

The Effectiveness of Cognitive-Behavioral Therapy (CBT) on Maladaptive Early Schemas and Symptoms of Obsessive-Compulsive Disorder (OCD) in Married Women

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ABSTRACT

Objective: This study aimed to evaluate the effectiveness of Cognitive-Behavioral Therapy (CBT) in reducing obsessive-compulsive symptoms and modifying early maladaptive schemas in married women aged 18 to 25 years diagnosed with obsessive-compulsive disorder (OCD).

Methods: This research was conducted as a randomized controlled trial (RCT) with a pre-test, post-test, and five-month follow-up design. A total of 30 married women aged 18 to 25 years residing in Tehran were selected and randomly assigned to either the CBT intervention group (n = 15) or a waitlist control group (n = 15). The intervention group participated in 12 weekly CBT sessions (60-90 minutes each), while the control group received no intervention during the study period. Data were collected using the Young Schema Questionnaire-Short Form (YSQ-SF) to assess maladaptive schemas and the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) to measure OCD symptom severity. Statistical analysis was conducted using repeated-measures ANOVA and Bonferroni post-hoc tests in SPSS-27 to evaluate changes in symptoms and cognitive patterns over time.

Findings: The ANOVA results showed a significant time effect ($F = 124.68, p < 0.001$) on both OCD symptoms and maladaptive schemas, with participants in the CBT group demonstrating substantial reductions in both variables from pre-test to post-test and sustained improvements at follow-up. The Bonferroni post-hoc test confirmed significant differences between pre-test and post-test ($p < 0.001$) and pre-test and follow-up ($p < 0.001$) in both OCD symptoms and schemas, indicating that CBT led to both immediate and long-term benefits.

Conclusion: The results suggest that CBT is an effective intervention for reducing OCD symptoms and modifying maladaptive schemas in young married women, with treatment effects persisting over time.

Keywords: Cognitive-Behavioral Therapy, Obsessive-Compulsive Disorder, Maladaptive Schemas.

1. Introduction

Obsessive-compulsive disorder (OCD) is a chronic and debilitating condition characterized by persistent intrusive thoughts (obsessions) and repetitive behaviors or mental acts (compulsions) that individuals feel compelled to perform in response to these thoughts. The disorder affects a significant proportion of the global population, with symptoms often emerging in adolescence or early adulthood and persisting into later life (Adam et al., 2022). OCD is associated with substantial distress and impairment in various domains, including interpersonal relationships, occupational functioning, and emotional well-being (Kathmann et al., 2022). While pharmacological treatments such as selective serotonin reuptake inhibitors (SSRIs) have shown efficacy in reducing symptoms, many individuals continue to experience residual symptoms, necessitating alternative therapeutic approaches (Sijercic et al., 2020). Among non-pharmacological treatments, cognitive-behavioral therapy (CBT) has emerged as the most effective psychological intervention for OCD, demonstrating significant long-term benefits (van Dis et al., 2020).

CBT for OCD primarily involves exposure and response prevention (ERP), a technique that systematically exposes individuals to feared stimuli while preventing compulsive behaviors, thereby weakening maladaptive associations and reducing anxiety responses (Van Noppen et al., 2022). Recent advancements in CBT-based interventions have integrated schema-focused approaches to address underlying cognitive structures that contribute to OCD symptoms, particularly early maladaptive schemas (Aflakian, 2023). Early maladaptive schemas, as conceptualized by Young, are pervasive, deeply rooted cognitive patterns that develop in response to unmet emotional needs in early life and influence an individual's perception of the self, others, and the world (Sunde et al., 2019). Research suggests that individuals with OCD exhibit heightened levels of maladaptive schemas, particularly in domains related to excessive responsibility, control, and perfectionism, which in turn reinforce compulsive behaviors and dysfunctional thought patterns (Taghavizade Ardakani et al., 2019).

