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Neurofeedback Therapy
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*Change your Brain
change your Life*

Consent for the Treatment with LENS (Low Energy Neurofeedback System)

Areas of Applicability: The LENS has been successfully applied to central nervous system problems, such as symptoms of traumatic brain injury, stroke, Fibromyalgia, depression and other mood and anxiety disorders, attention, hyper-activity, explosiveness/anger, and learning problems. Controlled studies on the LENS have been and are being conducted. Several university and medical human subjects review committees have reviewed the LENS treatment and have found it to be “minimally invasive.”

Effects of the LENS: The LENS tends to make functioning clearer and easier. It has increased cognitive functioning (memory, concentration, attention, ability to learn and to read, organizing, and sequencing), motivation (initiating and completing activities), and motor skills (coordination, balance, grace, recovery from paralysis). It has elevated mood as an antidepressant. It has improved sleep at night, and reduced sleepiness during the day. It has increased energy and stamina. It has reduced seizures, explosiveness, irritability, spasticity, and background anxiety. It has reduced migraine and Fibromyalgia pain, as well as Restless Legs problems. It has reduced symptoms of obsessiveness and compulsiveness. It has improved functioning in Autism.

What is LENS? LENS involves measuring and recording electrical signals (EEG: electroencephalogram) from the scalp, and using the frequencies of those signals to guide the speed of a feedback signal back to the brain. The feedback is extremely weak electromagnetic pulses from the EEG cables and will be neither visible nor feel-able.

The electromagnetic feedback is invisible. The intensity of our electromagnetic field is less than a trillionth of a watt and is on for a few seconds during each session. A background signal approximately a thousand times less than the feedback signal is also present as soon as the EEG begins to read the brainwaves. For reference, a cellular telephone generates a signal at least millions of times the power of the LENS feedback signal.

The LENS procedure: The brainwave recording process may require the use of a mild abrasive gel or witch hazel to clean the skin. Sensors will be applied to your head and ear, held there with a water soluble paste. No needles, shocks, skin penetrating, or other invasive procedures are used. The

equipment assesses a client's brainwaves -- extremely faint electrical signals (EEG) measured at discrete locations on the scalp. The equipment itself then generates and delivers extremely faint, battery-generated signals that the brain may respond to in beneficial ways.

Contraindications: I do not recommend using LENS treatment if you are medically unstable. This includes if you are changing medications in order to become stabilized. It would be better to wait until you are more medically stable to use the LENS treatment. The same goes for if you are introducing several new treatments at once, it would be better to wait until you know the effects of the other treatments before starting LENS (or start LENS and wait on the other treatments).

Side Effects: The side effects sometimes seen with the LENS are in the form of *temporary increases of the symptoms you already have. Please let me know of any troubling symptoms. You may contact me by phone, email mary@flexiblebrain.com or at your next session.* I can work closely with you to adjust the dosage. This is done the same way your medications are adjusted by your physician.

If you have a history of seizures, it is important that you realize that starting LENS treatment will not abruptly stop your seizures. In other words, you will continue to have seizures as you have had them in the past until treatment begins to take effect. Furthermore, they may be more intense for periods of two to three weeks before they decrease in severity and frequency. This can be a cause of concern to those in your life, personal and professional. You are advised to speak with them about this issue and be aware of and comfortable with their potential reactions before you start. When used properly, this LENS appears to have acted as an anticonvulsant and has led to medically supervised decreases in anticonvulsants. We urge you to consult your physicians and myself about your desires to decrease your medications of any kind.

If you are taking certain medications, it will be necessary to stay in close contact with your physician. Your body may not need as much of the medication and you may start to experience the side effects of too much medication in your system. Keep this in mind if you take medications for diabetes, thyroid, migraines or headaches, seizures, spasticity, high blood pressure or emotional, perceptual or attention problems.

You must inform me of all medications you use while you participate in the treatment, and you are not to change your medications without informing your physician and myself.

Brief Reactions: On the rare occasions when the feedback is too intense or the feedback periods are too long, you may feel uncomfortable, irritable, tense and anxious. These feelings usually resolve

within a few minutes or hours. When this happens, please tell me and the settings on the equipment will be changed to make the feedback less intense and shorter in duration, to the extent that you are once again more comfortable.

Longer Lasting Reactions: You may experience one day to two-week periods of anger, fear, and irritability during the treatment. You may feel as if you have tremendous energy to do things, or feel very tired. These longer-lasting reactions have tended to occur with people who have been struggling to control particular feelings for a long time. Support from your own therapist or physician may be useful and should be relied upon.

