IJBMC
International Journal of Body, Mind and Culture

Volume 13, Issue 9, Article e2026-1232
DOI: 10.61838/ijbmc.v13i9.1232

Article type:
Original Research

1 Department of Psychology, Sha.C., Islamic Azad University, Shahrood, Iran.
2 Department of Psychology, Sha.C., Islamic Azad University, Shahrood, Iran.
3 Department of Islamic Teachings, Sha.C., Islamic Azad University, Shahrood, Iran.
4 Department of Psychology, Taf.C., Islamic Azad University, Tafresh, Iran.

Corresponding author email address:
shahnaznouhi1974@iau.ac.ir

Comparing Acceptance and Commitment Therapy and Cognitive Behavioral Therapy on Help-Seeking Behavior among Adolescent Girls with Suicidal Ideation

Fariba. Jaj[1], Shahnaz. Nouhi[2*], Abolqasem. Piade-koohsar[3], Narges. Razeghi[4]

Article history:

Received 23 Mar 2026
Revised 18 May 2026
Accepted 24 May 2026
Published online 01 Sept 2026

How to cite this article:
Jaj, F., Nouhi, S., Piade-koohsar, A., & Razeghi, N. (2026). Comparing Acceptance and Commitment Therapy and Cognitive Behavioral Therapy on Help-Seeking Behavior among Adolescent Girls with Suicidal Ideation. International Journal of Body, Mind and Culture, 13(9), Article e2026-1232. https://doi.org/10.61838/ijbmc.v13i9.1232

ABSTRACT

Objective: This study aimed to compare the effectiveness of acceptance and commitment therapy (ACT) and cognitive behavioral therapy (CBT) on help-seeking behavior among adolescent girls with suicidal ideation.

Methods and Materials: This quasi-experimental study used a pretest–posttest design with two experimental groups and one control group. The participants were 45 female lower secondary school students in Varamin, Iran, during the 2023–2024 academic year. Participants were selected purposively based on scores above 6 on the Beck Scale for Suicide Ideation and clinical interviews, then randomly assigned to ACT, CBT, and control groups, with 15 participants in each group. The experimental groups received eight 90-minute sessions conducted twice weekly, while the control group received no intervention. Data were collected using the Beck Scale for Suicide Ideation and the Attitudes Toward Seeking Professional Psychological Help Scale–Short Form. Data were analyzed using analysis of covariance and Bonferroni post hoc tests.

Findings: After controlling for pretest scores, the intervention effect on help-seeking was significant, $F(2,41) = 43.92$, $p < .001$, $\eta^2 = .68$. Both CBT and ACT groups showed significantly higher help-seeking scores compared with the control group. The mean difference between CBT and control was 7.80 ($p = .003$), and between ACT and control was 10.26 ($p = .001$). However, no significant difference was found between ACT and CBT groups ($p = .811$).

Conclusion: Both ACT and CBT effectively improved help-seeking behavior among adolescent girls with suicidal ideation, but neither intervention demonstrated superiority over the other.

Keywords: Acceptance and Commitment Therapy, Cognitive Behavioral Therapy, Help-Seeking, Suicidal Ideation, Adolescents.

Introduction

Suicide is usually not a sudden event; rather, it is a continuous process that begins with suicidal ideation and gradually progresses to planning, attempting, and ultimately completing suicide. Therefore, paying attention to the initial stage, namely suicidal ideation, is of particular importance, because prevention at this stage can stop the progression of the process (Pourjafari & Mirshafiei, 2025; Turecki et al., 2019). According to the definition of the Commission (2019), suicide is recognized as a deliberate act to end one's life, and due to the increase in its rate in recent years, it is considered an important public health issue (Sanderson, 2025).

Given the increase in suicide rates, especially among women, statistics show that the rate of suicide attempts among women has increased significantly in recent years. For example, in the United States, this rate increased by about 5% from 2000 to 2016 (Tsai et al., 2015). The same concerning trend is also observed in Iran, where the highest suicide rates have been reported in the western regions of the country, and women are more exposed to this risk than men (Shafiee-Kandjani et al., 2025). According to the statistics reported by Sharif-Alhoseini et al., (2012), the suicide rate per 100,000 people is 6.3 for women and 7 for men, and this small difference indicates the importance of paying attention to all groups.

One of the fundamental challenges in suicide prevention is the concealment of suicidal thoughts and intentions by individuals. Many people who are struggling with these thoughts hide them from those around them, and this phenomenon, known as "self-concealment," increases feelings of loneliness and intensifies negative thoughts (Akdoğan & Çimşir, 2019; D'Agata & Holden, 2018). The difference between self-concealment and low self-disclosure is that self-concealment is intentional and often accompanied by anxiety, whereas low self-disclosure means not voluntarily providing information. This concealment can increase rumination and hopelessness, which in turn raises the risk of suicide (Friedlander et al., 2012).

Research also shows that many families and relatives of individuals who died by suicide were unaware of their intentions and plans, and only a small percentage of them had noticed warning signs (D'Agata & Holden, 2018). Therefore, better recognition and understanding of the phenomenon of self-concealment is highly important for prevention and timely intervention.

