

Name \_\_\_\_\_

Date \_\_\_\_\_

**FORM 5A**

**Othmer Method Neurofeedback Certification**

Summary of *Protocol Guide* by Othmer

*List below three key ideas for each topic:*

**Neurofeedback Assessment**

A. Arousal regulation

1.

2.

3.

B. Instabilities

1.

2.

3.

Name \_\_\_\_\_

Date \_\_\_\_\_

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Summary of ***Protocol Guide*** by Othmer

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**Neurofeedback Assessment, cont.**

C. Disinhibition

1.

2.

3.

D. Localized Dysfunction

1.

2.

3.

Name \_\_\_\_\_

Date \_\_\_\_\_

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Summary of **Protocol Guide** by Othmer

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**Neurofeedback Assessment, cont.**

E. Learned Fears and Habits

1.

2.

3.

**Symptom Profiles and Protocol Indicators**

A. Medication Efficacy

1.

2.

3.

Name \_\_\_\_\_

Date \_\_\_\_\_

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Summary of ***Protocol Guide*** by Othmer

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**Symptom Profiles and Protocol Indicators, cont.**

B. Attention

1.

2.

3.

C. Peak Performance

1.

2.

3.

Name \_\_\_\_\_

Date \_\_\_\_\_

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Summary of ***Protocol Guide*** by Othmer

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**Symptom Profiles and Protocol Indicators, cont.**

D. Anxiety

1.

2.

3.

E. Depression

1.

2.

3.

Name \_\_\_\_\_

Date \_\_\_\_\_

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Summary of ***Protocol Guide*** by Othmer

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**Symptom Profiles and Protocol Indicators, cont.**

F. Physical and Behavioral Symptoms

1.

2.

3.

G. Eating Disorders

1.

2.

3.

Name \_\_\_\_\_

Date \_\_\_\_\_

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Summary of ***Protocol Guide*** by Othmer

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**Symptom Profiles and Protocol Indicators, cont.**

H. Sleep

1.

2.

3.

I. Pain

1.

2.

3.

Name \_\_\_\_\_

Date \_\_\_\_\_

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Summary of **Protocol Guide** by Othmer

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**Symptom Profiles and Protocol Indicators, cont.**

J. Cognitive and Sensory Symptoms

1.

2.

3.

K. Brain Injury and Developmental Disorders

1.

2.

3.

Name \_\_\_\_\_

Date \_\_\_\_\_

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**Symptom Profiles and Protocol Indicators, cont.**

L. Autistic Spectrum

1.

2.

3.

M. Personality Disorders

1.

2.

3.

Name \_\_\_\_\_

Date \_\_\_\_\_

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Summary of ***Protocol Guide*** by Othmer

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**Symptom Profiles and Protocol Indicators, cont.**

N. Immune, Endocrine and Autonomic NS Symptoms

1.

2.

3.

**Neurofeedback Training**

A. Awake-State Bipolar Training

1.

2.

3.

Name \_\_\_\_\_

Date \_\_\_\_\_

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Summary of ***Protocol Guide*** by Othmer

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**Neurofeedback Training, cont.**

B. Reward and Inhibits

1.

2.

3.

C. Inter-hemispheric Training

1.

2.

3.

Name \_\_\_\_\_

Date \_\_\_\_\_

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Summary of ***Protocol Guide*** by Othmer

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**Neurofeedback Training, cont.**

D. Left and Right-Side Training

1.

2.

3.

E. Alpha-Theta Training

1.

2.

3.

Name \_\_\_\_\_

Date \_\_\_\_\_

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Summary of ***Protocol Guide*** by Othmer

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**Neurofeedback Training, cont.**

F. Two-Channel Sum or Synchrony Training

1.

2.

3.