



TECHNOLOGIES  
MCN: MICRO CURRENT NEUROFEEDBACK

# Foundations of IASIS MCN

**Treatment Planning**



Visit Our Website  
[microcurrentneurofeedback.com](http://microcurrentneurofeedback.com)



# Topics for Review



**Hormesis**



**Patient/ Client History**



**Assessments:**  
Baseline and Ongoing



**Documentation**



**Guidelines of Care:**  
Terms, Principles of Progression, and Specialty  
Procedures



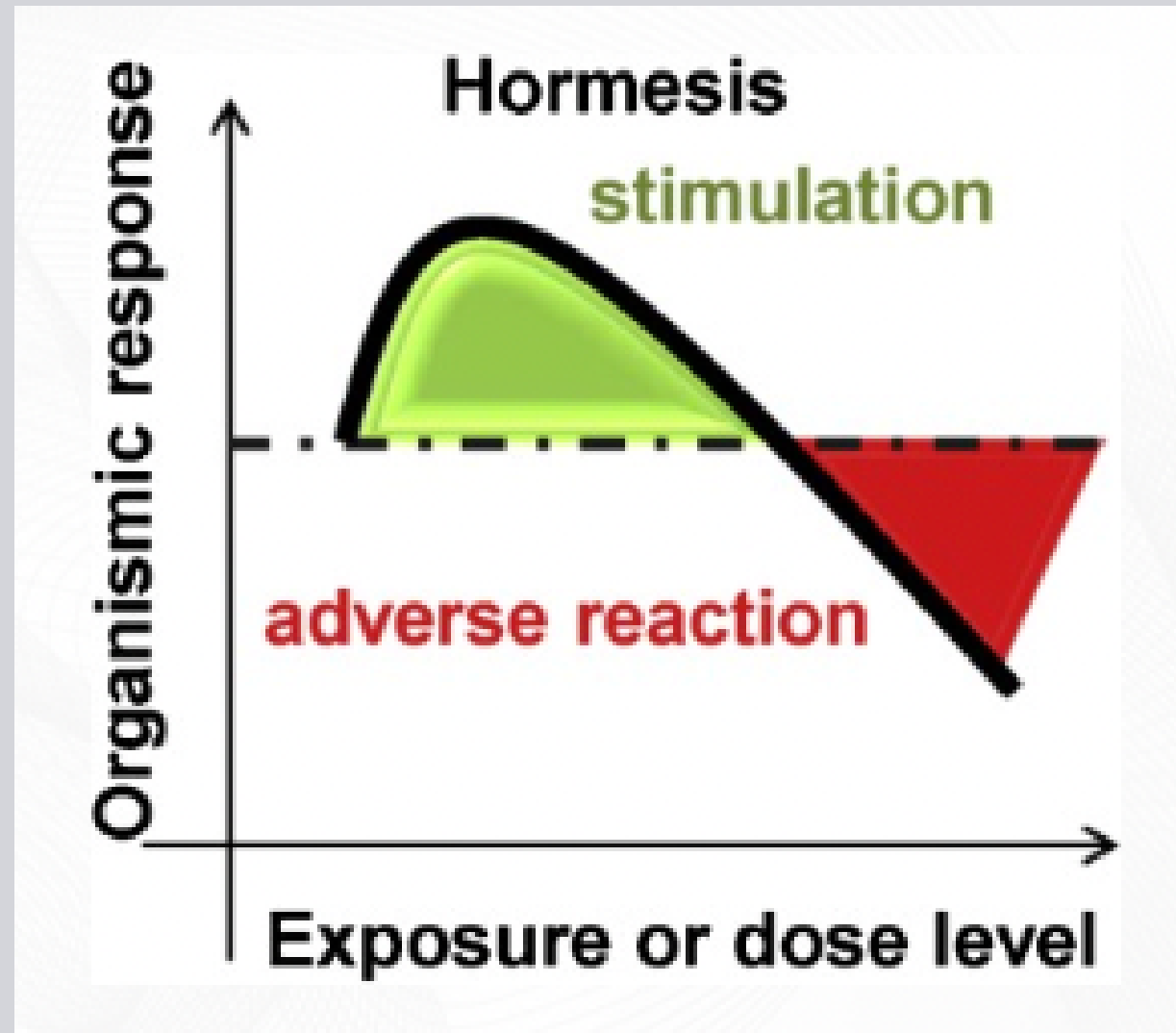
**24 Hour Progress Reports**

# Hormesis





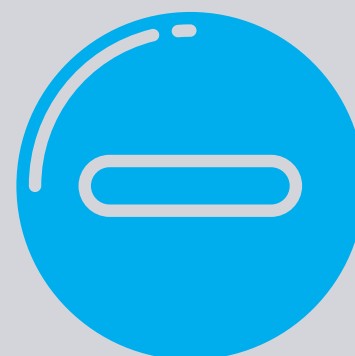
# HORMESIS: IMPOTANT CONSIDERATION!



