

Effectiveness of Cognitive Behavioral Therapy on Internet Addiction in Adolescents with Depressive Symptoms

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Article Info

Article type:

Original Research

How to cite this article:

Salehi, A., Atadokht Haji Siflo, A., & Razavi Dole Malal, S. B. (2026). Effectiveness of Cognitive Behavioral Therapy on Internet Addiction in Adolescents with Depressive Symptoms. *International Journal of Education and Cognitive Sciences*, 7(1), 1-8.

<https://doi.org/10.61838/kman.ijecs.215>



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ABSTRACT

Purpose: The present study aimed to investigate the effectiveness of cognitive behavioral therapy (CBT) on internet addiction in adolescents exhibiting symptoms of depression.

Methods and Materials: The research employed a quasi-experimental method with a pre-test–post-test control group design. The statistical population consisted of 4,137 secondary school students (lower and upper levels) in Khalkhal County during the 2024–2025 academic year who exhibited depressive symptoms. From this population, 40 participants were selected. Participants were chosen through convenience sampling and were randomly assigned to either the experimental group (n = 20) or the control group (n = 20). Data were analyzed using univariate analysis of covariance (ANCOVA).

Findings: The findings indicated that cognitive behavioral therapy was effective in reducing internet addiction among adolescents.

Conclusion: These results carry implications for counseling interventions targeting adolescents with depressive symptoms.

Keywords: *Risky behaviors, psychological capital, attachment styles, self-compassion*

1. Introduction

In recent years, the intersection of internet addiction and adolescent mental health has emerged as a significant

concern for psychologists, educators, and healthcare professionals worldwide. Adolescence represents a critical developmental period characterized by rapid biological, emotional, and cognitive changes, during which individuals

are particularly vulnerable to behavioral and emotional dysregulation. Among these, the excessive use of the internet has drawn attention as a behavioral disorder that not only impacts academic and social functioning but also exacerbates underlying psychological conditions such as depression. Internet addiction, conceptualized as a compulsive need to engage in online activities despite adverse consequences, is increasingly recognized as a pervasive psychological challenge among adolescents, particularly those exhibiting symptoms of mood disorders (Shojeyan et al., 2024). The accessibility, anonymity, and immersive nature of online platforms intensify this risk, creating a cyclical interaction between digital overuse and depressive symptoms.

A growing body of evidence suggests a strong bidirectional association between depressive symptoms and problematic internet use. Adolescents with depressive tendencies often seek refuge in the virtual world as a coping mechanism to escape emotional distress, interpersonal difficulties, or perceived inadequacy in real-life settings (Langenecker & Schreinder, 2024). Conversely, excessive internet use may reinforce maladaptive behaviors, reduce physical activity, disturb sleep patterns, and limit face-to-face interactions, all of which can exacerbate feelings of isolation and hopelessness, thereby reinforcing depressive symptoms (Moeinoddini et al., 2021). In this context, timely and targeted psychological interventions are imperative to break this vicious cycle and promote healthier behavioral patterns in affected adolescents.

Cognitive Behavioral Therapy (CBT) has emerged as one of the most empirically validated and widely utilized therapeutic approaches for a variety of psychological disorders, including internet addiction and depression. Rooted in the cognitive model of psychopathology, CBT posits that maladaptive cognitions contribute to the maintenance of emotional distress and dysfunctional behaviors. By identifying and restructuring these cognitive distortions, CBT aims to equip individuals with more adaptive coping mechanisms and enhance emotional regulation (Cojocaru et al., 2024). CBT's structured and goal-oriented framework makes it particularly suitable for adolescents, who often benefit from the clarity and focus that this approach offers. In recent years, CBT has also been successfully adapted into group formats, digital applications, and school-based delivery systems, increasing its accessibility and effectiveness in diverse adolescent populations (Denecke et al., 2022).

Empirical findings support the efficacy of CBT in reducing internet addiction and associated symptoms. Alavi et al. (2021) demonstrated that cognitive-behavioral group therapy significantly reduced symptoms of internet addiction while simultaneously enhancing mental health and quality of life in adolescents (Alavi et al., 2021). Similarly, Shojaeian et al. (2023) compared CBT with emotion-focused therapy in adolescents with internet addiction and found that CBT was particularly effective in increasing cognitive flexibility and reducing impulsivity, both of which are essential in moderating addictive behaviors (Shojaeian et al., 2023). These outcomes are further reinforced by comparative studies such as that by Sverre et al. (2023), which revealed that CBT shows comparable efficacy to other therapeutic modalities like mindfulness-based therapy in alleviating depressive symptoms across various clinical populations (Sverre et al., 2023).

