

Effectiveness of Dialectical Behavior Therapy on Distress Tolerance and Difficulties in Emotion Regulation among Adolescents with Impulsive Behaviors

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1. Round 1

1.1. Reviewer 1

Reviewer:

There is a serious inconsistency between the article metadata and the author information. The author list includes Fereshteh Arsalandeh, Maryam Moghadasin, and Jafar Hasani, whereas the “How to cite this article” section lists “Arsalandeh, F., Moghadasin, M., Hasani, J., & Rajabi, H.” The presence of Rajabi in the citation but not in the author list requires immediate correction because it affects authorship transparency, indexing, citation accuracy, and ethical accountability. The manuscript should clarify whether Rajabi is an omitted co-author or whether the citation line contains an editorial error.

The Measures section describes the Distress Tolerance Scale and Difficulties in Emotion Regulation Scale but does not report reliability coefficients for the present sample. Statements such as “The Persian version of the scale has also demonstrated acceptable psychometric properties” are useful but insufficient for the current study. The authors should report Cronbach’s alpha, McDonald’s omega, or another appropriate reliability index for each scale in the present sample, preferably separately for pretest data, because measurement reliability directly affects the credibility of intervention effects.

The description of the Persian validation evidence is too general. For both instruments, the manuscript states that the Persian version has “acceptable” or “satisfactory” psychometric properties, but no Persian validation study is cited in the Measures section. The authors should cite the relevant Iranian validation studies, report key reliability and validity values, and clarify whether the instruments are suitable for adolescents aged 13 to 18, not merely for adult or general Iranian samples.

The intervention section needs a session-by-session protocol table or a more detailed structured description. Although the manuscript states that the program included “mindfulness practices, identification and labeling of emotions, reduction of emotional vulnerability, healthy coping with distressing situations, behavioral chain analysis, impulse management, and effective interpersonal communication skills,” the reader cannot determine which skills were taught in each session, what homework was assigned, or how fidelity to Linehan’s model was maintained. A detailed intervention protocol is necessary for replication.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

The timeline of the study requires clarification. The abstract states that “The statistical population consisted of adolescents aged 13 to 18 years with impulsive behaviors in Tehran in 2026,” while the article history indicates that the manuscript was received on 27 July 2025 and accepted on 17 November 2025. This creates a chronological impossibility if the data were collected from a 2026 population before submission and acceptance. The authors should revise the year of the statistical population, data collection period, or article history to ensure temporal consistency.

In the abstract, the intervention is described as “eight 90-minute sessions,” whereas the Intervention section states that participants attended “eight weekly dialectical behavior therapy sessions, each lasting approximately 60 minutes.” This discrepancy is not minor because dosage, session duration, and intervention intensity are central to treatment reproducibility. The authors should decide whether the protocol consisted of 60-minute or 90-minute sessions and revise the abstract, intervention section, and any related clinical interpretation accordingly.

The manuscript describes the design as “quasi-experimental” but also states that participants were “randomly assigned through a simple lottery method into either the experimental group or the control group.” If random allocation was genuinely implemented after purposive recruitment, the design should be described more accurately as a randomized controlled trial with non-probability sampling, or as a quasi-experimental randomized pretest–posttest design depending on journal conventions. The current wording creates ambiguity regarding the internal validity of the study and should be corrected.

The sample size justification is underdeveloped. The Methods section states that “The sample size was determined based on the quasi-experimental nature of the study, a 95% confidence level, a moderate effect size, and a statistical power of 0.83,” but it does not report the software used, statistical test selected for power analysis, assumed effect size value, alpha level, number of groups, number of repeated measurements, correlation among repeated measures, or attrition assumptions. The authors should provide a transparent power analysis, preferably using G*Power or another recognized method, because the final sample of 30 participants is small and the reported effect sizes are large.

The control condition is inadequately specified. The manuscript states that “the control group received no psychological treatment and participated only in the assessment stages,” but it does not explain whether the control group was placed on a waitlist, received treatment as usual, had access to school counseling, or was monitored for outside psychological services. Since expectancy effects, attention effects, and spontaneous improvement may influence outcomes, the authors should describe the control condition more carefully and discuss how the absence of an active comparison group limits causal interpretation.

The inclusion and exclusion criteria require more clinical detail. The authors exclude “severe psychiatric disorders or debilitating physical illnesses,” but no diagnostic screening tool, clinician assessment, parent report, or structured/semi-structured interview is mentioned. Given the adolescent sample and the target construct of impulsive behavior, comorbid ADHD, conduct problems, substance use, self-harm, depression, anxiety, and medication status may strongly affect distress tolerance and emotion regulation. The authors should specify how these conditions were assessed and controlled.

Authors uploaded the revised manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.