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Valued Living in Youth With and Without Obsessive-Compulsive Disorder: Psychometric Properties and the Importance-Consistency Gap of the Persian VLQ-Y

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Abstract

Intoduction:

This study aimed to evaluate the psychometric properties of the Persian version of the Valued Living Questionnaire for Youth (VLQ-Y) and to compare valued living and the discrepancy between the perceived importance of life domains and consistency with personally important values among adolescents with obsessive-compulsive disorder (OCD) and community adolescents.

Methods

The Persian version of the VLQ-Y was administered to a community sample of 606 students and a clinical sample of 74 youth diagnosed with OCD. Construct validity was examined using Confirmatory Factor Analysis (CFA). Internal consistency and 4-week test-retest reliability were evaluated in both samples. Convergent and divergent validities were assessed using measures of psychological inflexibility (AFQ-Y8), mindfulness (CAMM), anxiety (RCMAS), and depression (CDI).

Results

The CFA supported the theoretical one-factor structure of the VLQ-Y. Internal consistency and test-retest reliability were good to excellent in both samples. Adolescents with OCD showed significantly lower valued living scores than community adolescents. Moreover, the importance-consistency gap was significantly greater in the OCD group, indicating a massive discrepancy between the perceived importance of life domains and the extent to which they acted consistently with those values.

Conclusions

The VLQ-Y is a robust and valid measure for assessing values in youth. Identifying the discrepancy between value importance and action in OCD provides specific targets for values-based interventions such as Acceptance and Commitment Therapy.

Introduction

Values and valued living are essential elements in the development and improvement of psychological flexibility, which serves as the primary objective of Acceptance and Commitment Therapy (ACT) [1, 2]. Within this framework, values are defined as freely selected, verbally constructed consequences of ongoing, dynamic patterns of acting [3]. They function as chosen life directions that establish intrinsic reinforcement for engaging in the behavior itself, even when immediate positive consequences do not arise [4, 5]. Consequently, valued living represents an ongoing process that is critical to behavioral, semantic, and motivational growth based on the psychological flexibility model [4]. Research consistently

underscores the therapeutic impact of values-based actions on various psychological and physical conditions, including chronic pain, anxiety, and depression [6]. Conversely, struggling to live in accordance with one's personal values is strongly associated with experiential avoidance and an overall reduction in quality of life [7]. Clarification of values and commitment to values-consistent behavior help protect individuals from chronic stressors [4]. A recent meta-analysis and several empirical studies on adult populations have confirmed the significant negative relationships between valued living and indices of general pathology, anxiety, depression, and somatization [8–10]. While the process of acquiring individual values typically begins within the family unit [11], adolescence marks a critical developmental period during which personal values undergo significant changes and structural development [12, 13]. Research suggests that values consolidate during childhood and adolescence, with the probability of fundamental value alteration diminishing as individuals grow older [14–16]. During this stage, youth develop a profound comprehension of the meaning and roots of their values, which subsequently play a crucial role in determining consistent thoughts and behaviors [17]. Adolescents who prioritize and clarify their values are better equipped to handle life's challenges, demonstrate greater resilience, and experience higher life satisfaction and better emotional regulation [11, 18]. Therefore, concentrating on values in therapeutic contexts, especially in ACT, which employs metaphors well-suited for youths' developing abstract thinking, is highly beneficial [19].