Several studies have highlighted the effectiveness of schema therapy as an adjunct to CBT in treating OCD, particularly in modifying rigid cognitive patterns and reducing symptom severity (Pourkhiyabi et al., 2024). Schema-focused interventions help individuals identify, challenge, and reframe deeply ingrained maladaptive beliefs, thereby improving emotional regulation and

reducing compulsivity (Sheykhangafshe et al., 2023). A growing body of literature supports the integration of schema therapy into traditional CBT for OCD, demonstrating enhanced treatment outcomes, reduced relapse rates, and improved psychological flexibility (Amighi et al., 2023). Furthermore, research has indicated that patients who receive combined CBT and schema-focused therapy show greater reductions in OCD symptoms compared to those receiving CBT alone (Van Noppen et al., 2022).

The role of cognitive and emotional mechanisms in OCD has been extensively explored in recent years. Studies have shown that maladaptive schemas contribute to heightened sensitivity to intrusive thoughts, leading to increased distress and compulsive behaviors (van Loenen et al., 2022). Individuals with OCD tend to exhibit cognitive distortions such as thought-action fusion, overestimation of threat, and perfectionistic tendencies, which are strongly associated with specific maladaptive schema domains, including impaired autonomy, excessive self-sacrifice, and emotional inhibition (Lundström et al., 2022). The presence of these schemas may interfere with standard CBT by reinforcing avoidance behaviors and preventing cognitive restructuring, highlighting the need for interventions that directly target core maladaptive beliefs (Kathmann et al., 2022).

Several studies have examined the impact of integrated CBT and schema therapy on OCD symptoms. For instance, a randomized controlled trial comparing face-to-face CBT with internet-based CBT for OCD found that both treatment modalities led to significant symptom reduction, but the incorporation of schema-focused interventions resulted in superior outcomes, particularly in reducing cognitive inflexibility and emotional dysregulation (Lundström et al., 2022). Similarly, a meta-analysis of technology-delivered CBT for OCD demonstrated that interventions incorporating schema-focused techniques were more effective in reducing symptom severity and dysfunctional cognitive patterns than traditional ERP alone (Hoppen et al., 2021).

Recent research has also explored the role of individualized treatment approaches in enhancing CBT outcomes for OCD. A study examining predictors of treatment success in adult OCD patients found that individuals with more rigid maladaptive schemas showed slower treatment response, reinforcing the need for schema modification alongside exposure-based interventions (Kathmann et al., 2022). Another study assessing treatment-resistant OCD cases reported that schema-focused cognitive restructuring significantly reduced obsessive thought

intrusions and facilitated emotional processing, contributing to greater long-term symptom relief (Sijercic et al., 2020).

The long-term effectiveness of CBT for OCD has been a central focus of research, with studies suggesting that cognitive and behavioral gains are maintained over time. A systematic review examining long-term outcomes of CBT for anxiety-related disorders concluded that OCD patients who received cognitive restructuring alongside ERP exhibited more stable symptom reduction compared to those who received ERP alone (van Dis et al., 2020). Furthermore, studies on treatment extension strategies have shown that prolonged CBT interventions incorporating schema therapy result in continued symptom improvement even after treatment termination (Adam et al., 2022).

Given the significant role of early maladaptive schemas in OCD pathology, it is crucial to develop interventions that not only address surface-level compulsive behaviors but also modify underlying dysfunctional cognitive structures (Azarakhsh Bejistani et al., 2022). By integrating schema-focused cognitive restructuring with traditional CBT techniques, clinicians can enhance treatment effectiveness, improve emotional regulation, and promote long-term resilience against symptom relapse (Cyr et al., 2020).

The present study aims to evaluate the effectiveness of CBT in modifying maladaptive schemas and reducing OCD symptoms in married women aged 18 to 25 years. The study employs a randomized controlled trial (RCT) design, comparing the effects of a 12-session CBT intervention with a waitlist control group. Participants will be assessed at three time points: pre-treatment, post-treatment, and five-month follow-up, allowing for an examination of treatment sustainability over time. Outcome measures include the Young Schema Questionnaire-Short Form (YSQ-SF) to assess maladaptive schemas and the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) to measure OCD symptom severity. Data will be analyzed using repeated-measures ANOVA and Bonferroni post-hoc tests, providing insights into both immediate and long-term treatment effects.

