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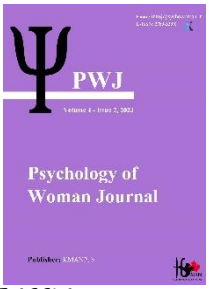

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Comparing the Effectiveness of Cognitive Behavioral Therapy and Acceptance and Commitment Therapy on Interpersonal Sensitivity and Loneliness in Adult Women with Depression in Chalus

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A B S T R A C T

Objective: The objective of this study was to evaluate and compare the effectiveness of Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT) in reducing interpersonal sensitivity and loneliness among adult women diagnosed with depression.

Methods and Materials: This randomized controlled trial included 90 adult women from Chalus divided equally into three groups: CBT, ACT, and a control group. The statistical population included women with depression in Chalus in year 2023. Participants were assessed at baseline, post-intervention, and during a three-month follow-up. Standardized measures included the Interpersonal Sensitivity Measure (IPSM) and the UCLA Loneliness Scale. Statistical analyses involved repeated measures ANOVA with Bonferroni post-hoc tests, performed using SPSS-27.

Findings: Both CBT and ACT significantly reduced scores on interpersonal sensitivity (CBT: Pre-intervention 21.34 ± 4.56 to Follow-up 16.88 ± 4.02; ACT: Pre-intervention 21.56 ± 4.61 to Follow-up 16.59 ± 3.93) and loneliness (CBT: Pre-intervention 44.21 ± 5.34 to Follow-up 39.12 ± 5.07; ACT: Pre-intervention 44.56 ± 5.47 to Follow-up 38.98 ± 4.99) compared to the control group, which showed no significant changes. Repeated measures ANOVA indicated significant time effects for both interpersonal sensitivity ($F(2, 87) = 6.61$, $p = 0.002$) and loneliness ($F(2, 87) = 7.01$, $p = 0.001$), but no significant interaction between time and treatment type was observed.

Conclusion: Both CBT and ACT are effective interventions for reducing interpersonal sensitivity and loneliness in adult women with depression, with no significant differences in effectiveness between the two therapies. These findings suggest that either therapeutic approach can be suitable depending on individual patient preferences and clinical contexts.

Keywords: *Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, interpersonal sensitivity, loneliness, depression, randomized controlled trial.*

1 Introduction

Depression remains one of the most pervasive mental health challenges globally, affecting millions of individuals and imposing significant psychological and socio-economic burdens (Fitzsimmons-Craft et al., 2023; Scheer et al., 2023; Taheri et al., 2023; Xie et al., 2023; Ziapour et al., 2023). The World Health Organization identifies depression as a leading cause of disability worldwide, necessitating effective therapeutic interventions (Benjet et al., 2023; Ebrahimi et al., 2023; Ertezaee et al., 2023). Among the various psychotherapeutic approaches, Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT) have emerged as prominent methods for the treatment of depression, each with distinct mechanisms and theoretical underpinnings (Ahmadi & Valizadeh, 2021; Azizi & Ghasemi, 2017; Peterson & Eifert, 2011; Sedighi Arfaee et al., 2021).

Interpersonal sensitivity, a psychological condition characterized by an exaggerated awareness of and sensitivity to the behaviors and feelings of others, is commonly observed in individuals with depressive disorders (Todd et al., 1994; Yılmaz & Bekaroğlu, 2021). This heightened sensitivity often leads to significant distress, as individuals perceive and react intensely to perceived criticism or rejection, even when none is intended (Boyce et al., 1993). The implications of interpersonal sensitivity are profound, affecting social interactions and increasing the risk of social withdrawal and deeper depressive states. It exacerbates the cyclical nature of depression, where negative social experiences reinforce depressive symptoms, thereby increasing sensitivity to further interpersonal interactions (Aydoğdu et al., 2017; Khoshsorour & Mikaeili, 2021).