This struggle to maintain values-consistent behavior is particularly profound in youth with Obsessive-Compulsive Disorder (OCD). The debilitating symptoms of OCD often hijack a youth's time and energy, pulling them away from meaningful life domains such as friendships, academic pursuits, and family relations [6, 20]. Within the ACT framework, the primary clinical issue in OCD is not necessarily a lack of personal values, but rather a severe disruption in consistency, the ability to act in line with those values due to the rigid avoidance of obsessions and the performance of compulsions. Identifying this specific discrepancy, the gap between how *important* a value is to a youth and how *consistently* they act upon it, is critical. Clarifying this importance-consistency gap provides the motivational context necessary for youth to tolerate anxiety and resist compulsions during exposure-based interventions [21]. Despite the theoretical and clinical importance of assessing values, empirical research on youth is hindered by a lack of developmentally appropriate measures [6, 21, 22]. Several robust tools have been developed to assess values in adults, such as the Valued Action and Satisfaction Questionnaire (VASQ; [23], the Valued Time and Difficulty Questionnaire (VTDQ ; [24], ACTive Values Wheel Task [25], the Valuing Questionnaire (VQ) [10], Bull’s Eye Value Scale (VBES) [26], and Valued Living Questionnaire (VLQ) [4]. Among these, the VLQ is one of the most widely used instruments. The adult VLQ evaluates 10 domains of life on two dimensions: *importance* and *consistency*, which are multiplied to calculate a composite score of valued living [4]. The adult VLQ has demonstrated satisfactory psychometric properties [9] and has been widely utilized in clinical populations, including those with generalized anxiety disorder, PTSD, traumatic brain injury, caregiving stress, and substance abuse [27–31] However, the direct application of the adult VLQ to adolescents is problematic. Life domains such as parenting and marriage, which are central to the adult VLQ, are typically irrelevant to this age group [21, 22]. A youth-specific adaptation of the questionnaire (VLQ-Y), which omits irrelevant domains, is necessary to accurately capture the developmental context of this population [21]. Furthermore, while the adult version has been extensively validated, a rigorous

validation of a youth-specific form, particularly one that examines the measure's clinical discrimination between a community sample and a diagnosed OCD sample, remains absent in the literature.

Accordingly, the present study aimed to examine the psychometric properties of the Persian version of the VLQ-Y and to investigate differences in valued living between youth with OCD and community youth. Particular attention was given to the discrepancy between the perceived importance of valued life domains and the extent to which adolescents reported acting consistently with those values. We hypothesized that the VLQ-Y would demonstrate a reliable one-factor structure. Most importantly, we expected youth with OCD to demonstrate lower valued living scores and a significantly greater importance-consistency discrepancy than the community sample.

Methods

Participants

The total sample consisted of 680 youth aged 12 to 18 years. The community sample comprised 606 student volunteers (288 females, 318 males; *M* age = 15.26 years, *SD* = 1.35) recruited from 12 diverse socio-economic schools in Kashan, Iran. Students were selected using a random cluster sampling method, in which classrooms served as the clusters, stratified by school type (state and subsidized) and academic year. The clinical sample consisted of 74 outpatients diagnosed with Obsessive-Compulsive Disorder (OCD) (31 females, 43 males; *M* age = 14.97 years, *SD* = 1.45) recruited from the outpatient clinic of Karegar-Nejad Psychiatric Hospital. Diagnoses were confirmed by a clinical psychologist using the Structured Clinical Interview for DSM-5 (SCID-5-CV) (31). For the assessment of test-retest reliability, a subsample of 50 youth from the community group (24 females, 26 males) who were not clinically diagnosed with any mental disorder, along with 25 youth from the OCD group (12 females, 13 males), were requested to participate in a second assessment four weeks later. General exclusion criteria for both groups included being outside the 12–18 age range, a history of head trauma or central nervous system disturbances, and a history of substance abuse. Youth in the community sample were included based on self-reported absence of psychiatric diagnoses or current psychological treatment. Diagnoses for the clinical sample were confirmed by a clinical psychologist using the Structured Clinical Interview for DSM-5 (SCID-5-CV). Furthermore, all OCD participants who had comorbid major depression or generalized anxiety disorder were excluded.

Procedure

The cross-cultural adaptation and validation process of the Persian version of the VLQ-Y strictly followed the international guidelines recommended by Beaton et al. [32]. This protocol involves forward translation, synthesis, back-translation, expert committee review, and pilot testing to ensure semantic, idiomatic, and conceptual equivalence. The validation process underwent the following sequential steps: (1) After obtaining authorization from the original scale developer for its conversion into Persian, two bilingual clinical psychology professors independently translated the scale from English to Persian, without having seen each other's versions. (2) The two forward translations were compared and synthesized to form a

preliminary Persian version. (3) An Expert Committee reviewed this synthesized version to resolve any discrepancies and ensure cultural relevance. (4) The preliminary Persian version was pilot-tested on a sample of 20 outpatients with OCD at the Kargar-Nejad Psychiatric Hospital to confirm their comprehension of the questionnaire's items. (5) All feedback provided by the patients was taken into account, and minor necessary alterations were made. (6) After the items were deemed suitable, the modified Persian VLQ-Y was back-translated into English by a third independent bilingual psychologist who had not participated in the forward translation process. (7) Lastly, the Expert Committee compared the back-translated version with the original English version to identify and resolve any final inconsistencies. Following the finalization of the Persian VLQ-Y, the battery of questionnaires was administered to all participants in the main study. The study protocol was approved by the Ethics Committee of Kashan University of Medical Sciences (Approval number: IR.KAUMS.REC.1395.124). Written informed consent was obtained from all participants; for youth under the age of 16, informed consent was obtained from a parent or legal guardian alongside the youth's written assent.