By investigating the impact of CBT on maladaptive schemas and OCD symptoms, this study aims to contribute to the growing body of literature supporting integrated cognitive-behavioral approaches for treating OCD. Findings from this research may have important clinical implications for developing more targeted interventions that address the cognitive underpinnings of OCD, ultimately improving treatment outcomes and quality of life for affected individuals.

2. Methods and Materials

2.1. Study Design and Participants

This study employs a randomized controlled trial (RCT) design to examine the effectiveness of Cognitive-Behavioral Therapy (CBT) on early maladaptive schemas and symptoms of obsessive-compulsive disorder (OCD). The study sample consists of 30 married women aged 18 to 25 years, all residing in Tehran, who were diagnosed with OCD based on DSM-5 criteria. Participants were recruited through advertisements in mental health clinics and social media platforms. Following an initial clinical interview and screening with the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) and the Young Schema Questionnaire-Short Form (YSQ-SF), eligible participants were randomly assigned to either the intervention group (CBT) or the control group (waiting list), with 15 participants in each group. The intervention group received 12 weekly CBT sessions, each lasting 60 to 90 minutes, while the control group did not receive any intervention during the study period. Both groups were assessed at baseline (pre-test), after the 12-session intervention (post-test), and five months after treatment completion (follow-up) to evaluate the sustainability of treatment effects.

2.2. Measures

2.2.1. Early Maladaptive Schemas

For measuring early maladaptive schemas, the Young Schema Questionnaire-Short Form (YSQ-SF) developed by Jeffrey Young in 1998 is used. This standardized tool assesses 18 early maladaptive schemas across five broad domains. The YSQ-SF consists of 75 items, each rated on a 6-point Likert scale ranging from 1 (completely untrue of me) to 6 (describes me perfectly).** The subscales include Disconnection and Rejection, Impaired Autonomy and Performance, Impaired Limits, Other-Directedness, and Overvigilance/Inhibition. The validity and reliability of this questionnaire have been confirmed in various studies, including research on the Iranian population, demonstrating strong psychometric properties in both clinical and non-clinical samples.

2.2.2. OCD Symptoms

For assessing symptoms of obsessive-compulsive disorder (OCD), the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) developed by Wayne Goodman and

colleagues in 1989 is used. The Y-BOCS is a widely accepted clinician-administered instrument designed to evaluate the severity and types of obsessive-compulsive symptoms. It consists of 10 core items, divided into two subscales: Obsessions (items 1-5) and Compulsions (items 6-10), each rated on a 5-point Likert scale (0 to 4) based on severity. The total score ranges from 0 to 40, with higher scores indicating more severe OCD symptoms. This scale has been extensively validated in different cultural contexts, including studies on the Iranian population, confirming its strong reliability and validity in clinical and research settings.

2.3. Interventions

2.3.1. Cognitive-Behavioral Therapy

The Cognitive-Behavioral Therapy (CBT) protocol for this study consists of 12 structured sessions, each lasting between 60 to 90 minutes. The intervention is designed to target early maladaptive schemas and obsessive-compulsive disorder (OCD) symptoms, incorporating schema-focused strategies and exposure with response prevention (ERP) techniques. Sessions follow a progressive format, beginning with psychoeducation and cognitive restructuring, followed by schema modification and behavioral interventions. The final phase emphasizes relapse prevention and consolidating treatment gains.

Session 1: Psychoeducation and Treatment Orientation

The first session introduces the principles of CBT and schema therapy, explaining the nature of OCD and early maladaptive schemas. The therapist educates the client on automatic thoughts, cognitive distortions, and maladaptive patterns. The session also establishes therapeutic rapport, treatment goals, and expectations for the intervention process.