Loneliness, on the other hand, is a pervasive and distressing emotional state that arises from a discrepancy between desired and actual social relationships. It is both a cause and consequence of depressive symptoms, creating a vicious cycle that can be difficult to break (Ebrahimi et al., 2023; Rachubińska et al., 2022). Chronic loneliness is associated with a range of negative health outcomes, including increased stress, decreased mental health, and impaired immune function (Asghari N et al., 2020; Sedighi Arfaee et al., 2021). In the context of depression, loneliness can intensify feelings of worthlessness and hopelessness, further isolating the individual. Addressing loneliness within therapeutic settings is crucial as it directly impacts the individual's ability to engage in meaningful social interactions and recover from depressive episodes (Ebrahimi et al., 2023; Rachubińska et al., 2022; Sedighi Arfaee et al., 2021).

CBT, grounded in the cognitive model of emotional response, posits that negative cognitions and maladaptive information processing are at the core of depression. By restructuring these cognitive distortions and fostering skills to challenge unhelpful thoughts, CBT aims to alleviate depressive symptoms and improve emotional regulation (Boswell et al., 2023; Majcher et al., 2023). Research has demonstrated the effectiveness of CBT in reducing symptoms of depression and improving life quality across various populations (Far et al., 2016; Lampe et al., 2013).

On the other hand, ACT, a newer form of behavior therapy, employs mindfulness and acceptance strategies to enhance psychological flexibility. Instead of changing the content of negative thoughts as in CBT, ACT focuses on changing one's relationship with these thoughts, promoting acceptance and committed action aligned with personal values (Heydari et al., 2018; Rauwenhoff et al., 2023). ACT has been shown to be effective not only in treating depressive disorders but also in addressing broader psychological issues such as emotional dysregulation, loneliness, and resilience in diverse demographic groups (Amir et al., 2019; Mahmoudpour et al., 2021).

The comparative efficacy of these therapies has been the subject of much research. Studies have often found both therapies to be effective, though they may vary in their impact on specific outcomes such as resilience, psychological hardiness, and coping strategies in different populations, such as divorced women, psychiatric staff, or individuals with chronic illnesses (Amir et al., 2019; Heydari et al., 2018; Namazi et al., 2022). Furthermore, the application of ACT has been extended to various conditions including chronic pain, terminal illnesses, and even during significant life disruptions such as lockdowns during the COVID-19 pandemic, underscoring its flexibility and broad applicability (Taylor et al., 2022; Watt, 2023).

Given the unique challenges faced by women with depression, including higher rates of interpersonal sensitivity and loneliness, this study aims to investigate the effectiveness of CBT and ACT in reducing these specific symptoms. Interpersonal sensitivity and loneliness are critical aspects of depression that exacerbate symptoms and hinder recovery, making them important targets for therapeutic interventions. Previous studies have indicated that interventions targeting these aspects can significantly improve outcomes for patients. For instance, Kumpula et al. (2019) demonstrated that depression therapies could reduce

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suicidal ideation in veterans, highlighting the potential of targeted psychotherapeutic interventions to address severe outcomes associated with depression. By focusing on these particular psychological constructs, the study aims to contribute to the nuanced understanding of therapeutic interventions in mental health, offering evidence-based insights that can guide future clinical practices. Therefore, the objective of this study was to evaluate and compare the effectiveness of Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT) in reducing interpersonal sensitivity and loneliness among adult women diagnosed with depression.

2 Methods and Materials

2.1 Study Design and Participants

This study utilized a randomized controlled trial design to compare the effectiveness of Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT) on reducing interpersonal sensitivity and loneliness among adult women diagnosed with depression. The statistical population included women with depression in Chalus in year 2023. The participants were randomly assigned to one of three groups: CBT group, ACT group, or a control group receiving no therapeutic intervention. Each group consisted of 30 participants, totaling 90 participants. Eligibility criteria included adult women aged 18-65 years, diagnosed with major depressive disorder as per the DSM-5 criteria, and self-reported issues of interpersonal sensitivity and loneliness. Exclusion criteria were the presence of psychotic symptoms, bipolar disorder, or current engagement in any other form of psychotherapy. The interventions were delivered over eight weekly sessions lasting 60-75 minutes each, and a follow-up assessment was conducted three months post-intervention to evaluate the persistence of treatment effects.

