

# GUIDE TO THE FIRST SESSION

## Take a Complete History

In the first session, you will begin by taking a complete history for your client, including demographic information, referral source, and communication information for their medical care / primary care physician.

The clinical portion of the assessment covers the patient's medical history, as well as relevant family history. The focus is *not* on making or confirming a particular diagnosis, but on getting the primary symptoms of the client so as to establish markers for progress. The intake checklist is an example document you can use in your practice.

CLINICAL HISTORY	IMPORT
<ol style="list-style-type: none"><li><b>1. Main complaints</b></li><li><b>2. Current diagnoses</b></li><li><b>3. Other symptoms</b></li></ol>	Clients usually have one or more complaints that are the reason they are seeking treatment; your history should elicit other relevant symptoms ( <i>e.g.</i> chronic pain).
<ol style="list-style-type: none"><li><b>4. Current medications / Supplements / Alternative therapies</b></li></ol>	Clients are asked not to change their medications without consulting their physician and informing the clinician — otherwise, changes in medication may make progress difficult to interpret.
<ol style="list-style-type: none"><li><b>5. Past medical history</b> (including symptoms, complaints, concussion)</li></ol>	Unlike in many treatments, severity or duration of symptoms do not necessarily predict the efficacy of treatment with direct neurofeedback.
<ol style="list-style-type: none"><li><b>6. Family history</b>, including experience with neurofeedback (if any)</li></ol>	Many conditions (anxiety, depression, ADD) are highly heritable, although this does not mean neurofeedback will necessarily be ineffective. Close family's experience with neurofeedback, positive or negative, is a good predictor for the client's results.
<ol style="list-style-type: none"><li><b>7. Personal history of migraines or epilepsy</b></li></ol>	While migraines and seizures can be a reason to <i>seek</i> neurofeedback, overstimulation could provoke a migraine or — in theory — a seizure. Be sure to start such clients with very low stimulation and increase gradually.

## Informed Consent

The Informed Consent form is both a necessary document and an educational tool that prepares the client for their first session. It gives the client an idea what might happen, tempers their expectations, and explains how clients can work with the clinician to achieve results. For direct neurofeedback to be effective, the client must be an attentive partner, not just a passive recipient of a new therapeutic modality. Clients are responsible for:

- Coming to sessions regularly
- Communicating thoroughly during the session to guide treatment
- Noting and communicating positive and negative effects after treatment

Clients will need support in understanding what they should be looking for, paying attention to, and what effects are meaningful and/or incidental. The consent form describes side effects (all of which are benign and temporary) and assures that the client knows not to abruptly stop or change medication.

## Run the Session

In the first session, you will need to modify treatment carefully based on the sensitivity and reactivity of the immune system. To do so, you will need continuous monitoring on behalf of the client, and clear communication with you about their feelings.

### Gauging Reaction to Stimulation

#### ✗ Don't just say "Do you notice anything?"

Especially in the first session, clients may not know what feelings are a result of stimulation, and will need to be guided how to observe their reactions.

#### ✓ Instead, ask specific questions: "Do you feel \_\_\_? Do you feel \_\_\_?"

Some common reactions clients might describe include:

- Relaxation
- Clear-headedness
- Energized / less tired
- Tingling or warmth
- Lightness in the chest
- Sharper or brighter vision
- Feeling "grounded" or "open"
- Relief from pain or headache

While you ask questions about these sensations, observe any changes in the client's demeanor or behavior. Some observable signs of reaction to stimulation may be:

- Relaxed posture
- Smiling
- Less talkativeness
- Deeper breathing
- Deeper voice
- Moving or shifting

Assume any and all changes the client reports or that you observe are from stimulation. Take note of when the initial response happens. Especially in the first session, it is best to take your time between stims. Some clients will be highly reactive, particularly children.

## Identifying Overstimulation

For each change the client reports, ask if it is *positive*, *negative*, or *neutral*. Uncomfortable changes may be symptoms of overstimulation, and require a reduction in stimulus strength.

Common symptoms of overstimulation include:

- Feeling tired (eyes heavy, fatigue)
- Feeling wired (giddy, jittery)
- Feeling spacey (light-headed, loopy)
- Headache (usually mild)
- Nausea

Clients may also experience other, less common overstimulation effects, including muscle tightness, anxiety, or a temporary flare-up of other symptoms.

## After the First Session

After the first session of neurofeedback treatment, make sure to communicate with your client what they can expect in the next few hours and days. (See the Take Home Sheet for a sample document that facilitates this conversation.)

Have your client text, email, or call you later in the day and the next day after their first session. It is important to **be available in the first 24 hours** in case the client needs advice or wants to discuss the effects of treatment with you.

In follow-up sessions, you will construct a chronological history of the client's symptoms, responses to treatment, and progress. Take a moment at the end of the first session to make sure your notes from the first session are sufficiently detailed and precise to guide you for next time.