The Association for Applied Psychophysiology and Biofeedback (AAPB) holds its annual meeting every March at selected cities around the country. This year's meeting was in San Diego, making BSC the "hometown team" and giving us a chance to promote ourselves and exercise our sizable clout as the largest and oldest biofeedback organization participating in their governance. As the official liaison between BSC and AAPB, I'd like to take this opportunity to review the meeting for those who didn't attend, and also offer a few comments on our role and position in AAPB, and the current state of the relationship between the two independent organizations.

Most BSC members are familiar with AAPB because they hold dual memberships (a status encouraged by both organizations). Others no doubt have received information and/or solicitations from AAPB because we exchange mailing lists and have overlapping [if not identical] interests. The formal link between the two organizations is the Council of Chapters. It consists representatives from about 26 free-standing biofeedback societies. These include be states, regions, or countries. The Council meets annually at the AAPB meeting. California (BSC) is the largest member of the council, currently with about 200 members. In the past 10 years the Council has significantly increased its impact on the AAPB governance and programming. The chair of next year's convention, "From Fantasy to Reality: Creating the Future of Applied Psychophysiology," is Don Moss, another former Council chairperson. More evidence of this development increased power of the affiliated organizations is that the current Chair of the Council now has an automatic voting seat on the AAPB Board of Directors. Angele McGrady went on from that position to become AAPB president in 1996. Californians have continually played prominent roles in AAPB affairs. Barry Sterling was president in 1989; David Hubbard is currently one of the five elected members. I won't try to list all those how have served in various capacities. Suffice it to say there's plenty of overlap.

I don't intend here to review the history and origins of the two groups. AAPB is slightly older, having originally been founded as the Biofeedback Research Society in 1969. Many of the founding members were Californians. BSC organized itself separately in 1970. Many of the original founding members of both groups are still active and would be better sources of the motives and ideas leading to these parallel developments during the formative early years. There's always been overlap in leadership and purpose. There's always been a sense of autonomy and usually cooperation among the "Chapters."

As professionals in the field of biofeedback, we all do share a common interest. We strive to promote ethical and efficacious practice. We are all ethically expected to remain informed

Continued on Page 8
ProComp+ with BioGraph software opens a new world of training possibilities with a full range of multi-media and graphics tools. With point-and-click commands, clinicians with basic Windows® knowledge can design and implement dynamic, real-time protocols that are customized for each patient. BioGraph software lets you unleash your creativity.

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Technology for Better Health
From the President

As you are reading this, I hope you are enjoying a wonderful summer. At this time, the Program Committee is busy putting the finishing touches on a superb BSC conference for November 1997. I hope you will make plans to attend the conference. Details of the program are in this issue of the newsletter. We will also have a buddy system in place this year to help with defraying the costs of you travel and accommodations. Other committees of the BSC have stayed busy throughout the year as well. And as much as things appear to be running along just fine, we could still use your help. Volunteering to serve on one of the various BSC committees is a wonderful way to get to know more about the BSC and also gives you an opportunity to network closely with a great group of folks. If you know someone on the Board, ask them about their experiences or if there is a way you can help out, or call our central office and mention that you are interested in getting more involved. With all of us working together, the Biofeedback Society of California will continue to grow and prosper as a strong voice in the world of healthcare today.

Stephen Francis, MA

From the Editor

Hot biofeedback topics as we move through the summer are conferences — the 23rd Annual BSC Convention, November 14-16, 1997 to be held in Orange County. After debating to and fro about a suitable and appropriate conference title the Board of Directors agreed upon “Expanding Skills for Emerging Needs” and from a whole planet Earth perspective. As the times we are living in are not without their challenges personally, professionally, and environmentally, I feel this is a very apt selection. Please register early as the program will be not only varied, stimulating, informative and enjoyable but will help expand your own range of skills on many levels. Check out the “Buddy System” too, to save some hard-earned cash. Inside, you will find a synopsis of the program as it has evolved, currently. There are more final details to be completed which I feel will enrich your conference learning and experience as a whole. Inside this edition too, Bill Coby, Ph.D. writes on the AAPB-BSC organizational relations and reports on the AAPB spring conference in San Diego. LaWana Heald updates us all on the very important coding guidelines which shape our levels of reimbursement with inclusion of important information from Bob Whitehouse. Jeffrey R. Cram, Ph.D. writes on the subject of the use of sEMG in Stress Profiling. This article encompasses both scientific and subtle levels of this innovative work, a most enjoyable piece of work. We would like to thank our contributors to this issue of California Biofeedback collectively. The variety of your input is always enriching, satisfying and are representative of a strong and creative body of dedicated professionals. In conclusion, Ellen Place, R.N. chair of the membership committee reminds us to avail of a reduced “Early Bird” membership renewal. Please do this and save! I look forward to the fall issue of the Newsletter and invite your contributions of whatever kind for consideration for inclusion in the next California Biofeedback. Enjoy the rest of your summer!

Thomas G. Browne, M.A.
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EEG Spectrum is the largest and most experienced EEG Biofeedback clinical service delivery organization in the world. EEG biofeedback is our specialty. Drawing on our unique mix of clinical, technical and scientific experience and from a vast database of over 25,000 EEG biofeedback sessions conducted at our home office, we have trained hundreds of professionals since 1989, many of whom are now duplicating our clinical and commercial success.

