section, line one hundred and fourteen, it is stated that the study population was fifty-two people, whereas your study sample, who are selected from that .population, are fifty-two people

Amended.

In the Results section, a space should be placed between numbers and symbols such as .percent or the less-than/greater-than sign

Amended.

In a clinical trial study, a table of demographic information and a sampling flowchart based on CONSORT are expected.

Right to the reviewer. It was done.

In the Results section or [the description of] the test instrument, it has not been explained that the higher the score of the assessment instrument, the greater the disorder (and this point is explained in the Discussion!).

Right to the reviewer. It was amended.

The title of Table 1 needs editing.

Amended.

The title of Figure 1 needs editing (in three phases of the study phases)

Amended.

The end of the sentence in line one hundred and forty-three should be corrected (group?)

Amended.

Figure one is not referred to in the text

It was done.

DiscussionIn the first paragraph of the Discussion, the sameness of the two groups in terms of demographic characteristics and dependent variables is mentioned, and you consider it a reason for the randomness of the grouping. Firstly, this point is not a reason for or confirmation of the randomness of the grouping; secondly, this paragraph is suitable for the Results section, not the Discussion.

Amended.

The Discussion mentions that the scores of the scales decreased; in the Discussion one should not discuss with statistical terms such as score or mean, but should state the finding. Your finding is that these skills increased.Lines one hundred and sixty-nine to one hundred and eighty-eight of the Discussion relate to the results, and mentioning them in the Discussion is completely redundant and unnecessary. A summary of the findings can be stated in three or .four short sentences as an overview of the results without using statistical terms

Right to the reviewer. It was amended.

Throughout the article, terms such as autistic individual or autistic child have been used; such terms are not correct in today's scientific world, and only the phrase "children with autism .spectrum disorder" should be used

It was amended.

Lines 194 to 207 could be moved to the Introduction as the reason for training parents. Of course, by reviewing these studies it becomes clear that there have been very many similar studies, and no reason is found for the rationale and necessity of conducting the present .study

Right to the reviewer. It was amended.

Throughout the Discussion, repetition of the results has occurred, and it is also repeatedly stated that achieving positive results was due to the involvement of the parents, which is something that should have been raised in the Introduction, with these sources cited as a review of studies on using parents for intervention. In fact, the main discussion takes place .from line two hundred and twenty to two hundred and twenty-nine

It was amended.

Overall, the major flaws in the methodology of this study can be stated in the intervention method and the assessment instrument. Regarding the intervention method, it can be said that only the parents were trained. How much they implemented the training received has not .been monitored

In relation to the method of implementation, the duration of the programs and the results of the exercises, meetings with parents have been held individually every week, and if necessary, consultations have been provided for better and more accurate implementation of the programs.

Regarding the assessment, it can be said that the assessment was carried out with two subscales of one instrument, amounting to approximately 34 items. That is, a limited assessment was carried out; but the more important issue is that this assessment was carried out by the parents, who themselves also implemented the intervention; therefore, they certainly had bias in completing the questionnaires at post-test and .follow-up

Blinding has been done in relation to the people who evaluate the results.

Reviewer 2:
the manuscript needs to be written according to the CONSORT guidelines.

> **Associate Editor's Comments:**

Associate Editor 1:
Dear authors
Manuscript ID 127597 titled "The Effectiveness of Pivotal Response Treatment (PRT) Training for Mothers on Improving Communication Skills of Children with Non-Verbal Autism Spectrum", which you submitted to the Middle East Journal of Rehabilitation and Health Studies has been reviewed. Based on the reviewers' comments, we have determined that it requires major revisions and a second review before a decision can be made about its suitability for publication in the Middle East Journal of Rehabilitation and Health Studies. Therefore, I invite you to respond to the below comments and revise your manuscript.

2. Edit the manuscript by a native English editor

It was done.

3. Please respond to Persian comments in English

It was done.

4. Please avoid using abbreviations in the title

Amended.

5. Keywords should be written by MeSH terms.

It was done.

6. Use a comma instead / in the abstract.

Right to the reviewer. It was amended.

