

Neurofeedback Training for Stress and Burnout in the Workplace: A Double Blind Study

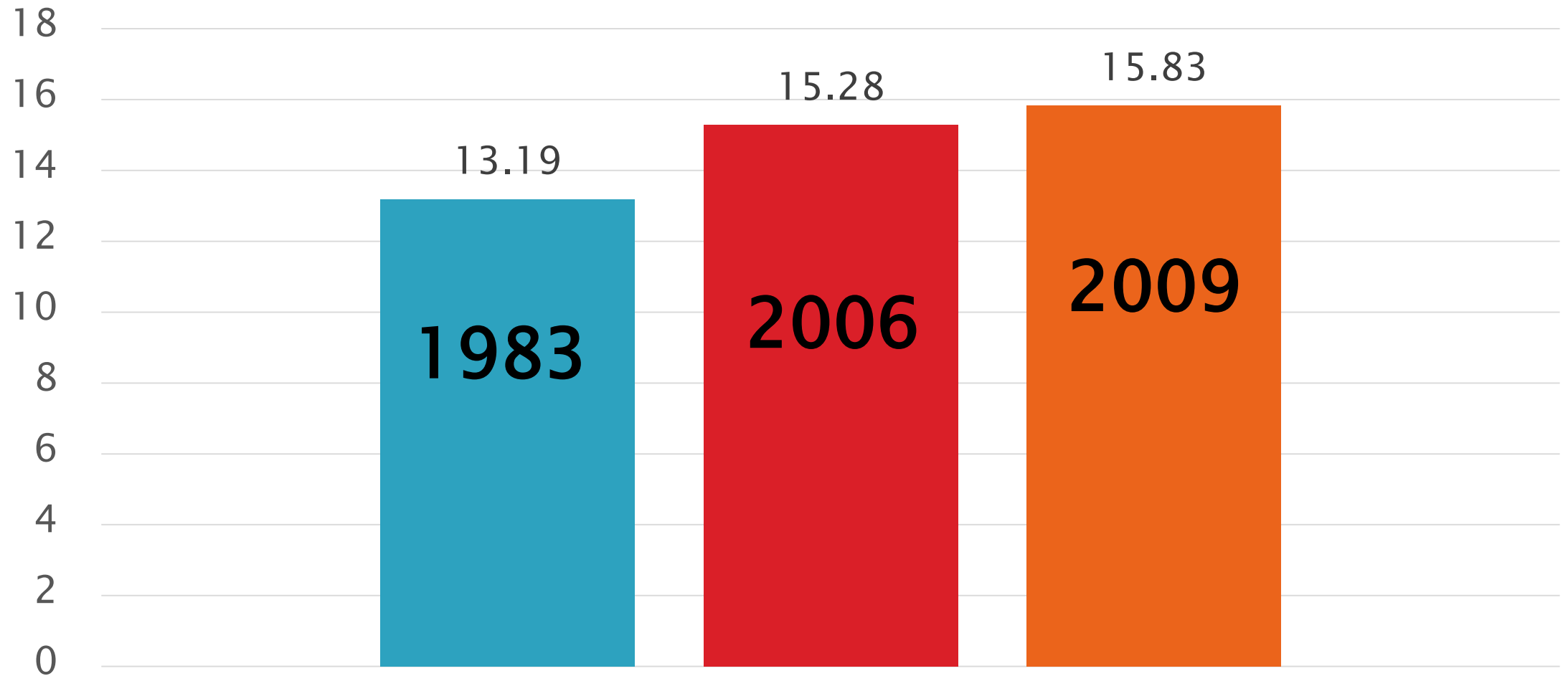
Presented by Nikki Sopchak, MPA

Introduction & Contact

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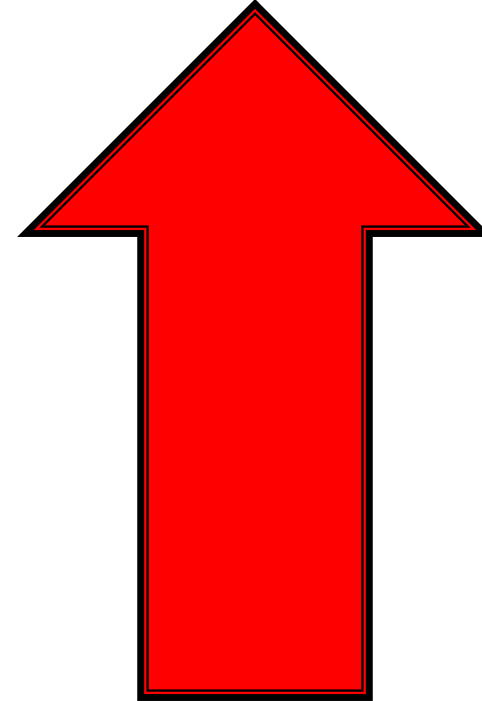
The Problem: Stress