- **Hormesis** is a term used by toxicologists to refer to a biphasic dose response to an environmental agent
  - characterized by a **low dose** stimulation or **beneficial effect** and
  - a **high dose** inhibitory or **toxic effect**.
- We see hormesis in practice with IASIS

**REMEMBER!**

LESS



IS

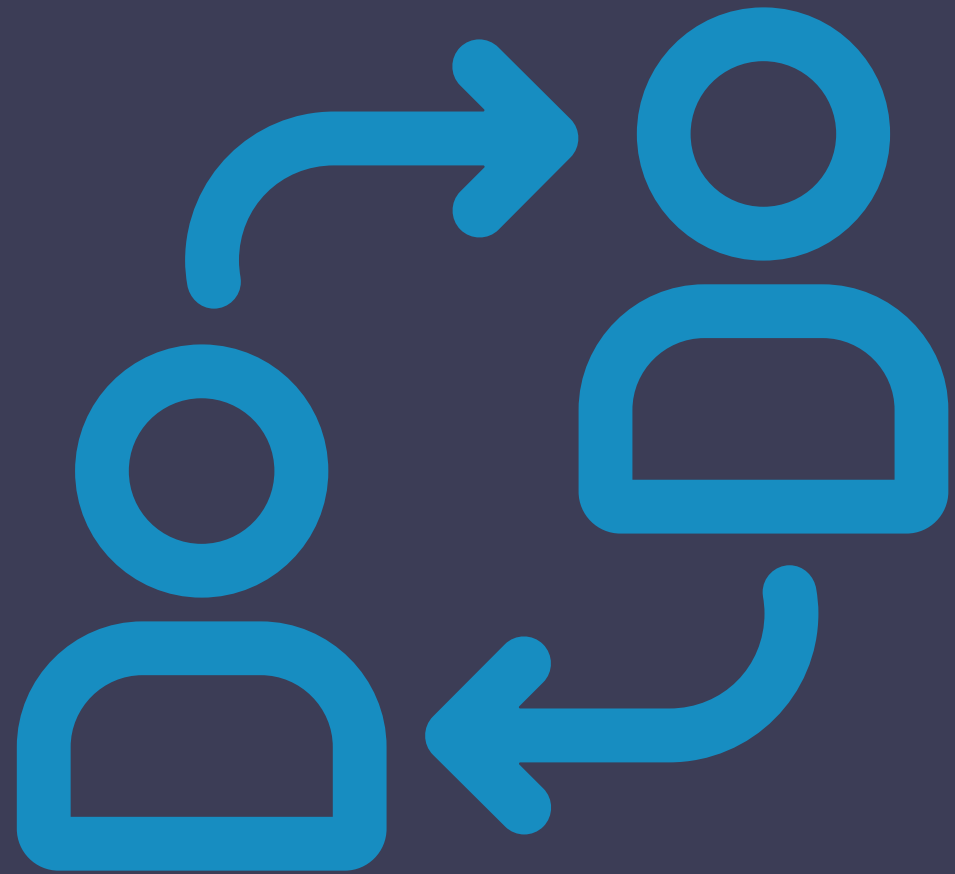


BETTER



# Patient/ Client History





- Trusting relationships are critical to the healing process
- Effective communication builds trust
- The baseline assessment is foundational for trust
  - Initial Intake
  - Verbal Interview

# Intake Form

## Demographic information

- Contact information: email, phone, mailing address
- Birthdate and age
- Gender
- Emergency notification
- Occupation/place of employment
- Mode of payment: cash/insurance information
- Referral source

## Health history

- Physical health
- Mental health
- Past/present trauma
- Social functioning



# Intake Form

## Medications

- Unless qualified, DO NOT make recommendations about medications
- There are no contraindications for IASIS
- IASIS can make clients more sensitive to their medications
  - Side effects can appear
  - Dosages may need to be reduced





