Clinical Outcomes in Addiction: A Neurofeedback Case Series

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This case series (N = 30) shows the impact of an addiction treatment approach that uses phenotype-basedneurofeedback in an integrated clinical treatment (Crossroads Institute), which combines targeted brain recovery exercises and neurotherapy. We present pre– and post–neurocognitive testing and electroencephalography/quantitative electroencephalography measures of the phenotype findings in this polysubstance-based addict population.

The electroencephalography phenotypes identify two separate drive systems underlying individual addiction: central nervous system overactivation and obsessive/compulsive drives. In addition to sobriety and abstinence, the neurocognitive improvements documented are particularly impressive.

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Effective Use of LENS Unit as an Adjunct to Cognitive Neuro-Developmental Training

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This article describes three case studies where the Low Energy Neurofeedback System (LENS) was used to augment neurotherapy/neuro-development training to help overcome cognitive and developmental issues. Simultaneously applying neuro-developmental exercises and LENS training has reduced treatment time in our clinic for certain conditions such as Pervasive Developmental Disorder (PDD) and Autistic Spectrum Disorder. The LENS training actually seems responsible for allowing other forms of treatment to take place.

The first case study was of 4 1/2-year-old identical twins, with developmental delay and autistic spectrum that completed their training within 18 months and graduated out of our program symptom- free, performing as normal 6-year-olds.

The second case involved Attention Deficit Disorder with hyperactivity and Oppositional Defiant Disorder in a 12-year-old male with comorbid learning and memory issues compounded by undetected food allergies which had affected CNS functioning since birth.

The final case was a 43-year-old female with a mild head injury and significant visual and auditory processing problems.

In all cases the post-treatment quantitative EEG results demonstrated normalized Z-scores. Cognitive ability testing with the Woodcock-Johnson® III Tests of Cognitive Abilities (Woodcock, McGrew, & Mather, 2001) likewise documented that post-treatment cognitive abilities had normalized. Following the case presentations clinical impressions about LENS training and its effectiveness are presented.

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