On the other hand, help-seeking behavior plays a vital role in suicide prevention. Individuals facing suicidal ideation usually need help, but negative attitudes toward receiving counseling and support cause them to seek it less often (Han et al., 2018). Help-seeking behavior means actively requesting help from family, friends, or professionals, which can provide the basis for early identification and effective support (Brown et al., 2022). Social support and intimate relationships strengthen this behavior and reduce the risk of suicide (Han et al., 2023). In addition, social skills and problem-solving strategies learned through social support increase adolescents' resistance to psychological pressures (Wang et al., 2024).

Studies based on Karabenick and Dembo's eight-stage model define help-seeking behavior as a multistage process that includes recognizing the problem, deciding to seek help, choosing the type and source of help, and processing it (Cornally & McCarthy, 2011). Mastery of these stages requires cognitive and emotional skills that can be strengthened through training. Failure to pass through these stages increases the risk of suicide (Wang et al., 2024). Therefore, strengthening help-seeking behavior as a coping mechanism can be highly effective in reducing suicidal thoughts and behaviors (Hom et al., 2015).

In the field of therapeutic interventions, although various methods exist for reducing suicide, there is still no definite agreement on the best therapeutic method. Studies show that multilevel and combined interventions, implemented through teamwork among specialists, are more effective (Hofstra et al., 2020). One of the newer approaches is acceptance and commitment therapy, which focuses on accepting mental experiences and changing the individual's relationship with thoughts and feelings, thereby increasing psychological flexibility (Ducasse et al., 2018; Khorani et al., 2020). By using mindfulness techniques, this therapy helps reduce suicidal thoughts and behaviors (Zeidabadinejad et al., 2025). Considering problems related to treatment costs and patients' resistance to accepting long-term treatments, short-term cognitive behavioral therapy models have also received attention and have been effective in reducing depression and suicide (Bishop et al., 2021). Given the important role of the variables mentioned in the formation and reduction of suicidal

ideation, it is necessary to conduct studies examining the effect of acceptance and commitment-based and cognitive behavioral interventions on help-seeking behavior among adolescents with suicidal ideation. Accordingly, the present study was conducted with the aim of comparing the effectiveness of acceptance and commitment intervention training and cognitive behavioral intervention training on help-seeking among adolescent girls with suicidal ideation.

Methods and Materials

In terms of purpose, the present study was applied, and in terms of method, it was quasi-experimental with a pretest–posttest design including two experimental groups and one control group. Since it was not possible to control all variables related to the study, this issue was addressed by comparing the results before and after the intervention with the results of the control group, on which no intervention was implemented. The statistical population consisted of all female lower secondary school students in Varamin during the 2023–2024 academic year who had suicidal ideation. Since participants with suicidal ideation were selected from lower secondary schools in Varamin, purposive sampling was used. Therefore, based on statistical experts and previous studies, and considering the possibility of sample attrition during the intervention process, 45 students who scored above 6 on the Beck Scale for Suicide Ideation and were also confirmed through diagnostic interviews were selected as the sample. They were randomly assigned to three equal groups of 15 participants: the first experimental group, the second experimental group, and the control group.

The inclusion criteria were as follows: diagnosis of suicidal ideation based on the Beck Scale for Suicide Ideation and clinical interview; age range of 13 to 15 years; physical health and no use of substances or alcoholic beverages; absence of psychological problems, including depression, bipolar disorder, impulsivity and explosive anger, and personality disorder; no participation in intervention programs simultaneously with the present study or during the past six months; written informed consent from the students to participate in the study; obtaining a score above zero on the Beck Scale for Suicide Ideation; complete response to the self-report instruments; and appropriate physical and psychological condition for participation in the intervention programs. The exclusion criteria included absence of suicidal ideation based on clinical interview; use of psychiatric medications at least two weeks before the beginning of the intervention; receiving psychotherapy interventions simultaneously; having mental disorders, especially depression; having chronic physical diseases such as thyroid disorders, diabetes, or cancer; and absence from more than three treatment sessions.

First, after the necessary correspondence with the Department of Education in Varamin, coordination was made with the principals of the selected schools. Discussions were held with the principals and teachers of those schools regarding the benefits of this study in identifying and using appropriate strategies and educational-therapeutic programs for individuals with suicidal ideation, in order to manage and reduce self-harming behaviors and deaths resulting from such behaviors, as well as the challenges faced by treatment staff, clients, and their families. To select students with suicidal ideation, the researcher visited lower secondary schools in Varamin and asked the school staff, especially the school psychologists, to introduce students who had high-risk behaviors or suicidal thoughts and who had referred to them during the academic year. Then, 54 students identified as having suicidal ideation were introduced by the schools. The Beck Scale for Suicide Ideation was distributed among them, and 48 students obtained scores above the cut-off point. After individual interviews with each of these students, 45 were ultimately selected as the sample, while 3 did not meet the criteria for participation in the study. The sample of 45 participants was randomly assigned to three groups: experimental group 1, acceptance and commitment therapy, with 15 participants; experimental group 2, cognitive behavioral therapy, with 15 participants; and the control group, with 15 participants.

