KMAN PUBLISHING INSTITUTE
Journal Website

Article history:
Received 27 May 2026
Revised 01 September 2026
Accepted 07 September 2026
Initial Publication 08 September 2026
Final Publication 10 March 2027

Journal of Adolescent and Youth Psychological Studies

Open peer-review report

E-ISSN: 2981-2526

Effectiveness of Drama Therapy on Suicidal Ideation, Self-Control, and Depression in Adolescents with Suicidal Ideation

Zohreh. Soleymani[1], Seyed Abdolmajid. Bahrainian[1*], Maryam. Nasri[1]

[1] Department of Psychology, Bi.C., Islamic Azad University, Birjand, Iran

*** Corresponding author email address**: Abdolmajeed2025@iau.ac.ir

Editor	Reviewers
Muhammad Rizwan Associate Professor, Department of Psychology, Haripur University, Islamabad, Pakistan muhammad.rizwan@uoh.edu.pk	**Reviewer 1:** Mehdi Rostami Department of Psychology and Counseling, KMAN Research Institute, Richmond Hill, Ontario, Canada. Email: dr.mrostami@kmanresce.ca **Reviewer 2:** Azade Abooei Department of Counseling, Faculty of Humanities, University of Science and Art, Yazd, Iran. Email: a.abooei@tea.sau.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

The participant recruitment paragraph states that “students were screened using the Beck Scale for Suicide Ideation (BSS), and those who scored above the designated cutoff point, indicating the presence of active suicidal ideation, were considered for inclusion.” The manuscript must specify the exact cutoff score used, provide its empirical justification, and clarify whether the cutoff has been validated for Iranian adolescents. The BSS is a severity measure and its interpretation should not be reduced to an unspecified binary threshold without adequate support. The authors should also indicate whether eligibility was confirmed through a clinical interview or structured suicide-risk assessment rather than relying solely on a self-report questionnaire.

The eligibility criteria require important safety clarification. The manuscript states that an exclusion criterion was “the emergence of an acute suicidal crisis requiring immediate psychiatric intervention,” yet participants entered the study specifically because they had active suicidal ideation. The authors should describe in detail the suicide-risk management protocol implemented before, during, and after each session, including how acute risk was assessed, who made clinical risk decisions, whether parents or guardians were informed when necessary, how emergency psychiatric referral was arranged, and what criteria differentiated participants appropriate for group intervention from those requiring urgent higher-level care. For a study involving suicidal adolescents, these safeguards are essential methodological and ethical information rather than optional procedural details.

The manuscript reports that "written informed consent from both the adolescent and a parent or legal guardian" was obtained, but the ethics procedures need to be expanded. Please report the name of the approving institutional ethics committee, the ethics approval code, and the relevant ethical framework under which the study was conducted. Because the participants were minors and were recruited on the basis of suicidal ideation, the authors should distinguish parental informed consent from adolescent assent, explain confidentiality limits in circumstances of imminent self-harm risk, and state how participants were informed that confidentiality could be breached when necessary to ensure safety.

The Methods section states that the experimental group received treatment while "the control group was placed on a waiting list and did not receive the intervention during the study period." This comparison condition creates a substantial risk that expectancy, therapist attention, group contact, peer support, and nonspecific therapeutic engagement contributed to the observed effects. The authors should acknowledge this explicitly in the methodological interpretation rather than attributing all between-group differences to the specific mechanisms of drama therapy. If available, information should also be provided regarding whether the waiting-list participants received routine school counseling, psychiatric care, crisis services, or other standard support during the study, because uncontrolled co-interventions could influence the outcomes.

In the description of the Beck Scale for Suicide Ideation, the manuscript states that "the first five items serve primarily as initial screening items." The scoring and administration procedure should be described more carefully because the standard BSS administration logic can involve screening responses that determine whether subsequent items are completed. The authors should clarify whether all 19 items were administered to every participant in this study, how total scores were calculated, and whether the Persian version followed the standard scoring procedure. This is especially important because the BSS was used both to determine eligibility and as a primary outcome, which raises the possibility of restricted score variability at baseline.

The presentation of ANCOVA results is incomplete for publication-quality statistical reporting. Table 2 currently reports only F, p, and "effect size." The authors should identify the effect-size statistic explicitly, most likely partial eta squared (ηp^2), and report degrees of freedom with each F statistic in the text, for example, $F(1, 27) = ..., p = ..., \eta p^2 = ...$ Adjusted posttest means and standard errors for the experimental and control groups should also be reported because ANCOVA evaluates covariate-adjusted group differences. Confidence intervals around adjusted mean differences or effect estimates would substantially improve interpretability.

