

AAPB NEWS AND EVENTS

From the President: Viennese Strudel and Other Memories

As I write this column, I am just back from the 10th Biofeedback Foundation of Europe meeting in Vienna. It was their most successful meeting with almost 300 participants from literally all over the world. It is really a kick to see biofeedback and neurofeedback weaving its way into so many diverse locales and so many novel settings. A nonrandom sample of some of the participants will give you a flavor as to how other cultures and economies are embracing aspects of biofeedback.

Two young bright Polish physicians, Ralph Sztembis and Joanna Mierzejewska, come to mind. He is a cardiologist and she an internal medicine specialist dealing with mind-numbing patient loads in a large hospital. Despite their 60-hour or longer workweeks, they have realized that mind/body medicine must be integrated and have chosen biofeedback as the vehicle for this endeavor. Ralph has even taken the time and expense to translate the edited book by Don Moss, Angele McGrady, Terence Davies, and Ian Wickram (*Handbook of Mind-Body Medicine for Primary Care*) into Polish. There were all of us, the chapter authors' names below a Polish title.

Then there was the father-and-son team of Victor Manuel Arroyo Magan (a neurosurgeon) and Victor David Arroyo Guillen (a psychologist) who came all the way from Mexico City, Mexico, to take workshops on biofeedback to integrate it into their holistic view of pain. They brought their Mexican charm and their insights into how chronic pain is managed in their country. It was very affirming to observe how easily they were able to see that biofeedback could help.

For some years, I have enjoyed collaborating with Christopher-Marc Gordon, a Scottish physiotherapist who has been working in Germany for many years. Chris combines HRV biofeedback with manual techniques and produces spectacular results. Because I see the same thing in my partnership with a chiropractor who does myofascial release, I organized a joint symposium with Chris to present our model. His presentation grabbed a lot of interest that I hope will lead to systematic studies of this combination.

I was struck with the sight of Mark Schwartz and Frank Andrasik signing their latest edition of the text *Biofeedback: A Practitioner's Guide* for more than 60 new buyers (that's when they ran out of books). The fact that people from Croatia approached me to ask about chapters I had written for these books struck me as wonderful. I certainly did not write with an international audience in mind, yet the questions, concerns, and strategies seemed quite universal.

Neurofeedback is growing rapidly around the world, and the academic neuroscientists in Europe seem to be quite involved with these endeavors. There were a large number of high-quality presentations offered at the meeting. Many Europeans are active in helping create Infiniti suites or working on other software. Furthermore, opportunities for using biofeedback and neurofeedback in governmental agency settings seem plentiful especially throughout Eastern Europe.

New technologies are emerging all over the world. We saw a demonstration by Howard Glazer of how a client in San Diego could be treated in Vienna with pelvic floor surface electromyography. The quality of the signal was certainly adequate for training purposes. These advances in telehealth are just around the corner. In addition, signal processing for all kinds of signals is getting so cheap and powerful that low resolution brain electromagnetic tomography, single photon emission computed tomography, and independent component analysis scans may be on the horizon for the average clinician. It is up to us to make sure that we use the technology for patient gains, not just to have prettier pictures to show.

So just when Medicare, the Blues, or other downers have me ready to be depressed about biofeedback's future, a trip to Vienna (along with lots of strudel) has lifted my optimism and resolve. I hope that you can find some silver linings in the clouds that make up our daily news cycle.

—Richard Gevirtz, PhD

From the Past-President: Improving AAPB

You have been hearing from me for over a year about ways we can improve both AAPB and our field. I'm now past-president, so this is the last message you are likely to get from me on these topics. There are a number of areas I'd like to get you thinking about. These challenges are:

- undereducated providers doing a lousy job at biofeedback and giving the field a bad name;
- unqualified people using prescription equipment;
- helping potential clients find out about biofeedback and finding trained practitioners;
- forming a base of professionals so we can create and sustain a viable field; and
- demonstrating the efficacy of our techniques through types of research busy educators, coaches, and clinicians can actually carry out.