Measures

Sociodemographic

An ad-hoc survey gathered information on gender, age and education level in the total sample.

The Valued Living Questionnaire for Youth (VLQ-Y)

The Valued Living Questionnaire for Youth (VLQ-Y): Adapted from the original adult VLQ, this tool evaluates values-based living. Because the "parenting" domain is developmentally irrelevant for youth, it was omitted, resulting in a 9-domain scale (e.g., family, education, friendships). Participants rated the importance (1–10) and consistency (1–10) of each of the nine domains. The domain score is the product of the two ratings (range 1–100). The Valued Living Composite is the mean of the nine domain scores (range 1–100). The Importance and Consistency scale scores are the sums of the nine ratings (range 9–90). The Persian version of the VLQ-Y is included in the supplementary materials [4].

***Avoidance and Fusion Questionnaire for Youth* (AFQ-Y8)**

This 8-item scale measures psychological inflexibility and cognitive fusion in youth on a 5-point Likert scale (0 = not at all true; 4 = very true) [33]. The Persian version has demonstrated a valid single-factor structure and adequate reliability [34]. In the current study, Cronbach's alpha was 0.83 for the community sample and 0.91 for the clinical sample.

***Revised Children's Manifest Anxiety Scale* (RCMAS)**

A 37-item measure evaluating physiological signs of anxiety, worry, and social concerns using a "yes/no" format [35]. The Persian version has demonstrated satisfactory differential validity and test-retest reliability [36]. Cronbach's alpha in this study was 0.82 (community) and 0.88 (clinical).

***Child and Adolescent Mindfulness Measure* (CAMM)**

A 10-item questionnaire measuring present-moment awareness and non-judgmental responses on a 5-point scale (0 = false; 4 = always true) [37]. The Persian version shows good internal consistency and convergent validity [38]. Current study alphas were 0.80 (community) and 0.85 (clinical).

***Children's Yale-Brown Obsessive Compulsive Scale* (CYBOCS)**

A 10-item semi-structured, clinician-administered tool assessing the severity of obsessions and compulsions on a 5-point scale [39]. The Persian version has a valid two-factor structure and excellent reliability [20]. Cronbach's alpha for the clinical sample in this study was 0.84.

***The Children's Depression Inventory (CDI*)**

A 27-item self-report tool measuring depressive symptoms over the past two weeks [40]. The Persian version has shown acceptable psychometric properties [41]. Cronbach's alpha in the current study was 0.79 (community) and 0.85 (clinical).

Statistical analysis

Data were analyzed using SPSS version 27 and AMOS version 24. First, the normality of the data was assessed utilizing the Kolmogorov-Smirnov test, Q-Q plots, and histograms; all examined variables demonstrated a normal distribution. Levene's test was used to check for the homogeneity of variance. Descriptive statistics, including mean, standard deviation, range, skewness, and kurtosis, were calculated for all variables. To assess construct validity, Confirmatory Factor Analysis (CFA) with robust maximum likelihood estimation was conducted on the composite scores of the community sample to verify the original latent factor structure proposed by Wilson et al. [4]. Model fit was evaluated using standard criteria: the ratio of chi-square to degrees of freedom ($\chi^2/df \leq 5$); the Root Mean Square Error of Approximation (RMSEA ≤ 0.08); the Standardized Root Mean Square Residual (SRMR ≤ 0.08); the Tucker-Lewis Index (TLI ≥ 0.95); and the Comparative Fit Index (CFI ≥ 0.95) [42]. To evaluate internal consistency, we calculated Cronbach's alpha (with values ≥ 0.70 indicating optimal consistency) [43], the Mean Inter-Item Correlation (MIIC; acceptable range 0.15–0.50), and the Mean Corrected Item-Total Correlation (MCITC) [44]. Corrected item-total correlations (r_{tot}) lower than 0.30 were considered indicative of an item measuring something different from the overall scale [45]. Temporal stability was explored using Pearson's *r* for the 4-week test-retest reliability. Convergent and divergent validities were also assessed using Pearson correlations between the VLQ-Y and theoretically related measures. Finally, differences in demographic and clinical variables between youth with OCD and the community sample were analyzed using Chi-squared tests. To investigate the clinical discrimination of the VLQ-Y, differences in the questionnaire's scores between the two groups were analyzed. Due to the unequal variances detected by Levene's test between the clinical and community samples, Welch's independent samples t-tests were utilized. Effect sizes were measured using Cohen's *d* and interpreted as small (0.2), medium (0.5), and large (0.8) [46]. To directly examine group differences in the discrepancy between the perceived importance of valued life domains and consistency with those values, an "importance-consistency gap" score was calculated for each participant by subtracting the consistency score from the importance score. The gap scores were then compared between the groups using Welch's independent-samples t-test.

