



Frequently Asked Questions And Resources

Frequently Asked Questions About Working With Evoke

What Does It Cost To Get Started?

Nothing. There is never an upfront cost to work with Evoke. You don't pay us until your patient has paid you.

Does Evoke Provide Counseling Services?

No. We only provide neurofeedback services at your direction. We do not compete with you, or other providers, rather we collaborate with you to improve the lives of your patients. Your patient is always your patient, not ours.

How Do We Get Started With Evoke?

Please reach out to us! We would be delighted to walk through our program with you. We will enter into a collaborative agreement that sets expectations and acknowledges each party's responsibilities. We are happy to set up a peer-to-peer consultation call with you and our Medical Director.

How Quickly Can We Get Started With Evoke?

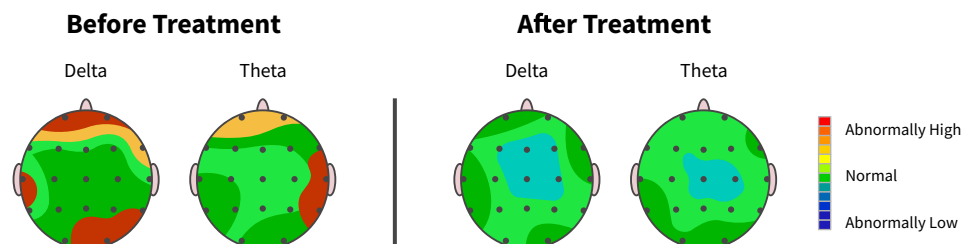
You can begin as soon as we have a signed agreement in place. Many providers have this executed within a day or so after their review. We can onboard you and your staff virtually in about an hour.

Do I Need To Be Certified In Neurofeedback To Order Training?

No. The simplicity of our program is that we provide the certified neurofeedback specialists (neuro coaches) for you and your patients. This allows you to continue your practice as usual with no disruptions. We serve you and your patients by doing the heavy lifting.

Will I Be A Part Of The Patient's Training Program?

Yes! As the patient healthcare provider, you serve a vital role in their well-being. Neurofeedback is quite effective in conjunction with talk therapy or other modalities you may be utilizing with your patient. Our team will provide you with periodic reports as to your patient's training regimen that you can share and discuss with them. Our neuro coaches are always available to discuss your patient's training and its efficacy.



Frequently Asked Questions About The Neuro Assessment

How is The Neuro Assessment Different From A Standard EEG?

Unlike a standard EEG, which is primarily used to detect seizures, our neuro assessment (QEEG) provides in-depth functional brain analysis to guide therapeutic interventions.

Can The Neuro Assessment Replace Traditional Diagnostic Methods?

The neuro assessment is best used as a complementary tool alongside traditional assessments, providing additional objective data to enhance diagnosis and treatment planning.

Does The Neuro Assessment Hurt?

No. The procedure is completely painless and non-invasive. There are no injections and the sensors do not “shock” the patient. The patient will relax and allow the sensor to take the measurement.

Are There Any Instructions To Follow Prior To A Neuro Assessment?

The patient may eat before the test, though we suggest no caffeine, tobacco or food for 2-3 hour prior to performing the neuro assessment. However, alcohol intake should be avoided for at least 24 hours prior to performing the neuro assessment.

How Long Does It Take To Perform The Neuro Assessment?

It will take the patient about 10 minutes to perform.

Does The Patient Discontinue Medications Prior To A Neuro Assessment?

The patient should follow their healthcare provider’s instructions regarding their medications. While there is no reason to discontinue any medication prior to performing the neuro assessment, there are a few over the counter medications such as aspirin, antihistamines, ibuprofen, Tylenol®, nasal sprays, cough medicine, allergy medication, analgesics, food supplements, amino acids, or other related products the patient may want to discontinue 24 hours prior to performing the neuro assessment. Also, the patient should not take any street drugs for 48-72 hours prior to performing the QEEG.

Clinical-Grade vs. Consumer-Grade Devices

Clinical-grade neuro assessment systems, like those we use at Evoke, outshine consumer-grade devices in accuracy, reliability, and depth. Clinical equipment offers higher channel counts for effective (e.g., 4 or more sensors vs. only 1 in consumer models), capturing a full brain map rather than a limited snapshot. Our devices are FDA-regulated (hardware and software), they adhere to rigorous standards, and our assessments are reviewed by trained professionals. Consumer devices, while affordable, lack the sensitivity, noise filtering, and normative databases needed for clinical precision, making them better suited for casual use than therapeutic outcomes.

