



The Effectiveness of an Integrated Emotion-Focused Therapy and Music Therapy Package in Reducing Stress, Anxiety, and Depression among Adults with High-Functioning Autism Spectrum Disorder

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1. Round 1

1.1 Reviewer 1

Reviewer:

In the Introduction, the statement “Adults with high-functioning ASD, operationalized in this study as adults with ASD level 1, adequate language ability, and no intellectual disability” requires stronger conceptual justification. The manuscript should explain why the term “high-functioning autism” was retained despite growing criticism of functioning labels in contemporary autism research. The authors should discuss whether “ASD Level 1 without intellectual disability” would be a more precise and current terminology.

The paragraph beginning with “Emotion regulation has been proposed as a key process for understanding socioemotional and behavioral difficulties in ASD” provides a rationale for EFT but does not adequately explain the theoretical mechanism linking emotion-focused interventions specifically to stress, anxiety, and depression outcomes. The manuscript would benefit from a conceptual model or causal pathway illustrating how emotional awareness, emotional transformation, and music-mediated expression are expected to influence internalizing symptoms in autistic adults.

The sentence “little empirical work has examined the combined application of these two approaches in adults with high-functioning ASD” identifies the research gap; however, the manuscript does not provide a systematic overview of prior integrated or multimodal interventions. The authors should explicitly review whether previous studies have combined

experiential psychotherapy with music-based approaches and clarify how the current intervention differs from existing protocols.

The demographic results reveal a mean age difference between groups (32.15 years versus 34.79 years). Although this difference may not be statistically significant, no baseline equivalence testing is reported. The manuscript should provide baseline group comparisons for demographic and clinical variables to demonstrate comparability prior to intervention.

Table 3 indicates that control-group posttest and follow-up scores are identical for all three outcomes (e.g., anxiety = 21.00 \pm 3.42 at both time points). Such exact duplication across multiple variables is unusual and raises questions regarding data handling, rounding procedures, or participant attrition. The authors should verify and explain these values.

The statement “The repeated posttest and follow-up values in the control group indicate no recorded change between these two assessments” warrants further scrutiny. In real-world clinical populations, some degree of natural fluctuation is generally expected over a six-month interval. The authors should provide a detailed explanation of how these data were obtained and confirm the accuracy of the dataset.

Authors revised the manuscript and uploaded the updated document.

1.2 Reviewer 2

Reviewer:

In the Participants and Sampling section, the manuscript reports that “Thirty adults were screened” and “Twenty-seven eligible participants were selected.” The reasons for excluding three participants are not reported. A CONSORT-style flow diagram or participant flow description should be included, specifying screening failures, reasons for exclusion, and retention across all assessment points.

The eligibility criterion stating “documented intellectual functioning above 85 from clinical or psychometric records available at the recruiting centers” requires additional methodological detail. Please specify which intelligence assessments were used, when these assessments were administered, and whether all participants were evaluated using comparable measures. Reliance on heterogeneous archival records may introduce measurement inconsistency.

The sentence “Diagnostic confirmation was based on specialist evaluation and available clinical documentation; no additional standardized autism diagnostic interview was administered” represents an important methodological limitation that deserves greater discussion. Given the diagnostic heterogeneity within ASD populations, the absence of standardized instruments such as ADOS-2 or ADI-R may affect sample validity and comparability with other studies.

The study relies exclusively on the DASS-21 as the outcome measure. While stress, anxiety, and depression are central outcomes, the intervention itself is theoretically grounded in emotional processing and emotion regulation. The absence of emotion regulation, alexithymia, self-compassion, or emotional awareness measures limits interpretation of the intervention mechanisms. Additional process measures should be considered or discussed as a limitation.

The Intervention Protocol section indicates that the integrated package was “reviewed by the research team and clinical consultants for content consistency.” However, no information is provided regarding content validity assessment, expert panel composition, or inter-rater agreement. The development and validation process of the intervention manual should be described in substantially greater detail.

Table 1 presents a highly structured 12-session intervention protocol. Nevertheless, the manuscript does not specify who delivered the intervention, what professional qualifications they possessed, whether therapists received specialized EFT and music therapy training, or whether therapist competence and adherence were monitored. These details are essential for replication and internal validity.

The intervention combines multiple active therapeutic components, including emotional awareness training, chair work, songwriting, guided listening, rhythmic improvisation, empathy exercises, and self-compassion development. Because numerous mechanisms are simultaneously introduced, it is impossible to determine which components contributed most strongly to observed improvements. The authors should acknowledge this issue more explicitly and discuss dismantling studies as a future direction.

In the Statistical Analysis section, the authors indicate that “mixed-design repeated-measures analyses of variance were conducted.” Given the small sample size ($n = 27$), the manuscript should justify the suitability of repeated-measures ANOVA relative to more robust mixed-effects modeling approaches that can better accommodate missing data and individual variability.

Authors revised the manuscript and uploaded the updated document.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.