



Biofeedback and Family Therapy Center

Steven C. Kassel, MFT, BCB, BCN

26266 Prima Way, Santa Clarita, CA 91350 - 1545 Sawtelle, Blvd., Suite 25, West Los Angeles, CA 90025

661 259-3704

fax 661 254-8574

S@kassel.us

www.kassel.us

QEEG-Guided Neurofeedback Informed Consent & Agreement for Treatment

INTRODUCTION: This document contains important information about Neurofeedback services and the office policies of the Biofeedback and Family Therapy Center/Steven C. Kassel, MFT. Please read it carefully and sign where indicated. If counseling psychotherapy is to be provided in addition, a separate consent & agreement for that service will be provided to you.

MY BACKGROUND: I am a Licensed Marriage and Family Therapist (CA/#28511) and am also Board Certified in both Biofeedback (since 1985) and Neurofeedback (since 1992). I have focused my training, work experience and research activities on stress management integrated with the practice of Marriage & Family Therapy and have extensive experience working with conditions like stress-related medical disorders, pain management issues, anxiety & depression, relational problems, high-functioning Autism and Attention Deficit Disorder. Both biofeedback and neurofeedback certifications I hold are granted by the Biofeedback Certification International Alliance and Neurofeedback

DEFINITIONS: Neurofeedback (also known as EEG Biofeedback or Neurotherapy), is a type of mental health treatment that may involve talking therapy, does not medication and instead achieves positive change with a process that utilizes electronic equipment and a computer-based interface. This equipment both measures the brain's functioning and through a feedback process involving visual and auditory stimuli, teaches the brain to improve its performance. EEG stands for "electroencephalograph" which is the device used to measure the wavelengths created by the electrical activity of the brain.

METHOD OF TREATMENT: Brainwaves are painlessly and noninvasively measured using electrode sensors placed on the scalp using a medical grade water-soluble adhesive, and all equipment and processes used are medical-grade, FDA-approved and comply with standard and customary practices within the field. Data measured in this way is fed into an interactive computer program featuring a fun videogame-like interface. The game gives the patient visual and auditory "feedback" about how the brain is working by changing the images and sounds seen & heard when the brain produces the target brain wave frequencies. Forward motion through a landscape for example, occurs when the brain succeeds at a task and slows down or stops if the brain does not. With practice during sessions over a number of months, it becomes easier for the brain to reach the desired state and patients begin to feel and/or function better.

POTENTIAL BENEFITS: Neurofeedback can work on anyone, no matter the age. All that is required is the ability to focus on audio or video stimulation and relax. Any neurological condition that involves irregular or neuro atypical brainwaves can be targeted and improved with Neurofeedback. Thousands of studies have been published in relation to Neurofeedback and Biofeedback. The early foundational research, which has been validated in many peer-reviewed journals since the 1970's, showed that brainwaves could be changed through operant conditioning, and that seizures could be reduced with EEG training. These early studies using cats were able to rule out the possibility of placebo effects and since then, decades of additional research on humans of all ages forms the basis for the Neurofeedback treatments of today for a variety of conditions.

Conditions that have significant scientific support and have shown benefit from Biofeedback and/or Neurofeedback treatment include: ADD/ADHD, addiction disorders, anxiety, autism, brain injury, chronic pain, depression, digestive disorders, fibromyalgia, headache, hypertension, insomnia, migraine, obsessive compulsive disorder, PMS, stress disorders stroke and more. The ISNR (International Society for Neuroregulation & Research) Comprehensive Bibliography of Neurofeedback Research is continually updated

and available for you to search by clinical condition. It can be accessed at <https://isnr.org/isnr-comprehensive-bibliography#sec1>

POTENTIAL RISKS: Neurofeedback training has been the subject of more than 50 years of research and clinical study. As a non-invasive training not a treatment, it does not “do” anything to you but facilitates your brain’s learning. Neurofeedback appears to be harmless and when provided by a well-trained & experienced practitioner using the results of a QEEG brain map to guide sessions, side effects are rare and usually transient. Possible side effects may include headache or arousal which is sometimes noticed as more vivid dreams. Occasionally someone may feel tired, spacey, wired or anxious immediately after training. If effects persist a modification can be made in the training protocol in future sessions. This may slow progress and we can discuss how to proceed. Additionally, there is the possibility of minor skin irritation from the cream used to prepare the skin for attaching electrodes to the scalp. This is rare and resolves quickly upon cleanup.