# Intake Form

## Allergies

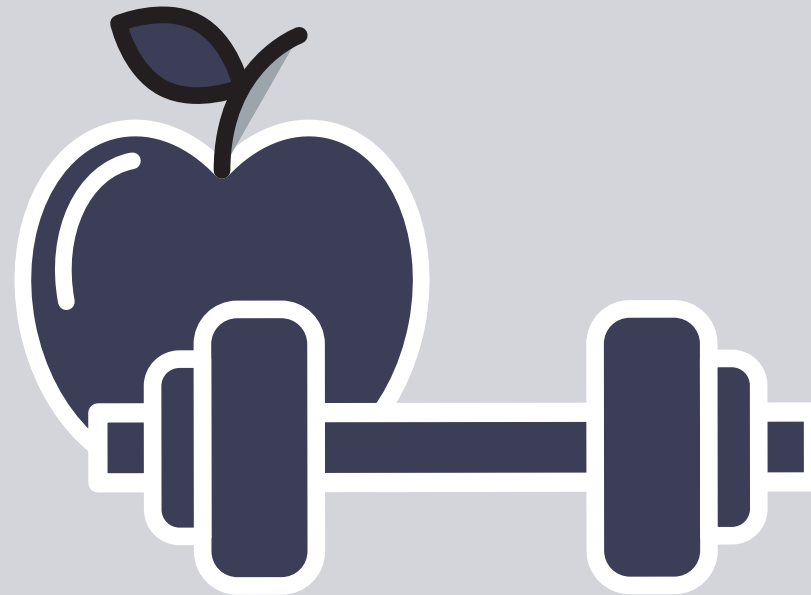
- Drug, food, environmental

## Habits

- Use of alcohol, tobacco, vape, recreational drugs, pain medication

## Lifestyle

- Physical exercise
- Recreational activity
- Hobbies
- Stress levels
- Coping skills/habits



# Initial Interview

- Access ITI App to complete “Intake Session Notes”
- Provides a baseline of functioning for measuring progress or lack thereof
- Ask open ended questions to build relationship
- Discuss chief complaint(s)
  - What have they tried as a remedy? What’s worked? Not worked?
- Dig deeper
  - People forget earlier injuries; help them remember!



# Initial Interview

- Clarify expectations of the client
  - Every brain is different; we don't know how theirs will respond
  - A client's family/friends may notice a difference that the client doesn't
  - IASIS is a tool
  - Appropriate titration timing
- Agree on client goals
  - Discuss realistic outcomes, # of sessions recommended, expected cost



# Initial Interview



- ICP's Observations
  - Anxious/depressed affect
  - Body language
    - Eye contact, posture
  - Behavior
    - Fidgety, conversational tone
- Additional considerations for discussion
  - Financial stressors
  - Psycho-social stressors: single moms, live alone, abusive partner, support
  - Alcohol and drug use (recreational and Rx)
  - Cultural/spiritual issues (Muslim female would need a female therapist)
  - Suicidal tendencies/behaviors

# Assessments: Baseline & Ongiong





# Standardized Tools

- Beck Anxiety Inventory, Beck Depression Inventory, Quality of Life Inventory
- Not necessary for most providers

# Progress Reports



- The same information may be collected at baseline and for ongoing progress reports
- Recommended use:
  - Within 24 hours of a session
- Talk to your clients about every Progress Report
  - Demonstrates diligent caring
  - Becomes part of client's routine
  - Ask clarifying questions to ensure a response was intended
  - Collect additional information as you discuss:
    - “Have there been any other changes not addressed in your Progress Report?”

# Progress Reports: Measures of Reactivity (MORs)

- Headache
- GI Issues
- Sleep quality
- Hyperacusis
- Photophobia
- Energy level
- Anxiety
- Depression



- Productivity
- Reactivity to stressors
- Resiliency
- Personal symptoms
- Cravings
- Psychosocial stressors  
(extenuating circumstances  
special cause events)

# Progress Reports



- Assess these areas on a scale of 0-10
- 0 = “No Issue”
- 10 = “Issue is at its worst”
- This scale needs to be flipped for positive symptoms, like Energy Level, Productivity and Resiliency
- Include space for a client to comment