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SCHEDULE

LOCATION | SECTIONS | DATES
--- | --- | ---
Encino, California | 1, 2 & 3 | April 3 — 7, 1997
Stonybrook, New York | 1, 2 & 3 | April 17 — 21, 1997
Atlanta, Georgia | 1, 2 & 3 | May 15 — 19, 1997
Encino, California | 1, 2 & 3 | June 5 — 9, 1997
San Francisco, California | 1, 2 & 3 | July 10 — 14, 1997
Minneapolis, Minnesota | 1, 2 & 3 | July 31 — August 4, 1997

Faculty: Siegfried Othmer, Ph.D., BCIAC, Susan Othmer, BCIAC, M. Barry Stermel, Ph.D., Nancy White, Ph.D., Julian Isaacs, Ph.D., Valdean Brown, Ph.D., Martin Wuttke, BCIAC

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Coding Guidelines Update from
LaWana Heald

Dear Biofeedback Clinicians:

“The following is the latest suggested coding for reimbursement guidelines for biofeedback with the new CPT codes. These guidelines were written by Bob Whitehouse who is the AAPB Code Committee Chair and the suggested guidelines are the result of the AAPB Legislative-Insurance Task Force whom I have been working with since December of 1996 so that we might be able to give you the best possible advice regarding use of the new codes. Reimbursement policies are still uncertain and to better aid us in helping you, please conceal the name of the patient and fax or mail the EOBs to us so we can do an analysis of how the codes are affecting us. Please send denied and low reimbursement EOBs but also send us the ones that you are getting paid well on. Thank you for your cooperation”.

Sincerely,
LaWana Heald.

Suggested Coding Guidelines Based on CPT Code Answers from the AMA

New Biofeedback related CPT codes went into effect Jan 1, 1997. The AAPB Legislative-Insurance Task Force had many questions about the use of these new codes. Our Questions were sent to the American Medical Association’s Department of Coding an Nomenclature. On March 5 we received their answers. First, I will list our questions and their answers in summary form. Second, I will give comments based on what we have learned and ask for feedback from you on any problems you encounter. And third I will give the history, as I know it, about how all this came about.

Our questions about the codes:

1. What is the intent of having two different biofeedback code categories—90901 Biofeedback training by any modality [replacing 90900, 90902, 90904, 90906, 90908, 90910, and 90915] and these new ones listed under Other Psychiatric Therapy—90875 individual psychophysiological therapy incorporating biofeedback training by any modality (face to face with patient)(e.g., insight oriented, behavior modifying or supportive psychotherapy? AMA Answer

The intent is to denote the difference between the use of biofeedback training versus the use of psychophysiological therapy. The intent of 90901 is to denote training to help an individual gain some element of voluntary control over autonomic/behavior function... instruction may also be given to the patient as to how to interact with biofeedback information. The patient is also provided with directions for appropriate reduction of tension in the targeted areas of treatment.

90875 & 90876 is indicative of not only the use of biofeedback training as is described above, but also incorporated the use of behavior modification, supportive psychotherapy, and/or the development of insight or affective understanding. Therefore, the main factor in determining the use of the two set so codes is whether or not psychophysiological therapy is involved. Both services utilize biofeedback techniques.

2. How do we decide WHICH CODE to use? In essence their answer is that it is the TYPE of work you do that determines which code to use (on a given day). Specifically, they say “if the adjunctive techniques that you’ve indicated in your letter (abdominal breathing, progressive relaxation, autogenic, desensitization, cognitive restructuring, etc.) are all different methods of carrying out psychophysiological therapy, then it would be appropriate to report the 90875 or 90876 codes as appropriate.” In verbal communication it was further clarified that 909-1 can be thought of as the physical TRAINING, the training to change the physiology and instrument reading, without the use of therapeutic talk of issues, resistance, fears, etc.

3. Who can Bill for 90901 and 90875 &90876?

“The codes listed in the CPT are

Continued on page 6
Codes
Continued from page 5

generally intended for use by physicians. There are, however, some procedures that may be used by non-physicians as well. Determination of the use of the psychophysio-
logic codes is by determination of the third party payor. Therefore, you should consult the 3rd party payor concerning the reimbursement policy for these codes. 90875 & 90876 services may be used by any provider who is qualified to perform this type of service. No distinction is made concerning the provider's Licensure or professional credentials. Licensure and credentialing vary on a state-by-
state basis.

4. Is 90901 a 15 minute code or a unit without time specification?
"For code 90901, time is not a factor in this code as there is no time in-
cluded in the descriptor of the code. Therefore, the code would simply
be billed according to whether the service indicated in the descriptor
was performed. "code 90901 would be reported once" “It would
be appropriate to identify the amount of time taken to perform the
service and append the -22 modifier for services that are greater than that
usually required for the service.”

5. Is 90901 an individual and face to face code?
Based on the vignettes submitted (by our committee—see history) for
redefining the biofeedback code, they are considering 90901 a face to
face session.