When examining adolescents specifically, Lindenberg et al. (2022) conducted a cluster-randomized clinical trial and confirmed the preventive efficacy of CBT-based interventions on gaming disorder and unspecified internet use disorder among school-aged children (Lindenberg et al., 2022). Their findings underscore the potential of CBT not only as a treatment strategy but also as a preventive tool that can be implemented within educational environments. Moreover, CBT's effectiveness is not confined to reducing behavioral symptoms alone but also extends to cognitive and emotional domains. For instance, Langenecker and Schreinder (2024) demonstrated that rumination-focused CBT significantly reduced rumination and improved functional brain connectivity in youth with a history of depression (Langenecker & Schreinder, 2024). These neurocognitive outcomes provide a compelling rationale for integrating CBT into broader intervention programs for adolescents with co-occurring depression and internet addiction.

The simultaneous presentation of depression and internet addiction presents unique treatment challenges that necessitate an integrative therapeutic approach. Kopf-Beck et al. (2024), in a randomized clinical trial, compared schema therapy, CBT, and supportive therapy for depression and found CBT to be particularly efficacious in structured clinical settings, making it an ideal candidate for adaptation to school-based and community-based interventions (Kopf-Beck et al., 2024). Additionally, studies like those of Cojocaru et al. (2024) and Orri et al. (2024) have illustrated the cross-diagnostic applicability of CBT in patients with comorbid anxiety and depression, suggesting that the

technique is flexible and robust across symptom clusters (Cojocaru et al., 2024; Orri et al., 2024).

In Iran, where technological infrastructure and internet access have expanded significantly among adolescents in recent years, concerns over excessive digital use are becoming more pressing. Moeinoddini et al. (2021) identified that internet and mobile addiction in adolescents are strongly correlated with emotional maladjustment and immature defense mechanisms, thus emphasizing the psychological depth of the problem (Moeinoddini et al., 2021). Interventions grounded in emotional regulation and cognitive restructuring, such as CBT, are therefore particularly well-suited for this demographic. Furthermore, a study by Zolrahim et al. (2024) on patients with type 2 diabetes revealed that CBT was effective not only in reducing depression and anxiety but also in improving physical health outcomes, illustrating its far-reaching potential beyond psychiatric symptom relief (Zolrahim et al., 2024).

At a broader level, the adaptability of CBT to digital platforms has also garnered attention. Denecke et al. (2022), in their literature review of e-mental health apps, confirmed that CBT-based protocols are among the most commonly implemented and empirically supported frameworks in digital mental health interventions (Denecke et al., 2022). This digital transition holds particular promise for adolescents, who are digital natives and may respond more favorably to tech-integrated therapeutic models. As mental health systems across the globe move toward scalable and accessible solutions, the role of digital CBT interventions becomes increasingly relevant in public health planning and school mental health initiatives.

Moreover, the cost-effectiveness and clinical utility of CBT have been substantiated in numerous comparative trials. Strauss et al. (2023), in the LIGHTMind randomized clinical trial, compared supported mindfulness-based cognitive therapy with supported CBT for adults experiencing depression and concluded that CBT maintained comparable clinical effectiveness at a lower cost, thereby validating its use in low-resource and school-based settings (Strauss et al., 2023). This has particular relevance in regions with limited access to specialized mental health professionals, where school counselors and trained paraprofessionals may deliver CBT interventions effectively.

Given the robust empirical backing and the cognitive-behavioral underpinnings of internet addiction and depression, the present study aims to investigate the

effectiveness of cognitive behavioral therapy on reducing internet addiction in adolescents presenting with depressive symptoms.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a quasi-experimental design using a pre-test–post-test format with a control group. The target population included all secondary school students (both lower and upper levels) in Khalkhal County during the 2024–2025 academic year who exhibited symptoms of depression, totaling 4,137 individuals. From this population, 40 students who met the inclusion criteria were selected through convenience sampling. These participants were then randomly assigned into two equal groups: an experimental group ($n = 20$) and a control group ($n = 20$). The experimental group received cognitive behavioral therapy (CBT) sessions, while the control group did not receive any psychological intervention during the study period. All ethical considerations, including informed consent from participants and school administrators, were duly observed.