# Documentation





# Documentation

- Critical!
- Use standard documentation for consistency
- Use a quantifiable way to rate symptom improvement
  - 0 = No Issue, 10 = Issue at its Worst
- Follow up documentation on 24 hour Progress Reports
  - Changes may occur between the report and the following session
- Assess and document possible impact of psycho-social stressors
  - Responses to a client's life circumstances could look like regression
- Be aware of HIPAA compliance

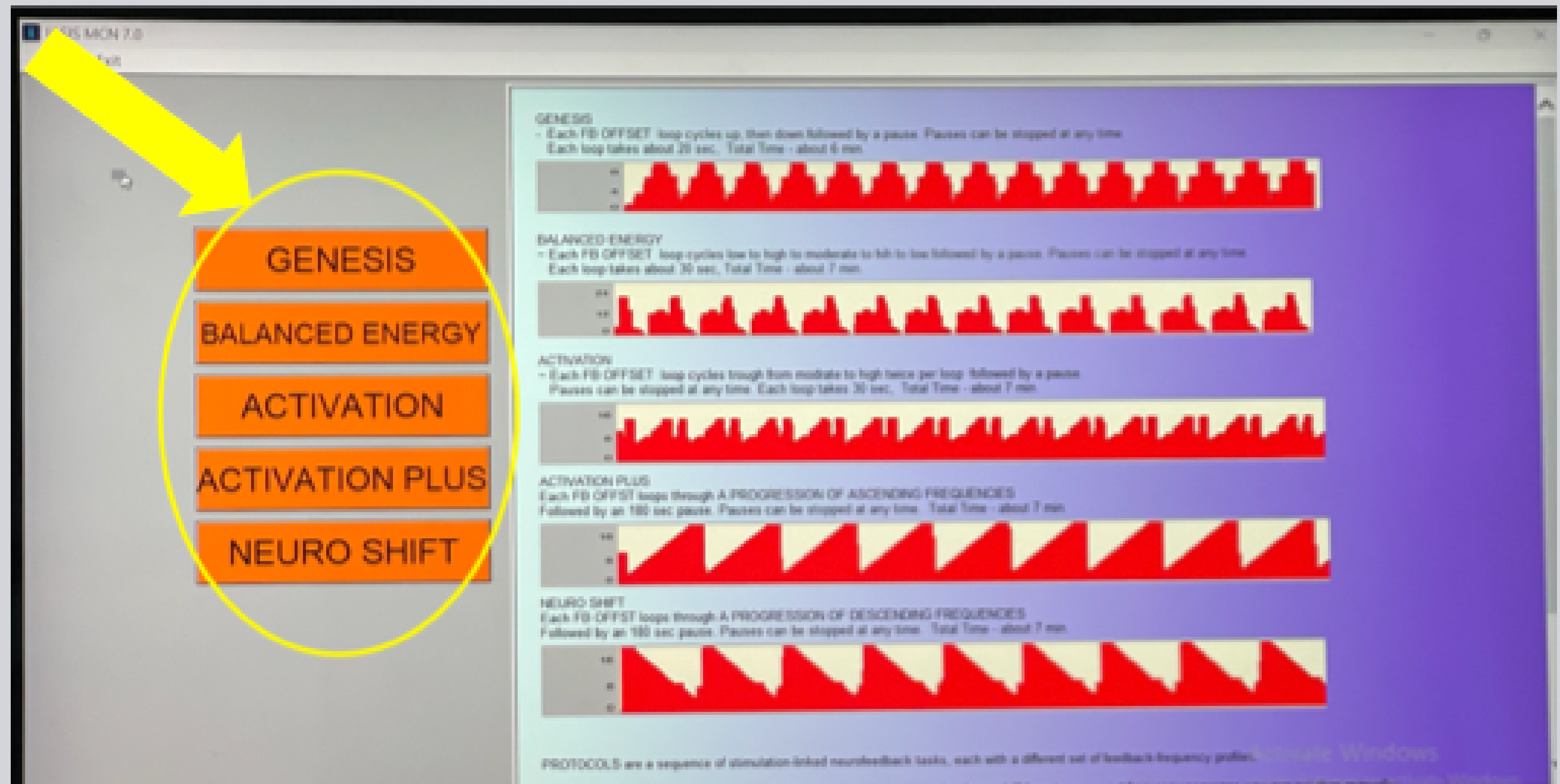
# Guidelines of Care:

