




Comparison of the Effectiveness of Cognitive-Behavioral Therapy and Schema Therapy on Improving Adaptive Behavior in Individuals with Substance Use Disorder


Samaneh. Salamian¹, Mostafa. Heidari^{2*}, Asghar. Norouzi²

¹ PhD Student, Department of Health Psychology, Tonkabon Branch, Islamic Azad University, Tonkabon, Iran


² Assistant Professor, Department of Psychology, Tonkabon Branch, Islamic Azad University, Tonkabon, Iran

* Corresponding author email address: mo.heidari@uswr.ac.ir

Editor

Thseen Nazir
Professor of Psychology and
Counseling Department, Ibn Haldun
University, Istanbul, Turkey
thseen.nazir@ihu.edu.tr

Reviewers

Reviewer 1: Hooman Namvar
Assistant Professor, Department of Psychology, Saveh Branch, Islamic Azad
University, Saveh, Iran. Email: hnamvar@iau-saveh.ac.ir
Department of Psychology, Arak Branch, Islamic Azad University, Arak, Iran.
Email: d-taghvaeii@iau-arak.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

In the introduction, the concept of "adaptive behavior" is discussed, but a precise definition with references is missing. It would enhance clarity to define adaptive behavior and provide citations from relevant literature (e.g., paragraph starting with "Adaptive behavior as the most important indicator...").

The manuscript states, "45 individuals were selected through convenience sampling and randomly assigned to two experimental groups and one control group." It is important to discuss the limitations of using convenience sampling, particularly regarding the generalizability of the findings.

The table presenting means and standard deviations for adaptive behavior and its components lacks clarity. Consider breaking it down into separate tables for each component to enhance readability (e.g., Table 1).

The manuscript mentions using ANCOVA but does not provide the assumptions checking process (e.g., normality, homogeneity of variances). It is crucial to discuss whether these assumptions were met and how any violations were addressed (e.g., section starting with "Data analysis").

The effect sizes reported (e.g., Eta squared) are mentioned without interpretation. It would be helpful to provide a brief explanation of what these effect sizes mean in the context of the study (e.g., Table 2).

The manuscript should delve deeper into the potential mechanisms through which CBT improves adaptive behavior. Discuss possible cognitive and emotional processes involved, citing relevant psychological theories (e.g., paragraph starting with “The effectiveness of CBT in improving...”).

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

The introduction mentions various psychiatric disorders associated with substance abuse, such as major depression and anxiety. However, the review of literature seems insufficient. Consider expanding the literature review to include recent studies that connect adaptive behavior specifically to these disorders (e.g., paragraph starting with “Psychiatric disorders associated with...”).

The criteria for participant selection mention the age range and educational level but do not address potential confounding variables, such as the duration of substance use or the type of substances used. This omission could affect the study’s internal validity (e.g., paragraph starting with “Inclusion criteria included age...”).

The control group did not receive any intervention, which may raise ethical concerns. It is recommended to include a discussion on how this was addressed ethically and whether an alternative minimal intervention was considered (e.g., paragraph starting with “After selecting the study sample...”).

The description of Schema Therapy sessions is quite detailed but lacks clarity regarding the rationale for the specific number of sessions (15). Justify the selection of 15 sessions and discuss whether this aligns with standard practices in Schema Therapy (e.g., section starting with “Schema Therapy is an integrative approach...”).

The description of the Cognitive-Behavioral Therapy (CBT) sessions should include references to established CBT protocols for substance use disorders. Additionally, explain how these sessions were tailored to the specific needs of the study participants (e.g., section starting with “Cognitive-Behavioral Therapy...”).

The discussion section claims that “CBT was found to be more effective than Schema Therapy in improving adaptive behavior.” However, this conclusion requires further elaboration on why CBT might be inherently more effective, with references to theoretical frameworks or previous research (e.g., section starting with “Discussion and Conclusion”).

While the discussion references prior studies, it would benefit from a more detailed comparison of the current findings with those of previous research. Highlight any differences or similarities in the results, particularly concerning the effectiveness of Schema Therapy (e.g., section starting with “The present study aimed to compare...”).

Authors uploaded the revised manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.