# Improving Emotional Regulation using NeurOptimal Training for ASD Youth

Douglas R. West MA, DVATI, RCC

Director, Parent Driven Autism Services

SOS CHILDREN'S VILLAGE BC

## Some context...

I have been working with children and youth at-risk since 1994, and since 2005 more specifically with individuals with Autism. As a counselor, this objective proved difficult – along with the relational challenges inherent with autism, we are often dealing with symptoms of anxiety, low frustration tolerance, impulsiveness, and reactivity.

The combined effect made working towards improved emotional regulation difficult.

I began using NeurOptimal in 2010 to address ER with ASD individuals.

I joined SOS Children's Village BC in 2013 with the objective of creating a NFB based autism service.

In 2015 Dr. Lise Delong became my Clinical Director and mentor.



## What is Autism (ASD)? What comes along with it?

- I. A neurological disorder that affects communication and socialization and often involves repetitive movements. It is a lifelong condition occurring in approximately 1 in 68 individuals. It affects males 4.5 times more than females.
- II. There is a large comorbidity factor with ASD ADHD, anxiety, OCD, depression, etc are often present for the ride.

"As compared with non ASD individuals, children diagnosed with ASD utilize nearly 12 times more psychiatric services for problems related to anxiety and depression as well as those associated with externalizing behaviors (i.e. aggression, defiance, self-injury, and tantrums) {Croen, Najjar, Ray, Lotspeich, & Bernal, 2006}".

## What is Emotional Regulation?

ER refers to the ability to control one's emotions.

Because ER is thought of as a important adaptive mechanism that allows individuals to sustain an ideal level of arousal in order to meet personal and social goals [Chambers, Gullone, & Allen, 2009], an inability to regulate one's emotions well, must be considered an important factor in understanding the high incidence of required psychiatric services (Mazefsky, Borue, Day, and Minshew, 2014).

What are the most common interventions for Autism?



The established interventions for autism, SLP, OT, and Behavior Intervention, do not directly address improving ER.









# Why NeurOptimal for ASD?

NeurOptimal training is easy to implement.

The process is enjoyable for the client allowing even impulsive, distracted, and anxious youth to, not just endure, but enjoy participating in sessions.

The client is not required to do anything because NeurOptimal training works with the unconscious brain.

Positive results occur within a relatively brief span of time in areas which are often treatment resistant.

The system is portable and easily applied in the home setting.

The research indicates that gains achieved through neurofeedback training sustain themselves after training had stopped.

Autism treatment is often multi-modal, so improving brain performance enhances outcomes for other interventions such as Speech Therapy, OT and Behavioral Interventions.

The training positively affects multiple domains of functioning including socialization, emotional regulation, and academic performance.

## **NeurOptimal training with ASD Youth**

N = 20, females = 4, males = 16

Each received minimum of 10 sessions. 2 participants had 50+ sessions.

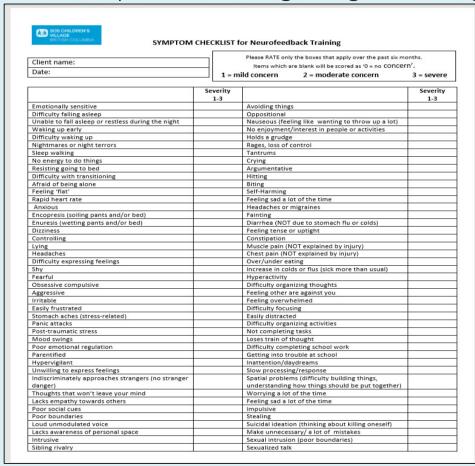
Sessions were 33 min in duration - default settings

<u>Tracking of symptoms</u> – anxiety and low frustration tolerance were tracked closely – as they are most associated with self-regulation. Reporting came in the form of interviews with clients, their parents and caregivers. Their perspective considered many domains of functioning – school, home, and community.

In addition to NeurOptimal, the children and youth were also receiving counselling occurring concurrently.