Terms, Principles of Progression,  
and Specialty Procedures



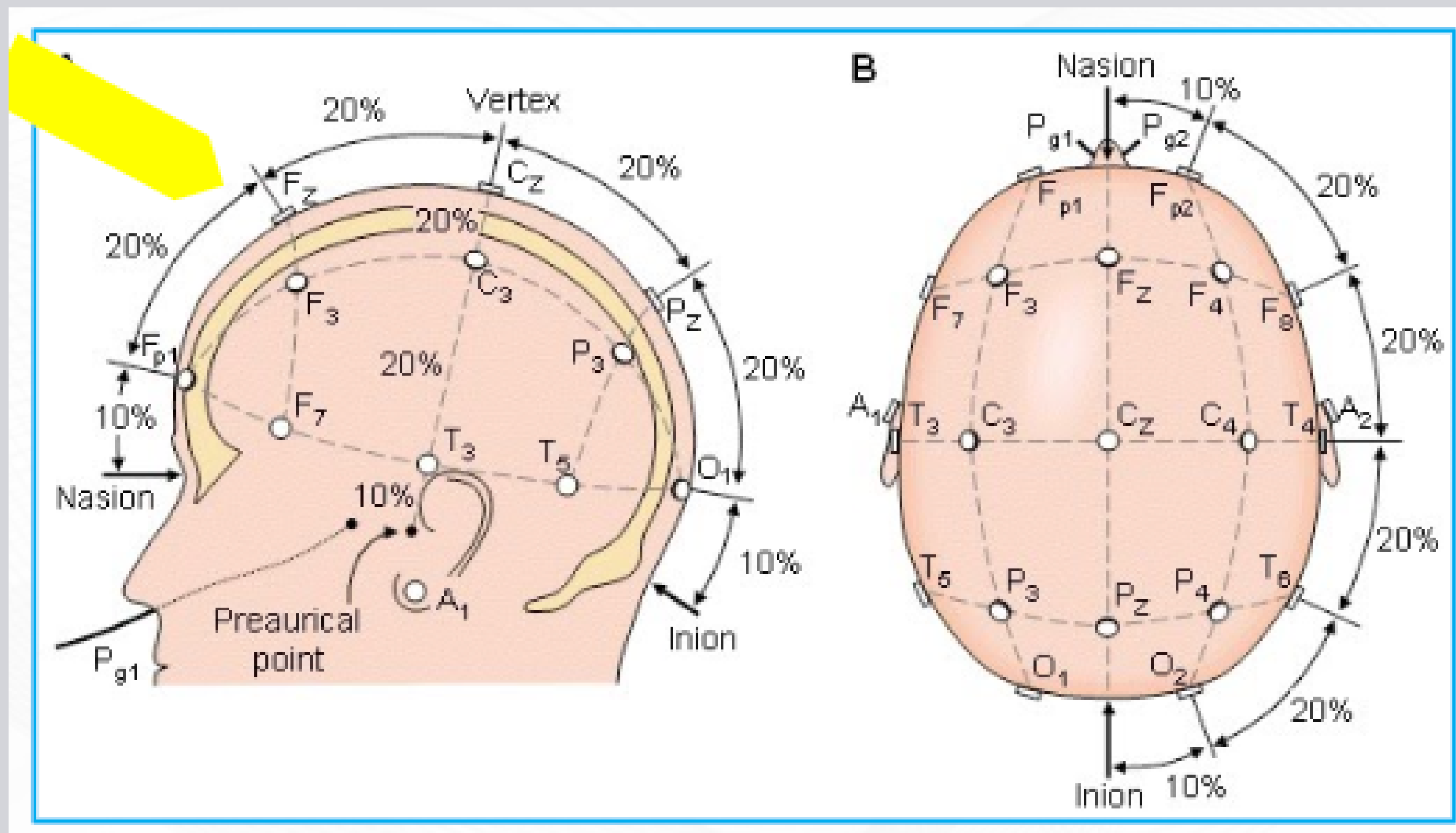
# Guidelines of Care: Key Terminology

- Protocols



# Guidelines of Care: Key Terminology

- Site Pairs



# Guidelines of Care: Key Terminology

**Basic 3 Site Pairs:**  
F3/F4, F7/F8, Fpz/Bz

**Basic 4 Site Pairs:**  
F3/F4, Fz/Pz, F7/F8, Fpz/Bz



# Guidelines of Care: Key Terminology

## Variable 5 Site Pair Options:

Client-Specific: A damaged/dysfunctional area of the brain as indicated by imaging, physical trauma, CNC 10-20, etc.

