






Predicting Child Cooperation Based on Child Anxiety and Maternal Stress in Children with Autism During Dental Interventions




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| E d i t o r | R e v i e w e r s |
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| Manijeh Daneshpour  Department of Couple and Family therapy, Alliant International University, California, United States of America mdaneshpour@alliant.edu | Reviewer 1: Abolghasem Khoshkanesh  Assistant Professor, Counseling Department, Shahid Beheshti University, Tehran, Iran. Email: akhoshkonesh@sbu.ac.ir Reviewer 2: Abotaleb Saadati Shamir  Assistant Professor, Department of Educational Sciences, University of Science and Research, Tehran, Iran. Email: psychology@iau.ac.ir |

1. Round 1

1.1. Reviewer 1

Reviewer:

This important claim should be supported with specific prevalence rates or comparative data with neurotypical children to enhance its scientific value.

This is a strong claim. Please cite more recent empirical studies (post-2020) or systematic reviews to substantiate these specific subtypes of anxiety in ASD populations.

Were any adaptations or cultural validations of the Persian version of the PSS conducted prior to or during this study?

Later, parametric regression is used. Please clarify if assumptions of linearity and homoscedasticity were tested, especially given the use of Spearman earlier.

Consider adding skewness and kurtosis values in Table 1 or the text to strengthen the claim of normality across all variables.

This remarkably high correlation merits cautious interpretation. Discuss the possibility of multicollinearity or conceptual overlap in the discussion section.

Including standardized effect sizes (e.g., Cohen's f^2) for the model would enhance interpretability and allow comparisons with similar studies.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The authors may consider including a brief explanation of why maternal stress specifically (and not paternal stress) was measured in the study.

This is a valuable point. However, readers would benefit from knowing whether these interventions included psychological therapy, psychoeducation, or environmental modifications.

Suggest reporting tolerance or VIF statistics more clearly for all predictors to confirm absence of multicollinearity.

This interpretation requires caution. Please clarify whether this apparent contradiction could reflect measurement artifacts or context-specific behaviors.

Consider citing literature on "masked distress" or "camouflaging" in ASD to support this interpretation of hyper-compliance as a coping mechanism.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.