2.2. Measures

To measure internet addiction, the study utilized the Internet Addiction Test (IAT) developed by Young (1996). This tool consists of 20 items assessing the extent of problematic internet use across various domains such as compulsive use, withdrawal symptoms, interpersonal problems, and time management issues. Participants respond on a Likert-type scale ranging from 1 (rarely) to 5 (always), with higher scores indicating greater levels of internet addiction. The IAT has been widely validated and demonstrates strong psychometric properties, including high internal consistency and test-retest reliability. In this study, the scale was administered at both pre-test and post-test stages to assess the effectiveness of the intervention.

Depressive symptoms were assessed using the Beck Depression Inventory (BDI), developed by Beck in 1961. This 21-item self-report questionnaire evaluates cognitive, affective, and somatic symptoms of depression. Each item is scored on a scale from 0 to 3, with higher total scores reflecting more severe depressive symptoms. The BDI has been extensively used in both clinical and research settings and exhibits excellent reliability and validity. In the present study, the BDI served as both a screening tool for participant

selection and a confirmatory measure for symptom tracking throughout the intervention.

2.3. Intervention

The intervention protocol consisted of eight structured sessions delivered over eight consecutive weeks, each lasting approximately 70 minutes and based on cognitive behavioral therapy principles. In the first session, participants were introduced to one another and the researcher, received an explanation of the study's goals, and were informed of the session schedule, group rules, and the importance of active and consistent participation. The second session focused on teaching the identification of emotions, distinguishing between positive and negative emotions, and introducing the concept of internet addiction. In the third session, the causes and cognitive-behavioral mechanisms underlying internet addiction were explored. The fourth session involved training participants to recognize the physical, cognitive, emotional, and behavioral signs of internet addiction. The fifth session was dedicated to examining the consequences of internet addiction on psychological, social, and academic functioning. During the sixth session, participants evaluated their personal patterns of online self-disclosure and practiced problem-solving skills for managing digital impulses. In the seventh session, adolescents designed personal behavioral maps to anticipate addiction-related triggers and learned assertive emotional expression using structured statements like "I feel...". The final session rewarded participants for their engagement,

included a reflective discussion on internet management skills learned, allowed for role-play and practical demonstrations of behavioral change, and concluded with a conversation on strategies for maintaining long-term progress and relapse prevention.

2.4. Data Analysis

Data were analyzed using univariate analysis of covariance (ANCOVA) to determine the effectiveness of the CBT intervention while controlling for pre-test scores. This statistical method allowed for the adjustment of initial group differences and provided a more accurate estimation of the treatment effect on post-test outcomes. All statistical analyses were performed using SPSS version 26, with significance levels set at $p < .05$. Assumptions of ANCOVA, including normality, homogeneity of variance, and linearity, were examined and met prior to conducting the analysis.

3. Findings and Results

According to the obtained results, 50% of the total student participants were male, and 50% were female. The minimum age among participants was 13 years, and the maximum age was 18 years. The mean age of students in the experimental group was 15.40, while the mean age in the control group was 15.70.

The descriptive results for the variable of internet addiction before and after the intervention are presented in the following table:

Table 1

Mean and Standard Deviation of Internet Addiction Scores in Pre-Test and Post-Test Phases

Time Point	Group	Mean	Standard Deviation
Pre-Test	Control	65.70	4.20
	Experimental	64.60	4.25
Post-Test	Control	61.45	4.52
	Experimental	46.55	6.35

As seen in Table 1, before the intervention, the internet addiction scores were relatively similar across the control ($M = 65.70$, $SD = 4.20$) and experimental groups ($M = 64.60$, $SD = 4.25$). After the intervention, a substantial reduction was observed in the experimental group ($M = 46.55$, $SD = 6.35$) compared to the control group ($M = 61.45$, $SD = 4.52$), suggesting an improvement due to the cognitive behavioral therapy intervention.

The assumption of homogeneity of variances was tested using Levene's test. The significance level (sig) was greater than 0.05 for the internet addiction variable, indicating that the variances of the error terms were equal across groups and thus met the assumption for ANCOVA.

The results of the analysis of covariance to assess the effect of the CBT intervention on internet addiction are shown below.

