**Author's response to reviews**

**Title:** The prediction of treatment outcomes by early maladaptive schemas and schema modes in obsessive-compulsive disorder

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**Author's response to reviews:** see over
Revision of the manuscript to BMC Psychiatry

Dear Dr. Gwyneth Zai and Mr. Carlo Rye Chua,

First of all, we wish to thank you and the referees for the very helpful and constructive comments on our manuscript entitled ‘The prediction of treatment outcomes by early maladaptive schemas and schema modes in Obsessive-Compulsive Disorder’. We would like to resubmit our revised version for publication in *BMC Psychiatry*.

We have thoroughly revised the manuscript, according to the helpful recommendations of the reviewers. Furthermore, we adjusted the manuscript to the journal style.

We include a point-by-point answer to your comments.

We hope that the manuscript has improved in quality. Thank you very much for considering our work for publication.

Sincerely,

Nicola Thiel
Reply to comments

We would like to thank Dr. Gwyneth Zai, Mr. Carlo Rye Chua and the Reviewers for the thoughtful evaluation of our manuscript and the helpful comments.

Reply to comment of the Editor:

1.) Please also ensure that your revised manuscript conforms to the journal style (http://www.biomedcentral.com/info/ifora/medicine_journals). It is important that your files are correctly formatted.

We thank the Editor for this indication and we see that we have not adequately formatted the manuscript in our first submission. We went through the list of the authors’ checklist for formatting the manuscript according to the journal style and hope that the formatting is correct now.

Reply to comments of Reviewer #1:

Introduction:

1.) I would recommend additional justification for including Schema-modes and especially a more detailed theoretical rationale of why dysfunctional coping and parents mode are hypothesized to be negatively related to treatment outcome.

We thank the reviewer for these helpful recommendations. Following the advices, we now provide the information for including schema modes in the analyses on page 4, line 120-124. Furthermore, we provide a detailed description why we assume that Dysfunctional Coping modes and Parent modes are related to treatment outcome (page 4, line 129, 132-139; page 5, line 140-146).

2.) 107: When referred to Voderholzer et al. (33) it is unclear if the 13 schemas that is mentioned here is EMS or other schemas. This should be written clearer.

We thank the reviewer for this note. Please accept our apologies for the unclear description. We added the information on page 4, line 124.

3.) Nothing is written about Childhood traumas here although this measurement is included in the analyses. In sentence 97, it could be mentioned and also give an explanation why childhood traumas are important controlling for.

Following the advice of the reviewer, we now provide detailed information why childhood traumatisation should be included in the statistical analyses as a predictor variable in the introduction section on page 3, line 102-109.

Method:

4.) Missing a better explanation of why some particular predictors (hoarding and traumatization) are especially important to control for. Low insight and expressed emotions, some personality disorders are also found to be predictors. What is the reason for selections?
We thank the reviewer for this helpful comment. Therefore, we now modified the description of the included predictors. A more precise description of the predictor traumatisation was included in the introduction on page 3, line 102-109 (see point 3.). In the method section we provide the information why traumatisation was considered as predictor in the statistical analyses and why comorbid personality disorders were not considered (page 10, line 273-277). Furthermore, we added the predictors ‘low insight’ and ‘expressed emotions’ to the listing of the predictors we unfortunately did not take into account in the description of the limitations in the discussion section (page 17, line 465).

5.) The greatest weakness in this study is small sample size compared to the numbers of predictors, increasing the risk for Type I error.

We thank the reviewers for this important advice. We discuss this weakness in the discussion section and point out the possibility for type I errors (page 17, line 458-460).

6.) No formal fidelity analyses were conducted. A note about this in the Discussion would be useful.

We agree with the reviewer. Following the advice, we now provide the information in the discussion section on page 17, line 469.

7.) What is meant by experienced interviewers on SCID I? How are they trained?

We apologize that we did not mention the information. We added the information about the SCID-I and –II training for the interviewers on page 06, line 164.

8.) Missing inter-rater reliability for Y-bocs.

Following the advice of the reviewer, we now integrated the calculation of the inter-rater reliability for the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) on page 10, line 285-289.

9.) Life-satisfaction schema should be described in the method section.

We thank the reviewer for this valuable suggestion. Accordingly, we added a description in the method section how the variable ‘life satisfaction’ was measured (page 8, line 224).

Discussion

10.) The discussion could provide more detail on the clinical applications of the Findings.

We fully agree with the expert and now provide more clinical implications of the results in the discussion section in various passages (page 14, line 384; page 15, line 404 and page 18, line 484-492).
Reply to comments of Reviewer #2:

1.) I would like to know according to what criteria the authors described the age of onset of the disease.

We thank the reviewer for this helpful recommendation. Following the advice, we now provide the information on page 10, line 269.

2.) According to the authors, 46 inpatients (65.7% of total patients) were receiving SSRIs or SNRIs during the study. However, the issue has not been addressed by the authors in neither Discussion nor Results sections. However, drugs may have strong effects on the EMS scores of the patients or their treatment, as we demonstrated in a published study (Atalay H, Atalay F, Bağdaciçek S. Effect of short-term antidepressant treatment on early maladaptive schemas in patients with major depressive and panic disorder. International Journal of Psychiatry in Clinical Practice 2011;15:97-105). Therefore, it should be better if they discuss the subject in any way.

We agree with the reviewer and are thankful for this important note. We now mentioned pharmacotherapy additionally to the conducted psychotherapy in the results section (page 11, line 308) and the discussion (page 16, line 440). Furthermore, we refer to the suggested study on page 15, line 412, since the authors demonstrated that the EMS emotional inhibition is more resistant to short-term SSRI treatment than other EMS. Following the advice of the reviewer, we moreover discuss the results of Atalay et al. (2011) on page 15, line 420-425.