

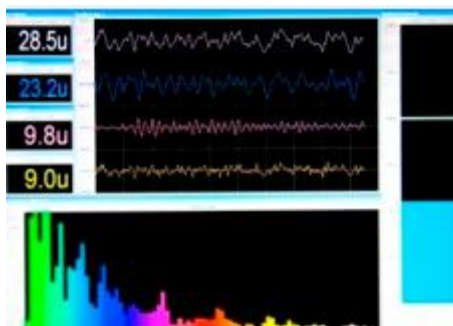


OPTIMAL PERFORMANCE TRAINING - FORCE AGENCIES APPLICATIONS

Although many assume that Optimal Performance Training (OPT) with athletes is the same as OPT of elite decision makers and military/force agency personnel, there are profound differences. There are no universal or one-size-fits-all OPT programs or protocols. It would seem obvious that precision and unique structuring of training would be required to attain the achievable enhancement in performance that distinguishes the elite performer from the good performer. And this is true whether one is a master's level golfer, a senior corporate director or a Special Forces operative where optimized performance can mean survival.

It is most important to appreciate that OPT is designed to optimize brain functioning. OPT is not "management training" or "guided visualization training" or any other form of skills training. It is very specifically neurological. The focus is to optimize brain functioning. OPT will optimize the execution of the skills, training, and talents of the participants.

THE THREE STAGES OF OPTIMAL PERFORMANCE TRAINING



The first is to identify the brain inefficiencies. A neurological assessment in the form of a Quantitative Electroencephalogram (QEEG) identifies inefficiencies in brainwave architecture. Conditions associated with predisposition to depression, poor stress tolerance, poor sleep quality, emotional volatility, attention deficiencies, and the like, are identified. Of particular importance during this assessment is the identification of neurological markers for latent emotional trauma. These markers are associated with previous exposure to severe emotional stress that has not, as yet, been efficiently processed and integrated. Such neurological conditions can markedly affect emotional state, cognitive efficiency – especially memory, and performance.

The second stage is to correct any detrimental departures from normative functioning as identified statistically from the QEEG data bases. The metaphor “build your house on a firm foundation” is relevant here. It is during this stage of training that any neurologically problematic emotional trauma is cleared. This process can be purely neurological in that the brainwave anomaly is corrected and the trainee may experience some emotional reactions, heightened dream activity, or recall of, and rumination about, previous experiences. In other circumstances, trainees may benefit from a few sessions of one of the non-verbal psychotherapies that have been found to be especially effective for clearing these emotional blockages.



The third stage is to optimize brain efficiency. There are several areas of the brain that can be trained to peak levels, just as one can train to peak physical condition. By changing the structure of some brainwaves, brain efficiency increases which in turn increases IQ scores and immune functioning. It is at this stage of training that

the term “precision” is most relevant.

OPTIMAL PERFORMANCE TRAINING FOR DUTY READINESS

One of the discriminative features of veterans of combat who develop Post-Traumatic Stress Disorder (PTSD) is a severe deficiency in slow frequency amplitude in the occipital region of the brain. Often this is accompanied by a marked elevation of very high frequency amplitude frontally. These conditions are associated with poor stress tolerance, elevated mental activity and perseverative thought processes. These conditions are also genetic in nature. Although heritable, these neurological conditions are modifiable because of the plasticity of the brain. Duty readiness training specifically addresses these specific areas of brain functioning as well as those identified by the general neurological assessment that is part of OPT. Once the neurological inefficiencies are identified and treated, brain efficiency is optimized and the specific areas associated with stress tolerance, perseverative thought processes and emotional volatility are optimized.

REMEDIAL OPTIMAL PERFORMANCE TRAINING

Best conceptualized as return-to-duty training, the psychoneurologically wounded go through stages of training very similar to that outlined above. Combat-exposed personnel with symptoms consistent with post-traumatic stress, for example, receive a QEEG assessment to determine the areas of neurological complication. These locations are associated with stress tolerance, emotional trauma and mood dysregulation. The stage two processes for these individuals generally involve greater emphasis on trauma release and neurological quieting. Assessment of Traumatic Brain Injury (TBI) is critical for these personnel. The sequellae of TBI includes mood dysregulation and emotional trauma that are most efficiently treated by focusing the neurotherapy on the foci of the injury. The modal clients for the remedial program are those diagnosed with Post-Traumatic Stress Disorder.

AN OUNCE OF PREVENTION IS WORTH A POUND OF CURE

This is an old metaphor, but how true. The therapists associated with the Precision Neurometrics OPT program have more than four decades of combined experience dealing with persons traumatized by violence, including military veterans and police officers. Pondering why some combat vets remained disabled whereas others exposed to the same events survived disability led to an examination of the neurological predispositions to inefficient stress tolerance. Several were identified and the OPT for duty readiness was developed.

Another major influence was the neurological work with professional athletes. Brain readiness training, introduced as an adjunct to regular physical training proved to pay off in terms of championships and gold medals! Not surprisingly, OPT for duty readiness shares much with OPT for peak competition.

