

Biofeedback Matters®



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February 2020

PTSD & Biofeedback and Neurofeedback

Volume 8, Issue 1



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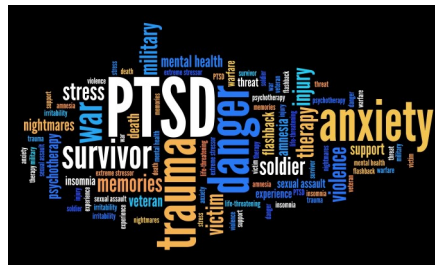
"These individuals often live in a state of extreme vigilance; they are highly anxious and fearful and their mood is unstable. They experience recurring nightmares and severe flashbacks and they suffer from debilitating chronic insomnia."

Jorge Aroche, MA
Clin Psych,

Sejla Tukelija, BSc Psych, and Mirjana Askovic, BSc Psych, *Neurofeedback in Work With Refugee Trauma, Biofeedback, Summer 2009 53-55*

As I was doing my end of year cleaning of my office I came across this issue of Biofeedback magazine. Coincidentally I had decided to write an article about biofeedback and

neurofeedback for PTSD. This was a special issue titled "Advances in the use of Biofeedback and Neurofeedback for Post Traumatic Stress Disorder. The article that



I quoted goes on to talk about a special program developed by the Australian government to help refugee survivors of trauma and torture. The program was called Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS). One of the things that made this program unique is that it included neurofeedback as part of a

bio-psycho-social approach. It also included counseling, psychiatric services, physiotherapy, family therapy, and employment help. Not all of the clients were diagnosed with PTSD but about a third of them were. Not all of the clients received neurofeedback but for those who it was determined to be appropriate it seemed to greatly improve their results. Many of the other therapies and interventions can be effective but if the brain itself is dysregulated then it substantially decreases the chances of positive results. "The growing body of evidence indicates that the trauma operates at the level of encoding fear in neurological pathways in the brain, consequently changing the body physiology and leading to affect dysregulation ... It is difficult to change, learn, and adapt when the brain's only priority is

Low Cost Second Systems



Use Discount Code **ARI** and save 10% on any product in this newsletter.

She's got to eat!



Daughter Daria, Grand Daughter Ari, and Grandpa Harry



GSA CONTRACT HOLDER



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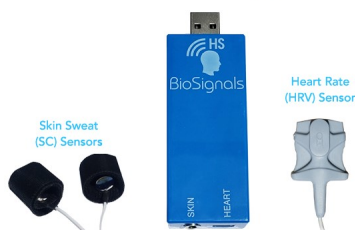
Featured

Products:

Three Options for a second system:

Option 1

Alive BioSignals HS



Heart Rate Variability and Skin Conductance sensors with **Alive Clinical Software** for only \$639

Option 2

Alive BioSignals HS+



Heart Rate Variability, Skin Conductance, Temperature, and Respiration sensors with **Alive Clinical Software** for only \$998

Option 3

Alive Pioneer



Heart Rate Variability, Skin Conductance, Temperature, Respiration, and Surface EMG sensors and **Alive Clinical Software** for only \$1,298

This system will also allow you to do EEG with the Physiocom software which is also included. **Physiocom** software gives additional options for all modalities.

Why do I need a second system?

Backup: What would it cost you if your biofeedback system went down and it took two weeks to fix it? Having a backup system could keep you up and running until you get your primary system back at less than what you might lose in billing if you were down for only two or three days.

Expansion: Having a second station could allow you to work with more than one client at one time.

Group work: At these low costs you could set up multiple stations and run groups with computer based systems at a low enough cost to make it practical.



PTSD & Biofeedback and Neurofeedback continued

survival. I also came across the November/December 2010 issue of Psychotherapy Networker which was titled "The Wounds of War, Returning vets are challenging us to rethink our approaches to PTSD."

It included a section called Speaking the Language of the Nervous System, The 5 TRM, Trauma Resiliency Model Self Stabilization Skills.

The first of the five skills is called Tracking. This has to do with becoming more aware of changes in the person's nervous system and being able to feel the difference between a regulated and dysregulated state. They list examples of muscle tension, breathing, and heart rate. These are, of course, things that we can teach using biofeedback. It seems that whether they are actually using biofeedback or not, many people are now at least understanding the importance of the real changes that actually happen in the brain and body. They are more open to the idea that if people can become more aware of these changes they can learn to regulate them and that this can have a positive effect on getting better. Biofeedback and Neurofeedback are not seen as THE solution but may at least be seen

as having benefit towards better results with PTSD.

How would you use biofeedback for PTSD?

First I would do a psychophysiological stress profile measuring surface EMG (muscle), Skin Conductance (sweat), Skin Temperature, Heart Rate/Heart Rate Variability, and Respiration (Breathing). I would look for those modalities that showed dysregulation and poor recovery. Next I would prioritize the modalities to work on based on the severity of dysregulation and relation to symptoms and train to regulated levels and improved recovery. I would also want to perform at least a basic EEG/Brainwave assessment or QEEG full brain map if possible. From these results I would look for patterns of dysregulated brain activity like excess frontal slow waves, Alpha, Theta, Delta, or depressed levels of slow waves in the back of the head or excess fast waves, Beta in the back of the head or other dysregulated patterns. Next prioritize which sites and protocols to train the brain using neurofeedback.

Other interventions are still recommended including those listed earlier in this article.

In the Spring 2009 issue of Biofeedback magazine I came across an article about a Canadian biofeedback practitioner who has worked with police and military clients since the mid 1980s.

Obviously law enforcement and military service people are exposed to traumatic events at a much higher frequency than the general public.

He developed techniques for assessing and treating PTSD in these populations. For assessments, in addition to clinical PTSD scales, interview, and psychological tests physiological measures are also recorded including blood pressure, heart rate/HRV, skin conductance, temperature, respiration, EMG, and blood oxygen saturation. These are measured during baseline, recalling trauma, and recovery conditions. As part of the treatment John Carmichael talked about the way the client's physiology responded to discussing the trauma. He uses the graphic evidence to help teach his clients about how PTSD is affecting their body. For details visit aapb.org to look up the article in the achieve section. *Biofeedback* Volume 37, issue 1, pp 32-35.



Biofeedback/Neurofeedback

Seminar Schedule

BCIA Certification

Biofeedback

March 27-29, 2020 – Hawthorne, NY

June 26-28, 2020 – Hawthorne, NY

July 12-14, 2020 – Houston, TX

Oct 9-11, 2020 – Hawthorne, NY

Fees: \$1,195

Neurofeedback

April 17-19, 2020, – Hawthorne, NY

August 14-16, 2020, Hawthorne, NY

November 6-8, 2020, Hawthorne, NY

- Fees: \$995

Health Training Seminars is approved by the American Psychological Association to offer continuing education for psychologists and maintains responsibility for the program.

Conference Schedule:





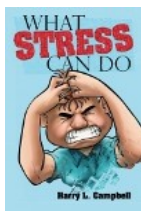
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Harry L. Campbell



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