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**Title:** EFFECTIVENESS OF PSYCHOSOCIAL INTERVENTION FOR INTERNALIZING BEHAVIORAL PROBLEMS AMONG CHILDREN OF PARENTS WITH ALCOHOL DEPENDENCE – A RANDOMIZED CONTROLLED TRIAL.

**REVIEWER'S CODE: 02731993**

There are many studies in this field. But, this research is well conducted.

**1. Introduction is so long. It must be shortened.**

*Response:* We have revised the introduction section to keep it more focused on the study background and purpose, as well as make it more concise.

**2. Methods: This part is slightly unclear. It would be organized in another way. Results and discussion are well presented.**

*Response:* We have revised the Methods section.

**3. References: More recent references are required.**

*Response:* We have updated the references.

**REVIEWER'S CODE: 02324765**

The major aim of this paper was to evaluate the effectiveness of a psychosocial based group CBT approach on anxiety and depression of children with alcoholic parents using RCT methodology. The results showed that the psychosocial based group CBT was effective in reducing anxiety and depression when compared to the control group. While the finding was interesting, the paper has many weaknesses and problems. These shall be outlined below:

**1. Why chose psychosocial group CBT and not other form of psychotherapy such as assertive training?**

**2. Why should the chosen group CBT work for this particular group of population (adolescents with alcoholic parents) in particular in India context?**

**3. Nurse as a group therapist needed some comments.**

**4. Hypothesis/es should be clearly stated.**

*Responses to Comments 1 to 4:* We have revised the Introduction section and have incorporated all the above four comments of the Reviewer.

**5. Page 5, Figure 1 needed to be integrated into the text. There was something wrong with figure 1. Firstly, randomization should not be done first at the top as shown in Figure 1. It should be done after the population was properly selected. It needed to show data collection at other points—eg at post, 1, etc months. Clearly state that control is in fact a waiting list group. Full title should be given rather than “consort diagram”.**

*Response:* We have revised the Figure to incorporate the above comments by the Reviewer.

**6. All outcome variables must be properly presented with full references, scoring, interpretation, and information on validity and reliability of the scales.**

**7. The screening scales MUST be properly presented too.**

*Responses to Comments 7& 8:* We have revised the Methods section to incorporate the above comments.

**8. Page 6—Control group is actually a waiting list group and this should be made clear. Did this group receive the psychosocial group CBT after the end treatment? This is important for ethical reasons.**

*Response:* The wait list control group also received the CBT at the end, and this has been stated in our revised manuscript. It has also been mentioned clearly that the control group is a wait list group.

**9. Therapist(s) leader in the group should be properly presented.**

*Response:* We have incorporated this suggestion by the Reviewer.

**10. The results section is perhaps the most important part of a paper. Yet curiously it is in fact the weakest section of this paper. The results were presented very poorly indeed and at time incorrectly. This section needs to be rewritten. Some ideas for improvement are: (i) Table 2 must be fully described and integrated into the text, (ii) It must be made clear that the design was a 2 x 4 factorial design with one repeated measure (post hoc analyses are needed need) (iii) Means and SDS in table 3 are better presented as a figure and the Anova stats with post hoc analyses can be summarized in table 3 only. 4. use Intend to treat analyses, and 5. Is T1 the same as post treatment?**

*Response:* We have revised the entire Results section (including the Tables), to incorporate the above suggestion. However, we could not use intent to treat analyses, as the first author has relocated to the UK, and currently does not have the data of the 16 participants who were lost to follow-up. Hence, we request that we may be excused for this. In our revised manuscript, we have presented the data of the 195 participants for whom complete data was available at the end of the 6-month follow-up.

**11. Results section must not be confused with discussion section. Results should NOT be presented in discussion section. This section needs to be rewritten to put the findings in the context of the literature, Indian culture and Nurses as therapists.**

*Response:* We have revised the Discussion section to incorporate the above suggestion.

**12. Proof read the paper carefully for logic, language and scientific presentation of papers.**

*Response:* We have gone through the manuscript thoroughly to check for language, flow, etc.