Results

Socio-demographic and clinical data

The total sample consisted of 680 youth. Of these, 606 were from the community sample (89.10%) and 74 were from the clinical OCD sample (10.90%). In total, 361 (53.1%) participants were male, and the mean age of the entire sample was 15.22 years (*SD* = 1.36; range = 12–18 years). No significant differences were found between the mean ages of the two groups (OCD = 14.97 vs. Community = 15.26; t = -1.76, p = 0.08). Furthermore, there was no statistically significant difference regarding the gender distribution between the groups (OCD = 58.1% male vs. Community = 52.5% male; χ^2 = 0.80, p = 0.448). As expected, participants in the clinical sample reported significantly higher levels of depression symptom severity (CDI: OCD = 16.83 vs. Community = 9.41; Welch's t = 15.56, p < 0.001). The average age of OCD onset was 12.48 years (*SD* = 1.87). The mean and standard deviation for each item of the Persian version of the Valued Living Questionnaire for Youth (VLQ-Y) are reported in Table 1. The Valued Living Composite score is calculated by multiplying the Importance and Consistency ratings for each domain. The average of these products provides the final valued living composite.

Table 1. Descriptive Statistics for each Item of the Persian Version of the Valued Living Questionnaire for Youth (VLQ-Y).

	Importance	Consistency	Composite*			
Domain	M(±SD)	M(±SD)	M(±SD)	S	k	r_{tot}
1. Family relations (other than marriage or partner)	8.93(±1.83)	7.66(±2.63)	70.79(±29.92)	-0.789	-0.547	0.644
2. marriage/partner/intimate relations	8.05(±2.42)	5.76(±3.34)	49.05(±34.18)	0.166	-1.394	0.450
3. Friendships/social relations	8.17(±2.18)	7.29(±2.50)	61.99(±28.78)	-0.366	-0.897	0.562
4. Employmentfuture job/	7.50(±2.74)	5.84(±3.13)	48.00(±33.15)	0.141	-1.326	0.519
5. Education/training	8.00(±2.61)	6.99(±2.88)	59.86(±33.11)	-0.330	-1.276	0.581
6. Recreation/fun	8.33(±2.21)	7.49(±2.76)	65.13(±31.18)	-0.507	-0.993	0.526
7. Spirituality/religion	7.69(±2.60)	6.62(±2.92)	54.98(±33.05)	-0.013	-1.337	0.573
8. Citizenship/Community Life	7.94(±2.11)	7.13(±2.43)	58.62(±28.04)	-0.126	-0.974	0.686
9. Physical self-care (diet, exercise, sleep)	8.06(±2.46)	7.34(±2.42)	62.05(±30.29)	-0.375	-1.035	0.519

Note. n = 680. M = mean; SD = Standard Deviation; S = Skewness; K = Kurtosis; r_{tot} = corrected item-total correlations.

*Skewness, Kurtosis and corrected item-total correlations were performed for Composite scores

Items scores can range from 1 (*not at all* important and consistent) to 10 (*extremely all* important and consistent).

