

Development and Validation of a Psychological Empowerment Package for Family Caregivers of Older Adults: From Qualitative Findings to Intervention Design

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E d i t o r	R e v i e w e r s
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1. Round 1

1.1. Reviewer 1

Reviewer:

The manuscript reports that “after evaluation by six family caregivers of older adults and four specialists, several themes were removed because of insufficient validity or merged because of overlap,” yet the content-validation procedure for the meta-synthesis themes is insufficiently described. The authors should specify how these 10 evaluators were recruited, their inclusion criteria and expertise, the exact rating question used to assess each theme, the response scale, and the formula used to calculate the reported value of 0.83. The text currently appears to refer to content validity broadly but subsequently invokes Lawshe's method, which specifically concerns CVR. The manuscript should clearly distinguish CVR from CVI and state which statistic was used at this stage, including the relevant decision threshold.

In Table 2, several labels are conceptually rich but require clearer operational definitions, particularly “The collapsing self,” “A shrinking world,” “Erosive pressures,” and “The alchemy of caregiving.” These terms are evocative but may be interpreted differently by readers and interventionists. The authors should provide a short definition of each overarching theme in the narrative, supported by representative qualitative evidence or explanatory descriptions, and demonstrate how the organizing

themes were assigned to each overarching construct. This is especially important because these qualitative categories later serve as the foundation for specific intervention modules; therefore, the conceptual pathway from qualitative evidence to intervention content must be transparent.

The local qualitative study is described in the paragraph beginning “To investigate stakeholder needs through a local study, semi-structured interviews were conducted,” but key information about sampling and participants is absent. The authors should report the qualitative sampling strategy, recruitment setting, inclusion and exclusion criteria, number of interviewed caregivers, caregiver demographic characteristics, relationship to the older adult, duration and intensity of caregiving, characteristics of care recipients, criteria for determining information power or saturation, interview duration and setting, interviewer qualifications, and whether interviews were audio-recorded and transcribed verbatim. These details are essential because the claim that the intervention is culturally grounded depends substantially on the credibility and diversity of the local qualitative sample.

The intervention includes potentially clinically substantive techniques such as “somatic yoga exercises,” “window of tolerance,” “emotional co-regulation,” attachment-focused conflict analysis, self-compassion exercises, cognitive restructuring, and spirituality-based coping. The manuscript should specify facilitator qualifications, required training, intervention manualization, supervision procedures, and boundaries of competence. This is important because some techniques may require psychological training rather than routine health education expertise. The authors should also describe safety procedures for participants who display clinically significant depression, anxiety, trauma responses, severe caregiver burnout, domestic conflict, or other problems that exceed the scope of the package.

The manuscript reports that the package consists of “five principal modules and 11 submodules delivered in 15 weekly 90-minute sessions,” but the dose and sequencing are not justified. The authors should explain how the number of sessions and 90-minute duration were determined, why certain components received two sessions while others received one, and whether this allocation was based on qualitative prominence, prior intervention evidence, theoretical complexity, or expert judgment. A session-by-session intervention schedule would improve replicability by specifying session objectives, techniques, homework, expected mechanisms, materials, and progression criteria. The authors should also clarify whether all sessions must be completed sequentially or whether the program is intended to function modularly.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The same qualitative-methods paragraph states that “468 statements... were categorized into 72 basic themes, 21 organizing themes, and five overarching themes,” but the analytic process is described only by reference to Braun and Clarke's six-phase framework. The authors should clarify whether they used reflexive thematic analysis, codebook thematic analysis, or another variant, because these approaches involve different assumptions about coding reliability and researcher subjectivity. The manuscript should also explain whether themes were generated inductively, deductively, or through a hybrid approach, how researcher reflexivity was managed, whether member checking was performed beyond subsequent CVR rating, and whether an audit trail, peer debriefing, or triangulation procedures were used to enhance qualitative trustworthiness.

Table 3 contains the overarching theme “Multidimensional erosion of the caregiver,” including “depletion of economic resources” and “stagnation of one's life trajectory,” but the final intervention package does not appear to address all identified domains with equal specificity. For example, financial strain is recognized as a qualitative need but no clearly defined intervention component addresses financial navigation, access to welfare resources, benefits, or economic problem solving. The authors should provide an explicit needs-to-components mapping matrix showing which qualitative theme informed which intervention objective, technique, and session. Where identified needs were not directly targeted, the manuscript should explain whether they were considered outside the scope of a psychological intervention or were referred to external services.

The paragraph introducing Table 4 claims that the package is “theory-driven because every designed module has an explicit theoretical foundation,” yet the table does not identify those theoretical foundations. This is a major issue because theoretical grounding is presented as a defining scientific feature of the intervention. For each module, the authors should name the relevant theory or therapeutic model—for example, cognitive-behavioral principles, mindfulness-based approaches, emotion-regulation theory, attachment/mentalization theory, self-compassion, Bowenian differentiation if applicable, resilience theory, meaning-making frameworks, or positive psychology—and explain how the proposed intervention technique is expected to influence a specific psychological mechanism and outcome. A logic model or intervention theory-of-change diagram would considerably improve the manuscript.

In Table 4, the objective under psychosomatic problems includes the phrase “Reduce chronic physical pain through body-focused attention and body-based mindfulness exercises.” This wording implies a therapeutic effect that has not been established in the current validation study and may overstate what a caregiver empowerment program can reasonably achieve. The objective should be reframed toward increasing body awareness, reducing stress-related somatic tension, promoting adaptive self-care, or improving coping with physical strain unless there is direct evidence supporting reduction of chronic pain. More generally, all intervention objectives should be formulated as measurable proximal outcomes and should avoid causal or clinical claims that have not yet been empirically tested.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.