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Analysis of the Components of a Hope-for-Life Training Package Based on Acceptance and Commitment Theory in Adolescents with High-Risk Behaviors

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ABSTRACT

This study was conducted with the aim of analyzing the components of a hope-for-life training package based on Acceptance and Commitment Theory (ACT) among adolescents exhibiting high-risk behaviors. Accordingly, this research employed a qualitative design using the content analysis method of Hsieh and Shannon (2005). The research corpus included all texts related to hope for life and Acceptance and Commitment Theory. Based on the criterion of saturation, ten texts were selected according to predetermined inclusion and exclusion criteria. These texts were analyzed using the five-step method of Hsieh and Shannon (2005). The findings of the study indicated that hope for life in adolescents consists of several core concepts, including: (1) behavioral regulation (problem-solving, goal-directed behavior, self-efficacy, and interpersonal skills); (2) emotional regulation (acceptance of negative emotions and mindfulness); and (3) cognitive regulation (positive thinking, optimism, and cognitive flexibility). The content analysis of texts related to Acceptance and Commitment Theory revealed six core dimensions of the theory: (1) acceptance, (2) present-moment awareness, (3) cognitive defusion from dysfunctional thoughts, (4) values clarification, (5) setting and pursuing effective goals, and (6) self-as-context. These six dimensions were documented and recurrent across the literature. The components of the training package were derived from the integration of the two sets of concepts from the two content analyses and were presented as follows: cognitive defusion from ACT was aligned with enhancing cognitive regulation; three training components—living in the present moment, values identification, and committed action—were identified as related to behavioral regulation. Finally, acceptance of negative emotions and present-moment awareness were associated with the domain of emotional regulation. Based on these results, it can be concluded that the concepts of hope for life in adolescents are integrable within the framework of Acceptance and Commitment Theory.

Keywords: training package, hope for life, acceptance and commitment, adolescents, high-risk behavior

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Introduction

Adolescence represents a critical transitional period characterized by rapid biological, emotional, and social changes. During this stage, adolescents frequently encounter psychological challenges that, if left unaddressed, may lead to various high-risk behaviors such as self-harm, impulsivity, substance use, academic disengagement, and even suicidal ideation (1, 2). These behaviors are often rooted in underlying emotional dysregulation, limited cognitive flexibility, and a lack of coping resources, highlighting the need for effective psychological interventions that build adaptive skills and foster resilience (3, 4). One increasingly recognized protective factor that has shown significant promise in this context is "hope"—a multifaceted cognitive-motivational construct associated with future-oriented thinking, goal setting, and psychological well-being (5, 6).

Hope is not merely a passive desire for a better future but a structured process involving goal-directed energy (agency) and pathways thinking (the perceived ability to plan and pursue those goals) (7). Empirical research demonstrates that hope positively influences adolescents' psychological well-being, buffers against the effects of trauma, and mitigates suicidal ideation (7-9). For example, hope has been found to mediate the relationship between stress and mental health outcomes in vulnerable youth populations, including those who have experienced neglect, maltreatment, or emotional invalidation (10, 11). Moreover, hope facilitates cognitive and emotional regulation and supports the development of resilience and adaptive coping (12, 13).

Yet, despite the well-established benefits of hope, many adolescents—especially those exhibiting high-risk behaviors—struggle to sustain hopeful outlooks due to environmental, cognitive, or emotional constraints. According to recent findings, deficits in executive function and behavioral self-regulation significantly predict adolescent behavioral problems, impulsivity, and disengagement (14, 15). Furthermore, the COVID-19 pandemic and subsequent lockdowns exacerbated feelings of hopelessness, emotional isolation, and self-injurious tendencies among youth (16, 17). In light of these challenges, it becomes imperative to design interventions that do more than merely address symptoms—they must cultivate cognitive and emotional competencies that enable adolescents to navigate life with a sense of purpose and direction.

In recent years, Acceptance and Commitment Therapy (ACT) has gained traction as a promising third-wave behavioral intervention, particularly in adolescent populations. Rooted in Relational Frame Theory, ACT emphasizes psychological flexibility, acceptance of difficult emotions, cognitive defusion, and committed action aligned with personal values (18). ACT has been shown to improve a wide range of psychological outcomes in youth, including anxiety, depression, stress, and behavioral dysregulation (18-20). Unlike traditional cognitive-behavioral approaches that focus on symptom elimination, ACT encourages individuals to accept distressing thoughts and feelings as part of the human experience, while continuing to take meaningful action (21, 22).

