NEW MENTALITY

BIOFEEDBACK • NEUROFEEDBACK • COUNSELING

Veterans Training Program

Set-Aside: WOSB | GSA: *47QREA19D0001* | *Schedule: 738x*

Retraining the brains of our Veterans without medications.

www.newmentalityinc.com

NEWMENTALITY

Content

Capabilities Statement 1
About New Mentality & Founder 2
About Veterans Biofeedback Training Program 3
Possible Symptoms Associated With Post-traumatic Stress Disorder 3
Possible Symptoms Associate With TBI (Traumatic Brain Injury) in Veterans 4
Assessments/evaluations for Veteran's Biofeedback Training Program 4
Benefits of Neurofeedback 4
What to Expect from Neurofeedback Training Session 5
Things to Look for After Neurofeedback Sessions 5
New Mentality Sample Veteran Brain Map 6
5 Common Brainwave Imbalances 9
Research and Clinical Efficacy of Biofeedback Training 10

The Ultimate Veteran Brain Training Experience

NEWMENTALITY

Capabilities Statement

Retraining the brains of our Veterans without medications.

New Mentality, P.C., founded in Mooresville, N.C. in 2012, **is a premier mental health treatment facility**. Offering traditional and alternative treatments, New Mentality offers biofeedback, neurofeedback and traditional counseling services.

By **offering alternative treatments**, New Mentality can treat Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder, depression, anxiety, post-traumatic stress disorder, and other mental health disorders **without the use of medication**.

What We Do

+ Adult ADD/ADHD
+ Child ADD/ADHD
+ Clinical and Mental Health
+ Peak Performance Training
+ PTSD/TBI
+ Relaxation and Stress Management
+ Test Anxiety Program

Treatments

+ BIOFEEDBACK
+ NEUROFEEDBACK
+ COUNSELING
+ QEEG BRAIN MAPPING

Government Info

NAICS:
621330 Offices of Mental Health Practitioners
6214 98 Outpatient Care Centers
621420 Outpatient Mental Health and Substance Abuse CentersTreatments

Product Service Code
G004 Social Rehabilitation
G099 Other

DUNS: 024487727
CAGE: 7GL40
GSA: 47QREA19D0001

Differentiators

+ New Mentality, P.C. is not just a traditional counseling facility. New Mentality incorporates alternative treatments by implementing biofeedback and neurofeedback in client treatment models, no matter their age or diagnosis. With the use of the qEEG brain map and other assessment tools, New Mentality can diagnose and treat mental health disorders with more accuracy.
+ Members of the New Mentality team are board certified in neurofeedback by the Biofeedback Certification International Alliance. Four team members hold master's degrees and all team members are extremely compassionate and empathetic towards those we serve.
+ New Mentality, P.C. works to empower our clients on learning about their brain, bodies and overall health in guiding them to a better place mentally and emotionally.

Established Relationships

THE INDEPENDENCE FUND

NPO which provides mobility devices and a drug -free approach to treating veterans, children and adults with PSTD and other ailments.

RJ REDEEMING JOY
A SAFE PLACE TO HEAL

NPO Redeeming Joy's mission is to provide women who have been sexually exploited and/or assaulted a safe, secure environment.

Rowan-Salisbury SCHOOL SYSTEM
Extraordinary Education Every Day

PreK-12 graded school district in NC. New Mentality's licensed therapists provide counseling services to children in the school setting.

Contact

Tracy Alston | President
P: (704) 799-1270
F: (704) 799-1271
Email: tracy@newmentalityinc.com
Address: 816 Brawley School Road Suite D.
Mooresville, NC 28117

About New Mentality

WOSB

GSA: Currently Applying

Offers Biofeedback, Neurofeedback, qEEG Brain Mapping and Counseling Services.

We treat anxiety, depression, post-traumatic stress disorder, traumatic brain injuries, attention deficit disorders, and improve stress management and peak performance without the use of medications.

About Tracy Alston

Tracy Alston is board certified in biofeedback and neurofeedback by the Biofeedback Certification International Alliance.

