

Designing a Metacognitive Training Mobile Application and Evaluating Its Effectiveness on Meta-Worry and Metacognitive Beliefs in University Students with Anxiety Symptoms

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1. Round 1

1.1. Reviewer 1

Reviewer:

The paragraph beginning “Anxiety, as one of the most prevalent mental health disorders...” provides a general overview, but it would benefit from explicit prevalence statistics (global or Iranian context) to empirically ground the opening claims.

In the paragraph discussing the Cognitive Attentional Syndrome (CAS), the concept is introduced conceptually but not operationally linked to the study variables (meta-worry and metacognitive beliefs). Please explicitly map CAS components onto the measured constructs.

Reliability coefficients from multiple studies are reported; however, internal consistency for the current sample is not provided. Please report Cronbach’s alpha (or McDonald’s ω) for this study’s sample.

Given that the MCQ-30 has five subscales, please clarify whether analyses were conducted on the total score only or also on subscales, and justify this analytic decision theoretically.

The eight sessions are described comprehensively; however, session duration, expected weekly engagement time, and adherence criteria are not specified. These details are essential for replication and treatment fidelity.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

The final paragraph of the Introduction states “the lack of specialized applications...” as a research gap. Please strengthen this gap by briefly contrasting your application with existing digital anxiety or CBT apps and explaining why metacognitive specificity is theoretically necessary.

The opening Methods paragraph labels the study as “mixed-methods,” yet the integration strategy between qualitative (content validation) and quantitative phases is not specified. Please clarify whether this follows a sequential exploratory, explanatory, or embedded design.

In the paragraph describing expert review, please report experts’ fields, years of experience, and selection criteria, as content validity depends heavily on expert panel characteristics.

The statement “30 students were selected” lacks a priori sample size justification or power analysis. Please explain whether the sample size was based on feasibility, prior studies, or statistical power considerations.

You state that anxiety symptoms were determined using the STAI, but no cutoff scores are reported. Please specify the threshold used to define “diagnosis of anxiety symptoms” and justify it with prior literature.

Authors uploaded the revised manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.