Frequently Asked Questions About Neurofeedback

Does My Patient Need A Neuro Assessment?

Yes. When planning neurofeedback for your patient, a neuro assessment provides the “road map” to customize a personalized training protocol. It measures the patient’s brainwaves and compares them to a database of other neuro assessments, so our neurofeedback expert can see the areas of the brain that may be helped by bringing them into balance.

What Does A Typical Neurofeedback Session Look Like?

It involves wearing a cap with sensors and takes about 20-30 minutes. The patient watches a favorite video while wearing a few electronic leads.

Will Neurofeedback Therapy Change My Patient’s Personality?

No. Neurofeedback helps the brain’s connections communicate more efficiently and stay in harmony. It helps your patient self-regulate their emotions but will not change their interests or who they are.

How Quickly Will A Patient Notice A Difference?

Many patients will notice positive changes after 5-10 sessions. A patient can achieve 5-10 sessions over 3-4 weeks. Some patients report marked differences after the first 1 or 2 sessions.

Are Neurofeedback Session Results Long Lasting?

Yes. In the same way someone learned a new skill like riding a bike or driving a car, once the patient finishes their training protocol they do not typically need to re-train. However, some patients may choose to perform a periodic “maintenance” 30 day session to stay sharp, typically once per year.

Are There Side Effects With Neurofeedback?

No. Other than patient’s sometimes feeling tired or having a slight headache after a session (usually after the first several sessions), no side effects have ever been reported.

What Types Of Conditions Can Be Helped With Neurofeedback?

Neurofeedback can help anyone aged 6 and older who are seeking relief from ADD/ADHD, Anxiety, Depression, Autism, Bipolar Disorder, Traumatic Brain Injury, Concussion, PTSD, Stress, Insomnia. Neurofeedback can also enhance mental performance for patients who wish to optimize their skills, whether in the boardroom, sales arena, or on the playing field.

Frequently Asked Questions About Neurofeedback

Does Insurance Pay For Neurofeedback?

Health insurance will not cover the brain map or neurofeedback training. However, you can offer no interest financing through medical credit card/loan companies, accept payments from Health Savings Accounts (HSA) and Flexible Savings Accounts (FSA), or any other payment arrangement you wish to offer your patients.

What Medical Credit Cards/Loan Are Available To Help Patients Pay For Neurofeedback?

Outside of the patient paying with a personal credit card, you can offer them convenient payment plans through a number of financial companies. Below is a list of the top medical credit card/loan companies we recommend. They make it easy for providers to sign up and they make it convenient for the patient to pay for neurofeedback services over time.