Particularly relevant for adolescents with high-risk behaviors, ACT teaches mindfulness and values-based goal setting, which helps foster hope through purposeful engagement. This is especially important given that hope itself is grounded in value-driven behavior and the ability to sustain action despite emotional discomfort (6, 23). In a review of ACT for youth, Petersen (2025) emphasizes the developmental suitability of ACT processes such as self-as-context and present-moment awareness, which align with adolescents'

evolving identity and metacognitive abilities (20). Additionally, ACT has shown efficacy in enhancing resilience and reducing impulsivity in adolescents engaging in self-harm behaviors, suggesting its relevance to high-risk youth (23).

In this context, combining ACT principles with a structured hope-based intervention can be particularly effective. As research suggests, hope and ACT share core overlapping mechanisms, such as goal setting, adaptive thinking, and emotional openness (5, 24). Integrating the two could provide a coherent framework for empowering adolescents to confront distress, reframe cognitive distortions, and act in accordance with their values. For instance, ACT-based interventions have been shown to improve academic self-regulation and reduce procrastination—two behaviors often undermined by hopelessness and emotional avoidance (25, 26).

From a neuroscientific and developmental standpoint, adolescence is marked by ongoing maturation of the prefrontal cortex, which governs decision-making, self-regulation, and flexible thinking. Cognitive flexibility—the ability to shift perspectives and adapt to changing circumstances—is crucial during this period and closely tied to both academic success and emotional resilience (26, 27). Studies indicate that hope-based interventions can enhance cognitive flexibility, which in turn improves adolescents' ability to pursue meaningful goals despite adversity (10, 13). ACT similarly promotes flexibility through techniques such as cognitive defusion and mindfulness, which teach youth to relate differently to negative thoughts, rather than being dominated by them (4, 21).

Beyond individual skills, hope and optimism have also been linked to better physical health, academic achievement, and interpersonal relationships in adolescents (8, 9). Dispositional optimism—the tendency to expect positive outcomes—is particularly associated with well-being, and it can be cultivated through interventions targeting hope and future orientation (12, 28). Studies further suggest that optimism buffers against the negative effects of peer rejection, familial conflict, and socioeconomic adversity (10, 29). Thus, embedding hope-building strategies into ACT can offer a multidimensional intervention that addresses both internal vulnerabilities and external stressors.

An additional consideration is the rising prevalence of digital overuse and problematic mobile phone behaviors in adolescents, which have been associated with low resilience, poor emotion regulation, and behavioral avoidance (11). Integrating digital literacy and mindfulness—both emphasized within ACT—into hope-based educational programs could be critical in addressing these contemporary risks. Furthermore, adolescents experiencing chronic health conditions such as diabetes have also shown improvements in stress and emotional functioning through ACT, highlighting its broad applicability (18).

Taken together, these findings point to the value of developing structured educational packages for adolescents that integrate hope-promoting strategies with ACT-based components. The present study seeks to analyze the components of such a hope-focused intervention designed specifically for adolescents with high-risk behaviors, guided by the Hsieh and Shannon content analysis method.

Methods and Materials

Given that the present study aimed to analyze the components of a hope-for-life training package for adolescents with high-risk behaviors, the existing literature on hope for life and Acceptance and Commitment Therapy (ACT) was the focus of analysis. This research was qualitative in nature, and for data

analysis, the conventional content analysis approach proposed by Hsieh and Shannon (2005) was employed. This approach is appropriate when there are existing theories and research texts related to the subject under study. In the current research, such texts were available, and all codes and categories were directly extracted from the texts.

The research setting consisted of texts related to hope for life and ACT. Text selection continued until data saturation was reached. Data saturation occurred after reviewing six sources; however, the selection was extended to a total of ten texts. These texts, published between 2010 and 2022, included books, journal articles, and both domestic and international dissertations that had the highest relevance to the targeted variables.

Inclusion criteria were: texts published within the past ten years; texts whose primary concept was either hope for life or ACT.

Exclusion criteria included: texts not published by reputable academic sources; undergraduate or master's theses.