Before applying the independent variables, namely cognitive behavioral therapy and acceptance and commitment therapy, the intended pretests were administered to participants in all three groups, including experimental groups 1 and 2 and the control group. Then, cognitive behavioral therapy was implemented for experimental group 1 in 8 sessions, held twice weekly, with each session lasting 90 minutes. Acceptance and commitment therapy was implemented

for experimental group 2 in 8 sessions, held twice weekly, with each session lasting 90 minutes. To prevent interference between the trainings and the risk of interaction between participants in experimental groups 1 and 2, two different educational settings were used. The therapy sessions were conducted by a therapist with experience in behavioral problems and a license to provide cognitive behavioral therapy and acceptance and commitment therapy interventions, under the supervision of the advisor. After the intervention programs were completed, the posttest was administered to both experimental groups and the control group. It should be noted that the control group did not receive any of the intervention programs; however, to observe research ethics, they were placed on the waiting list for treatment after completion of the treatment plan. After data collection, the information was analyzed in SPSS using analysis of covariance and Bonferroni post hoc test.

Instruments

1) Beck Scale for Suicide Ideation (BSSI)

The Beck Scale for Suicide Ideation is a 19-item self-report instrument developed by Beck & Steer (1991). This scale was designed to identify and measure the severity of attitudes, behaviors, and plans for committing suicide. In this scale, each item has three response options. Scoring is based on the Likert method, and the score range for each item is from 0 to 2. The total score on this scale ranges from 0 to 38. On this scale, scores of 0 to 5 indicate the presence of suicidal thoughts, scores of 6 to 19 indicate readiness for suicide, and scores of 20 to 38 indicate intent to attempt suicide. The Beck Scale for Suicide Ideation includes 5 screening items. If the responses indicate active or passive suicidal desire, the respondent must then answer the remaining 14 items. Beck & Steer (1991) reported the internal consistency and concurrent reliability of this scale as ranging from 0.89 to 0.96 and 0.83, respectively. The internal correlation of this test was 0.89, and its inter-rater reliability was 0.83 (Danitz, 2001). Anisi et al. (2006) validated this scale in Iran among Iranian soldiers. Its reliability was reported as 0.95 using Cronbach's alpha, and its concurrent validity with the depression scale of the General Health Questionnaire was reported as 0.76. In the present study, the reliability of the scale was calculated using Cronbach's alpha as 0.89.

2) Attitudes Toward Seeking Professional Psychological Help Scale – Short Form

This scale is a short 10-item version derived from the long 29-item scale developed by Farina & Fischer (1995). The Attitudes Toward Seeking Professional Psychological Help Scale – Short Form is a self-report scale that assesses general beliefs about the value of psychotherapy for helping with personal and emotional problems and the degree of acceptance of willingness to receive psychotherapy services for personal and emotional problems. Respondents indicate their level of agreement with positive and negative statements using a four-point Likert scale: disagree = 0, somewhat disagree = 1, somewhat agree = 2, and agree = 3. Negative statements, including items 2, 4, 8, 9, and 10, are reverse-scored as follows: disagree = 3, somewhat disagree = 2, somewhat agree = 1, and agree = 0. The score range of the scale is from 0 to 30. In the new short form, which was administered to a sample of American university students, test–retest reliability over a one-month interval was used to examine reliability, and the results indicated that the instrument was reliable (0.80). In addition, the internal consistency reliability of the instrument was obtained as 0.84. By comparison, Farina & Fischer (1995) had reported the test–retest reliability of the long scale over a one-month interval as 0.82. In Joseph's study, the internal consistency reliability of the short scale was obtained as 0.81 (Joseph, 2010). In Iran, Sharifi et al. (2019) reported the reliability of the questionnaire as 0.84 using Cronbach's alpha and reported its validity with the World Health Organization Well-Being Index as desirable. In the present study, the reliability of the scale was calculated using Cronbach's alpha as 0.80.

3) Cognitive Behavioral Therapy Protocol

In this study, the cognitive behavioral therapy protocol consisted of 8 treatment sessions, each lasting 60 to 90 minutes. The content of the sessions was designed based on the cognitive behavioral approach within the framework of Wildermuth (2008) treatment plan in 8 sessions.

Table 1

Summary of Cognitive Behavioral Therapy Sessions

Session	Content
Session 1	Introduction and familiarization of group members with one another; presenting group rules; familiarizing members with the nature of their condition and the role of psychological factors in the onset and intensification of symptoms; introducing the cognitive behavioral stress management approach; examining members' expectations of participating in the group; and teaching relaxation techniques. Relaxation training was provided in all therapy sessions.
Session 2	Explaining the relationship among thoughts, feelings, and behavior; describing the differences among thoughts, feelings, and behavior; explaining dysfunctional thinking styles; describing common cognitive errors; distributing the thought restructuring worksheet; and assigning homework.
Session 3	Reviewing and explaining the previous session's homework; explaining the four main steps of thought restructuring, including identifying thoughts, evaluating thoughts, changing thoughts, and determining the effects of corrected thoughts; redistributing the thought restructuring worksheet; and assigning homework.
Session 4	Reviewing the previous session's homework; examining the chain of cause, response, and consequence; explaining how consequences themselves are located within a larger behavioral chain; presenting strategies for breaking the destructive chain; and assigning homework.
Session 5	Reviewing the previous session's homework; defining assertive behavior; imagining a situation in which assertive behavior is difficult; suggesting self-talk to increase assertiveness; explaining the difference between passive, aggressive, and assertive behavior; presenting examples of negative thoughts and self-talk that prevent assertiveness; and assigning homework.
Session 6	Reviewing the previous session's homework; explaining stress, stressors, and stress management; teaching stress management; presenting strategies for problem-solving; teaching muscle relaxation; and assigning homework.
Session 7	Reviewing the previous session's homework; explaining stress, stressors, and stress management; teaching stress management; presenting strategies for problem-solving; teaching muscle relaxation; and assigning homework.
Session 8	Reviewing the previous session's homework; defining self-esteem; explaining how negative self-evaluations lead to low self-esteem; presenting strategies to improve self-esteem; distributing the self-image worksheet; assigning homework; and ending the session.

