








# Comparison of the Effectiveness of Relapse Prevention Therapy Based on Neurofeedback and Cognitive Rehabilitation on Clinical Symptoms in Women Using Methamphetamine

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E d i t o r	R e v i e w e r s
Mohsen Joshanloo  Associate Professor, Department of Psychology, Keimyung University, 1095 Dalgubeol Boulevard, Dalseo-Gu, Daegu 42601, South Korea mohsen.joshanloo@unimelb.edu.au	<b>Reviewer 1:</b> Zahra Yousefi  Assistant Professor, Department of Psychology, Isfahan Branch (Khorasgan), Islamic Azad University, Isfahan, Iran. Email: Z.yousefi1393@khuif.ac.ir <b>Reviewer 2:</b> Mohsen Golparvar  Professor, Department of Psychology, Isfahan Branch (Khorasgan), Islamic Azad University, Isfahan, Iran. mgolparvar@khuif.ac.ir

## 1. Round 1

### 1.1. Reviewer 1

Reviewer:

The authors mention, “Neurofeedback rehabilitation is a method that has recently been studied for its effectiveness...” — this section would benefit from a more critical synthesis of contrasting findings. Consider including meta-analytical results or at least one contradictory study to contextualize the limitations of neurofeedback for SUDs.

The authors list several cognitive functions targeted (e.g., working memory, attention), but there is no mention of how improvement was assessed beyond pre/post MPQ and DDQ scores. Consider adding a process evaluation tool or manipulation check.

The sentence, “Assumptions for parametric ANCOVA analysis were examined...” is accurate, but the authors do not present the actual results of these tests (e.g., p-values for Shapiro-Wilk or Levene’s test). Please include these values, perhaps as an appendix.

The authors speculate, “...may not have directly targeted the pain-processing regions.” Consider citing neuroanatomical evidence or neuroimaging literature on SMR/alpha-theta training and pain perception circuits.

The statement, “both interventions can be effective for craving reduction...” is valid but would benefit from a stronger practical implication. For example, suggest how this evidence might inform treatment guidelines or center-level practices.

Authors revised the manuscript and uploaded the document.

### 1.2. Reviewer 2

Reviewer:

The statement, “Few studies have explored neurofeedback rehabilitation for anxiety in substance use disorders...” is vague. Please clarify what constitutes “few” and provide a more specific numerical or percentage-based citation if available.

The authors write, “...no research in Iran has explored neurofeedback-based relapse prevention in conjunction with cognitive rehabilitation.” This is a strong claim that requires a citation or at least a mention of a systematic search strategy to validate it.

Please provide a rationale for the specific use of the Cz and Pz regions. Are these locations supported by prior studies on methamphetamine-related neurofeedback protocols?

The claim, “neurofeedback training can help regulate neural mechanisms...” would benefit from citing EEG/fMRI studies that directly link neurofeedback protocols to changes in craving-related brain activity.

The sentence, “This may explain why participants in the cognitive rehabilitation group reported lower levels...” is speculative. Please consider referencing specific prior studies that report similar effects of CRT on perceived control or craving.

Authors revised the manuscript and uploaded the document.

## 2. Revised

Editor’s decision: Accepted.

Editor in Chief’s decision: Accepted.