+ Founder & CEO of New Mentality, P.C.
+ Licensed professional counselor
+ Board certified by the BCIA (Biofeedback Certification International Alliance) in Biofeedback and neurofeedback
+ Certified Clinicial Trauma Professional
+ Adjunct professor of psychology at Mitchell Community College
+ Graduate of Wake Forest University, with BA in Sociology
+ Graduate of Lenior-Rhyne University with a dual Master's in Community Agency Counseling w/school licensure
+ Freelance journalist for Feelin' Good Magazine
+ Member of the Association for Applied Psychophysiology and Biofeedback (AAPB)
+ Member of the Southeast Biofeedback and Clinical Neuroscience Association (SBCNA)
+ Member of International Association of Trauma Professionals (IATP)
+ Member of North Carolina Counselors (NCC)
+ Member of Licensed Professional Counselors Association of North Carolina (LPCANC)

About the Veterans Biofeedback Training Program

According to the most recent study published by the Veterans Administration, 20 veterans a day commit suicide. At New Mentality, we are passionate about helping our nations heroes.

The New Mentality Veterans' Training Program is designed to work directly with veterans and organizations that serve veterans who are looking for additional mental health support and treatment options for Post-Traumatic Stress Disorder, Traumatic Brain Injury and Chronic Pain.

With our innovative technology, our neurotherapists perform a neurophysiologic stress test designed to measure heart rate variability, muscle tension, skin conductance and other physiological responses to gather a baseline of how the client's body reacts to stress and trauma.

Our neurotherapists conduct qEEG brain maps on each veteran, which allows the veteran and the neurotherapists to begin to understand how the individual's brain is functioning. With the neurophysiologic stress test, qEEG brain mapping information and a combination of other clinical assessments, our team can create a treatment program best suited for our nations heroes to treat the underlying effects of PTSD and TBI.

Possible Symptoms Associated with Post-traumatic Stress Disorder

1. Reliving the event (re-experiencing symptoms)

a. Possible nightmares
b. Possibility of feeling like you are going through the event again. This is called a flashback.
c. Possibility of seeing, hearing or smelling something that causes you to relive the event. This is called a trigger.

2. Avoiding situations that remind you of the event

a. May avoid crowds, because they feel dangerous
b. May avoid driving if you were in a car accident or if your military convoy was bombed.
c. If you experience a natural disaster (ex. Earthquake, tornado, hurricane), you may avoid watching movies about natural disasters.
d. You may keep very busy or avoid seeking help because it keeps you from having to talk or think about the event.

3. Negative changes in beliefs and feelings

a. May not have positive or loving feelings toward other people and may stay away from meaningful relationships.
b. May forget about parts of the traumatic event or not be able to talk about them.
c. May think the world is completely dangerous, and no one can be trusted.

4. Feeling keyed up (hyperarousal)

a. May have a hard time sleeping
b. May have trouble concentrating
c. May be startled by a loud noise or surprise
d. May want to have your back to a wall in a restaurant or waiting room

Possible Symptoms Associated with TBI (Traumatic Brain Injury) in Veterans

1. Physical effects:

a. Headaches
b. Difficulty speaking and communicating clearly/word finding
c. Blurry eyesight or sensitivity to light
d. Trouble hearing or sensitivity to noises
e. Loss of energy
f. Change in sense of taste or smell
g. Dizziness or trouble with balance

2. Cognitive effects:

a. Difficulty concentrating
b. Trouble with attention
c. Forgetfulness
d. Difficulty making decisions
f. Repeating things

3. Behavioral effects:

a. Becoming angry or frustrated easily
b. Acting without thinking

New Mentality Assessments/Evaluations

1. Comprehensive clinical intake evaluation/assessment
2. Neurophysiologic stress test- pre/post measures
3. Qeeg brain mapping- pre/post measures
4. Cognitive and emotional assessments
5. Self-inventory assessment
6. Cognitive performance testing
7. Progress tracking

Benefits of Neurofeedback

1. Reduced anxiety
2. Reduced depression
3. Reduced nightmares and flashbacks
4. Improved memory
5. Improved focus and concentration
6. Improved mood
7. Word finding improved
8. Increased motivation
9. Improved sleep quality

What to Expect from Neurofeedback Training

You should expect to watch a movie, play a brain game or listen to music

You should expect to have non-invasive sensors placed on various parts of your scalp