Advance Care

<https://advancecarecard.com/>

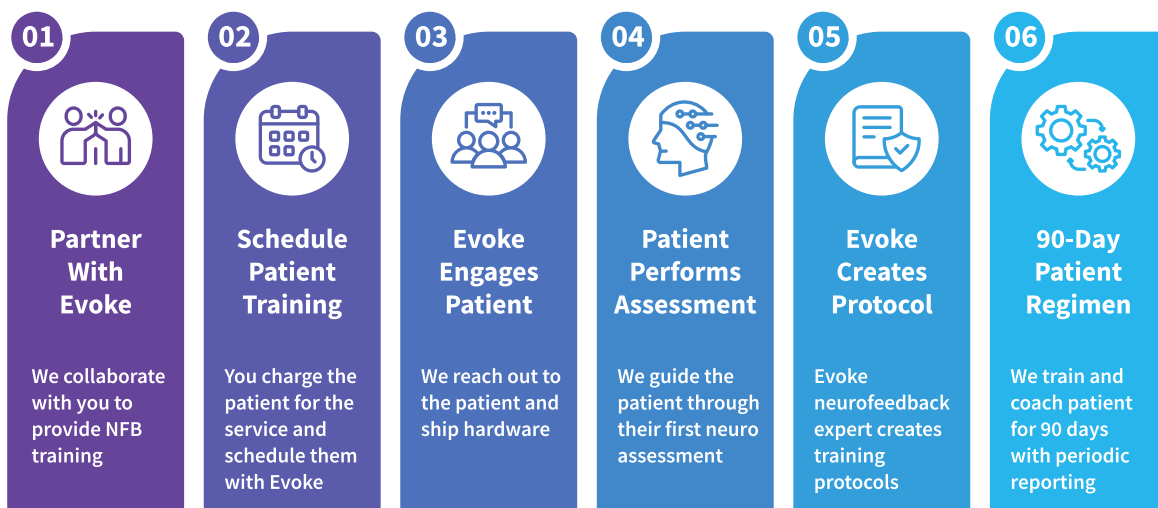
Prosper Card

<https://www.prosper.com/personal-loans/healthcare-financing/providers>

Care Credit

<https://www.carecredit.com/>

How To Implement Neurofeedback In Your Practice



Understanding The Brain

Conditions, Brainwave Patterns, and Neurofeedback

The brain generates electrical activity, known as brainwaves, which can be measured using an electroencephalogram (EEG). Different brainwave patterns are linked to specific mental health or neurological conditions. Neurofeedback is a non-invasive therapy that trains the brain to regulate these patterns, improving symptoms and enhancing well-being. This handout explains common conditions, their brainwave patterns, and how neurofeedback can help.

1

ADD and ADHD

What is it? Attention-Deficit Disorder (ADD) and Attention-Deficit/Hyperactivity Disorder (ADHD) involve difficulty focusing, impulsivity, or hyperactivity that impacts school, work, or relationships.

Brainwave Patterns: Elevated slow theta waves and reduced fast beta waves in the frontal lobe, leading to poor focus and self-regulation.

How Neurofeedback Helps: Training increases beta waves for better focus and decreases theta waves to improve attention and impulse control. Many patients see improved concentration and behavior.

2

Addiction

What is it? Compulsive use of substances or behaviors despite harm, driven by reward-seeking.

Brainwave Patterns: Dysregulated beta waves (impulsivity) and low alpha/theta waves, impairing self-control and relaxation.

How Neurofeedback Helps: Balances beta waves for better impulse control and boosts alpha/theta waves to reduce cravings. Patients often report stronger self-regulation and reduced urges.

3

Anxiety

What is it? Anxiety involves excessive worry, fear, or nervousness that can interfere with daily life.

Brainwave Patterns: High levels of fast beta waves (associated with overthinking) in areas like the frontal lobe, often with low alpha waves (linked to relaxation).

How Neurofeedback Helps: Neurofeedback trains the brain to increase alpha waves and reduce excessive beta waves, promoting calmness and reducing overactive worry. Patients often report feeling more relaxed and in control after sessions.

4

Autism Spectrum Disorder (ASD)

What is it? ASD involves challenges with social interaction, communication, and repetitive behaviors.

Brainwave Patterns: Irregular patterns, such as excessive theta or delta waves and reduced connectivity between brain regions, affecting processing and behavior.

How Neurofeedback Helps: Training improves brain connectivity and balances brainwaves, enhancing focus, communication, and emotional regulation. Many patients show improved social skills and reduced sensory issues.

5

Bipolar Disorder

What is it? Bipolar disorder causes extreme mood swings, from mania (high energy) to depression (low mood).

Brainwave Patterns: Imbalances in beta (during mania) and theta/alpha waves (during depression), with poor regulation between brain regions.

How Neurofeedback Helps: Training stabilizes brainwave patterns, promoting emotional balance. Patients often report more stable moods and better self-regulation.

6

Cognitive and Memory Issues

What is it? Problems with memory, focus, or thinking, often due to aging, stress, or neurological conditions.

Brainwave Patterns: Reduced fast beta or gamma waves (linked to sharp thinking) and excessive slow theta waves, impairing mental clarity.

How Neurofeedback Helps: Training enhances beta and gamma waves to improve mental sharpness and reduces theta waves for better memory. Patients often notice clearer thinking and improved recall.

7

Concussion and Traumatic Brain Injury (TBI)

What is it? Concussions or TBIs result from head injuries, causing symptoms like headaches, memory issues, or mood changes.

Brainwave Patterns: Disrupted brainwave patterns, often with excessive slow delta or theta waves and reduced beta waves, affecting cognition and mood.

How Neurofeedback Helps: Neurofeedback restores balanced brainwave activity, reducing slow waves and boosting beta waves for clearer thinking. Patients often see reduced symptoms and improved recovery.

8

Depression

What is it? Depression causes persistent sadness, low energy, and loss of interest in activities.

Brainwave Patterns: Imbalances such as increased slow theta or alpha waves in the left frontal lobe (linked to low motivation) and reduced beta waves (affecting energy).

