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Informed Consent for Neurofeedback Training

Emerging Technology:

Neurofeedback (“EEG-biofeedback”) is a comparatively new and emerging technology that is currently applied to a wide variety of disorders. Neurofeedback for attention deficit/hyperactivity disorder (ADHD), substance addiction, depression, anxiety, and post-traumatic stress disorder (PTSD) have a reasonably good research basis for clinical application. However, neurofeedback for these disorders and many others may be considered “experimental” by some insurance providers, health care practitioners, or others. Other psychological, neurological, and behavioral disorders, including tinnitus and tremors, have limited published neurofeedback research available, and neurofeedback training of these conditions is currently considered to be “experimental.” By signing this consent form, you acknowledge your understanding that some applications of neurofeedback are still considered to be in the developmental, emerging, or experimental stages, and you consent to its use in whole or part of your training.

What is involved with the Neurofeedback Training Program?

The neurofeedback program requires an initial intake interview with Dr. Regier, as well as a neurofeedback evaluation with Dr. Regier and/or a Neurofeedback Technician. The information from the initial session is used to calculate appropriate protocols for the neurofeedback training. Dr. Regier or his Neurofeedback Technician will conduct initial preparations, orientations, and neurofeedback training. Neurofeedback Technicians provide neurofeedback services under the supervision of Dr. Regier.

Neurofeedback training requires the use of computer equipment and the placement of sensors on the scalp and earlobes in order to collect EEG data; this information will be used to provide feedback as to the electrical activity of the brain via auditory signals and visual displays. There is the remote possibility that some individuals may develop skin irritation from the sensor paste or cleaning materials; however, these universally accepted techniques have been used for many years with no deleterious side effects reported. In addition, there is the possibility that neurofeedback training can induce some negative side effects (i.e., irritability, fatigue, dizziness, headaches, behavioral changes, etc.). For most people, these side effects are usually temporary and will remit once changes in your neurofeedback protocol are made. It is important that you communicate these changes, if any, to Dr. Regier or your Neurofeedback Technician.

The Importance of Regular Attendance and Participation:

Neurofeedback promotes self-regulation of one's own health and well-being. Participants in this training program learn methods to control their own physical, mental, and emotional states in order to reduce excess stress, anxiety, or other responses that contribute to symptoms. Since this form of training emphasizes the development of self-regulation skills, each participant must make a commitment to actively participate in their own training through daily practice of activities or monitoring and recording of their symptoms, behaviors, and thoughts.

It is recommended that you attend a minimum of 2 sessions per week for, on average, 30 to 40 neurofeedback sessions. Three or more sessions per week are usually preferred for optimal results. Please note that while many people can complete neurofeedback training in 30 to 40 sessions, some patients require many more sessions to successfully complete training. As a general rule of thumb, neurofeedback training length increases as the severity of the cognitive, emotional, or behavioral disorder increases. Successful attainment of your training goals is highly dependent on consistent attendance at neurofeedback training sessions. **Before beginning this neurofeedback program, please be sure that you can commit to and have time for your training plan and can attend most or all scheduled sessions even when doing so may become inconvenient, uncomfortable, emotionally challenging, or even boring at times.** In order to ensure the best chance of steady progress and prevent setbacks, it is advisable to schedule the start of this training program when you are sure you will not leave town for an extended period or have other distractions that would interfere with attendance. Neurofeedback seems to work just like exercise and dieting: you have to stick with it long enough for it to make changes in your body.

Physician Consultation and Medication Monitoring:

Because neurofeedback can influence (as well as be affected by) certain types of medication and medication levels, all individuals entering training who are currently under the care of a physician are asked to: 1) inform their prescribing physician of their intent to begin neurofeedback and; 2) grant written permission to this facility to contact their physician for medical consultation and monitoring of the effects of the neurofeedback training on their physical condition and medication levels. In addition, the patient should immediately inform Dr. Regier or the Neurofeedback Technician of any changes in medication (increases, decreases, implementation of new medications) that occur while in training. As neurofeedback training progresses, know that over-medication effects can occur. When this happens, a patient must also notify his/her physician that medication adjustments may be needed (often to decrease medication). This will help to ensure that neurofeedback is able to work and to avoid possible over-medication effects such as irritability, hyperactivity, and other potential changes in behavior. Occasionally, Dr. Regier or his staff may see unusual brainwave activity during EEG collection or during a neurofeedback session. As a safety precaution, this facility will refer to a neurologist when appropriate.

Confidentiality of Session Information:

Neurofeedback sessions are protected by the same HIPAA and other privacy guidelines that you consented to on the initial paperwork you completed for this office.

Authorization for Training:

I hereby certify that I have read and that I fully and completely understand this Informed Consent for Neurofeedback Training, and I have signed this Informed Consent knowingly, freely, and voluntarily. I understand the policies, expectations, and experimental nature of this training as explained above. Moreover, I certify and state that I have received no promises, assurances, or guarantees from anyone as to the results that may be obtained by any psychological or medical training or services. I understand that while my training is designed to be beneficial, this facility makes no guarantees about the outcome of this training program. I am willing to make a personal commitment to participate to the best of my ability in all steps of the training program, though I understand that I am free to withdraw from this training at any time. I understand that my failure to comply with my recommended training program (such as assignments and regular participation in sessions) could prevent the training from working effectively.

Client Signature (Guardian signature if client is a minor)

Date

Witness (Staff)

Date