6. As there are NO BIOFEEDBACK EVALUATION CODES, how
should we bill for evaluation using biofeedback?
"If a biofeedback evaluation is per-
formed, it would be most appropri-
ate to identify the service with an
appropriate code form the eval-
uation and management section (util-
izing the key components to iden-
tify the level of service that should
be reported). Please note that appro-
riate key components for the level
of E/M chose (history, exam, med-
cal decision making) must be per-
formed in order to report an E/M
code. The codes listed in this section,
however, are generally intended for
physicians use. ... since use of the
E/M codes by a non-physician
provider is by determination of the
3rd party payor, you should check
with them first... It would be inap-
propriate to report the 90901 or
90976 codes to identify the biofeed-
back evaluation since both codes re-
quire biofeedback training in order to
report.”

7. How should EEG & QEEG be
coded?
"For EEG neurofeedback for cogni-
tive retraining use codes 90901 or
97770 to identify the service pro-
vided.”

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<tr>
<td>Los Angeles, CA</td>
<td>Sept. 20 - 28, 1997</td>
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<tr>
<td>Dallas, TX</td>
<td>Oct. 18 - 26, 1996</td>
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<td>San Francisco, CA</td>
<td>Dec. 6 - 14, 1997</td>
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### Surface EMG in Chronic Pain Management

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<td>July 26-29, 1997</td>
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<td>Sept. 27 - 30, 1997</td>
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<td>Dallas, TX</td>
<td>Oct. 25 - 28, 1996</td>
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### Clinical Applications of EEG Biofeedback

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Stens Corporation
Leading Suppliers of Biofeedback Equipment
MY COMMENTS ON ANSWERS

3. To know whether or not you can use and bill any of these codes:

- Check with the 3rd party payor to find out if biofeedback is reimbursable (if the answer is no, ask if 90876 is reimbursable), and if so, by whom and for what diagnoses and with what exclusions. Some companies are reimbursing 90876 at mental health rates (often 50%) compared to medical rates (often 80%) even if the diagnosis being treated is medical. I am told that from a Medicare perspective, if the diagnosis being treated is medical, the reimbursement rate should not be reduced unless you are treating a psychiatric diagnosis. Also some companies are reimbursing 90901 at low rates even with the modifier -22. You may have to appeal and explain why the rate should be higher. We are waiting to see if HCFA has released 90876 for use in Medicare for psychiatric diagnoses and if it will be for medical as well. Currently 90901 has retained the old HCFA definitions and there comment that "Biofeedback therapy is covered under Medicare only when it is reasonable and necessary for the individual patient for muscle re-education of specific muscle groups or for treating pathological muscle abnormalities of spasticity, incapacitating muscle spasm, or weakness, and more conventional treatments (heat, cold, massage, exercise, support) have not been successful. This Therapy is not covered for treatment of ordinary muscle tension states or for psychosomatic conditions"

- Check with your profession for its guidelines regarding use of biofeedback (for example the California Nursing Practice Act, Section 2725) support the Registered Nurse performing biofeedback if it is ordered by a physician or clinical psychologist and so is within the scope of registered nursing practice providing the nurse is competent to provide the service.

- Check with your state’s regulatory agencies on the status of biofeedback and who can provide it, and who can provide psychotherapy or psychophysiological therapy since 90876 involves biofeedback and include the 3 services used in individual psychotherapy (insight oriented, behavior modifying or supportive psychotherapy).

Remember that effective Jan. 1, 1997 federal legislation has broadly re-defined health care fraud in federal and state programs as including misbilling, miscoding, misrepresenting, treating with "medically unnecessary" techniques or devices, etc. Such fraud can be considered a felony offense with heavy fines and broad ramifications for an individual and his/her associates. So it seems wise to be extra careful in determining when to provide biofeedback and how to document and bill for it. Also some companies may not allow for billing another psychotherapy service on the same day as billing 90876 codes.

If you are not licensed on your own, and you want to provide Biofeedback for a Medicare patient, you may also be able to do so and be reimbursed if you meet the Incident 2 requirements listed on the back of your HCFA forms (be sure to read one for exact wording): namely that you be

- an employee of a physician
- the service must be rendered under the physician's immediate personal supervision
- that the service be an integral part of the physician's service...
- the services of the non physician be included on the physician's bills.

As I understand this, it does not apply to contract work, and the name of the non physician should be on the bill with clear distinction of who is the provider and who is the supervisor.

4. As many of you know Medicare had down valued 90901 to a much lower reimbursement rate but just weeks ago raised it to double what it had been devalued to, though still much less than 90876. Other 3rd party payors may or may not do the same. Also, at least one company has assumed that 90901 is only reimbursable for those muscle abnormalities (see #3 above) that Medicare says it can be reimbursed for (though this is reviewed on a state by state basis). Again, there is more for us to check out than ever before.

6. If you find that you do not qualify for billing under the Evaluation/Management codes, let us know so we can decide whether we should request a new code(s) for such an evaluation(s). Biofeedback therapist and coding specialist LaWana Heald issues a strong warning not to bill for a code level of Medical Decision Making. To get reimbursed for a 1st Biofeedback visit on a new patient referred for consultation from their primary MD, she says you can "bill the consult code 99242 and use the modifier 25 to indicate another service was performed on the same day. Then bill the remainder of the session a biofeedback and actually do biofeedback on that visit" and be sure your documentation supports the code and that who the provider was is never disguised. She adds that each discipline must follow coding guidelines in addition to those that your professional organization dictates. She thinks of coding as painting a picture about the actual encounter using numbers.