We do not claim that you or your child will improve from the training. However, historical data indicate that more than 80% of clients improve on at least one test scale, and more than half improve on three out of four scales. Our work and published studies suggest that the positive effects of Neurofeedback last over time. However, clients have on occasion sought a few “tune-up sessions” months or years later which appear helpful. Some individuals may not experience any effects at all from the training and that, like with all treatments poses some risk. We are always happy to discuss client progress. Other methods may also be effective for you or your child. We will be happy to provide information about such services at your request. Individual and/or family counseling may help you and/or your child integrate the gains from Neurofeedback and Biofeedback into everyday family, social, school and work environments.

NEUROFEEDBACK & MEDICATION: For some patients, Neurofeedback seems to act synergistically with medications, allowing the medications to achieve a better response or stabilize their use. Many studies with individuals diagnosed with ADHD show that Neurofeedback helps improve ADHD while reducing use of medications. It is theorized that as the brain moves towards more neurotypical functioning, the same amount of medication can have a stronger effect. Some clients ask their doctors to reduce or eventually eliminate medications as symptoms improve during Neurofeedback training. Clinicians have reported that in many cases, the client’s symptoms continue to improve on lowered dosages of medications. Finding the right doctor is also important as many physicians don’t understand the nature or efficacy of Neurofeedback and the role it can play with medication titration. *Note that reducing medications should always be coordinated with your MD or prescribing medical professional.*

SCHEDULE AND LENGTH OF TREATMENT: Training Sessions and regular office appointments are approximately 45 minutes in length. With Neurofeedback, 30 minutes is for the training and 15 minutes for check-in, set-up, clean up & progress reports. Sessions are typically scheduled two times per week. The average length of treatment needed is 20-40 sessions, with 25 being the average. Most individuals will begin to notice changes after just a few sessions, but in some challenging or more complex cases, major benefit may not be noted until after several months. Progress will be evaluated at regular intervals.

ASSESSMENT: Before Neurofeedback training can begin a thorough psychosocial assessment and an analysis of your brain’s baseline functioning are necessary in order to develop an individualized, targeted treatment protocol. This preparatory phase consists of a number of activities and can span 1-3 appointments. These include:

1. **Initial fact-finding phone call.** QEEG consent & information documents and patient questionnaires sent.
2. **Intake session / meeting** to gain background information, review documents and questionnaires and/or review information provided by a referring professional.
3. **Two in-office computerized assessments** of attention and cognitive functioning (the TOVA & the CNSVS) One or two appointments are necessary to complete these depending on the individual’s ability to focus and they may be combined with the intake session and/or Brain Mapping session). Additional charges for the test administration are based on fees assessed we must pay to the online testing companies.

4. 19-channel QEEG Brain Mapping session: A 1-1/2 hr. office visit during which electrodes are placed on the scalp using a tightly fitted cap & wires to collect data under two conditions --“Eyes Open” and “Eyes Closed”. Other readings for verbal or math tasks are possible as well. This is a noninvasive, painless procedure and no electrical current is put into the brain. The fitted cap and chest harness/belt can feel slightly constricting and to obtain good electrode connections, it is not unusual for the skin to be slightly abraded in small areas under a few of the electrodes (this can feel momentarily uncomfortable especially for young children or those on the autism spectrum). Brainwave data collected is then transmitted to a contracted medical firm that processes the data and then compares the data to a database of neurotypical individuals of the same age, gender and handedness. An analytical report is completed that includes specific, personalized recommendations for brain regions, frequencies to be trained and electrode placement locations on the scalp. This report is signed by a medical doctor, typically a Board Certified Neurologist.