4) Acceptance and Commitment Therapy Protocol

In this study, the acceptance and commitment therapy protocol consisted of 8 treatment sessions based on the protocol developed by Hayes et al. (2011). The intervention was implemented weekly, with each session lasting 90 minutes, or 1.5 hours, for participants in the experimental group.

Table 2

Summary of Acceptance and Commitment Therapy Sessions (2011)

Session	Content
Session 1	Introduction of the therapist and co-therapist; introducing group members to one another; recommendations and instructions, including explaining members' comfort in the group and the principle of confidentiality; brief explanation of the treatment plan, including duration and number of sessions, treatment process, participation in therapy, homework assignments, and avoiding absence from sessions; examining the rationale of treatment; and assigning homework.
Session 2	Reviewing homework assignments; introducing creative hopelessness; presenting the tug-of-war metaphor and the falling into a hole metaphor; and assigning homework.
Session 3	Reviewing homework assignments; reviewing the second session; introducing control as a problem; presenting the passengers on the bus metaphor and the chocolate cake metaphor; and assigning homework.
Session 4	Reviewing homework assignments; reviewing the third session; introducing defusion; presenting the grocery store metaphor and the milk metaphor; and reviewing homework assignments.
Session 5	Reviewing homework assignments; reviewing the fourth session; introducing mindfulness; practicing walking with a talkative mind; eating snacks mindfully; and reviewing homework assignments.
Session 6	Reviewing homework assignments; reviewing the fifth session; introducing values; practicing the bull's-eye exercise; presenting the unwanted guest metaphor; and assigning homework.
Session 7	Reviewing homework assignments; reviewing the sixth session; introducing self-as-context and mindfulness; presenting the chessboard metaphor and the television set metaphor; counting breaths; and assigning homework.
Session 8	Termination of therapy and discussion with group members.

Findings and Results

The demographic characteristics showed that the mean and standard deviation of age were 13.20 ± 0.862 in the acceptance and commitment therapy group, 13.20 ± 0.672 in the cognitive behavioral therapy group, and 12.93 ± 0.884 in the control group. The one-way ANOVA test showed that there was no significant difference among the three groups in terms of age; therefore, the three groups were homogeneous in terms of age. The distribution of students by grade level in the acceptance

and commitment therapy group was equal, with 5 students in seventh grade, 5 students in eighth grade, and 5 students in ninth grade. In the cognitive behavioral therapy group, the majority were in eighth grade (40%), and in the control group, most participants were in seventh grade (40%). The chi-square test showed that the difference among the groups in terms of grade level was not significant; therefore, the distribution of grade level was also similar across the three groups. To compare the groups in the total help-seeking score, the parametric univariate analysis of covariance test was used. The total help-seeking score at pretest was entered into the analysis as a covariate. To test the normality of the distribution of help-seeking total scores, the Shapiro–Wilk test was used due to the sample size.

Table 3

Shapiro–Wilk Test for Examining the Normality of Help-Seeking Score Distribution

Variable	Stage	Group	Statistic	Sig.
Total help-seeking score	Pretest	Cognitive behavioral therapy	0.963	0.751
		Acceptance and commitment therapy	0.931	0.279
		Control	0.963	0.751
Total help-seeking score	Posttest	Cognitive behavioral therapy	0.901	0.099
		Acceptance and commitment therapy	0.928	0.251
		Control	0.973	0.900

Based on Table 3, the distribution of help-seeking scores was normal in both the pretest and posttest stages and in all three groups ($p > 0.01$). Therefore, there was no restriction on using analysis of covariance to compare the three groups on this variable.

Table 4

Mean and Standard Deviation of Help-Seeking in the Three Research Groups

Variable	Time	Cognitive behavioral therapy Mean	Cognitive behavioral toherapy SD	Acceptance and commitment therapy Mean	Acceptance and commitment therapy SD	Control Mean	Control SD
Help-seeking score	Pretest	13.266	1.519	15.933	1.205	13.266	1.519
Help-seeking score	Posttest	21.466	1.817	23.933	1.475	13.666	1.354

Table 4 presents the mean and standard deviation of help-seeking scores in the three experimental and control groups. The means of the groups were not equal; however, appropriate statistical methods were used to determine whether these differences were significant. To examine the homogeneity of variances among the three experimental and control groups, Levene's test was used, as shown in Table 5.

Table 5

Levene's Test for Comparing the Variances of Component Scores and Total Help-Seeking Score

Component	F	df1	df2	Sig.
Total help-seeking score	2.120	2	42	0.085

Based on Table 5, the variances of the two experimental groups and the control group in the total help-seeking score were homogeneous and equal ($p > 0.05$). Therefore, there was no restriction on using multivariate analysis of covariance.