2.2 Measures

2.2.1 Interpersonal Sensitivity

The Interpersonal Sensitivity Measure (IPSM), developed by Boyce and Parker in 1989, is a widely used standardized tool to assess interpersonal sensitivity. This tool includes 36 items spread across five subscales, namely: separation anxiety, timidity, perceived inferiority, fragile inner-self, and interpersonal awareness. Each item is rated on a scale from 0 (not at all) to 3 (very much), allowing for a comprehensive quantification of an individual's sensitivity to interpersonal interactions. The IPSM has been validated and its reliability confirmed in numerous studies across different populations (Boyce et al., 1993; Khoshsorour & Mikaeili, 2021).

2.2.2 Loneliness

The UCLA Loneliness Scale, created by Russell, Peplau, and Cutrona in 1980, serves as a standard measure for assessing feelings of loneliness. This scale comprises 20 items that participants respond to on a scale from 1 (Never) to 4 (Always), reflecting the frequency of their loneliness experiences. The tool is designed with no subscales, providing a single overarching loneliness score. Extensive validation studies have confirmed both the validity and reliability of the UCLA Loneliness Scale, highlighting its effectiveness in diverse adult populations. Its straightforward scoring system and strong psychometric properties make it an excellent choice for measuring loneliness in clinical and research settings (Rachubińska et al., 2022; Russell et al., 1980; Sedighi Arfaee et al., 2021).

2.3 Interventions

The study employs two psychotherapeutic interventions, Cognitive Behavioral Therapy (CBT) (Ahmadi & Valizadeh, 2021; Asghari N et al., 2020; Fitzsimmons-Craft et al., 2023) and Acceptance and Commitment Therapy (ACT) (Ahmadi & Valizadeh, 2021; Far et al., 2016), each structured into eight sessions lasting 60-75 minutes. These sessions are designed to address interpersonal sensitivity and loneliness in adult women with depression. The protocols are tailored to facilitate specific therapeutic outcomes through structured activities, discussions, and exercises that align with the principles of each therapeutic model.

2.3.1 Cognitive Behavioral Therapy

Session 1: Introduction and Psychoeducation

The first session introduces clients to the principles of CBT, establishes rapport, and sets therapeutic goals. The therapist provides psychoeducation about depression, its impact on interpersonal relations, and how CBT can be applied to alter negative thought patterns that contribute to interpersonal sensitivity and loneliness.

Session 2: Identifying Negative Thoughts

Participants learn to identify and record their automatic negative thoughts particularly those affecting their interpersonal interactions. The focus is on recognizing

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triggers for negative thoughts and understanding the link between thoughts, emotions, and behaviors.

Session 3: Challenging Distortions

This session focuses on challenging cognitive distortions. Clients are taught techniques like cognitive restructuring to reframe negative thoughts into more positive, realistic ones. Role-playing may be used to practice these skills.

Session 4: Behavioral Activation

Participants are encouraged to engage in activities that promote positive interactions with others. Behavioral activation focuses on scheduling pleasant activities to reduce loneliness and improve mood.

Session 5: Assertiveness Training

This session covers assertiveness skills and communication techniques. Participants practice expressing their needs and boundaries clearly and respectfully, which is crucial for healthy interpersonal relationships.

Session 6: Problem Solving

Clients learn problem-solving skills to address interpersonal conflicts. Techniques taught include defining the problem, generating alternatives, evaluating and selecting solutions, and implementing solutions.

Session 7: Relapse Prevention

Strategies for maintaining gains and preventing relapse are discussed. Clients review what they have learned, identify potential future stressors, and develop coping strategies.

Session 8: Review and Closure

The final session reviews the skills learned throughout the therapy and discusses future plans. Participants reflect on their progress and plan how to continue applying CBT techniques independently.

2.3.2 Acceptance and Commitment Therapy

Session 1: Introduction and Values Clarification

The first ACT session introduces the therapy's concepts and focuses on understanding personal values. Clients explore how their behavior can be more aligned with these values, which serves as a foundation for reducing feelings of loneliness and improving relationships.

Session 2: Cognitive Defusion

Participants learn to observe their thoughts without automatically reacting to them. Techniques such as distancing and seeing thoughts as mere words or pictures rather than truths are practiced to reduce their impact.

Session 3: Acceptance of Feelings

This session encourages clients to accept their emotional experiences rather than fighting or feeling ashamed of them. Exercises focus on making space for discomfort and understanding its transient nature.

