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Comparison of the Effectiveness of Compassion-Focused Therapy and Schema Therapy on the Severity of Clinical Symptoms in Adolescents with Social Anxiety Disorder

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1. Round 1

1.1. Reviewer 1

Reviewer:

While the introduction effectively contextualizes SAD, it could benefit from adding prevalence data specific to Iranian adolescents to emphasize the study's local relevance and justification for the cultural adaptation of interventions.

The rationale for conducting a comparative study is clear but could be strengthened by explicitly stating the research gap. Please specify whether any prior comparative studies between CFT and ST in adolescents exist, and how this study uniquely addresses that gap.

While this reference supports sample adequacy, the power analysis is missing. The authors should report a priori or post-hoc power analysis to confirm that the sample size was statistically sufficient for detecting medium-to-large effects.

The cutoff score of 34 is mentioned, but justification for its diagnostic validity is absent. Please clarify whether this threshold corresponds to a clinical or subclinical level of social anxiety based on prior validation studies.

While internal consistency is reported, no information on construct validity (e.g., factor structure) in the Iranian adolescent sample is provided. Consider adding evidence of confirmatory factor analysis (CFA) or previous local validation.

The section describes the SCL-90 thoroughly, but given the multidimensionality of this scale, it would strengthen the methodology to justify why total symptom severity (rather than specific subscales) was selected as the main outcome variable.

The session content is described narratively, but the duration, frequency, and therapist training are not specified. Please indicate the number of sessions, session length, and therapist credentials to ensure intervention fidelity and replicability.

The ST intervention includes several complex components (imagery rescripting, mode dialogues, etc.). It would enhance transparency to specify which techniques were most emphasized and whether the adolescent adaptation followed an established manual (e.g., van Vreeswijk et al., 2014 adaptation).

The descriptive statistics are clear, but Table 1 inconsistently reports mean and SD values compared to earlier text (e.g., 187.60 vs. 172.80). Please verify and standardize reported values for consistency.

While theoretical explanations are solid, the discussion lacks a comparison with studies showing opposite or null results. Including contradictory findings would enhance critical balance and scientific rigor.

Excellent integration of cultural considerations. However, this paragraph would be strengthened by citing specific Iranian or Middle Eastern cross-cultural psychotherapy research to substantiate claims about collectivist influences on self-schema.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

The description of schema therapy is comprehensive, but the connection between EMSs and adolescent cognitive development is not sufficiently discussed. Please clarify how schema formation in adolescence differs from adulthood and why this makes ST particularly relevant for this age group.

The paragraph provides a sound theoretical explanation but needs more empirical grounding. Consider citing meta-analytic findings or recent RCTs comparing CFT with cognitive-behavioral or mindfulness-based approaches to reinforce its empirical basis.

The assumption tests are described in detail, but it would be beneficial to include actual test statistics (e.g., W, F, χ^2 values) in an appendix or supplementary table for transparency.

The ANOVA results show high η^2 values (.881, .797), which suggest very large effects. Please discuss whether these values might be inflated due to the small sample size and within-group dependence. Reporting partial eta squared or generalized eta squared could improve accuracy.

The discussion provides a good synthesis but would benefit from a more nuanced exploration of why ST outperformed CFT. Consider discussing possible developmental mechanisms (e.g., cognitive restructuring maturity vs. emotional regulation readiness) in adolescents.

Authors uploaded the revised manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.

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