For years, there has been a great mass of people with access to biofeedback equipment, many of whom were never adequately trained in its use. Some have no credentials for working with the clients they attract, while others have all sorts of very appropriate degrees, including PhDs and MDs. However, simply possessing an advanced degree does not indicate training or competence in biofeedback. What both untrained laypeople and doctors have in common is a lack of understanding of how to employ psychophysiological recording and biofeedback equipment correctly, so that they will get reasonably effective results and will not make irrational claims about what it can do. Such practitioners tend to get very poor results beyond the placebo effect and give our field a bad name. They need training!

What we are doing to solve the problem:

1. We are doing more advertising of training opportunities through dealers' mailings, our Web site, e-mail blurbs, and other methods.
2. We are putting consumer warnings on our Web site to alert people to the problem.

A parallel problem is that many unqualified people are selling biofeedback-based services using biofeedback equipment, which the Food and Drug Administration (FDA) has restricted to prescription use only. Many people do not understand that once the FDA declares a type of device restricted, it doesn't matter what a manufactur-

er says the intended use of the device is, or whether a manufacturer registers a particular device with the FDA or not. For example, individual illegal manufacturers of methamphetamine don't register their individual products with the FDA, but the methamphetamine somebody purchases from such an unregistered "lab" is still a restricted substance. So, it is against the law for dealers to sell many types of biofeedback devices to people who don't have the credentials to prescribe their use. People who sell treatments based on the use of restricted devices, but are not credentialed to prescribe them, are breaking the law.

What we are doing to solve the problem:

1. The International Society for Neuronal Regulation (ISNR), Biofeedback Certification Institute of America (BCIA), and AAPB are working with state health agencies and the FDA to ensure that they are aware of the problem and don't confuse individual, educational uses of biofeedback with clinical uses.
2. ISNR, AAPB, and BCIA are putting consumer warnings on their Web sites so consumers are aware of this issue.

There is clear evidence from several studies that the mass of the middle class (1) finds health care options by searching the Web, and (2) is not widely aware of biofeedback as an option for problems biofeedback based interventions are efficacious for. It is also very difficult for potential patients to identify providers in rural areas who use biofeedback-based interventions for their problem (e.g., a headache specialist may not be trained to treat urinary incontinence).

What we are doing about it:

1. AAPB has reorganized its Web site to be consumer-friendly and spent a great deal on Web site optimization so it will be a highly-ranked response for search terms such as "headache" and "treatment." There is no need to search using the term "biofeedback", which is ideal for most of the public, who don't know that biofeedback is an option.
2. AAPB has started a provider listing which identifies providers by the type of disorders they treat with biofeedback. That way, potential clients can locate providers who can treat the problem they are interested in.

AAPB's membership has voted that we are a profession! Yet, just about all of us were trained in other professions and have gradually gotten the experience and training, which makes us professionals in applied psychophysiology as well. It is unrealistic to expect a mass of people to join the profession by this circuitous route, and we aren't likely to be recognized by state licensing boards until we have our own training programs.

What we are doing about it:

1. AAPB has approved curricula for pre- and postdoctoral Masters programs, as well as doctoral programs in applied psychophysiology.
2. One doctoral program has already begun and a postdoctoral Masters program is in the works. This will give us a core of professionals who can lead the field in licensing, research, and practice issues.

Biofeedback-based interventions have great difficulty gaining acceptance with mainstream medical organizations, partially because they are used to seeing the results of huge outcome studies with thousands of patients. Our studies have only a few dozen patients at most and combining the results of many of our tiny clinical studies has been difficult because of differing populations, techniques, and outcome measures. If we want acceptance, one of the things we need to do is produce outcome studies with thousands of patients. There is no funding for such endeavors, but we can do multipractitioner data base studies in which each practitioner treating a particular type of patient enters the patient's data into an online data base when the patient begins therapy, at the end of therapy, and 6 months later. As only the data already gathered from the patient is used, there is no need for consent forms. The online data bases are arranged so that it takes a total of less than 15 minutes of data entry for each patient for all 3 entry sessions. Even a busy clinician can afford that amount of time in order to help establish effectiveness of the technique the clinician wants to sell.