National average PSS-10 – Cohen's Norms

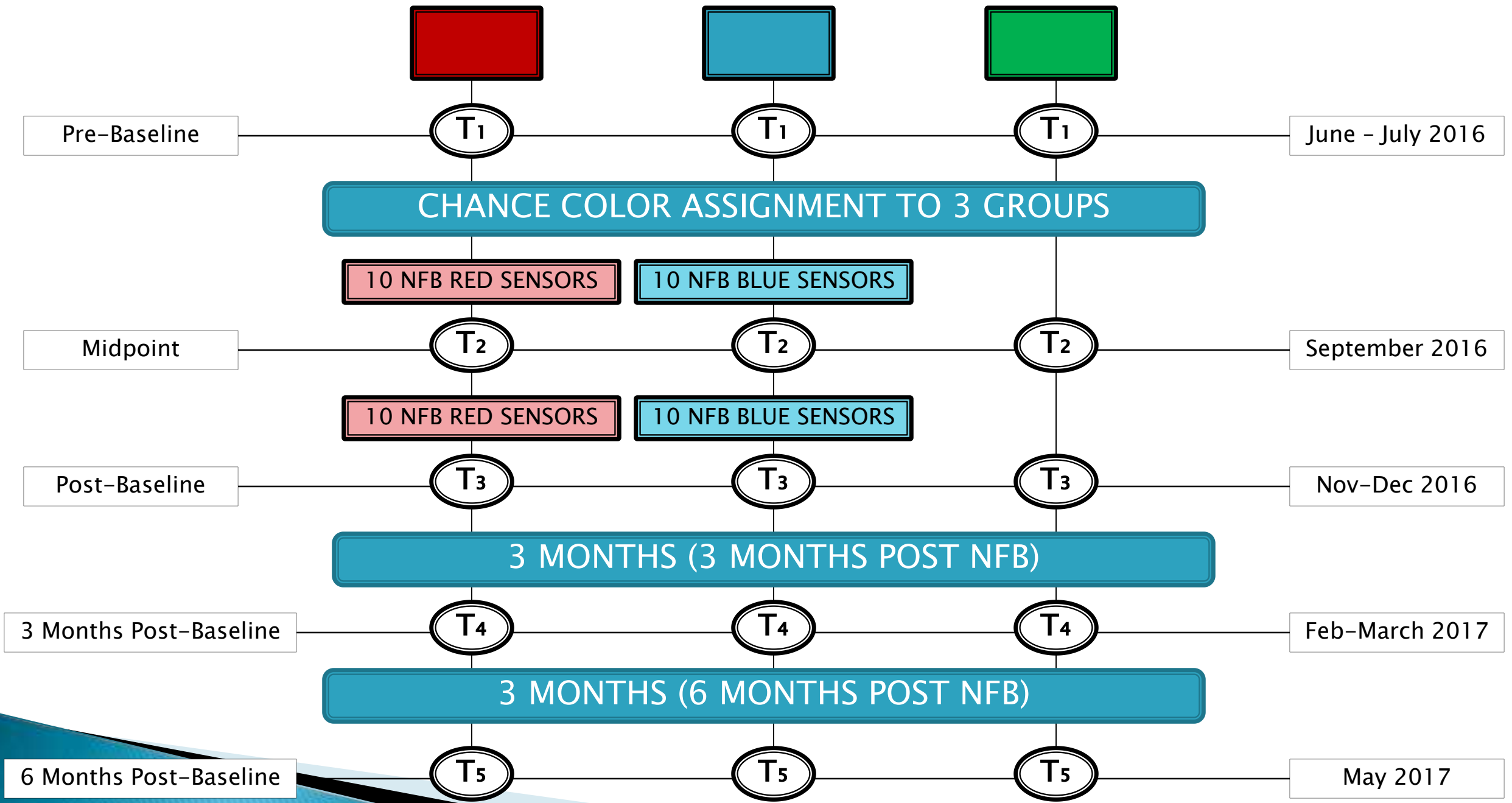
The Problem: Burnout

- ▶ High burnout = increase in:
 - Sickness days
 - Sickness spells
 - Sleep problems
 - Use of pain killers
 - Intention to quit work

