

Effectiveness of Schema Therapy on Psychological Capital and Post-Traumatic Stress Disorder in At-Risk Women Referred to the Social Emergency Center of Amol County

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E d i t o r	R e v i e w e r s
Hussein OMAR Alkhozah ¹ Professor, Department of Sociology, Al-Balqa' Applied University, Salt, Jordan huss1960@bau.edu.com	Reviewer 1: Nadereh Saadati ¹ Department of Couple and Family therapy, Alliant International University, California, United States of America. mdaneshpour@alliant.edu Reviewer 2: Masoud Asadi ² Assistant Professor, Department of Psychology and Counseling, Arak University, Arak, Iran. Email: m-asadi@araku.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

In the introduction, the paragraph beginning with “Adolescence and early youth, especially between the ages of 13 and 20 years...” provides a useful developmental framing, but it would benefit from a clearer theoretical connection between adolescence, trauma exposure, schema formation, and psychological capital. The paragraph currently moves rapidly from developmental vulnerability to social emergency referrals. Please expand the conceptual logic explaining why this developmental period is especially sensitive for the formation of early maladaptive schemas and long-term trauma responses.

In the introduction, the sentence “At-risk women are a group of society who, because of living in risky conditions such as poor guardianship, severe poverty, domestic violence, parental divorce, or family addiction, are on the verge of more serious crises...” is important but requires a more precise operational definition. Please clarify whether “at-risk” is defined administratively by referral to Social Emergency Center 123, clinically by trauma exposure and PTSD score, socially by social work records, or by a combination of these criteria.

In the introduction, the paragraph describing post-traumatic stress disorder states that trauma in these women is “not a single-stage event, but a set of chronic and repeated injuries.” This is a strong and clinically plausible claim, but the manuscript should distinguish between PTSD and complex PTSD more carefully. Since the sample appears to involve repeated interpersonal and familial trauma, the authors should clarify why PTSD rather than complex PTSD was selected as the main diagnostic construct.

In the intervention protocol paragraph, the schema therapy program is described as eight 90-minute sessions, but the manuscript does not provide sufficient information about treatment fidelity. Please specify who delivered the intervention, the therapist’s training and clinical qualifications, whether a treatment manual was used, whether sessions were supervised, and whether adherence to the protocol was assessed. These details are essential for evaluating the internal validity of the intervention.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

In the introduction, the discussion of psychological capital is relevant, but the manuscript should better justify why psychological capital is an outcome variable in a trauma-focused intervention. The paragraph describing self-efficacy, hope, resilience, and optimism should explicitly connect each component to trauma recovery. For example, explain how reduced hyperarousal and avoidance may allow greater self-efficacy, or how schema modification may increase hope and optimism.

In the final paragraph of the introduction, the sentence “If it is proven that schema therapy can go beyond crisis management and lead to stable changes...” is valuable but should be rewritten in a more scholarly tone. The phrase “if it is proven” sounds deterministic and causal beyond what a quasi-experimental design can support. Please revise to “If supported empirically” or “If evidence indicates,” and avoid causal wording that exceeds the design.

In the methods paragraph, the study is described as “quasi-experimental with a pretest, posttest, and follow-up design with a control group,” but the procedure later states that participants were randomly assigned to experimental and control groups by lottery. This creates ambiguity: if random assignment was implemented, the design may be closer to a randomized controlled trial, although sampling was purposive. Please clarify the distinction between purposive recruitment and random group allocation.

In the methods paragraph, the population is reported as “785 at-risk women aged 13 to 20 referred to the Social Emergency Center of Amol in 2025–2026.” The manuscript should provide more detail about how this number was obtained, whether it represents all referrals during the year, eligible referrals, or total registered cases. Additionally, specify whether all 785 individuals were screened or whether only accessible cases were reviewed.

In the participant selection paragraph, the statement “30 eligible women were selected through purposive sampling” requires more methodological detail. Please describe the screening process step by step: who conducted the clinical interview, whether a standardized trauma interview was used, how eligibility was confirmed, and how many individuals were excluded before the final sample of 30 was reached. A CONSORT-style flow description would substantially improve transparency.

In the inclusion criteria paragraph, the criterion “obtaining a score above 51 on the post-traumatic stress disorder questionnaire” needs clarification because the instrument is inconsistently described. The manuscript refers to PCL-5 but describes a 17-item scale, whereas the standard PCL-5 has 20 items. Please verify the exact instrument used, its version, scoring range, diagnostic cut-off, and compatibility with DSM-IV or DSM-5 criteria.

In the data collection tools paragraph, the Psychological Capital Questionnaire is described appropriately, but the manuscript should report reliability coefficients from the present sample. Citing previous Cronbach’s alpha values is useful, but internal consistency should also be calculated for the current data, especially because the sample is small, young, and clinically vulnerable. Please report Cronbach’s alpha or McDonald’s omega for the total scale and subscales.

In the PTSD scale paragraph, the text states that the tool “can accurately and standardly assess the severity and type of symptoms in women aged 13 to 20 years referred to social emergency.” This claim is too strong unless the questionnaire has

been specifically validated in this age group and setting. Please either provide psychometric evidence for this exact population or revise the claim to a more cautious statement about its general applicability.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor's decision: Accepted.

Editor in Chief's decision: Accepted.