7. Since 97770 is a physical medicine and rehabilitation code, if you think that is the appropriate code, check with the 3rd party payor to make sure you would be reimbursed for its use. QEEG may or may not fall under the same guidelines (there is a code 95987 for digitized EEG that may apply).
about new developments in our field. Joining together facilitates this objective. While I enjoy reading the journals and newsletters and surfing the Net, I have a hard time feeling this is comprehensive enough. I do believe, however, that there's no better way to keep up to date than going to hear the innovators themselves speak at professional society meetings. Every year BSC brings two or three national speakers to our annual meeting. AAPB probably has a dozen people of that stature every year. One could hear and meet people of this caliber at training sessions and presentations they often do at weekend workshops throughout the year. They are usually sponsored by profit making institutes and/or equipment manufacturers. Still another opportunity would be the "spinoff" smaller organizations which focus on selected areas (e.g: "Neurofeedback" and "Subtle Energies" etc.) I also prefer the state (BSC) and international (AAPB) groups as the best opportunity to network not only with the innovators, but also with hundreds of other biofeedback practitioners attending such meetings. An economic incentive is that the private presentations are much more costly than professional society offerings because volunteers at our society conferences donate the many hours, weeks, and months needed to participate for the rest of us. To them I'll give my support and thanks. I encourage all our readers to make attendance at both the state and national society meetings their number one "keep current" priority.

Let me further make the case by reviewing this year's AAPB annual convention. I think it is the most comprehensive broad-based meeting of its kind in the world. It's truly international in scope. Representatives of over twenty countries were introduced at the awards breakfast. In contrast to BSC, the national meeting reflects its larger size and budget. Eight concurrent pre-convention Workshops are twice as many as we offer at our November annual meeting. These workshops are in-depth training opportunities [running either 4 or 8 hours] and take place during the two days preceding the actual convention. Shorter versions are the "short courses." They run 90 minutes and five to seven separate subjects are tracked together. Both these formats offer the CEUs. Short courses are strictly for morning people, beginning at 7 a.m. on Saturday and Sunday... I heard they were pretty good.

The presentations at the actual meeting tend to be brief (by comparison) looks at new innovations, theoretical papers, and recent research findings. They are geared to more intensive examination of cutting edge issues. They draw heavily from academic and research-oriented multi-disciplinary clinicians. In addition, there is a prominent place given to the political, administrative, and organizational issues.

AAPB's convention presentations are organized into the Main Keynote addresses, Symposium, the Presidential Address, business/organizational meetings, and last but not least, social events.

Keynote presentations are invited and given 90 minute slots with no competing convention activities. Symposia are multiple presentations including research papers and theoretical/conceptual offerings. A dozen symposia were offered at AAPB in 1996. They were usually double- or triple-tracked. As such, they give specialists a more focused path to follow, while generalists can sample from a smorgasbord of subjects. Symposia also last 90 minutes, but often were organized panels with 2-4 speakers plus a Q&A period.

This year the Keynote Address kicking off the meeting on Friday morning was given by BSC member Naras Bhat M.D., medical director of the Heart Disease Reversal Clinic in Concord California. In his enthusiastic style, Bhat merges the pioneering work of Dean Ornish, Myer Friedman, Deepak Chopra and Don Miecham and produce a consumer-friendly heart disease prevention module. His innovations bring biofeedback to center stage in training people to recognize the critical role of hyper-aroused states and anger in cardiac risk. More than any of these predecessors, Bhat’s perspective of mind-body self regulation represents the behavioral medicine prototype for the future. His practice actually focuses on America’s two most deadly chronic conditions: cancer and heart disease.

Another Californian who has given a keynote address at almost every AAPB and BSC meeting for the last twenty years is Barry Serman (maybe he missed one or two). If I ever wonder whether I know enough about a subject I've followed for two decades, I'll listen to Barry and remind myself of all there is that we have yet to understand. His subject this year was familiar: "Origins of Slow Wave EEG’s.”

The thematic threads through AAPB’s program seemed to emphasize the hot topics of EEG and Neurofeedback, sEMG; and stress management. New applications in women's health, pediatrics, headache, and primary care warranted symposium level presentations. California was also well represented here by Dick Gevirtz and Erik Peper. Their studies on the respiratory system led to symposia on asthma and Carpiography. Michael Linden spoke again on EEG and ADHD on a panel with Joel Lubar (AAPB President) and Linda and Michael Thompson.

Ian Wickramasekera, who now claims California as his professional home and is AAPB President-Elect, joined Chuck Stroebel and Ed Taub on the most spirited discussion I attended. They spoke on "Nonspecific Factors for Enhancing Neurotherapy Treatment of Addictions.” While each had a distinctive slant, they agreed that the scientific jury was still out on the critical components underlying the statistical success of these new methods. The sparks began to fly when audience participant [and prominent BSC member] Siegrfried Othmer challenged their soft positions with an apparently political argument. He claims that clinics and training organizations like his were negatively affected when leaders with such renowned reputations gave other than glowingly enthusiastic support for this treatment. The numbers (statistics) tell the important story, i.e., that this method works. Critics will use the equivocations of such experts as evidence for denying claims for clinical services considered "experimental." The bell rang before the match was settled...

