

Comparison of the Effectiveness of Mentalization-Based Therapy and Emotion Efficacy-Based Therapy on Cognitive Insight and Distress Tolerance in Adolescents with Generalized Anxiety Symptoms

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1. Round 1

1.1. Reviewer 1

Reviewer:

The section introducing cognitive insight relies heavily on Beck et al. (2004) but does not adequately justify why cognitive insight is especially relevant in adolescent generalized anxiety populations. The sentence “Cognitive insight... has therefore emerged as an important psychological construct in anxiety-related disorders” requires stronger empirical support from adolescent anxiety literature rather than broader psychiatric research. The authors should incorporate more anxiety-specific evidence demonstrating how cognitive insight predicts symptom severity or treatment outcomes in adolescents.

The paragraph addressing distress tolerance would benefit from greater conceptual precision. The statement “Individuals who cannot tolerate emotional distress often rely on cognitive avoidance and safety behaviors...” is theoretically important, yet the manuscript does not explain how distress tolerance differs from emotion regulation or experiential avoidance. Because the interventions target overlapping constructs, clearer conceptual boundaries are necessary to avoid redundancy in interpretation.

The discussion of Fear of Missing Out (FoMO) appears insufficiently integrated into the core conceptual model of the study. Although the paragraph beginning with “Another factor that has attracted considerable attention...” is informative, FoMO is

not subsequently measured or analyzed in the study. The authors should either more explicitly connect FoMO to the proposed mechanisms of cognitive insight and distress tolerance or substantially reduce this section to maintain conceptual coherence.

The theoretical explanation of Mentalization-Based Therapy is generally appropriate; however, the manuscript does not adequately explain why MBT was selected instead of more established anxiety interventions such as CBT. The sentence “Mentalization-Based Therapy has emerged as one of the contemporary therapeutic approaches...” should be followed by a stronger justification regarding its unique suitability for generalized anxiety symptoms in adolescence.

The description of Emotion Efficacy-Based Therapy requires additional operational clarity. The authors state that the intervention “integrates principles from Acceptance and Commitment Therapy and Dialectical Behavior Therapy,” but they do not clarify whether the protocol used in the present study was standardized, adapted, or manually developed. Given the relative novelty of this approach, the manuscript should include greater detail regarding treatment fidelity and protocol structure.

The final paragraph of the Introduction appropriately identifies a research gap; however, the rationale for directly comparing MBT and Emotion Efficacy-Based Therapy remains underdeveloped. The sentence “adolescents may respond differently to interventions emphasizing cognitive reflection versus emotional exposure” is theoretically promising but should be elaborated with specific hypotheses grounded in prior evidence. Explicit directional hypotheses should also be stated before the aim of the study.

The assumptions testing paragraph includes Bartlett’s test for sphericity, which is typically associated with factor analysis rather than MANCOVA assumptions. The authors should clarify why Bartlett’s test was conducted and whether they intended to report a different multivariate assumption test. As currently written, this creates methodological confusion.

In the Discussion section, the interpretation of MBT’s superiority in enhancing cognitive insight is theoretically plausible, but causal language should be moderated. Statements such as “Mentalization-Based Therapy helps individuals understand the relationship between emotions, thoughts, and interpersonal experiences” imply definitive causal mechanisms that were not directly measured in the study. The authors should frame these interpretations more cautiously.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

In the Methods section, the sampling procedure requires greater transparency. The phrase “selected through convenience sampling from adolescents referred to counseling centers and schools in Shiraz” does not clarify how participants were recruited across settings, whether recruitment ratios differed between schools and counseling centers, or whether symptom severity differed across recruitment sites. These details are important for evaluating sampling bias and external validity.

The sentence “The diagnosis of generalized anxiety symptoms was established through a structured clinical interview and the judgment of a clinical psychologist” is insufficiently detailed. The authors must specify the exact diagnostic interview used, whether DSM-5 criteria were applied, whether inter-rater reliability was assessed, and whether diagnoses were formally established or merely symptom-based screening classifications.

The inclusion criterion stating “not using psychiatric medications or maintaining medication stability for at least two months” introduces potential heterogeneity in treatment response. Participants receiving stable medication may differ substantially from medication-free participants. The manuscript should clarify how many participants were medicated and whether medication status was statistically controlled during analyses.

The procedural description states that schools and counseling centers were “selected through a multistage procedure,” but no details are provided regarding this procedure. The manuscript should clarify the stages of selection, criteria for center inclusion, and whether randomization occurred at any stage. Without such information, methodological transparency is limited.

The Measures section describing the Beck Cognitive Insight Scale is thorough; however, the authors should report whether the Persian version has been validated specifically among adolescents. Psychometric properties established in university students or adults may not automatically generalize to adolescent clinical populations.

The authors report Cronbach's alpha coefficients for all scales but do not report confirmatory factor validity or construct validity indices within the present sample. Given the small sample size and the use of translated instruments, reporting at least exploratory factor consistency or item-total correlations would strengthen confidence in measurement quality.

The Intervention section provides detailed content for Emotion Efficacy-Based Therapy but does not provide a parallel session-by-session description for Mentalization-Based Therapy. This creates imbalance in methodological reporting. The MBT protocol should be described with equivalent specificity to allow replication and comparison of therapeutic processes.

The Data Analysis section is overly brief. The sentence "The data were analyzed using descriptive and inferential statistics in IBM SPSS Statistics through multivariate analysis of covariance (MANCOVA)" does not specify whether assumptions regarding multicollinearity, homogeneity of covariance matrices, or outlier detection were assessed prior to conducting MANCOVA. A more comprehensive analytical strategy should be described.

In Table 1, the posttest increase in distress tolerance for the Emotion Efficacy-Based Therapy group appears substantially larger than that of the MBT group. However, the manuscript does not report adjusted posttest means after controlling for pretest scores. Because ANCOVA was used, adjusted means should be presented to facilitate accurate interpretation of intervention effects.

The statistical reporting in the Findings section requires refinement according to APA guidelines. For example, the notation " $F_{2,40} = 20.593$ " should be formatted consistently using standard statistical notation throughout the manuscript. Additionally, exact p-values should be reported instead of only " $p < .01$ " or " $p < .05$ " whenever possible.

Authors uploaded the revised manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.