




Evaluating the Impact of Reality Therapy on Temperament and Sleep Quality in Adolescents with Learning Disorders: A Randomized Controlled Trial

Ethan. Hayes^{1*} 

¹ Department of Special Education, University of Toronto, Toronto, Canada

* Corresponding author email address: Hayespsych@yahoo.com

E d i t o r	R e v i e w e r s
Seyyed Mohsen Asgharinekah  Associate Professor, Department of Counseling and Educational Psychology, Faculty of Education and Psychology, Ferdowsi University of Mashhad, Mashhad, Iran asghari-n@um.ac.ir	Reviewer 1: Sara Nejatifar  Department of Psychology and Education of People with Special Needs, Faculty of Educational Sciences and Psychology, University of Isfahan, Isfahan, Iran. Email: s.nejatifar@edu.ui.ac.ir Reviewer 2: Kamdin. Parsakia  Department of Psychology and Counseling, KMAN Research Institute, Richmond Hill, Ontario, Canada. Email: kamdinarsakia@kmanresce.ca

1. Round 1

1.1. Reviewer 1

Reviewer:

The introduction mentions various studies related to sleep quality and its impact on adolescents. Adding specific statistics from these studies would strengthen the argument, such as "For example, Chehri et al. (2023) reported that X% of adolescents experience poor sleep quality due to academic stress".

Expand on the literature review regarding Reality Therapy's effectiveness. For instance, include a brief discussion on any existing meta-analyses or systematic reviews that summarize the effectiveness of Reality Therapy across different populations.

Include a justification for the sample size of 30 participants. Explain whether a power analysis was conducted to determine this number and discuss its adequacy in detecting significant differences.

Provide a brief rationale for choosing the Revised Dimensions of Temperament Survey (DOTS-R) over other temperament assessment tools. Explain why this tool is particularly suited for this study population.

For the Pittsburgh Sleep Quality Index (PSQI), specify any adaptations or translations that were used to ensure its validity for the study population, particularly if non-English speaking participants were included.

Discuss how the fidelity of the Reality Therapy intervention was ensured. For instance, were the sessions conducted by trained therapists, and was there any supervision or fidelity checks conducted?.

Include effect sizes (e.g., Cohen's d) for the main findings to provide a sense of the magnitude of the intervention's impact, beyond p -values.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

The hypotheses section could be more precise. Instead of "Improvements in temperament and sleep quality will be maintained at a two-month follow-up," specify the expected direction of the improvements (e.g., "Improvements in temperament and sleep quality will be significantly greater in the intervention group compared to the control group at the two-month follow-up").

In the "Study Design and Participants" section, provide more details on how participants were recruited, such as "Participants were recruited through flyers distributed in local schools and learning centers, and through social media advertisements".

Clarify the inclusion criteria for diagnosed learning disorders. Specify whether certain types of learning disorders were excluded or if any particular diagnostic tools were used to confirm these disorders.

In the "Intervention" section, each session's description should include specific activities or techniques used. For example, in Session 3 (Self-Evaluation), mention particular self-assessment tools or reflective exercises employed.

The data analysis section should include more details about the statistical tests used. Explain why ANOVA with repeated measures was chosen and discuss any alternative methods considered.

Specify how missing data were handled in the analysis. Mention any imputation methods or whether a complete case analysis was conducted.

In the "Findings and Results" section, interpret the results more thoroughly. For example, explain the practical significance of a mean temperament score increase from 45.73 to 52.16.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor's decision: Accepted.

Editor in Chief's decision: Accepted.