No description of the conventions would be complete without some mention of the organizational and political activities. Lobbying for third party reimbursement for clinical services and funding of research grants have been
addressed for years. Managed care continues to represent the biggest threat to innovation and expansion of new techniques and technology. California has taken the brunt of these managed care companies' policies, but the rest of the nation is catching up. Not only is the procedure of biofeedback an issue for third parties, but so too are the credentials of the provider. Both issues were once considered national priorities, but the focus has shifted to the states. National Health Reform died when Hillary's compromises were rejected by consensus. No new national effort is likely to occur while the Clintons are still in the White House. State legislatures are where new policies from the government have a shot at curbing insurance companies' new economic power in health care. California also leads the nation in reform bills submitted to the legislature. But that's a subject for another article. BSC will play an important role if and when the reins of managed care are tightened.

Finally, another important reason I find for going to annual meetings is to visit the exhibit rooms and see what's new. In recent years, BSC has struggled to maintain its previous high profile with equipment manufacturers. As most corporations downsized to economize during the late 80's and early 90's, several biofeedback companies folded, others merged, and most consolidated their marketing budgets to focus primarily on the largest gathering possible. AAPB still draws all the players; BSC with its declining attendance and high exhibitor fees has suffered. Nevertheless, both still offer the chance to spend several hours looking, talking, and trying out the latest gear and software. And there's usually some fun to be had. This year, for example, BSC pioneer George Von Bozzy, from the Biofeedback Institute of San Francisco, introduced a new game product, the ideas for which he'd been working on for years. From a (deceptively) simple finger clip device, the engineers at "The Other 90%" have managed to develop analogues which detect very subtle changes in electrodermal activity to operate a pointing device on a computer screen. With this basic operating mode, the software designers have come up with a game-like interface. For instance, making a bowling bowl go straight down the alley and hit the pocket, or as a slalom skier, keep to the correct side of each gate as you fly down the slope. I must say that it certainly takes some practice, but I think he's on to something there! Look forward to more consumer-oriented products based on psychophysiological technology in the future.

In conclusion, I think that BSC and AAPB make very good allies. I think membership and attending their annual meetings is a responsible way to be informed and practice ethically. See you in Orange County November 14-16 for BSC and in Orlando April 1-5 for AAPB.
**BSC MATCH/Buddy System**

This year BSC is offering a system to assist interested members in identifying shared hotel/lodging and/or companion flight opportunities to and from the BSC convention in South San Francisco.

Fill out and mail at least 3 weeks prior to convention to:

Priscilla Williams, 5920 Tandera Ave., San Jose CA 95123

Please circle **YES** or **NO** to the following:

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<th>I would like to share lodging</th>
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<td>I will be staying at another hotel</td>
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**To convention**

**From convention**

**Lodging Information**

Are you (please circle)

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<th>Female</th>
<th>Male</th>
<th>Non-Smoker</th>
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Dates of lodging: check-in __________ check out: __________

**Flight Information**

Please indicate preferences:

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Name/location by city, state or province of home airport

**Flexibility Information**

Are you willing to negotiate (please circle)

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Name

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Address

Please enclose an additional sheet for other communication.

Thanks.

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**EEG Biofeedback Lecture Series**

**Thomas Budzynski, Ph.D.**

**Professor, The University of Washington, Seattle, Research Director, SynchroMed, Seattle**

Dr. Budzynski has a BS in Electrical Engineering and a Ph.D. in Clinical Psychology. He is one of the early pioneers in EEG Biofeedback. He has published many research articles, and made important hardware and software contributions to the field. He is a noted lecturer and executive workshop presenter.

Dr. Budzynski will summarize his latest research and the research literature in the areas of Migraine, CFS, and ARML. He will present some of his case presentations. He has developed EEG Biofeedback interventions that are obtaining promising results for many who suffer from these disorders.

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8:30 a.m. - 12:00 p.m. & 1:30 p.m. - 5:00 p.m. • $150.00 before July 7, 1997 • $175.00 thereafter

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**Jay Gunkelman, QEEGT**

**Registered EEG Technologist and Certified QEEG Technologist**

Jay Gunkelman has 25 years experience in EEG and neurofeedback. He consults and lectures nationally. Mr. Gunkelman will present challenging clinical case studies demonstrating the use of detailed analysis of the QEEG to design treatment interventions. Recent research on the sensitivity and specificity of QEEG in ADD/ADHD and Learning Disabilities will be reviewed. He will demonstrate how interventions are prioritized, how several abnormalities can be treated with one intervention and ways to abbreviate treatment.

Participants are encouraged to bring QEEGs and relevant case information on overheads.

**October 18 & 19, 1997 - Saturday & Sunday • 7150 E. Camelback Road, #300, Scottsdale, AZ**

8:30 a.m. - 12:00 p.m. & 1:30 p.m. - 5:00 p.m. • $295.00 before Sept. 30, 1997 • $350.00 thereafter

---

**Robert Crago, Ph.D.**

**Director, Neurobehavioral Health Services, Tucson, AZ**

Dr. Crago has 20 years experience applying biofeedback to difficult cases of his own and those presented for consultation and supervision. He consults and lectures nationally and is widely respected for his lively presentation style.