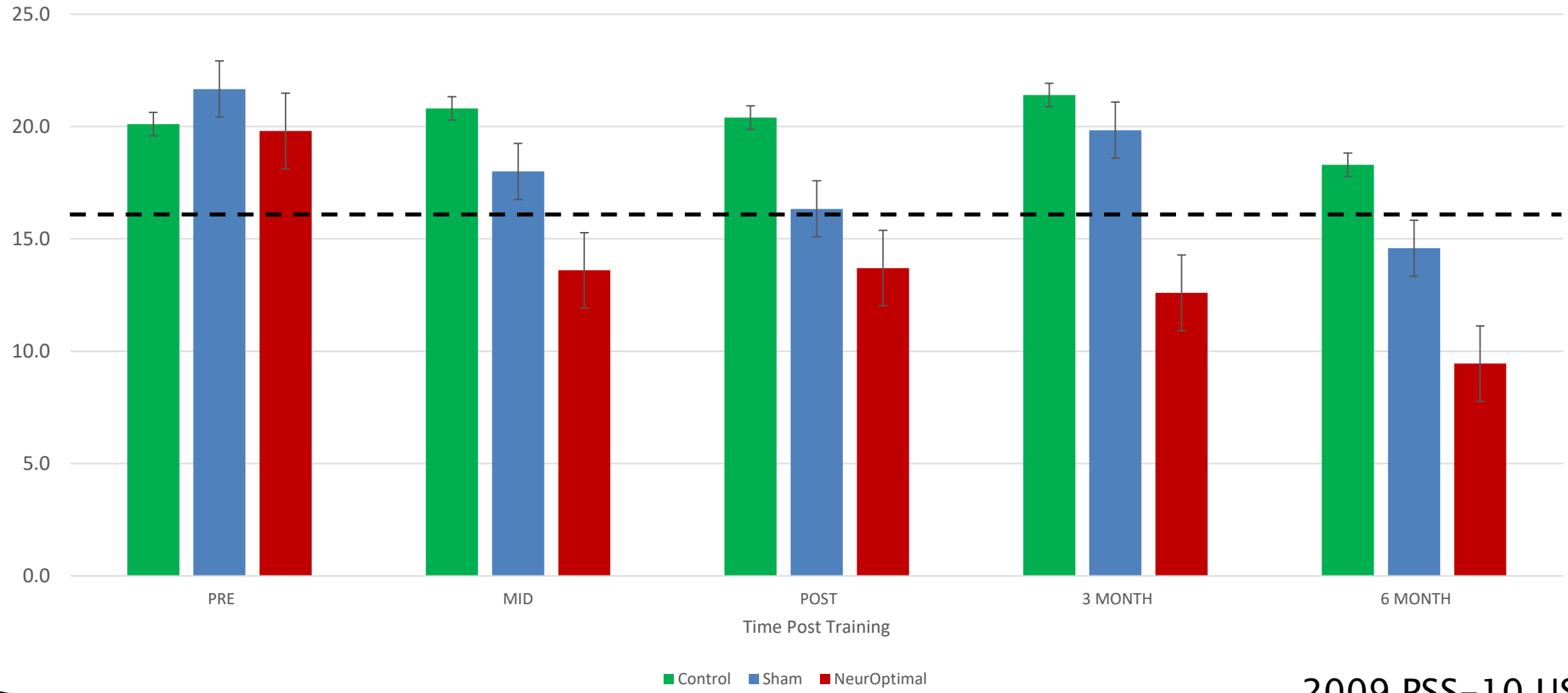


Previous Workplace Studies

- ▶ **TrivLindenHof pilot Netherlands – Chantal Mannak, You Power**
 - ▶ **Corporate Peak Performance