

Article history: Received 10 April 2025 Revised 18 July 2025 Accepted 27 July 2025 Published online 01 December 2025

Applied Family Therapy Journal

OPEN PEER-REVIEW REPORT



E-ISSN: 3041-8798

Comparison of the Effectiveness of Cognitive-Behavioral Couple Therapy and Schema Therapy on Improving Communication Patterns in Couples Affected by Domestic Violence

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the paragraph starting with "Despite its documented benefits, CBCT may fall short...," it would benefit from a more explicit connection to core theoretical frameworks (e.g., cognitive-affective processing systems or attachment theory) to better ground the distinction between CBCT and schema therapy.

The article heavily cites schema therapy literature (e.g., Adıyaman & Eğinli, Ghanbari et al.) while fewer studies are referenced supporting CBCT. Including more evidence supporting CBCT (e.g., recent meta-analyses or cross-cultural studies) would present a more balanced comparison.

The article outlines the content of schema and CBCT sessions in detail, but it does not describe how treatment fidelity was ensured. Were therapists trained, supervised, or provided with manuals?

While the number of sessions is reported, the average session duration and whether the interventions were delivered individually or in group settings is omitted. This information is crucial for replication.



While F-values and p-values are provided, no effect size measures (η^2 or Cohen's d) are included in the results section. These should be reported to give the findings greater practical interpretability.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

In the paragraph beginning with "Comparative studies between CBCT and schema therapy have shown...," Akbari et al. (2021) is cited twice in slightly different formats. Consider consolidating or rewording to avoid redundancy and maintain consistency in citation formatting.

In the introduction paragraph discussing "demand/withdraw cycles," it would be helpful to define this pattern more explicitly for readers unfamiliar with marital communication typologies.

In the "Measures" section, the explanation of the CPQ subscales is thorough but might benefit from clarification regarding scoring directionality—i.e., whether higher scores indicate more dysfunction or healthier patterns.

The reference to Ebadtpoor (2010) for Iranian standardization of the CPQ is appropriate, but it would be helpful to include reliability coefficients from the current sample to reinforce internal consistency.

There is no mention of whether assumptions for MANCOVA (normality, homogeneity of regression slopes, multicollinearity) were checked prior to the main analysis. Addressing these would increase the statistical rigor.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted. Editor in Chief's decision: Accepted.