You may experience tiredness or moodiness after training session

You may experience a headache, but it should go away after a few hours

How to Prepare Daily for Your Neurofeedback Sessions

Continue medications as prescribed by your doctor

Reduce caffeine intake

Get a quality night's sleep

Exercise regularly

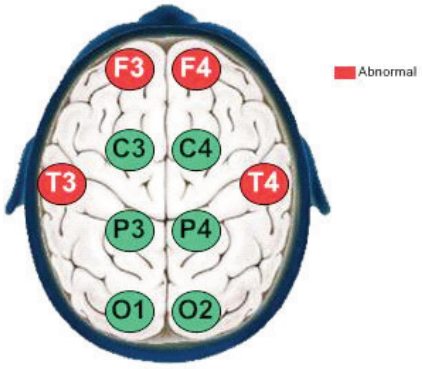
Come to your session with daily updates and observation for your neurotherapist

Things to Look for After Sessions

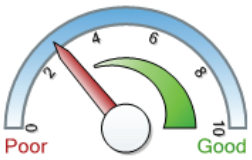
+ Boundary clarification (relationship changes, i.e., becoming more assertive)
+ Enhanced clarification
+ Enhanced focus
+ Headaches
+ Improved concentration
+ Improved focus and attention
+ Increased awareness and memory of dreams
+ Increased energy level
+ Increased motivation; increased desire to be productive
+ Irritability (short-term after a session)
+ Less foggy
+ Memory improvement
+ Moodiness
+ Nightmares
+ Reduced ability to resist emotions
+ Reduced emotional activity
+ Sleep differences – sleep generally improves
+ Word finding improves; easier to articulate thoughts

New Mentality Sample Map

New Mentality Sample Map



Cognitive Efficiency



CEC	EEG	Symptom
Red	Red	Attention
Red	Red	Verbal Processing
Red	Yellow	Decision Making
Red	Red	Visual Processing
Yellow	Yellow	Motivation
Red	Yellow	Reading Comprehension
Red	Yellow	Problem Solving
Red	Yellow	Math Comprehension
Red	Red	Memory

Probability Legend

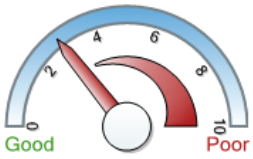
Low Moderate High

Focus

Global Measures

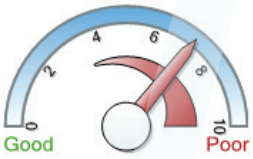
Mood

Global Measures



Relaxation

Global Measures



Physical

CEC	EEG	Symptom	CEC	EEG	Symptom	CEC	EEG	Symptom
Red	Red	Impulsive	Yellow	Yellow	Victim Mentality	Red	Yellow	Hyper-vigilant
Red	Red	Socially Inappropriate	Red	Red	Rumination	Red	Yellow	Obsessive Thinking
Red	Red	Easily Distracted	Red	Red	Anger	Red	Yellow	Dislike of Change/Novelty
Red	Red	Hyper-emotional	Red	Red	Self-Deprecation	Red	Yellow	Excessive Rationalization
			Red	Red	Irritability			
			Red	Red	Passive Aggressive			

Mental

CEC	EEG	Symptom	CEC	EEG	Symptom	CEC	EEG	Symptom
Red	Green	Excessive Speech	Red	Green	Excessive Self-concern	Red	Green	Worry
Yellow	Green	Disorganized	Red	Green	Agitation	Red	Green	Restless

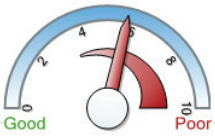
Probability Legend

Low Moderate High

This report is intended for exploratory data analysis only and should not be considered a medical diagnosis. In compliance with medical laws, all questions should be addressed to the administrator, Tracy Alston LPC, BCB, BCN

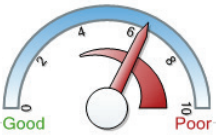
New Mentality Sample Map

Executive Processing



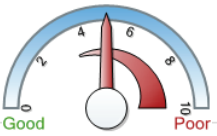
CEC	EEG	Symptom
Red	Red	Attention
Red	Yellow	Categorization
Red	Yellow	Decision Making
Red	Green	Filtering Difficulties
Yellow	Yellow	Motivation
Red	Yellow	Problem Solving
Green	Red	Socio-Emotional Decision Making

Memory Processing



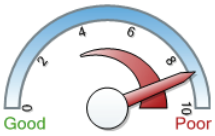
CEC	EEG	Symptom
Red	Yellow	Declarative
Red	Yellow	Episodic
Red	Red	Procedural
Red	Yellow	Sequential
Red	Yellow	Short Term
Red	Yellow	Short Term (Digit Span)
Red	Red	Working

