

# CLINICALQ & BRAINDRIVING

Fundamental Neurotherapy for Professionals

**Paul G. Swingle, Ph.D., R. Psych.**

Author of *“Biofeedback for the Brain”* (Rutgers University Press), and  
*“Basic Neurotherapy: The Clinician’s Guide”*



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## 3-Day WORKSHOP

**October 19 – 21, 2012**

SWINGLE  
CLINIC 

Workshop location: Swingle Clinic  
630-1190 Melville St., Vancouver, BC, Canada



Neurotherapy is a primary care option for many disorders. Problems with mood, anxiety, sleep quality, learning, cognitive processing, pain, addictions, anger management, and age-related memory decline are all amenable to rapid assessment and treatment. The assessment procedures are simple and straightforward involving assessment

(evaluation) of a limited number of brain sites. Treatment options, other than neurofeedback, have been developed to markedly accelerate neurotherapy. These complementary techniques markedly facilitate neurotherapy.

The workshop starts with the precise assessment procedures that determine treatment strategies. The combinations of treatment options including neurofeedback, braindriving, sound and electrostimulation, appropriate for a wide range of disorders are presented in detail, so practitioners can immediately apply these efficient techniques. Therapies including OEI, hypnosis, cranio-sacral therapy, and EFT that complement neurotherapy will be reviewed and demonstrated.

The workshop introduces the ClinicalQ and Braindryvr methods. Each topic is designed to help professionals learn what has been shown to work from experience and research. Participants learn how to record the ClinicalQ and to interpret the results. Methods for probing the client based on comparisons with the ClinicalQ clinical data base are reviewed and many cases are studied to help participants learn how to capably use this remarkably efficient intake procedure. The details associated with selecting appropriate unconditioned stimuli for braindriving are reviewed and the methods for administering basic Braindryvr protocols are shown. Unique concerns regarding treating clients with severe emotional trauma, chronic depression and those who are heavily medicated are reviewed. Conditions that require full QEEG will be identified as will conditions in which the more aggressive treatments are contraindicated.

## THE CLINICALQ ASSESSMENT

The ClinicalQ assessment is based on Dr. Swingle's research and years of clinical experience. The sensor placement for the ClinicalQ includes the five critical regions for rapid and efficient determination of the client's symptoms and requires about 6 minutes of recording time. Client reports of symptoms are generally not required but clients are



encouraged to elaborate on conditions identified in the ClinicalQ and, of course, to reveal any condition that the ClinicalQ might not have shown. Clients are surprised by the rapidity and remarkable accuracy of the procedure and impressed that therapy actually commences during the initial intake session.

## DETERMINATION OF TREATMENT REGIMEN

The ClinicalQ identifies the precise nature and location of the neurological condition(s) associated with the client's presenting complaints. This permits the neurotherapist to develop a treatment program and review same with the client in the first intake session. Neurofeedback protocols are based on the precise ClinicalQ discriminations and the workshop includes discussion on the most efficient manner for addressing the various neurological conditions.

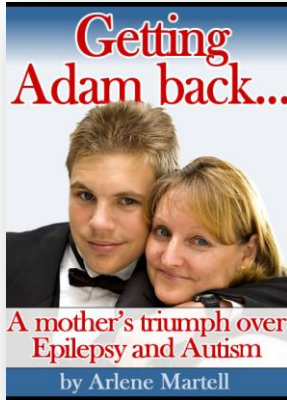
## BRAINDRYVR TRAINING

Braindriving is a classical conditioning paradigm in which an unconditioned stimulus is paired with departures from brainwave training thresholds. The workshop introduces a variety of these unconditioned stimuli and the research supporting the application for specific neurological conditions. The techniques used for braindriving are demonstrated and the methods for testing the efficacy of each stimulus are reviewed. Clients most suitable for braindriving procedures are reviewed. Braindriving being a treatment procedure that does not rely on client attention or volition is widely applicable to many severe clinical conditions including infantile epilepsy, dementias, severe developmental delays, autism, as well as to conditions in which more aggressive treatment protocols are required.

## Words from a mom whose child was treated

Arlene Martell, Author of *"Getting Adam Back"*

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



It is hard to put into words the gratitude I have for what Dr. Swingle has done for my son. Adam was diagnosed with Lennox-Gastaut syndrome, a severe form of epilepsy, and Asperger's syndrome, a form of autism – his prognosis was continued mental retardation and a life of uncontrolled seizures.

Already as a family, our life was greatly impacted as we tried to cope with a child who was extremely obsessive compulsive, did not have the ability to reason or understand consequences and had terrible seizures, learning disabilities, behavior problems and no impulse control.

Every parent wants what is best for their child but when a treatment I had not heard of comes along after so many others have failed, including 6 medications, while continuing to watch your child deteriorate – it is hard to keep faith. Dr. Swingle did more than give me hope – he healed my son, giving him a new chance at life.

Adam simply could not function when we started treatment. He loved the sessions and we started to see little things change week after week. His short term memory came back, he was able to learn to read and remember the lessons he learned the day before. Adam started to interact with other kids, he started to draw, he started to ask questions and make decisions, his attention span greatly improved. The obsessions that ruled his life were reduced to a fraction of what they were. He started to play with his siblings and most importantly, he was no longer depressed and had a positive outlook on his own life.