How Neurofeedback Helps: Neurofeedback targets these imbalances, boosting beta waves for energy and balancing alpha/theta waves to lift mood. Patients often report brighter moods and increased motivation.

9

Dissociative Disorders

What is it? Conditions like dissociative identity disorder or depersonalization involve disconnection from thoughts, feelings, or reality, often tied to trauma.

Brainwave Patterns: Disrupted connectivity between brain regions, with excessive theta waves (disconnection) and low alpha waves (poor grounding).

How Neurofeedback Helps: Enhances brain connectivity and balances theta/alpha waves, promoting a sense of presence and emotional stability. Patients often report improved awareness and reduced dissociative episodes.

10

Insomnia

What is it? Insomnia involves difficulty falling or staying asleep, leading to fatigue.

Brainwave Patterns: High beta waves at bedtime (overactive mind) and low alpha or theta waves (needed for relaxation and sleep onset).

How Neurofeedback Helps: Training promotes alpha and theta waves to relax the brain and reduces beta waves to quiet mental chatter. Many patients report improved sleep quality and duration.

11

Migraine and Headache

What is it? Migraines and chronic headaches cause intense pain, often with sensitivity to light or sound.

Brainwave Patterns: Excessive fast beta waves (linked to tension) and low alpha waves, disrupting pain regulation.

How Neurofeedback Helps: Neurofeedback increases alpha waves to promote relaxation and reduces beta waves to lower tension. Patients often report fewer and less severe headaches.

12

Optimal Performance

What is it? This refers to enhancing mental and physical performance for athletes, professionals, or anyone seeking peak focus and resilience.

Brainwave Patterns: Optimal performance requires balanced alpha (relaxed focus) and beta waves (alertness) with strong gamma waves (peak cognition).

How Neurofeedback Helps: Training fine-tunes brainwave balance, enhancing focus, reaction time, and stress resilience. Users often achieve better performance in sports, work, or creative tasks.

13

Post-Traumatic Stress Disorder (PTSD)

What is it? PTSD develops after trauma, causing flashbacks, nightmares, or hypervigilance.

Brainwave Patterns: Overactive fast beta waves in the amygdala (fear center) and low alpha waves, leading to hyperarousal and poor relaxation.

How Neurofeedback Helps: Neurofeedback reduces excessive beta waves and increases alpha waves, calming the brain's fear response. Patients often experience fewer flashbacks and better emotional regulation.

14

Schizophrenia

What is it? Schizophrenia involves hallucinations, delusions, and disorganized thinking.

Brainwave Patterns: Abnormal gamma and theta wave activity, with disrupted connectivity between brain regions, affecting perception and cognition.

How Neurofeedback Helps: Neurofeedback stabilizes gamma and theta waves, improving brain connectivity and reducing symptoms. Patients may experience clearer thinking and fewer hallucinations.

15

Seizures and Epilepsy

What is it? Seizures are sudden, uncontrolled electrical disturbances in the brain, causing convulsions or loss of awareness. Epilepsy is a neurological disorder causing recurrent seizures due to abnormal brain activity.

Brainwave Patterns: Abnormal spikes in brainwave activity, often with excessive delta or theta waves, disrupting normal function.

How Neurofeedback Helps: Neurofeedback trains the brain to stabilize electrical activity, reducing seizure frequency and severity. Many patients see improved seizure control alongside medication.

16

Stress

What is it? Chronic stress causes physical and mental strain, affecting mood, sleep, and health.