Focus/Concentration: T3/P4

Depression: O1/O2

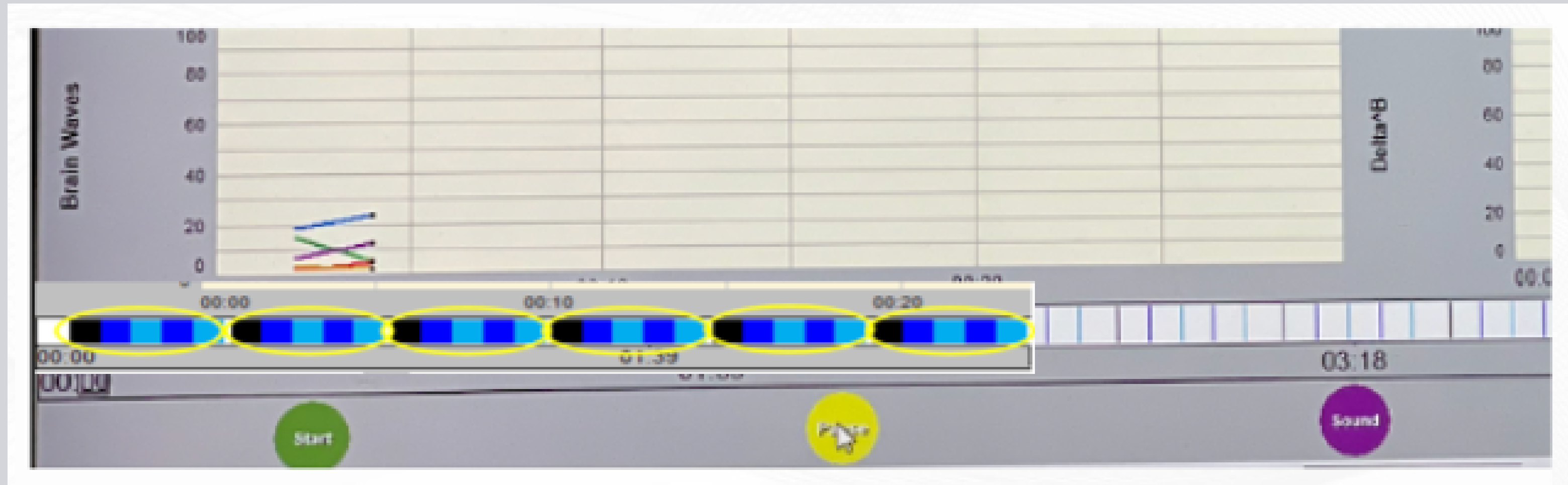
Extreme Emotion: FpO1/FpO2

Tinnitus/Hyperacusis: Pre-auricular (if using this area for insomnia, move electrodes to mastoids)

