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The Effectiveness of Schema Therapy on Post-Traumatic Stress Disorder and Depression in At-Risk Girls Referred to the Social Emergency Center of Amol County

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the first paragraph of the introduction, the manuscript provides a broad overview of PTSD but does not sufficiently explain why at-risk adolescent girls in social emergency settings may differ clinically from other trauma-exposed populations. The authors should elaborate on the unique psychosocial and developmental characteristics of girls referred to emergency social services and explain why schema therapy may be particularly suitable for this subgroup.

The paragraph beginning with “Depression is another prevalent psychological disorder frequently associated with traumatic experiences” would benefit from a more explicit explanation of comorbidity mechanisms between PTSD and depression. Currently, the manuscript discusses the constructs separately but does not sufficiently clarify the theoretical pathways linking trauma exposure, maladaptive schemas, and depressive symptomatology.

The article mentions random assignment into experimental and control groups, but no details are provided regarding the randomization method. The manuscript should specify whether simple randomization, block randomization, or another procedure was used and explain how allocation concealment was maintained to reduce selection bias.

The description of the PTSD questionnaire contains a potential conceptual issue. The manuscript identifies the instrument as developed by "Wadders et al. (1993)," which appears unclear or potentially inaccurate. The authors should verify the original source, provide the complete and correct instrument title, and clarify whether the scale corresponds to a standardized PTSD measure aligned with DSM criteria.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

The theoretical discussion of schema therapy is conceptually relevant; however, the article lacks a clear operationalization of which specific maladaptive schemas were expected to change through intervention. For example, schemas such as abandonment, mistrust/abuse, defectiveness, or emotional deprivation are mentioned generally, but the study does not identify whether these schemas were assessed or targeted systematically during treatment.

The literature review includes several recent references, but the synthesis remains descriptive rather than analytical. In the paragraph discussing Hatami et al. and Khayatan et al., the manuscript summarizes previous findings without critically comparing methodologies, sample characteristics, or effect sizes. The introduction would be strengthened by a clearer identification of inconsistencies or gaps in prior evidence.

The paragraph on psychological capital appears theoretically disconnected from the central variables of PTSD and depression. While the construct is interesting, its inclusion seems tangential because psychological capital was neither measured nor analyzed in the study. The authors should either integrate this concept more directly into the study rationale or remove/reduce this section to improve conceptual coherence.

In the final section of the introduction, the statement "Schema therapy appears particularly suitable for this population because it integrates cognitive, emotional, developmental, and interpersonal dimensions" is theoretically meaningful but requires empirical justification. The authors should provide more direct evidence regarding schema therapy effectiveness specifically among adolescents or vulnerable youth populations rather than extrapolating primarily from adult studies.

The sampling procedure described in the "Study Design and Participants" section requires greater transparency. The authors state that purposive sampling was used, but the exact recruitment procedure is unclear. It should be clarified how eligible participants were identified, screened, approached, and consented, especially considering the vulnerable status of minors in social emergency settings.

The manuscript states that participants "had experienced at least one traumatic event," but the nature, severity, frequency, and duration of traumatic exposure are not reported. This omission limits interpretability because PTSD symptom severity may vary substantially depending on trauma type. The authors should provide descriptive information regarding trauma histories.

Authors uploaded the revised manuscript.

2. Revised

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

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