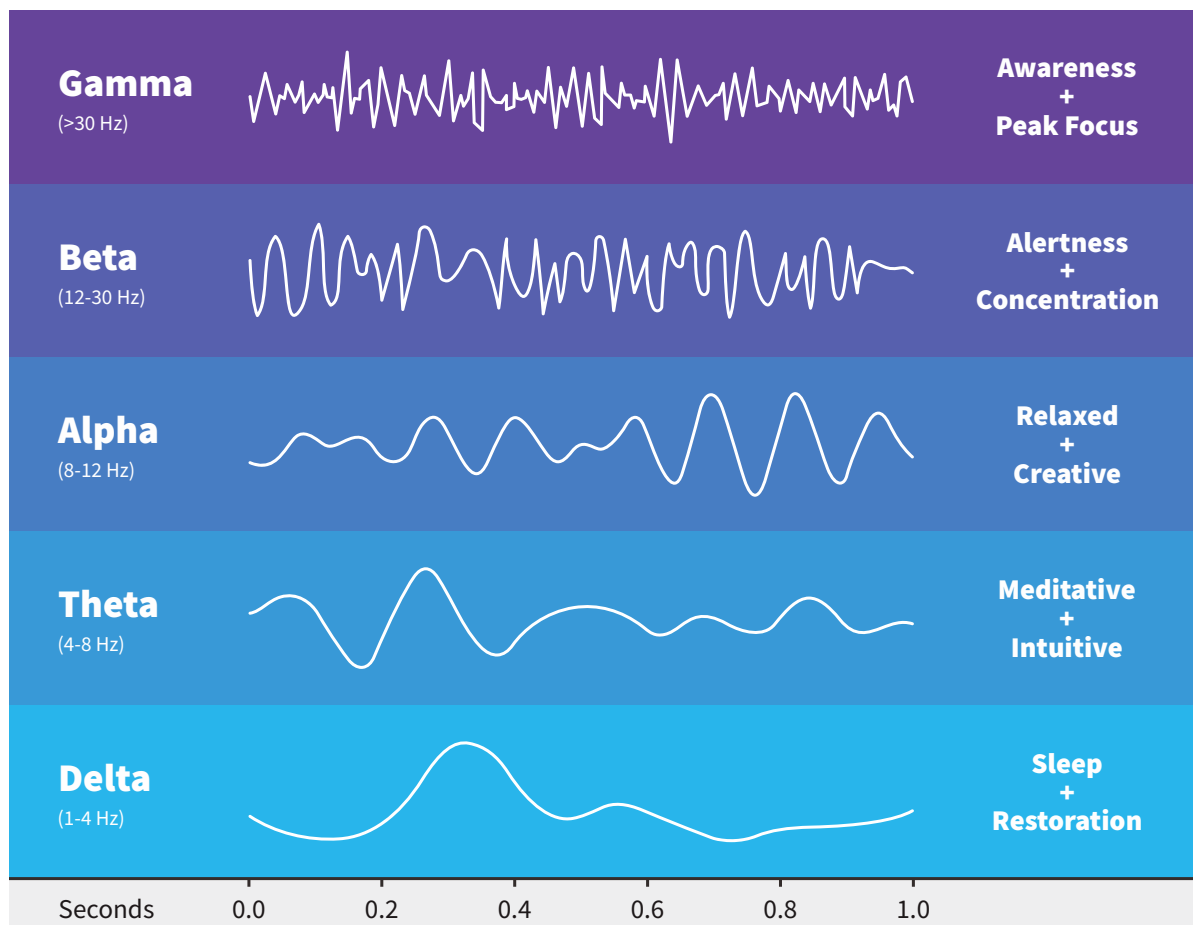
Brainwave Patterns: High beta waves (overactive mind) and low alpha waves, leading to tension and poor relaxation.

How Neurofeedback Helps: Training increases alpha waves for relaxation and reduces beta waves to calm the mind. Patients often feel less overwhelmed and more resilient.

Brain Waves

Types, Functions, and Regulation

Brain waves, rhythmic electrical patterns measured by EEG, are the mind's symphony, each frequency band playing a distinct role in cognition, emotion, and behavior. Neurofeedback harnesses these waves, regulating their amplitude, distribution, and coherence to optimize function. Understanding their types, functions, and how they're shaped offers clinicians a lens into the brain's language and neurofeedback's transformative power.



Regulation occurs via operant conditioning. For insomnia, enhancing alpha at Pz might ease hyperarousal. Studies show neurofeedback shifts wave ratios effectively, e.g., reducing theta/beta in ADHD by 70% (Arns et al., 2012). QEEG guides this, e.g., spotting delta excess post-TBI at F4, ensuring precision. For example, multiple sessions shift ratios incrementally; a theta/beta drop from 3:1 to 1.8:1 over 30 sessions reflects rewiring, sustained months later via neuroplasticity. This fine-tuning optimizes function, aligning brain activity with mental demands. Context matters. A child's theta-rich brain (normal up to age 8) differs from an adult's; training adapts to norms. Artifacts, such as eye blinks boosting delta, require filtering. Clinicians wield this symphony, tuning waves to harmonize function, offering patients a drug-free path to mental clarity and calm.

Here's a deep dive into the five primary bands and their regulation.