7. Write “randomized clinical trial” in the title

.The sentence was modified

8. Write the manuscript based on the CONSORT checklist and upload the completed CONSORT checklist

It was done.

9. Who is blind in your study?

Blinding has been done in relation to the people who evaluate the results.

10. Which kind of randomized method did you use?

We used randomized clinical trial (RCT).

11. Add the descriptive information of the participants in the table

Right to the reviewer. It was done.

12. Draw the CONSORT Flow Diagram

It was added to the article.

2 Revision 1

4 comments · 9 Mar 2023 – 25 Mar 2023

Referee 1 Reviewer

MAJOR REVISION 9 Mar 2023

Thank you for the opportunity to review the submission The Effectiveness of Pivotal Response Treatment Training for Mothers on Communication Skills of Children with Non-Verbal Autism Spectrum disorder. Please consider the following comments and queries to help strengthen the impact of the paper.

Title:
1. It is better to put the RCT designation at the end of the title as "The Effectiveness of Pivotal Response Treatment Training for Mothers on Communication Skills of Children with Non-Verbal Autism Spectrum disorder: A randomized clinical trial".
Abstract:
2. There are some typos. For example, in the abstract, the word "when" is repeated, and "first weeks" should be replaced by "first week". "underwent" means to tolerate or endure something, which does not seem like the right word (it is used in the method section too). In the keywords, please correct "parentbased" to parent-based intervention. In the introduction section, please correct "speecg". In the method section, consecutive is repeated in a sentence, etc.
Introduction:
4. Please provide a reference for this part: "About 50% of children with ASD face language deficits, and almost all of them have delayed onset of speech. Various areas of language, including semantic, syntax, pragmatic, and suprasgmental elements of speecg chain, are also affected in these children."
5. In the last paragraph, it is stated that "Findings from systematic reviews and recent randomized controlled trials on the effectiveness of PRT show that parents are able to implement PRT techniques and that children with ASD indicate promising results regarding self-initiations, language development, general social communication skills..". Based on this, it is not clear why this study was carried out and what the researchers want to add. Are the results culture-based? Is there any lack of evidence in the literature? Is there any controversy in the findings? Is there any methodological or statistical advantage in the present study? Please clarify this and add some justifications.
Method:
6. Please add separate subheadings for participants and sample size calculation.
7. In "study design", add "it was a double blind randomized clinical trial (RCT)" and delete this part after the sample size formula.
8. Did the authors mean confidence interval by "confidence rate"? Please replace "80 test power" with 80% power.
9. Please use randomly allocated or assigned instead of "divided".
10. In the inclusion criteria, it is stated that "children had ability to speak with single words at minimum..", while the title mentions that the children were non-verbal. Which one is correct?
11. "Or higher" is redundant in this sentence: "minimum education level of diploma or higher". On the other hand, table 1 indicates that seven mothers were below this minimum requirement. How is that?
12. One of the inclusion criteria for mothers is speaking Persian. Considering that this study was conducted in Khoozestan, were the mothers monolingual Persian speakers? If some participants were bilingual, please report this in the text or table 1.
13. Ethical considerations should be mentioned in this section.
14. The intervention section is not clear. Were the mothers' training sessions held at the same time as the children's training, or did the mothers come alone after the children's ABA sessions were finished? Were these

