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The Effectiveness of Metacognitive Therapy on Dysfunctionalities in Women with Premenstrual Dysphoric Disorder

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1. Round 1

1.1. Reviewer 1

Reviewer:

The current literature review does not clearly articulate how the study's hypothesis aligns with the gaps in existing research. A more detailed comparison between past interventions and metacognitive therapy, highlighting unique contributions or discrepancies in findings, would strengthen the rationale for this study.

The use of convenience sampling is acknowledged; however, the paper lacks a discussion on the potential biases this method introduces. Consider discussing the implications of using such a sample and explore potential strategies to mitigate bias, enhancing the generalizability of the results.

The control group was placed on a waiting list with no interventions. It's suggested to include an alternative treatment as a control to better isolate the effect of the metacognitive therapy and control for the placebo effect.

The explanation of the statistical methods employed (e.g., MANCOVA) needs more detail regarding the assumptions checked and why this specific method was chosen over others, providing a clearer justification for its use.

Results could be enhanced by including more detailed tables or figures that outline the progression of scores over time (pretest, post-test, and follow-up) for both groups. This would visually demonstrate the therapy's impact more effectively.



Expand on how the findings relate to the theoretical implications and practical applications in clinical psychology. A deeper discussion on how metacognitive therapy specifically alters dysfunctional attitudes in PMDD compared to other psychological disorders could be insightful.

While some limitations are acknowledged, the manuscript would benefit from a more thorough exploration of these, particularly the implications of the study's findings being limited to a very specific subgroup (female dentistry students). Suggestions for future research should include diverse demographic settings to enhance external validity.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The operational definitions of "dysfunctional attitudes" are briefly mentioned but require a more comprehensive description of how each subscale correlates with PMDD symptoms, enhancing the reader's understanding of the targeted outcomes.

Provide more detail about the content of the metacognitive training sessions. Specific techniques used, how they were implemented, and the rationale behind each session's focus would add depth and clarity for replicability in future research.

The manuscript mentions ethical considerations briefly. Expanding this section to discuss the ethical handling of control group participants, who receive no immediate treatment, would strengthen the ethical rigor of the study.

Clarify whether the assessments were self-reported or if they were administered by a clinician. This impacts the reliability of the data collected and should be discussed in terms of potential biases or errors in data collection.

The paper should better integrate the results with existing theories on cognitive behavioral therapy and metacognition. Discussing how these results challenge or support these theories would provide greater academic contribution.

The conclusions section would benefit from a clearer outline of practical implications for practitioners in clinical settings. Specifically, how can these findings be applied in routine clinical practice or in the design of treatment programs for PMDD?

Several references are outdated. Updating the literature review with more current research (post-2020) would strengthen the credibility and relevance of the study, ensuring it aligns with the latest findings in the field.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted. Editor in Chief's decision: Accepted.

