Responding to Reviewers

Before Starting…

- Remember that your job is to convey information clearly to your reader
  - Reviews help you see if you have been successful
  - Help your reader understand the work as well as you understand it

Processing the Feedback

- Warning: you will experience strong (negative and mixed) emotions

- Read the review approx. three times

- Set aside
  - You want to write a well thought out review—not an emotionally driven review

- Later, return and categorize
  - Easy
  - Clarification/reviewer misunderstood
  - Actual work
  - Unclear

Revisions

- Start with the easy ones (get them out of the way!)
  - APA style
  - Language, grammar, and typos

- Then work on clarifications
  - Adding to the main text vs. rewriting the segment

- Actual changes
  - Rethinking/rewriting
  - Adding a section (e.g., limitation)
  - New analyses
  - For most issues, adding a few sentences is enough

Revisions (Cont'd)

- Use the feedback and implement changes even if you are submitting to a different journal!
  - It will necessarily improve your manuscript
  - You could even get the same reviewers

Drafting Responses

- Throughout your letter, you are trying to make a good impression
  - You may not agree with the reviewers

- Opportunity to show that you took the time to reflect on and implement the editor's and reviewers' recommendations

- The '3R' Approach
  - Be **R**espectful
  - Be **R**ational
  - Be **R**eflective

Drafting Responses (Cont'd)

- Start by thanking the editor and reviewers
- Comment that their feedback has helped improve the manuscript
  - Add the editor/reviewers to your acknowledgements
- Strategically address/reiterate the positive feedback
- Go over, point by point, how you addressed each issue, and <u>give page numbers</u> in revised manuscript
  - Shows you took the feedback seriously
  - Makes job of reviewing revised manuscript easier for editor and reviewers

Drafting Responses (Cont'd)

- If you cannot make a change, explain why and include it in the discussion as a limitation

- If you do not want to make a change, clearly defend your point with a detailed explanation
  - Provide a <u>strong rationale</u> and try to include <u>citations</u>

- If contradictory feedback from reviewers, explain how you addressed this

- If feedback was unclear, indicate how you understood the point and how you addressed it

Example

<u>Response to Comments from the Editor and Reviewers</u>

It is with great pleasure that we submit our revised manuscript entitled "X" (SBEH-2018-0099) to *Journal*. We are grateful for the insightful comments provided by the anonymous reviewers as they have helped us improve the manuscript significantly. We carefully considered all comments provided and our revisions are outlined point by point below. The manuscript has been modified accordingly. A version with track changes and a clean version are attached.

<u>Comments from the Editor</u>

Your manuscript entitled "X" which you submitted to *Journal*, has been reviewed. The reviewer comments are included at the bottom of this letter. The reviews are in general favourable and suggest that, subject to revisions, your paper could be suitable for publication. Please consider these suggestions, and I look forward to receiving your revision.

Thank you very much for this comment. We have considered all comments from the reviewers (outlined below) and we are happy to read that our manuscript could be considered to be suitable for publication.

The aim of the current study was to develop and validate a new self-report measure pertaining to fears of losing control around thoughts within a cognitive-behavioral framework of OCD. There are numerous strengths to the study and manuscript: There is a clear and compelling rationale for the need to assess beliefs about losing control over thoughts in OCD as separate from other existing measures of OCD cognition; there is adequate item generation and sampling; careful attention has been made to the reliable and valid use of EFA in the examination of the scale structure; there is testing of the convergent and discriminant validity of the new scale in relation to other OCD symptom and cognition scales; it is a large and sufficiently powered non-clinical sample to examine scale properties; and there is a cross-sectional predictive model of symptom functioning of the new scale factors while controlling for other measures. Finally, the manuscript is very well-written.

> We wish to thank Reviewer 1 for highlighting the strengths of our manuscript. We are happy to read that Reviewer 1 thinks favourably of our methodology and of the psychometric analyses in this study. We also strongly believe that assessing beliefs about and fears of losing control in OCD is very important and we are happy to see that the rationale for creating this self-report measure is clear and compelling.

There appear to be two significant issues for the author(s) to consider: First, the entire literature on metacognition in OCD (Wells et al.) spanning two decades has been ignored and there are already existing measures that aim to measure beliefs about losing control over thoughts (Meta-Cognitions Questionnaire; Cartwright-Hatton & Wells, 1997; Wells & Cartwright-Hatton, 2004) that have been examined in normative and OCD samples and shown to be associated with OCD symptoms? One of the subfactors of the MCQ is titled: Negative Beliefs about the Uncontrollability of Cognition (Danger Beliefs about Cognition). It would seem to this reviewer that ideally the author(s) would have addressed the convergent/divergent validity issue with the MCQ by addressing this literature in the introduction and then including the MCQ for examination in the study to demonstrate that the BALCI is significantly different from factors of the MCQ and offers incremental predictive validity above and beyond the MCQ. Minimally, can the author(s) address the conceptual differences in the model and items of the MCQ versus the BALCI to clarify this issue and substantiate the rationale for a new measure beyond the MCQ?