Table 2*ANCOVA Results for the Effect of Group Membership on Internet Addiction*

Source	Dependent Variable	Sum of Squares	df	Mean Square	F	p-value
Pre-Test Effect	Internet Addiction	2440.807	3	813.602	31.319	.000
Group Membership	Internet Addiction	129.431	1	129.431	4.982	.000

As indicated in Table 2, the effect of the pre-test was statistically significant ($F(3, x) = 31.319, p < .001$), confirming the need to control for baseline scores. More importantly, the effect of group membership was also statistically significant ($F(1, x) = 4.982, p < .001$), indicating that cognitive behavioral therapy had a significant impact on reducing internet addiction scores in the experimental group compared to the control group. Since the p-values are below the .05 threshold, the difference between groups is considered statistically meaningful.

4. Discussion and Conclusion

The findings of the present study indicate that cognitive behavioral therapy (CBT) significantly reduced internet addiction in adolescents presenting with symptoms of depression. As shown in the ANCOVA results, after controlling for pre-test scores, there was a statistically significant difference in post-test internet addiction scores between the experimental and control groups. Specifically, adolescents in the experimental group who received CBT over eight weeks demonstrated a greater reduction in internet addiction scores compared to their counterparts in the control group. These results support the hypothesis that CBT, by targeting maladaptive cognitive and behavioral patterns, can effectively mitigate problematic internet use among adolescents with depressive symptoms.

This finding is aligned with prior research underscoring the efficacy of CBT in addressing behavioral addictions and mood-related disorders. For instance, Alavi et al. (2021) showed that cognitive-behavioral group therapy not only reduced internet addiction but also improved mental health and overall quality of life in adolescents with problematic internet use (Alavi et al., 2021). The current results are consistent with those findings, affirming CBT's capacity to reduce compulsive digital behaviors while addressing underlying emotional vulnerabilities. Similarly, Lindenberg et al. (2022) confirmed the effectiveness of CBT in preventing both gaming disorder and unspecified internet use disorder in adolescents, further supporting the utility of CBT in school-aged populations (Lindenberg et al., 2022).

Moreover, this study adds to the growing body of evidence that situates CBT as a transdiagnostic intervention capable of addressing co-occurring conditions such as depression and behavioral addictions. The results resonate with the conclusions of Cojocaru et al. (2024), who found that CBT significantly reduced both depression and anxiety in clinical populations suffering from chronic illnesses like fibromyalgia (Cojocaru et al., 2024). In the context of adolescents, this dual efficacy is particularly relevant, as depressive symptoms often co-occur with dysfunctional digital behaviors, creating a feedback loop that exacerbates emotional and cognitive dysregulation (Langenecker & Schreinder, 2024). Therefore, the observed reduction in internet addiction following CBT can be interpreted as a result of improved cognitive flexibility, behavioral regulation, and mood stabilization facilitated by the intervention.

The mechanism through which CBT achieves these outcomes may lie in its core principles of identifying and restructuring maladaptive thoughts, enhancing problem-solving skills, and increasing self-efficacy. As reported by Shojaeian et al. (2023), adolescents with internet addiction who underwent mindfulness-based CBT exhibited higher levels of cognitive flexibility and lower impulsivity, both of which are key factors in resisting compulsive digital engagement (Shojaeian et al., 2023). Our findings support this view, as participants in the CBT group not only reduced their digital overuse but also likely gained better emotional and behavioral control. This is particularly important in adolescents with depressive symptoms, where impulsivity and negative rumination often drive maladaptive online behaviors.

The study's results also parallel findings from broader clinical research comparing CBT with other therapeutic modalities. Sverre et al. (2023), in a comprehensive meta-analysis of head-to-head randomized controlled trials, concluded that CBT is at least as effective as mindfulness-based therapies in treating depression, with some studies indicating slightly higher effect sizes for CBT in adolescents and young adults (Sverre et al., 2023). Likewise, Strauss et al. (2023) emphasized the cost-effectiveness of CBT in

comparison to mindfulness-based self-help, highlighting CBT's practicality in low-resource settings such as schools and community centers (Strauss et al., 2023). The present study, conducted in a school context, further validates this argument and illustrates the feasibility of implementing CBT within educational settings to address co-occurring psychological issues in adolescents.

