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Comparing the Effectiveness of Acceptance and Commitment–Based Training and Cognitive-Behavioral Training on Students’ Hope for the Future

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1. Round 1

1.1. Reviewer 1

Reviewer:

The conceptualization of the dependent variable needs greater theoretical precision. The manuscript states that “Hope for the future can be understood as a multidimensional orientation involving positive expectations, perceived possibilities, motivation toward valued objectives...” but does not clearly situate this definition within an established theory of hope. The authors should distinguish hope from optimism, positive expectations, self-efficacy, future orientation, and generalized positive affect, because several of these constructs are used almost interchangeably throughout the Introduction. A stronger manuscript would identify the theoretical model underlying “hope for the future,” specify its dimensions, explain how those dimensions correspond to the selected Adolescent Hope Questionnaire, and then derive intervention mechanisms from that framework. Without this clarification, it remains uncertain whether the interventions are expected to change hope specifically or a broader constellation of positive cognitive-affective functioning.

The final paragraphs of the Introduction should articulate explicit hypotheses rather than only stating that the study “aimed to compare the effectiveness” of the two approaches. The manuscript currently argues that CBT may modify pessimistic

cognitions and strengthen planning, whereas ACT may increase willingness to pursue valued goals despite difficult thoughts and emotions; this is a potentially strong comparative rationale, but it is not translated into testable hypotheses. The authors should state, for example, whether both interventions are hypothesized to outperform the control condition, whether treatment gains are expected to persist at follow-up, and—most importantly given the comparative title—whether one intervention is hypothesized to produce greater improvement than the other. If no directional ACT-versus-CBT hypothesis was specified a priori, the manuscript should explicitly identify that comparison as exploratory rather than implying that the study was designed to establish comparative superiority.

The measurement paragraph requires clarification of exactly what score was analyzed. The manuscript explains that the 19-item Adolescent Hope Questionnaire contains optimism items 1–6, pessimism items 7–12, and hope-for-the-future items 13–19, while simultaneously stating that “the total score obtainable from the questionnaire ranges from 19 to 95.” Yet all analyses are labeled “Hope for the Future.” This raises an important ambiguity: did the authors analyze the entire 19-item questionnaire or only the seven-item hope-for-the-future subscale? If the total score was used, the authors must explain how pessimism items were reverse-scored and justify treating the three dimensions as a single composite. If only the future-hope dimension was analyzed, the stated 19–95 range is incorrect for that outcome. The scoring algorithm, number of analyzed items, possible score range, and interpretation must be made completely explicit.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The sampling and group-allocation procedure is insufficiently described in the paragraph stating that “Eligible participants were recruited using convenience sampling and subsequently allocated to three study groups.” It is essential to explain how participants were identified, from how many schools/classes they were recruited, who approached them, how many students were screened, how many declined participation, and precisely how allocation was performed. The term “allocated” is ambiguous: if random allocation occurred, the randomization method, sequence generation, allocation concealment, and person responsible should be reported; if allocation was nonrandom, the allocation criterion must be stated and the implications for selection bias acknowledged. This distinction is particularly important because the study is labeled “quasi-experimental,” yet the current wording can easily be interpreted as randomized assignment.

The Methods section should report explicit inclusion and exclusion criteria. The current “Study Design and Participants” paragraph identifies only female lower-secondary-school students in Mashhad during the 2025–2026 academic year, but it does not indicate age range, grade levels, minimum or maximum baseline hope, psychological/psychiatric conditions, concurrent psychotherapy or medication, school attendance requirements, willingness to attend ten sessions, or criteria for discontinuation. These details are necessary both for reproducibility and for understanding what population the findings actually represent. In addition, the authors should specify whether students were recruited because of low hope or whether this was an unselected school sample; this distinction materially changes the clinical and educational interpretation of the intervention effects.

The manuscript provides no sample-size or statistical-power justification despite having only 15 participants per group. A priori power analysis should be reported, including the expected effect size, α level, desired power, number of groups, number of repeated measurements, assumed within-person correlation, and expected attrition. With $n = 45$, the study may be capable of detecting large intervention effects but substantially underpowered for smaller between-treatment differences, especially the ACT-versus-CBT comparison implied by the title. This is particularly consequential because the manuscript later observes descriptively larger gains for CBT but states that inferential evidence is insufficient to establish superiority. The authors should demonstrate whether the study was ever adequately powered for that central comparative question rather than treating a nonsignificant comparison as evidence of equivalence.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.