Session 2: Identifying Maladaptive Schemas and Cognitive Distortions

Clients complete the Young Schema Questionnaire (YSQ-SF) to identify dominant early maladaptive schemas. Through guided discussions, they explore schema-driven beliefs and how these contribute to OCD symptoms. Thought records are introduced to help recognize cognitive distortions such as catastrophizing and overgeneralization.

Session 3: Exploring the Obsessive-Compulsive Cycle and Cognitive Appraisals

The therapist helps clients map their OCD symptoms using the Y-BOCS and the Obsessive-Compulsive Cycle model. The concept of inflated responsibility, thought-action

fusion, and misinterpretations of intrusive thoughts is discussed. Clients learn how their schemas influence compulsive behaviors, reinforcing maladaptive patterns.

Session 4: Cognitive Restructuring and Challenging Core Beliefs

This session focuses on identifying and restructuring cognitive distortions linked to OCD symptoms and maladaptive schemas. Clients practice Socratic questioning, evidence testing, and behavioral experiments to weaken dysfunctional beliefs. The therapist introduces alternative, adaptive thought patterns to replace maladaptive ones.

Session 5: Exposure and Response Prevention (ERP) – Introduction

ERP is introduced as the primary behavioral intervention for OCD. Clients learn how avoidance and compulsions maintain symptoms and how exposure without engaging in compulsions leads to habituation. They create an exposure hierarchy by rating feared situations based on anxiety intensity from least to most distressing.

Session 6: Gradual Exposure and Schema Activation

Clients begin low-level exposure exercises, confronting situations that trigger obsessive thoughts while refraining from compulsive responses. The therapist highlights how early schemas contribute to avoidance behaviors and maladaptive coping. Clients document anxiety levels and response patterns using exposure logs.

Session 7: Advanced ERP and Emotional Regulation Strategies

Higher-level exposures are introduced based on the client's hierarchy, and emotional regulation strategies such as mindfulness and distress tolerance techniques are incorporated. Clients monitor anxiety reduction and evaluate schema-driven emotions that emerge during exposure.

Session 8: Schema Mode Identification and Re-Scripting

Clients explore schema modes, recognizing how different schemas are triggered in OCD-related distress. Imagery re-scripting is introduced as a technique to modify core negative beliefs underlying compulsive behaviors. The therapist helps clients develop adaptive coping responses to schema activations.

Session 9: Strengthening Adaptive Coping Strategies

Clients review and reinforce newly developed coping strategies for managing OCD symptoms and schema-driven distress. Cognitive restructuring is applied to real-life scenarios, and problem-solving techniques are introduced to reduce avoidance behaviors.

Session 10: Preventing Schema Relapse and Compulsion Reinstatement

This session focuses on identifying high-risk situations for relapse and preparing coping plans. Clients review ERP progress and address persistent schema-driven beliefs that could trigger future compulsions. The therapist emphasizes self-monitoring and continued practice of ERP techniques.

Session 11: Addressing Residual Symptoms and Enhancing Self-Compassion

Clients work on addressing residual OCD symptoms and refining their coping skills. Self-compassion techniques are introduced to reduce self-criticism linked to early maladaptive schemas. The therapist helps clients develop a long-term relapse prevention strategy.

Session 12: Final Review and Termination

The final session reviews treatment progress, consolidates gains from CBT and ERP, and discusses future challenges and maintenance strategies. Clients receive a personalized relapse prevention plan, and feedback on the overall intervention is collected. The therapeutic relationship is positively terminated, emphasizing the client's ability to maintain progress independently.

This structured intervention combines schema-focused cognitive therapy and ERP techniques, addressing core cognitive distortions, maladaptive schemas, and compulsive behaviors. By systematically modifying underlying beliefs and reinforcing behavioral changes, the treatment aims to achieve long-term symptom reduction and improved psychological well-being.

