






Comparative Efficacy of Group and Individual Cognitive Therapy for Adolescents' Anti-Social Behaviors and Responsibility

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the introduction, you mention, "anti-social behaviors and deficits in responsibility represent notable areas of clinical concern". While this is an important point, it would be beneficial to expand on the types of anti-social behaviors typically seen in adolescents, using specific studies for context (e.g., Gandhi et al., 2022).

In Session 5: Social Skills Training, you describe, "Participants engage in social skills training". Please clarify whether any specific social skills frameworks (e.g., assertiveness training, conflict resolution models) were used, and how these were implemented in practice.

The sentence, "individual therapy allows for a more personalized approach", is vague. Consider adding concrete examples of how therapy was tailored, such as specific cognitive restructuring techniques or tools used to address individual participant needs.

The discussion mentions that "these results align with cognitive therapy's emphasis on modifying maladaptive cognitive processes." To strengthen the discussion, include a comparison of your findings with those from other adolescent studies, particularly regarding the utility of cognitive therapy for anti-social behaviors (e.g., Hamill-Skoch et al., 2012).

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

In the section referencing cognitive therapy, "By targeting dysfunctional thought patterns and behaviors...", you should elaborate on how cognitive restructuring works in both group and individual settings, citing key studies on cognitive therapy in group versus individual formats (e.g., Ingul et al., 2013).

The description of participants, "Forty-five male adolescents aged 12 to 18 years from Sari, Iran", is clear, but there is no mention of the inclusion or exclusion criteria. Please include details on how participants were selected, including any criteria related to prior diagnoses or therapy history.

When describing the Modified Aggression Scale (MAS), you mention it was developed in 1987. To ensure robustness, include recent studies that confirm the scale's reliability and validity in diverse populations.

In Table 1, it's stated that the mean scores for Anti-Social Behaviors reduced significantly in both the Group CT and Individual CT. Please provide more details regarding the specific covariates controlled for in the ANCOVA and justify the choice of analysis model over others like mixed ANOVA.

When discussing the findings in Table 2, you report a partial eta squared of 0.75 for Anti-Social Behaviors. This is a very large effect size. It would be helpful to compare this effect size with those found in similar studies to offer more context for the significance of this result.

In Table 3, where the Responsibility scores are presented, please clarify whether any subscales of the Responsibility Questionnaire were used (e.g., academic responsibility versus social responsibility) and whether there were differential effects on these subdomains.

In Table 4: Pairwise Comparison t-tests, the control group showed minimal changes. Provide more detail on any potential reasons for this, such as the impact of naturally occurring changes in behavior or potential Hawthorne effects.

Authors uploaded the revised manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.