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Comparison of the Effectiveness of Positive Thinking Training and Mindfulness-Based Cognitive Therapy on Self-Control Skills among Female Secondary School Students in Tehran Province

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1. Round 1

1.1. Reviewer 1

Reviewer:

The statement “students who obtained relatively low scores on the self-control measure and met the eligibility criteria were considered for participation” is insufficiently operationalized. The manuscript does not define what constituted a “low” self-control score on the Tangney Self-Control Scale. The authors should provide the exact screening threshold, explain whether it was based on an established clinical or normative cut-off, a percentile within the screened sample, or another criterion, and report how many of the 300 screened students met this threshold. If no validated cut-off exists, the authors should explicitly state the operational rule used, such as scores below one standard deviation from the sample mean or below a predefined percentile, and justify that choice.

In the Study Design and Participants subsection, the sentence “From among the eligible students, 60 participants were selected and randomly assigned to three equal groups” needs a more rigorous description of random allocation. Please report how the randomization sequence was generated, who generated the allocation sequence, whether allocation concealment was used, and whether randomization occurred after baseline assessment. If simple randomization was used, this should be stated

explicitly; if block randomization or another method was employed to ensure equal group sizes of 20 participants, this should also be described. Without these details, it is difficult to assess whether allocation bias was adequately minimized.

The sentence "The control group received no psychological or educational intervention during the same period and continued its routine educational activities" raises an important methodological concern regarding nonspecific treatment effects. Both experimental groups received eight 90-minute group sessions, whereas the control group received no comparable attention, group interaction, or expectancy manipulation. Consequently, some observed differences may reflect therapist attention, peer interaction, expectancy, or participation effects rather than intervention-specific mechanisms. This limitation should be explicitly acknowledged, and the authors should clarify whether the control participants were offered an intervention after the study. Future versions of the design would be strengthened by an active control condition or attention-matched comparison group.

The Findings section begins with the statement "No participant withdrew from the study after random assignment." Given an eight-session intervention involving adolescents, 100% retention is possible but warrants supporting information. Please report attendance rates for each intervention group, the number of participants who missed individual sessions, whether any make-up sessions were provided, and how adherence was defined. The Methods currently state that absence from more than two sessions constituted an exclusion criterion, yet the Results do not show whether any participants approached this threshold. A participant flow description from screening through eligibility, allocation, intervention completion, and analysis would substantially improve transparency.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

The manuscript identifies the design as "quasi-experimental," yet it also states that eligible participants "were randomly assigned" to the three conditions. These descriptions are conceptually inconsistent and require correction. If participants were truly randomized after eligibility screening, the study is more appropriately characterized as a randomized controlled experimental study, subject to the limitations introduced by cluster-based recruitment. Conversely, if assignment was not fully random, the manuscript should specify how groups were formed and retain the quasi-experimental designation. The authors should revise the design terminology consistently throughout the abstract, Methods, Findings, Discussion, and Conclusion.

The paragraph describing the Tangney Self-Control Scale states that "The commonly used brief version of the scale consists of 13 items," but the manuscript does not establish unequivocally that the 13-item Brief Self-Control Scale was the version actually administered. Please identify the complete instrument name, original developers, year of publication, number of items, scoring range, reverse-scored items, and interpretation of scores. In addition, because the participants were Iranian adolescents, the manuscript should report the source of the Persian version, evidence of linguistic or cultural adaptation, and previously established reliability and validity in Iranian student populations. The current description is too general to ensure replicability.

The sentence "Internal consistency of the instrument was also examined in the current sample using Cronbach's alpha coefficient" should be supported by an actual result. The manuscript should report the Cronbach's alpha coefficient obtained in the present study, preferably separately for pretest and posttest if appropriate. It would also be useful to report reliability for the initial 300-student screening sample if those data are available, because the scale was used both to identify eligible participants and to measure intervention outcomes. Given the central role of the measure in participant selection and outcome assessment, reliability evidence from the current dataset should not remain merely procedural.

The positive thinking intervention is described as being "based on the positive thinking educational framework proposed by Quilliam," but the intervention protocol is currently too broad for reproducibility. The authors should identify the precise source and edition of Quilliam's protocol and provide a session-by-session description in the Methods, including the principal objective, techniques, exercises, homework, and expected competencies for each of the eight sessions. The current narrative mentions positive self-talk, gratitude, optimism, goal setting, and constructive coping, but it is unclear which components were

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prescribed by the original protocol and which were adapted by the researchers. Any cultural or developmental modifications for Iranian female secondary school students should also be explicitly described.

The mindfulness-based cognitive therapy paragraph similarly requires greater intervention fidelity detail. The statement "The intervention integrated principles of cognitive therapy with mindfulness-based practices" does not indicate whether the intervention followed the standard Segal, Williams, and Teasdale MBCT protocol or a modified school-based version. Please specify the intervention manual or source, describe the content of each of the eight 90-minute sessions, and clarify whether standard components such as body scan, sitting meditation, mindful movement, three-minute breathing space, decentering, and relapse-prevention exercises were included. If the protocol was adapted for adolescents or shortened from the standard format, the rationale and nature of the modifications should be reported.

The manuscript should provide substantially more information regarding intervention delivery. Neither the positive thinking nor the mindfulness-based cognitive therapy section identifies the qualifications of the therapist or facilitator, whether the same clinician delivered both interventions, whether there were co-facilitators, or whether treatment fidelity was monitored. These variables are especially important in a comparative effectiveness study because differences between facilitators could confound differences between treatment conditions. Please report the therapist's professional training, relevant experience, supervision arrangements, adherence procedures, and whether session checklists, independent ratings, or other fidelity measures were used.

Authors uploaded the revised manuscript.

2. Revised

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

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