It should be noted that, based on a thorough review of existing databases, no peer-reviewed published article in Persian was found on the topic of interest at the time of writing this paper.

Selected Literature on Hope in Adolescents:

- Assari, S., Najand, B., Najand, I., & Grace, S. (2024). Behavioral and psychosocial correlates of hope among youth. *Journal of Medicine, Surgery, and Public Health*, 2, 100088.
- Long, K. N., Wilkinson, R., Cowden, R. G., Chen, Y., & VanderWeele, T. J. (2024). Hope in adolescence and subsequent health and well-being in adulthood: An outcome-wide longitudinal study. *Social Science & Medicine*, 347, 116704.
- Sabri, S., Mohamed Hussin, N. A., & Chooi, W. T. (2024). Exploration of hope among young adults with cancer in Malaysia. *Journal of Adolescent and Young Adult Oncology*, 13(1), 213–223.
- Ye, Y., Chen, B., Zhen, R., Li, Y., Liu, Z., & Zhou, X. (2024). Childhood maltreatment patterns and suicidal ideation: Mediating roles of depression, hope, and expressive suppression. *European Child & Adolescent Psychiatry*, 33(11), 3951–3964.
- Kwok, S. Y., Gu, M., & Lai, K. Y. (2024). A longitudinal study of perceived social support from friends and hope in adolescents: Emotional intelligence as the mediator. *Current Psychology*, 43(25), 21518–21529.
- Ropaj, E. (2023). Hope and suicidal ideation and behaviour. *Current Opinion in Psychology*, 49, 101491.
- Huen, J. M., Ip, B. Y., Ho, S. M., & Yip, P. S. (2015). Hope and hopelessness: The role of hope in buffering the impact of hopelessness on suicidal ideation. *PLOS ONE*, 10(6), e0130073.
- Kim, Y. J., & Lee, C. S. (2014). The mediating effect of hope between stress and suicidal ideation of adolescents. *Journal of Digital Convergence*, 12(6), 539–547.
- Colla, R., Williams, P., Oades, L. G., & Camacho-Morles, J. (2022). “A new hope” for positive psychology: A dynamic systems reconceptualization of hope theory. *Frontiers in Psychology*, 13, 809053.
- Arfken, M. (2021). Towards a Critical Psychology of Hope. *Awry: Journal of Critical Psychology*, 2(1), 1–2.

Selected Literature on Acceptance and Commitment Therapy (ACT):

- Li, H., Wong, C. L., Jin, X., Chen, J., Chong, Y. Y., & Bai, Y. (2021). Effects of Acceptance and Commitment Therapy on health-related outcomes for patients with advanced cancer: A systematic review. *International Journal of Nursing Studies*, 115, 103876.
- Ferreira, M. G., Mariano, L. I., de Rezende, J. V., Caramelli, P., & Kishita, N. (2022). Effects of group Acceptance and Commitment Therapy (ACT) on anxiety and depressive symptoms in adults: A meta-analysis. *Journal of Affective Disorders*, 309, 297–308.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2011). *Acceptance and Commitment Therapy: The Process and Practice of Mindful Change*. Guilford Press.
- Hughes, L. S., Clark, J., Colclough, J. A., Dale, E., & McMillan, D. (2017). Acceptance and Commitment Therapy (ACT) for chronic pain: A systematic review and meta-analyses. *The Clinical Journal of Pain*, 33(6), 552–568.
- Gloster, A. T., Walder, N., Levin, M. E., Twohig, M. P., & Karekla, M. (2020). The empirical status of Acceptance and Commitment Therapy: A review of meta-analyses. *Journal of Contextual Behavioral Science*, 18, 181–192.
- Hayes, S. C., Pistorello, J., & Levin, M. E. (2012). Acceptance and Commitment Therapy as a unified model of behavior change. *The Counseling Psychologist*, 40(7), 976–1002.
- Ruiz, F. J. (2010). A review of Acceptance and Commitment Therapy (ACT) empirical evidence: Correlational, experimental psychopathology, component, and outcome studies. *International Journal of Psychology and Psychological Therapy*, 10(1), 125–162.
- McCracken, L. M., & Vowles, K. E. (2014). Acceptance and Commitment Therapy and mindfulness for chronic pain: Model, process, and progress. *American Psychologist*, 69(2), 178.
- Hayes, S. C., Levin, M. E., Plumb-Vilardaga, J., Villatte, J. L., & Pistorello, J. (2013). Acceptance and Commitment Therapy and Contextual Behavioral Science: Examining the progress of a distinctive model of behavioral and cognitive therapy. *Behavior Therapy*, 44(2), 180–198.

