

Comparison of the Effectiveness of Psychological Debriefing–Based Intervention and Schema Therapy on Post-Traumatic Stress Arousal Symptoms and Coping Styles in Adolescent Girls Affected by Sexual Abuse




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E d i t o r	R e v i e w e r s
Gholamreza Rajabi ¹  Professor of Counseling Department, Shahid Chamran University, Ahvaz, Iran rajabireza@scu.ac.ir	Reviewer 1: Kamdin. Parsakia  Department of Psychology and Counseling, KMAN Research Institute, Richmond Hill, Ontario, Canada. Email: kamdinarsakia@kmanresce.ca Reviewer 2: Mohammadreza Zarbakhsh Bahri  Associate Professor (Department of Psychology, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran. Email: M.Zarbakhsh@Toniau.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

The opening paragraph provides strong contextual grounding but could be enhanced by including global prevalence statistics for adolescent sexual abuse. This would situate the study's urgency within a quantitative frame and align with WHO (2024) data.

The study uses purposive sampling, yet the authors describe random assignment to groups. Clarify how true randomization was implemented after purposive selection to ensure methodological rigor.

Excellent inclusion of ethical code, but please add whether confidentiality measures were maintained during group interventions, particularly since participants are minors discussing sexual trauma—a sensitive ethical issue.

The section thoroughly describes psychometrics but duplicates reliability and validity data. It would be clearer to summarize the key indices ($\alpha = .94$, strong construct validity) rather than listing multiple studies unless each adds unique cultural relevance.

The scoring instructions (“If five or fewer questions are left unanswered...”) belong in an appendix, not the main text. Replace with a concise description and relocate procedural details to a supplementary section.

The twelve-session description is methodologically detailed, but the content would be strengthened by specifying session duration and delivery format (e.g., 90-minute face-to-face, group-based). Without this, replication is difficult.

The single-session format raises concerns about dosage equivalency compared to 12-session schema therapy. The authors should justify why one session of PD is theoretically and ethically comparable in intensity.

The table is clear, but the text underneath only restates descriptive values. Provide interpretive commentary highlighting trends or magnitude of change (e.g., “problem-focused coping increased by approximately 6 points”).

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

This paragraph effectively links coping mechanisms to trauma recovery. However, it might benefit from citing recent studies (2023–2025) focusing on Iranian adolescent populations to localize the discussion contextually.

The explanation of schema therapy is comprehensive but lacks specific information on why it is hypothesized to be effective for adolescents compared to adults. Add a developmental rationale or neurocognitive explanation related to adolescent plasticity.

The section could be improved by including contrasting evidence—some meta-analyses have questioned PD’s long-term efficacy. Acknowledging this debate would strengthen the critical balance of the literature review.

The sentence “Integrating both approaches offers a potentially synergistic framework...” presents an interesting hypothesis but lacks theoretical justification. The authors should specify how emotional ventilation (PD) and schema modification (ST) might interact mechanistically.

The statistical reporting meets APA format, but some p-values are written as “.05” without inequality symbols. For clarity, adopt consistent reporting (e.g., $p < .05$ or $p = .05$). Additionally, F values should include exact degrees of freedom for transparency.

The figures are described but not visually interpreted beyond “interaction effect was significant.” Include narrative interpretation for each (e.g., “Figure 2 shows a steep decline in emotion-focused coping among both intervention groups”).

Excellent summary of results, but this section should clearly separate discussion of coping style changes and emotional arousal outcomes into subparagraphs for clarity and focus.

Authors uploaded the revised manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.