Ijbmc.org
E-ISSN: 2345-5802

Table 6

Analysis of Covariance for Comparing the Three Research Groups in Help-Seeking

Source	Sum of squares	df	Mean square	F	Sig.	Effect size	Test power
Covariate: pretest help-seeking	1262.032	1	1262.032	—	0.001	0.82	0.99
Group	586.907	2	293.453	—	0.001	0.68	0.99
Error	273.968	41	6.682	—	0.001		
Corrected total	2397.644	44					

Based on Table 6, the effect of the experimental interventions on help-seeking scores was significant. To determine which research groups differed significantly in help-seeking scores, the Bonferroni post hoc test was used, as shown in Table 7.

Table 7

Bonferroni Post Hoc Test for Pairwise Comparisons of the Research Groups in Help-Seeking

Group	Comparison group	Mean difference	Standard error	Sig.	95% confidence interval Lower bound	95% confidence interval Upper bound
Cognitive behavioral therapy	Acceptance and commitment therapy	-2.466	2.208	0.811	-7.973	3.039
Cognitive behavioral therapy	Control	7.800	2.208	0.003	2.293	13.306
Acceptance and commitment therapy	Control	10.266	2.208	0.001	4.760	15.773

Based on Table 7, regarding help-seeking, there was a significant difference between the mean score of the control group and the mean scores of the two experimental groups, namely cognitive behavioral therapy and acceptance and commitment therapy. The mean help-seeking score of the control group was lower than the mean scores of both experimental groups. In addition, there was no significant difference between the mean score of the cognitive behavioral therapy group and the mean score of the acceptance and commitment therapy group in terms of the total help-seeking score.

Discussion and Conclusion

The present study was conducted with the aim of comparing the effectiveness of acceptance and commitment intervention training and cognitive behavioral intervention training on help-seeking among adolescent girls with suicidal ideation. The findings showed that cognitive behavioral therapy affected help-seeking among adolescent girls with suicidal ideation. The findings also showed that acceptance and commitment therapy affected help-seeking among adolescent girls with suicidal ideation. However, there was no difference between cognitive behavioral therapy and acceptance and commitment therapy in terms of their effect on help-seeking among adolescent girls with suicidal ideation. Therefore, the first sub-hypothesis, stating that there is a significant difference between the effectiveness of acceptance and commitment intervention training and cognitive behavioral intervention training on help-seeking among adolescent girls with suicidal ideation, was not accepted at the 95% confidence level. The findings of this study are consistent with the studies of Friedlander et al. (2012), Ducasse et al. (2018), Parsa et al. (2023), Gholami et al. (2025), Nadeem Parpio et al. (2025), Diefenbach et al. (2025), and Saber et al. (2025).

In explaining the effect of cognitive behavioral therapy (CBT) on help-seeking among adolescent girls with suicidal ideation, it should be noted that help-seeking, as a coping and social skill, plays a key role in individuals' ability to ask for help in times of crisis. Adolescent girls with suicidal ideation often experience psychological and social isolation and may refuse to seek help because of dysfunctional beliefs or feelings of shame and hopelessness. Cognitive behavioral therapy can be effective in strengthening help-seeking by influencing the cognitive, emotional, and behavioral aspects of these adolescents. One of the goals of CBT is to identify and change negative thoughts and dysfunctional beliefs. Adolescents struggling with suicidal ideation may hold

beliefs such as "No one can help me" or "Asking for help is a sign of weakness." Through cognitive techniques, the therapist challenges these beliefs and helps the adolescent develop a more logical and positive view of help-seeking, such as "Asking for help is a sign of courage" or "Seeking help is a step toward improvement." CBT also strengthens social self-efficacy. By focusing on empowerment, CBT increases adolescents' sense of self-efficacy in communicating with others. The adolescent learns how to express their needs with greater confidence and ask others for help. This process is carried out through practical exercises, such as role-playing, and therapist feedback.

Managing shame and fear of judgment is another important aspect. One of the barriers to help-seeking is fear of judgment or feelings of shame. CBT, by focusing on emotion regulation, helps adolescents identify and manage these feelings. By learning techniques such as cognitive restructuring and gradual exposure, adolescents can reduce these psychological barriers and refer to others more easily. CBT also teaches effective communication skills in addition to working on thoughts and beliefs. These skills include learning how to express feelings, explain problems, and request support in a constructive and clear way. Such skills facilitate help-seeking for adolescents. CBT also helps create a social support system by encouraging adolescents to identify sources of social support, including friends, family, or counselors, and to build healthy relationships, thereby increasing their access to external support. The therapist may also encourage the adolescent to connect with support groups, which can further strengthen help-seeking. Finally, one of the direct outcomes of CBT is reducing the intensity of suicidal thoughts and hopelessness. As these thoughts decrease, adolescents become more willing to seek help, and help-seeking becomes a positive and practical option for coping with challenges.