sessions held in the same center? Was the ABA therapist the same for both groups? Were mothers asked to do ABA at home too?
15. Please add some information about how mothers were trained in PRT (through explanations, modeling, video clips, etc.) and how fidelity to treatment was checked.
16. The randomization and blinding sections are not reported according to CONSORT. Please explain allocation concealment in the text and report who was blinded and how.
17. In the data analysis section, repeated measure ANOVA is not mentioned.
Result:
18. It is mentioned in the text that "(Our study population was 60 mothers. 8 mothers of them did not cooperate… so our sample size was 52..)". This is not correct because one of them did not meet the inclusion criteria, as mentioned in the flow diagram, and the others who were reluctant to participate do not need to be reported in this part. Please rewrite this part as: "Four out of 56 participants left the study…" and mention their reasons if you know them. Also remove the text from parentheses and put it at the end of the first sentence as a separate phrase.
19. Please merge tables 1 and 2, or report mothers' and children's data separately in two different tables. It seems that two tables are presented because different tests were used to compare baseline data. However, there is no need to mention p-values for these variables when the text states that there was no difference.
20. In table 1, the master's degree category is repeated in two tables.
21. In the CONSORT flow diagram, two participants in each group were excluded from the analysis, which is not mentioned in the last box.
22. Please delete the "findings" title in the result section.
23. In table 3, please change the order of the mean and SD to "mean ± Standard deviation". It is also recommended to report the effect size.
24. Figure 1 is not mentioned in the text.
25. Figure 2-3 is mentioned in the text, but there is no figure 3.
26. In this sentence, " However, the control group's socialization score did not change significantly one month after the intervention compared to one week before the intervention (P = 0.495)", the time should be changed to one week after the intervention.
Discussion
27. The second added paragraph repeats the results and is redundant.
28. It is mentioned that "Previous research has shown that the longer a child's treatment hours and the more intensive the treatment, the greater the children's improvement". Does this mean that the intervention group had more training at home? It is not clear to me how they had a more intensive and longer intervention at home. Did the mothers not use ABA at home? Please explain this in the method section.
29. The discussion section needs to include more reasoning about how the results fit the existing literature. Wording like "Analogous to…", "In contrast to.." or "These findings are consistent with…" could make the connection between previous and recent findings more apparent.
Conclusion
30. Also mention the effect of the intervention on the socialization and communication of children with ASD.

Referee 2 Reviewer

MINOR REVISION 19 Mar 2023

Thanks to the dear author
Some revisions have been made, but some things still need to be revised.
The sections that need to be revised include the following:
1-It is better for "A randomized clinical trial" to come at the end of the title.
2- Who generated the allocation sequence, who enrolled participants, and who assigned participants to

interventions?
3- Why is the follow-up one month after the intervention? It is better for the follow-up period to be equal to the duration of the intervention. (The duration of the intervention is 3 months.)
4-The characteristics of the intervention setting are not explained.
5-It is not clear who was blinded in this trial.
6- Do you have any suggestions for future research?

Associate Editor MAJOR REVISION 23 Mar 2023

Dear authors
The manuscript with ID 127597, titled "The Effectiveness of Pivotal Response Treatment (PRT) Training for Mothers on Improving Communication Skills of Children with Non-Verbal Autism Spectrum", which you submitted to the Middle East Journal of Rehabilitation and Health Studies, has been reviewed. Based on the reviewers' comments, we have determined that it requires major revisions and a second review before a decision can be made about its suitability for publication in the Middle East Journal of Rehabilitation and Health Studies.

Editor-in-Chief MAJOR REVISION 25 Mar 2023

Dear Authors
According to the reviewers' and associate editor's comments, your article needs major revision. When revising your manuscript, please consider all issues mentioned in the reviewers' comments carefully: please outline every change made in response to their comments and submit the required files.

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.

Middle East Journal of Rehabilitation and Health Studies

Date: June7, 2023

Subject: Submission of revised paper (ID 127597)

Thank you for your email enclosing the reviewers' comments. We have carefully reviewed the comments and have revised the manuscript accordingly. Our responses are given in a point-by-point manner below. Changes to the manuscript are shown in

"red color".

We hope the revised version is now suitable for publication and look forward to hearing from you in due course.

Sincerely,

Farzaneh Abdi

Reviewer 1:

Title:

1. It is better to put the RCT at the end of the phrase as “The Effectiveness of Pivotal Response Treatment Training for Mothers on Communication Skills of Children with Non-Verbal Autism Spectrum disorder: A randomized clinical trial”.

Right to the reviewer. The title was amended

Abstract:

2. There are some typos. For example in the abstract the word “when” is repeated, “first weeks” should be replaced by “first week”. “underwent” means tolerate or endure something, which does not seem like the right word (it is used in the method part too). In keywords please correct parent-based “parentbased” intervention. In the introduction part please correct “speecg”. In method part consecutive is repeated in a sentence, etc.