Construct validity

To verify the theoretically consistent one-factor model proposed by Wilson et al. [4], a CFA with robust maximum likelihood estimation was performed on the composite scores of the community sample (N=606). The initial one-factor model consisting of 9 items yielded acceptable fit indices. After inspecting the modification indices and allowing the measurement errors of theoretically related items to correlate (resulting in a change of degrees of freedom from 27 to 22), the fit of the final one-factor model of the VLQ-Y was demonstrated an acceptable to good fit: $\chi^2(22) = 78.28$, $\chi^2/df = 3.56$, $p < 0.05$; RMSEA = 0.065, 90% CI [0.050, 0.081], CFI = 0.96, GFI = 0.97, TLI = 0.95, and SRMR = 0.034. According to Hu and Bentler [43], all indices suggested a good model fit, confirming the one-factor structure. Figure 1 shows the standardized estimates of this factor model. All estimated factor loadings were highly significant ($p < 0.001$).

Internal Consistency and Inter-item Correlations

Internal consistency of the VLQ-Y was evaluated using Cronbach's alpha, with ≥0.7 considered acceptable [44]. As displayed in Table 2, the VLQ-Y demonstrated good internal consistency across all groups (alphas ≥ 0.80). Because Cronbach's alpha can be sensitive to scales with fewer than 10 items [44], the Mean Inter-Item Correlation (MIIC) and Mean Corrected Item-Total Correlation (MCITC) were also assessed. The MIIC ranged between 0.33 and 0.50 (which is within the optimal range), and all MCITC values were well above the 0.30 threshold. Consequently, the internal reliability of the scale was deemed excellent.

Table 2 Cronbach´s alpha, mean inter-item correlations, and mean corrected item-total correlation range for the VLQ-Y and its scales

		valued living composite	Importance Scale	Consistency Scale
Total sample (N=680)	alpha	0.84	0.81	0.83
	MIIC	0.39	0.33	0.36
	MCITC (RCITC)	0.56 (0.44-0.67)	0.51(0.43-0.65)	0.54 (0.44-0.63)
Community (N=606)	alpha	0.84	0.82	0.83
	MIIC	0.38	0.35	0.37
	MCITC (RCITC)	0.56 (0.45-0.68)	0.53 (0.45-0.69)	0.55(0.43-0.64)
Clinical sample (N=74)	alpha	0.89	0.80	0.87
	MIIC	0.50	0.33	0.46
	MCITC (RCITC)	0.67 (0.54-0.82)	0.51 (0.40-0.64)	0.63 (0.55-0.75)

Note. VLQ-Y: Valued Living Questionnaire for Youth, Alpha: Cronbach's alpha, MIIC: Mean Inter-Item Correlation, MCITC: Mean Corrected Item-Total Correlation, RCITC: Range of Corrected Item-Scale Correlations

Test-Retest Reliability

Pearson's *r* was calculated to assess the scale's 4-week test-retest reliability. The temporal stability for the VLQ-Y composite score was excellent ($r = 0.85$, $p < 0.01$) for both the clinical and community subsamples (Table 3).

Table 3 Test-Retest Reliability of VLQ-Y

Measure	Community 4 Week test-retest correlations (n = 50)	clinical 4 Week test-retest correlations (n = 25)
VLQ-Y Importance Subscale	0.74**	0.78**
VLQ-Y Consistency Subscale	0.87**	0.77**
VLQ-Y Composite Score	0.85**	0.85**

Note. VLQ-Y = Valued Living Questionnaire for Youth;

**Correlation is significant at the 0.01 level (2-tailed).

Convergent and Construct-Related Validity

Supporting its construct validity, the VLQ-Y composite score correlated positively with mindfulness (CAMM: $r = 0.30$, $p < 0.01$) and negatively with psychological inflexibility (AFQ-Y8: $r = -0.43$, $p < 0.01$), depression (CDI: $r = -0.42$, $p < 0.01$), and anxiety (RCMAS: $r = -0.31$, $p < 0.01$). Furthermore, within the clinical group, there was a significant negative correlation between the VLQ-Y composite and OCD symptom severity (CY-BOCS: $r = -0.38$, $p < 0.01$). Detailed correlations across the groups are presented in Table 4.

Table 4 Pearson Correlations Between the VLQ-Y and Other Constructs among the total sample and each Non community/clinical group.

