

Comparison of Cognitive Behavioral Therapy and Dialectical Behavior Therapy on Anxiety and Obsessive Beliefs in Patients with Obsessive-Compulsive Disorder

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E d i t o r	R e v i e w e r s
Izet Pehlić ^{ib} Full professor for Educational sciences, Islamic pedagogical faculty of the University of Zenica, Bosnia and Herzegovina izet.pehlic@unze.ba	Reviewer 1: Parvaneh Mohammadkhani ^{ib} Professor, Department of Clinical Psychology, University of Rehabilitation Sciences and Social Health, Tehran, Iran. Email: Pa.mohammadkhani@uswr.ac.ir Reviewer 2: Abolghasem Khoshkonesh ^{ib} Assistant Professor, Counseling Department, Shahid Beheshti University, Tehran, Iran. Email: akhoshkonesh@sbu.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

Paragraph 1 and 2 repeat similar descriptions of OCD symptomatology. Consider integrating these to avoid redundancy (e.g., "OCD is characterized by compulsions and obsessive beliefs..." appears multiple times with slight variations).

In paragraph 2, the reference to a 2.5% lifetime prevalence and WHO ranking should be supported by more recent epidemiological data if available to increase the credibility of the statement.

The paragraph beginning with "OCD and anxiety disorders share overlapping features..." lacks a clear transition. Add a linking sentence explaining how the overlap justifies comparing treatments targeting both conditions.

The discussion extensively explores DBT mechanisms, while CBT's mechanisms are only briefly reviewed. Strengthen this section by elaborating on cognitive restructuring and ERP mechanisms supported by literature.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

In Table 2, the “Effect Size” column lacks specification of the metric used (e.g., partial eta squared). Please add this detail for transparency and comparability.

In the conclusion paragraph: “DBT was more effective in reducing obsessive beliefs” is not statistically supported ($p > .05$). Please rephrase to reflect that the observed mean difference was not statistically significant.

The discussion briefly mentions sample limitations, but does not address limitations like non-random sampling, possible therapist effects, or lack of long-term follow-up. These must be added for scholarly integrity.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.