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Comparing the Effectiveness of Group Schema Therapy and Group Mindfulness-Based Cognitive Therapy on Self-Care Behaviors among Adolescent Girls from Divorced Families

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the paragraph stating that "self-care should be viewed as both a personal behavioral capacity and a relationally influenced developmental outcome," the theoretical claim is strong but would benefit from deeper integration with Orem's self-care theory, since the measurement tool is based on this framework. The manuscript should briefly explain how Orem's concepts of self-care agency, self-care requisites, and learned self-care behaviors apply to adolescent girls in divorced families. This would create a stronger conceptual bridge between the theoretical foundation and the selected instrument.

In the introduction paragraph introducing schema therapy, the authors describe schema therapy as "an integrative psychological intervention that combines cognitive, behavioral, experiential, attachment-based, and emotion-focused techniques." This description is accurate but general. The manuscript should specify which schema therapy mechanisms are most directly expected to improve self-care behaviors. For example, the authors could explain how limited reparenting,

strengthening the healthy adolescent mode, reducing maladaptive coping modes, and recognizing unmet needs may lead to improved physical, psychosocial, and emotional self-care.

In the paragraph discussing mindfulness-based cognitive therapy, the statement that MBCT "may improve self-care behaviors by helping adolescents become more aware of their physical, emotional, and interpersonal needs" is appropriate, but the rationale should be expanded. The manuscript should explain how mindfulness practices such as body scan, three-minute breathing space, mindful movement, and self-compassion exercises correspond to the specific subscales of self-care. This would help the reader understand why MBCT may be particularly effective for emotional self-care, which later appears in the results.

In the final paragraph of the introduction, the authors identify a gap regarding direct comparison of group schema therapy and group MBCT in adolescent girls from divorced families. This is a valuable justification, but the introduction should end with a more hypothesis-oriented statement in addition to the aim. The authors should specify whether they expected both interventions to be effective and whether any directional superiority was hypothesized. This would make the transition from the literature review to the statistical testing more rigorous.

In the data analysis paragraph, the authors state that analysis of covariance was used to compare the effectiveness of the interventions while controlling for pretest scores. The manuscript should more explicitly justify the use of ANCOVA for each self-care dimension and clarify whether multivariate ANCOVA or separate univariate ANCOVAs were performed. Since the findings include three related self-care dimensions, the statistical approach should be described consistently across methods and results.

In the findings section, the demographic paragraph only reports age range, gender, family status, and group size. The manuscript should provide a fuller demographic description of the sample, including age distribution or mean age, grade level, time since parental divorce, living arrangement after divorce, and parents' educational status if available. These variables are highly relevant to adolescents from divorced families and may influence self-care behaviors. If such information was not collected, the authors should acknowledge this as a limitation.

In Table 1, the descriptive statistics show that the control group's physical self-care decreased from 34.20 to 26.27, while emotional self-care increased from 26.40 to 35.07. This unexpected pattern should be addressed in the results or discussion. The authors should explain whether this change may reflect natural fluctuation, measurement sensitivity, school-related events, response bias, or differences in baseline vulnerability. Simply stating that the control group did not show the same pattern of improvement is insufficient because one control dimension appears to increase substantially.

In the assumptions paragraph, the authors state that "the normality of the distribution of self-care scores was assessed using the Kolmogorov–Smirnov test." Given the small sample size of 15 participants per group, the Shapiro–Wilk test may be more appropriate and more commonly recommended for small samples. The authors should justify the use of Kolmogorov–Smirnov or consider replacing it with Shapiro–Wilk. They should also report the actual assumption-test statistics for the self-care variables rather than only describing the results in prose.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

In the methods section, the paragraph on study design states that the study used "a pretest–posttest design with a control group," but the manuscript should clarify whether random assignment was performed after eligibility screening and whether allocation concealment or any randomization procedure was used. The term "randomly assigned" is mentioned, but the method of randomization is not described. The authors should specify whether simple randomization, drawing lots, random number generation, or another procedure was used to assign participants to the three groups.

In the methods paragraph describing the sampling process, the manuscript states that 84 students were initially identified and 45 were selected. The authors should provide more detail on how the final 45 participants were selected from the initial

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pool, especially because the study used purposive sampling. The criteria for selection should be described with reference only to self-care behaviors, consistent with the title and study variables. The manuscript should also clarify whether students were excluded because of incomplete consent, non-eligibility, low availability, or questionnaire scores.

In the inclusion criteria paragraph, the manuscript states that participants were included if they had "obtaining a low score on the self-care behaviors questionnaire." This criterion requires further methodological clarification. The authors should define what counted as a low score, whether a cut-off point was based on questionnaire norms, percentile ranking, sample distribution, or clinical judgment, and whether the cut-off was applied to total self-care or to one or more subscales. Without this information, the replicability of the sampling procedure is limited.

In the data collection tool paragraph, the description of the Adolescent Self-Care Questionnaire is detailed, but the authors should add the reliability coefficient obtained in the present sample. Reporting only previously established Cronbach's alpha values is not sufficient for an empirical article. The manuscript should report the internal consistency of the total scale and, if possible, the three subscales in the current sample, because reliability may vary across age, gender, region, and family context.

In the intervention protocol paragraph for schema therapy, the session content is rich and developmentally appropriate, but the manuscript should clarify who delivered the intervention and what qualifications, training, and supervision the therapist had. Because schema therapy involves experiential methods such as imagery, chair work, and mode work with vulnerable adolescents, therapist competence is a crucial methodological detail. The authors should state whether the interventionist was trained in schema therapy for adolescents and whether treatment fidelity was monitored.

In the intervention protocol paragraph for mindfulness-based cognitive therapy, the manuscript should clarify how homework adherence and session attendance were monitored. The protocol includes daily practices such as body scan, breathing space, mindful activities, and meditation exercises, but the effectiveness of MBCT often depends on participant engagement outside the sessions. The authors should report whether homework logs, checklists, verbal reports, or attendance records were used to assess implementation fidelity and participant adherence.

In the methods paragraph describing the control group, the manuscript states that the control group received no intervention during the study period and was placed on a waiting list. This is ethically appropriate, but the authors should clarify whether the control group had access to routine school counseling services during the research period. If routine support was available, it should be reported because it may influence posttest outcomes. If no psychological or educational intervention was received, that should also be explicitly stated.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.
Editor in Chief's decision: Accepted.

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