Math Comprehension



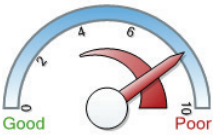
CEC	EEG	Symptom
Red	Yellow	Math Comprehension

Verbal Processing



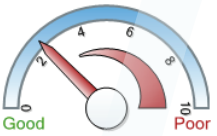
CEC	EEG	Symptom
Red	Red	Dialogue Organization
Red	Yellow	Short Term Verbal
Red	Red	Tone Sequencing
Red	Red	Verbal Sequencing

Visual Processing



CEC	EEG	Symptom
Red	Red	Event Sequencing
Yellow	Yellow	Facial Decoding & Recognition
Yellow	Yellow	Figure Memory
Red	Red	Short Term Visual Memory
Red	Red	Spatial Sequence

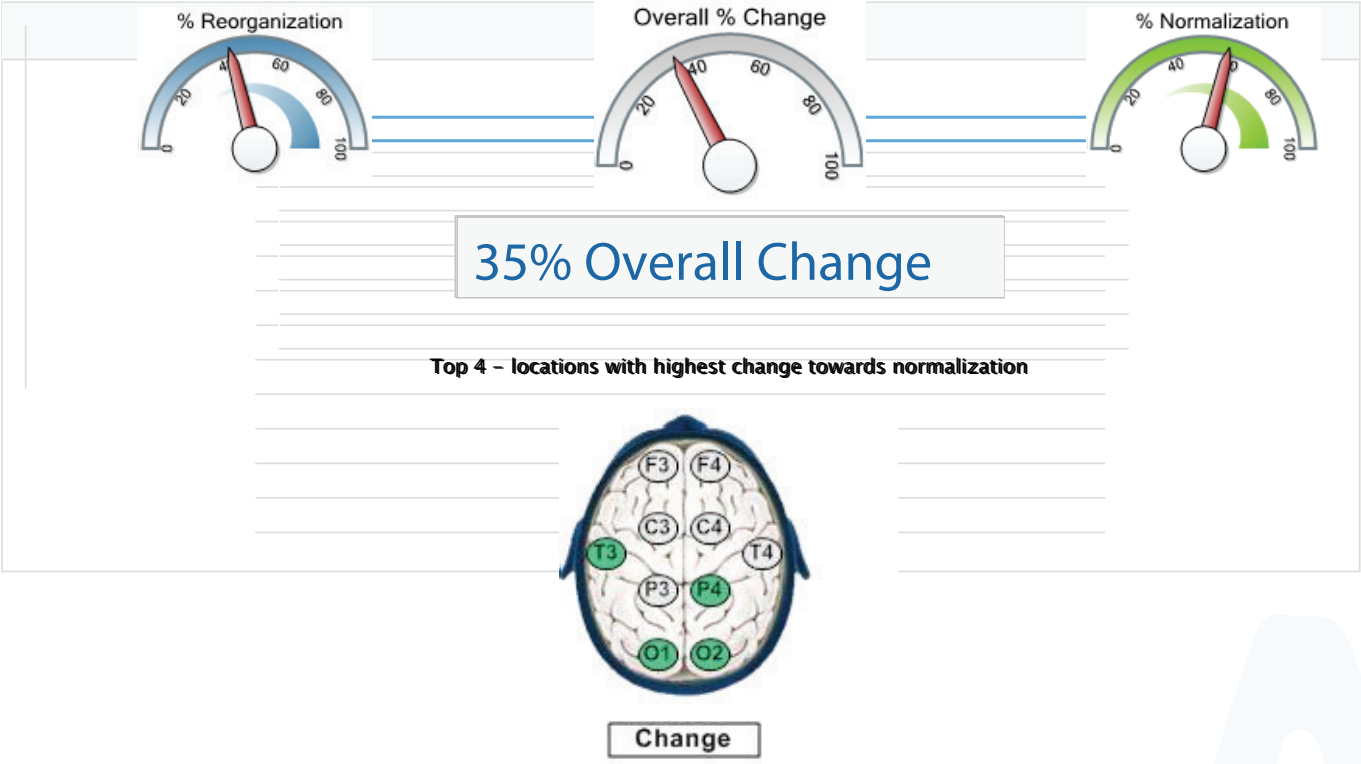
Reading Comprehension



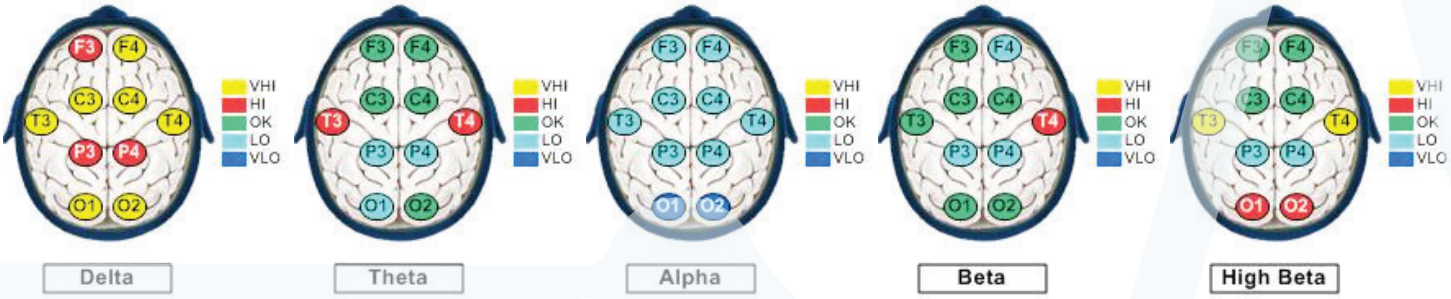
CEC	EEG	Symptom
Green	Green	Processing Speed
Red	Yellow	Reading Comprehension

This report is intended for exploratory data analysis only and should not be considered a medical diagnosis. In compliance with medical laws, all questions should be addressed to the administrator, Tracy Alston LPC, BCB, BCN