To collect data, a structured content review guide was used. The questions served as prompts that directed the researcher to focus on dimensions related to hope for life and Acceptance and Commitment Therapy and to take notes on key phrases and important concepts. After identifying the sources for analysis, each document was reviewed line-by-line, and content analysis and coding were conducted. The codes were then shared with the academic supervisor and advisor.

At this stage, the coherence and semantic alignment of the data were evaluated while ensuring distinct conceptual differences across contents. In the subsequent phase, the sources were thoroughly examined again with the guidance of the supervisor and advisor, and the derived themes were revised accordingly.

It is important to note that data analysis was conducted concurrently with data collection. This iterative interaction between known and unknown data—revisiting and refining insights—is central to establishing the validity and reliability of the findings. In the present study, data collection and analysis were performed simultaneously, with constant movement back and forth between data and codes.

To ensure the credibility and reliability of the results, the following principles were applied (Abbaszadeh, 2012):

Usefulness: Usefulness refers to whether the findings of a qualitative study are informative and illuminating for the topic under investigation. Given the study's aim—to analyze hope for life and ACT—the findings are potentially useful for counselors and clients to improve the conditions of adolescents with high-risk behaviors.

Contextual Integrity: This refers to examining the studied phenomenon within its appropriate context. In this research, all relevant variables were considered to provide a more complete description of the contextual setting.

Researcher Positioning: Validity in this context involves the researcher being conscious of their own role so as not to unconsciously influence text interpretation. The researcher consciously avoided bias in participant selection, data analysis, and interpretation, and involved another expert in the analytical process to minimize unconscious influence.

Reporting Style: The reporting style refers to presenting the findings in a format that is comprehensible to other professionals and stakeholders. In this study, qualitative findings were represented in tables and figures to enhance clarity.

Triangulation of Researchers: Triangulation involves multiple individuals participating in data coding and analysis. In this study, interviews were coded by the researcher, and data analysis was conducted by the researcher, the academic supervisor, and a qualitative research expert.

Findings and Results

In summary, to analyze the data and given that the research method was content analysis, the five-step method of Hsieh and Shannon (2005) was applied as follows:

All conceptual units from the selected texts were extracted; sub-concepts of the main concepts were identified; all concepts were organized into categories and then coded.

To ensure consistency between coding, categorization, and the theoretical framework, the extracted concepts were initially reviewed by the academic supervisor; the validity and reliability of the coding were confirmed by all members of the research team except the student (i.e., by experts), and conclusions were drawn based on the coding and categorization.

Table 1. Content Analysis of Acceptance and Commitment Therapy Based on the Hsieh and Shannon (2005) Method

No.	Main Concepts of ACT Theory	Sub-Concepts	Coding
	Psychopathology	Experiential avoidance	Past dominance
			Worry about the future
			Uncommitted action
		Cognitive fusion	Lack of clear values
			Attachment to the conceptualized self
			Inability to accept
	Treatment Goals	Vitality	Living ethically
			Living without judgment of experiences
			Living in the present moment
		Cognitive flexibility	Observing life from multiple perspectives
			Making space for unpleasant thoughts and feelings
			Awareness and openness to experience
	Therapeutic Processes	Values clarification	Choosing a life direction
			Sense of meaning and significance
			Goal-orientedness and commitment

		Self-as-context development	Who am I?
			Possible self-perspectives
			Continuous awareness of personality facets
			Detachment from traits and self-concept
ACT	Core Therapeutic Components	Acceptance	Allowing painful emotions and thoughts
			Open and non-defensive psychological relation to painful experiences
		Present moment	Not getting lost in thoughts; being here and now
			Enhancing awareness of present experiences
		Committed action	Acting based on values
			Engaging in meaningful and mindful actions
		Cognitive defusion	Looking at thoughts rather than from them
			Letting thoughts come and go

As shown in Table 1, content analysis of the ACT theory identified three main dimensions:

1. **Psychopathology**, including sub-concepts such as experiential avoidance and cognitive fusion.
2. **Treatment Goals**, including vitality and cognitive flexibility.
3. **Therapeutic Processes**, including cognitive defusion, acceptance, present moment, values clarification, committed action, and self-as-context.

