

# Association for Applied Psychophysiology and Biofeedback



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January 26, 2015

Dr. H. Tewfik  
C/o IOWA Board of Medicine  
Suite C, 400 SW 8<sup>th</sup> Street,  
Des Moines, IA  
50309-4686

Dear Sir:

Re: Your letter of December 10, 2014 to Ms. Amy Putney:

I am writing to you on behalf of The Association of Applied Psychophysiology and Biofeedback (AAPB). AAPB is a collegial organization whose purpose is to provide a) education, b) research and c) standards of practice concerning biofeedback. Presently our board consists of 8 members of which 2 are licensed physicians.

The purpose of this letter is to acquaint you with our organization, provide you with information about biofeedback, including EEG neurotherapy and qEEG (as outlined in your letter) and advise that within this field, we believe biofeedback providers do not treat diseases, but their adjunct psychophysiological dysregulations.

The AAPB website explains, "Biofeedback is a physiologically based learning tool to help people recognize how their physiologies are functioning under various circumstances. They can use this information to learn how to control those aspects that are not functioning optimally. With proper training, biofeedback can be used by professionals in many fields. Biofeedback is NOT used as a treatment alone, nor can it be used alone to make a diagnosis. Rather it is an adjunctive tool to be combined with other standard interventions carried out by knowledgeable clinicians, educators, or coaches."

Physiological information is acquired and then, through the use of sophisticated software, such as the qEEG, analyzed. This information is then altered through the use of operant conditioning techniques (in this case EEG neurotherapy) which are part of behavior modification programs. In order to improve the efficiency of the learning process, the trainee may be subjected to stress profiling to identify the best physiological variable for feedback. In the case of EEG neurotherapy, the training may

be preceded by quantitative assessment of the EEG to identify the most suitable targets for the training.

Over the last 50 years biofeedback has been utilized all over the world by professionals from numerous health care disciplines including: a) medicine, b) psychology, c) physiotherapy, d) occupational therapy, e) nursing as well as other disciplines. In 1997, the American Psychological Association recognized biofeedback as a proficiency within the field of psychology, meaning that it could be legitimately practiced by psychologists who were suitably trained.

Presently there are thousands of peer-reviewed scientific studies published in this discipline, which also include Brain-Computer-Interface (BCI) and qEEG. In fact the PubMed System indicates there are 10,086 studies with biofeedback in the title.

More information about our standards of care are available through our website [www.aapb.org](http://www.aapb.org) or I would be glad to personally respond to any inquiries.

We do believe that the treatment of disease is clearly the domain and responsibility of the medical discipline. However, biofeedback involves the use of well-established behavior modification techniques for the modification of specific psychophysiological dysfunctions that are associated with diseases but do not constitute disease itself. For example, anxiety associated with a diagnosis of cancer can be eased with biofeedback techniques, hopefully augmenting the medical treatment process. The cognitive fog that often accompanies chemotherapy may be helped with neurofeedback.

The fact that our very existence as a discipline has come to your awareness only recently can be taken as evidence that we have in fact been successful over the years in assuring that our role in the health care field does not interfere with medical prerogatives. We are eager to give any assurances that may be required to see that the relationship remains harmonious and conflict-free.

We are requesting you to give this letter due consideration in the adjudication of this issue.

If I may provide you with any more information please do not hesitate to contact me.

Respectfully submitted.



Stuart Donaldson PhD  
President, AAPB