PUBLISHING INSTITUTE
Journal Website

Article history:
Received 03 April 2026
Revised 24 July 2026
Accepted 31 July 2026
Initial Publication 02 August 2026
Final Publication 01 March 2027

Applied Family Therapy Journal

OPEN PEER-REVIEW REPORT

E-ISSN: 3041-8798

Emotional Security and Perceived Family Functioning in Relation to Adolescents' Emotional and Behavioral Problems: The Mediating Role of Adolescents' Cognitive Appraisals of Interparental Conflict

Giti. Nozari Kohne Shahri[1], Alireza. Kakavand[2*], Somayeh. Keshavarz[3]

[1] MA, Department of Psychology, Imam Khomeini International University, Qazvin, Iran
[2] Professor, Department of Psychology, Imam Khomeini International University, Qazvin, Iran
[3] Associate Professor, Department of Psychology, Imam Khomeini International University, Qazvin, Iran

*** Corresponding author email address**: ar.kakavand@soc.ikiu.ac.ir

Editor	Reviewers
Habib Hadianfard Affiliation: Professor, Department of Psychology, Shiraz University, Iran hadianfd@shirazu.ac.ir	**Reviewer 1:** Abolghasem Khoshkanesh Assistant Professor, Counseling Department, Shahid Beheshti University, Tehran, Iran. Email: akhoshkonesh@sbu.ac.ir **Reviewer 2:** Abolghasem Khoshkanesh Assistant Professor, Counseling Department, Shahid Beheshti University, Tehran, Iran. Email: akhoshkonesh@sbu.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

The sampling description contains an important ambiguity between the initial sample of 260 students and the analyzed sample of 251 students. The paragraph states that "260 participants were initially selected" and that "after incomplete questionnaires were excluded, data obtained from 251 participants were analyzed," but it does not indicate the number and proportion of incomplete questionnaires, the reasons for incompleteness, or whether excluded participants differed systematically from retained participants. The authors should report the attrition rate, describe the criteria used to classify questionnaires as incomplete, and explain whether missing data were handled through listwise deletion, pairwise deletion, imputation, or full-information maximum likelihood.

The population description—"all adolescents enrolled in lower- and upper-secondary schools in District 5 of Tehran during the 2024–2025 academic year"—does not provide sufficient contextual detail to evaluate sample representativeness. The

authors should report the approximate size of the target population, the number of eligible schools, the distribution of public and private schools, the sex composition of the sample, socioeconomic characteristics, and grade-level distribution. These variables are particularly important because family functioning, perceived interparental conflict, emotional security, and psychological symptoms may vary according to gender, age, school type, and socioeconomic status.

In the procedure paragraph, the authors state that nine schools were selected through simple random sampling, followed by random selection of students within schools. However, the analysis treats the observations as statistically independent and does not account for the nested structure of students within schools. Because students from the same school may share environmental, socioeconomic, and institutional characteristics, standard errors may be underestimated if clustering is ignored. The authors should calculate intraclass correlation coefficients, justify the decision not to use multilevel structural equation modeling, or apply cluster-robust standard errors or an appropriate design correction.

The article repeatedly refers to the dependent variable as "behavioral and emotional problems," but the listed SCL-based indicators primarily represent psychological symptom dimensions, particularly internalizing and psychopathological symptoms, rather than a balanced assessment of behavioral problems. Measures such as aggression, conduct problems, hyperactivity, rule-breaking, and externalizing behavior do not appear among the reported indicators. The authors should either revise the construct label to "psychological symptoms" or "emotional and psychopathological symptoms," or justify empirically why the selected SCL dimensions constitute a valid measure of both behavioral and emotional problems.