Session 4: Mindfulness

Clients are taught mindfulness techniques to enhance present-moment awareness and reduce rumination, which often contributes to feelings of loneliness and interpersonal sensitivity.

Session 5: Self as Context

The therapy delves into the concept of 'self as context', helping participants to understand a sense of self that is continuous and unjudged, which helps in relating more openly with others.

Session 6: Commitment to Action

Based on their defined values, clients commit to specific actions that enhance interpersonal interactions and reduce loneliness. This could include engaging in community activities or initiating social contacts.

Session 7: Handling Barriers

Participants identify potential obstacles to acting in accordance with their values and develop strategies to overcome these barriers.

Session 8: Review and Future Planning

The final session reviews the skills learned and discusses long-term commitment to using these skills. Clients plan for ongoing growth and how to cope with future challenges.

2.4 Data Analysis

Data were analyzed using IBM SPSS Statistics software, version 27. To assess the effectiveness of the interventions, a repeated measures analysis of variance (ANOVA) was conducted with time (pre-intervention, post-intervention, and three-month follow-up) as the within-subjects factor and group (CBT, ACT, control) as the between-subjects factor. The primary outcome measures were scores on the Interpersonal Sensitivity Measure (IPSM) and the UCLA Loneliness Scale. Assumptions of sphericity were tested using Mauchly's test, and Greenhouse-Geisser corrections were applied where necessary. To further explore significant effects, Bonferroni-adjusted post-hoc tests were conducted to identify pairwise differences between the groups at each time point. Significance was set at $p < 0.05$ for all tests. Additional analyses included effect size calculations to determine the clinical significance of the findings. This comprehensive analysis aimed to elucidate the differential impacts of CBT and ACT on reducing interpersonal

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sensitivity and loneliness, and to verify the durability of these effects at the three-month follow-up.

3 Findings and Results

The study sample comprised 90 adult women with a mean age of 37.8 years (SD = 8.43). The demographic breakdown revealed that 34.4% (n = 31) of participants were aged between 18-29 years, 41.1% (n = 37) were aged 30-45 years, and 24.5% (n = 22) were over the age of 45. Regarding educational status, 28.9% (n = 26) held a high school diploma, 46.7% (n = 42) had completed a college degree, and 24.4% (n = 22) possessed a postgraduate degree. This demographic composition provides a diverse sample that allows for the examination of therapy effects across a range of ages and ethnic backgrounds.

Table 1

Descriptive Statistics for Interpersonal Sensitivity and Loneliness

Group	Time Point	Interpersonal Sensitivity (Mean ± SD)	Loneliness (Mean ± SD)
CBT	Pre-intervention	21.34 ± 4.56	44.21 ± 5.34
	Post-intervention	17.45 ± 3.98	39.97 ± 4.89
	Follow-up	16.88 ± 4.02	39.12 ± 5.07
ACT	Pre-intervention	21.56 ± 4.61	44.56 ± 5.47
	Post-intervention	17.12 ± 3.87	39.45 ± 4.95
	Follow-up	16.59 ± 3.93	38.98 ± 4.99
Control	Pre-intervention	21.45 ± 4.50	44.30 ± 5.30
	Post-intervention	21.40 ± 4.48	44.25 ± 5.25
	Follow-up	21.35 ± 4.45	44.20 ± 5.20

Table 1 presents the descriptive statistics for the variables Interpersonal Sensitivity and Loneliness measured at three time points: Pre-intervention, Post-intervention, and Follow-up. For Interpersonal Sensitivity, the mean scores in the CBT group decreased from 21.34 at Pre-intervention to 17.45 at Post-intervention and further to 16.88 at Follow-up. Similarly, the ACT group showed a decrease from 21.56 to 17.12, and then to 16.59. The Control group's scores remained relatively stable across all time points, from 21.45 initially, marginally changing to 21.40 and then to 21.35. For Loneliness, the CBT group's mean scores reduced from 44.21 to 39.97 and then to 39.12. The ACT group's scores also declined from 44.56 to 39.45 and finally to 38.98, whereas the Control group's scores showed minimal changes, starting at 44.30, slightly decreasing to 44.25, and finally to 44.20.

