

Development of a Structured Intervention and Its Effectiveness on High-Risk Behaviors in Substance-Using Adolescents

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1. Round 1

1.1. Reviewer 1

Reviewer:

The paragraph beginning with “A substantial body of evidence indicates that substance use in adolescence...” effectively reviews clustering of risk behaviors, but it would benefit from a clearer logical bridge to the present intervention. Consider adding one sentence explaining why existing approaches have been insufficient in addressing this clustering, thereby strengthening the justification for a new structured intervention.

While the discussion of neurodevelopmental imbalance is theoretically sound, the sentence “This imbalance increases adolescents’ susceptibility to immediate rewards...” would benefit from explicitly linking this mechanism to modifiable intervention targets. Clarifying how neurodevelopmental vulnerability informs the selected intervention components would improve theoretical coherence.

The paragraph on emotion regulation is strong conceptually; however, the manuscript does not explicitly state whether emotion regulation is treated as a mediating mechanism or a direct intervention target. I suggest clarifying the causal role assumed for emotion regulation within the study’s implicit model.

The descriptive statistics show substantial change, but the manuscript does not report confidence intervals for means. Including confidence intervals would strengthen the statistical reporting and allow better interpretation of variability.

The repeated-measures ANOVA results are clearly presented; however, the manuscript does not report whether assumptions such as sphericity or normality were tested and met. Please report assumption checks or justify the robustness of the analysis.

Authors uploaded the revised manuscript.

1.2. *Reviewer 2*

Reviewer:

In the sentence “Addressing these cognitive vulnerabilities is therefore essential in designing effective interventions...”, the manuscript could be strengthened by briefly specifying which cognitive processes are prioritized in the current protocol and why these were selected over alternative cognitive targets (e.g., attentional bias, reward expectancy).

Although family dynamics are discussed extensively, the manuscript does not clearly justify the relatively limited family involvement in the intervention protocol (Table 2). Please clarify whether this reflects feasibility constraints, theoretical prioritization, or empirical findings from the qualitative phase.

The manuscript convincingly describes peer contagion processes; however, the transition from peer influence theory to intervention design is implicit rather than explicit. I recommend adding a sentence that explicitly maps peer-related risks to the interpersonal and assertiveness components of the protocol.

The global prevalence data are informative, but the relevance to the Shahroud context is not clearly articulated. Consider briefly contextualizing how global trends manifest locally or why international evidence is applicable to the study population.

The final sentence states the aim clearly, but it does not specify whether the study is exploratory, confirmatory, or theory-building. Clarifying the epistemological stance would help readers interpret the strength and scope of the conclusions.

The description of the mixed-methods sequential exploratory design is appropriate; however, the manuscript would benefit from explicitly stating how integration between qualitative and quantitative phases was ensured beyond protocol development (e.g., joint displays, analytic triangulation).

The sentence “Efforts were made to ensure comparability between groups...” is vague. Please specify whether matching, statistical control, or random assignment constraints were used, and report any baseline equivalence testing conducted.

The thematic analysis procedure is described generally, but the manuscript does not report how trustworthiness was ensured (e.g., intercoder agreement, audit trail, reflexivity). Please specify at least one credibility or dependability strategy used.

Table 1 is informative; however, the manuscript does not indicate the relative salience or frequency of themes. Consider adding a brief narrative explaining which themes were most dominant and how this influenced intervention prioritization.

While Table 2 is comprehensive, session dosage (length of sessions, total intervention duration) is not reported. This information is critical for replication and should be explicitly stated either in the table or accompanying text.

Authors uploaded the revised manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.