



Examining the Effectiveness of Dialectical Behavior Therapy on Impulsivity, Emotion Regulation, Rumination, and Self-Criticism in Individuals with Trichotillomania

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E d i t o r	R e v i e w e r s
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1. Round 1

1.1 Reviewer 1

Date: 01 November 2023

Reviewer:

The paper could benefit from more detailed descriptions of the participants' demographic information, such as their psychiatric history, duration of Trichotillomania, and any concurrent psychological conditions. This detail would help in assessing the generalizability of the findings.

Clarity in Statistical Reporting: While the statistical analysis appears comprehensive, simplifying the presentation of results could enhance readability. For instance, summarizing key findings before delving into detailed statistics might help readers grasp the study's outcomes more efficiently.

Expansion on DBT Components: The manuscript briefly outlines the DBT intervention sessions but could provide deeper insights into how specific DBT techniques are adapted for Trichotillomania. Elaborating on this could offer valuable information for practitioners and researchers interested in replicating the study or applying its insights.

Discussion on Mechanisms: The discussion section would benefit from a more detailed exploration of the psychological mechanisms by which DBT influences the studied variables. Providing theoretical or empirical references to support these mechanisms would strengthen the argument for DBT's efficacy in this context.

Limitations and Future Research: Expanding on the study's limitations, particularly concerning the small sample size and its implications for the generalizability of results, would provide a more balanced view. Suggestions for future research, possibly involving larger, more diverse samples or comparing DBT with other therapeutic interventions for Trichotillomania, could direct subsequent inquiries in the field.

Authors revised the manuscript and uploaded the updated document.

1.2 Reviewer 2

Date: 30 October 2023

Reviewer:

The sampling method (purposive non-random sampling from specific districts) raises questions about the sample's representativeness. Future iterations of the study should aim for a more randomized selection process or provide a justification for the chosen method, including its potential biases and limitations.

Control Group Considerations: The control group received no intervention, which is a standard approach. However, considering a non-specific treatment as a control (e.g., support group, psychoeducation) might help differentiate the effects of DBT from those of general therapeutic engagement or placebo.

Intervention Fidelity: The paper could enhance its methodology section by detailing measures taken to ensure the fidelity of the DBT intervention. This might include training for therapists, adherence to DBT protocols, and any adaptations made for the target population.

Analysis of Dropouts and Non-responders: The manuscript does not discuss participant dropout rates or characteristics of non-responders to the treatment. Analyzing and reporting these aspects could provide insights into DBT's applicability and potential barriers to its effectiveness.

Long-Term Follow-Up: While the study includes a 2-month follow-up, extending this period could offer valuable insights into the long-term sustainability of DBT's benefits for individuals with Trichotillomania. Future research could aim for follow-up assessments at 6 months or even a year post-intervention.

Qualitative Feedback: Incorporating qualitative feedback from participants regarding their experiences with the DBT sessions and the perceived impact on their symptoms could add depth to the quantitative findings. This feedback might also inform refinements to the intervention for greater efficacy or acceptability.

Authors revised the manuscript and uploaded the updated document.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.