


The Effectiveness of Enhanced Care Psychoeducational Therapy on Irritability, Thought Control Ability, and Executive Functioning in Adolescents at Risk for Bipolar Disorder

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E d i t o r

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R e v i e w e r s

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1. Round 1

1.1. Reviewer 1

Reviewer:

While you reference multiple recent sources, you might strengthen this section by also including global prevalence rates and age-specific incidence data to provide epidemiological context.

Indicate whether randomization was stratified (e.g., by age or irritability score) to ensure baseline equivalence, as simple random assignment in a small sample can still produce imbalances.

Clarify whether this reliability coefficient comes from prior validation studies or was calculated in your current sample.

Provide more detail on the pedagogical methods used (e.g., lectures, role-plays, group discussions), as these can influence engagement and outcomes.

The apparent decrease from 145.75 to 84.31 seems inconsistent with the reported improvement; this may be due to reversed scoring. Clarify the scoring direction in the text.

While you describe assumption testing, it would strengthen transparency to report the exact p-values for Shapiro–Wilk and Levene’s tests.

Eta squared values above 0.80 are unusually high in behavioral research; provide a rationale or discuss potential inflation due to small sample size.

Clarify whether effect sizes were statistically compared to those in referenced FFT trials, or whether this is a qualitative comparison.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

Expand on the theoretical mechanisms that explain why irritability mediates long-term psychiatric outcomes, perhaps referencing neurodevelopmental or emotional regulation models.

Clarify how “psychoeducational advanced care therapy” differs from FFT in content and delivery, as readers may conflate the two without clear differentiation.

This section would benefit from specifying which cognitive domains your intervention explicitly targeted, linking them to session content.

Discuss alternative explanations, such as non-specific therapeutic factors (e.g., attention from facilitators), to pre-empt concerns about over-attribution to the intervention.

Provide concrete examples of the behavioral tools or early warning sign checklists used, as this can guide replication.

Consider discussing whether the observed cognitive improvements are likely to generalize to real-world functioning, given the measures used.

Authors uploaded the revised manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.