

# Journal of Neurotherapy: Investigations in Neuromodulation, Neurofeedback and Applied Neuroscience

## Clinical Corner

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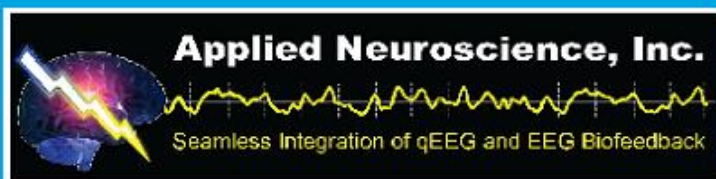
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## CLINICAL CORNER

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D. Corydon Hammond, PhD, Editor

*The purpose of the Clinical Corner is to provide responses to clinically oriented questions which may not, in many cases, have been evaluated yet by research. Therefore, the personal opinions expressed in the column are exactly that—the opinions of the individual authors, often based on their clinical experience. The opinions shared belong to the authors and are not necessarily those of ISNR or the Journal of Neurotherapy. Nonetheless, it is hoped that the diversity of opinion expressed in this column will stimulate thought and the further exchange of ideas. Readers are invited to send questions for consideration to: D. Corydon Hammond, PhD, University of Utah School of Medicine, PM&R, 30 North 1900 East, Salt Lake City, UT 84132-2119 (E-mail: D.C.Hammond@m.cc.Utah.edu).*

It is vitally important for clinicians to begin to more objectively document improvements in our patients. Not only do insurance companies want more accountability, but other professionals are far more impressed with objective measures than they are with us simply presenting glowing anecdotal reports of improvements. Patients and their families are also excited when we can document changes in a measurable way. Documentation of outcomes is within the reach of most clinicians. Visual analogue

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scales (a 10 cm line anchored at one end with the phrase “worst it has ever been” and at the other end with “best it has ever been”) and periodic administration of brief yet objective tests (such as the Profile of Mood States, the Beck Depression Inventory, Beck Anxiety Inventory, Symptom Check List (SCL)-90, State-Trait Anxiety Inventory) can relatively easily objectify our results.

Objectively evaluating results can be even more important when we see complex cases in our offices where patients have multiple diagnoses and where traditional medical and psychological treatments have proven of limited benefit. In this Clinical Corner, Dr. Edward Jacobs presents us with data on the clinical course of treatment with two such children, both of whom had chronic and intractable problems, but where the addition of neurofeedback to treatment resulted in significant improvements. These cases demonstrate how a clinician can more objectively track improvements both through the use of systematic parent ratings of symptom severity, as well as through the use of a brief, practical clinical measure.