Comparing the Efficacy of Skills Training Based on Dialectical Behavior Therapy (DBT-ST) and Mindfulness-Based Cognitive Therapy (MBCT) on Distress Tolerance and Psychological Well-being in Individuals with Symptoms of Borderline Personality Disorder

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E d i t o r	R e v i e w e r s
Seyed Hadi Seyed Alitabar Department of Psychology and Counseling, KMAN Research Institute, Richmond Hill, Ontario, Canada hadialitabar@kmanresce.ca	**Reviewer 1:** Parvaneh Mohammadkhani Professor, Department of Clinical Psychology, University of Rehabilitation Sciences and Social Health, Tehran, Iran. Email: Pa.mohammadkhani@uswr.ac.ir **Reviewer 2:** Thseen Nazir Professor of Psychology and Counseling Department, Ibn Haldun University, Istanbul, Turkey. Email: thseen.nazir@ihu.edu.tr

1. Round 1

1.1. Reviewer 1

Reviewer:

The introduction could benefit from a clearer articulation of how this study's findings will fill a gap in the current literature. Specifically, a more detailed explanation of the novelty of comparing DBT-ST and MBCT in the context of distress tolerance and psychological well-being could strengthen the rationale for the study.

The quasi-experimental design description lacks details on how the control was maintained across the study groups. Clarification on the mechanisms in place to ensure the control group's non-exposure to the interventions would enhance the methodological clarity.

While purposive non-random sampling was used due to the study's specific needs, the rationale behind choosing this method over others could be elaborated upon, including its impact on the generalizability of the results.

Authors revised and uploaded the document.

1.2.   Reviewer 2

Reviewer:

Both interventions (DBT-ST and MBCT) are well-described, but the manuscript could benefit from including why these specific versions of the therapies were chosen, citing their relevance and efficacy in previous studies to justify their selection.

Although the Distress Tolerance Questionnaire and Ryff's Psychological Well-being Questionnaire were used, more detailed information on their reliability and validity in similar populations or settings would substantiate the data's integrity.

The analysis section would benefit from a more detailed explanation of why repeated measures ANOVA was chosen and how the assumptions for its application were met. Additionally, explaining the choice of Bonferroni and Tukey's post-hoc tests in lay terms could improve readability and comprehension.

While the results indicate significant differences, a deeper discussion on the clinical relevance of these differences would be beneficial. Specifically, how do these findings translate into practical recommendations for clinicians working with this population?

The discussion could be enriched by a more comprehensive comparison with existing literature, especially studies that have reported no difference or contrary findings, to present a balanced view.

The limitations mentioned are insightful but could be expanded to include the potential impact of the therapists' expertise and fidelity to the intervention protocols on the outcomes.

Authors revised and uploaded the document.

2.   Revised

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