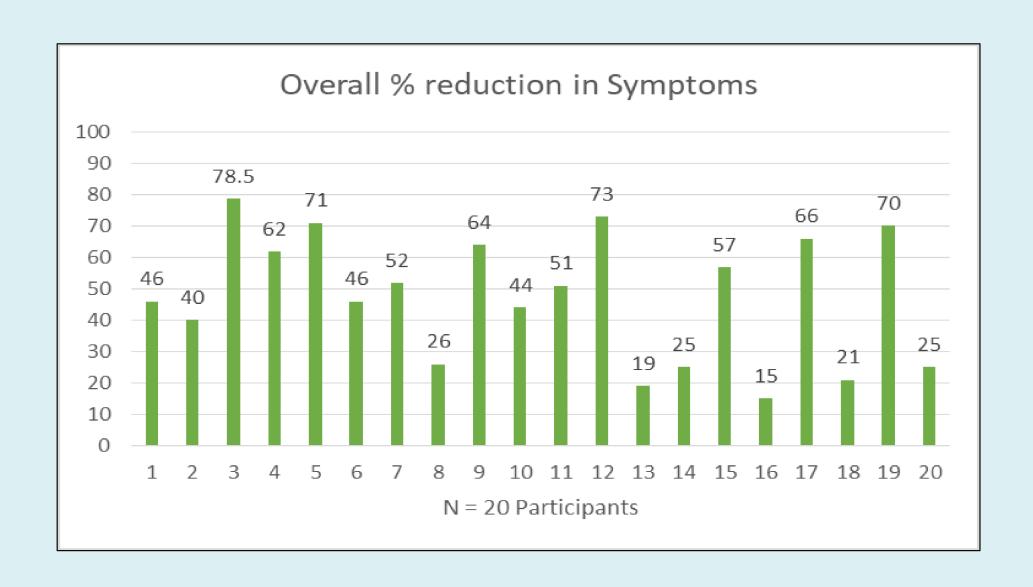
# **Tracking tools**

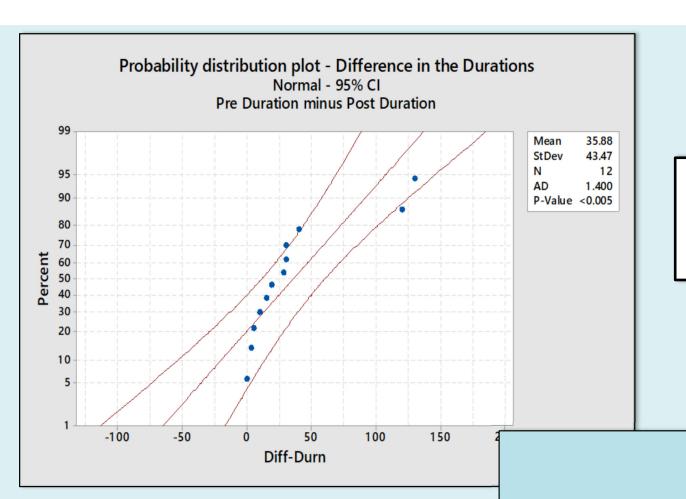
SOS BC utilizes a version of the NeurOptimal Tracking tools to establish a baseline measure prior to the beginning of training.



Date April 15, 2017	Completed by Joan - mother
Date	Completed by Joan - Mother
For each <b>GOAL</b> please descri	be
Intensity (I) – how intense Frequency (F) – how often th TIMES per (picl	asts in seconds, minutes, or hours. the feeling or behavior is. 1 = mild to 5 = extreme. e symptom, feeling, behavior occurs. Please list the NUMBER O k one)hour/day/week.
Symptom 1 : Easily Frust	rated
Goal: Increase tolerar	
<b>D</b> – How long does it last? see	<b>¾</b> 30-60
I – How intense is it usually?	Diagon circle ONE 1 2 3 4 5
F – How often does it occur?	List NUMBER OF TIMES per /hour, /week
Indicators:	
<ul> <li>screams and yells</li> </ul>	;
• swears / curses	ainst wall
<ul><li>hits his hands ag</li><li>cries incessantly</li></ul>	

