

Effectiveness of a Competence- and Worthiness-Based Educational Program for Self-Esteem, Assertiveness, and Psychological Well-Being in Male Adolescents with Low Self-Esteem

Mohammad Amin. Karandish¹, Mahdieh. Rahmanian^{1*}, Mojgan. Agahheris¹, Amin. Rafiepoor¹, Ezzatolah. Kordmirza Nikoozadeh¹

¹ Department of Psychology, Payame Noor University, Tehran, Iran

* Corresponding author email address: m.rahmanian@pnu.ac.ir

E d i t o r	R e v i e w e r s
Seyed Ali Darbani  Assistant Professor, Department of Psychology and Counseling, South Tehran Branch, Islamic Azad University, Tehran, Iran Ali.darbani@iau.ac.ir	Reviewer 1: Parvaneh Mohammadkhani  Professor, Department of Clinical Psychology, University of Rehabilitation Sciences and Social Health, Tehran, Iran. Email: Pa.mohammadkhani@uswr.ac.ir Reviewer 2: 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 paragraph beginning “One important domain closely related to self-esteem is assertiveness” is conceptually relevant, but the hypothesized mechanism linking self-esteem improvement to assertiveness remains underdeveloped. The manuscript should specify whether assertiveness is considered a downstream outcome of increased competence and worthiness, an independent skill cultivated indirectly by the intervention, or a mutually reinforcing construct. This distinction is important because the intervention protocol, as currently described, contains no clearly delineated assertiveness-training module, yet assertiveness is one of the principal dependent variables.

In the Study Design and Participants section, the sentence “Participants were recruited through a combination of multistage cluster sampling and purposive screening” should be revised for greater methodological precision. Multistage cluster sampling usually implies probability-based selection of clusters and often individuals, whereas purposive screening is nonprobability-based. The authors should specify exactly how the district and schools were chosen, how many students were screened, how

many scored below the cutoff, how many declined participation, and how the final 30 participants were selected. A participant flow diagram would further improve transparency.

In the Intervention Protocol, the sentence “The competence- and worthiness-based educational intervention consisted of six weekly group sessions, each lasting approximately 90 minutes” is insufficient for replication. The authors should provide more information about the intervention manual, theoretical source, facilitator qualifications, group size, delivery format, homework assignments, fidelity procedures, and whether sessions were standardized across participants. If the intervention was developed specifically for this study, the manuscript should describe the development process and any expert review or pilot testing.

The intervention description suggests substantial overlap between cognitive restructuring, problem-solving training, self-esteem enhancement, and assertiveness-related processes, yet treatment fidelity is not reported. The authors should explain whether a session checklist, independent observer, facilitator self-rating, or adherence measure was used to verify that the intended competence and worthiness components were delivered consistently. Without fidelity assessment, it is difficult to attribute the observed effects specifically to the proposed intervention model.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

The eligibility criterion “a Coopersmith self-esteem score below 25” requires stronger justification. The manuscript should explain the empirical or normative basis for this cutoff, whether it has been validated in Iranian adolescent samples, and whether it represents a clinically meaningful threshold or merely a conventional research criterion. Because this cutoff determined study eligibility, its validity directly affects the interpretation and reproducibility of the sample definition.

In the same section, the sentence “absence of a diagnosed psychiatric disorder and absence of current psychiatric medication use based on student self-report and available school records” raises concerns about ascertainment accuracy. The authors should clarify whether psychiatric history was assessed using a structured checklist, interview, or school health documentation. Reliance solely on self-report and school records may fail to identify internalizing disorders that are undisclosed or undocumented; this limitation should be acknowledged explicitly.

The manuscript states that participants were “randomly allocated to either the intervention group or the control group,” but it does not describe the randomization procedure. The authors should report how the allocation sequence was generated, who generated it, whether allocation concealment was used, and whether assignment occurred after baseline assessment. Even in a quasi-experimental study, methodological rigor requires a transparent account of group allocation, particularly because random assignment is being claimed.

In the Data Collection Tools section, the description of the Coopersmith Self-Esteem Inventory is informative, but the manuscript reports only historical psychometric evidence. The authors should report the reliability coefficients obtained in the present sample at each measurement occasion, or at minimum at baseline. The same recommendation applies to the Assertiveness Scale and the Psychological Well-Being Scale. Instrument reliability is sample-dependent, and relying exclusively on previously published Cronbach’s alpha values is insufficient, particularly with translated or culturally adapted measures.

The paragraph describing the 18-item Psychological Well-Being Scales states that “the total score of the 18-item form was used in the statistical analyses.” This decision requires justification because Ryff’s model is explicitly multidimensional and the short form contains only three items per domain. The authors should clarify whether there is empirical support for calculating a global score from the specific version used, especially in adolescents, and whether the Persian version has been validated in this population. Without such justification, the construct validity of the overall well-being outcome remains uncertain.

Authors uploaded the revised manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.