In explaining the effect of acceptance and commitment therapy (ACT) on help-seeking among adolescent girls with suicidal ideation, it should be noted that ACT is one of the third-wave psychological interventions that emphasizes acceptance of internal experiences, identification of personal values, and commitment to action based on those values. This approach can have a positive effect on help-seeking among adolescent girls with suicidal ideation because it focuses on reducing experiential avoidance and strengthening psychological flexibility. One of the main barriers to help-seeking in adolescents with suicidal ideation is experiential avoidance, or attempts to escape unpleasant feelings, negative thoughts, and social judgments. ACT helps adolescents accept negative thoughts and feelings without judgment instead of escaping from or suppressing them. This acceptance can reduce barriers such as shame, guilt, or fear of judgment and allow adolescents to take action to receive support. ACT also strengthens present-moment awareness through mindfulness practice, helping adolescents remain present in the moment and recognize their need for support based on actual circumstances. This awareness separates adolescents from automatic negative thoughts that may prevent them from seeking help.

ACT also helps adolescents connect with personal values. In ACT, adolescents are encouraged to identify their personal values and align their actions with those values. For many adolescents, values such as maintaining relationships with others, caring for oneself, or having a better future can provide motivation for help-seeking. These values act as a guide for decision-making and turn asking for help into a meaningful and purposeful behavior. ACT increases psychological flexibility by helping adolescents resist negative thoughts such as "I have to solve my problem alone" or "Asking for help is useless." This flexibility allows them to accept help-seeking as a healthy strategy without avoidance or judgment. ACT also reduces suicidal thoughts through meaning and acceptance. It encourages adolescents to identify meaning and purpose in life. This meaning and purpose can create strong motivation for help-seeking and searching for support in moments of crisis. In addition, this therapy emphasizes accepting pain and suffering as part of human experience, which helps reduce hopelessness and feelings of isolation.

Commitment to meaningful actions is another important mechanism in ACT. ACT helps adolescents commit to meaningful actions based on their values, even if unpleasant feelings and thoughts are still present. Help-seeking, as a value-based action, can become part of this commitment, which not only increases the adolescent's sense of empowerment but also facilitates access to social and professional support. ACT also improves self-acceptance and reduces self-judgment.

This therapy emphasizes self-acceptance and encourages adolescents to accept themselves with all their weaknesses and strengths. This acceptance can reduce shame or fear of others' judgment, which are major barriers to help-seeking, and turn asking for help into a natural and less stressful behavior.

The finding that there was no significant difference between the effectiveness of acceptance and commitment therapy and cognitive behavioral therapy on help-seeking among adolescent girls with suicidal ideation means that both interventions were equally effective in improving help-seeking in this group of adolescents. This result can be explained through several points. First, both therapeutic approaches share a common final goal. Despite differences in methods, both approaches focus on reducing psychological barriers to help-seeking and promoting help-seeking behavior. In ACT, by accepting negative thoughts and feelings, adolescents learn to commit to meaningful behaviors such as help-seeking instead of avoiding problems. In CBT, changing irrational thoughts and negative beliefs helps adolescents accept help-seeking as a logical and effective behavior. This shared goal may explain why both approaches achieved similar outcomes.

Second, the two approaches use similar mechanisms in reducing barriers to help-seeking. Adolescents with suicidal ideation often face barriers such as fear of judgment, shame, or hopelessness. CBT reduces these barriers by identifying and modifying dysfunctional thoughts. For example, the belief "If I ask for help, I am weak" is changed to "Asking for help is a sign of courage and self-awareness." ACT encourages adolescents to accept these thoughts and not allow them to prevent meaningful behaviors such as asking for help. Ultimately, both methods reduce isolation and increase help-seeking behaviors. Third, both interventions emphasize strengthening communication skills and psychological flexibility. CBT teaches adolescents how to manage negative thoughts and communicate with others, while ACT helps adolescents focus on value-based actions such as communication and asking for help instead of judging themselves or others. This emphasis on similar skills may have produced similar results in improving help-seeking. The absence of a significant difference may also indicate that the effectiveness of both methods depends more on individual conditions of adolescents, such as the severity of suicidal thoughts, level of social support, and psychological readiness for change. Both interventions were able to be effective for different groups of adolescents.

Regarding the limitations of the study, it can be stated that this research was conducted among students aged 13 to 15 years; therefore, caution should be exercised in generalizing the results to other age groups. This study was conducted among female students; therefore, caution should be exercised in generalizing the results to male students. This study was conducted among female students in Varamin; therefore, caution should be exercised in generalizing the results to other cities. In this study, self-report instruments were used, which may introduce error into the results. The absence of a long-term follow-up stage after the end of treatment may also have led to a lack of information about the stability of the intervention effects and future emotional changes among students.

In line with these limitations, it is recommended that future studies broaden the age range and the types of psychological disorders to increase the generalizability of the findings. Researchers may include samples of boys and individuals from different age groups, such as 7 to 18 years, so that the findings can be generalized to different demographic groups. To reduce the influence of uncontrollable variables, future studies should pay special attention to socioeconomic characteristics, family support, and other individual characteristics in the study design. To reduce the likelihood of error resulting from self-report instruments, it is recommended to use complementary tools such as clinical interviews or direct observations to obtain more valid and comprehensive data. Finally, given the many similarities between these two approaches, it can be suggested that combining elements of both ACT and CBT may have a greater effect on improving help-seeking and reducing suicidal ideation. Future research can examine this combined approach and evaluate its effectiveness.

Acknowledgments

The authors express their gratitude and appreciation to all participants.

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 Declaration of Helsinki, which provides guidelines for ethical research involving human participants. Ethical considerations in this study were that participation was entirely optional.