Measures		VLQ-Y Composite Score	
	total sample	Community	clinical
	N=680	N=606	N=74
AFQ-Y8	-0.43**	-0.38**	-0.40**
CAMM	0.30**	0.33**	0.26*
RCMAS	-0.31**	-0.31**	-0.37**
CDI	-0.42**	-0.32**	-0.27*
CY-BOCS (n=74)			-0.38**

Note. VLQ-Y = Valued Living Questionnaire for Youth; AFQ-Y8=Avoidance and Fusion Questionnaire for Youth; CDI= The Children's Depression Inventory; RCMAS=Revised Children's Manifest Anxiety Scale; CAMM=Child and Adolescent Mindfulness Measure; CY-BOCS=Children's Yale-Brown Obsessive Compulsive Scale

** Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the 0.05 level (2-tailed)

Clinical Discrimination and Value Profiles (The Importance-Consistency Gap)

To determine the measure's clinical discrimination, VLQ-Y scores were compared between the community and clinical groups using Welch's independent samples *t*-tests (due to unequal variances). As shown in Table 5, the results indicated significant differences with large effect sizes [46]. Youth with OCD scored significantly lower on the VLQ-Y Valued Living Composite ($t = -17.17$, $p < 0.001$, Cohen's $d = 1.04$) compared to the community sample.

More critically, analyzing the subscales revealed a distinct clinical profile. While youth with OCD rated their values as less important than the community sample ($t = -8.04$, $p < 0.001$, $d = 0.55$), they reported a massive and disproportionate drop in their values-consistent behavior ($t = -16.15$, $p < 0.001$, $d = 0.95$). To

directly test the hypothesis of a discrepancy between value importance and action, an "importance-consistency gap" score was calculated for each participant by subtracting the Consistency score from the Importance score. Welch's independent samples *t*-test demonstrated that this gap was significantly larger in the OCD group (M = 18.34, SD = 5.06) compared to the community sample (M = 10.54, SD = 15.11), $t(278.77) = 9.17$, $p < 0.001$, Cohen's $d = 0.54$. This statistically significant gap quantitatively confirms that while youth with OCD still highly recognize the importance of their life domains, the rigid nature of their disorder severely restricts their ability to act upon them.

Table 5. Means and Standard Deviations on the total VLQ-Y and VLQ-Y subscales for OCD and HC groups

	HC (n = 606) M(SD)	OCD (n =74) M(SD)	t-value	Cohen's d
VLQ-Y Composite	58.94(20.92)	38.23(7.36)	-17.17*	1.04
VLQ-Y Importance scale	72.66(13.81)	65.32(6.19)	- 8.04*	0.55
VLQ-Y Consistency scale	62.12(16.58)	46.98(5.59)	-16.15*	0.95

Note: M = mean; SD = Standard Deviation; HC= healthy control (Community sample); OCD= obsessive-compulsive disorder patients. *P < 0.05, (two-detailed).

Discussion

An important finding of the present study was the significantly greater discrepancy between the perceived importance of valued life domains and behavioral consistency among youth with OCD compared with community youth. Although adolescents in both groups reported placing greater importance on their life domains than their level of consistency with those values, this discrepancy was disproportionately more pronounced in the OCD group. This finding suggests that difficulties associated with OCD may be reflected not only in the overall level of valued living but also in the extent to which adolescents are able to translate personally important values into everyday actions. From an ACT perspective, this pattern may be associated with psychological inflexibility and experiential avoidance, which can interfere with value-consistent behavior.

The present study aimed to examine the psychometric properties of the Persian version of the VLQ-Y in both community and clinical youth samples. Overall, the results demonstrated that the VLQ-Y possesses satisfactory reliability and validity. Furthermore, the findings revealed a significant negative relationship between valued living and psychological inflexibility. This indicates that adolescents who are more open to their negative feelings and thoughts are more aware of their values and can express them more effectively. This supports the Acceptance and Commitment Therapy (ACT) model regarding the inverse relationship between Psychological Flexibility (PF) and values-based living [47], aligning with previous studies on clinical and non-clinical adults [4, 48]. PF refers to the capacity to stay in contact with the present moment,

regardless of unpleasant experiences, while pursuing valued life directions [1]. Within ACT, values-based action is an essential component for fostering PF and enabling individuals to lead fulfilling lives [47]. Preliminary research shows that dispositional valued living has a moderate positive correlation with PF [10, 48], and daily decreases in PF are causally linked to reductions in everyday valued action [49]. These findings hold major implications for clinical work, particularly for adolescent populations striving to align their actions with personal values. PF directly impacts valued action [47], and as measured by the AFQ-Y8, serves as a strong negative correlate of emotional distress in youth [34, 50].

