



## HOW DOES NEUROFEEDBACK EVALUATION DIFFER FROM TRADITIONAL PSYCHIATRIC DIAGNOSIS?

Instead of looking at a cluster of psychiatric symptoms, then looking them up in the DSM IV (diagnostic manual for a psychiatric diagnosis), neurofeedback therapists look for underarousal (e.g., depression), overarousal (e.g., anxiety) and overall dysregulation (e.g., migraines).

Dr. Jack Golden ([www.DrJgolden.com](http://www.DrJgolden.com)) arranged the chart you can find under **Symptoms And Brain Arousal States** describing how we look at symptoms. “You will find there are some conditions people experience that can be effectively treated with neurotherapy. Notice that in terms of arousal states, there are clusters of conditions that relate. The typical medical model addresses these conditions from an individual diagnosis perspective and doesn’t address the clusters of conditions that are related to arousal states. In every case we have treated, we have observed other conditions in the clusters improve dramatically or disappear completely. The medical model uses medications to stimulate, sedate, and/or regulate the brain to achieve brain state balance. The significance of neurotherapy is that we can train one or more of twenty sites and regulate the exact area that needs regulating. Many conditions where people are taking stimulant medication (Ritalin, for example, for ADD) also stimulate other areas of the brain that do not need the stimulation. The same is true for sedatives.”