- **Delta (0.5-4 Hz):** The slowest waves, delta dominates deep sleep, supporting physical healing, memory consolidation, and immune function. In waking states, excess delta signals pathology—drowsiness, brain injury (e.g., TBI), or developmental delay. A QEEG might show delta spiking at F3 post-concussion; neurofeedback suppresses it there, lifting alertness 50-70% (Thornton & Carmody, 2009). Too little delta in sleep, though, disrupts restoration—training delta up at Pz can deepen rest.
- **Theta (4-8 Hz):** Theta bridges conscious and subconscious, surging in light sleep, meditation, and creativity. It's the daydreamer's wave, hypnagogic imagery flickers as theta rises. In excess, it marks dysfunction: high frontal theta at Fz flags ADHD's inattention or fatigue (theta/beta ratio >2:1). Neurofeedback reduces it while boosting beta, cutting distractibility 70-80% (Arns et al., 2012). Theta's upside shines in alpha/theta training for PTSD, enhancing it at Pz with alpha cuts intrusive memories 70% (Peniston & Kulkosky, 1991), easing trauma's grip.
- **Alpha (8-12 Hz):** The brain's idle mode, alpha emerges in relaxed wakefulness, eyes closed, fostering calm and mental clarity. It's a bridge, linking conscious focus to subconscious insight. Healthy alpha peaks at O1/O2, dropping with stress or trauma (alpha blocking). Low occipital alpha might signal anxiety; training it up there restores balance, reducing rumination 60-75% (Hammond, 2005). Excess alpha frontally, though, can dull alertness. Depression's left-right asymmetry often shows this, corrected by boosting right beta (Baehr et al., 2001).
- **Beta (12-30 Hz):** The workhorse of active cognition, beta powers focus, problem-solving, and alertness. Low beta (13-15 Hz, SMR) stabilizes attention—ADHD training at Cz lifts it, improving concentration 70% (Arns et al., 2012). High beta (20-30 Hz) reflects intensity; excess at Fz or T3/T4 fuels anxiety's overdrive, calmed by alpha or theta upregulation (60-75% relief, Hammond, 2005). Beta's range demands nuance, too little saps focus, too much sparks tension. Neurofeedback fine-tunes this balance, aligning it with mental demands.
- **Gamma (30-100 Hz):** The fastest waves, gamma binds brain regions during peak cognition, memory retrieval, perception, insight. It spikes in "aha" moments, tying prefrontal and temporal lobes. Deficits link to autism (disrupted coherence) or dementia (memory loss); excess may signal epilepsy. Measuring gamma is tricky as muscle artifacts overlap, so neurofeedback rarely targets it directly. Emerging research (e.g., Keizer et al., 2010) suggests gamma training at Fz boosts IQ 10-15 points, hinting at future potential.

Delta Wave Indicators					
Area	Indicator	Indicator	Indicator	Indicator	Indicator
Frontal	TBI	LD	Dementia	Parkinson's	Decreased delta may indicate short-term memory problems
Temporal	TBI	Language processing problems			Short-term memory problems
Global	TBI				Emotional processing problems/ ADHD/ list acquisition problems
Posterior		TBI			

Source: Doing Neurofeedback an Introduction Authors: Richard Soutar, Phd Rob Longo, MRC

Theta Wave Indicators					
Area	Indicator	Indicator	Indicator	Indicator	Indicator
Frontal	ADHD/ ADD. Anxiety.	Impulsiveness/Impulse control D/O/lack of inhibitory control (When theta is higher on the right front and right hemisphere)	Foggy headed/LD (Unable to grasp concepts, ideas, information)	Emotional: PTSD/ Depression/ Overwhelmed/ Emotions shut down	Disorganization (when theta is higher on the left front and left hemisphere)
Temporal			Language processing problems, short-term memory problems	Emotional processing problems	
Global		Decreased delta globally may indicate a person is low energy (especially when alpha is high)		Emotional processing problems	Trouble with accessing emotional information. Retrieval problems.
Posterior	Pain and anxiety. Decreased theta may indicate attentional problems	OCD/ Perseveration (hard time letting go)	LD. Reading comprehension problems.		