Table 2. Results of Content Analysis on Hope for Life in Adolescents

Main Concepts	Sub-Concepts	Basic Coding
Cognitive Regulation	Positive thinking	Focus on solutions instead of problems
		Resilience in difficult situations
		Self-belief
		Positive self-talk
		Spirit of gratitude and forgiveness
	Optimistic attitude	Positive outlook on life
		Focus on positive rather than negative aspects
		Seeing the positive in difficult circumstances
		Trust in effort and learning outcomes
	Cognitive flexibility	Ability to change perspectives on issues
		Ability to switch tasks
		Ability to change preferences
		Ability to adapt to environmental changes
Emotional Regulation	Acceptance of negative emotions	Making space for painful inner experiences like fear and sadness
		Accepting emotions without judging them
		Accepting emotions without acting on them
		Accepting what cannot be changed
		Facing painful experiences without avoidance
	Mindfulness	Living in the present moment
		Observing events without judgment
		Attending to current activity
		Attention to ethical behavior
Behavioral Regulation	Problem-solving ability	Creative thinking ability
		Effective problem recognition
		Analytical ability
		Ability to find effective solutions
		Brainstorming capability
		Ability to evaluate solutions
	Goal-directedness	Having clear values
		Having a clear sense of meaning
		Possessing goals aligned with meaning/values
		Proactive rather than reactive behavior
		Directionality and program adherence
		Impulse control toward achieving goals
	Self-efficacy	Belief in one's ability to succeed

	Ability to apply learned skills
	Confidence in achieving goals
	Managing anxiety during performance
Social support seeking	Ability to build support networks
	Ability to strengthen support networks
	Creating a sense of connection and belonging
	Ability to help others
Appropriate communication skills	Skills for initiating relationships
	Skills for maintaining relationships

The results of this section revealed that hope for life in adolescents encompasses several main concepts:

1. **Behavioral regulation**, including problem-solving, goal-directedness and proper behavior, self-efficacy, interpersonal skills, and social support seeking.
2. **Emotional regulation**, including acceptance of negative emotions and mindfulness.
3. **Cognitive regulation**, including positive thinking, optimism, and cognitive flexibility.

Discussion and Conclusion

The findings of the present study aimed at analyzing the components of a hope-based educational intervention grounded in Acceptance and Commitment Therapy (ACT) among adolescents with high-risk behaviors revealed three principal dimensions of hope for life: (1) cognitive regulation, (2) emotional regulation, and (3) behavioral regulation. Each of these domains comprises a set of sub-skills including positive thinking, cognitive flexibility, acceptance of negative emotions, mindfulness, problem-solving ability, goal-directedness, self-efficacy, social support seeking, and communication skills. Furthermore, the ACT literature review highlighted six fundamental therapeutic processes—acceptance, present-moment awareness, cognitive defusion, values clarification, committed action, and self-as-context—many of which mapped meaningfully onto the hope components derived from the content analysis. The synthesis of these findings suggests that hope for life and ACT are conceptually compatible frameworks for addressing the psychological needs of adolescents engaging in high-risk behaviors.

In line with the present study's findings, numerous previous investigations have emphasized the role of **cognitive regulation**, particularly cognitive flexibility and positive thinking, in promoting adolescent well-being and reducing behavioral problems. Cognitive flexibility, the ability to adjust one's thoughts and behaviors in response to changing environmental demands, is not only a foundational executive function but also essential to sustaining hope during adversity (26, 27). Adolescents with higher cognitive flexibility are more capable of reframing negative experiences, which allows them to maintain a positive outlook and persist in goal-directed actions despite setbacks (10, 13). This finding resonates with ACT's emphasis on cognitive defusion, a process through which individuals learn to relate to their thoughts rather than be controlled by them (4, 21). Similarly, promoting optimism and positive thinking through hope-building interventions has been shown to improve emotion regulation and decrease suicidal ideation in at-risk adolescents (7, 8).