Moreover, a core objective of ACT is to foster the acceptance of psychological pain to increase an individual's capacity to commit to valued living [51]. One of the most effective ways to secure this improvement is through mindfulness practices (i.e., non-avoidance responses, non-judgmental acceptance, and present-moment awareness). In the current study, mindfulness, as measured by the CAMM, showed a significant positive relationship with the VLQ-Y composite scores. This is highly consistent with the ACT literature, which posits that mindfulness is moderately associated with values-based behavior [10, 48, 52, 53] and serves as a psychological resource for more consistent values-based living [10, 54, 55]. As Brown and Ryan [54] noted, individuals who score higher on mindfulness scales tend to be more autonomous and spend more time engaging in genuinely valued activities. The ACT model links mindfulness with values-based action through six interconnected processes [47]. Four of these processes are rooted in mindfulness, while the other two are associated with values-based action [56]. Being mindful facilitates values clarification, thereby promoting engagement in valued actions rather than health-risk behaviors [57]. Similar connections between mindfulness and values are echoed in other third-wave therapies, such as Behavioral Activation (BA) [58] and the concept of "wise mind" in Dialectical Behavior Therapy (DBT) [59].

As hypothesized, there was a significant negative association between valued living and symptoms of general anxiety and depression in the current sample. Consistent with previous studies [4, 8, 9, 60], higher VLQ-Y composite scores were associated with reduced symptomatology. When individuals actively pursue personally valued goals, they tend to report lower levels of anxiety and depression [60]. Eifert and Forsyth [61] proposed that clarifying values can aid those with anxiety disorders in achieving their goals and improving their lives. For instance, individuals diagnosed with Generalized Anxiety Disorder (GAD) exhibit fewer valued actions compared to non-anxious individuals; however, these actions increase significantly following ACT interventions [62]. Therapies such as ACT and BA require individuals to take committed action toward their values, which is considered a crucial first step in breaking the cycle of depression. An episode of depression often involves a lack of interest in activities, creating a two-way association where depressive symptoms hinder engagement, leading to lower levels of valued living [62]. Interventions that include a values component have been associated with significant reductions in anxiety and depressive symptoms among youth [63–65].

Perhaps most importantly, this study highlights a critical clinical profile regarding valued living and OCD severity in youth. While previous studies, such as Wetterneck et al. [66], have established a negative correlation between VLQ composite scores and OCD severity, our domain-level analysis revealed a distinct "importance-consistency gap" in the clinical sample. Youth with OCD rated the importance of their life

values nearly as high as their healthy peers, yet they demonstrated a severe and disproportionate deficit in their ability to act consistently with those values. This indicates that the debilitating nature of OCD—characterized by time-consuming compulsions and rigid avoidance—hijacks the adolescent's time and energy, pulling them away from meaningful domains. Identifying this gap is clinically profound: it implies that youth with OCD do not lack personal values; rather, they lack the psychological flexibility to act on them while experiencing obsessions. Clarifying this discrepancy can provide the motivational context needed for youth to tolerate anxiety and resist compulsions during therapy (65). As previously observed by ACT therapists, successful treatment of adolescent OCD not only reduces avoidance and ritualistic behaviors but also significantly increases joyful engagement in valued activities, such as trying new foods or attending social events (28).

Additionally, this study found that there is an association between valued living and OCD severity in adolescence. These results are coherent with other similar studies. According to a study by Wetterneck et al. [66], there is a significant negative correlation between VLQ composite and Y-BOC self-report in patients with OCD. This implies that identifying and living according to one's values may play an essential part in treating OCD. Patients who feel that certain aspects of their lives are important may be more motivated and willing to undergo treatment, which could help them live more consistently with their values. Such individuals may also be more likely to seek treatment earlier and pursue it more diligently. It is plausible that individuals who prioritize their values are less susceptible to experiencing severe symptoms of OCD. However, to better understand how identifying and adhering to one's values can impact OCD, it is necessary to conduct further research in this field [66]. At the end of treatment of adolescents with OCD, ACT therapists noticed significant improvements in avoidance and ritual behaviors. They also observed that the adolescents began engaging in activities that were important to them and gave them joy, such as trying new foods, eating at restaurants, attending games without a safety person, and watching shows. It's worth noting that these positive changes were observed only and not measured objectively, but they do illustrate the effectiveness of the therapy [21].