Source: Doing Neurofeedback an Introduction Authors: Richard Soutar, Phd Rob Longo, MRC

Alpha Wave Indicators				
Area	Indicator	Indicator	Indicator	Indicator
Frontal	Depression (alpha asymmetry with more alpha on the left than on the right). Lack of motivation.	Decreased alpha is indicative of impulsivity, being controlled by anxiety, feeling overwhelmed, and impulsivity with explosiveness.	ADD. Attentional Problems	Pain and anxiety
Global	Increased alpha on the left may indicate emotional shutdown.	Depression. Metabolic issues. Substance abuse.	Parkinson's may include alpha slowing.	Person's energy level is low (especially when delta is low).
Posterior	Depression, passivity, and avoidant personality.	Trauma, PTSD		Fibromyalgia (decreased alpha)

Source: Doing Neurofeedback an Introduction Authors: Richard Soutar, Phd Rob Longo, MRC

Beta Wave Indicators					
Area	Indicator	Indicator	Indicator	Indicator	Indicator
Frontal	Anxiety. Impulsivity (being controlled by anxiety and feeling overwhelmed), and impulsivity with explosiveness. Mood shifts	Pain	Emotional Hyper-vigilance and controlling passive, and/or avoidant personality. Insomnia. Person hides all feelings and emotions (flat affect may be seen).	Fear (increased frontal beta). Aggression (decreased frontal beta).	Increased beta in frontal areas and in the right hemisphere (the brain is running too fast) may indicate anxiety, OCD, mania, and worry.
Frontal	TBI			Anger. Irritability.	
Global	Anxiety. ADD. Insomnia (insomnia often reveals LoBeta/ Beta at 5.1/4.5).	Insomnia. Muscle tension. Headaches.	Self-regulation problems.		OCD
Posterior	Anxiety disorder (s). Rumination.	Fibromyalgia.	Rumination. Trauma.		OCD. Rumination.

Source: Doing Neurofeedback an Introduction Authors: Richard Soutar, Phd Rob Longo, MRC

What Research Says About Neurofeedback

Research confirms the effectiveness of neurofeedback as a therapy for many conditions. Here are some highlights from the wealth of science supporting it.

ADD/ADHD

- *Effects of Neurofeedback in Children with Attention-Deficit/Hyperactivity Disorder: A Systematic Review*
- *EEG & qEEG Technology Identifies Neurobiomarkers Critical to Medication Selection and Treatment for Children and Adolescents with ADHD*
- *Efficacy of neurofeedback treatment in ADHD: the effects on inattention, impulsivity and hyperactivity: a meta-analysis*
- *Double-Blind 2-Site Randomized Clinical Trial of Neurofeedback for ADHD*
- *A Position Paper on Neurofeedback for the Treatment of ADHD*

Addiction

- *Neurofeedback in Substance Use and Overeating: Current Applications and Future Directions*
- *Neurofeedback: an integrative treatment of substance use disorders*
- *Effects of an EEG biofeedback protocol on a mixed substance abusing population*
- *Predicting Relapse to Alcohol and Drug Abuse via Quantitative Electroencephalography*

Anxiety

- *The Effect of Quantitative Electroencephalography-Based Neurofeedback Therapy on Anxiety, Depression, and Emotion Regulation in People with Generalized Anxiety Disorder*
- *A Meta-Analysis of Neurofeedback for Treating Anxiety-Spectrum Disorders*
- *QEEG-Guided Neurofeedback Treatment for Anxiety Symptoms*
- *Using Neurofeedback to Lower Anxiety Symptoms Using Individualized qEEG Protocols*

Autism

- *Electroencephalogram (EEG) for children with autism spectrum disorder: evidential considerations for routine screening*
- *Neurofeedback for autistic spectrum disorder: a review of the literature*

Attachment Disorder

- *Neurofeedback: A Treatment for Reactive Attachment Disorder*
- *Neurofeedback and attachment disorder: Theory and practice*

Bipolar Disorder

- *Efficacy of an integrative approach for bipolar disorder: preliminary results from a randomized controlled trial*
- *Effectiveness of Neurofeedback Training for Patients with Personality Disorders: A Systematic Review*

Cognitive and Memory Issues

- *The Effect of Cognitive Training with Neurofeedback on Cognitive Function in Healthy Adults: A Systematic Review and Meta-Analysis*
- *EEG-Neurofeedback as a Potential Therapeutic Approach for Cognitive Deficits in Patients with Dementia, Multiple Sclerosis, Stroke and Traumatic Brain Injury*
- *Neurofeedback Improves Memory and Peak Alpha Frequency in Individuals with Mild Cognitive Impairment*
- *The effectiveness of neurofeedback on cognitive functioning in patients with Alzheimer's disease: Preliminary results*
- *Mild Cognitive Impairment and Neurofeedback: A Randomized Controlled Trial*