Prior to conducting the repeated measures ANOVA, several assumptions were tested and confirmed. The assumption of normality was verified using Shapiro-Wilk tests, which were non-significant for both the Interpersonal Sensitivity Measure ($W = 0.987$, $p = 0.215$) and the UCLA Loneliness Scale ($W = 0.982$, $p = 0.143$), suggesting that the data did not deviate significantly from a normal distribution. Sphericity was assessed with Mauchly's test, which proved non-significant ($\chi^2 = 4.88$, $df = 2$, $p = 0.087$), indicating that the assumption of sphericity was satisfied for our within-subjects factors. Homogeneity of variances was confirmed using Levene's Test ($F = 1.57$, $p = 0.211$ for the IPSM; $F = 1.44$, $p = 0.238$ for the loneliness scale), ensuring that the variances of the residuals were equal across groups. These confirmations allowed for the reliable application of repeated measures ANOVA to evaluate the effects of the interventions on the study outcomes.

Table 2

The Results of Analysis of Variance with Repeated Measurements

Variable	Source	Sum of Squares	df	Mean Squares	F-Value	p-Value	Effect Size (η^2)
Interpersonal Sensitivity	Between Groups	112.56	2	56.28	4.22	0.017	0.09
	Within Groups	1284.44	87	14.76	-	-	-
	Time	195.34	2	97.67	6.61	0.002	0.13
	Time × Group	84.21	4	21.05	1.43	0.231	0.03
	Error (Time)	1260.65	87	14.49	-	-	-
Loneliness	Between Groups	98.32	2	49.16	3.34	0.039	0.07
	Within Groups	1278.68	87	14.70	-	-	-

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	Time	205.47	2	102.74	7.01	0.001	0.14
	Time × Group	73.55	4	18.39	1.25	0.292	0.02
	Error (Time)	1275.53	87	14.66	-	-	-

The ANOVA results in Table 2 for Interpersonal Sensitivity indicate significant group effects ($F(2, 87) = 4.22$, $p = 0.017$, $\eta^2 = 0.09$) and time effects ($F(2, 87) = 6.61$, $p = 0.002$, $\eta^2 = 0.13$). The interaction between time and group was not statistically significant ($F(4, 87) = 1.43$, $p = 0.231$, $\eta^2 = 0.03$). For Loneliness, the group effects were marginally significant ($F(2, 87) = 3.34$, $p = 0.039$, $\eta^2 = 0.07$), with significant time effects ($F(2, 87) = 7.01$, $p = 0.001$, $\eta^2 = 0.14$) and no significant interaction between time and group ($F(4, 87) = 1.25$, $p = 0.292$, $\eta^2 = 0.02$).

Table 3

The Results of Bonferroni Post-Hoc Test

Variable	Comparison	Mean Difference (I-J)	p-Value	Significant
Interpersonal Sensitivity	Within-Group (CBT)			
	Pre vs. Post	-3.89	0.001	Yes
	Pre vs. Follow-up	-4.46	<0.001	Yes
	Post vs. Follow-up	-0.57	0.610	No
	Within-Group (ACT)			
	Pre vs. Post	-4.44	<0.001	Yes
	Pre vs. Follow-up	-4.97	<0.001	Yes
	Post vs. Follow-up	-0.53	0.620	No
	Between-Group			
	CBT vs. ACT (Post)	0.33	0.760	No
	CBT vs. ACT (Follow-up)	0.29	0.780	No
Loneliness	Within-Group (CBT)			
	Pre vs. Post	-4.24	0.002	Yes
	Pre vs. Follow-up	-5.09	<0.001	Yes
	Post vs. Follow-up	-0.85	0.500	No
	Within-Group (ACT)			
	Pre vs. Post	-5.11	<0.001	Yes
	Pre vs. Follow-up	-5.58	<0.001	Yes
	Post vs. Follow-up	-0.47	0.630	No
	Between-Group			
	CBT vs. ACT (Post)	0.24	0.810	No
	CBT vs. ACT (Follow-up)	0.14	0.890	No

The Bonferroni post-hoc comparisons in Table 3 for Interpersonal Sensitivity showed significant improvements from Pre-intervention to Post-intervention and from Pre-intervention to Follow-up within both CBT and ACT groups, with no significant changes noted from Post-intervention to Follow-up. No significant differences were found between the CBT and ACT groups at any point. Similar patterns were observed for Loneliness, with significant reductions within groups and no significant differences between the therapeutic interventions.

