

Comparison of the Effectiveness of Storytelling Therapy and Cognitive-Behavioral Play Therapy in Improving Cognitive Emotion Regulation in Children with Attention-Deficit/Hyperactivity Disorder

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the Introduction paragraph on storytelling therapy, the sentence “Storytelling can also help children name emotions, differentiate between adaptive and maladaptive responses, and recognize how thoughts influence feelings and behavior” is central to the study rationale. However, the manuscript should strengthen this section by explaining how narrative mechanisms differ from cognitive-behavioral play mechanisms. Since the study is comparative, the Introduction should not merely argue that both interventions are useful; it should also justify why a comparison between the two is scientifically meaningful.

In the final paragraph of the Introduction, the manuscript states that “fewer studies have directly compared their effectiveness in children with ADHD using a pretest–posttest–follow-up design.” This is an important gap statement, but it remains too general. The authors should specify whether previous comparative studies focused on ADHD symptoms, aggression, anxiety, social skills, or emotion regulation, and then clearly state that the novelty of the present study lies in comparing these two interventions specifically on adaptive and maladaptive cognitive emotion regulation. This would sharpen the contribution of the study.

In the same paragraph, the manuscript reports reliability values from prior studies and then states that “internal consistency based on Cronbach’s alpha was .87 for adaptive emotion regulation and .69 for maladaptive emotion regulation.” The value of

.69 for maladaptive emotion regulation is borderline and should be discussed. The authors should acknowledge this limitation or provide additional reliability indices, especially because the maladaptive regulation score is one of the two main dependent variables.

In the Intervention Protocols section, the cognitive-behavioral play therapy protocol is described in rich detail, but treatment fidelity is not addressed. The manuscript should specify who delivered the intervention, what professional qualifications the therapist had, whether the therapist was trained in the protocol, and whether adherence to the session structure was monitored. Without fidelity information, it is difficult to determine whether the observed effects are attributable to the intended intervention model or to nonspecific therapist effects.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

In the Methods section under “Study Design and Participants,” the manuscript states that the design was “an extended pretest–posttest–follow-up design with a control group.” The term “extended” is not sufficiently defined. The authors should clarify whether “extended” refers to the inclusion of two experimental groups, the follow-up phase, or another methodological feature. Using standard terminology such as “three-group quasi-experimental pretest–posttest–follow-up design with a control group” would improve clarity and methodological precision.

In the sentence “The statistical population consisted of all children aged 7–10 years in the city of Jam who were studying in the first cycle of elementary school during the 2025–2026 academic year,” the manuscript should provide more information about the recruitment setting. It is unclear whether participants were recruited from schools, counseling centers, psychiatric clinics, educational psychology centers, or a combination of these settings. This omission limits the reader’s ability to evaluate sampling bias and the representativeness of the sample.

In the Methods paragraph reporting the inclusion criteria, the sentence “having an intelligence quotient above 90” requires further methodological explanation. The manuscript should identify the instrument used to assess IQ, who administered it, and whether the assessment was conducted during the study or obtained from existing psychological records. Because IQ was used as an inclusion criterion and matching variable, the absence of details on its measurement weakens the reproducibility of the study.

In the Methods section, the sentence “the children were matched according to intelligence level and disorder severity” is important but underdeveloped. The authors should explain the matching procedure in detail: whether matching was individual or group-based, which numerical indicators were used for ADHD severity, whether matching was completed before random allocation, and whether equivalence was statistically tested. Without this information, it is difficult to judge whether baseline comparability was achieved through matching, randomization, or statistical coincidence.

In the participant flow description, the manuscript states that “36 children were selected through purposive sampling based on the inclusion and exclusion criteria and were randomly assigned to three equal groups.” This sentence should be revised to explain the random assignment method. For example, the authors should state whether randomization was performed using random-number tables, sealed envelopes, computerized allocation, or another procedure. In intervention studies with small samples, transparent reporting of allocation procedures is especially important.

In the Data Collection Tools section, the paragraph describing the SNAP test states that the instrument “has a single form that can be completed by parents and teachers.” However, the manuscript later states that questionnaires were completed by “all parents and teachers.” The authors should clarify whether SNAP ratings were obtained from parents only, teachers only, or both, and how discrepancies between parent and teacher ratings were handled. This is particularly important because ADHD symptoms often vary across home and school contexts.

In the Data Collection Tools paragraph, the manuscript describes the Cognitive Emotion Regulation Questionnaire for Children as “a self-report multidimensional questionnaire.” Because the participants were 7–10 years old and some may have

attentional or comprehension difficulties, the authors should explain how questionnaire completion was administered. For example, did children complete the questionnaire independently, with researcher assistance, or through parent/teacher reporting? This issue is critical for the validity of self-report data in young children with ADHD.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.