Concussion and Traumatic Brain Injury (TBI)

- *An Overview of the Use of Neurofeedback Biofeedback for the Treatment of Symptoms of Traumatic Brain Injury in Military and Civilian Populations*
- *Quantitative Electroencephalography in Cerebral Ischemia. Detection of Abnormalities in "Normal" EEGs*
- *The Elusive Nature of Mild Traumatic Brain Injury*
- *Effects of Neurofeedback on the Short-Term Memory and Continuous Attention of Patients With Moderate Traumatic Brain Injury: A Preliminary Randomized Controlled Clinical Trial*

Depression

- *Efficacy of bio- and neurofeedback for depression: a meta-analysis*
- *Neurofeedback Treatment on Depressive Symptoms and Functional Recovery in Treatment-Resistant Patients with Major Depressive Disorder: an Open-Label Pilot Study*
- *Effects of neurofeedback on major depressive disorder: a systematic review*
- *Neurofeedback Treatment of Depression and Anxiety*
- *The Current Evidence Levels for Biofeedback and Neurofeedback Interventions in Treating Depression: A Narrative Review*

Insomnia and Sleep Issues

- *Slouched Posture, Sleep Deprivation, and Mood Disorders: Interconnection and Modulation by Theta Brain Waves*
- *Sleep maintenance, spindling excessive beta and impulse control: an RDoC arousal and regulatory systems approach?*

Migraine and Headache

- *Neurofeedback and biofeedback with 37 migraineurs: a clinical outcome study*
- *QEEG-guided neurofeedback for recurrent migraine headaches*
- *Efficacy of biofeedback for migraine: A systematic review and meta-analysis*
- *A Clinical Outcome Study Of Neurofeedback And Biofeedback For Migraine Headache*
- *Study protocol for a randomized controlled trial of neurofeedback mindfulness in chronic migraines*

Obsessive Compulsive Disorder (OCD)

- *Neurofeedback for obsessive compulsive disorder: a randomized, double-blind trial*
- *The efficacy of biofeedback approaches for obsessive-compulsive and related disorders: A systematic review and meta-analysis*
- *Obsessive compulsive disorder and the efficacy of qEEG-guided neurofeedback treatment: a case series*
- *QEEG-Guided Neurofeedback in the Treatment of Obsessive Compulsive Disorder*

Optimal Performance

- *Validating the efficacy of neurofeedback for optimizing performance*
- *Neurofeedback training for cognitive performance improvement in healthy subjects: A systematic review*
- *The effect of neurofeedback training for sport performance in athletes: A meta-analysis*
- *EEG-neurofeedback for optimizing performance. II: Creativity, the performing arts and ecological validity*
- *Select Abstracts: Neurofeedback and Peak Performance*
- *Improving Mental Skills in Precision Sports by Using Neurofeedback Training: A Review*

Post Traumatic Stress Disorder (PTSD)

- *The Effectiveness of Using Neurofeedback in the Treatment of Post-Traumatic Stress Disorder: A Systematic Review*
- *Efficacy of Neuro-Feedback Training for PTSD Symptoms: A Systematic Review*
- *A Randomized Controlled Study of Neurofeedback for Chronic PTSD*
- *Systematic review and meta-analysis of neurofeedback and its effect on posttraumatic stress disorder*
- *A randomized, controlled trial of alpha-rhythm EEG neurofeedback in posttraumatic stress disorder: A preliminary investigation showing evidence of decreased PTSD symptoms and restored default mode and salience network connectivity using fMRI*

Schizophrenia

- *Treatment of Schizoaffective Disorder and Schizophrenia With Mood Symptoms*
- *Neurofeedback Treatment of Negative Symptoms in Schizophrenia: Two Case Reports*
- *A Systematic Review of the Potential Use of Neurofeedback in Patients With Schizophrenia*
- *An Exploratory Study of Intensive Neurofeedback Training for Schizophrenia*

Seizure and Epilepsy

- *Isolated epileptiform activity in children and adolescents: prevalence, relevance, and implications for treatment*
- *Phenotypes and Medication Prediction*
- *Meta-analysis of EEG biofeedback in treating epilepsy*

Stress and Trauma

- *Getting stress-related disorders under control: the untapped potential of neurofeedback*
- *Clinical Neurofeedback*