Reviewer 1 rightly points out that (experimental) work pertaining to metacognition and associated self-report measures of beliefs about control over thoughts (e.g., MCQ, OBQ-44) play a significant role in the understanding and assessment of OCD-related phenomena.

As such, in the section on psychometric and experimental evidence supporting the relationship between beliefs about control and OCD symptoms (p. 5), we added a sentence on experiments showing that manipulating metacognitive beliefs (i.e., the belief that controlling one's thoughts is necessary to prevent negative outcomes) leads to increased OCD symptoms. We provided examples of such work by citing Myers & Wells (2013).

Moreover, we agree with Reviewer 1 that the MCQ should be explicitly discussed in the manuscript, as it captures negative beliefs about the controllability of thoughts and corresponding danger. Of note, this specific MCQ factor is similar to the ICT subscale of the OBQ-44 (although the MCQ focuses more specifically on worrying). In the introduction, when discussing other measures related to control, we elaborated on the specific aspects that the OBQ-44-ICT assesses and we introduced the MCQ as well (pp. 5-6). We highlighted that both of these measures target the importance and perceived necessity of controlling one's thoughts but added that they unfortunately do not expand on the experience and consequences of *losing* control. These measures are also restricted to beliefs about intrusive thoughts and worries and do not capture beliefs about losing control over one's thoughts *and* over one's behaviour, emotions, body, and bodily functions. We attempted to make these explanations as parsimonious as possible given the word limit of the journal. We believe that these limitations of the OBQ-44 and MCQ further support the need for a novel measure of beliefs about losing control over one's thoughts, behaviour, emotions, and body/bodily functions. We thank Reviewer 1 for helping us strengthen our rationale.

It is unfortunate that the MCQ was not included in the questionnaire package that participants completed. Accordingly, we cannot assess the degree to which the BALCI is positively associated with the MCQ (i.e., convergent validity) and/or that the BALCI predicts OCD symptoms above and beyond the MCQ. Nonetheless, we believe that the OBQ-44-ICT overlaps at least somewhat with the MCQ and that the OBQ-44 is perhaps more strongly related to OCD (given the MCQ's emphasis on beliefs about *worrying*). The BALCI was found to predict OCD symptoms while controlling for the OBQ-44 (as mentioned in the manuscript).

A second issue to consider is the development of an OCD-related measure that has not been developed or validated in a clinical sample of OCD participants. Given that there is already an existing literature on control related beliefs in OCD, and the examination of related measures in OCD samples, it is the view of this reviewer that the threshold for publication should include the validation of the scale in patient participants diagnosed with OCD. The author(s) probably have this study underway but I think the psychometric validation of the measure, and the impact of this study, would be much greater if there were a second sample with OCD participants with a replication of the EFA or perhaps a CFA to re-test the three-factor solution observed in non-clinical participants.

We agree with Reviewer 1 that not validating the BALCI in a clinical sample is an important limitation of this study. Indeed, we had highlighted this limitation in the discussion section (p. 16-17). Although there are some self-report measures assessing beliefs about control (as outlined in the introduction), the absence of a measure of the several domains of beliefs about *losing* control makes the current work more exploratory in nature. As mentioned in the discussion, we believe that further refinement of the BALCI (perhaps with another undergraduate sample) may be necessary before conducting a CFA with a clinical sample. This is mainly because the ISC subscale lacked predictive power above and beyond the OBQ-44-ICT. In this way, assessing the validity of a BALCI without the ISC subscale (and perhaps with novel TBE and BBF items) may be the next priority. This also shows that, although we have a good understanding of control-related beliefs in OCD, data related to the concept of *losing* control are preliminary. Hence, this manuscript will hopefully motivate researchers (including us) to further examine beliefs about losing control and refine the BALCI so that it can be thoroughly validated in a clinical sample afterwards.

Less concerning issues: The ASI was developed to measure beliefs about the fear of anxious arousal including the fear of losing cognitive control (ASI-Cognitive Dyscontrol) items. The correlation between the BALCI total and the ASI total is .69 suggesting a concerningly high degree of overlap. I wondered whether the BALCI would predict VOCI scores while controlling for ASI at Step 1?

> Thank you for this comment. It is true that the zero-order correlation between the BALCI and the ASI is strong and could potentially indicate that both measures are redundant. A hierarchical regression analysis was conducted and BALCI scores were found to predict VOCI scores above and beyond ASI scores. The results of this regression are included in the section on convergent validity as a footnote (p. 13), given that readers could have the same concern as Reviewer 1.

The page numbers are inaccurate.

> The page numbers have been fixed.