






Development of a Dialectical Behavior Therapy Intervention Package for Patients with Obesity

Sahar. Saeidiasl¹, Mahtab. Moraveji^{2*}, Masoumeh. Moallem³, Mohamad Bagher. Hobbi⁴, Vahid. Manzari Tavakoli⁵

¹ Department of Health Psychology, Ki.C., Islamic Azad University, Kish, Iran

² Department of Nursing & Midwifery, Za.C., Islamic Azad University, Zanjan, Iran


³ Department of emergency medicine, TMS.C., Islamic Azad University, Tehran, Iran

⁴ Department of psychology's Faculty Culture and Soft Power, Imam Hossein University, Tehran, Iran



⁵ Department of Educational Sciences, Farhangian University, Tehran, Iran

* Corresponding author email address: mahtab.moraveji@iau.ac.ir

Editor

Şennur Tutarel Kışlak¹
Department of Psychology/Faculty of Language, History and Geography, University of Ankara, Ankara, Turkey
kislak@ankara.edu.tr

Reviewers

Reviewer 1: Parvaneh Mohammadkhani¹
Professor, Department of Clinical Psychology, University of Rehabilitation Sciences and Social Health, Tehran, Iran. Email: Pa.mohammadkhani@uswr.ac.ir
Reviewer 2: Ali Akbar Soleymanian¹
Associate Professor of Counseling Department, Bojnord University, Iran. Email: Soleymanian@ub.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

The third paragraph discussing emotional processes includes the sentence “In many patients with obesity, the behavioral sequence is not merely hunger followed by eating, but rather distress, self-judgment, craving...”. This is a strong clinical insight, but it would benefit from being explicitly framed as a behavioral chain model. Consider linking this more directly to DBT’s chain analysis framework earlier, to improve theoretical coherence.

In the paragraph beginning “Within this context, third-wave behavioral approaches...”, the discussion of mindfulness and acceptance-based therapies is informative but somewhat diffuse. You introduce multiple approaches (MBCT, ACT, cognitive strategies) without clearly differentiating their mechanisms. This risks diluting the argument for DBT. You should explicitly justify why DBT, rather than other third-wave therapies, is the most suitable integrative model.

The paragraph introducing DBT (“Dialectical behavior therapy has particular promise...”) is theoretically sound, but the sentence “DBT is grounded in a biosocial model...” is presented without elaboration. Given that this model is central to your

argument, you should briefly explain its components (emotional vulnerability + invalidating environment) and explicitly connect them to obesity-related pathology.

In the empirical review paragraph beginning “Empirical findings in eating-related and obesity-related populations...”, multiple studies are cited sequentially without critical evaluation. For example, “Early work showed that DBT could reduce binge eating and depression...” is reported descriptively. You should include a brief methodological critique (sample size, design, limitations) to strengthen the scholarly rigor.

In Table 1, although informative, the categorization of sources mixes articles and theses without justification. You should explain why theses were included and how their methodological quality was assessed relative to peer-reviewed articles.

In the paragraph “In the next stage, the full texts...”, the description of coding lacks detail. Terms like “coded and categorized” are too general. You should specify whether open coding, axial coding, or thematic analysis was used, and how inter-coder reliability was ensured.

In Table 2, the thematic structure is comprehensive, but the boundaries between some themes (e.g., “Emotion Regulation” vs. “Distress Tolerance”) are conceptually overlapping. You should clarify how themes were differentiated and whether any hierarchical structure exists among them.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The paragraph starting “Evidence specific to obesity has also become more substantial...” contains multiple claims of effectiveness (e.g., reduction of BMI, improved self-efficacy), but no indication of effect sizes or clinical significance. Consider adding qualifiers regarding the magnitude and consistency of these effects to avoid overgeneralization.

In the paragraph “Recent international studies further strengthen the relevance...”, the statement “DBT is not only conceptually appropriate but also adaptable...” is persuasive but not sufficiently supported analytically. You should explicitly compare delivery modalities (online vs. in-person) and discuss potential differences in efficacy or adherence.

The final paragraph of the introduction ends with “Accordingly, the present study aimed...”, which is appropriate, but the preceding justification could be strengthened by more clearly identifying the research gap. You should explicitly state what is missing in existing DBT literature (e.g., lack of structured obesity-specific protocols) before presenting the aim.

In the Methods section, the sentence “This study employed a meta-synthesis strategy...” is appropriate, but the methodological framework is insufficiently specified. You should clarify which meta-synthesis approach was used (e.g., Noblit & Hare, thematic synthesis) and describe the procedural steps in more detail.

The paragraph describing sampling (“two sampling frameworks were considered...”) lacks inclusion and exclusion criteria. It is unclear how studies were selected beyond database availability. You should specify criteria such as publication year range, language, study design, and quality thresholds.

In the paragraph on validity, the statement “face validity and content validity were used...” is methodologically appropriate, but the selection criteria for the expert panel are not described. You should provide details on expertise, years of experience, and selection rationale to support the credibility of the validation process.

The Findings section begins with “Out of more than 70 identified studies, 18 were selected...”, but no PRISMA-style flow or justification is provided. You should include a more transparent screening process (e.g., reasons for exclusion) to enhance reproducibility.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.