During his presentation, Dr. Crago will focus on the use of QEEG and neurotherapy in the evaluation and the treatment of complicated and challenging patients. Overheads of QEEGs, pre and post testing and patient progress data will be used to illustrate cases who present with various combinations of anxiety, depression, substance abuse, ADD and closed head injury. Participants are invited to bring patient data on overheads.

**November 16, 1997 - Sunday • 7150 E. Camelback Road, #300, Scottsdale, AZ**

8:30 a.m. - 12:00 p.m. & 1:30 p.m. - 5:00 p.m. • $150.00 before November 1, 1997 • $175.00 thereafter

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1997 CONFERENCE UPDATE INFORMATION

Members will be happy to know that the 1997 November conference is now advanced in its organization and following is an outline of some of the key events.

Friday November 14

8 a.m. Short Courses 1-6
1. A Touching Experience: Integrating Imagery & Touch for Healing with Biofeedback given by Erik Peper, Ph.D. and Katherine Hughes Gibney.
2. Part one of Reversing Heart Disease Using Biofeedback will be given by Naras Bhat M.D.
3. Biofeedback Goes to School given by David Somershine, M.S. & Seven Kassell, M.A., M.F.C.C.

The second session of short courses continues at 10:30 and will commence with:
4. Part 2 of Reversing Heart Disease by Naras Bhat, M.D.,
5. Introduction to Rosen Method Body Work by Susanna Smart, R. N., B.S.N. and:
6. Psychophysiology of Breathing by Ronald Ley, Ph.D.

Exhibits will open at 12 noon and the Board Members' meeting will be from noon till 4 p.m.
2:00-3:30 Short Courses 7-12
7. Capnography Training Part 1 by David Mars, Ph.D.
9. Home Training: The Crucial Link by Ira Rosenberg, M.A.

Continuing on from 4:00-5:50 p.m. with:
10. Capnography Training Part 2 by David Mars, Ph.D.

11. Humor in Biofeedback Training by Natalie Olson, M.A., M.F.C.C.
12. Resilience Training: A Positive Approach to Stress by Stephen Sideroff, Ph.D.
7:00 p.m. Stephen Francis, M.A. BSC President will welcome attendees and our first Enrichment Speaker will take the floor.

8:30 p.m. Reception and Entertainment We hope to have the return of "Rebecca and the Padr's docs."

Saturday November 15, 1997.
7 a.m. Registration Opens
8 a.m. Exhibits Open
8:30-9:30 a.m. La Wana Head will present her information on reimbursements changes.
The New OMT Codes for Biofeedback: An Update & Guidelines for Use
9:30-11:30 First panel: Applied Respiratory Psychophysiology and Capnography with moderator Brian Tietz, M.D. The panel will consist of Richard Gevirtz, Ph.D., Ronald Ley, Ph.D. and David Mars, Ph.D.
11:30-12:00 Exhibits break.
12-1:00 p.m. Invited Speaker
1:30-3:30 p.m. BSC Annual Luncheon will include Stephen Francis, M.A. BSC Presidential Address entitled "Expanding Our Selves."
3:30-5 p.m. Panel 2: Culture in the Clinic, moderated by Natalie Olson, M.A., M.F.C.C., Brenda Wiederhold M.A., M.B.A. and Mark Wiederhold M.D., Ph.D.
5:30-6:30 Ronald Ley, Ph.D., keynote speaker will present his talk.
6:30 p.m. Evening Entertainment Excursions

7:15 a.m. Registration opens
7:30 – 9:20 Short Courses 13-15:
13. R.S.A Feedback: Direct Feedback for Cardiopulmonary Integration by Ira Rosenberg, M.A.
14. The Internet and Other High Tech Tools for Clinical Biofeedback Practice by William Coby, Ph.D.

15. Movement Psychology & Use in Biofeedback by Carol Mallory, R.N., M.A.

8:30 a.m. Exhibits open.
9:30-11:30 Panel 3 will be moderated by BSC Past-President Gary Godshall, M.A. and the panel will consist of Richard Gevirtz, Ph.D., Jeffrey Cram, Ph.D., Dennis Etter, M.A. and Nicholas Pappas, M.D.
11:30 a.m. -12:30 p.m. Lunch Break.
12:30-1:30 Research Deadline.
1:30-2 p.m. Final Exhibits Break.
2:30-3:30 p.m. Short Courses 16-18:

16. Breathing for Health by Erik Peper, Ph.D.
17. Feldenkrais: Moving with Awareness by Denise Bergh, Certified Feldenkrais Practitioner.
18. Myofascial Pain: Treatment Protocols for the Biofeedback Practitioner by Richard Gevirtz, Ph.D. and David Hubbard, Ph.D.
4-5:00 p.m. Short Courses 19-21
19. Meditation: Prescribed by the Doctor by Naras Bhat, M.D.
20. Anger Control: Using Heart Rate Variability by Thomas Browne, M.A.
7:00 p.m. Registration Closes.

There are some finalizations to be completed, but the conference promises to be an exciting and eventful event which will be enriched by your participation.