Neurofeedback Project (2011) Houston – Southwest Health Technology Foundation**
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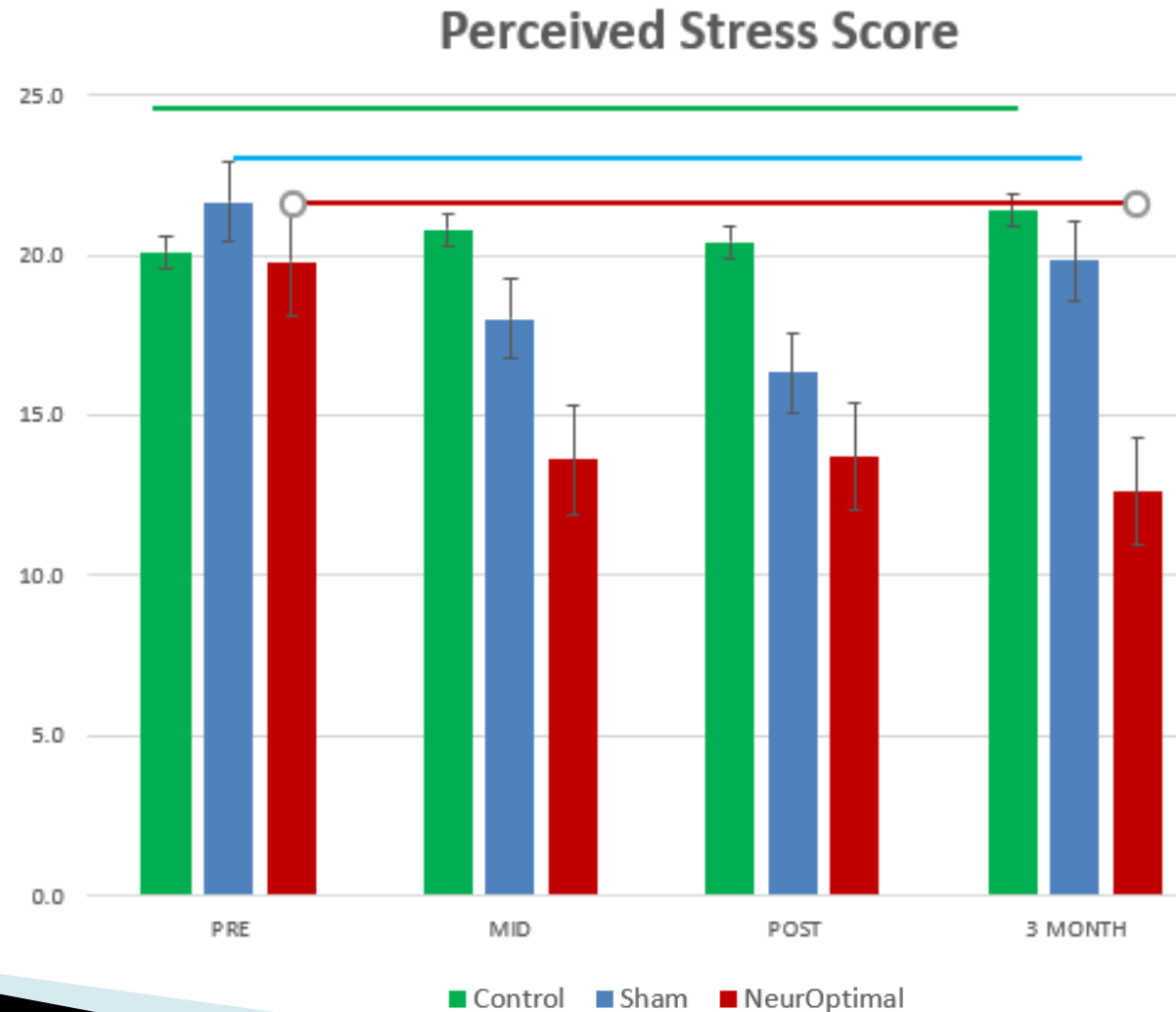