What we are doing about it:

1. AAPB has started the first of its database studies. This one is for patients being treated with surface electromyography (SEMG) biofeedback for several pain problems and urinary incontinence. If this study works out well, we anticipate starting many similar data base studies for other conditions. Please

watch for the start of the SEMG Database Study and join it! It is great for the field and will put a few AAPB event discounts into your pocket.

It has been my pleasure serving as your president. I look forward to watching as AAPB grows and prospers along with the field it represents.

—Richard A. Sherman, PhD

From the Executive Director: "You Had To Be There"

The headline of this article says it all. The annual meeting in Portland was great. The setting could not be beat. The sun shone in spring in the city. Members enjoyed being within walking distance of the best restaurants, galleries, and museums. Our closing event was the Biofeedback Bistro with a great jazz quartet and an awesome selection of chocolate desserts. The post-Bistro party featured our own Howard Hall at the keyboard plus a chorus of great voices led by Susan Antelis until the wee hours. We had a really good time surrounded by excellent speakers, workshops, and the best science in the past five years. (Would you like a remembrance of this meeting? Special T-shirts were made and they are available from AAPB for \$17 including UPS shipping.)

This year we held a Silent Auction to help raise funds for research and student scholarships. Our thanks are extended to:

- Begin Healing, Inc.
- BrainMaster Technologies, Inc.
- EEG Info
- EEG Spectrum International
- Futurehealth.org
- Guilford Publications
- HeartMath
- InterCure/RESPeRATE
- Jonathan Walker, MD
- Lloyd Center Ice Rink
- Mind Alive, Inc.
- Somatic Vision
- Thought Technology

And now for news of AAPB: the Board had a very active meeting and a number of activities were discussed. Let me summarize some of the discussions. The Board:

- committed to creating an Insurance Tool Kit on the Web site for member use;
- reviewed the report of the strategic initiatives task force;
- approved sending a member services survey to new members;
- planned to seek more input and involvement of the sections/divisions;
- adopted a balanced budget of \$560,000 for 2006;
- accepted the CPA review of 2005 finances yielding a loss of \$4,000;
- examined the future and growth of our magazine, *Biofeedback*;
- noted the growth and status of *Applied Psychophysiology and Biofeedback*;
- extended thanks to both editors, Don Moss and Frank Andrasik;
- approved funding to help get clarification on instrumentation standards;

- appointed Rich Sherman to serve as AAPB Web editor.

There were a number of agenda items that the Board could not address due to time constraints. A series of conference calls will be held to complete these remaining items.

Now is the time to start planning for AAPB 2007. The site is Monterey, California, and who can resist that? We will be at the Hyatt Regency and some of you who were in the Biofeedback Research Society will remember the Hyatt Monterey as the site of two of our early meetings. We are already exploring a Saturday night event at the Monterey Aquarium and we may even repeat the Biofeedback Bistro. Put these dates in your calendar—February 15-18, 2007, with workshops on February 13-15.

—Francine Butler, PhD

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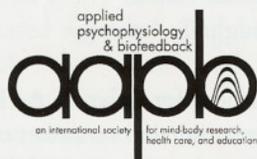


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Pain: Assessment and Intervention from a Psychophysiological Perspective, by Richard Sherman, PhD, takes a comprehensive look at mechanisms behind pain disorders and provides specific, easy-to-understand analyses of various assessment and intervention techniques. \$69.95 for members (\$89.95 for non-members), + postage and handling.



The Neurofeedback Book: An Introduction to Basic Concepts in Applied Psychophysiology, by Michael Thompson, MD and Lynda Thompson, PhD gives a voice to the vast, emerging information available in neurofeedback and biofeedback. An understandable explanation of the science behind biofeedback and neurofeedback. Material specifically written to prepare for certification, including a special section corresponding to the BCIA blueprint areas for EEG biofeedback. \$79 for members (\$99 for non-members), + postage and handling.



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