

FINDINGS FROM TRADITIONAL OUTCOME STUDIES?*



ADHD

"In line with the AAPB and ISNR guidelines for rating clinical efficacy, we conclude that neurofeedback treatment for ADHD can be considered "Efficacious and Specific" (Level 5) with a large ES (effect size) for inattention and impulsivity..."



PTSD

"...80% reduction in panic attacks, improved cognitive functioning, reduced symptoms of attention deficit hyperactivity disorder, significant decreases in addiction, medication use and relapse rates, marked improvement in emotional and behavioral regulation and decreases in anxiety and depression."



TRAUMATIC BRAIN INJURY

"... 88% of 26 TBI patients with persistent post-traumatic symptoms had improved their EEG coherence (neuronal network communication) scores by 50% and were then able to return to previous employment."



PEAK PERFORMANCE

"A study of musicians at London's Royal College of Music, using an extended creativity protocol, found a '17% increase' in ratings of musical performance including increases in musical understanding, imagination and communication with the audience."



HEADACHES AND MIGRAINES

"At 1-year follow-up, 54% of the neurofeedback group experienced complete cessation of migraines compared with no one in the medication treatment group."



ANXIETY

"Of the eight studies of anxiety that were reviewed, seven found positive changes. Another study (Passini, Watson, Dehnel, Herder, & Watkins, 1977) used only 10 hours of neuro feedback with anxious alcoholics and found very significant improvements in state and trait anxiety compared to a control group, with results sustained on 18-month follow-up."



DEPRESSION

A blinded, placebo-controlled study (Choi et al., 2011) demonstrated the superiority of neurofeedback over a placebo treatment in reducing depression while improving executive function.



AUTISM SPECTRUM

"Coben found a 42% reduction in overall autistic symptoms, including a 55% decrease in social interaction deficits and improvements in communication and social interaction deficits of 55% and 52%, respectively."



LEARNING DISORDERS

"In the first 12 cases reported by Walker (Walker & Norman, 2006) after 30 to 35 sessions, all the children had improved at least two grade levels in reading ability"



ADDICTION

"On 1-year follow-up, 77% of patients receiving neurofeedback remained sober versus only 44% of traditional treatment patients."



INSOMNIA

"Early research on the use of neurofeedback for insomnia, found that it can significantly improve the neurological consequences associated with inadequate sleep."

*FULL RESEARCH REFERENCES AT

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WHAT IS IT?

Neurofeedback is a technology-based learning tool for improving brain functioning which in turn can positively effect mood, lower anxiety, increase executive functioning, regulate behavior, facilitate brain development, and enhance performance.

WHAT'S IT FOR?

Neurofeedback can be utilized with any condition that would be treated by traditional psychotherapy such as anxiety, depression, PTSD, and addiction. It is applied in many physiological conditions such as traumatic brain injury (TBI), insomnia, and migraines. It can also be effective with behavioral and developmental disorders such as ADHD, learning disorders, and autism spectrum disorders. And, this type of training is beneficial to those seeking peak performance in sports, music, or in their vocation.

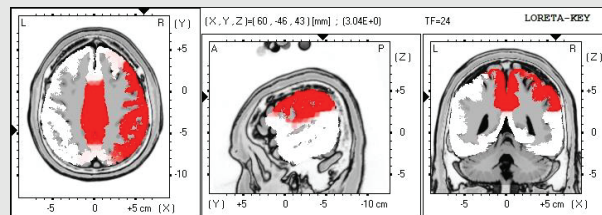
Many times, participants reduce or eliminate their need for psychotropic medications.

WHAT'S INVOLVED?

ASSESSMENT TREATMENT PLAN TRAINING

ASSESSMENT

With state of the art brain scanning and neuroimaging equipment, areas of brain dysregulation can be identified on a computer monitor as a 3D image. Dr. Jansons is a board-certified neuropsychologist with a background in functional neuroanatomy who can, with other traditional neuropsychological tests, assist in understanding brain-behavior disturbances and make recommendations for treatment. Often this type of assessment improves the treatment you are already receiving from psychologists, psychiatrists, counselors, other doctors, and/or facilitates learning from teachers, tutoring and physical therapy. If you are unsure of your diagnosis, if your current treatment is not working, if you want to make sure you are properly diagnosed before taking a new medication, if you are interested in a non-medication approach to behavior change and emotional relief, or if you want to move into the next generation and already, as we do, realize traditional subjective diagnoses methods and classification systems are obsolete, this type of assessment is invaluable.



TREATMENT PLAN

After an assessment, a treatment plan is developed to determine which type of neurofeedback training would be best to assist you with your situation. Dr. Jansons has over 20 years of neuropsychology and psychotherapy experience and can recommend effective therapy techniques, assist in determining medication options, and refer to other specialists based on individual needs. She can also provide neurotherapy which is a combination of traditional psychotherapy and neurofeedback techniques.

TRAINING

The neurofeedback training and learning involves placing sensors on the scalp to read current brain wave activity, commonly known as the EEG record.

Even in those people with severe behavioral or emotional symptoms, brain activity frequently moves in and out of normal ranges. All people have at least some moments of normal brain activity.

These “normal”, better regulated moments are captured by the sensors and transferred to a computer which projects the information to a computer screen and to a reward system that trains, via gaming or other multimedia, the individual to produce more of the newly regulated activity. Repeated rewards strengthen the desired response and learning occurs.

LEARN FROM OBJECTIVE FEEDBACK

Biofeedback and Neurofeedback

Once an individualized treatment plan is created, the neurofeedback participant is trained in basic biofeedback and physiological self-regulation methods, for example body temperature regulation, breathing, heart rate

management, and/or muscle training. Then, the individual is supervised to learn self-regulation of their brain activity. When proper brain activity is rewarded, and rewards are repeated over time, the person experiences a permanent change—this is based on classic psychological principles of new learning. This is exactly the type of permanent learning that occurs when acquiring any new procedure such as when learning to play a sport or musical instrument. These changes are reflected in behavior, emotion or other brain state being rewarded. Neurotherapy is desirable for those who are less interested in talk therapy and more interested in action oriented, “doing”.

