

The Effectiveness of Schema Mode Therapy on Resilience and Self-Control in Adolescent Girls with a History of Non-Suicidal Self-Injury


Zahra. Adelnasab¹, Hajar. Torkan^{2*}

¹ Department of Clinical Psychology, Isf.C., Islamic Azad University, Isfahan, Iran



² Assistant Professor, Department of Psychology, Isf.C., Islamic Azad University, Isfahan, Iran

* Corresponding author email address: h.torkan@khuisf.ac.ir

Editor

Anela Hasanagic
Full Professor, Department of Psychology, Faculty of Islamic Education, University of Zenica, Bosnia and Herzegovina
anela.hasanagic@unze.ba

Reviewers

Reviewer 1: Mohammad Salehi
Associate Professor, Department of Educational Management, Sari Branch, Islamic Azad University, Sari, Iran. Email: drsalehi@iausari.ac.ir
Reviewer 2: Mahdi Khanjani
Associate Professor, Department of Psychology, Allameh Tabataba'i University, Tehran, Iran.
Email: khanjani_m@atu.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

The literature review is comprehensive; however, the paragraph beginning with “Several psychological treatments have been developed to address emotional dysregulation and self-harming behaviors among adolescents” would benefit from a more critical synthesis rather than a descriptive listing of prior interventions. The manuscript currently summarizes previous studies sequentially without clearly identifying inconsistencies, unresolved findings, or theoretical limitations in the existing literature. The authors should explicitly articulate how schema mode therapy provides a unique mechanism of change compared to DBT or CBT.

The rationale for focusing exclusively on adolescent girls requires stronger theoretical and empirical justification. Although the manuscript briefly mentions that NSSI is more prevalent among girls, the authors should provide more detailed evidence regarding gender-specific emotional processing, interpersonal schemas, or coping mechanisms that support limiting the sample to females only. This is especially important because the exclusion of boys limits generalizability.

The sampling procedure described as “purposive sampling” requires additional methodological clarification. The manuscript does not adequately explain where participants were recruited from (schools, counseling centers, psychiatric clinics, hospitals,

or community settings), how the structured clinical interview was administered, who conducted the interviews, and whether inter-rater reliability was established. These details are necessary to evaluate sample validity and diagnostic rigor.

The intervention section lacks sufficient procedural detail for replication. Although the authors mention that Schema Mode-Based Therapy was administered over 10 sessions, no session-by-session therapeutic structure is provided. The manuscript would be substantially strengthened by including a treatment protocol table summarizing each session's objectives, techniques, schema modes targeted, and therapeutic exercises used.

The authors report that the intervention was "based on the protocol developed by Farrell and Shaw (2022)," but they do not specify whether the protocol was culturally adapted for Iranian adolescents. Considering the strong influence of cultural norms on emotional expression, self-injury, and parent-child relationships, the manuscript should discuss whether linguistic or cultural modifications were implemented during treatment delivery.

The manuscript lacks information regarding treatment fidelity and therapist qualifications. The authors should specify who administered the intervention, what level of schema therapy training the therapist possessed, whether supervision was provided, and whether adherence to the treatment protocol was monitored. Without this information, intervention reliability cannot be adequately evaluated.

The references section contains several formatting inconsistencies. For example, some references include DOI hyperlinks while others do not, journal titles are inconsistently italicized, and capitalization styles vary considerably across entries. The reference list should be carefully revised according to the journal's APA formatting requirements.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

The manuscript states that MANCOVA was employed; however, the statistical assumptions are incompletely reported. For example, the sentence "The Shapiro–Wilk test was used to examine the normality of data distribution" does not include exact statistics or p-values for each variable. Reporting only " $p > 0.05$ " is insufficient for a scientific manuscript. Exact values should be provided either in the text or in a dedicated assumptions table.

There appears to be a statistical reporting error in the sentence: "The results for resilience ($F = 0.845$, $p = 0.442$) and self-control ($F = 0.314$, $p = 1.217$) confirmed the assumption of homogeneity of regression slopes." A p-value cannot exceed 1.00; therefore, the reported $p = 1.217$ is mathematically impossible. This error raises concerns regarding statistical accuracy throughout the manuscript and requires immediate correction and rechecking of all reported analyses.

Table 1 reports relatively small changes in resilience and self-control scores between pretest and posttest conditions, yet the reported effect sizes in Table 3 are large ($\eta^2 = 0.465$ and $\eta^2 = 0.344$). The authors should provide a more detailed explanation for these substantial effect sizes and discuss whether the magnitude of change is clinically meaningful in addition to statistically significant.

The manuscript does not report whether participants in the control group received any form of psychological monitoring or supportive contact during the intervention period. Given the vulnerability of adolescents with a history of NSSI, withholding any intervention without monitoring raises ethical concerns. The authors should clarify the nature of the control condition and explain how participant safety was maintained.

The discussion section appropriately links findings to schema theory; however, the interpretation remains somewhat repetitive across paragraphs. Multiple paragraphs repeatedly state that schema mode therapy improves emotional regulation and adaptive coping. The discussion would benefit from greater conceptual depth, particularly regarding the mechanisms through which vulnerable child modes and punitive parent modes contribute specifically to self-injurious behavior.

The manuscript would benefit from including a clearer explanation of why resilience and self-control were selected as the primary outcome variables instead of more directly relevant NSSI-related constructs such as emotional dysregulation, self-compassion, shame, impulsivity, or frequency of self-harm episodes. The theoretical justification for prioritizing these two variables remains somewhat underdeveloped.

The age statistics reported in the findings section appear inconsistent with the stated age distribution. The manuscript reports a mean age of 16.6 years in the experimental group and 17.8 years in the control group, despite most participants being distributed across the 14–16 and 16–18 categories. Given the small standard deviations reported (0.617 and 0.632), these values appear questionable and should be recalculated and verified.

The manuscript repeatedly uses the phrase “schema mode therapy” and “schema mode-based therapy” interchangeably. The terminology should be standardized throughout the manuscript to avoid conceptual ambiguity. The authors should also specify whether the intervention focused specifically on mode work or on broader schema therapy principles.

The conclusion section is concise but somewhat generic. The statement “interventions targeting the underlying emotional and cognitive mechanisms appear highly necessary” does not adequately reflect the specific empirical findings of the study. The conclusion should more directly emphasize how schema mode therapy influenced resilience and self-control and discuss the potential implications for adolescent clinical practice and school-based interventions.

Authors uploaded the revised manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.