Right to the reviewer. These errors were corrected.

Introduction:

4. Please mention a reference for this part “About 50% of children with ASD face language deficits, and almost all of them have delayed onset of speech. Various areas of language, including semantic, syntax, pragmatic, and suprasgmental elements of speech chain, are also affected in these children.”

The reference was added.

5. In the last paragraph it is said that “Findings from systematic reviews and recent randomized controlled trials on the effectiveness of PRT show that parents are able to implement PRT techniques and that children with ASD indicate promising results regarding self-initiations, language development, general social communication skills..”. based on this, it is not clear why this study is carried out and what the researchers want to add. Are the results cultural based? Is there any lack of evidence in literature? Is there any controversy in the findings? Is there any methodological or statistical priority in the present study? Please clarify it and add some justifications.

However, we could not find any RCT studies in Persian that was conducted on non-verbal children with ASD. In this study, unlike the previous study conducted by a group of psychologists on verbal children aged 6-12, the target was non-verbal children aged 2-6, because at this age children's ability to acquire speech and language is much greater. Also, the study was of RCT type and the number of samples was much more than the previous study. In this study, mothers of children with ASD were trained.

Method:

6. Please add different sub-titles for participants and sample size calculation.

It was done.

7. In “study design” add “it was a double blind randomized clinical trial (RCT)” and delete this part after the sample size formula.

Right to the reviewer. The sentence was amended.

8. Did authors mean confidence interval by “confidence rate”? Please replace 80% power instead of “80 test power”

Thanks for your attention, the errors have been corrected.

9. Please use randomly allocated or assigned instead of “divided”.

Right to the reviewer. The sentence was amended

10. In inclusion criteria it is said “children had ability to speak with single words at minimum..”, while in the title it is mentioned that children were non-verbal. Which one is correct?

being non-verbal is true. the Sentence was amended.

11. “Or higher” is redundancy in this sentence: “minimum education level of diploma or higher”. On the other hand it is mentioned in table 1 seven mothers were less that this minimum requirement. How is that?

Cycle degree is correct, which was replaced by diploma in the text.

12. One of the inclusion criteria for mothers is speaking in Persian. Considering that this study was conducted in Khoozestan, were mothers monolingual Persian speakers? If some participants were bilingual please report it the text or table 1.

The mothers were monolingual Persian speakers.

13. Ethical considerations should be mention in this part.

Right to the reviewer. It was done.

14. Intervention part is not clear. Was the training session of mothers hold at the same time of the child`s training or mothers came alone after the child`s ABA sessions was finished? Were

these sessions hold in the same center? Was the ABA therapist the same for both of the groups? Were mothers asked to do ABA at home too?

PRT training sessions for mothers were held in this center separately and after the completion of the child's ABA sessions. PRT training was done through modeling and then to ensure correct learning, mothers were asked to run the program on the model. In addition, mothers' performance at home was measured by reviewing recorded videos of mother-child training sessions. It should be noted that the ABA therapist was the same for both groups and the ABA sessions were conducted only by the speech therapist and in the clinic. (This description was added to the article)

15. Please add some information about how PRT was trained to mothers? (Through explanations, modeling, video clips, etc.) And how the fidelity to treatment was checked?

PRT training sessions for mothers were held in this center separately and after the completion of the child's ABA sessions. PRT training was done through modeling and then to ensure correct learning, mothers were asked to run the program on the model. In addition, mothers' performance at home was measured by reviewing recorded videos of mother-child training sessions. It should be noted that the ABA therapist was the same for both groups and the ABA sessions were conducted only by the speech therapist and in the clinic.

16. Randomization and blinding sections are not reported based on CONSORT. Please explain about allocation concealment in the text and report who and how were blinded.

For randomization according to the sequence of entering the study clients, the first author divided them consecutively into two groups. For example, participant 1 was in the intervention group, participant 2 was in the control group, participant 3 was in the intervention group, and the division was created in the same way.