Vagus Nerve: Bilateral right and left side of neck at SCM, Sternocleidomastoid

# Guidelines of Care: Key Terminology

- Exposure



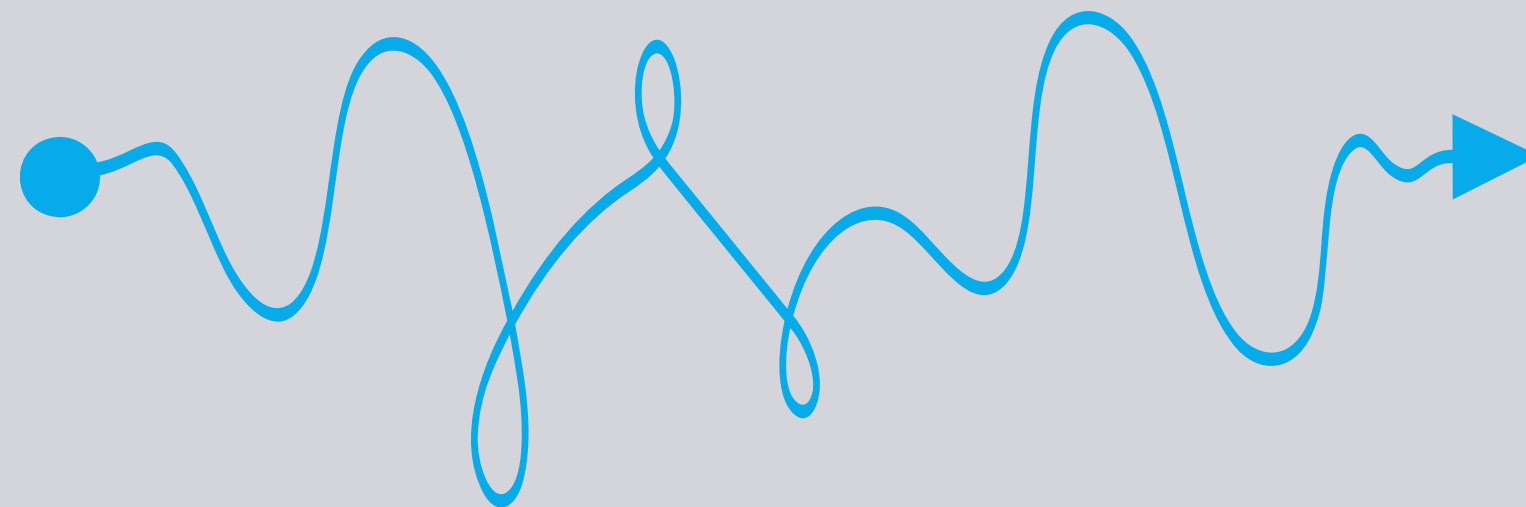
# Guidelines of Care: Principles of Progression

- 1 Increase exposures to **add time**
- 2 Increase **site pairs**
- 3 Move through the **Principles of Progression**

# Guidelines of Care: Principles of Progression

Our **starting point**:

- Genesis 3 on F3/F4, F7/F8, FPZ/Bz
- Two sessions per week, ideally 3 or 4 days apart



# Guidelines of Care: Principles of Progression



Increase exposures to **add time:**

a. 3-5-7 : The standard progression begins with a new Protocol at 3 exposures, then an

**increase of exposures by 2**

b. If a person is more

**vulnerable, increase**

exposures **by one**

**P:** Genesis

**SP:** F3/F4, F7/F8, Fpz/Bz

**E: 3**

**P:** Genesis

**SP:** F3/F4, F7/F8, Fpz/Bz

**E: 5**

**P:** Genesis

**SP:** F3/F4, F7/F8, Fpz/Bz

**E: 7**



# Guidelines of Care: Principles of Progression



Increase **site pairs**

- a. Start with the **Basic 3 Site Pairs**: F3/F4, F7/F8, Fpz/Bz
- b. Add Fz/Pz in the second position. This addition results in what we call the **Basic 4 Site Pairs**: F3/F4, Fz/Pz, F7/F8, Fpz/Bz
- c. Consider adding a **Variable Site Pair** in the 3rd position. For example: F3/F4, Fz/Pz, **Variable Site Pair**, F7/F8, Fpz/Bz.

**Basic 3 Site Pairs:**  
F3/F4, F7/F8, Fpz/Bz

**Basic 4 Site Pairs:**  
F3/F4, Fz/Pz, F7/F8, Fpz/Bz

# Guidelines of Care: Principles of Progression

**P:** Genesis  
**SP:** F3/F4, F7/F8, Fpz/Bz  
**E: 3**

**P:** Genesis  
**SP:** F3/F4, F7/F8, Fpz/Bz  
**E: 5**

**P:** Genesis  
**SP:** F3/F4, F7/F8, Fpz/Bz  
**E: 7**

**P:** Balanced Energy  
**SP:** F3/F4, F7/F8, Fpz/Bz  
**E: 3**

**P:** Balanced Energy  
**SP:** F3/F4, F7/F8, Fpz/Bz  
**E: 5**

**P:** Balanced Energy  
**SP:** F3/F4, F7/F8, Fpz/Bz  
**E: 7**

**P:** Activation\*  
**SP:** F3/F4, F7/F8, Fpz/Bz  
**E: 3**

**P:** Activation\*  
**SP:** F3/F4, F7/F8, Fpz/Bz  
**E: 5**

**P:** Activation\*  
**SP:** F3/F4, F7/F8, Fpz/Bz  
**E: 7**

\* Note that Barry Bruder rarely uses Activation, Activation Plus, or Neuroblast

# Guidelines of Care: Principles of Progression

- **Reactivity:** If tolerable, repeat the last procedure. If not, reverse through the Principles of Progression
- **Regression:** Reverse through the Principles of Progression; skipping several steps can be helpful
- **Plateau:** Advance through Principles of Progression
- **Improvement:** Repeat the most recent procedure
- **Stability:** Repeat the most recent procedure as you titrate the frequency of sessions (enduring sustainability)