The second component identified in the findings—**emotional regulation**—was strongly associated with the ACT processes of acceptance and mindfulness. Acceptance of painful emotional states without judgment, and the capacity to remain grounded in the present moment, are both integral to ACT and critical to fostering hope, especially in adolescents who exhibit emotional avoidance or dysregulation (20, 22). Numerous studies

have confirmed that adolescents who develop these skills through interventions like ACT experience lower levels of anxiety, stress, and impulsivity, which are all precursors to high-risk behavior (19, 23). The simultaneous presence of mindfulness and hope contributes to greater psychological flexibility and subjective well-being, enabling adolescents to respond to negative emotional experiences with resilience rather than reactivity (9, 12). Furthermore, the literature suggests that hope can act as a mediating mechanism through which acceptance and mindfulness exert their effects on behavior and mood (5, 6).

The third dimension—**behavioral regulation**—included problem-solving, goal-setting, and interpersonal competence, all of which closely aligned with ACT constructs such as committed action and values clarification. Adolescents who engage in committed action, guided by clearly articulated personal values, are more likely to pursue meaningful goals despite obstacles or emotional discomfort (10, 21). This values-based behavioral persistence is foundational to the development of hope, particularly in high-risk youth who often struggle with behavioral impulsivity and short-term gratification (14, 30). Additionally, self-efficacy and social connectedness were identified as behavioral mechanisms that support long-term goal pursuit and emotional resilience, reinforcing the findings of past research which suggests that hope is not only an individual cognitive-affective trait but also socially constructed and maintained (2, 28). Adolescents with strong social support networks and interpersonal skills exhibit greater resilience to risk behaviors and report higher hopefulness (8, 16).

Notably, the study's findings are further supported by meta-analytic evidence demonstrating that ACT is effective across a wide range of adolescent populations and clinical conditions. ACT has been successfully applied to adolescents with anxiety, depression, chronic illness, and behavioral disorders, showing improvements in emotional regulation, cognitive flexibility, and overall functioning (4, 18). For example, studies have indicated that ACT-based interventions significantly reduce impulsivity and self-injurious behaviors while enhancing resilience, which reinforces the relevance of ACT for adolescents exhibiting high-risk behaviors (19, 23). Furthermore, ACT's non-pathologizing and experiential approach makes it particularly well-suited to youth development, as it respects the adolescent's autonomy while equipping them with the skills to navigate life's challenges in value-driven ways (20, 25).

The current study also sheds light on the compatibility of ACT and hope-based constructs from a developmental perspective. Adolescence is a time of identity exploration and increased metacognition, which makes it an ideal developmental stage to introduce ACT components such as self-as-context, values clarification, and present-moment awareness (15, 31). The combination of these processes with hope-building activities offers a dual pathway for both emotion-focused and action-oriented intervention, addressing not just the avoidance of risk but the promotion of purpose. This aligns with previous findings emphasizing that hope enhances future planning, academic engagement, and behavioral self-regulation (1, 26). In particular, academic hope and self-regulation have been found to mediate the relationship between ACT interventions and reduced academic procrastination, a common challenge among at-risk youth (25).

In sum, the findings of the present study support a unified conceptual model in which ACT principles can be leveraged to strengthen hope-related competencies in adolescents with high-risk behaviors. This integration holds promise not only for symptom reduction but also for the cultivation of psychological strengths and long-term developmental assets. In doing so, it addresses both the protective and promotive aspects of mental health and well-being, shifting the focus from pathology to potential.

Despite the insightful findings, this study is not without its limitations. First, the research design was based on qualitative content analysis, which, while valuable for exploring conceptual frameworks, may lack generalizability due to its reliance on textual data rather than direct behavioral observation or empirical intervention outcomes. Additionally, the study synthesized texts spanning various cultural contexts, which may limit the applicability of the integrated model to specific adolescent populations unless adapted contextually. The sample of texts was also limited to ten sources each on ACT and hope, meaning that some nuances or alternative theoretical perspectives might have been omitted. Finally, while the coding process was triangulated with expert consultation, the absence of participant-based validation (e.g., through interviews or focus groups) is a methodological limitation that should be addressed in future research.

Future studies should empirically test the integrated ACT–hope intervention framework through longitudinal or experimental designs involving adolescents with diverse high-risk behavior profiles. Randomized controlled trials could provide robust evidence on the effectiveness of combined interventions across various settings, including schools, clinical environments, and community-based programs. Additionally, it would be beneficial to investigate the moderating role of demographic factors such as gender, socioeconomic status, and cultural background in the relationship between ACT processes and hope development. Mixed-methods research could further enhance understanding by integrating adolescents' lived experiences, which would inform culturally sensitive and developmentally appropriate programming.

