

Biofeedback Matters®



109 Croton Ave.
2nd Floor, Suite #240
Ossining, NY 10562

Web:
www.biofeedbackinternational.com

Phone: 877-669-6463/914-762-4646

Fax: 914-762-2281

E-mail: info@biofeedbackinternational.com

June 2018

Volume 6, Issue 1

How We Can Help With The Opioid Crisis



Inside this issue:

- How We Can Help With The Opioid Crisis **1**
- Urban Stress **2**
- Training Schedule **3**
- Tell Me A Story **4**



When I visited the National Institute on Drug Abuse website to do research for this article, the first thing I saw was that more than 115 people on average are dying after overdosing on opioids every day in the United States.

I knew the problem was bad, I didn't realize how bad.

The Centers For Disease Control and Prevention, when taking into consideration healthcare costs, lost productivity, crime and punishment, and treatment, estimate the annual cost to be over \$78 billion. Here is a list of the drugs we are talking about when we discuss opioids:

hydrocodone (e.g., Vicodin®)
oxycodone (e.g., Oxy-

Contin®, Percocet®)
oxymorphone (e.g., Opana®),
morphine (e.g., Kadian®, Avinza®),
codeine, fentanyl.

The drug companies convinced doctors that there was little or no risk of addiction for patients in the 1990s. With that, many doctors started to prescribe them much more often. Use and misuse spread before it became clear to enough people that these drugs can in fact be highly addictive. Fast forward to 2015 when it was reported that over 33,000 people died due to overdoses.

These overdose deaths involved prescription opioids, heroin, and black market/criminally

made fentanyl, a powerful synthetic opioid. 2 Million people had opioid related drug use disorder problems and 591,000 had heroin specific disorders in the same year.

The problem is nationwide. It is not isolated to stereotypical areas. Overdoses increased in large cities by 54 percent in 16 states and 70 percent in the Midwest from 2016-2017. Close to 80 percent of heroin users had abused prescription opioids first.

The Department of Health & Human Services and National Institutes of Health have listed these five major priorities to help to solve the problem:

- 1) improving access to treatment and recovery services
- 2) promoting use of overdose-reversing drugs

Urban Stress

Featured

Product:

Zukor Sports



Zukor's Sports I is a feedback game for biofeedback and neurofeedback training which includes 10 popular mainstream sports games. It uses simple game-play action with an "accuracy" gameplay dynamic and a central visual focus.

Zukor's Sports I includes optional point-based unlocking so that accumulated points unlock the next game. The points required to unlock the next game can be easily changed, or turned off entirely.

Vince Lombardi said "It's not whether you get knocked down; it's whether you get up." Help your patients train to "get back up" using a feedback game focused on an activity they love.

Try it for only \$495

Better yet, mention this newsletter and get a \$25 discount good through

June 25, 2018

According to an August 2012 Psychology Today article by Colin Ellard, Ph.D., it has been well established that levels of mental illness tend to be clearly higher in busy city areas than in more rural country areas. In his article he says "there's no denying that living the city life is taxing on both the body and the brain". Studies indicate that people who were grow up in cities tend to have mental health illnesses like anxiety and depression more often than those not born and raised in urban centers. What is it about busy cities that increases mental illness? There is a lot that is not known about the specific reasons. There are many things that we can assume could be factors in causing increased level of stress. Just seeing mostly concrete and buildings without many trees, grass, and water can be stressful. Being around large numbers of people most of the time can be stressful. Almost constant noise can be stressful. In some areas higher crime rates can

cause people who live there to be on a higher level of alert in response to the ever present potential threat of being victimized. Some of these things are subtle and not always at the conscious level of the person experiencing it.

The Psychology Today article also mentioned a study that looked at the measurable differences in brain activity comparing city dwellers to people who lived in the country. The

people who lived in urban areas showed more activation in their amygdala (the area of the brain involved in emotional responses) when asked to do a math task. This type of response can inhibit attention and cognitive function which can negatively affect performance. Think about the effects of this in the workplace and in schools. Could this be related to poor academic performance of students in urban areas?

A couple of months ago I participated in a conference involving this issue with a group of religious leaders and therapists. During a session that I attended they discussed some of the issues related to the stresses that people who live in urban areas experience. Some of the problems are ones that a person not living within the same area might have difficulty relating to. The advice and counsel that a therapist might give a person should be informed and take into consideration the realities that the individual that they are counseling experience. Their reality might be very different than the therapist's reality.

People who live in the city can make an effort to visit places where they can experience nature when at all possible. If going to the park is an option then go to the park. Maybe there is not a safe park close by so that might not work for some people. It might take some research to find a place that they can get to. It might take getting on a train or bus to get to nature. Using relaxation aps on your phone or

doing meditation when you can find a quiet place can help.

If you are a therapist and you see people who live in the city, you can make your office a place that can serve as an escape for your clients from the city environ-

ment. The design of the office can be made to be relaxing. Giving thought to the colors of the walls and furnishings, paintings, views outside the window if available, mini waterfalls, and relaxing background music can all play a role. Besides creating an environment that helps to serve as a relaxing escape for clients, therapists can also teach clients to create their own escapes while outside of the therapy office. This can include creating relaxing spaces at home possibly replicating some of the things you do in your office, relaxation audio and video recordings they can play, and short or long meditations.

There are so many things that can be done if you teach clients to use their imaginations and existing resources. Sometimes there are simple things that can be very effective that people just don't think about so they don't do them. They tend to do what most other people around them do. We can teach people to do something even slightly different than what most people are doing and that can have a tremendous positive effect on their quality of life. While they may not be able to change where they live very easily, they can change how they live enough to reduce the potential negative effects of their living environment.