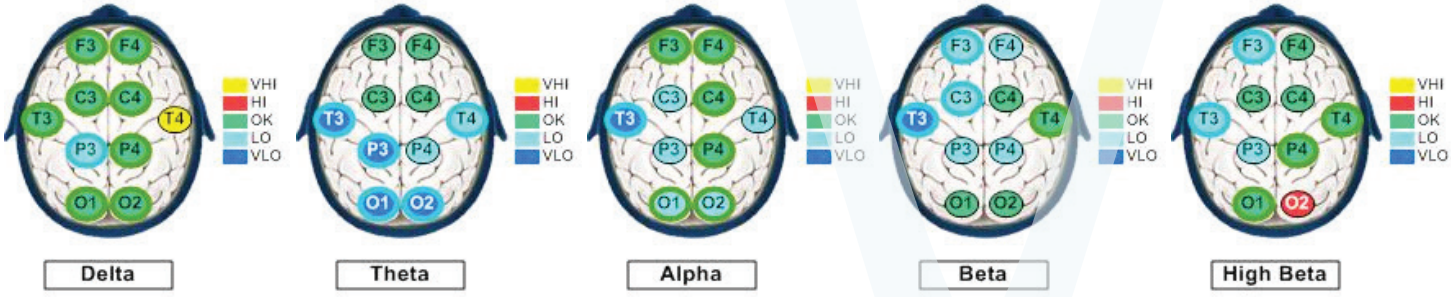
New Mentality Sample Map



Sample Map Before New Mentality Veteran's Training Program



Sample Map After 30 neurofeedback sessions with New Mentality's Veteran Training Program

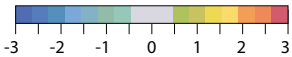


Results may vary. New Mentality doesn't guarantee a certain percentage or degree of change for **client**

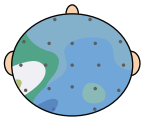
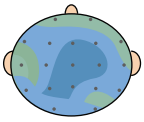
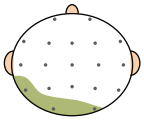
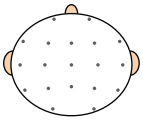
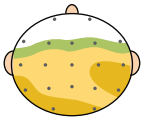
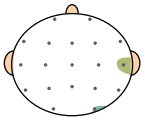
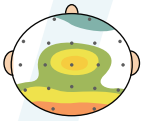
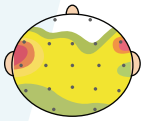
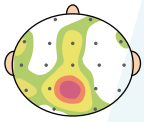
5 Common Brainwave Imbalances

The Results of Ignoring Your Check Engine Light!

Each Row of "Brain maps" represents the distribution of brainwaves for the given condition.



