




# The Effectiveness of Cognitive-Behavioral Therapy (CBT) on Maladaptive Early Schemas and Symptoms of Obsessive-Compulsive Disorder (OCD) in Married Women

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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 effectively establishes the significance of CBT in OCD treatment but lacks a critical discussion on gaps in existing research. Consider elaborating on why the study focuses on married women aged 18-25 and how marital status may influence OCD treatment outcomes.

The article states that normality and homogeneity of variance were tested but does not provide detailed test results (e.g., Shapiro-Wilk test for normality, Levene's test for variance). Adding a table with these values would strengthen the rigor of the analysis.

The table presents mean and standard deviation values for OCD symptoms and maladaptive schemas across three time points. However, confidence intervals should be included to provide a clearer understanding of the variability in treatment effects.

The table reports the F-value and p-value but does not include degrees of freedom (df) for within-group and between-group comparisons. Adding these would improve transparency.

The study concludes that CBT is effective, but it does not address potential barriers to implementation (e.g., therapist training, patient adherence). A brief discussion of these practical aspects would enhance clinical applicability.

Response: Revised and uploaded the manuscript.

## 1.2. Reviewer 2

Reviewer:

The article discusses maladaptive schemas but does not sufficiently explain why these specific schemas (e.g., excessive responsibility, overcontrol) are targeted. Adding theoretical justification from schema therapy models would strengthen the rationale.

While the CBT intervention is described in detail, the session contents could be further clarified by specifying which techniques were used for schema modification beyond cognitive restructuring (e.g., imagery re-scripting, behavioral experiments).

The ANOVA results show a statistically significant effect of CBT, but effect sizes (e.g., Cohen's d, partial eta squared) are missing. Including these would help contextualize the clinical relevance of findings.

The follow-up data indicate sustained reductions in OCD symptoms and schemas. However, the decline in post-test to follow-up is relatively small. The discussion should explore possible reasons for this stabilization and whether additional booster sessions might be needed.

The discussion section highlights CBT's effectiveness but does not deeply analyze the cognitive and emotional mechanisms underlying symptom reduction. Including insights from neurobiological studies on schema modification in OCD would enhance the discussion.

The discussion mentions previous research but does not compare the magnitude of symptom reductions observed in this study with findings from similar RCTs. This comparison is necessary to situate the study within the broader literature.

Response: Revised and uploaded the manuscript.

## 2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.