RESTORING HOPE MINISTRIES / RECOVERY INITIATIVE

Neurofeedback Within Recovery

A balanced public guide to BrainPaint® EEG neurofeedback, participant expectations, ethical screening, adjunctive use, and research limitations

> Neurofeedback may be one tool within a broader recovery plan. It should be offered with informed consent, clear boundaries, careful monitoring, and honest communication about what is known and not yet known.

WHO THIS IS FOR

Individuals, families, treatment providers, churches, agencies, peer leaders, referral partners, and people considering neurofeedback

HOW TO USE IT

Read online, download from the RHM website, share before a conversation, or use it as a guided discussion resource.

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https://rhmwi.net/RecoveryInitiative

ADJUNCTIVE BRAIN TRAINING

Understanding Neurofeedback Within Recovery

RHM offers BrainPaint® neurofeedback as a possible adjunctive service for appropriate participants - not as a replacement for treatment or medical care.

Neurofeedback, often called EEG biofeedback or brain-wave training, uses sensors to monitor electrical activity and provides feedback intended to support learning and self-regulation. The sensors record information; they do not send electrical current into the brain.

A plain-language session pathway

1. Screen for fit and relevant concerns
2. Explain the process and obtain consent
3. Place sensors and begin feedback
4. Monitor comfort and response
5. Review experience and coordinate next steps

How it fits into the initiative

ADJUNCTIVE

Neurofeedback may accompany counseling, treatment, recovery groups, education, pastoral care, medical care, or other appropriate supports.

INDIVIDUALIZED

Participation depends on screening, informed consent, provider availability, goals, relevant history, and the person's broader care context.

LEARNING-ORIENTED

The service is framed as brain training and feedback rather than a guaranteed cure or a reason to stop necessary care.

COORDINATED

When appropriate and authorized, RHM encourages clear communication with the professionals and supports already involved.

> Important: This public resource is educational. It is not a diagnosis, treatment recommendation, treatment intake, crisis service, or promise of outcome. For an emergency, call 911 or go to the nearest emergency department. In the United States, call or text 988 for crisis support. Neurofeedback is presented as adjunctive brain training and does not replace necessary medical, psychiatric, psychological, or substance-use care.

WHAT PARTICIPANTS CAN EXPECT

Preparation, Consent, and Reflection

A responsible neurofeedback pathway begins with questions and informed choice rather than promises.

Before beginning

- Discuss the person's goals, current supports, relevant symptoms or concerns, and reasons for considering neurofeedback.
- Explain what the sensors do, what the participant may experience, the limits of the service, privacy practices, cost, scheduling, and how concerns are handled.
- Clarify whether coordination with a medical, psychiatric, psychological, substance-use, or other provider is recommended or necessary.
- Identify circumstances that require additional assessment, a pause, modification, or referral before proceeding.

During and after sessions

COMFORT

Participants should be encouraged to report discomfort, fatigue, activation, headache, emotional changes, or other concerns rather than feeling pressure to continue.

OBSERVATION

Changes in sleep, attention, stress, mood, energy, cravings, relationships, and functioning can be discussed without assuming that every change was caused by neurofeedback.

REVIEW

The participant and provider can examine what feels useful, what is not useful, and whether the plan should continue, change, pause, or conclude.

CONTINUITY

Neurofeedback should remain connected to the person's broader goals and necessary care instead of becoming an isolated service.

> Outcome boundary: No specific result can be guaranteed. A participant's experience may differ from another person's experience, and emerging research does not eliminate the need for careful screening, ethical practice, and outcome review.

Questions participants may ask

- Why is this service being considered for me?
- What would we monitor, and how would we decide whether it is useful?
- What other services should continue while I participate?
- What should I do if I notice discomfort or an unexpected change?

BALANCED RESEARCH COMMUNICATION

Promising Does Not Mean Proven for Every Person

Public education should describe both the developing evidence and the limitations that remain.

Recent systematic reviews have described neurofeedback as a promising adjunctive approach in substance-use and behavioral addiction contexts. At the same time, researchers note substantial variation in protocols, populations, methods, session dose, and outcomes. These differences limit broad conclusions and reinforce the importance of individualized screening, qualified oversight, and transparent evaluation.

May be explored as adjunctive brain training for an appropriate participant.	Cures addiction, trauma, ADHD, anxiety, depression, or another diagnosis.
Research is developing, and findings vary by population, protocol, design, and outcome.	The science proves that the same protocol works for everyone.
No specific result is guaranteed; progress should be monitored in context.	A fixed number of sessions will produce a promised outcome.
Necessary medical, psychiatric, psychological, and substance-use care should continue.	Neurofeedback replaces medication, therapy, treatment, or professional evaluation.

When an agency or church is considering a pilot

- Define the population, purpose, screening process, consent language, referral flow, cost, communication boundaries, and stop conditions before launch.
- Clarify who provides neurofeedback and who retains responsibility for treatment, diagnosis, medication, crisis response, and clinical decisions.
- Use participant feedback and appropriate outcome measures to learn, not to manufacture evidence or overstate effectiveness.

Learn more about RHM neurofeedback

Review the current RHM neurofeedback page and contact the ministry for screening, partnership, or scholarship information.

https://rhmwi.net/Neurofeedback

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Sources and further reading

Biofeedback Certification International Alliance, Modalities Comparison Chart.

BrainPaint® Neurofeedback System.

Fathi et al. (2025). Systematic review of EEG/fMRI neurofeedback in substance-use and behavioral addictions. Psychiatry Research, 349, 116474. PubMed.

Wan et al. (2026). Systematic review and meta-analysis of EEG neurofeedback for addiction disorders. Addiction, 121(2), 225-238. PubMed.