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Comparison of Cognitive Behavioral Therapy and Acceptance and Commitment Therapy on Enhancing Resilience, Cognitive Flexibility, and Distress Tolerance in Adolescents with Obsessive-Compulsive Disorder

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1. Round 1

1.1. Reviewer 1

Reviewer:

The ACT intervention is described as having "eight weekly sessions," whereas the CBT intervention includes "10 sessions." However, earlier in the abstract it states both had "eight 90-minute sessions." Please clarify and unify the session counts for internal consistency.

You mention both MANCOVA and MANOVA in different places (pages 2 and 8). Clarify whether a covariate (pre-test score) was statistically controlled, and justify the choice of test based on assumptions.

Eta squared values are extremely high (e.g., 0.968 for resilience), suggesting potential overestimation due to small sample size or design issues. Provide justification or discuss this anomaly in the limitations.

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The sentence: "ACT places greater emphasis on acceptance and willingness..." cites "Zhang, Liming, Smith, Chang, Hoger, & Hayes" with no year. Please ensure this reference is complete and appears in the reference list.

"Twohig et al. (2010), as cited in Yarahmadi, 2020" — If primary sources are available, cite directly instead of relying on secondary citations, especially for foundational concepts in ACT.

The paragraph starting with "This finding can be explained by noting that CBT..." repeats previously stated concepts about CBT mechanisms. Consolidate or refocus this paragraph to avoid redundancy.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

The CBT sessions are attributed to Wilhelm & Steketee (2006), but no specific session content is provided. A summarized outline (e.g., focus of each session) would improve replicability and transparency of the intervention.

In Table 1, the post-test and follow-up scores for the control group show minimal variation, unlike the experimental groups. This raises concerns about whether the control group was indeed monitored or whether maturation effects were considered.

The mean and standard deviation values for CBT on cognitive flexibility and distress tolerance are identical, which is unlikely. This suggests a possible copy-paste error in Table 1 and must be verified.

The constructs of "resilience," "cognitive flexibility," and "distress tolerance" are defined using varied styles and levels of detail. Ensure all definitions are aligned with standard psychological definitions and consistently structured.

The line "E-ISSN: 2821-2526" appears twice in the top header. This formatting duplication should be removed for clarity and professionalism.

While significance values are reported, the interpretation lacks clarity. For instance, "CBT vs. ACT = .231" is not significant, but is later interpreted as CBT being significantly more effective. Please reconcile these findings or explain the statistical correction method used.

Authors uploaded the revised manuscript.

Revised 2.

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

