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A Comparison of the Effectiveness of Solution-Focused Therapy and Compassion-Focused Therapy on Rumination and Intolerance of Uncertainty among Adolescents with Inadequate Parental Care

Ehsan. Masoumzadeh Bejestani[1], Ahmad. Mansouri[2*], Hamid. Nejat[3], Mustafa. Bolghan Abadi[4]

[1] PhD Student, Department of Counseling, Ar.C., Islamic Azad University, Arak, Iran
[2] Department of Psychology, Ne.C., Islamic Azad University, Neyshabur, Iran
[3] Department of Family and Counseling, Ma.C., Islamic Azad University, Mashhad, Iran
[4] Assistant Professor, Department of Educational Sciences, Faculty of Literature and Humanities, Hakim Sabzevari University, Sabzevar, Iran

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

Editor	Reviewers
Sergii Boltivets Chief Researcher of the Department of Scientific Support of Social Formation of Youth. Mykhailo Drahomanov University, Ukraine sboltivets@ukr.net	**Reviewer 1:** Azade Abooei Department of Counseling, Faculty of Humanities, University of Science and Art, Yazd, Iran. Email: a.abooei@tea.sau.ac.ir **Reviewer 2:** Mehdi Rostami Department of Psychology and Counseling, KMAN Research Institute, Richmond Hill, Ontario, Canada. Email: dr.mrostami@kmanresce.ca

1. Round 1

1.1. Reviewer 1

Reviewer:

In the paragraph beginning with "*Among the most prominent cognitive-emotional difficulties observed during adolescence is rumination*," the authors extensively discuss rumination but do not adequately explain why rumination is expected to be particularly elevated among adolescents under welfare supervision. A stronger theoretical linkage between parental neglect, attachment disruption, and ruminative thinking should be developed.

The paragraph discussing intolerance of uncertainty states that "*the construct has emerged as a central factor in numerous psychological disorders*." While accurate, the discussion remains overly general. The authors should include evidence specifically related to adolescents, foster-care populations, or neglected youth to justify the selection of intolerance of uncertainty as a primary outcome variable in this population.

The final paragraph of the introduction states that "*relatively few studies have directly compared their effectiveness*." This claim requires stronger support. The authors should explicitly identify previous comparative studies, explain the existing research gap, and clearly demonstrate how the current study advances the literature beyond prior investigations.

In the Methods section, the sentence "*Sample size estimation was conducted using G*Power software based on an effect size of 0.30*" requires additional detail. The authors should specify whether the effect size refers to Cohen's f, partial eta squared, or another metric, and indicate the statistical model used in the power analysis. A screenshot or supplementary description of the G*Power parameters would enhance transparency.

Regarding Table 4, the manuscript concludes that "*Compassion-Focused Therapy was more effective in reducing rumination*." Although the pairwise comparisons support this conclusion, the authors should also report adjusted mean differences, confidence intervals, and effect size measures to facilitate clinical interpretation of the magnitude of the treatment effect.

The discussion section states that "*Compassion-Focused Therapy directly targets these mechanisms by cultivating self-kindness, emotional acceptance, and a compassionate internal dialogue*." While theoretically plausible, this explanation remains speculative because no mediating variables such as self-compassion, self-criticism, or emotional regulation were measured. The authors should acknowledge that proposed mechanisms were inferred rather than empirically tested.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

The authors mention that participants were "*selected through convenience sampling and randomly assigned to three groups*." The randomization procedure is insufficiently described. Details regarding the allocation process, randomization sequence generation, allocation concealment, and whether an independent researcher conducted assignment should be reported.

The inclusion criterion "*being classified as inadequately supervised according to the criteria of the Iranian Welfare Organization*" requires elaboration. The manuscript should clearly present the diagnostic or administrative criteria used by the welfare organization to classify adolescents as having inadequate parental care. Without this information, replication is difficult.

The statement that participants were excluded based on "*diagnosis of a severe psychiatric disorder based on clinical history and mental status examination*" raises methodological concerns. The manuscript does not identify which structured clinical interview or diagnostic protocol was employed. The authors should clarify how psychiatric diagnoses were assessed and by whom.

The description of the intervention protocols is overly narrative and lacks sufficient procedural detail. For example, in the paragraph beginning "*The Solution-Focused Therapy intervention was implemented based on the treatment model proposed by de Shazer and Dolan*," the authors should provide a session-by-session summary table describing objectives, techniques, and homework assignments for each session.

Similarly, the paragraph describing Compassion-Focused Therapy states that participants received "*mindfulness practices, compassionate imagery, emotional awareness exercises, and self-compassion training*." More detailed information regarding session structure, therapeutic exercises, and treatment fidelity procedures is needed to permit replication.

The manuscript indicates that "*all intervention sessions were delivered by a clinical psychologist with three years of therapeutic experience*." The qualifications and training of the therapist should be described in greater detail. Moreover, because a single therapist delivered both interventions, therapist allegiance effects may have influenced outcomes and should be discussed.

In Table 1, the Shapiro–Wilk test result for the Solution-Focused Therapy group at follow-up for intolerance of uncertainty is reported as "*.02*." Since this value indicates violation of normality assumptions at the conventional .05 threshold, the authors should explain why the data were nevertheless considered normally distributed. This appears inconsistent with the statement that "*all study variables were normally distributed*."

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The paragraph beginning "*Mauchly's test of sphericity indicated that the assumption of sphericity was violated*" appropriately reports the violation; however, the manuscript does not report Greenhouse–Geisser epsilon values. These coefficients should be provided to allow readers to evaluate the extent of the violation and the appropriateness of the correction.

The reporting of the repeated-measures ANOVA results in Table 2 is incomplete. Confidence intervals for effect sizes are not presented. Contemporary reporting standards encourage inclusion of confidence intervals for partial eta squared values and estimated marginal means.

The interpretation of Table 3 is problematic. The authors write that "*the effects of Compassion-Focused Therapy and Solution-Focused Therapy on rumination and intolerance of uncertainty were significant from pretest to posttest and from pretest to follow-up*." However, Table 3 presents overall time comparisons collapsed across groups. Therefore, the statement may overstate treatment-specific effects. The interpretation should be revised to reflect the actual statistical model.

Authors uploaded the revised manuscript.

2. Revised

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

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