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The Effectiveness of Cognitive Behavioral Therapy on Distress Tolerance and Psychological Hardiness in Adolescents Experiencing Parental Bereavement

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the Introduction section, the statement "Adolescence itself represents a sensitive developmental period characterized by rapid biological, psychological, and interpersonal changes" is theoretically appropriate, but the manuscript does not sufficiently explain why bereavement during adolescence may produce different therapeutic outcomes compared with bereavement in childhood or adulthood. The authors should provide a clearer developmental psychopathology framework specifically linking adolescent neurocognitive maturation to grief processing and CBT responsiveness.

The paragraph beginning with "One of the central psychological variables associated with adaptive functioning after traumatic experiences and bereavement is distress tolerance" lacks a detailed conceptual distinction between distress tolerance, emotional regulation, resilience, and psychological hardiness. Because these constructs overlap considerably in the literature, the authors should provide a conceptual model explaining why distress tolerance and hardiness were selected as primary outcomes and how they differ theoretically and empirically.

Table 1 presents mean differences between groups; however, no confidence intervals are reported. Including 95% confidence intervals for mean changes and effect sizes would substantially improve statistical transparency and help readers evaluate the precision of the findings.

The reported effect sizes in Table 2 are unusually large ($\eta^2 = 0.54$ and $\eta^2 = 0.56$) given the small sample size and brief intervention duration. The authors should discuss the possibility of effect size inflation associated with small samples and quasi-experimental designs and should interpret these findings more cautiously.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The literature review cites several studies related to CBT and emotional regulation; however, the manuscript does not critically evaluate inconsistencies in previous findings. For example, the sentence “Cognitive behavioral therapy has demonstrated substantial effectiveness in improving emotional regulation” presents CBT efficacy as unequivocal. The review would benefit from discussing contradictory evidence, effect size variability, and limitations of CBT in grief-focused interventions.

The rationale for selecting adolescents with “moderate grief experience (scores between 68 and 102)” requires stronger justification. The manuscript does not explain why adolescents with severe grief reactions were excluded, despite severe grief arguably representing the clinically most relevant group for intervention. This exclusion criterion may substantially limit the applicability of the findings.

The sampling strategy described as “purposive and convenience sampling methods” introduces substantial selection bias, yet the authors do not discuss how this may have affected internal and external validity. The manuscript should include a more transparent explanation of recruitment procedures, referral pathways, and the proportion of eligible adolescents who declined participation.

The Methods section lacks sufficient demographic information regarding participants. Variables such as age distribution, gender composition, socioeconomic status, time elapsed since parental death, cause of death, and whether the deceased parent was the mother or father are critically important in bereavement research and may strongly influence treatment response. Their omission weakens the interpretability of the findings.

The paragraph describing the Distress Tolerance Scale reports Cronbach’s alpha values but does not discuss cultural adaptation procedures for the Iranian adolescent population. Since psychometric properties can vary across developmental and cultural contexts, the authors should explain whether confirmatory factor analysis or linguistic validation procedures were performed for this sample.

The manuscript states that the Ahvaz Psychological Hardiness Inventory was “originally designed to measure psychological hardiness among university students,” yet it was administered to adolescents in the current study. The authors should justify the developmental appropriateness of this instrument for adolescent populations and provide evidence supporting its validity in younger participants.

The intervention description remains overly general and lacks procedural precision. In the paragraph beginning with “The intervention program consisted of cognitive behavioral therapy administered to the experimental group,” the authors do not specify the therapeutic manual, therapist qualifications, fidelity monitoring procedures, homework compliance assessment, or session-by-session therapeutic targets. Without these details, replication is difficult.

The control group received “no psychological intervention during the study period,” which creates a passive control condition vulnerable to expectancy effects and therapist attention bias. The authors should justify why an active control condition was not used and discuss how nonspecific therapeutic factors may have contributed to the observed improvements.

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The statistical analysis section states that "covariance analysis was used," but the manuscript does not report critical ANCOVA assumptions such as homogeneity of regression slopes. Reporting only normality and Levene's test is insufficient. The authors should provide full assumption diagnostics to justify the validity of the inferential analyses.

Response: Revised and uploaded the manuscript.

2. Revised

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

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