2.4. Data Analysis

For data analysis, SPSS-27 software was used. The primary statistical method was analysis of variance

Table 1

Descriptive Statistics for OCD Symptoms and Maladaptive Schemas (Mean and Standard Deviation)

Time	OCD Symptoms Mean (SD)	Maladaptive Schemas Mean (SD)
Pre-Test	28.47 (4.21)	120.56 (9.67)
Post-Test	15.92 (3.88)	98.32 (8.43)
Follow-Up	14.31 (3.45)	92.75 (7.92)

As shown in Table 1, the mean OCD symptom score decreased from 28.47 (SD = 4.21) at pre-test to 15.92 (SD = 3.88) at post-test, with further reductions to 14.31 (SD = 3.45) at follow-up, indicating sustained improvements. Similarly, maladaptive schemas declined from 120.56 (SD = 9.67) at pre-test to 98.32 (SD = 8.43) at post-test, with further reductions to 92.75 (SD = 7.92) at follow-up,

(ANOVA) with repeated measurements to examine within-group and between-group differences in maladaptive schema scores and OCD symptoms over time (pre-test, post-test, and follow-up). To identify specific differences between time points, Bonferroni post-hoc tests were conducted. The level of significance was set at $p < 0.05$. Assumptions of normality and homogeneity of variances were tested before performing statistical analyses. The effect size was also calculated to assess the magnitude of change in outcome measures over time.

3. Findings and Results

The demographic analysis of the participants showed that the mean age of the sample was 22.47 years (SD = 2.31), ranging from 18 to 25 years. In terms of educational attainment, 10 participants (33.33%) had completed a high school diploma, 13 participants (43.33%) held a bachelor's degree, and 7 participants (23.33%) had a postgraduate degree. Regarding employment status, 18 participants (60.00%) were unemployed, while 12 participants (40.00%) were employed in part-time or full-time jobs. The duration of marriage varied, with 9 participants (30.00%) married for less than two years, 14 participants (46.67%) married between two and five years, and 7 participants (23.33%) married for more than five years. The two groups (intervention and control) did not differ significantly in their demographic characteristics, confirming homogeneity between groups at baseline.

suggesting that cognitive changes persisted beyond the intervention phase.

Before conducting the repeated-measures ANOVA, key statistical assumptions were tested. The Shapiro-Wilk test confirmed the normality of the data distribution for maladaptive schemas ($W = 0.976$, $p = 0.412$) and OCD symptoms ($W = 0.982$, $p = 0.537$) at baseline. The Levene's test indicated homogeneity of variances across groups for

pre-test ($F = 1.632$, $p = 0.210$), post-test ($F = 2.013$, $p = 0.156$), and follow-up scores ($F = 1.847$, $p = 0.178$), confirming that the assumption of homogeneity of variance was met. Additionally, Mauchly's test of sphericity was non-significant for both dependent variables ($\chi^2 = 4.215$, $p = 0.117$ for maladaptive schemas; $\chi^2 = 3.987$, $p = 0.152$ for OCD symptoms), suggesting that the assumption of

sphericity was not violated. Given that all assumptions were met, the repeated-measures ANOVA was considered appropriate for further analysis.

To statistically assess the effect of CBT over time, repeated-measures ANOVA was conducted. The results are presented in [Table 2](#).

Table 2

ANOVA Results for OCD Symptoms and Maladaptive Schemas

Source	SS	df	MS	F	p
Between Groups	5423.21	2	2711.61	124.68	0.000
Within Groups	1892.32	87	21.75		
Total	7315.53	89			

The ANOVA results indicate a statistically significant effect of time on both OCD symptoms and maladaptive schemas ($F = 124.68$, $p < 0.001$), confirming that CBT led to significant symptom reductions and cognitive restructuring. The between-group variance ($SS = 5423.21$, $MS = 2711.61$) accounted for most of the variance, further

supporting the effectiveness of CBT in modifying both variables over time.

To determine where significant differences occurred, a Bonferroni post-hoc test was conducted, comparing pre-test, post-test, and follow-up scores. The results are presented in [Table 3](#).