Blue: Deficiency/Lacking Activity
Red: Excessive/Hyperarousal

	Delta	Theta	Alpha	Beta	High Beta
	Sleep and dreaming	*Visualizing, daydreaming, creativity*	*Relaxation and reflection*	*Mental focus and alertness*	*Anxiety and compulsiveness*
Excessive Worry & High Stress					
Concentration & Focus Issues ADHD/ADD symptoms	Delta Absolute Power 	Theta 	Alpha 	Beta 	High Beta 
Difficulty Relaxing Trouble Sleeping	Delta Absolute Power 	Theta 	Alpha 	Beta 	High Beta 
Impulsivity Mood instability Anger/Temper	Delta Absolute Power 	Theta 	Alpha 	Beta 	High Beta 
Low Energy/Fatigue Depressive Symptoms	Delta Absolute Power 	Theta 	Alpha 	Beta 	High Beta 

These brain maps provide insight to regions of the brain that are over-activated (red/orange), as well as areas that are under-activated (blue/green).

The Ultimate Brain Training Experience

RESEARCH Clinical Efficacy of Biofeedback Training

Biofeedback therapy has matured over the last 30 years, and today there are many disorders for which biofeedback therapy has been used. Large research grants have funded prospective studies on biofeedback therapy for a variety of disorders, such as headache (migraine, mixed, and tension), essential hypertension, and urinary incontinence. These studies consistently report positive results.

On the other hand, several reports of unsuccessful biofeedback training have appeared in the research literature since the inception of biofeedback training three decades ago. Many of the unsuccessful studies conducted in the early development of the field reflect failure to thoroughly train patients. For example, some unsuccessful studies provided only minimal training with the biofeedback instrumentation (often 1-4 sessions of short duration), provided little coaching, involved no home practice, and failed to train to clinical criteria.

In 2001, a Task Force of the Association for Applied Psychophysiology and Biofeedback and the Society for Neuronal Regulation developed guidelines for the evaluation of the clinical efficacy of psychophysiological interventions (Moss & Gunkelman, 2002). The Board of Directors of both organizations subsequently approved these guidelines without revision.

These Criteria for Levels of Evidence of Efficacy, described below, were used to assign efficacy levels for the vast number of conditions for which biofeedback has been used.

Level 1: Not Empirically Supported

Supported only by anecdotal reports and/or case studies in non-peer reviewed venues. Not empirically supported.

Level 2: Possibly Efficacious

At least one study of sufficient statistical power with well identified outcome measures, but lacking randomized assignment to a control condition internal to the study.

Level 3: Probably Efficacious

Multiple observational studies, clinical studies, wait list controlled studies, and within subject and intrasubject replication studies that demonstrate efficacy.

Level 4: Efficacious

a.In comparison with a no treatment control group, alternative treatment group or sham (placebo) control utilizing randomized assignment, the investigational treatment is shown to be statistically significantly superior to the control condition or the investigational treatment is equivalent to a treatment of established efficacy in a study with sufficient power to detect moderate differences, and
b.The studies have been conducted with a population treated for a specific problem, for whom inclusion criteria are delineated in a reliable, operationally defined manner, and
c.The study used valid and clearly specified outcome measures related to the problem being treated, and
d.The data are subjected to appropriate data analysis, and
e.The diagnostic and treatment variables and procedures are clearly defined in a manner that permits replication of the study by independent researchers, and
f.The superiority or equivalence of the investigational treatment has been shown in at least two independent research settings.

Level 5: Efficacious and Specific

The investigational treatment has been shown to be statistically superior to credible sham therapy, pill, or alternative bona fide treatment in at least two independent research settings.

References

Moss, D., & Gunkelman, J. (2002). Task force report on methodology and empirically supported treatments: Introduction and summary. Biofeedback, 30 (2), 19-20.
Moss, D., & Gunkelman, J. (2002). Task force report on methodology and empirically supported treatments: Introduction and summary. Applied Psychophysiology and Biofeedback, 27 (4), 261-262.
Note: This document is also available on line at www.aapb.org and www.snr-jnt.org.