5. Assessment feedback and treatment planning session – before beginning treatment we will meet together to review the results of all your tests and assessments, I will provide my treatment recommendations and we will make a plan on how to proceed. An orientation to the equipment and basic training will be provided at that time.

CONFIDENTIALITY & RELEASE OF INFORMATION: Information shared within this therapeutic relationship will be kept strictly confidential and protected by law. Exceptions to confidentiality are those required by law, such as: 1) Danger to yourself or others (e.g., threats of homicide or suicide); 2) Abuse of children or the elderly; 3) Legally authorized law enforcement activity including court orders and also in case of payment disputes. In signing this informed consent for treatment, you are providing us with a release of information to share assessment data for the purposes of analysis and report preparation (Brain Mapping) with our medical consultant.

FEES:

	SCV	WLA
Q-EEG Brain Mapping incl. data collection, analysis & report, (90 min)	\$850	\$870
TOVA test (test fee only)	\$140	\$150
CNSVS test (test fee only)	\$140	\$150
Neurofeedback training session (45-55 min. each x twice per week)	\$110	\$120
Office visits, additional testing counseling, feedback sessions etc. (45-55 min)	\$170	\$180

The total for a 3-month course of Neurofeedback that includes assessment, testing and training is approximately \$3800-\$4000.

All fees are due at the time of service, payable with cash/check/credit card or Venmo. While some insurance companies may reimburse for these services, my experience is that they do not pay an amount that covers my overhead and training and therefore I will not bill your insurance company. Depending on your insurance company, I may request that you sign a declination for the use of your insurance. Clients will be notified one month prior to any changes in services or fees charged.

APPOINTMENTS: It is extremely important during treatment/training to keep your regular appointments to increase the likelihood of therapeutic gains. While you are my patient, your time is reserved solely for you. As is customary with most professionals, if you cancel your appointment, a 24-hour notice is required to avoid being charged your full appointment fee.

SIGNATURE PAGE for QEEG-Guided Neurofeedback Informed Consent & Agreement for Treatment

I hereby assert that I have read this consent and agreement for treatment and Steven C. Kassel, MFT (The Biofeedback and Family Therapy Center) has provided me with an explanation about the nature of and uses for Neurofeedback. My questions about these procedures, the anticipated costs, risks, experimental nature of some applications, and benefits have been answered. I agree to all fees listed herein and if a parent, assert that I am financially responsible for payment of fees upon service for my child’s training.

I hereby authorize Steven C. Kassel, MFT to provide me (or my child) with Neurofeedback assessment & training. I understand that this training is used for a variety of conditions, that appear to be associated with irregular brain activity, including but not limited to ADHD, depression, anxiety, stroke and seizure disorders. Training is recommended on the basis of empirical observation of improvement in clients with similar conditions and evidence-based research but results are not guaranteed.

Mr. Kassel has explained to me the reasons why he recommends performing a QEEG Brain map and additional assessments and for using Neurofeedback in my therapy (or the therapy of my child). He has also explained that there are multiple other options, such as medication or psychotherapy, available to me or my child should I decline to give my informed consent.

I understand that it is my own responsibility to monitor the subjective effects of training and understand that the process depends on my full participation and feedback to my clinician about effects of the training. The research literature indicates that there are some individuals who are apparently unaffected by training but that most benefit. The training is non-invasive and appears to be a harmless procedure as far as is known at present. No injuries are known or reported in the literature.

I understand that some individuals have reported that training may affect the body’s responses to medications for my condition and for unrelated conditions. I understand that I should not stop or alter any of my medications without consulting my physician/psychiatrist

By signing this form, I indicate my understanding of the principles set forth herein and waive any claim of damages due to the training including worsening of my condition for which the training was undertaken, claimed side effects or the failure to improve with training. I agree to submit any dispute with Steven C. Kassel, MFT to binding arbitration under the rules of the American Arbitration Association.

Client Name

Client d.o.b

Client Signature if Client is an Adult

Signature of Parent or legal representative#1/if Client is a Minor

Name of Parent or legal representative#1

Signature of 2nd Parent or legal representative if required by law

Name of Parent or legal representative# 2

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