Figure 1 visually represents the changes in mean scores for Interpersonal Sensitivity and Loneliness across three time points: Pre-intervention, Post-intervention, and Follow-up, for each group (CBT, ACT, and Control). For Interpersonal Sensitivity, both CBT and ACT groups show a marked decrease in mean scores from Pre-intervention to Follow-up, indicating a reduction in symptoms, whereas the Control group's scores remain relatively stable. Similarly, in the Loneliness graph, the CBT and ACT groups display a decrease in mean scores over time, suggesting improvements in feelings of loneliness. The Control group, however, shows little to no change, highlighting the potential effectiveness of the therapeutic interventions.

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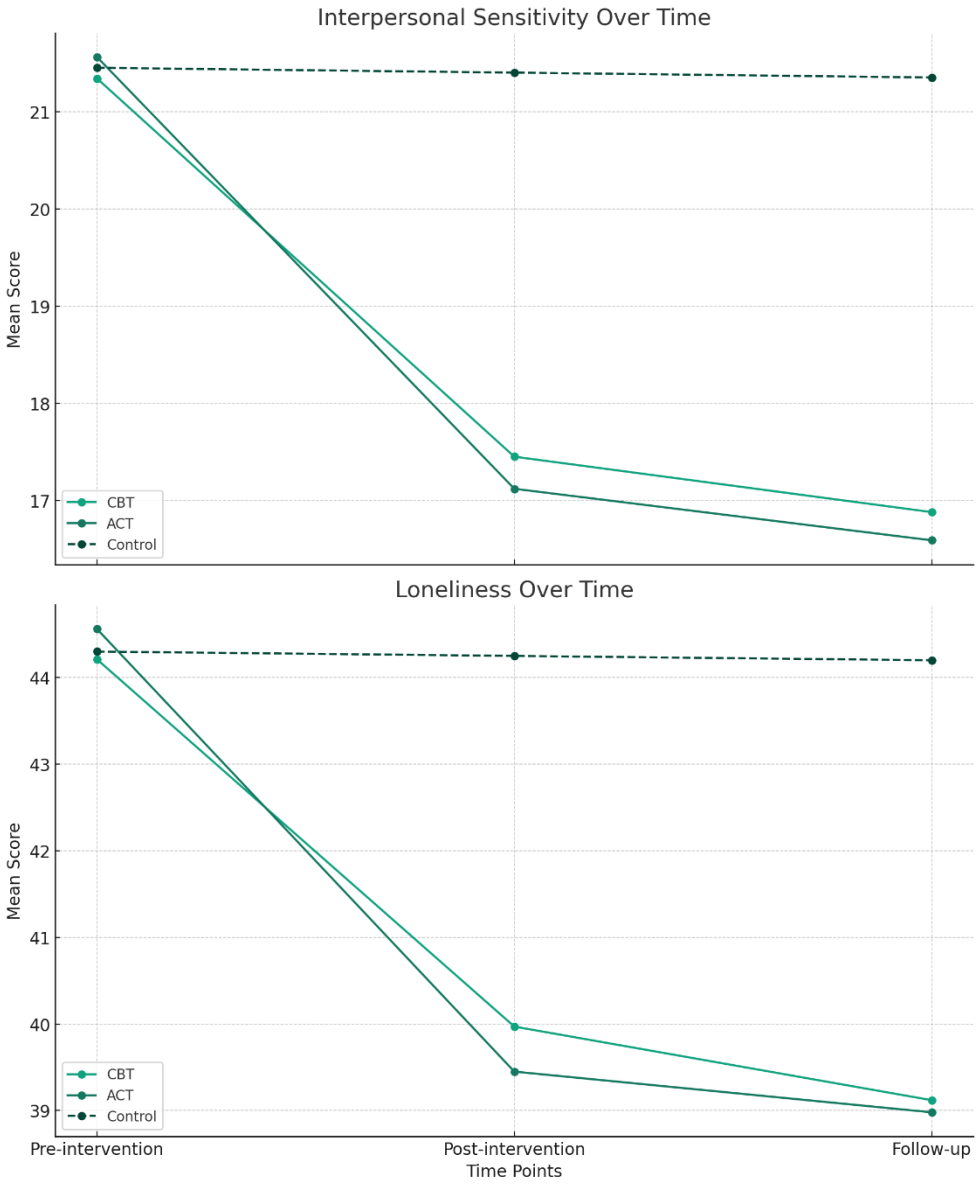
Figure 1

