

The Effect of Positive Psychotherapy on Positive Youth Development in Adolescent Girls with Social Anxiety

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E d i t o r	R e v i e w e r s
John S. Carlson Distinguished Professor of the Department of Educational Psychology, Michigan State University, East Lansing, MI, United carlsoj@msu.edu	Reviewer 1: Ali Sargolzaie Assistant Professor, Department of Management, Zahedan Branch, Islamic Azad University, Zahedan, Iran. Email: a.sargolzaie@iauzah.ac.ir Reviewer 2: Seyed Ali Darbani Assistant Professor, Department of Psychology and Counseling, South Tehran Branch, Islamic Azad University, Tehran, Iran. Email: Ali.darbani@iau.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

The Introduction cites a wide range of positive psychology and positive youth development literature, but the gap statement is still relatively general. The paragraph beginning with “Despite the theoretical convergence between positive psychotherapy and positive youth development” should identify more precisely what has not been investigated. For example, the authors should state whether prior studies have failed to examine positive psychotherapy specifically, positive youth development as the primary dependent variable, adolescent girls with social anxiety, repeated follow-up measurement, or an Iranian cultural context. A more granular research gap would make the originality and contribution of the study clearer.

In the description of the Social Phobia Inventory, the manuscript reports that “A cutoff score of 40 has been reported to differentiate individuals with social anxiety from those without the condition with approximately 80% diagnostic accuracy.” The authors should justify why a cutoff of 40 was selected rather than 50, especially because both values are mentioned. It

should also be clarified whether this cutoff has been validated specifically in Iranian adolescents, because diagnostic thresholds established in other populations may not transfer directly across age groups and cultural contexts.

The psychometric description of the SPIN contains an apparent inconsistency inherited from the source material. The paragraph states that exploratory and confirmatory factor analyses supported the scale, but then refers to the “Connor–Davidson resilience scale,” which is a different instrument. This is a serious instrument-reporting error and must be corrected. The authors should verify that all cited psychometric coefficients actually pertain to the Social Phobia Inventory and not to the Connor–Davidson Resilience Scale.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

In the Methods section, the sentence “Following an announcement distributed through social media platforms, 234 adolescents expressed willingness to participate in the study” requires substantially more methodological detail. The authors should specify the social media platforms used, the recruitment period, the wording or nature of the call, whether parental permission was required before screening, how eligibility was initially checked, and whether the 234 respondents were self-referred or referred by parents, schools, or clinicians. These details are important for evaluating selection bias and the representativeness of the recruited sample.

The Study Design and Participants section states that “87 adolescents meeting the initial criterion for social anxiety were identified” and that 36 participants were subsequently selected. The manuscript should explain the exact flow from 234 respondents to 87 eligible adolescents and then to 36 enrolled participants. Specifically, the authors should report how many were excluded at each stage and for what reasons, including SPIN scores below the threshold, age ineligibility, concurrent treatment, comorbid disorders, unwillingness to participate, parental non-consent, or scheduling constraints. A participant-flow description is necessary for transparency in quasi-experimental clinical research.

The inclusion criterion “having no other identified psychological disorder” is insufficiently operationalized. The Methods should state how comorbid psychological disorders were assessed, by whom, and with what instrument or diagnostic interview. If the determination was made only by an informal initial interview, this should be acknowledged, because excluding comorbid conditions without a standardized diagnostic procedure may threaten diagnostic precision and reproducibility.

The manuscript reports that “The selected adolescents were then randomly allocated by simple lottery to the positive psychotherapy group and the control group.” The authors should provide greater detail regarding allocation procedures, including who generated and implemented the allocation, whether assignment was concealed before enrollment, whether equal group sizes were enforced, and whether the researcher delivering the intervention was also involved in assignment. Without these details, the risk of allocation bias cannot be adequately evaluated.

The sample-size justification is currently weak. The Methods indicate that “The allocation of 18 participants to each condition was determined with consideration of the commonly recommended minimum sample size of approximately 15 participants per group for quasi-experimental studies and the possibility of participant attrition.” A contemporary manuscript should ideally report an a priori power analysis based on the expected effect size, alpha level, desired power, number of groups, and number of repeated measurements. Reliance on a rule-of-thumb minimum of 15 participants per group is not sufficient for establishing statistical adequacy, particularly for repeated-measures analysis with interaction effects.

Authors uploaded the revised manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.