Anxiety

Level 4 Efficacy (Efficacious)

Very few well-controlled, randomized studies have shown biofeedback to be superior to other relaxation and self-control methods for reducing anxiety. Most show biofeedback (EMG, GSR, thermal, or neurofeedback) to be roughly equivalent to progressive relaxation or meditation. This may be because anxiety is less a disorder of physiology than of attention and cognition, and biofeedback monitors physiological changes. Lehrer, Carr, Sargunaraj, and Woolfolk (1994) evaluated the hypothesis that biofeedback is most effective when applied in the same modality as the disorder (autonomic feedback for ANS disorders, EMG feedback for muscular, etc.). Self-relaxation techniques have in common the process of using conscious intent to calm oneself, and for anxiety reduction it may matter little which modality is used, because the central component is the cognitively-based conscious intent.

Two studies showed biofeedback's efficacy in reducing anxiety without making comparisons with other relaxation techniques. Hurley and Meminger (1992) used frontal EMG biofeedback with 40 subjects trained to criterion and assessed anxiety over time using the State-Trait Anxiety Inventory (STAI). State anxiety improved more than trait anxiety. Wenck, Leu, and D'Amato (1996) trained 150 7th and 8th-graders with thermal and EMG feedback, and found significant reduction in state and trait anxiety.

Roome and Romney (1985) compared progressive muscle relaxation to EMG biofeedback training with 30 children and found an advantage for biofeedback; Scandrett, Bean, Breeden, & Powell (1986) found some advantage of progressive muscle relaxation over EMG biofeedback in reducing anxiety in adult psychiatric inpatients and outpatients. Vanathy, Sharma, and Kumar (1998), applying EEG biofeedback to generalized anxiety disorder, compared increased alpha with increased theta. The two procedures were both effective in decreasing symptoms.

Rice, Blanchard, and Purcell (1994) studied reduction in generalized anxiety by comparing groups given EMG frontal feedback, EEG alpha-increase feedback, EEG alpha-decrease feedback, a pseudo-meditation condition, and a wait-list control.

All treatment groups had comparable and significant decreases in the STAI as well as drops in Psychosomatic Symptom Checklist. Similar results were obtained by Sarkar, Rathee, and Neera (1999) by comparing the generalized anxiety disorder response to pharmacotherapy and to biofeedback; the two treatments had similar effects on symptom reduction. Hawkins, Doell, Lindseth, Jeffers, and Skaggs (1980), concluded from a study with 40 hospitalized schizophrenics that thermal biofeedback and relaxation instructions had equivalent effect on anxiety reduction. However, Fehring (1983) found that adding GSR biofeedback to a Benson-type relaxation technique reduced anxiety symptoms more than relaxation alone.

In conclusion, biofeedback of various modalities is effective for anxiety reduction; it is not specific, but shares characteristics with other relaxation techniques.

References

Fehring, R.J. (1983). Effects of biofeedback-aided relaxation on the psychological stress symptoms of college students. Nursing Research, 32(6), 362-6.

Hawkins, R.C. II, Doell, S.R., Lindseth, P., Jeffers, V., & Skaggs, S. (1980). Anxiety reduction in hospitalized schizophrenics through thermal biofeedback and relaxation training. Perceptual & Motor Skills, 51(2), 475-482.

Hiebert, B.A., & Fitzsimmons, G. (1981). A comparison of EMG feedback and alternative anxiety treatment programs. Biofeedback & Self Regulation, 6(4), 501-516.

Hurley, J.D., & Meminger, S.R. (1992). A relapse-prevention program: Effects of electromyographic training on high and low levels of state and trait anxiety. Perceptual and Motor Skills, 74(3 Pt 1), 699-705.

Lehrer, P.M., Carr, R., Sargunaraj, D., & Woolfolk, R.L. (1994). Stress management techniques: Are they all equivalent, or do they have specific effects? Biofeedback & Self Regulation, 19(4), 353-401.

Rice, K.M., Blanchard, E.B., & Purcell, M. (1993). Biofeedback treatments of generalized anxiety disorder: Preliminary results. Biofeedback & Self-Regulation, 18(2), 93-105.

Roome, J.R., & Romney, D.M. (1985). Reducing anxiety in gifted children by inducing relaxation. Roeper Review, 7(3), 177-179.

Sarkar, P., Rathee, S.P., & Neera, N. (1999). Comparative efficacy of pharmacotherapy and bio-feedback among cases of generalised anxiety disorder. Journal of Projective Psychology & Mental Health, 6(1), 69-77.

Scandrett, S.L., Bean, J.L., Breeden, S., & Powell, S. (1986). A comparative study of biofeedback and progressive relaxation in anxious patients. Issues in Mental Health Nursing, 8(3), 255-271.