Practitioners working with adolescents—particularly those in educational, counseling, or psychiatric settings—should consider incorporating ACT-based hope interventions into their standard practice. Structured programs could include exercises that promote mindfulness, values clarification, goal-setting, and cognitive flexibility alongside psychoeducation about hope and resilience. Training school counselors and educators in ACT principles can also extend the reach of these interventions beyond clinical populations to preventive and school-wide applications. Furthermore, tailoring the content and delivery of interventions to be developmentally engaging and culturally resonant will increase adolescent participation and effectiveness. By building psychological flexibility and future-oriented thinking, practitioners can equip adolescents not only to avoid risk but to thrive.

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Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

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

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.

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References

1. Pozuelo JR, Desborough L, Stein A, Cipriani A. Systematic review and meta-analysis: depressive symptoms and risky behaviors among adolescents in low-and middle-income countries. Journal of the American Academy of Child & Adolescent Psychiatry. 2022;61(2):255-76. doi: 10.1016/j.jaac.2021.05.005.
2. Underwood JM. Overview and methods for the youth risk behavior surveillance system-United States, 2019. MMWR Supplements. 2020;69. doi: 10.15585/mmwr.su6901a1.
3. Althoff RR, Ametti M. Measurement of dysregulation in children and adolescents. Child and Adolescent Psychiatric Clinics. 2021;30(2):321-33. doi: 10.1016/j.chc.2020.10.004.
4. Gaur D, Gupta S. An integrative review of emotional dysregulation treatment approaches for adolescents: Impact, challenges, and future prospects. International Journal of Pharmaceutical Sciences. 2024;6(1):21-6. doi: 10.33545/26648377.2024.v6.i1a.38.
5. Milona M. Hope and optimism: John Templeton Foundation; 2020. 1-47 p.
6. Murphy ER. Hope and well-being. Current Opinion in Psychology. 2023;50:101558. doi: 10.1016/j.copsyc.2023.101558.
7. Clement DN, Wingate LR, Cole AB, O'Keefe VM, Hollingsworth DW, Davidson CL, et al. The common factors of grit, hope, and optimism differentially influence suicide resilience. International Journal of Environmental Research and Public Health. 2020;17(24):9588. doi: 10.3390/ijerph17249588.
8. Fairbank EJ, Borenstein-Laurie J, Alberts NM, Wrosch C. Optimism, pessimism, and physical health among youth: a scoping review. Journal of Pediatric Psychology. 2024;49(8):580-95. doi: 10.1093/jpepsy/jsae045.
9. Oriol X, Miranda R. The prospective relationships between dispositional optimism and subjective and psychological well-being in children and adolescents. Applied Research in Quality of Life. 2024;19(1):195-214. doi: 10.1007/s11482-023-10237-1.
10. Jesline J, Romate J, Diya E, Rajkumar E. Mediating role of resilience on the relationship between meta emotions and emotional regulation among neglected adolescents. BMC Psychology. 2025;13(1):1-13. doi: 10.1186/s40359-025-02856-0.
11. Ji X, Feng N, Zhao T, Cui L. Protective and risk factors in problematic mobile phone use among adolescents: a three-wave longitude study. Addictive Behaviors. 2025;165:108299. doi: 10.1016/j.addbeh.2025.108299.
12. Dursun P. Optimism, hope and subjective well-being: a literature overview. Çatalhöyük Uluslararası Turizm ve Sosyal Araştırmalar Dergisi. 2021(6):61-74.
13. Artawijaya LM, Supratiwi M. Cognitive Flexibility and Resilience in Adolescents: Exploring Gender Differences and Cultural Implications. Nusantara Journal of Behavioral and Social Science. 2024;3(4):151-60. doi: 10.47679/njbss.202462.
14. Wang Y, Ji H. Hot and cool executive function in the development of behavioral problems in grade school. Development and Psychopathology. 2025;37(2):645-55. doi: 10.1017/S0954579424000415.
15. Duncan RJ, McClelland MM, Acock AC. Relations between executive function, behavioral regulation, and achievement: Moderation by family income. Journal of Applied Developmental Psychology. 2017;49:21-30. doi: 10.1016/j.appdev.2017.01.004.