Findings: PSS-10



--- 2009 PSS-10 USA National Average

PSS-10: Significant Stress Reduction at 3 Month Follow-up

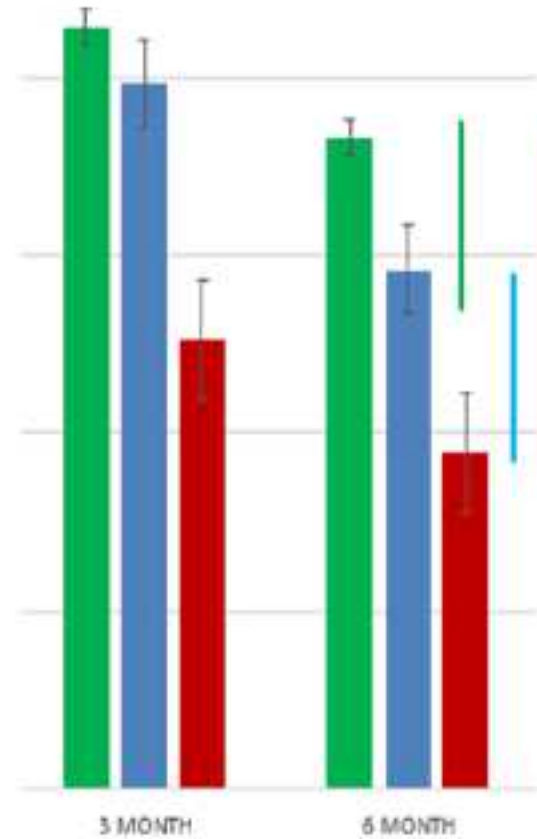


P < 0.22 Not Significant

P < 0.65 Not Significant

P < 0.03 Significant

PSS-10: Highly Significant at 6 Month Follow-up



P < 0.06 Not Significant

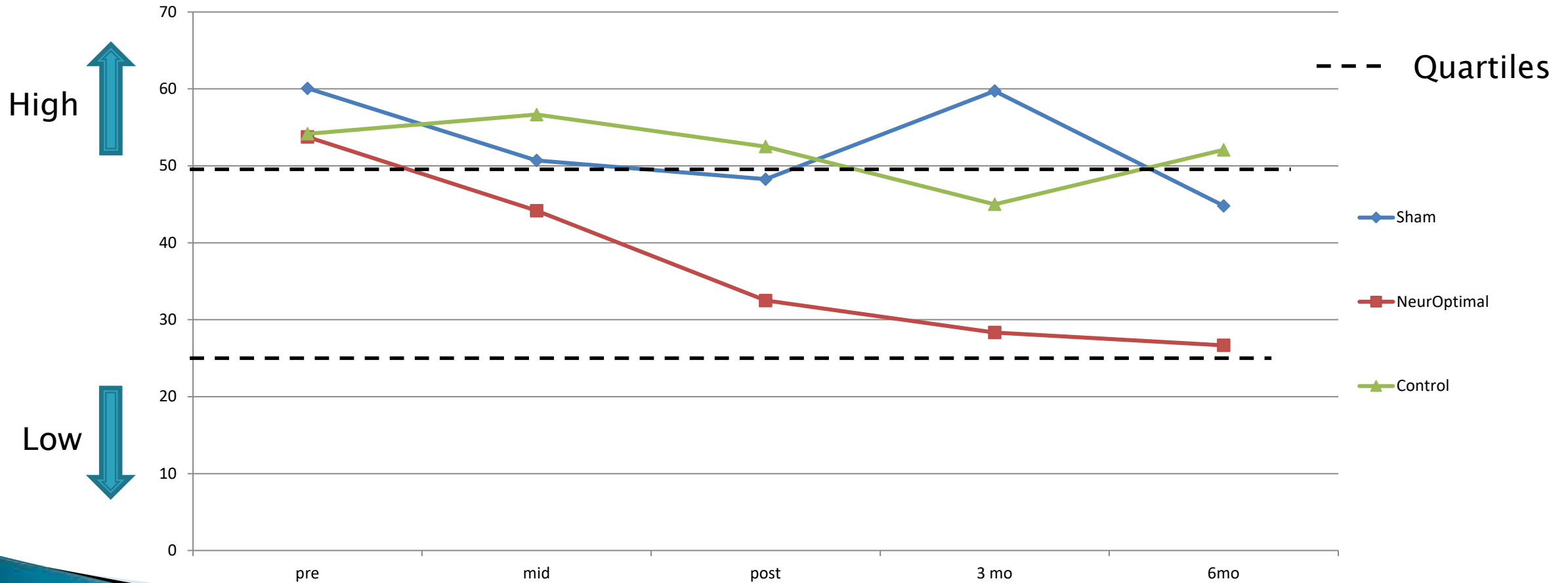
P < 0.06 Not Significant

P < 0.01 Highly Significant

■ Control ■ Sham ■ NeurOptimal

Copenhagen Burnout Inventory

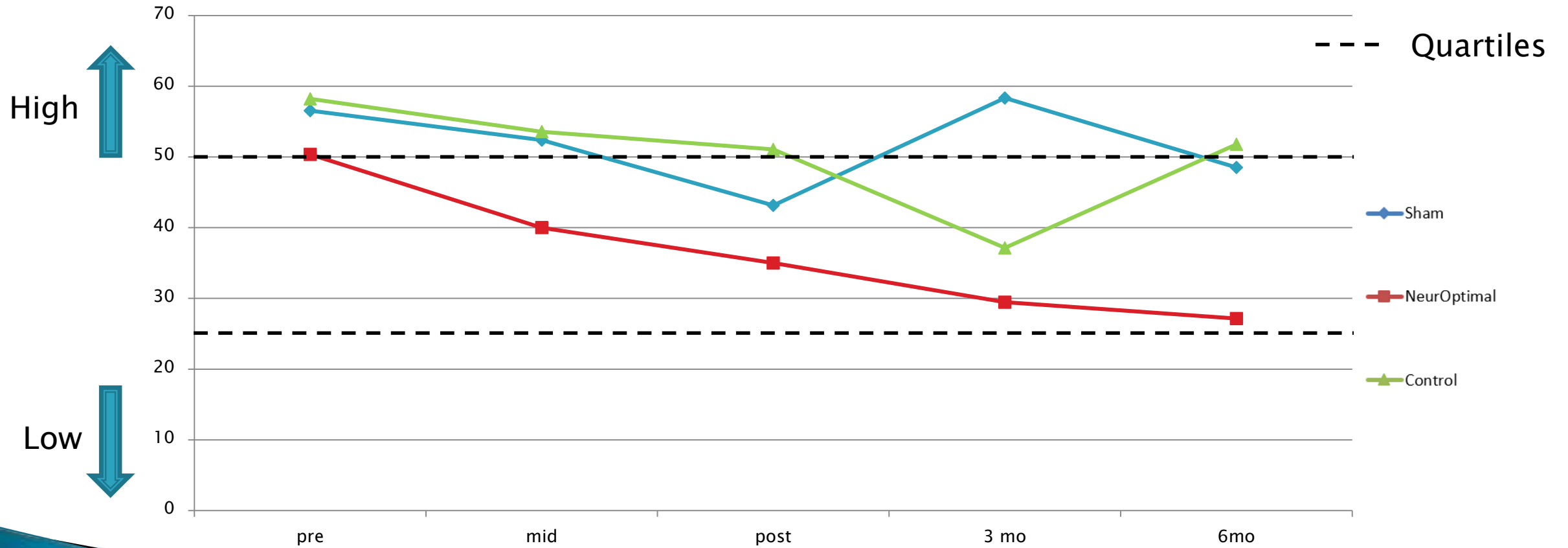
Personal Burnout Score