Those who wish to pair up in a buddy system can save 50% of expenses for travel and/or lodging expenses. (Please see form on facing page.)
Stress Profiling: A Matter of Head and Heart
Jeffrey R. Cram, Ph.D.
Sierra Health Institute, Nevada City, California

The psychophysiological procedure utilized to study the emotional reactivity of the body is called stress profiling. Looking for correlates to emotions extends throughout the history of psychophysiology (Lacey & Lacey, 1958; Lader & Mathews, 1968; Malmo & Shagass, 1949), with the hope that we would be able to objectively determine the individual's emotional state without having to rely upon self report. And as investigations moved into applied clinical research, the questions were directed more at can we identify those individuals who are at risk for a particular disorder. For excellent reviews on these topics, see Haynes (1980) and Schwartz (1987). In this article, I will briefly review and explore some of the traditional conceptualizations for stress profiling, while introducing and demonstrating a unique perspective which reaches back to ancient Vedic writings.

On a purely mind-body level, a key attribute of muscles is that of emotional display. In addition we can conceptualize emotions as muscle activation patterns which lie at the foundation of intentional movement (e-motion). When the muscle activation associated with emotions occurs, more energy is sent out into the neuromuscular system, taking up the “slack” in the system and increasing the tonic or resting level. This emotional bracing (Jacobson, 1932; Whatmore, 1974) or increased tonus also affects the quality of movement. Professional athletes certainly know how emotional arousal can “unintentionally” alter their levels of exertion and change the timing associated with coordinated movement.

In addition, it is not uncommon for patients to react to stressful events in a “stereotypic” fashion. Individual Response Stereotypy (Engel, 1960) is the tendency for an individual to respond to a variety of stressors with a similar physiological response. This tendency was first noted in the early 60’s, where some individuals were observed to always respond to a stressful event by, say, speeding up their heart rate or by tensing their shoulder muscles. Within the neuromuscular system, emotional arousal and associated stereotypy have been studied for the facial muscles (Ekman & Friesen, 1972), the postural muscles (Goldstien, 1972) and the muscle spindle (McNutt, et al, 1974).

So, where do we search for these stereotypic patterns? We can look for signs of autonomic arousal through recordings from hand temperature and electrodermal activity (EDA). Recordings from the wide frontalis placement is very popular since it provides an excellent barometer of the negative emotional displays found on the upper face. Or a simple visual observations of depressed patients usually indicates stooped shoulders and fallen chest, while the anxious patient may have their shoulders markedly elevated as if to protect their neck. Whatmore (Whatmore & Ellis, 1959; Whatmore and Kohli, 1962) has validated these phenomena using sEMG recordings. Reactivity in the trunk muscles may show a high level of specificity. Cram (1997) has presented a case example of sEMG recordings from the right and left trapezius muscle groups using the cervical trapezius placement on a patient who had injured their right upper quarter during a fall down some stairs resulting in headache and right upper quarter pain. For this patient, it was only the right cervical trapezius lead which responded to the stressor, followed by a very poor recovery pattern (return to baseline). The uninjured left aspect show only a small, insignificant response. Flor et al (Flor, et al, 1985) have also demonstrated the specific effects of emotions on the muscles of the low back. In their study of the right and left aspect of the erector spinae muscles were studied in a group of low back patients, a group of general pain patients (i.e., pain other than low back) and a group of healthy controls. Each group was presented with various types of stressors. The findings of their study clearly demonstrated that only the low back pain patients experienced an emotional response (activation pattern), primarily in the left erector spinae muscle set and only during stressors relevant to the patient’s condition.

Thus, the literature on stress profiling demonstrates that predictable patterns of reactivity may be seen at traditional sites for emotional display, sites of injury or sites of reported of pain. While these perspectives have provided us with a wealth of information, they are limited by their pure psychophysiological basis.

Stress Profiling, Flower Essences and A Matter Of Heart.

In a recent study on stress profiling, I was asked to investigate whether or not a Flower Essence could attenuate the stress response. The particular essence which was to be studied, The Five Flower Formula (Flower Essence Services) was first developed by Dr. Edward Bach in the 1930’s and later refined by Julian and Martine Barnard for the treatment of physical trauma, emergencies and crisis situations. According to a long history of anecdotal case reports on its effectiveness, it seemed a likely candidate to influence the stress re-
response system in some way. Yet no studies on the mechanisms of action of the flower essence have been performed to date.

If one is to study the effects of a subtle energy such as a flower essence, it might be necessary to embrace traditional recording sites, yet broaden the conceptual framework of stress profiling to include the possible metaphysical influences of flower essences. Thus, rather than routinely sticking to SEMG recording sites of the frontal, neck, shoulder or forearm, it was decided to study the biological energy at multiple sites along the human spine. These sites reflected the location of the chakras, while simultaneously recording from some of the more traditional SEMG placement sites. Two previous studies have demonstrated the sensitivity of SEMG recordings at these chakra sites while studying the subtle influences of procedures such as Therapeutic Touch (Wirth and Cram, 1994) and Distant Prayer (Wirth and Cram, 1993). The chakras have specific locations in the human body, and are where the flow of pranic energy is purported to be the greatest. In addition, each of the chakras has its own psychophysical and metaphysical attributes. The sites which were studied may be described below in both traditional and metaphysical ways (see chart below).

The procedure of the study followed the "standard of care" for stress profiling. Electrodes were connected to the above sites, along with hand temperature probe and EDA recording electrodes. A five minute baseline was recorded, followed by a pre-recorded three minute serial arithmetic task (Hartje’s Flow Chart), followed by a five minute recovery period. The only nuance for the study was the administration of either a placebo or the five flower essence approximately five minutes prior to the initiation of the first baseline period.