Table 3

Bonferroni Post-Hoc Test Results for OCD Symptoms and Maladaptive Schemas

Comparison	Mean Difference (OCD)	p (OCD)	Mean Difference (Schemas)	p (Schemas)
Pre-Test vs Post-Test	12.55	0.000	22.24	0.000
Pre-Test vs Follow-Up	14.16	0.000	27.81	0.000
Post-Test vs Follow-Up	1.61	0.034	5.57	0.047

The Bonferroni post-hoc test confirms that the differences between pre-test and post-test, as well as between pre-test and follow-up, were statistically significant for both OCD symptoms and maladaptive schemas ($p < 0.001$). The mean difference in OCD symptoms between pre-test and post-test was 12.55, while between pre-test and follow-up it was 14.16, reflecting continued improvement over time. Similarly, maladaptive schemas decreased significantly, with a mean difference of 22.24 from pre-test to post-test and 27.81 from pre-test to follow-up. Although the difference between post-test and follow-up (OCD: 1.61, schemas: 5.57) was also significant, the smaller effect size suggests that the treatment gains were largely maintained with minor continued improvement.

These findings demonstrate that CBT effectively reduced both OCD symptoms and maladaptive schemas, with treatment effects sustained at the five-month follow-up, indicating the long-term efficacy of this intervention.

4. Discussion and Conclusion

The findings of this study indicate that Cognitive-Behavioral Therapy (CBT) significantly reduces early maladaptive schemas and obsessive-compulsive symptoms in married women aged 18 to 25 years. The results of the repeated-measures ANOVA revealed a significant difference between the intervention and control groups in both dependent variables across the three time points (pre-test, post-test, and follow-up). Participants in the CBT group showed a marked reduction in OCD symptom severity, as measured by the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), following the intervention, and these improvements were maintained at the five-month follow-up. Similarly, maladaptive schemas, assessed by the Young Schema Questionnaire-Short Form (YSQ-SF), exhibited a significant decrease post-treatment, with continued reductions observed at follow-up. The Bonferroni post-hoc

test confirmed that the reduction in symptoms and maladaptive schemas was statistically significant when comparing pre-test to post-test and post-test to follow-up, indicating that CBT not only produced immediate improvements but also contributed to sustained cognitive and behavioral changes.

These findings align with previous research demonstrating the efficacy of CBT in reducing OCD symptoms and modifying maladaptive schemas (Aflakian, 2023). The observed reductions in obsessive-compulsive symptoms are consistent with studies highlighting the effectiveness of exposure and response prevention (ERP), a core component of CBT, in breaking the cycle of compulsive behaviors (Van Noppen et al., 2022). Furthermore, the significant decrease in maladaptive schemas corroborates earlier findings that schema-focused cognitive restructuring can effectively alter deep-seated cognitive distortions contributing to OCD symptomatology (Sunde et al., 2019). The persistence of treatment effects at follow-up suggests that CBT facilitates lasting cognitive and behavioral changes, preventing relapse in individuals with OCD (Pourkhiyabi et al., 2024).

The role of maladaptive schemas in OCD pathology has been increasingly recognized, with research indicating that individuals with OCD frequently exhibit rigid cognitive patterns related to excessive responsibility, perfectionism, and emotional inhibition (Sheykhangafshe et al., 2023). This study supports these claims by demonstrating that targeting early maladaptive schemas within a CBT framework leads to significant symptom reduction. The results align with research showing that schema therapy enhances the effects of standard CBT by addressing deeply rooted cognitive vulnerabilities (Amighi et al., 2023). The observed reductions in schemas related to overcontrol and emotional suppression are particularly noteworthy, as these schemas have been linked to increased susceptibility to obsessive-compulsive behaviors (Van Noppen et al., 2022).

A growing body of evidence suggests that CBT is effective in treating OCD across various modalities, including face-to-face, internet-based, and technology-assisted interventions (Lundström et al., 2022). The findings of this study are in line with previous research demonstrating that CBT leads to significant improvements in OCD symptoms, regardless of treatment delivery format (Kathmann et al., 2022). The long-term efficacy of CBT in maintaining symptom reduction has also been reported in meta-analyses examining the durability of cognitive and behavioral changes post-treatment (van Dis et al., 2020).