For the double-blinding, assessment and treatment were performed by therapists who had no knowledge of the two study groups. The two evaluating therapists were different from the two therapists who performed the treatment. Also, the mothers themselves did not know which group they were in.

18. It is mentioned in the text that “(Our study population was 60 mothers. 8 mothers of them did not cooperate… so our sample size was 52..)”. It is not correct because one of them did not meet inclusion criteria as is mentioned in the flow diagram and others who were reluctant to participant are not important to be reported in the part. Please rewrite this part as: “Four out of 56 participants left the study…” And mention their reason if you know why. Also exclude the context from parenthesis and put it at the end of the first sentence as a separate phrase.

Right to the reviewer. The sentence was amended.

19. Please merge table 1 and 2, or report mothers and children data separately in two different tables. It seems two tables are presented because different tests were used to compare baseline data. However there is no need to mention p-value for these variables when it is mention in the text that there was no difference.

Two tables are presented because different tests were used to compare the basic data and also in these two tables the standard deviation and frequency are reported separately.

20. In table 1, Master degree is repeated in two tables.

This was a typo that has been corrected.

21. In CONSORT flow diagram: two participants in each group were excluded from the analysis which is not mentioned in the last box.

Two participants in each group were excluded during the follow-up phase, which is mentioned in the corresponding box. In the data analysis stage, the number of each group is equal to 26 people and no participant has been excluded.

22. Please delete “findings” title in result section.

It was done.

23. In table 3 please change the place of mean and SD as “mean ± Standard deviation” . Also it is recommended to report the effect size.

It was done.

24. Figure 1 is not mentioned in the text.

It was amended.

25. Figure 2-3 is mentioned in the text but there is no figure 3.

It was amended.

26. in this sentence” However, the control group's socialization score did not change significantly one month after the intervention compared to one week before the intervention (P = 0.495)” the time should be change into one week after the intervention.

Right to the reviewer. The sentence was amended.

Discussion

27. The second added paragraph is the result repetition and redundant.

This paragraph was amended.

28. It is mentioned that “Previous research has shown that the longer a child's treatment hours and the more intensive the treatment, the greater the children’s improvement”. Does it mean that the intervention group had more training at home? It is not clear for me how they had more intensive and longer intervention at home. Did not mothers use ABA at home? Please explain it in the method part.

The sentence was amended.

29. The discussion section needs to include more reasoning about how the results fit existing literature. Wordings like “Analogous to…”, “In contrast to..” or “These findings are consistent with…” could make more apparent connection between previous and resent findings.

Right to the reviewer. The paragraph was amended.

Conclusion

30. Also mention the effect of the intervention on socialization and communication of children with ASD.

It was added.

Reviewer 2:

Final Result: Rejected

While thanking the research team, unfortunately this article is rejected. The two main reasons for rejecting this article are that it is repetitive and its importance and necessity cannot be justified also, the English text has many flaws. The rest of the comments are provided in the attached text.

With luck

Thanks for your valuable comments, your comments have been fully checked and the writing errors have been corrected. The referencing was done more accurately and the text was modified according to your comments. Corrections in the text are marked in red.

Answers to the comets are given below.

Title

Control

Since you also have a control group

RCT has been used in similar articles.

Abstract

.The age range and the autism spectrum level should also be stated

It is mentioned in the method section.

?Is one week not too short to assess the effect of the treatment

It was one week after the end of the intervention, and also in similar articles, the evaluation was done one week and one month after the intervention.

Background

.The text needs careful English editing

It was done.

You moved on to PRT very abruptly.

Why was this technique chosen?
What are the advantages and disadvantages of this technique? What gap does this study fill? You say so much work has been done that even systematic reviews have been conducted on it, and that they report it is effective in children.

What are the advantages and disadvantages of this technique? What gap does this study fill? You say so much work has been done that even systematic reviews have been conducted on it, and that they report it is effective in children.

Right to the reviewer. Descriptions were added to the text.