Clien	t	Sympt	# of	Pre	Pre	Pre	Post	Post	Post
			sessions	Duration	Intensity	Freq.	Duration	Intensity	Freq.
1.	DoMc	Anx	60	1800 sec (30 mins)	4	1/wk	2 secs	2	1/wk
2.	SeWa	LFT	20	12.5m	3	6/day	7.5m	3	1.5/day
3.	JaSe	Anx	20	120m	4.5	25.2/mo	3m	2.5	1.5/mo
4.	AiGi	Anx	20	120m	3	8/mo	10m	3	3/mo
5.	NiBi	LFT	60	60 m	3	3.5wk	30m	3	.5wk
6.	KaCh	LFT	12	150m	4	4/day	20m	3.5	1.5/day
7.	SoRo	LFT	40	60min	1.5	3/day	30min	1.0	1/day
8.	EnTh	Anx	30	60min	4.5	1.5/day	25min	3.0	1.5/day
9.	PrNg	LFT	30	1800sec	5.0	1.5/day	3.5sec	1.0	1.0/day
10.	EtKe	LFT	20	25min	4.0	3/day	10min	3.0	1/day
11.	СаВа	LFT	25	20min	5	4.5/day	1min	2	2/day
12.	ErZh	LFT	40	30min	4	3/day	20min	3	2/day
13.	AjBe	LFT	30	30min	5	3.5/w	1.5m	4	4/w
14.	AdMc	LFT	30	1hr	4	4/week	45min	3	3/ week
15.	DoJa	LFT	20	3hrs	5	3/day	1hr	4	1/day
16.	JaAr	LFT	20	6.5	3	2/day	3.5	3	2/day
17.	KeCo	Anx	20	30mins	5	8/day	10min	3	2/wk
18.	AvPa	LFT	20	60min	5	4.5/day	20min	1.5	1.5/day
19.	AuBr	LFT	25	20min	5	4.5/wk	20min	4	2.5/wk
20.	DeLa	Anx	20	20min	5	10/wk	6min	2.5	5/wk





 $H_o$ :  $\mu_{Difference} = 0$  $H_a$ :  $\mu_{Difference} > 0$ 

Minitab output.
One-Sample T: Diff-Duration

Test of  $\mu = 0$  vs  $\mu > 0$ 

Variable N Mean StDev SE Mean 95% Lower Bound T P Diff-Dur 12 35.9 43.5 12.5 13.3 2.86 0.008

Clie	ent	Symptom	# of sessions	Pre Duration	Pre Intensity	Pre Freq.	Post Duration	Post Intensity	Post Freq.
1.	DoMc	Anx	60	1800 sec	4	1/wk	2 secs	2	1/wk
2.	SeWa	LFT	20	12.5m	3	6/day	7.5m	3	1.5/day
3.	JaSe	Anx	20	120m	4.5	25/mo	3m	2.5	1.5/mo
4.	AiGi	Anx	20	120m	3	8/mo	10m	3	3/mo
5.	NiBi	LFT	60	60 m	3	3.5wk	30m	3	.5wk

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#### CYMPTOM CHECKLIST for Neurofeedback Training

Client name:
Date:
Date:
Date:

Please RATE only the boxes that apply over the past six months.

Items which are blank will be scored as '0 = no CONCERN'.

1 = mild concern

2 = moderate concern

3 = severe

<i>A</i> ()	Severity 1-3	/ social	Severity
Emotionally sensitive	13	Avoiding things	(3)
Difficulty falling asleep	1/3/	Oppositional	0
Unable to fall asleep or restless during the night	13/	Nauseous (feeling like wanting to throw up a lot)	0
Waking up early	2	No enjoyment/interest in people or activities	
Difficulty waking up		Holds a grudge	3/
Nightmares or night terrors	2	Rages, loss of control	
Sleep walking	10	Tantrums	0
No energy to do things	Ĭ	Crying	2
Resisting going to bed	0	Argumentative	2
Difficulty with transitioning	13	Hitting	0
Afraid of being alone	131	Biting	0
Feeling 'flat'		Self-Harming Self-Harming	1
Rapid heart rate	0.	Feeling sad a lot of the time	4
Anxious	(3)	Headaches or migraines	0
Encopresis (soiling pants and/or bed)	0	Fainting	0
Enuresis (wetting pants and/or bed)	10	Diarrhea (NOT due to stomach flu or colds)	13
Dizziness	12	Feeling tense or uptight	9
Controlling	12	Constipation	O
Lying	12	Muscle pain (NOT explained by injury)	0
Headaches	12	Chest pain (NOT explained by injury)	Q
Difficulty expressing feelings	120	Over/under eating	0
Shy	2	Increase in colds or flus (sick more than usual)	0
Fearful	13	Hyperactivity	7
Obsessive compulsive	(3)	Difficulty organizing thoughts	2
Aggressive	7	Feeling other are against you	3
Irritable	12	Feeling overwhelmed	27
Easily frustrated	12	Difficulty focusing	
Stomach aches (stress-related)	0	Easily distracted	
Panic attacks	12	Difficulty organizing activities	2
Post-traumatic stress	19	Not completing tasks	4
Mood swings	12	Loses train of thought	1
Poor emotional regulation	T A	Difficulty completing school work	0
Parentified	10	Getting into trouble at school	0
Hypervigilant		Inattention/daydreams	12
Unwilling to express feelings	2	Slow processing/response	(3)
Indiscriminately approaches strangers (no stranger		Spatial problems (difficulty building things,	0
danger)	6	understanding how things should be put together)	0
Thoughts that won't leave your mind	(3)	Worrying a lot of the time	9
Lacks empathy towards others	1	Feeling sad a lot of the time	5
Poor social cues	12	Impulsive	18
Poor boundaries	0	Stealing	18
Loud unmodulated voice	0	Suicidal ideation (thinking about killing oneself)	0
Lacks awareness of personal space	0	Make unnecessary/ a lot of mistakes	0
Intrusive	4	Sexual intrusion (poor boundaries)	0
Sibling rivalry	N	Sexualized talk	0