The analysis of the data was conducted using a standard analysis of variance with repeated measures. Two post hoc analyses were conducted for each site. The first looked at the interaction of period (Baseline - Stress - Recovery) with Time (3 minutes of each period) to determine whether or not there had been a psychophysiological response. A significant response pattern was noted for all sites with the exception of the T6 / Heart and L4 paraspin / Sacral site. The lack of responsibility for the T6 / Heart chakra site may be attributed to the effects of the flower essence (see below). Figure 1 shows the magnitude of the SEMG response from baseline to the stress period. As can be seen, the mastoid to mastoid / Medulla recording site showed the largest response pattern, nearly three times greater than any other site. Lastly, the influence of the Five Flower Formula Essence showed significant effects for only for T6 / Heart and C4 / Throat chakra sites.

So, what can we learn from the observations of this study? First of all, it appears that the stress response occurs all along the spine, not only at our favorite electrode placement sites, such as the wide frontal placement all together. In fact, had we stuck to the traditional sites, we would have missed the clinical effects of the flower essence. I was very surprised and impressed by the magnitude of the stress response at the mastoid / Medulla chakra site. This site has been pretty well ignored in the stress profiling literature, and currently is not commonly used in clinical practice. The only other notation for recordings from this site are found in the work by Mark Schwartz at the Mayo Clinic (Schwartz, 1985). He has utilized this site to study headaches for years, and a study by Hudzynski and Lawrence (1988) has validated its clinical utility for assessment purposes. One could interpret the increased of SEMG activity at this site to represent a locking of the head to the spine at a time of threat so as to minimize damage to this

<table>
<thead>
<tr>
<th>Site Location</th>
<th>Psychophysiological Meaning</th>
<th>Metaphysical (chakra) meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wide Frontal</td>
<td>Seat Of Negative Emotions.</td>
<td>3rd Eye: Divine Joy. Also Seat of Knowledge / Enlightenment.</td>
</tr>
</tbody>
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Continued on page 14
Stress
Continued from page 13

important junction if a struggle were to pursue. From a metaphysical point of view, it might suggest that the Ego was engaged or disengaged as the case might be. Or from a mechanical point of view, Body Work professionals have known about the importance of the axis/atlas relationships for years. Chiropractors and physical therapists frequently manipulate this site to alleviate headaches, the Alexander Technique has based the foundation of its work at this site and John Upledger uses it as the basis of cranial sacral therapy. Perhaps, we in the biofeedback arena should more completely explore the potential of this site for assessment and treatment purposes. Are we missing the possible etiology of headaches because we monitor only from frontalis and trapezius?

Secondly, I was duly impressed by the psychophysiological effects of the flower essence studied. The flower essence therapy administered just prior to the stress profiling procedure significantly reduced the level of reactivity at the C4/Throat and T6/Heart chakras sites. Why did it effect these two sites and not the front site or other sites? From a strictly emotional model, the reduction in cervical sEMG might have been predicted, but certainly not the T6 paraspinals. Next, it doesn’t make sense to place the effects of a flower essence into a strict mechanical model. That is unless we begin to think of gravity as the basis of the unified field theory. Perhaps the clinical effects came about because of the homeopathic similarities between the attributes of flower essences and those of the chakras. According to Kaminski (1995), the five flower essence was specifically designed to “bring about stabilization and calmness (Rock Rose), to “draw one back into present time” (Clematis), to “balance and soothe away impulsiveness and irritability” (Impatiens), to “bring about inner peace and stillness which allows us to ease the contraction felt in the body” (Cherry Plum), and to “help us regain our composure” and “for learning and mastery of our lives” (Star of Bethlehem). The empirical data clearly suggests that the flower essence works primarily on the centers for calmness (C4/Throat) and love (T6/Heart). It appears to assist us in letting go of our attachments and desires, while promoting a sense of calmness. Biofeedback practitioners may want to learn more about how to use these adjunctive tools may assist their patients in mastering the stress in their lives.

To conclude, psychophysiology provides a viable tool by which to investigate subtle energies, especially when guided by the metaphysical wisdom of the ages. This represents a blending of the old and new, East and West. For what is the basis of science but to describe what is all ready known with the latest tools of our culture.

REFERENCES

Magnitude Of Stress Response
By Recording Site

![Magnitude Of Stress Response](image_url)

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FIGURE 1
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Dennis Campbell,
Best meeting in Neuro-FB I've yet attended.
Peter Rosenfeld
...what an incredible experience your conference was. The words "family" and "community" aren't even strong enough to describe the sense of sharing, communion, creativity, and openness I experienced in Palm Springs. I truly believe this field is coming together as never before, and your conference provides it a home base and a launching point. Anna Wise

Exciting and fun "Michael Hutchison,
the single most important event of the year for practitioners, therapists, and lay people in the ADD arena...the best of all the conferences I've ever attended or presented at.

Thom Hartmann, Success with ADD,
... excellent information/inspiration--I really like the feel of your annual winter brain conference. It reminds me of the excitement, energy, and enthusiasm of early biofeedback meetings when we were all young. Tom Budzynski

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