

BSc (Pret), BSc (Hons) (Pret)  
Trained Under BCIA

1<sup>st</sup> floor, Suite 13.2, Rynlal Building, 320 The Hillside Street, Lynnwood

Cell: 082 3320633

Email: info@kbneurofeedback.co.za

Dear \_\_\_\_\_

Welcome to the world of Neurofeedback training. I trust that the journey that you are embarking upon will be rewarding for both your child and / or yourself.

Neurofeedback training has been the subject of comprehensive research in America since 1968 and has been successfully utilized in South Africa for approximately 10 years.

While I undertake to approach this therapy with the upmost professionalism and integrity, as with any other therapy, I cannot guarantee success.

As I believe that a multi-faceted approach is in the best interest of you / your child, I invite you, and in the case of children, your child's teacher's/ therapists to participate in the process. In this regard, I would appreciate regular feedback on your child's progress at home and at school and may request that the teachers / therapists complete a short questionnaire every month.

My aim is to provide an integrated service and so, as the client 'settles' into the Neurofeedback training, other skills and interventions are often incorporated into the session.

The purpose of this letter is to:

- Introduce you to the initial Neurofeedback training assessment and evaluation process;
- Clarify your involvement, roles and responsibilities in the process;
- Present the payment and administration terms;
- Point out some general issues;
- Introduce you to the relevant websites and books available on Neurofeedback training and related topics.

• **Initial Neurofeedback Therapy Assessment and Evaluation**

Neurofeedback therapy commences with an initial assessment and evaluation which involves the following:

- Completion of questionnaires by adult / parent (in the case of children);
- A brain mapping assessment in order to assess brain activity;
- A meeting with parents in order to provide feedback on the above assessments and plan the way forward;
- For adults, the intake assessment may vary slightly.

• **Parent's Involvement, Roles and Responsibilities during Neurofeedback Training**

Once a decision has been made to embark upon Neurofeedback Training, the parent will assume the following roles and responsibilities:

- Provide the therapist with copies of any previous assessments that have been conducted on your child;
- Ensure that your child continues with current medication, unless otherwise advised by the supervising medical practitioner;
- Ensure that the child continues with other relevant therapies, unless otherwise advised by that therapist;
- **Ensure that your child attends the set weekly appointment (if your child is unable to attend therapy, you are required to notify us 24 hours prior to your appointment, failing which you will be charged the rate set out below);**
- Training will continue during all school holidays, except public holidays and the December break. **If you plan to go on holiday, please give me 2 weeks' notice so that I am able to accommodate other clients who need "catching up" time;**

- In the case of adults, the responsibilities remain the same as for children, but as applicable.
- **Payment and Administration**  
Payment and administration details are as follows:
  - Therapy will be charged at R270- R400 per session depending on the type of training done (recommended medical aid rate – R715-00 per session).
  - **Sessions are payable in advance or on each day of therapy unless other arrangements are made.**
  - Direct payment can be made into my banking account:
    - Standard Bank Lynnwood Ridge
    - Branch no : 012445
    - Name of account holder : K Balt
    - Account number : 411209892
- **General Issues**
  - We are in constant contact with mentors in the USA in order to ensure that we are continuously updated and trained in the latest developments in Neurofeedback training;
  - Neurofeedback therapy provides the child / adult with an opportunity to monitor and regulate his / her own brain activity. As the training gradually enables the brain to regulate itself more efficiently, placement and settings may need to be changed. Feedback from clients is therefore very important. Each brain is different and responds in its own unique way to Neurofeedback training;
  - Research has shown that some people will benefit from Neurofeedback training earlier than others will. Typically, positive changes should be observed after 10 sessions;
  - I reserve the right to terminate therapy.
- **Additional Reading or Related Websites, Books and Articles**  
If you need more information on Neurofeedback training and the technology used, you can visit the following website: [www.brainmaster.com](http://www.brainmaster.com) .

#### **Additional Information and Studies on EEG Biofeedback**

The following books are available:

- |                                    |                                  |
|------------------------------------|----------------------------------|
| • Healing ADD                      | Daniel G Amen                    |
| • Getting rid of Ritalin           | Robert Hill and Eduardo Castro   |
| • The ADD book                     | William Sears and Lynda Thompson |
| • A Symphony of the Brain          | Tim Robinson                     |
| • ADD the 20 hour solution         | M. Steinberg & S. Othmer         |
| • An Introduction to Neurofeedback | John Demos                       |

The internet has some sites where journal articles or other information about Neurofeedback is available. The most useful sites are:

[www.aapb.org](http://www.aapb.org)

[www.brainmaster.com](http://www.brainmaster.com)

[www.isnr.org](http://www.isnr.org)

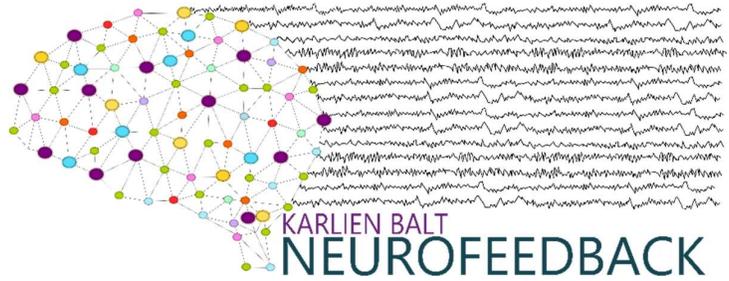
[www.appliedneuroscience.com](http://www.appliedneuroscience.com)

[www.learningdiscoveries.com.au](http://www.learningdiscoveries.com.au)

I look forward to working with you / your child.

Yours faithfully

Karlien Balt



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### Return slip

Please complete the return slip and return it to the practice at your next appointment.

I have read and understood the rules of the practice. I am prepared to abide by these rules.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_