




# Comparison of the Effectiveness of Cognitive Behavioral Therapy and Schema Therapy on Perseverative Thinking in Young Adults with Depressive Symptoms

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## 1. Round 1

### 1.1. Reviewer 1

Reviewer:

In the paragraph starting “Despite the substantial evidence supporting both CBT and schema therapy...”, the rationale for direct comparison is underdeveloped. The manuscript should more explicitly state why CBT might theoretically be less effective than Schema Therapy for schema-driven perseverative thinking. Currently, the comparison is implied but not mechanistically elaborated.

In the Methods section, inclusion criteria specify “age between 20 and 40 years.” This range exceeds the conventional definition of “young adulthood.” The developmental justification for including participants up to age 40 should be clarified, particularly because schema activation patterns may differ across early versus later adulthood.

The study relies exclusively on the Perseverative Thinking Questionnaire (PTQ). The sentence “In the present study, the PTQ was administered at pretest, posttest, and follow-up...” indicates sole dependence on self-report. Inclusion of clinician-rated or behavioral measures would strengthen validity. This limitation should be emphasized.

Authors uploaded the revised manuscript.

### 1.2. Reviewer 2

Reviewer:

The sentence “Sampling was conducted using a non-random purposive method.” indicates potential selection bias. The manuscript should more explicitly discuss how this affects external validity and generalizability beyond clinic-referred individuals in District 1 of Tehran.

The sample size ( $n = 45$ ) was justified based on “methodological recommendations.” However, no a priori power analysis is reported. Given the non-significant findings for CBT, it is crucial to determine whether the study was underpowered to detect moderate effects.

The manuscript states: “the control group did not receive any structured psychological intervention during the study.” Was this a waitlist control, treatment-as-usual, or no-contact control? The absence of attention control raises concerns about placebo and expectancy effects.

Were the CBT and Schema Therapy interventions delivered by the same therapist or different therapists? If different, therapist effects may confound treatment effects. This should be clarified and statistically addressed if applicable.

Authors uploaded the revised manuscript.

## 2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.