P < 0.02 V. Significant

Copenhagen Burnout Inventory

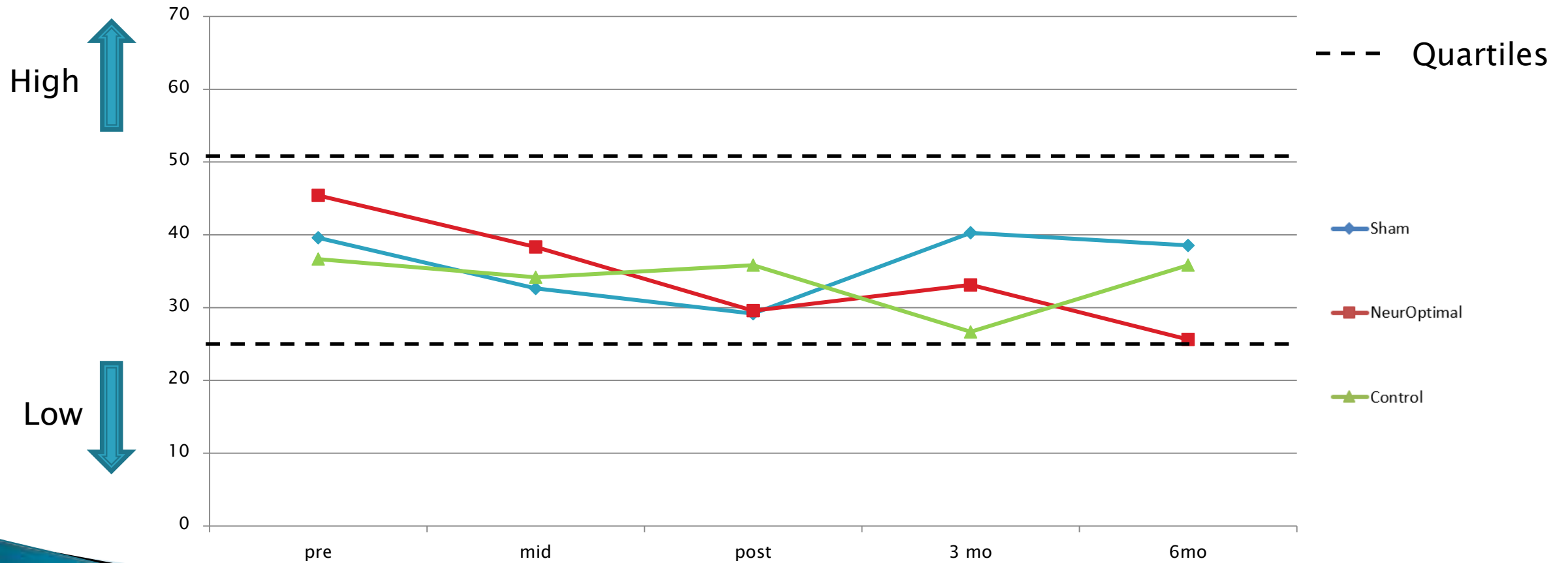
Work-related Burnout



P < 0.058 ~ NS


Copenhagen Burnout Inventory

Client Burnout




P < 0.16 NS

Summary of Results

- ▶ Among employees with **above average** perceived stress levels prior to study, stress and personal burnout scores were **significantly** reduced by NeurOptimal® training.
 - ▶ These improvements were maintained 6 months post training.
 - ▶ Improvements in sham group were not statistically significant and were not sustained 3 months post training.
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Implications for Future Studies

- ▶ Demographic data should be collected.
 - ▶ Participants should be screened initially for comparable or minimum threshold baselines.
 - ▶ Training and sham groups should not be trained close together in time / space.
 - ▶ Larger groups would allow for the control of significant outliers.
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Questions?



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