The manuscript interprets effect sizes by stating that "48%, 60%, and 71% of the variance in posttest suicidal ideation, depression, and self-control, respectively, could be explained by participation in the intervention." This statement should be revised if the reported effect sizes are partial eta squared. Partial eta squared represents the proportion of effect-plus-error variance attributable to a factor after accounting for other terms in the model; it should not automatically be interpreted as the percentage of total posttest variance explained by treatment. The authors should report and interpret the effect-size statistic using appropriate terminology and recognized benchmarks while avoiding an overstatement of explained variance.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

The reliability reporting for the measurement instruments requires methodological refinement. The manuscript states, for example, that "in the present study, the internal consistency of the scale was evaluated using Cronbach's alpha and was found to be .78" for the BSS, with corresponding values of .80 for the BDI-II and .91 for the Self-Control Scale. The authors should specify whether these coefficients were calculated using pretest scores, posttest scores, or pooled observations. Given the very small sample size of 30, reliability estimates may be unstable, and this limitation should be recognized. If possible, confidence intervals for alpha should be reported. It would also strengthen the measurement section to discuss whether the instruments have demonstrated factorial validity specifically among Iranian adolescents rather than only broader Iranian samples.

The intervention paragraph is detailed regarding session content but does not provide sufficient information about treatment delivery and intervention fidelity. The manuscript should identify the professional qualifications, clinical training, and drama therapy or psychodrama experience of the therapist or facilitators; indicate whether one or multiple therapists delivered the

JAYPS Adolescent and Youth Psychological Studies
E-ISSN: 2981-2526

sessions; describe the therapeutic setting and approximate group size; and explain whether a treatment manual or session checklist was used. The authors should also report whether intervention fidelity was independently monitored, whether sessions were supervised, and whether deviations from the protocol occurred. Without fidelity information, it is difficult to determine whether the observed effects can be attributed to a standardized and reproducible intervention.

In the intervention description, the authors state that the protocol was "developed and culturally adapted based on Moreno's classical psychodrama framework and contemporary projective and experiential approaches to drama therapy." The manuscript should explain the cultural adaptation process rather than simply stating that adaptation occurred. Specifically, please indicate who participated in adaptation, whether experts evaluated content validity, whether adolescents provided feedback on acceptability, whether any techniques were modified because of cultural or ethical considerations, and whether a pilot implementation was performed. This information is important because cultural adaptation is presented as a feature of the intervention but currently lacks an explicit methodological procedure.

The drama therapy protocol contains highly sensitive exercises, including "dialogue with the voice of hopelessness," externalization of "death-oriented thoughts," and enactment of suicidal crises. The authors should describe the safeguards used to prevent emotional destabilization, contagion effects, triggering, or reinforcement of suicidal narratives in a group of vulnerable adolescents. It should be clarified whether explicit suicide methods or plans were prohibited during group sharing, how facilitators responded to escalating distress, whether individual debriefing was available, and how participants were monitored after emotionally intense sessions. This is particularly important in adolescent group treatment because suicide-related disclosure can have interpersonal effects beyond the individual participant.

Table 1 provides means, standard deviations, minima, maxima, skewness, and kurtosis, which is useful; however, the interpretation that "skewness and kurtosis values within the range of ±1.96 indicate that the data distributions were approximately normal" requires revision. The ±1.96 criterion is not a universal cutoff for raw skewness and kurtosis coefficients and is more commonly associated with standardized z values under particular assumptions. The authors should either report standardized skewness/kurtosis statistics or use a more appropriate assessment of normality. With only 15 participants per group, graphical inspection and formal tests should be interpreted cautiously. The manuscript should also clarify whether normality was assessed for raw outcome scores or, more appropriately for ANCOVA, for model residuals.

The paragraph describing the ANCOVA assumptions contains a serious statistical inconsistency. It states that Levene's tests for suicidal ideation, depression, and self-control yielded "$p < .05$" and then concludes that "the assumption of homogeneity of variances was met." A statistically significant Levene's test ordinarily indicates violation rather than satisfaction of homogeneity of variance. The authors must verify the original output and correct either the reported p values or the interpretation. If the assumption was violated, they should explain how this was addressed and consider robust procedures or alternative analytic strategies. This issue materially affects the validity of the reported ANCOVA results.

Table 2 contains several statistical values that appear internally inconsistent and should be checked directly against the statistical software output. For example, the suicidal-ideation pretest effect is reported as $F = 0.62$, $p < .001$, effect size = .22. An F value of 0.62 with the likely degrees of freedom in this design would not normally correspond to $p < .001$. Likewise, the extremely large group effects for depression ($F = 755.01$) and self-control ($F = 975.22$) are difficult to reconcile with the observed means, standard deviations, and sample size of 15 per group. The authors should recheck all ANCOVA outputs, including sums of squares, degrees of freedom, mean squares, F statistics, exact p values, and partial eta squared, because transcription or decimal-placement errors appear likely.

Authors uploaded the revised manuscript.

2. Revised

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

JAYPS Adolescent and Youth Psychological Studies
E-ISSN: 2981-2526