

Comparison of the Effectiveness of Acceptance and Commitment Therapy and Unified Transdiagnostic Treatment on Cognitive Flexibility in Nurses with Post-Traumatic Stress Symptoms (PTSD) Caused by COVID-19 Infection

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E d i t o r	R e v i e w e r s
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1. Round 1

1.1. Reviewer 1

Reviewer:

In the Introduction, paragraph three begins with "The Unified Protocol for Transdiagnostic Treatment..." but does not clearly define how UP differs theoretically from ACT beyond general descriptions. Consider expanding with a sentence or two delineating the mechanisms targeted uniquely by UP.

The Methods section states "participants were randomly assigned to ACT, UP, or control groups (10 per group)". Given small sample size, please clarify randomization process (block, stratified, simple) and whether baseline equivalence was tested statistically.

In the Intervention section describing UP, the sentence "The sixth session emphasized awareness and tolerance of uncomfortable physical sensations..." would benefit from additional theoretical justification on how this component targets cognitive flexibility specifically.

The Data Analysis section states that assumptions for ANCOVA and MANCOVA were tested and met but does not report the specific test statistics or p-values (e.g., Kolmogorov-Smirnov, Levene's). Please include them in text or table.

In Table 2 and Table 3, degrees of freedom (df) are reported as "xx". Please correct and complete these statistical details.

The Results section states "participants in this study included 30 nurses..." but does not specify recruitment period or flow diagram of recruitment, consent, and retention. Suggest adding participant flow figure per CONSORT guidelines.

In the Limitations section, you note sample from a "single hospital in Iran" but do not discuss possible confounding variables such as institutional support structures or local pandemic policy response that may have influenced results.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

In the Introduction, you mention "Recent research has emphasized the UP's effectiveness..." but only provide general references. Including specific effect size estimates or population characteristics from cited studies would strengthen the argument.

Under Measures, you cite Dennis and Vander Wal (2010) for cognitive flexibility scale. Please report whether this instrument has been validated specifically in trauma-exposed or PTSD populations in Iran, or justify its cross-cultural applicability.

The paragraph in Methods describing exclusion criteria includes "experiencing a critical life event..." which could introduce differential attrition bias. Suggest providing number of participants excluded and reasons.

Under Interventions, the ACT protocol description references Izadi and Abedi (2016) but does not mention whether cultural adaptations were made to metaphors and exercises for Iranian nursing population. Recommend clarifying this point.

In Table 4 Bonferroni results, the presentation of p-values is sufficient, but reporting confidence intervals for mean differences would improve statistical transparency and interpretation.

In the Discussion, the claim "The superior performance of UP in this study aligns with previous findings..." might benefit from briefly acknowledging the possibility that therapist allegiance effects could partly explain the result.

In the Discussion, when contrasting ACT and UP, you note "UP includes explicit modules on cognitive reappraisal..." but do not mention the literature suggesting reappraisal may interact differently with cultural values around emotional expression in collectivist contexts. Consider briefly discussing this.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.