

NEUROFEEDBACK

ASSESSMENT AND REVIEW

REASON FOR REFERRAL

- This is an important and not to be neglected aspect of the assessment process.
- Client expectations are critical to outcome and form the fundamental basis for communication.
- Setting up for success requires clarity in goal setting and measurement of outcomes.

COMPREHENSIVE NEURODIAGNOSTIC CHECKLIST

- CNC is the core of the Brownback Mason training approach.
- See: brownbackmason.com
- 300 item checklist. Next level is CNC L2 to refine questions and establish CTC 50-60 items for tracking purposes.
- My approach is to review the EEG prior to reviewing the CNC. That way I can estimate how informative was the EEG and what I would expect in the symptom list.

QEEG

- WinEEG with Mitsar 201 amplifier
- Quantification requires a minimum of 2 minutes clean data to provide adequate quantification.
- Neurological standards are for 20 minutes of raw data. As we have no formal relationship I rarely achieve this standard opting for shorter exams. The exceptions are when epilepsy is a probability as in ASD or when suspected while monitoring the exam. Also is vigilance is considered an issue a longer study can be helpful in measuring vigilance.

QEEG EXAM

- Study the raw EEG first and foremost. The further one goes from this level of observation the greater the possibility of error.
- Artifacts kept to a minimum. Eye Blink, Lateral Eye movement, Pulse, Sweat, Movement EMG and lastly poor contact on electrode.
- Montage: Primarily I prefer Laplacian over linked Ears
- Spectral, Asymmetry, Coherence, Theta/Beta Ratio, Loreta Analyses.
- Database Comparisons.

ADDITIONAL TESTS

TOVA

DASS

ATEC

Connors

SCL-90

CNC Vital Signs

QEEG REPORT

- Summary of symptoms and complaints.
- Findings (Technical) explained. Psychoeducational component is very important.
- Interpretation of Findings: How does the EEG match the symptoms. Can we account for the complaints in the EEG or not.
- Clinical Hypotheses. What the heck can we do about what we found.
- Training plan. Back before front, Low before high. Follow the flow of information processing in balance with complaints.

PROGRESS REVIEW

- Feedback is critical to success of interventions whether NFB or psychotherapy.
- Initial response to training may change entire plan. Fall back to symptom guided training as in the arousal regulation model first promoted by the Othmers.
- Progress Tracker helps determine when to change/adapt protocols.
- Retests. Example- TOVA and/or MiniQ assessments after 20 sessions.
- Post Training qEEG: After 30-40 sessions due to expense.