The change was remarkable. The teachers were stunned, and so was the hospital's physiologist. Adam's brain was damaged because of the years of seizures and medications, but he made an amazing recovery over a 2-year period of time. You would not know he was the same child – Dr. Swingle gave Adam a chance to catch up and we watched him become more "normal" every day.

Today Adam has graduated from high school, is completely drug and seizure-free and 90% of his autistic tendencies are gone. I felt it was time to give back and started a website called EpilepsyMoms.com where I am able to give direction to other moms desperate for help and in the same shoes I walked in years before. I will continue to promote this therapy and tell every mom who finds me because the alternative for these kids is just not acceptable to me. It is painful to think of where Adam would be without neurotherapy.

## Words from a mom on the ClinicalQ assessment

Susan Olding

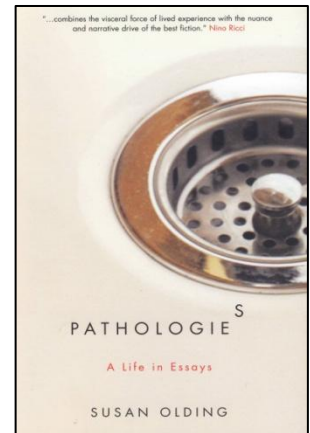
From her book "*Pathologies*" Freehand Press

### Mind Reader

Desperate, determined, undeterred by cost or lack of insurance coverage, undismayed by the doubts of conventional physicians, undaunted by the practitioner's Dickensian-sounding name, I switched off my cell phone at the threshold of Dr. Swingle's office and carried my daughter across...

I had brought a medical and developmental history—the long litany of concerns that had brought us to his door—but Dr. Swingle waved the papers aside without even looking at them. Instead, he ushered Maia toward a computer screen on the other side of the room and told her to put her feet on the stool below. Then he fixed a couple of delicate wires to her ears...

Then Dr. Swingle sent Maia to the "treasure chest" in the waiting room. He stared at the printout in his hand. "Here," he said, and he pointed to an outline of the brain, "these numbers imply trauma." He shrugged, palms up, waiting for my response. I nodded. "And here," he continued, "too much theta. This is the hyperactivity people associate with ADHD. But it's minor. In the ballpark I play in, she barely makes the field." There was more: extreme stubbornness, a tendency to perseverate, lapses of short-term memory, attachment disorder, inability to read social cues, emotional reactivity, tantrums, explosions. One by one he read the ratios, divining my daughter's character—more quickly, more accurately than any professional I'd yet encountered.



**THE THREE-DAY CLINICALQ AND BRAINDRYVR WORKSHOP IS LIMITED TO PROFESSIONAL HEALTH CARE PROVIDERS OR STUDENTS.**

**THE WORKSHOP IS SUITABLE FOR ALL CLINICIANS USING ANY NEUROTHERAPY EQUIPMENT PLATFORM.**

**NEWCOMERS TO NEUROTHERAPY ARE ENCOURAGED TO TAKE THIS WORKSHOP BEFORE THEY PURCHASE ANY NEUROTHERAPY EQUIPMENT. ALL OF THE PLATFORMS WILL BE DISCUSSED WITH THE PROS AND CONS OF EACH REVIEWED.**

### **SCHEDULE**

Friday, October 19th 2012: 9am – 5pm

Saturday, October 20th 2012: 9am – 5pm

Sunday, October 21st 2012: 9am – 1pm

### **LOCATION**

Swingle Clinic, 630-1190 Melville Street, Vancouver BC, V6E 3W1

### **REGISTRATION**

Registration Fee: **\$950** (Fee includes copy of The Clinician's Guide)

To register, please call us at 604-608-0444. For more information, contact us at [rita@swingleclinic.com](mailto:rita@swingleclinic.com)

**THIS WORKSHOP IS ACCREDITED BY THE AMERICAN PSYCHOLOGICAL ASSOCIATION FOR CONTINUING EDUCATION UNITS.**



**Paul G. Swingle, Ph.D.** was professor of psychology at the University of Ottawa prior to moving to Vancouver. A fellow of the Canadian Psychological Association, Dr. Swingle was lecturer in psychiatry at Harvard Medical School and during the same time period was associate attending psychologist at McLean Hospital (Boston) where he also was coordinator of the clinical psychophysiology service. Dr. Swingle was chairman of the Faculty of Child Psychology at the University of Ottawa. He has also taught at McGill University, Dalhousie University and McMaster University. He is a registered psychologist in British Columbia and is certified in biofeedback and neurotherapy. Since 1997 he has been in private practice in Vancouver, British Columbia. His newest book “Biofeedback for the Brain” was published by Rutgers University Press.

## WHAT OTHERS HAVE SAID ABOUT Dr. SWINGLE'S WORKSHOP:

*"Thanks for organizing a successful event."* SL, Vancouver, Canada

*"Fantastic!"* KB, Texas, USA

*"Thank you for all you have done to make this one of the best trainings I have ever gone to. It is the best biofeedback training!!!"* MC, California, USA

*"Excellent presentation, congratulations!"* DT, Germany

*"I learnt an enormous amount from Dr. Swingle at the workshop - particularly regarding his approach to ensuring that treatment begins quickly. It's not just that the QUICKQ is short in terms of the time it takes to administer. It's also designed so that good quality information can be extracted without the need for lengthy analysis. More please!"* JW, England



#630-1190 Melville Street, Vancouver, BC V6E 3W1  
Tel: 604-608-0444, Email: [rita@swingleclinic.com](mailto:rita@swingleclinic.com)