Pivotal Response Treatment (PRT) is originated from the naturalistic behavioral approach and assumes that children's disorders can be improved by environmental manipulations. PRT provides the children with interventions which mainly embedded in purposeful and meaningful

activities that are less structured as compared to therapeutic activities offered by classic applied behavior analysis (ABA), are more child-centered (following the child's lead), offers natural reinforce and intrinsically-related rewards which are more efficient than extrinsic rewards (10).

However, we could not find any RCT studies in Persian that use PRT for parent training in non-verbal children with ASD. In this study, unlike the previous study conducted by a group of psychologists on verbal children aged 6-12 (14), we included mothers of non-verbal children aged 2-6, because due to higher brain plasticity at this age, children's ability to acquire speech and language is much greater. Also, the study was of RCT type and the number of samples was much more than the previous study. So, the aim of the present study was to investigate the effectiveness of mothers' training in PRT on improving the communication skills of non-verbal children with ASD.

1. Methods

Who was blinded?

Who performed the randomization?

Right to the reviewer. Descriptions were added to the text.

For randomization according to the sequence of entering the study clients, the first author divided them consecutively into two groups. For example, participant 1 was in the intervention group, participant 2 was in the control group, participant 3 was in the intervention group, and the division was created in the same way.

For the double-blinding, assessment and treatment were performed by therapists who had no knowledge of the two study groups. The two evaluating therapists were different from the two therapists who performed the treatment. Also, the mothers themselves did not know which group they were in.

Results

The first assessment (one week later) is not in the diagram; you have only shown the follow-up.

It was added to the diagram.

The CI should also be reported in the tables.

By adding the confidence interval, the tables become very crowded because it is necessary to add the confidence interval numbers for both tables 3 and 4 before the intervention, one week after the intervention and one month after the intervention for the control and intervention groups. And inevitably, either the size of the table should be increased, which will go out of the

frame, or the size should be reduced, in which case the numbers will be too small. However, the tables with the confidence intervals are sent in a separate file so that they can be used if necessary.

Discussion

The text needs English editing.

Right to the reviewer. It was done.

Reviewer 3:

Thanks to the dear author

Some reforms have been made, but some things still need to be revised.

The sections that need to be revised include the following:

1-It is better "A randomized clinical trial" comes at the end in the title.

It was done.

2- Who generated the allocation sequence, who enrolled participants, and who assigned participants to interventions?

First author

3- Why is the follow-up one month after the intervention? it is better to be equal to the duration of the intervention. (duration of the intervention is 3 months)

In fact, the follow-up was 1 month after the end of the intervention

4-The characteristics of the intervention setting are not explained.

Descriptions were added to the text.

PRT training sessions for mothers were held in this center separately and after the completion of the child's ABA sessions. PRT training was done through modeling and then to ensure correct learning, mothers were asked to run the program on the model. In addition, mothers' performance at home was measured by reviewing recorded videos of mother-child training sessions.

5-It is not clear who was blinded in this trial?

Descriptions were added to the text.

6- Do you have any suggestion for future research?

It is suggested that in a study using tele rehabilitation, the PRT method be taught remotely to mothers and compared with face-to-face training of this method.

[*Translated from Persian by the Brieflands editorial office*]

3 Revision 2

4 comments · 15 Jun 2023 – 9 Jul 2023

Referee 2 Reviewer

MINOR REVISION 15 Jun 2023

Dear authors
1- In the methods section of the abstract, Autism Evaluation Checklist (ATEC) should be changed to Autism Treatment Evaluation Checklist.
2- This study could not be double-blind because the first author allocated participants to the two groups. The first author has knowledge of the study method.
3- The manuscript needs to be edited.
4- It would be better to present the topic of the PRT training in each session (the study protocol) in a table.