# Guidelines of Care: Principles of Progression

- A client is ready for **titration** once their results are stable, as follows:

Results Sustained For:	Titrate To:	For This Duration:
4-5 days	1 session per week	2-3 sessions
7-8 days	1 session every other week	2-3 sessions
12-14 days	1 session three weeks later	1-2 sessions
18-21 days	1 session four weeks later	1-2 sessions

- Don't **titrate** before a client is ready!
  - A relapse can cause distrust, making it harder for a client to come back
  - Set proper expectations up front

# Guidelines of Care: Specialty Procedures

## Microdose Progression

**Start here** with clients who are in one of three categories:

1. Epilepsy patients
2. Those with non-epileptic seizures
3. Those in severe chronic disease recovery...**very**  
vulnerable, ill people

Microdose is **NOT** a recovery procedure!

# Guidelines of Care: Specialty Procedures

## Microdose Progression

**P:** Genesis

**SP:** F3/F4, F7/F8, Fpz/Bz

**E:** 5 seconds on, 2 seconds off  
5 seconds on, 2 seconds off  
5 seconds on, 2 seconds off

\*You'll get through less than 1 exposure per site pair.

**Microdose 3 x 5**

**P:** Genesis

**SP:** F3/F4, F7/F8, Fpz/Bz

**E:** 10 seconds on, a moment (1-2 seconds) off  
10 seconds on, a moment (1-2 seconds) off  
10 seconds on, a moment (1-2 seconds) off

\*You'll get through 1 ½ exposures per site pair.

**Microdose 3 x 10**

**P:** Genesis

**SP:** F3/F4, F7/F8, Fpz/Bz

**E:** 1

**P:** Genesis

**SP:** F3/F4, F7/F8, Fpz/Bz

**E:** 2

**P:** Genesis

**SP:** F3/F4, F7/F8, Fpz/Bz

**E:** 3

**\*Proceed from this standard starting point!**



# Guidelines of Care: Specialty Procedures

Use the **countdown timer** for the Microdose Procedure



# Guidelines of Care: Specialty Procedures

## Microdose Progression

If the first step of the Microdose Progression is too stimulating, consider reducing the time from 5 to 3 seconds:

**P:** Genesis

**SP:** F3/F4, F7/F8, Fpz/Bz

**E:** **3 seconds** on, 2 seconds off

**3 seconds** on, 2 seconds off

**3 seconds** on, 2 seconds off

\*You'll get through < 1/2 exposure/site pair.

# Guidelines of Care: Specialty Procedures

## Microdose Progression

If the modified Microdose Procedure is too stimulating, reducing the time from 3 to 1 seconds:

**P:** Genesis

**SP:** F3/F4, F7/F8, Fpz/Bz

**E: 1 seconds** on, 2 seconds off

**1 seconds** on, 2 seconds off

**1 seconds** on, 2 seconds off

\*You'll get through < 1/2 exposure/site pair.

# Guidelines of Care: Specialty Procedures

## Neurotap Procedure

This procedure is for distressing reactivity or overstim.

**P:** Genesis

**SP:** F3/F4

**E:** One

# Guidelines of Care: Specialty Procedures

## After NeuroTap

After a Neurotap, there are options for the next session:

- In more **resilient individuals**, reverse to the procedure before the overstimulating procedure and continue through the Guidelines of Care
- In **highly vulnerable/chronically ill** individuals, proceed through the **Microdose Progression** after a Neurotap

# Guidelines of Care: Treatment Scenarios

- The **Wag-the-Dog** Client
  - Do let them know you've got this!
  - Don't let them lead their therapy
- The **Good-To-Go** Client
  - They're probably not!
  - Dig deep with them
- The **Eyore** Client
  - Encourage them
  - Family and friends sometimes notice differences before a client does







TECHNOLOGIES  
MCN: MICRO CURRENT NEUROFEEDBACK

# Thank you for your attention!

Q&A



Visit Our Website  
[microcurrentneurofeedback.com](http://microcurrentneurofeedback.com)