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.

Funding

This research was carried out independently, with personal funding, and without financial support from any governmental or private institution or organization.

Authors' Contributions

All authors equally contributed to this study.

References

Akdoğan, R., & Çimşir, E. (2019). Linking inferiority feelings to subjective happiness: Self-concealment and loneliness as serial mediators. *Personality and Individual Differences*, *149*, 14-20. https://doi.org/10.1016/j.paid.2019.05.028

Anisi, J., Fathi-Ashtiani, A., Soltaninezhad, A., & Amiri, M. (2006). Prevalence of suicide ideation and related factors among troops. *Mil Med J*, *8*(2), 113-118. https://sid.ir/paper/62291/en

Beck, A. T., & Steer, R. A. (1991). Manual for the Beck scale for suicide ideation. *San Antonio, TX: Psychological Corporation*, *63*. https://www.scirp.org/reference/referencespapers?referenceid=2594738

Bishop, T. M., Crean, H. F., Funderburk, J. S., & Pigeon, W. R. (2021). Initial Session effects of brief cognitive behavioral therapy for Insomnia: a secondary analysis of a small Randomized Pilot Trial. *Behavioral Sleep Medicine*, *19*(6), 769-782. https://doi.org/10.1080/15402002.2020.1862847

Brown, J. S., Lisk, S., Carter, B., Stevelink, S. A., Van Lieshout, R., & Michelson, D. (2022). How can we actually change help-seeking behaviour for mental health problems among the general public? Development of the 'PLACES'model. *International journal of environmental research and public health*, *19*(5), 2831. https://doi.org/10.3390/ijerph19052831

Commission, N. M. H. (2019). Monitoring mental health and suicide prevention reform: National Report 2019. https://www.mentalhealthcommission.gov.au/monitoring-and-reporting/national-reports/2019-national-report

Cornally, N., & McCarthy, G. (2011). Help-seeking behaviour: A concept analysis. *International journal of nursing practice*, *17*(3), 280-288. https://doi.org/10.1111/j.1440-172X.2011.01936.x

D'Agata, M. T., & Holden, R. R. (2018). Self-concealment and perfectionistic self-presentation in concealment of psychache and suicide ideation. *Personality and Individual Differences*, *125*, 56-61. https://doi.org/10.1016/j.paid.2017.12.034

Danitz, M. (2001). Suicide an unnecessary death. *London: UK*, *114*. https://pmc.ncbi.nlm.nih.gov/articles/PMC1120728/

Diefenbach, G. J., Collett, S., Black, S., Rudd, M. D., Gueorguieva, R., & Tolin, D. F. (2025). The effect of inpatient brief cognitive-behavioral therapy for suicide prevention on post-discharge emergency department utilization: Secondary analysis of a randomized clinical trial. *General hospital psychiatry*, *93*, 73-79. https://doi.org/10.1016/j.genhosppsych.2025.01.007

Ducasse, D., Jaussent, I., Arpon-Brand, V., Vienot, M., Laglaoui, C., Béziat, S., Calati, R., Carrière, I., Guillaume, S., & Courtet, P. (2018). Acceptance and commitment therapy for the management of suicidal patients: a randomized controlled trial. *Psychotherapy and psychosomatics*, *87*(4), 211-222. https://doi.org/10.1159/000488715

Farina, A., & Fischer, E. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *J Coll Stud Dev*, *36*(4), 368-373. https://doi.org/10.1037/t05375-000

Friedlander, A., Nazem, S., Fiske, A., Nadorff, M. R., & Smith, M. D. (2012). Self-concealment and suicidal behaviors. *Suicide and Life-Threatening Behavior*, *42*(3), 332-340. https://doi.org/10.1111/j.1943-278X.2012.00094.x

Gholami, S., Keyvani, R., Nazemi Bejandi, M., Ghadampour, E., Hosseini Chavoshi, M., & Bavazin, F. (2025). Comparing the Effectiveness of Cognitive Behavioral Therapy With Self-determination Training on Emotional Self-disclosure and Social Self-efficacy in Adolescent Girls Attempting Chemical Suicide. *Middle Eastern Journal of Disability Studies*, *15*, 49-49. https://doi.org/10.66224/Rooyesh.15.2.87

Han, J., Ahn, J.-S., Kim, M.-H., Chang, S.-J., Kim, J.-K., & Min, S. (2023). Impact of parental mental health and help-seeking on adolescents' suicidal ideations and help-seeking behaviors. *International journal of environmental research and public health*, *20*(15), 6538. https://doi.org/10.3390/ijerph20156538

Han, J., Batterham, P. J., Calear, A. L., & Randall, R. (2018). Factors influencing professional help-seeking for suicidality: A systematic review. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, *39*(3), 175. https://doi.org/10.1027/0227-5910/a000485

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2011). *Acceptance and commitment therapy: The process and practice of mindful change*. Guilford press. https://psycnet.apa.org/record/2012-00755-000

Hofstra, E., Van Nieuwenhuizen, C., Bakker, M., Özgül, D., Elfeddali, I., de Jong, S. J., & van der Feltz-Cornelis, C. M. (2020). Effectiveness of suicide prevention interventions: A systematic review and meta-analysis. *General hospital psychiatry*, *63*, 127-140. https://doi.org/10.1016/j.genhosppsych.2019.04.011

