

Comparison of the Effectiveness of Cognitive-Behavioral Therapy and Schema Therapy on Mental Health and Social Adjustment in Individuals with Gender Dysphoria




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E d i t o r	R e v i e w e r s
Asoke Kumar Saha  Professor Department of Psychology, Jagannath University, Dhaka, Bangladesh drasoke@psychology.jnu.ac.bd	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: Abolghasem Khoshkonesh  Assistant Professor, Counseling Department, Shahid Beheshti University, Tehran, Iran. Email: akhoshkonesh@sbu.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

This sentence could be perceived as essentialist. Clarify that this is a societal assumption, not a clinical or universally accepted fact, to avoid reinforcing binary gender norms.

While sessions are outlined, there is insufficient information on therapist qualifications, fidelity checks, or supervision mechanisms. This omission limits the study's replicability and treatment integrity assessment.

The statement "CBT was more effective in reducing symptoms... and enhancing social adjustment" is not supported by the ANOVA results. Consider modifying this claim to reflect only statistically supported findings.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The authors cite the American Psychiatric Association (2013) but do not elaborate on the difference in diagnostic criteria between children and adults. A comparative clarification could enrich the reader's understanding.

While this is a critical point, supporting it with a direct quote or finding from a cited source (e.g., Kasser et al., 2024) would enhance credibility.

The article states that both CBT and schema therapy are effective, but it does not sufficiently define what constitutes "effectiveness" in the context of this study (e.g., symptom reduction, improved functioning, etc.). A clearer operational definition is necessary.

The statistical plan does not mention any handling of missing data. Clarify whether intention-to-treat or per-protocol analysis was used and how attrition was managed, especially since sample sizes differ post hoc.

The CBT group's mental health pretest mean (19.30) is lower than the control group (23.37) and far lower than the schema group (42.44). Discuss how baseline differences were controlled or statistically adjusted in analyses.

Post hoc Bonferroni results for social adjustment all show $p = 1.000$. This strongly suggests no group effect, contradicting narrative conclusions. Address this discrepancy.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.