Referee 1 Reviewer

MINOR REVISION 26 Jun 2023

Thank you for the opportunity to review this revised manuscript. It is improved. However, there are some typos in the added parts which need to be corrected.
Some references such as 8 and 14 are not in the correct style.
At the end of the background section, it is mentioned: "However, we could not find any RCT studies in Persian that use PRT for parent training in non-verbal children with ASD. " The rationale for and importance of conducting the study are not clear. Is it the lack of knowledge in Persian, the lack of RCT studies in this area, the lack of parent training studies, limited studies using PRT for non-verbal children, or some of these reasons in combination? It is better to make this part clearer and emphasize the gap in knowledge.
In the discussion part, it is mentioned: "The study found that one week after the intervention..." which should be changed to one month, and in the other part, it is mentioned: "One month after the intervention, these skills remained.." which should be corrected to one week.

Associate Editor

MINOR REVISION 9 Jul 2023

Dear authors,
The manuscript (ID 127597), titled “The Effectiveness of Pivotal Response Treatment Training for Mothers on Communication Skills of Children with Non-Verbal Autism Spectrum Disorder: A randomized clinical trial,” which you submitted to the Middle East Journal of Rehabilitation and Health Studies, has been reviewed. Based on the reviewers’ comments, we have determined that it requires minor revisions without a second review for publication in the Middle East Journal of Rehabilitation and Health Studies.

Editor-in-Chief

MINOR REVISION 9 Jul 2023

Dear Authors
According to the reviewers' and associate editor’s comments, your article needs minor revision. When revising your manuscript, please consider all issues mentioned in the reviewers' comments carefully: please outline every change made in response to their comments and submit the required files.

4

Revision 3

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.

Middle East Journal of Rehabilitation and Health Studies

Date: August20, 2023

Subject: Submission of revised paper (ID 127597)

Thank you for your email enclosing the reviewers' comments. We have carefully reviewed the comments and have revised the manuscript accordingly. Our responses are given in a point-by-point manner below. Changes to the manuscript are shown in

"red color".

We hope the revised version is now suitable for publication and look forward to hearing from you in due course.

Sincerely,

Corresponding author:

Farzaneh Abdi

Reviewer 1:

1-There are some typos in added parts which need to be corrected.

Right to the reviewer. It was amended.

2-Some references such as 8 and 14 are not in the correct style.

Right to the reviewer. It was amended.

3-At the end of background section it is mentioned: "However, we could not find any RCT studies in Persian that use PRT for parent training in non-verbal children with ASD. " It is not clear what is the rational and importance of conducting the study, the lack of knowledge in Persian? lack of RCT studies in this area? lack of parent training studies? limited studies using PRT for non-verbal children? or some of these reasons in combination. It is better to make this part more clear and emphasis on the gap of knowledge.

Right to the reviewer. This part was amended.

The lack of RCT studies in this area and limited studies using PRT for non-verbal children was our reason for this research.

4-In the discussion part it is mentioned: "The study found that one week after the intervention..." which should be change into one month and in the other part it is mentioned:

"One month after the intervention, these skills remained.." which should be corrected as one week.

In fact, this means one week after the end of the intervention (not one week after the start of the intervention) that the progress of the intervention group was significant, and then again one month after the end of the intervention, it was checked that the consolidation of training was better in the intervention group.

Reviewer 2:

Dear authors

1- In the method of the abstract, Autism Evaluation Checklist (ATEC) should be changed to Autism Treatment Evaluation Checklist.

Right to the reviewer. These errors were corrected.

2- This study could not be double blind because the first author allocated participants in the two groups. The first author has knowledge about method of the study.

However, the first author had no role in the process of evaluating and treating the participants.

3- Manuscript needs to be edited.

Right to the reviewer. It was done.

4- It is better the subject of the PRT training in the each sessions (protocol of the study) is written in the table.

Right to the reviewer. This part was added to the method section.

4 Revision 3

2 comments · 23 Aug 2023 – 27 Aug 2023

Associate Editor

ACCEPT 23 Aug 2023

Dear Authors,
We are pleased to inform you that your article has been accepted for publication in the journal. We recognize you choose where to submit your research, and we thank you for trusting us.
Wishing you the best in the next scientific phase of your life.

Editor-in-Chief

ACCEPT 27 Aug 2023

Dear Authors
We are pleased to inform you that your article has been accepted for publication in the MEJRHS. We hope to receive other high-quality articles from your group.