Hom, M. A., Stanley, I. H., & Joiner Jr, T. E. (2015). Evaluating factors and interventions that influence help-seeking and mental health service utilization among suicidal individuals: A review of the literature. *Clinical psychology review*, *40*, 28-39. https://doi.org/10.1016/j.cpr.2015.05.006

Joseph, J. (2010). Willingness to seek professional psychological help among Canadians of African descent: A culturally based help-seeking model. https://uwindsor.scholaris.ca/items/f30bfa75-b3c2-4865-b75f-520d0c6d686f

Khorani, J., Ahmadi, V., Mami, S., & Valizadeh, R. (2020). The effects of acceptance and commitment therapy on the meaning

of life, life satisfaction, cognitive flexibility, and suicidal ideation in individuals with depression. *Middle Eastern Journal of Disability Studies*, *10*, 112-112. 20.1001.1.23222840.1399.10.0.166.5

Nadeem Parpio, Y., Nuruddin, R., Ali, T. S., Mohammad, N., Khan, U. R., Shahzad, S., Khan, M. M., & Aslam, M. (2025). Suicide prevention program on suicidal behaviors and mental wellbeing among school aged adolescents: A scoping review. *Frontiers in public health*, *13*, 1506321. https://doi.org/10.3389/fpubh.2025.1506321

Parsa, B., Ariapooran, S., Haghayegh, S. A., & Ghorbani, M. (2023). Effectiveness of Acceptance and Commitment Therapy (ACT) on Levels of Self-Criticism and Suicidal Thoughts in Adolescents with Self-Harm. https://sid.ir/paper/1100279/en

Pourjafari, M., & Mirshafiei, F. (2025). Comparing the Effectiveness of Emotion-Focused Group Therapy and Cognitive Behavioral Therapy on Suicidal ideation and Emotional Security of Women with Major Depression. *International Journal of Body, Mind & Culture*, *12*(1), 1-15. https://doi.org/10.61838/ijbmc.v12i1.725

Saber, A. F., Ali, A., Hasan, H. A., Ahmed, S. K., & Hussein, S. (2025). Cognitive behavioral therapy for suicidal ideation: extending the stepped care model. *Journal of Contemporary Psychotherapy*, *55*(1), 21-28. https://doi.org/10.1007/s10879-024-09639-5

Sanderson, C. A. (2025). *Health psychology: Understanding the mind-body connection*. Sage Publications. https://www.vitalsource.com/products/health-psychology-catherine-a-sanderson-v9781071852149?srsltid=AfmBOooNJYkusIJdfhGwrrro9z95OJBBMGT9ycvqIaIqtavDEtHgrLhB

Shafiee-Kandjani, A. R., Azizi, H., Malek, A., Aslrahimi, V., Hassanpour, M., Kalejahi, P., & Khodamoradi, F. (2025). Epidemiology and predictors of suicide and suicide attempt in Northwest Iran: a pilot study for local prevention strategies. *Scientific reports*, *15*(1), 14734. https://doi.org/10.1038/s41598-025-99895-9

Sharif-Alhoseini, M., Rasouli, M., Saadat, S., Haddadi, M., Gooya, M., Afsari, M., & Rahimi-Movaghar, V. (2012). Suicide attempts and suicide in Iran: results of national hospital surveillance data. *Public health*, *126*(11), 990. https://doi.org/10.1016/j.puhe.2012.06.006

Sharifi, M., Momtaz, Y. A., Alizadeh, T., Zanjari, N., & MohammadiSafa, N. (2019). Psychometric properties of the attitudes toward receiving professional psychological services scale in a sample of Iranian older adults. *Shenakht Journal of Psychology and Psychiatry*, *6*(5), 83-95. https://doi.org/10.29252/shenakht.6.5.83

Tsai, A. C., Lucas, M., & Kawachi, I. (2015). Association between social integration and suicide among women in the United States. *JAMA psychiatry*, *72*(10), 987-993. https://doi.org/10.1001/jamapsychiatry.2015.1002

Turecki, G., Brent, D. A., Gunnell, D., O'Connor, R. C., Oquendo, M. A., Pirkis, J., & Stanley, B. H. (2019). Suicide and suicide risk. *Nature reviews Disease primers*, *5*(1), 74. https://doi.org/10.1038/s41572-019-0121-0

Wang, J., Yang, Q., Yu, X., & Hu, L. (2024). Effects of adolescent empathy on emotional resilience: the mediating role of depression and self-efficacy and the moderating effect of social activities. *Behavioral Sciences*, *14*(3), 228. https://doi.org/10.3390/bs14030228

Wildermuth, S. A. (2008). *Cognitive behavioral group therapy for adolescents with type I diabetes*. Regent University. 10.2217/DMT.13.1

Zeidabadinejad, M., Noori, N., Fatehi Khoshknab, L., Malek Mohammadi, S., & Poursadeg Gavgani, Z. (2025). The effectiveness of mindfulness-based cognitive therapy on cognitive fusion and interpersonal needs in students with suicidal ideation. *Journal of Cognitive Psychology*, *13*(2), 1-15. https://jcp.khu.ac.ir/article_11579_5ef20b89bab8fed38253e98a12f26316.pdf