Sleep-up to 40 mins to fall asleep.

(43) 15+8=23() 15-()

103-4



#### SYMPTOM CHECKLIST for Neurofeedback Training

Please RATE only the boxes that apply over the past six months.

Items which are blank will be scored as '0 = no concern'.

1 = mild concern 2 = moderate concern 3 = severe

	Severity 1-3		Severity 1-3
Emotionally sensitive	()	Avoiding things	
Difficulty falling asleep	1	Oppositional	0
Unable to fall asleep or restless during the night		Nauseous (feeling like wanting to throw up a lot)	0
Waking up early	0	No enjoyment/interest in people or activities	O
Difficulty waking up	4	Holds a grudge	O
Nightmares or night terrors	(7)	Rages, loss of control	()
Sleep walking	8	Tantrums	0
No energy to do things	8	Crying	0
	6	Argumentative	0
Resisting going to bed	8	Hitting	0
Difficulty with transitioning	<u> </u>	Biting	0
Afraid of being alone	A CO	Self-Harming	
Feeling 'flat'	1 A	Feeling sad a lot of the time	Ö
Rapid heart rate		Headaches or migraines	0
Anxious		Fainting	0
Encopresis (soiling pants and/or bed)	8	Diarrhea (NOT due to stomach flu or colds)	0
Enuresis (wetting pants and/or bed)	X	Feeling tense or uptight	Ö
Dizziness	1	Constipation	0
Controlling	1	Muscle pain (NOT explained by injury)	0
Lying	18	Chest pain (NOT explained by injury)	- O
Headaches	18	Over/under eating	8
Difficulty expressing feelings	18	Increase in colds or flus (sick more than usual)	8
Shy	12		K
Fearful	1 2	Hyperactivity	10
Obsessive compulsive	<u> </u>	Difficulty organizing thoughts	3
Aggressive	1 2	Feeling other are against you	X
Irritable	1 2	Feeling overwhelmed	8
Easily frustrated		Difficulty focusing	A
Stomach aches (stress-related)	1 9	Easily distracted	8
Panic attacks	V V	Difficulty organizing activities	8
Post-traumatic stress	1	Not completing tasks	M
Mood swings	1 Q	Loses train of thought	18
Poor emotional regulation		Difficulty completing school work	18
Parentified	2	Getting into trouble at school	4
Hypervigilant		Inattention/daydreams	-
Unwilling to express feelings	0	Slow processing/response	10
Indiscriminately approaches strangers (no stranger danger)	0	Spatial problems (difficulty building things, understanding how things should be put together)	0
Thoughts that won't leave your mind	0	Worrying a lot of the time	19
Lacks empathy towards others	0	Feeling sad a lot of the time	0
Poor social cues	0	Impulsive	X
Poor boundaries		Stealing	18
Loud unmodulated voice	0	Suicidal ideation (thinking about killing oneself)	0
Lacks awareness of personal space	Q	Make unnecessary/ a lot of mistakes	2
Intrusive	0	Sexual intrusion (poor boundaries)	18
Sibling rivalry		Sexualized talk	



