




The Effect of a Comprehensive Intervention Program Based on the World Health Organization's Functional Assessment Outcomes on Communication Skills and Behavioral Problems in Adolescents with Intellectual Disabilities


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1. Round 1

1.1. Reviewer 1

Reviewer:

In the Introduction, paragraph 1, you mention "profound difficulties in communication, social participation, and behavioral regulation," but there is no quantitative evidence cited to indicate the prevalence rates or severity of these challenges. Consider adding data to strengthen the argument.

In the Introduction, paragraph 2, the discussion of communication deficits would benefit from connecting these deficits explicitly to potential impacts on quality of life and academic outcomes.

In Measures, under Behavioral Problems, the report of convergent validity coefficients is helpful, but there is no mention of whether your sample characteristics were comparable to the referenced studies, which could affect generalizability.

In the Intervention section, paragraph describing session content, you mention the average CVR value but do not report the range or CVR values by session; this would improve the rigor of the validation discussion.

In the Data Analysis section, you state “effect sizes (η^2) and statistical power were also reported” but do not interpret or discuss statistical power in the Results; consider adding this to clarify robustness.

In Discussion, paragraph on cultural context, consider citing policy reports or prior research specifically examining institutional caregiver practices in Iran to support your assertion.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

In the Introduction, paragraph 4, while you note that WHO-based functional assessments are adopted in Iran, you do not cite local studies or policy documents showing how widespread or effective this implementation has been.

In the Introduction, last paragraph, you write "the integration of a comprehensive WHO-based functional assessment into a formal intervention protocol remains an underexplored yet potentially transformative strategy," but do not provide any critical appraisal of existing partial or related approaches, which would enrich the rationale.

In Methods and Materials, paragraph on Study Design, the justification for sample size references Pallant but lacks a citation or clear methodological rationale. Please provide this.

In Measures, under Communication Skills, you report previous studies' reliability coefficients but do not clarify whether you conducted confirmatory factor analysis to verify construct validity in this study.

In Table 1, while you provide means and standard deviations, you do not include confidence intervals, which would aid interpretation of practical significance.

In Findings, paragraph discussing Table 2, you mention the significant effect of pretest score but do not interpret its implication for the results or potential regression to the mean effects.

In Findings, Table 3, the choice of multivariate tests (e.g., Pillai's Trace, Wilks' Lambda) is sound, but you do not discuss why one statistic was chosen for reporting significance in the narrative.

In Discussion, paragraph 2, you state “results suggest that a 17-session intervention... may not be sufficient” but do not critically consider whether the content scope, delivery quality, or participant heterogeneity could also account for null results.

In Discussion, paragraph 4, you write “the absence of individualized therapeutic input... may have limited its impact,” but this is speculative; suggest including a reference or qualifying statement.

Authors uploaded the revised manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.