If you have some degree of spastic paralysis after a stroke or other brain injury, you should be treated with the **Photonic Stimulator** (consent below). The LENS treatment can cause spastic pain as the paralyzed muscles become more functional. The Photonic Stimulator will help to treat the spasticity so that you do not experience discomfort.

Discontinuing LENS Treatment: You may discontinue treatment at any time for any reason. It will be time to discontinue LENS when you stabilize and achieve consistently better functioning. Most of those who have received LENS have continued to improve long after LENS has ended. Should you wish to discontinue treatment, please inform me. I will cooperate and provide copies of any records for another therapist.

I acknowledge that I have read and understand the above information. My consent to participate in LENS treatment is given voluntarily and without coercion.

Initial here:_____

Consent for the Use of the Photonic Stimulator

Description: The Photonic Stimulator is classified by the FDA as a minimally invasive device. It generates an infra-red light that is fairly strong: 1200 milliwatts. It is not visible.

Uses: The Photonic Stimulator is a light stimulation device that helps to re-tone your reactions to stimulation. The Photonic Stimulator can help to calm the nervous system when shown on the fingertips and toes. It can reduce muscle spasms when shown on the affected muscle groups. It can help tissue heal when shown on the affected tissues.

Side effects: Ordinarily if one is too sensitive for this light, as with any light, the temporary side effects can be fatigue and irritability. These effects usually wear off in a few hours to overnight.

Contra-indications: The photonic Stimulator is not to be used over cancerous tissue, nor shown in the eye. Very occasionally -- perhaps 3 out of every 100 instances -- someone has unusual reactions

to many kinds of stimulation. If you are quite sensitive to various forms of stimulation, you may be quite sensitive and reactive to the Photonics Stimulation as well. In this case, use of the Photonics may be contraindicated.

I give my permission to be treated by photonic stimulation. Initial Here: _____

Consent for “Traditional” Neurofeedback:

Procedure for “traditional” EEG Neurofeedback. One or more sensors are placed on the scalp and/or ears (with water-soluble paste) to act as sensors to pick up the client’s brainwaves, the electrical activity created in the brain. This electrical activity then passes through an amplifier to a computer where software is designed to give positive feedback via sights and sounds when the training conditions are met.

I give my consent to be treated with Traditional Neurofeedback. Initial here: _____

Consent for HEG (Hemoencephalography)

Procedure for HEG (Hemoencephalography) Neurofeedback. A headband containing either an infrared light source, or an infrared camera, is placed on the forehead, secured with Velcro. The brain blood flow measurement is sent to a computer, where software is designed to give positive feedback via sights and sounds when the training conditions are met.

I give my consent to be treated with HEG. Initial here: _____

Consent for pRoshi Treatment:

Procedure for Roshi: The pRoshi glasses are either placed on the face, or left in front of the computer screen. The pRoshi simply flashes light at variable speeds. The varying speeds of the flashing light make the Roshi treatment safe, even if someone is prone to seizures due to strobe lighting. Roshi is a form of EDF (Electroencephalographic Disentrainment Feedback), which is a type of brainwave entrainment which uses variable light to disentrain or “reset” the brain’s activity to a more desired state. The brain goes about the task of correcting the apparent errors in its own patterns, seeking coherence, synchrony and balance. This effort calls for more energy, thus more blood flow and this increases the overall neurometabolism.

I give my permission to be treated with pRoshi. Initial here: _____

I acknowledge that I have been given an opportunity to ask questions regarding the all above treatments and that these questions have been answered to my satisfaction.

Initial here: _____

I understand that I may discontinue treatment at any time, and that I may refuse to consent without penalty. Initial here: _____

I understand that these treatments are not intended to diagnose neurological disorders, nor will a neurologist be reviewing these records. Initial here: _____

I understand that my treatment records are private to the fullest extent of the law; that is, except in cases of potential harm to myself or others, or in civil or criminal proceedings and with a court order. Initial here: _____

I give my full permission to Mary St. Clair, LMSW, to use any data collected during the preparation and participation in the LENS sessions, and I give up all implied and actual ownership of any data collected. I understand that when data is used, my confidentiality will be protected, and that my identity will not be revealed unless required by law.

Initial here: _____

Mary St. Clair, LMSW has my permission to contact my physician or health care provider to both inform him/her of the circumstances and outcomes of my treatment, and request pertinent medical information about me. Initial here: _____

Cancellation policy: I understand that if I cancel the same day, or do not show for an appointment, Mary St. Clair may charge me a cancellation fee equal to my session fee. I understand that short-notice cancellations are acceptable for illness or unsafe driving conditions. Initial here: _____

Name of client: _____

Signature of client or Representative

Date