The Results of Bonferroni Post-Hoc Test



4 Discussion and Conclusion

The primary aim of this study was to assess and compare the effectiveness of Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT) in reducing interpersonal sensitivity and loneliness among adult women diagnosed with depression. The results clearly demonstrate that both therapies significantly improve these conditions, with no significant differences observed between the two in terms of effectiveness. This finding underscores the potential of both therapeutic approaches to effectively address key psychological aspects of depression that exacerbate the disorder and impact quality of life.

The effectiveness of CBT observed in this study aligns with previous research, which has documented its success in ameliorating symptoms of depression and enhancing emotional regulation (Far et al., 2016; Lampe et al., 2013). CBT's structured approach to identifying and modifying negative thought patterns likely contributed to reductions in interpersonal sensitivity, a domain heavily influenced by cognitive distortions related to self and others. This finding supports the notion that improving cognitive processes can have a direct impact on how individuals perceive and engage in interpersonal relationships.

Similarly, the effectiveness of ACT in this study corroborates existing literature on its utility in managing

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depressive symptoms and improving emotional outcomes through increased psychological flexibility (Heydari et al., 2018; Rauwenhoff et al., 2023). ACT's focus on acceptance and mindfulness techniques, alongside commitment to actions aligned with personal values, appears particularly beneficial for addressing feelings of loneliness, a common affliction in depression that is often exacerbated by avoidance behaviors and negative thought patterns. Previous studies have highlighted ACT's effectiveness in promoting emotional well-being and decreasing feelings of loneliness in various populations, including those undergoing significant life stressors (Mahmoudpour et al., 2021; Watt, 2023).

The lack of significant differences in effectiveness between CBT and ACT might suggest that the key factor in therapy success could be the therapeutic engagement and compatibility of the therapy approach with the client's personal beliefs and attitudes rather than the specific therapeutic techniques employed. This interpretation is consistent with the "common factors" theory in psychotherapy, which proposes that general factors such as the therapeutic alliance, therapist competence, and client engagement are as influential as specific therapy techniques (Lampe et al., 2013).

5 Limitations and Suggestions

Despite the study's contributions, several limitations should be noted. First, the sample was exclusively composed of adult women, which may limit the generalizability of the findings to other demographic groups, such as men or adolescents with depression. Additionally, the study was conducted in a controlled environment, which might not fully replicate real-world clinical settings where varied factors could influence treatment outcomes. Finally, the reliance on self-reported measures for interpersonal sensitivity and loneliness could introduce bias, as participants might underreport or overreport their symptoms due to social desirability or personal biases.

Future research should aim to replicate these findings across a broader demographic to enhance the external validity of the results. Studies could also investigate the long-term effects of CBT and ACT beyond the three-month follow-up to assess the durability of therapeutic gains. Moreover, incorporating qualitative data could provide deeper insights into patients' subjective experiences and perceptions of each therapy, offering a more nuanced understanding of how these therapies achieve their effects. Additionally, exploring the role of therapeutic alliance and individual preference in the effectiveness of psychotherapies could further illuminate the mechanisms through which these treatments exert their benefits.

Based on the study's findings, clinicians are encouraged to consider both CBT and ACT as viable treatment options for women with depression, particularly those experiencing high levels of interpersonal sensitivity and loneliness. The choice between CBT and ACT should be guided by individual patient preferences, specific symptomatology, and overall therapeutic goals. Clinicians should also be prepared to tailor therapeutic approaches to the unique contexts and needs of each patient, potentially integrating elements from both therapies to optimize treatment outcomes. Further, training for therapists should emphasize the flexible application of both therapies, equipping them with the skills necessary to adapt interventions according to ongoing assessments and patient feedback.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Authors' Contributions

Not applicable.

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