KMAN PUBLISHING INSTITUTE
Journal Website

Article history:
Received 15 January 2026
Revised 20 May 2026
Accepted 27 May 2026
Initial Publication 12 July 2026
Final Publication 10 September 2026

Journal of Adolescent and Youth Psychological Studies

Open peer-review report

E-ISSN: 2981-2526

The Effectiveness of Cognitive Behavioral Therapy on Resilience and Perceived Stress in Depressed Adolescents

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the introduction's first paragraph, the manuscript states that adolescent depression is increasing due to "academic pressure, family conflicts, social isolation, technological overexposure, and economic instability." This is plausible, but the paragraph combines multiple causal claims without distinguishing epidemiological prevalence evidence from theoretical explanations. The authors should strengthen this section by adding more direct adolescent-depression prevalence evidence and by separating global evidence from Iranian or Tehran-specific contextual evidence.

In the "Measures" section, the manuscript states that previous studies confirmed the validity and reliability of both instruments, but no citations are provided in that paragraph. The authors should cite the original instrument-development studies and Persian/adolescent validation studies, especially because the study was conducted in Tehran and likely used translated versions of the scales.

In the "Intervention" paragraph, the CBT protocol is described only in broad terms: "identifying maladaptive thoughts," "challenging negative automatic thoughts," and "relaxation and stress-management techniques." This is not sufficient for

replication. The authors should provide a session-by-session intervention table or a more detailed protocol specifying session goals, techniques, homework assignments, therapist qualifications, adherence monitoring, and whether a treatment manual was used.

In the methods section, the control condition is described as receiving "no psychological intervention during the treatment period." The authors should discuss the limitations of a no-treatment control group and consider whether improvements may partly reflect attention, expectancy, therapist contact, or placebo effects. A wait-list control, active comparison, or treatment-as-usual description would make the design more interpretable.

In the findings section, the paragraph beginning "Based on the themes extracted from mothers' lived experiences…" is clearly unrelated to the present CBT study on depressed adolescents. It refers to "mothers," "parent–adolescent relationship training," and "anxiety disorders," which contradicts the stated intervention and population. This appears to be text accidentally retained from another manuscript and must be completely removed or replaced with content relevant to the CBT protocol.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

In the introduction, several cited studies appear only weakly aligned with the target population and variables. For example, references to compulsive buying behavior, internet addiction, obsessive-compulsive disorder, generalized anxiety disorder in older adults, and sedentary behavior among adults aged 50 years and older are used to support claims about CBT, perceived stress, and depressed adolescents. The authors should replace or supplement these with studies directly focused on adolescents, depression, resilience, perceived stress, and CBT outcomes.

In the paragraph beginning "Recent developments in the field of psychotherapy have further highlighted the effectiveness of cognitive behavioral interventions," the manuscript cites Allahmoradi et al., Yaghoubi et al., and Yaqubi et al. as if they were separate studies. However, the reference list suggests these may be overlapping or duplicated versions of the same research topic, with inconsistent article titles and DOI information. The authors should check for duplicate references and cite only the correct, final bibliographic version.

In the final introduction paragraph, the research gap is stated as "relatively limited research has specifically examined its simultaneous effects on resilience and perceived stress among depressed adolescents in counseling settings." This is an appropriate gap, but it remains broad. The authors should specify whether the gap is empirical, population-specific, culturally contextual, methodological, or intervention-based, and should explain why examining both resilience and perceived stress together provides added theoretical value.

In the methods section, the sentence "adolescents diagnosed with depressive disorder who were referred to counseling centers in Tehran in 2026" is insufficient for clinical reproducibility. The manuscript should state who made the diagnosis, which diagnostic system was used, whether DSM-5 or ICD criteria were applied, whether a structured clinical interview was used, and whether depression severity was measured at baseline.

In the "Study Design and Participants" paragraph, there is no information on inclusion and exclusion criteria. The authors should add specific criteria such as age range, depression diagnosis or symptom threshold, medication status, comorbid psychiatric conditions, history of psychotherapy, suicidal risk, parental consent, willingness to participate, and attendance requirements. Without these details, it is difficult to judge the internal validity of the intervention findings.

In the "Measures" section, the Connor–Davidson Resilience Scale and Perceived Stress Scale are described generally, but the manuscript does not report reliability coefficients for the current sample. Since the sample is small and adolescent-specific, the authors should report Cronbach's alpha or another reliability estimate for each scale in this study, rather than relying only on previous validation evidence.

Authors uploaded the revised manuscript.

JAYPS Adolescent and Youth Psychological Studies
E-ISSN: 2981-2526

2. Revised

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

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