








# A Comparison of the Effectiveness of Dialectical Behavior Therapy and Transcranial Direct Current Stimulation on Executive Functions, Emotional Dysregulation, Mania Severity, and Delusional Beliefs in Patients with Bipolar Disorder

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E d i t o r	R e v i e w e r s
Ahmad Amani <sup>1</sup>  Associate Professor, Counseling Department, University of Kurdistan, Sanandaj, Iran a.amani@uok.ac.ir	<b>Reviewer 1:</b> Mohammadreza Zarbakhsh Bahri <sup>1</sup>  Associate Professor ·Department of Psychology, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran. Email: M.Zarbakhsh@Toniau.ac.ir <b>Reviewer 2:</b> Seyed Ali Darbani <sup>1</sup>  Assistant Professor, Department of Psychology and Counseling, South Tehran Branch, Islamic Azad University, Tehran, Iran. Email: Ali.darbani@iau.ac.ir

## 1. Round 1

### 1.1. Reviewer 1

Reviewer:

The sentence “Delusional beliefs are particularly prominent during manic or mixed episodes.” would be more informative if it distinguished between mood-congruent and mood-incongruent delusions, as this has clinical implications for treatment response.

The use of purposive sampling raises concerns about generalizability. Authors should justify this choice or discuss potential selection bias, as purposive designs may limit external validity.

The criterion requiring “five years since illness onset” may inadvertently exclude early-stage patients. The rationale for this threshold should be justified, perhaps referencing illness chronicity and symptom stabilization.

The text “All participants were assured that their names would not be mentioned...” is appropriate but would be strengthened by including the institutional ethics approval code or number, as required by APA and COPE standards.

The description of this tool is comprehensive; however, specify whether higher scores indicate better or poorer executive functioning, since interpretation differs across studies.

This section effectively links DBT to cognitive restructuring, but the statement “DBT helps patients question automatic thoughts and reappraise distorted interpretations” would benefit from referencing empirical evidence demonstrating reductions in psychotic symptoms through mindfulness-based approaches.

Authors uploaded the revised manuscript.

## 1.2. Reviewer 2

Reviewer:

This paragraph outlines DBT mechanisms effectively but should include at least one randomized controlled trial reference showing DBT’s efficacy in bipolar disorder to bolster empirical grounding.

The discussion on electrode montage is strong; however, it would improve clarity to mention current density and electrode size, as these factors influence tDCS efficacy.

While the rationale is clear, the research gap could be emphasized further by explicitly stating that “no previous Iranian study has directly compared DBT and tDCS” to highlight novelty.

The DBT session summary is detailed, but it lacks therapist qualifications and fidelity monitoring procedures (e.g., supervision, adherence checklists). This omission limits assessment of intervention quality and internal validity.

The notation in Table 4 (e.g., “20.2\*”) is ambiguous; asterisks should be explained in a footnote (“\* $p < 0.05$ ”) and mean differences should include confidence intervals for precision.

The claim that “DBT’s effects are more durable than tDCS” is plausible but should be supported by quantitative follow-up results rather than conceptual reasoning alone. Include effect sizes at follow-up to substantiate this assertion.

Authors uploaded the revised manuscript.

## 2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.