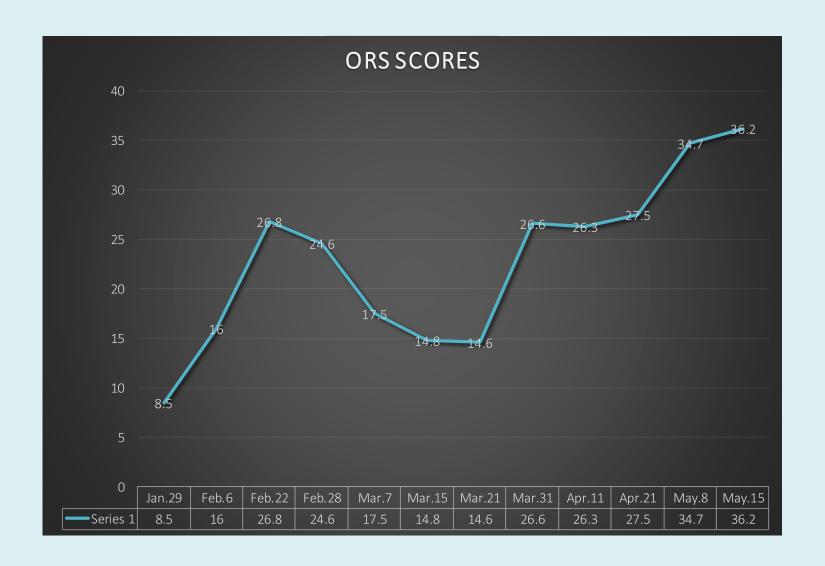
#### Outcome Rating Scale (ORS)

Name As G- Session # Date	e: Jav. 29/18
Who is filling out th	r relationship to this person?
feeling by rating how	the last week, including today, help us understand how you have been as well you have been doing in the following areas of your life, where resent low levels and marks to the right indicate high levels. If you are for another person, please fill out according to how you think he or she
, . O	Individually (Personal well-being)
	Interpersonally (Family, close relationships)
I	Socially (Work, school, friendships)
I	Overall (General sense of well-being)
	Institute for the Study of Therapeutic Change  www.talkingcure.com
	© 2000, Scott D. Miller and Barry L. Duncan
Closing	at work on Sunday the 28th
mas 12:	at work on Sunday the 28th stressful than she anticipated

#### Outcome Rating Scale (ORS)

Name	ner	
Looking back over the last week, including today, help us understand heeling by rating how well you have been doing in the following areas marks to the left represent low levels and marks to the right indicate his filling out this form for another person, please fill out according to how is doing.	of your life gh levels. <i>Ij</i>	, where you are
Individually (Personal well-being)	10	
I	<del>/-</del> I	9.2
Interpersonally (Family, close relationships)		
I	- <b>/</b> I	9.2
Socially (Work, school, friendships)	<b>/</b> -I	9,8
Overall (General sense of well-being)	I	8.8
Institute for the Study of Therapeutic Change		36.2
www.talkingcure.com		
© 2000, Scott D. Miller and Barry L. Duncan		

* burnt myself.	
1 tolerance increased -	
A deticition	
1 adaptivity increused	



Client		Sympt	# of	Pre	Pre	Pre	Post	Post	Post
			sessio	Duration	Intensity	Freq.	Duration	Intensity	Freq.
			ns						
4. Aid	Gi	Anx	20	120m	3	8/mo	10m	3	3/mo

I have never felt this good in my entire life

### **Conclusions:**

The work I have reviewed here strongly suggests that the use of NeurOptimal lessens symptoms related to Emotional Regulation for individuals with Autism. These results are consistent with those of Zivoder, Martic-Biocina, Kosic & Bosak (2015) in their study of neurofeedback training for ASD youth, in which they reported changes in behaviour including less aggression, increased cooperation, and communication, improved attention span and sensory motor skills. All subjects in their study accomplished a certain degree of improvement in their level of daily functioning.

Unfortunately, both studies lack a large enough sample size. Therefore a larger study with more controls is needed.

There is a rapidly growing number of NeurOptimal users and my hope is that we can take this to the next level, and formalize some measures and procedures to tighten things up, build a larger group to study, and a better controlled study.

It has been exciting working with this group, who in many respects are outliers in society. Changing their trajectory, by allowing them freedom from their sensory

#### Bibliography

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