How Can We Help With the Opioid Crisis cont.

- 3) strengthening our understanding of the epidemic through better public health surveillance
- 4) providing support for cutting-edge research on pain and addiction
- 5) advancing better practices for pain management

Now let's look at what role we as biofeedback professionals can play. If we look at the HHS and NIH priorities we can help with treatment and recovery services, possibly research on pain and addiction, and better practices for pain management.

As you probably know we have substance abuse neurofeedback protocols starting with the Alpha/Theta protocol developed by Eugene Peniston and Paul Kulkovsky and replicated and updated by others including Bill Scott.

Besides neurofeedback, peripheral biofeedback can also be helpful for people who are affected by drug abuse.

Neurofeedback and biofeedback equipment may be useful in monitoring brain and peripheral physiology for research projects. Brain mapping may be especially useful for recording changes in the brain before, during,

and after drug use and various types of treatment.

When it comes to pain management biofeedback has been an important tool for many years for chronic pain. Biofeedback is used regularly for headache, neck, and back pain as well as fibromyalgia.

Pain is often made worse by excess muscle tension as well as stress reactions causing too much sympathetic nervous system activation. The excess muscle tension can trigger additional pain and the sympathetic activation can cause the perception of pain to be increased. Neurofeedback can help to regulate the networks in the brain that are involved in the experience of pain.

Cranial Electrical Stimulation (CES) is a form of micro electric stimulation which passes a small electrical signal into the brain producing a relaxing effect. This can be used as a part of treatment for pain or for recovery from addiction including help with withdrawal symptoms.

My suggestions for getting involved in becoming part of the solution in this opioid epidemic is to promote bio and neurofeedback services for

pain management as an alternative treatment for pain before more extreme and risky drug therapy.

Look for opportunities to partner with groups who are doing research to provide physiological data.

Promote services to assist with treatment for those who are already addicted to assist with their recovery using neurofeedback to regulate the brain and biofeedback to help calm the peripheral nervous system. Promote the use of CES to help with symptoms related to recovery from substance abuse.

Share resources with clients and other professionals. Here are some from the NIH:

All Scientific Hands on Deck" to End the Opioid Crisis (Nora Volkow and Francis Collins, May 2017)

Using Science to Inform Practice and Policy: A Coordinated Approach to Research Priority Setting (Summary of December 11, 2017 meeting)

National Drug Early Warning System (NDEWS) - New Hampshire HotSpot Study Finds Extensive Poly Drug Use in Fentanyl-related Deaths



Biofeedback/ Neurofeedback

Seminar Schedule

BCIA Certification

Biofeedback

July 27-29, 2018, Hawthorne, NY

September 14-16, Waikiki, HI

October 26-28, Hawthorne, NY

January 17-19, 2019, Miami, FL

Fees: \$1,195

BCIA Certification

Neurofeedback

June 22-24, 2018, Philadelphia, PA

Aug. 17-19, 2018, Hawthorne, NY

Nov. 16-18, 2018 Hawthorne, NY

January 21-23, 2019, Miami, FL

Fees: \$995

1-Day Workshops

Biofeedback Practical Skills

July 22, 2018, Hawthorne, NY

Fee: \$195

EMG Application Protocols

August 26, 2018, Hawthorne, NY

Fee:
\$225





**Biofeedback Resources
International**

109 Croton Ave.
2nd Floor, Suite #240
Ossining, NY 10562

Web:
www.biofeedbackinternational.com

Phone: 877-669-6463/914-762-4646

Fax: 914-762-2281

E-mail:
info@biofeedbackinternational.com

For even more instant updates and content from us on Social Media:

@biofeedbackman on Twitter, and Biofeedback Resources International on Facebook and YouTube channel



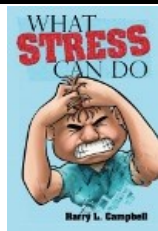
FRIDAYS

LinkedIn

YouTube



Tell Me A Story



ORDER AT:

CREATESPACE.COM/3839220

OR

AMAZON.COM. CALL MY
OFFICE FOR QUANTITY
ORDERS.

Harry L. Campbell



Have you ever known someone for a long time and then have them tell you a story that reveals something you didn't know about them. Recently I participated in a health fair at Downstate Medical Center in Brooklyn, NY at the request of the Employee Assistance Program manager. She wanted me to provide mini-biofeedback sessions for the staff as part of the offerings during the fair. I provided HRV biofeedback sessions throughout the event. As I was packing up at the end of the day I heard a familiar voice speaking to the person at the table next to my area. When I looked up I saw a person that I have known most of my life. I didn't realize that she worked there.

She told me that she has worked there for over 30 years. I knew she was a nurse but I never thought to ask where she worked. I have been trying with no success to get my foot in the door to introduce biofeedback to Downstate Medical Center and all the time I knew someone who has worked there for a long time and surely knows people who she could introduce me to.

One of our clients is a woman who is originally from Poland who has lived in New York for some time. She has since returned to Poland. She was helped tremendously by neurofeedback. She has had a difficult life since childhood and had at one time been taking over 20 pills a day of medications to treat various symptoms. She has been able to reduce her medication to about 2 pills now and

continues to use neurofeedback regularly to "tune" her brain which allows her to be functional. From time to time she contacts me to encourage me to continue to provide biofeedback and neurofeedback training and equipment because it is helping people like her.

I would love to hear some stories from you about you or about how you have been able to help some of your clients. Also I would like to know more about what you do, what organizations you are involved with, and what causes you support. You might just surprise me and I'm sure I will learn something valuable. The offer for coffee is still open.