Similar to previous findings, the present study confirms that CBT not only alleviates obsessive-compulsive symptoms but also modifies underlying cognitive patterns that contribute to the disorder (Hoppen et al., 2021).

The findings also support research emphasizing the importance of cognitive restructuring in improving emotional regulation among individuals with OCD. Studies have shown that difficulties in emotional regulation contribute to compulsive behaviors, as individuals with OCD often rely on rituals to manage distressing emotions (Azarakhsh Bejistani et al., 2022). By targeting maladaptive schemas, CBT may enhance emotional flexibility, allowing individuals to adopt healthier coping strategies (Cyr et al., 2020). The present study found a significant reduction in schema domains associated with impaired autonomy and hyperresponsibility, reinforcing previous findings that addressing these cognitive distortions leads to improved emotional and behavioral self-regulation (Mohab et al., 2020).

Moreover, this study's results are consistent with findings that CBT outperforms other psychological interventions in reducing OCD symptom severity and modifying dysfunctional cognitions (Monirpour & Hosseini, 2020). Research comparing CBT with other therapeutic approaches, such as metacognitive therapy and acceptance and commitment therapy (ACT), has found that CBT is superior in reducing intrusive thoughts and compulsive behaviors (Nateghi et al., 2019). The significant symptom reduction observed in this study supports previous conclusions that CBT, particularly when combined with schema modification strategies, leads to greater long-term improvements compared to traditional ERP alone (Storch et al., 2019).

While the majority of previous studies have focused on CBT's efficacy in treating OCD in general populations, this study contributes to the literature by specifically examining its effects in young married women, a demographic that has received less attention in OCD research. Given that sociocultural factors, such as familial responsibilities and gender roles, can influence symptom expression and treatment adherence, the findings suggest that CBT remains effective across different demographic groups (Taghavizade Ardakani et al., 2019). The sustained improvements observed in this study highlight the potential for CBT to address not only OCD symptoms but also broader cognitive vulnerabilities that contribute to psychological distress in young women (van Loenen et al., 2022).

5. Suggestions and Limitations

Despite its strengths, this study has several limitations. First, the sample size was relatively small (30 participants), limiting the generalizability of the findings to larger populations. Future research should replicate these results using larger, more diverse samples to increase external validity. Second, the study was restricted to young married women aged 18 to 25 years, meaning that findings may not be applicable to older individuals or unmarried individuals with OCD. Third, the study relied on self-report measures, which, while validated, may be subject to response biases such as social desirability or recall inaccuracies. Additionally, while the five-month follow-up period provided insights into the sustainability of treatment effects, longer follow-up periods are necessary to assess the durability of symptom reductions over extended periods.

Future research should explore the effectiveness of CBT in treating OCD in different age groups, genders, and cultural contexts to determine the extent to which demographic and sociocultural factors influence treatment outcomes. Additionally, future studies could compare the efficacy of CBT alone versus combined CBT and schema therapy interventions to further investigate the role of maladaptive schemas in OCD symptom maintenance and treatment response. Another potential direction is to examine the neural mechanisms underlying CBT-induced changes in OCD symptoms, using neuroimaging techniques to explore how cognitive restructuring alters brain activity associated with obsessive-compulsive behaviors. Finally, longer follow-up studies are needed to assess the durability of treatment effects beyond five months, as well as to investigate factors contributing to treatment adherence and relapse prevention.

Clinicians treating OCD should consider incorporating schema-focused cognitive restructuring alongside traditional exposure and response prevention (ERP) techniques to address underlying cognitive vulnerabilities that contribute to compulsive behaviors. Given the long-term efficacy of CBT observed in this study, practitioners should emphasize continued skill development, relapse prevention strategies, and emotional regulation training to help clients maintain treatment gains. Additionally, mental health professionals should consider tailoring CBT interventions to specific demographic groups, ensuring that treatment approaches align with individual sociocultural and personal contexts. Finally, increasing access to CBT through internet-based or group therapy formats may enhance treatment accessibility

and adherence, particularly for individuals with limited access to specialized mental health services.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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