16. Manzar MD, Albougami A, Usman N, Mamun MA. Suicide among adolescents and youths during the COVID-19 pandemic lockdowns: A press media reports-based exploratory study. Journal of Child and Adolescent Psychiatric Nursing. 2021;34(2):139-46. doi: 10.1111/jcap.12313.

17. Stewart JG, Esposito EC, Glenn CR, Gilman SE, Pridgen B, Gold J, et al. Adolescent self-injurers: Comparing non-ideators, suicide ideators, and suicide attempters. Journal of Psychiatric Research. 2017;84:105-12. doi: 10.1016/j.jpsychires.2016.09.031.

18. Madani F, Ebrahimi Zadeh S. The effectiveness of Acceptance and Commitment Therapy on depression, anxiety, and stress in children with diabetes: A systematic review study. Quarterly Journal of Child Mental Health. 2024;11(4):18-33.

19. Mahrami S, Hosseini Nasab Davood H, Ali Vandi V, Vafa Marzieh M. A comparison of the effectiveness of Schema Therapy and Acceptance and Commitment Therapy on behavioral problems in male high school students: A quasi-experimental study. Journal of Rafsanjan University of Medical Sciences. 2024;23(11):948-59. doi: 10.61186/jrums.23.11.948.

20. Petersen JM. Understanding acceptance and commitment therapy for youth. Psychiatric Clinics. 2025. doi: 10.1016/j.psc.2025.02.012.

21. Petersen JM, Ona PZ, Twohig MP. A review of acceptance and commitment therapy for adolescents: developmental and contextual considerations. Cognitive and Behavioral Practice. 2024;31(1):72-89. doi: 10.1016/j.cbpra.2022.08.002.

22. Malayi M, Akbari Dehghani A. The effectiveness of Acceptance and Commitment Therapy in enhancing emotional regulation and academic motivation in adolescents. Achievements in Clinical Psychology. 2024:-. doi: 10.22055/jacp.2025.48800.1443.

23. Tamini Bahman K, Gardehaani A. The effectiveness of Acceptance and Commitment Therapy group intervention on resilience and impulsivity in adolescents with self-injurious behaviors. Nursing Education. 2024;13(6):41-52.

24. Mossini M. Efficacy of Dialectical Behavioral Therapy Skills in Addressing Emotional Dysregulation among Adolescents: A Systematic Literature Review. International Journal on Social and Education Sciences. 2024;6(3):439-51. doi: 10.46328/ijonses.684.

25. Vajargahi B, Andisheh A, Akbari A, Hamzeh Poor Haghighi H. The effectiveness of Acceptance and Commitment Therapy on academic procrastination and self-regulation in female students with internet addiction. Journal of Developmental Psychology. 2025;13(9):101-10.

26. Zheng W, Akaliyski P, Ma C, Xu Y. Cognitive flexibility and academic performance: Individual and cross-national patterns among adolescents in 57 countries. Personality and Individual Differences. 2024;217:112455. doi: 10.1016/j.paid.2023.112455.

27. Timko CA, Schnabel J, Orloff NC. The importance of improving cognitive flexibility in adolescents with anorexia nervosa: The case for cognitive remediation therapy. International Journal of Eating Disorders. 2024;57(5):1109-18. doi: 10.1002/eat.24164.

28. Tras Z, Sunbul MG, Baltaci UB. Investigation of the relationships between optimism, perceived social support, and hope. ie: Inquiry in Education. 2021;13(1):11.

29. Patton GC, Tollit MM, Romaniuk H, Spence SH, Sheffield J, Sawyer MG. A prospective study of the effects of optimism on adolescent health risks. Pediatrics. 2011;127(2):308-16. doi: 10.1542/peds.2010-0748.

30. Benton TD, Muhrer E, Jones JD, Lewis J. Dysregulation and suicide in children and adolescents. Child and Adolescent Psychiatric Clinics. 2021;30(2):389-99. doi: 10.1016/j.chc.2020.10.008.

31. MacArthur G, Caldwell DM, Redmore J, Watkins SH, Kipping R, White J, et al. Individual-, family-, and school-level interventions targeting multiple risk behaviours in young people. Cochrane Database of Systematic Reviews. 2018(10). doi: 10.1002/14651858.CD009927.pub2.