Vanathy, S., Sharma, P.S.V.N., & Kumar, K.B. (1998). The efficacy of alpha and theta neurofeedback training in treatment of generalized anxiety disorder. Indian Journal of Clinical Psychology, 25(2), 136-143.

Wenck, L.S., Leu, P.W., & D'Amato, R.C. (1996). Evaluating the efficacy of a biofeedback intervention to reduce children's anxiety. Journal of Clinical Psychology, 52(4), 469-473.

Traumatic Brain Injury

Level 3 Efficacy (Probably Efficacious)

EEG biofeedback appears to improve memory in persons with brain injury (Thornton, 2000). It also improves attention and response accuracy of a performance task and decreases errors in a problem solving task (Tinius & Tinius, 2000). Walker, Norman, & Weber (2002) found that 88% of mild head injury patients showed more than 50% improvement in qEEG coherence scores and that all patients who had been employed prior to injury reported being able to return to work following the treatment. One small controlled study (n=12) demonstrated that EEG-based therapy results in improvement of some measures of cognitive function as well as participants' reports of depression and fatigue (Schoenberger, Shif, Esty, Ochs, & Matheis, 2001). Another controlled study demonstrated significant improvement in attention deficits in those receiving feedback of beta activity in comparison with a matched control group (Keller, 2001). More controlled studies are needed in this area.

References

Keller, I. (2001). Neurofeedback therapy of attention deficits in patients with traumatic brain injury. Journal of Neurotherapy, 5 (1/2), 19-32.

Schoenberger, N.E., Shif, S.C., Esty, M.L., Ochs, L., & Matheis, R.J. (2001). Flexyx Neurotherapy System in the treatment of traumatic brain injury: An initial evaluation. Journal of Head Trauma Rehabilitation, 16(3), 260-274.

Tinius, T. P., & Tinius, K. A. (2000). Changes after EEG biofeedback and cognitive retraining in adults with mild traumatic brain injury and attention deficit hyperactivity disorder. Journal of Neurotherapy, 4 (2), 27-44.

Thornton, K. (2000). Improvement/rehabilitation of memory functioning with neurotherapy/QEEG biofeedback. Journal of Head Trauma Rehabilitation, 15(6), 1285-1296.

Walker, J. E., Norman, C. A., Weber, R. K. (2002). Impact of qEEG-guided coherence training for patients with a mild closed head injury. Journal of Neurotherapy, 6 (2), 31-43.

Post-Traumatic Stress Disorder

Level 2 Efficacy (Possibly Efficacious, Not Sufficiently Investigated)

Several small studies incorporating biofeedback into multi-component therapy (including eye movement desensitization and reprocessing [EMDR]) reveal some improvement in self-report, psychometric, and standardized interview measures after therapy (Carlson, Chemtob, Rusnak, Hedlund, & Muraoka, 1998; Silver, Brooks, & Obenchain, 1995). A study of Vietnam veterans with combat-related post-traumatic stress disorder compared traditional medical treatment with 30 sessions of alpha-theta brain-wave neurofeedback (Peniston & Kulkosky, 1991). Neurofeedback resulted in decreases in MMPI scores on clinical scales labeled Hypochondriasis, Depression, Hysteria, Psychopathic Deviate, Masculinity-Femininity, Paranoia, Psychasthenia, Schizophrenia, Hypomania, and Social Introversion-Extraversion in comparison to the traditional care group who showed decreases only on the scale labeled Schizophrenia. A 30-month follow-up showed that all traditional care patients had relapsed, in contrast to only 3 of 15 neurofeedback patients. More studies are needed in this area.

References

Carlson, J.G., Chemtob, C.M., Rusnak, K., Hedlund, N.L., & Muraoka, M.Y. (1998). Eye movement desensitization and reprocessing (EDMR) treatment for combat-related posttraumatic stress disorder. Journal of Traumatic Stress, 11(1), 3-24.

Peniston, E.G., & Kulkosky, P.J. (1991). Alpha-theta brainwave neuro-feedback therapy for Vietnam veterans with combat-related post-traumatic stress disorder. Medical Psychotherapy, 4, 47-60.

Silver, S.M., Brooks, A., & Obenchain, J. (1995). Treatment of Vietnam War veterans with PTSD: A comparison of eye movement desensitization and reprocessing, biofeedback, and relaxation training. Journal of Traumatic Stress, 8(2), 337-342.