The descriptive results state that "the skewness and kurtosis values indicate that the study variables were normally distributed," yet several values approach the recommended boundaries, including a skewness of 1.92 and a kurtosis of 1.93. More importantly, the manuscript states that the multivariate critical ratio fell between −1.96 and +1.96 without reporting the actual Mardia coefficient or critical-ratio value. The authors should report the exact multivariate kurtosis statistic and associated critical ratio, identify the estimator used in AMOS, and explain whether bootstrapping or a robust estimation procedure was applied in response to any departure from multivariate normality.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The inclusion criterion described as "having satisfactory mental health and having no history of consultation with a psychiatrist, based on the students' self-reports" is conceptually and methodologically problematic. First, consulting a psychiatrist does not necessarily indicate current psychopathology, and not consulting one does not establish mental health. Second, excluding adolescents with previous psychiatric consultation may reduce variability in the outcome and produce a selection bias toward psychologically healthier students. The authors should clarify the theoretical reason for this exclusion criterion, report how "satisfactory mental health" was operationalized, and discuss how excluding potentially symptomatic adolescents affects the generalizability of the findings.

The manuscript reports that "voluntary informed consent" was obtained from all participants, but the sample consisted of adolescents aged 13–18 years. The ethical procedure should distinguish between parental or legal-guardian consent and adolescent assent, particularly for participants younger than the legally recognized age of consent. The authors should specify whether written parental consent and student assent were obtained, identify the institutional ethics committee that approved the study, provide the approval code, and describe the procedure used to protect students who reported clinically concerning symptoms, including severe depression, psychotic symptoms, or self-harm risk.

The description of the Basic Emotional Security Test contains a potential conceptual inconsistency. The instrument is described as assessing "security" and "belonging," whereas the results table labels the second component as "emotional attachment." The authors should verify the official subscale terminology of the version used and apply the same construct labels consistently throughout the instrument description, descriptive statistics, correlation matrix, structural model, figure, and

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798

discussion. The manuscript should also clarify whether the scale assesses general emotional security, emotional security within the family, or security specifically within the interparental subsystem, because these constructs are not interchangeable.

The scoring explanation for the emotional security measure appears contradictory. The manuscript states that responses range from "strongly agree" (1) to "strongly disagree" (5) and that "higher scores indicate greater emotional security." This interpretation would require some or all items to be worded or reverse-scored in a particular direction, but the manuscript does not identify reverse-scored items or describe the scoring algorithm. The authors should provide the possible score range, explain whether all items are summed after reverse coding, clarify the treatment of the three sibling-specific items, and state whether participants without siblings completed the 22-item version while those with siblings completed the 25-item version.

The Family Assessment Device description includes a likely scoring error in the sentence "a total score below 110 indicates family dysfunction." In the standard Family Assessment Device, higher scores generally indicate poorer family functioning, but interpretation is usually based on mean item or subscale scores and validated clinical cutoffs rather than an unqualified total-score threshold. The authors should verify the scoring direction and cutoff against the exact validated Persian version used. This issue is critical because the manuscript alternates between the terms "family functioning," "perceived family functioning," "family dysfunction," and "family-functioning problems," and the direction of several correlations and path coefficients depends on correct scoring interpretation.

The manuscript reports that the Family Assessment Device has 53 items, although commonly used versions often contain 60 items, with 12 items contributing to general functioning and the remaining items representing the six McMaster dimensions. The authors should verify whether they used a shortened 53-item Persian adaptation, explain how it differs from the original instrument, and provide an appropriate reference for that version. The number of items assigned to each subscale, the scoring range, and the psychometric evidence for the exact version administered should also be reported to ensure reproducibility.

The outcome measure is identified as the "Symptom Checklist-25 (SCL-25)," but the description lists nine symptom dimensions and three global indices commonly associated with the SCL-90-R. Moreover, the descriptive table includes constructs such as "other symptoms" and "internalizing symptoms," which do not align clearly with the standard SCL-25 structure. The authors should verify the exact name, item count, subscales, and source of the instrument used. They should also explain how 25 items could yield the reported nine symptom dimensions and three global indices, and whether the reported total "behavioral and emotional problems" score was a validated composite or a study-specific aggregation.

Response: Revised and uploaded the manuscript.

2. Revised

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

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798