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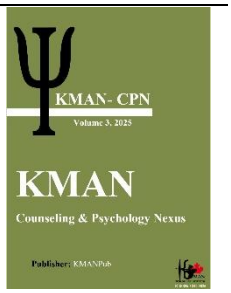

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Impact of Narrative Therapy on Identity Reconstruction and Motivation in Clients with Acquired Brain Injury

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the Introduction, the sentence "Beyond the visible physical impairments, ABI can result in profound alterations in personality, self-perception, and identity..." is insightful, but it would be stronger with mention of relevant neuropsychological mechanisms or cognitive domains (e.g., executive function, autobiographical memory) that mediate these alterations.

The claim in the introduction that "narrative therapy may facilitate neural plasticity" (paragraph 6) is compelling but speculative. Consider qualifying this with "may" or citing specific studies with neuroimaging evidence, such as fMRI-based work on narrative coherence and prefrontal activation.

The final paragraph of the introduction states, "Standardized measures that assess narrative identity… are essential…" However, the measures used (SCIM and MOT-Q) are not narrative-specific tools. Consider discussing this limitation more explicitly or referencing narrative-specific assessment tools.

In the Methods section, under "Study Design and Participants," the use of purposive sampling in a randomized controlled trial design needs clarification. Since purposive sampling is non-random, it appears inconsistent with the RCT methodology. Please justify this choice or revise the sampling description.

Under "Measures," the SCIM is described as having been validated for "neurological conditions," yet the cited validation studies (Kerr et al., 2019; Kossakowski et al., 2021) are not focused on ABI. Please either provide ABI-specific validation or clarify the measure's generalizability.

The paragraph before Table 2 states, "These results confirmed that the data met the necessary assumptions…" but it would be helpful to mention effect sizes or confidence intervals alongside F and p values for a fuller statistical interpretation.

In the Discussion, the sentence "Clients in the intervention group demonstrated a notable shift from problem-saturated narratives…" is interpretive. Since qualitative data were not collected, consider tempering this claim or acknowledging the reliance on self-report instruments.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The paragraph beginning "Identity reconstruction has become an important therapeutic focus…" would benefit from more empirical support regarding the prevalence of identity disturbances post-ABI. Consider citing epidemiological or clinical incidence data.

The sentence "Narrative therapy offers a clinically appropriate response to the identity-related challenges faced by ABI clients" is a strong claim. Adding evidence from quantitative meta-analyses or systematic reviews would bolster this assertion beyond qualitative insights.

In the paragraph beginning with "Motivation is another critical domain affected by ABI," the concept of "learned helplessness" is introduced. It would be helpful to elaborate briefly on the underlying cognitive-behavioral models that link helplessness to neurological injury.

The MOT-Q section notes that "Cronbach's alpha coefficients exceed .80," but it's unclear if these reliability scores were confirmed in the current sample. Consider adding internal consistency values from your own data to confirm psychometric robustness.

In the "Narrative Therapy" intervention description, Session 2 describes using visual metaphors and language-based exercises. Since the participants have ABI, the cognitive demands of these tasks should be discussed. How were exercises adapted for possible executive dysfunction or aphasia?

In Session 5, "affirmation exercises" are mentioned. This is quite broad—please specify the type of affirmations (e.g., guided scripts, self-generated) and how they were integrated within the narrative therapy framework.

In Session 7, "the therapist acting as a witness" is noted. It would strengthen the methodology to explain whether participants had a choice in selecting the witness and if the presence of a familiar person versus a therapist made a difference in treatment outcomes.

The sentence in the Data Analysis section, "The significance level was set at $p < .05$ for all statistical tests," is standard but lacks detail. Please specify whether corrections for multiple comparisons were considered beyond Bonferroni post-hoc tests.

In Table 1, while mean scores and standard deviations are reported, effect sizes (e.g., Cohen's d) for group differences are missing. Including these would greatly enhance the interpretation of practical significance.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.

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