

The Effectiveness of Integrated Unified Protocol for Transdiagnostic Treatment on the Self-Concept of Children with Internalized Behavior Problems




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E d i t o r	R e v i e w e r s
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1. Round 1

1.1. Reviewer 1

Reviewer:

The statement, "In recent years, the mental and emotional health of children has received increasing attention within the field of psychology, with a particular focus on behavioral problems," is broad. Providing supporting citations or specific statistics would strengthen this claim.

The control group received no intervention, but there is no mention of what alternative support or monitoring they received during the study period. Ethical concerns regarding untreated control groups should be addressed.

The intervention's description is detailed but lacks information on therapist qualifications. Including the therapists' training, experience, and fidelity checks would strengthen the methodological rigor.

The use of the Piers-Harris Children's Self-Concept Scale (1969) is justified, but its cultural validity in the study's population is not addressed. Was any adaptation or validation conducted for the Iranian sample?

The statistical approach is appropriate, but the rationale for using repeated measures ANOVA instead of mixed-effects modeling should be explained, given the nested nature of repeated measures data.

While prior studies are cited, the article lacks an in-depth comparison of effect sizes. Were the observed improvements in self-concept larger or smaller than in other studies using the Unified Protocol?

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The introduction references the Unified Protocol but does not clearly differentiate its unique contributions from other cognitive-behavioral interventions. A brief comparison with traditional CBT approaches would help contextualize its added value.

The discussion on self-concept and internalized behavior problems is strong but could be enhanced by integrating a theoretical model of self-concept (e.g., Harter's Self-Perception Profile) to better anchor the study's rationale.

The sampling method is described as convenience sampling, yet the study claims random assignment. Clarify how participants were initially recruited and whether stratified randomization was applied to ensure baseline equivalence.

In Table 1, the presentation of means and standard deviations is clear, but confidence intervals for each time point would provide additional insights into variability and effect stability.

The p-values are reported correctly, but effect sizes (η^2) are provided without interpretation. Adding a brief explanation of effect size magnitudes based on Cohen's guidelines would be useful.

The Bonferroni post hoc analysis is appropriate, but a justification for why this correction was chosen over other multiple comparison adjustments (e.g., Holm-Bonferroni) would improve transparency.

The discussion states, "This intervention may therefore be considered an effective approach to enhancing self-concept," but does not critically assess limitations such as potential placebo effects or spontaneous remission.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.