




Determining the Difference in the Effectiveness of Cognitive Behavioral Therapy and Schema Therapy on Emotional Inhibition in Adolescents with High-Risk Behaviors

Fahimeh. Ghafari Moghadam¹, Fateme. Dehghani-Arani^{*2}, Elham. Zarghani³

¹ Department of Psychology, SR.C., Islamic Azad University, Tehran, Iran

² Department of Psychology, University of Tehran, Tehran, Iran



³ Department of Psychology, VaP.C., Islamic Azad University, Varamin, Iran

* Corresponding author email address: f.dehghani.a@ut.ac.ir

Editor

Seyed Hamid Atashpour
Associate Professor, Department of Psychology, Isfahan (Khorasgan) Branch, Islamic Azad University, Isfahan,
Iran
hamidatashpour@gmail.com

Reviewers

Reviewer 1: Parvaneh Mohammadkhani
Professor, Department of Clinical Psychology, University of Rehabilitation Sciences and Social Health, Tehran, Iran. Email: Pa.mohammadkhani@uswr.ac.ir
Reviewer 2: Taher Tizdast
Assistant Professor, Department of Psychology, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran. Email: taher.tizdast@toniau.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

In the introduction, the statement “These behaviors... are often conceptualized as maladaptive coping responses to internal emotional dysregulation and environmental stressors” would benefit from theoretical anchoring; please explicitly link this claim to a recognized framework such as the self-medication hypothesis or emotion regulation theory to strengthen conceptual rigor .

The paragraph beginning “One of the key constructs implicated...” defines emotional inhibition but does not sufficiently distinguish it from related constructs such as emotional suppression or expressive suppression; a clearer operational differentiation is necessary to avoid conceptual overlap .

In the sentence “Emotional inhibition has been associated with a wide range of maladaptive outcomes,” the manuscript would benefit from specifying effect sizes or the strength of associations reported in prior literature to enhance empirical precision rather than relying on general statements .

In the paragraph discussing schemas, the claim “Early maladaptive schemas... can lead to persistent negative beliefs” is theoretically sound but lacks discussion of schema domains (e.g., disconnection/rejection, impaired autonomy); incorporating these domains would improve theoretical depth .

In the schema therapy intervention paragraph, the sentence “The second session focused on assessing participants’ problems from a schema therapy perspective” introduces constructs like “cognitive fusion,” which belong more to ACT; please justify this integration or correct conceptual inconsistency .

In the CBT intervention, the phrase “[translator name to be specified]” indicates incomplete reporting; this must be corrected to ensure methodological transparency and replicability .

In the Data Analysis section, the sentence “Given the multivariate nature of the dependent variables, MANOVA was employed” is inconsistent because only one dependent variable (emotional inhibition) is analyzed; please revise or justify this methodological choice .

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The sentence “Schema therapy... seeks to address these needs through corrective emotional experiences” should be expanded to clarify the mechanisms of change (e.g., mode work, experiential techniques, limited reparenting) and how these specifically reduce emotional inhibition .

In the CBT paragraph, the claim “CBT aims to improve emotional regulation” requires elaboration on specific CBT components (e.g., cognitive restructuring, behavioral activation, exposure) used in adolescent populations, as CBT is a broad umbrella approach .

The sentence “some researchers argue that CBT may be less effective in addressing deeply rooted schema-level processes” should be supported with more nuanced discussion, including conditions under which CBT can be extended (e.g., third-wave CBT, schema-focused CBT) .

In the final paragraph of the introduction, the sentence “there remains a need for further research...” is somewhat generic; please explicitly identify the research gap (e.g., lack of longitudinal comparative trials in Iranian adolescents) to sharpen the study rationale .

In the Methods section, the phrase “purposive non-random sampling” followed by “randomly assigned into three groups” requires clarification; please specify whether randomization occurred after selection and whether allocation concealment was used .

The inclusion criterion “clinical diagnosis of high-risk behaviors confirmed by a clinical psychologist” is insufficiently detailed; specify diagnostic criteria, tools, or structured interviews used to ensure reproducibility .

The statement “Based on Cohen’s sample size table (1981), a minimum of 10 participants per group was required” should be accompanied by an effect size assumption, power level, and alpha value to justify adequacy of statistical power .

In the Measures section, while reliability is reported (“Cronbach’s alpha coefficient of 0.79”), the manuscript lacks evidence of validity within the current sample; please report internal consistency and possibly confirmatory factor analysis results for your dataset .

The description of the Emotional Inhibition Scale includes “reverse scored items,” but no explanation is given regarding data preprocessing; please clarify how missing data and reverse coding were handled analytically .

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.