

The Psychiatrist as Neurotherapist: A Practical Guide to the Paradigm Shift

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The Four Questions

1. What paradigm shift?
2. Why should psychiatrists consider incorporating neurofeedback training into their practices?
3. How does neurofeedback training fit into and compare with the other treatment modalities psychiatrists use?
4. What are some important considerations in bringing neurofeedback training into your psychiatric practice?

The Paradigm Shift

- A return to the learning model of therapeutics
- An opportunity for greater patient control, responsibility and partnership
- A demonstration of the tremendous potential for neuroplasticity throughout the lifespan

The Rationale for Adding Neurofeedback Training to Psychiatric Practice

- It works
- It is a wonderful complement to other psychiatric modalities
- Patients and families like neurofeedback training
- Patients and families like the *idea* of neurofeedback training
- It is extremely rewarding professionally
- It is fun, fascinating and fresh

How neurofeedback training fits into a psychiatric practice

- Neurofeedback training can be used alone, in concert with either psychopharmacology or psychotherapy, or along with both
- Neurofeedback training can be administered to psychiatric patients outside a psychiatric practice by qualified colleagues (psychologist, or other qualified professional)

How neurofeedback training fits into a psychiatric practice

- Neurofeedback training can be administered within a psychiatric practice by:
 - another well-trained neurotherapist (psychologist, or other qualified professional)
 - a technician supervised by a well-trained neurotherapist (psychiatrist, psychologist or other qualified professional)
 - the psychiatrist

Comparison to psychopharmacology

- Adjunct to medication, alternative to it or transitional step away from it
- Timeframe of action
 - Short acting effects
 - Lasting effects
- Potency
- Reversibility of side effects
- Potential for titration/tapering
- A familiar feeling for psychiatrists using medication—knowledge base coupled with trial and error for each individual patient

Similarities and differences between neurofeedback and other psychiatric modalities

Comparison to psychotherapy

- Generally not a substitute for psychotherapy but an adjunct or precursor
 - Provides assistance managing arousal problems encountered at critical points in psychotherapy treatment
 - May substitute for psychotherapy (as does psychopharmacology) for patients whose suitability for psychotherapy is low
- Timeframe of action
 - Accelerated development of insight and translation into meaningful self-appraisal and life changes

Important Practice Considerations

- Treat your education in neurofeedback training like you would your education in psychotherapy and psychopharmacology
 - Get good training
 - Get good supervision
 - Don't be afraid of trying it—much more forgiving than medication—after trying it on yourself and colleagues, first try it with patients you know well
 - Actively participate in continuing education

Important Practice Considerations

- Pick the right neurofeedback practice model for your style of psychiatric practice
- Recognize the potential scheduling pitfalls and issues with patient/family expectations as you offer it to more and more patients or as you make the community aware you are providing it—the response can be overwhelming

Where does neurofeedback fit into psychiatric practice?

Possible functions of neurofeedback training

- Adjunct to medications
- Adjunct to psychotherapy
- Alternative to medication

Where does neurofeedback fit into psychiatric practice?

- Possible roles of psychiatrist
 - Medical supervisor using technicians
 - Member of treatment team with other colleague doing neurofeedback
 - As direct practitioner of neurofeedback