

## Comparing the Effectiveness of Resilience Training and Acceptance and Commitment Group Training on Quality of Life in Students from Divorced Families, Controlling for Age at Divorce and Time Since Divorce




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E d i t o r	R e v i e w e r s
Monika Szczygiel  Department of Psychology, Jagiellonian University, Krakow, Poland monika.szczygiel@uj.edu.pl	<b>Reviewer 1:</b> Zahra Yousefi  Assistant Professor, Department of Psychology, Khorasgan Branch, Islamic Azad University, Isfahan, Iran. Email: yousefi1393@khuif.ac.ir <b>Reviewer 2:</b> Mehdi Rostami  Department of Psychology and Counseling, KMAN Research Institute, Richmond Hill, Ontario, Canada. Email: dr.mrostami@kmanresce.ca

### 1. Round 1

#### 1.1. Reviewer 1

Reviewer:

The authors state, “QoL is not merely an outcome but a dynamic indicator of developmental resilience...” This is conceptually rich, but the sentence would benefit from clarification. Consider breaking it into two sentences and expanding on how QoL dynamically interacts with resilience over time.

While session content is clearly outlined, consider including citations or theoretical justification for activities like “spiritual and religious beliefs” to address cultural appropriateness and possible ethical concerns in secular public school settings.

The sentence, “shorter sessions are generally preferred as they allow for sustained engagement...” would be more rigorous if supported with a citation. Consider referencing empirical work or meta-analyses supporting this recommendation.

You state, “Mauchly’s test of sphericity was violated...” and used Greenhouse-Geisser correction. Please specify if adjustments were made individually for each domain or uniformly applied across the MANOVA model.

The values for standard deviations in the follow-up phase of the social relationships domain for the control group ( $SD = 4.26$ ) are noticeably higher than other phases. Consider explaining this variability, possibly due to outliers or sample heterogeneity.

While  $F$ -values and  $\eta^2$  are reported, confidence intervals are not included. Including 95% CIs for the  $F$ -statistics or  $\eta^2$  would enhance the transparency and interpretability of effect sizes.

Please clarify why some comparisons (e.g., “Post vs. Follow-up” in the resilience group for psychological health) are non-significant despite apparent raw differences. Consider discussing statistical power or ceiling effects.

The phrase “suggesting that the gains were maintained over time” is a strong interpretation. It might be more accurate to say, “suggesting maintenance of gains with no significant decline.”

The reported differences between ACT and resilience groups are statistically significant across all domains. A visual representation (e.g., a line graph of QoL over time per group) would strengthen the clarity and accessibility of these findings.

Consider tempering the claim with acknowledgment that “superiority” is context-specific and may vary depending on setting, therapist expertise, and participant preference.

Response: Revised and uploaded the manuscript.

## 1.2. Reviewer 2

Reviewer:

The comparison between ACT and other therapeutic approaches such as DBT and MBSR (e.g., “ACT has shown better outcomes compared to Dialectical Behavior Therapy...”) lacks detailed explanation. Please include brief rationale or metrics (e.g., effect size or target symptoms) to support the comparative efficacy.

The claim that “both approaches align with the growing emphasis on life skills education...” would be stronger with supporting evidence or references to relevant educational policy initiatives, especially within Iran’s national education context.

The selection method is labeled “convenience sampling” but students were then randomly assigned. This might confuse readers; please clarify how randomization was implemented after the initial convenience selection and ensure consistency in describing the sampling framework.

The section references “academic well-being” and “feelings of guilt” in the pretest assessments, but these outcomes are not discussed in the results. Either clarify their relevance or remove them for coherence.

The phrase “meaningful improvements” should be revised to specify whether this refers to statistical significance, clinical significance, or both.

While the mechanism of “defusion” is introduced well, readers unfamiliar with ACT may benefit from a brief practical example to illustrate how this concept is operationalized in therapy.

Response: Revised and uploaded the manuscript.

## 2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.