Limitation

Several limitations of the present study should be acknowledged. First, the reliance on self-report measures may restrict the generalizability of the findings and introduce reporting biases. Second, the cross-sectional design precludes the establishment of causal relationships among the variables. Future studies should aim to replicate the current research using longitudinal designs. Specifically, a developmental, longitudinal approach could illuminate how cultivating psychological resources in adolescents supports consistent values-based actions in the face of later-life stressors. Third, because the community sample was recruited exclusively from schools in Kashan, further research utilizing diverse samples is necessary to explore the broader Iranian youth population, particularly regarding ethnic and cultural heterogeneity. It is recommended that future studies investigate value profiles across different cultural backgrounds within clinical samples. Fourth, adolescence is a critical period during which identity is significantly shaped by societal, peer, and familial influences [11]. Consequently, the VLQ-Y cannot definitively differentiate whether a particular value is endorsed due to genuine personal importance or

simply because of social desirability and external pressures. Finally, although the VLQ-Y assesses multiple life domains, it is not an exhaustive scale and may fail to capture other idiosyncratic domains that are highly relevant to contemporary youth.

Future research

The results of this study demonstrate that valued living is significantly negatively correlated with anxiety and depressive symptoms, while showing a significant positive correlation with psychological flexibility and mindfulness in youth. To deepen our understanding of these dynamics, future qualitative studies are highly recommended to explore the subjective experiences of adolescents regarding their life values. Furthermore, additional research is necessary to investigate potential differences in value prioritization based on cultural, ethnic, gender, and age variables. Future studies should also explore these associations across different clinical populations, such as youth with Generalized Anxiety Disorder (GAD) and Post-Traumatic Stress Disorder (PTSD), to examine how various mental health conditions impact the ability to access and express personal values. While the present study sheds light on the significance of values and their inverse correlation with OCD severity, there remains a dearth of research on which specific value domains play the most crucial roles in the development, maintenance, or recovery from OCD in youth. Future investigations are needed to determine the differential impact of distinct values on OCD symptom severity and to evaluate how increasing clinical focus on values-based living can enhance treatment outcomes. Additionally, it is crucial for future research to investigate the mechanisms by which excessive preoccupation with OCD symptoms leads to profound deficiencies in other essential life domains, further clarifying the debilitating impact of OCD on adolescents' overall valued living.

Conclusions

The findings support the psychometric utility of the Persian VLQ-Y for assessing valued living among adolescents and indicate meaningful differences between youth with OCD and community youth. In particular, the significantly greater discrepancy between the perceived importance of valued life domains and consistency with those values in the OCD group highlights the critical relevance of assessing both value importance and value-consistent behavior in this population. Further research using longitudinal designs and larger clinical samples is needed to clarify the long-term clinical significance of these findings for ACT-based interventions.

Declarations

Ethics approval and consent to participate

The study was conducted in accordance with the ethical guidelines of the Declaration of Helsinki. The study protocol was reviewed and approved by the Research Ethics Committee of Kashan University of Medical Sciences (Approval Code: IR.KAUMS.REC.1395.124). Written informed consent was obtained from all individual participants prior to their evaluation. For participants under the age of 16, written informed consent was obtained from a parent or legal guardian.

Consent for publication Not applicable.

Availability of data and materials Data of participants who consented to the public sharing of data are accessible from the corresponding author upon reasonable demands.

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Authors' contributions All authors made substantial contributions to this study. HM, ZZ, and MS conceptualized and designed the research. HM, ZZ, AK, and MS wrote the first draft of the manuscript and contributed to the final version. HM and ZZ prepared the assessment tools. HM, AK, and MS performed the data collection. HM and MI undertook the statistical analysis. YY contributed to the writing and editing of the manuscript.

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Figures



Figure 1

One-factor Model of the Valued Living Questionnaire for Youth (VLQ-Y) obtained in the CFA.