

A Comparison of the Effectiveness of Positive Youth Development Program Training and Social-Cognitive Problem-Solving Skills Training on Attitudes Toward Problem Solving Among Female Students

Roya. Sharifi Asadi¹, Seyedeh Olia. Emadian^{2*}

¹ PhD Student in Educational Psychology, Sar.C., Islamic Azad University, Sari, Iran

² Assistant Professor, Department of Psychology, Sar.C., Islamic Azad University, Sari, Iran

* Corresponding author email address: emadian@iausari.ac.ir

E d i t o r	R e v i e w e r s
Izet Pehlić ^{id} Full professor for Educational sciences, Islamic pedagogical faculty of the University of Zenica, Bosnia and Herzegovina izet.pehlic@unze.ba	Reviewer 1: Fahime Bahonar ^{id} Department of counseling, Universty of Isfahan, Isfahan, Iran. Email: Fahime.bahonar@edu.ui.ac.ir Reviewer 2: Mahdi Khanjani ^{id} Associate Professor, Department of Psychology, Allameh Tabataba'i University, Tehran, Iran. Email: khanjani_m@atu.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

The rationale for comparing Positive Youth Development training with social-cognitive problem-solving skills training should be made more explicit in the final portion of the introduction. The manuscript currently argues that one intervention is broad and strength based and that the other is focused and procedural, but it does not specify a theoretically derived comparative hypothesis. Please state whether the authors expected both interventions to outperform the control group and whether social-cognitive problem-solving training was hypothesized to produce a stronger effect because of intervention–outcome specificity. A directional hypothesis would make the comparative design more theoretically informative.

In the “Study Design and Participants” section, the sample-size calculation requires substantial clarification. The manuscript states that *GPower version 3.1* was used with power = .90, a 95% confidence level, $\alpha = .05$, $\beta = .10$, “three variables,” and three groups. However, *GPower* calculations require specification of the statistical test, effect size, number of groups, number

of measurements, assumed correlation among repeated measures, and nonsphericity correction. Please report the exact G*Power procedure and all input parameters. The phrase “three variables” appears inaccurate and may have been intended to refer to three measurement occasions.

The participant recruitment procedure should be described in greater detail. The manuscript states that students were selected through purposive sampling “based on their pretest scores” and that eligibility required obtaining “the required cutoff score” on the questionnaire. However, the cutoff value, its direction, and its psychometric or clinical justification are not reported. Please state the exact threshold, explain whether low total scores or maladaptive subscale scores were used, and justify the criterion using prior validation evidence. The number of students screened, excluded, eligible, and randomized should also be reported to permit evaluation of selection bias.

The demographic results contain apparent inconsistencies in percentages. For example, 6 of 45 participants corresponds to 13.33%, not 13.30%, and 15 of 45 corresponds to 33.33%, whereas the manuscript reports 33.30% in one instance. Although these differences are small, percentages should be calculated and presented consistently, preferably to one decimal place or two decimal places throughout. More importantly, demographic characteristics should be reported separately for each group rather than only for the total sample so that readers can evaluate baseline comparability in age and grade distribution.

Table 1 and the accompanying interpretation raise concerns about the total-score calculation. The social-cognitive problem-solving group has a posttest total mean of 17.60, while the sum of the six reported posttest subscale means is substantially larger. This may be expected if maladaptive dimensions are reverse scored or if the total is calculated using a different method, but the manuscript does not explain the discrepancy. Please verify every value in Table 1, describe the total-score formula, and ensure that the subscale labels correspond exactly to the validated instrument. The term “control” is also potentially confusing because it refers both to a questionnaire component and to the control group; a more precise label such as “problem-solving control” should be used.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The manuscript reports simple random assignment of 45 students to three groups of 15, but the randomization procedure is insufficiently documented. Please specify who generated the allocation sequence, which method was used, whether allocation concealment was implemented, and whether the person administering the pretest or enrolling participants had access to future assignments. Given the small sample, the authors should also explain whether randomization was stratified by age, grade, school, or baseline problem-solving score. Baseline equivalence across the three groups should be statistically or descriptively demonstrated.

The eligibility criteria include “use of psychiatric medication” and concurrent psychotherapy as exclusion criteria, but the method used to assess these conditions is not stated. Please clarify whether this information was obtained through student self-report, parent report, school records, or clinical screening. The rationale for excluding all psychiatric medication use should also be explained, as this criterion may systematically exclude students with greater psychological needs and reduce external validity. The authors should further indicate whether diagnosed psychiatric disorders, acute risk, or cognitive and developmental conditions were assessed.

The manuscript should provide a complete ethics statement. Although informed consent and confidentiality are mentioned, the institutional review board or research ethics committee, approval code, approval date, and procedures for obtaining parental consent and adolescent assent are absent. Because all participants were minors, written parental or legal guardian consent would ordinarily be required in addition to student assent. Please also clarify whether participation was voluntary, whether students could withdraw without academic consequences, and whether the waiting-list control group received either intervention after completion of the follow-up assessment.

The description of the Cassidy and Long questionnaire contains an important scoring ambiguity. The manuscript states that “yes” responses receive 1 point and both “no” and “do not know” receive 0 points, but it does not indicate whether negatively oriented subscales are reverse scored when computing the total attitude score. This omission is critical because higher helplessness and avoidance scores would ordinarily indicate less adaptive functioning, whereas higher control, creativity, confidence, and approach scores would indicate more adaptive functioning. Please provide the complete scoring algorithm, possible ranges for each subscale and the total score, reverse-scored items, interpretation of high scores, and evidence supporting calculation of a total score.

The psychometric evidence reported for the questionnaire is insufficient for the current sample. The manuscript cites prior internal consistency coefficients ranging from .52 to .86 and Iranian reliability estimates ranging from .60 to .77, but several of these values are low for research use. Please report Cronbach’s alpha or preferably McDonald’s omega for the total scale and each subscale in the present sample at baseline. The authors should also discuss whether the three-category scoring format and small number of items per subscale may constrain reliability. If any subscale demonstrates inadequate internal consistency, its inferential results should be interpreted cautiously.

The intervention protocols require sufficient detail to establish reproducibility and treatment differentiation. The Positive Youth Development Program paragraph lists numerous topics, and the social-cognitive problem-solving paragraph describes several procedural stages, but the manuscript does not identify the manuals, developers, theoretical sources, session-by-session objectives, facilitator qualifications, group size, or standardization procedures. Please indicate whether the interventions were adapted from published protocols, how cultural adaptation was conducted, and whether the content was reviewed by experts. A concise session-by-session description may be included in an appendix if space is limited.

The manuscript does not report intervention fidelity, participant attendance, adherence to homework, or facilitator competence. This is a major limitation because the stronger effect of social-cognitive problem-solving training could reflect differences in delivery quality, participant engagement, or intervention structure rather than content specificity. Please report the number of sessions attended in each group, whether any participants were excluded for absence, whether sessions were observed or recorded, and whether a fidelity checklist was completed. The same facilitator should ideally have delivered both programs, or facilitator effects should be acknowledged and controlled where possible.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.