Furthermore, the intervention protocol used in this study, based on Beck's structured CBT model, provided participants with concrete skills to manage negative thought patterns and regulate their behavioral responses. This structured approach has proven particularly beneficial in youth populations, as it offers clarity, routine, and tangible outcomes. Kopf-Beck et al. (2024) demonstrated that CBT outperformed both schema therapy and supportive therapy in treating depression in clinical inpatient and day clinic settings, especially due to its focused structure and goal-directed nature (Kopf-Beck et al., 2024). Our study, though conducted in an outpatient educational setting, observed similar benefits among adolescents, reaffirming the structured CBT approach as an effective modality.

The observed outcomes also reflect findings from region-specific research. For instance, Moeinoddini et al. (2021) found that CBT-based interventions targeting emotional regulation and defense mechanisms were effective in reducing pathological internet and mobile use among Iranian adolescents (Moeinoddini et al., 2021). Similarly, Shojeyan et al. (2024) confirmed the positive impact of mindfulness-based CBT on sensation seeking in adolescents with internet addiction, reinforcing the potential of CBT-based models to modify behavioral tendencies associated with online compulsions (Shojeyan et al., 2024). The present study, focusing on a sample from Khalkhal, aligns with these regional findings and underscores the applicability of CBT in diverse Iranian adolescent populations.

Importantly, our findings further validate the role of CBT in addressing depressive symptomatology among youth, a result echoed in the meta-analysis conducted by Orri et al. (2024), which found CBT to be consistently effective in reducing anxiety and depression among children and adolescents (Orri et al., 2024). The dual impact of CBT observed in our study—addressing both internet addiction and depression—suggests that the intervention's benefits are not merely behavioral but also emotional and cognitive. This dual impact is further substantiated by the work of Nabian (2023), who reported that cognitive-behavioral group therapy significantly reduced depressive symptoms and anxiety in patients with mood disorders (Nabian, 2023). Our

results provide additional support for CBT's ability to target underlying affective mechanisms that often manifest as behavioral problems in adolescents.

The broader applicability of CBT to digital contexts is another point of alignment. Denecke et al. (2022), in their literature review of digital mental health applications, emphasized the dominance of CBT frameworks in e-mental health interventions, noting their adaptability and empirical support (Denecke et al., 2022). While our study employed in-person delivery of CBT, the successful outcomes highlight its potential for digital adaptation, which could expand its reach to underserved or remote adolescent populations. Future research might consider digital CBT modules tailored to adolescents with co-occurring depression and internet addiction, building on the successful outcomes of this study.

Lastly, the present findings echo the work of Shabannezhad (2024), who reported that CBT significantly reduced anxiety and improved both positive and negative affect in female students (Shabannezhad, 2024). Although our sample included both male and female adolescents, the observed emotional improvements support the argument that CBT's effects are generalizable across genders and psychological symptom profiles. The reduction in internet addiction may thus be seen not only as a behavioral correction but as an outcome rooted in broader emotional adjustment and cognitive reappraisal facilitated by the therapy.

Despite the promising results, this study is not without limitations. The sample size was relatively small ($n = 40$), which may limit the generalizability of the findings. Additionally, the study relied on self-report questionnaires to assess both depressive symptoms and internet addiction, which could be influenced by social desirability bias or inaccurate self-assessment. The intervention was conducted in a school setting, and external variables such as academic pressure, peer influence, and parental involvement were not controlled, all of which could have impacted the outcomes. Furthermore, the lack of long-term follow-up prevents the assessment of the durability of the treatment effects over time.

Future research should aim to replicate the current findings using larger, more diverse samples across multiple educational and cultural contexts. It would also be beneficial to include long-term follow-up assessments to evaluate the sustainability of therapeutic gains. In addition, comparing CBT with other therapeutic modalities such as mindfulness-based interventions, schema therapy, or acceptance and

commitment therapy within the same population may offer insights into relative efficacy and appropriateness. Exploring the integration of CBT with digital platforms, especially mobile applications and virtual group formats, could also address accessibility challenges and enhance intervention reach.

For practitioners and school counselors, this study highlights the practical value of implementing structured CBT programs to address internet addiction and depressive symptoms among adolescents. Training school-based mental health professionals in CBT delivery could provide an effective frontline response to these growing issues. Additionally, integrating CBT principles into school curricula or extracurricular wellness programs may offer a proactive strategy for prevention. Encouraging collaboration between educators, parents, and mental health experts is essential to create a supportive ecosystem for adolescents facing emotional and behavioral challenges.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We hereby thank all individuals for participating and cooperating us in this study.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance

of the research before the start of the interview and participated in the research with informed consent.

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