









Effectiveness of Schema Therapy on Psychological Symptoms and Suicidal Thoughts in Individuals Attending Counseling Centers

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E d i t o r	R e v i e w e r s
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1. Round 1

1.1. Reviewer 1

Reviewer:

The introduction discusses anxiety, depression, and suicidal thoughts but lacks a clear theoretical framework linking schema therapy to these psychological constructs. Consider adding a section elaborating on how maladaptive schemas contribute to psychological distress, referencing Young's schema theory (2003).

The study was conducted in Babol, Iran, yet the instruments (DASS-21 and BSSI) were developed in Western contexts. The phrase: "The reliability and validity of the scale have been estimated in previous studies," should be expanded to indicate if these scales were validated in an Iranian population or if cultural adaptations were made.

The article provides reliability coefficients but does not discuss factor structures or measurement invariance. For instance, the statement: "The reliability of the scale was calculated using Cronbach's alpha, yielding coefficients of 0.78 for anxiety, 0.83 for depression, and 0.84 for stress," should include test-retest reliability or confirmatory factor analysis results to ensure scale stability.

The control group received no intervention, raising concerns about placebo effects and differential attention bias. The sentence: "The control group did not receive any intervention," should be revised to address whether an alternative control condition (e.g., supportive counseling) was considered.

The study does not mention long-term effects of schema therapy. The phrase: "The experimental group underwent eight 90-minute sessions of schema therapy interventions," should be expanded to clarify if follow-up assessments were conducted to determine the stability of treatment effects.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The claim, "Depression is the most critical factor influencing suicidal ideation (Oh & Heo, 2023)," may be an overgeneralization. While depression is a major risk factor, other variables such as impulsivity, trauma, and social support also play significant roles. Consider revising this statement to reflect a more nuanced perspective.

The study employs a small sample size ($N=28$) without a clear justification. The sentence: "Using convenience sampling, 28 individuals were selected and assigned to experimental and control groups (14 participants in each group)," should be expanded to discuss power analysis and effect size considerations for determining an adequate sample.

The study utilizes a quasi-experimental design with convenience sampling, which limits internal validity. The text states: "The experimental group underwent eight 90-minute sessions of schema therapy interventions, while the control group did not receive any intervention." Consider discussing how selection bias was minimized and whether matching techniques were used to improve comparability.

The results section includes ANCOVA analyses but does not report confidence intervals (CIs). The table stating: "The significance level for the ANCOVA test is less than 0.05," should be revised to include 95% confidence intervals for estimated marginal means.

The results rely heavily on p-values without discussing practical significance. For instance, the sentence: "The ANCOVA analysis for the total psychological symptoms score after adjusting for the pre-test score indicates that the effect of schema therapy is significant," should be supplemented with measures such as Cohen's d or r^2 to convey practical relevance.

The article presents pre-test and post-test means but lacks information on variability measures. The table with "Mean Pre-Test = 49.68, Standard Deviation Pre-Test = 6.23," should be expanded to include standard errors and confidence intervals.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.