AAPB Membership Needs Assessment Survey

Introduction: As promised below is the 2012 AAPB membership survey. Some of the key points are a desire to keep the existing membership categories, a desire for more information on how the governing structure of AAPB functions, many concerns about the high cost of the conference, a preference for organizing the conference around topics and appreciation for the opportunity to have a voice in the association. Speaking of having a voice, I am making a change in the Presidential Address. Typically the president chooses who will speak, but this year I am using my "presidential prerogative" and am hereby asking the membership if they have anyone in mind that would be a good choice to give the Presidential Address. I cannot guarantee your choice will be chosen but it does open it up a bit for member input, so send me some names!

Thank you for your time and investment in the future of our field of study.

Jeff Bolek
President, AAPB

The AAPB association membership fee is money well spent.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>84.1%</td>
<td>69</td>
</tr>
<tr>
<td>No</td>
<td>15.9%</td>
<td>13</td>
</tr>
<tr>
<td>If “no” please explain what is lacking</td>
<td></td>
<td>23</td>
</tr>
</tbody>
</table>

answered question 82
skipped question 4

If “no” please explain what is lacking:

- I only receive the publications sporadically.
- I enjoy AAPB each year, but the dues are quite a bit higher than other organizations. If I was a student, the fees for organizations like ISNR are more appealing.
- Difficult to answer while - what is the alternative? Also, I think we need to think very much on all those international people and cost for travels. Mostly the AABP meeting hotels are very expensive. I also think that the meeting could be organized somewhat otherwise.
- Greater membership input and involvement
- I think so but I only see things when I go to the annual meeting. I am not really aware of the budget for other things.
- The AAPB annual meeting has shrunk to under 250.
- Need more emphasis on outreach beyond the organization; need to project passion for the topic over organizational issues.
- It does seem to be a bit higher compared to other organizations that offer similar benefits, e.g. journals and online access, etc.
- Believe the organization should focus on widening the acceptance of biofeedback and neurofeedback in health insurance plans and insurance i.e. providing them the data to legitimize our work.
- I really don't know how the dues money is spent, so I'm really not qualified to answer this. I've heard that the cost of an external company to do...something or other......is very high. Seems paying someone "in-house" might be cheaper, but I'm not in a position to know.
- Very expensive relative to what I pay for larger and more active societies.
- But it is very expensive for most international members. My exchange rate is 8 Rands to the dollar.
- But I really don't know how the money is spent other than educational materials, conferences, etc.
- I have no idea, but research and insurance reimbursement for biofeedback is dwindling.
- Maybe? The membership really doesn't know where the money goes. There should be accounting of this in a report to the membership.
- I don't know how it's spent and it is more expensive than other professional organizations that I am a member of.
- Presumably. Not sure most rank and file members understand how money is spent. Most would like to know how their dues investment is enhancing their ability to make a living, particularly clinicians.
- I trust it is!
- Yes - the conference and publications. No - in most states insurance still does not pay for biofeedback.
- The separate meeting from ISNR is going on 5 years - the joint meeting should be 2013!

### The AAPB Annual Meeting registration fee is money well spent.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>73.8%</td>
<td>59</td>
</tr>
<tr>
<td>No</td>
<td>26.3%</td>
<td>21</td>
</tr>
</tbody>
</table>

If “no” please explain what is lacking:

- Not enough meeting the needs of people who attend and then can’t get access to the meetings they had to miss because of parallel tracks. Also, not clear what the money is spent on.
- The AAPB annual meeting has shrunk to under 250.
- Probably a bit too expensive for many of our members.
- Due to distance and travel costs, I would benefit more from online training and events.
- Probably should be higher for all we get.
- Need to outreach better to interested members *and nonmembers* living and working in the geographical area of the meeting, need to emphasize local talent more in the program; invite local universities to have their students present, etc.
- The fees for most conferences are comparable.
- I do not know, as I do not attend the AAPB Annual Meetings due to costs associated with air travel and hotel accommodations (which I find prohibitive).
- Although the meetings are interesting, it is not cost effective for physicians to attend meetings that do not offer approved CME credits.
I feel because you don’t pay presenters, I get more info when I go to private presentations.

Registration fee much too high this year. Fees are higher or same as SBM, where there is a choice of many, many more sessions, including more nationally known speakers. This year, though food was plentiful and appreciated, since hotel was $200 a night.

Ambivalent.

AAPB is one of the most expensive meetings I attend and it clearly has the least content. Also, too many “add on” costs. I go more out of tradition, but as travel funds become more different, I have to stop and ask myself each year why am I going. Answer sometime comes very close to not go. Also, looking at the list below leads me to another comment. I think the virtual education offerings have great topics but they are the most expensive CEU activities I can ever recall (as is true for our workshops, etc.). No matter how tempting the virtual topics appear, I will never pay what AAPB asks.

The registration fee has always included the cost of the Saturday banquet, I didn’t agree with the change this year. I suspect the attendee numbers may have been down.

Actually, sometimes. It depends on the focus of the conference (theme), the speakers, the courses to be taken, and conference location.

Don’t know. I stopped going to the annual meeting. It is too expensive.

Too expensive for the length of time.

The last meeting I attended was in 2009. It was expensive and not worth the cost.

I have long felt there is too much emphasis on NF and not enough on BF and other applied psychophysiology. For someone who does not do NF, it can be hard to find enough sessions of interest to make the cost worthwhile.

Content should be a combination of relevant science and practical information people can use as a complement to their professional practices. The Baltimore meeting was very expensive and likely discouraged people from making such an investment for which the return is difficult to valuate. If the offerings enhance attendees’ ability to earn a living, they will be more likely to make the investment.

Yes to all previous annual meetings I have attended. This year’s meeting seemed to be less helpful to me in my practice than former meetings and was less enjoyable. I am thinking it was the location but I am not entirely sure. Still pondering this and trying to get a better sense of reasons that this was not a peak experience as it has been in years past.

I trust it is.

Now I only go every 2 years. The presentations are too repetitive and by the same people.

Not sure. Seems short compared to other meetings and overpriced relative to other meetings.

The separate meeting from ISNR is going on 5 years - the joint meeting should have been 2012!

Travel to 2 biofeedback/neurofeedback conferences per year is a hardship for many practitioners, and some are forced to choose between the 2 excellent conferences. Please expedite the combined annual conference at a single venue.

What are the top three priorities where you believe AAPB should invest time and energy? Examples may be virtual education, listserv development/use, networking opportunities, billing codes, more in-person conferences, etc.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority #1 - Virtual Education</td>
<td>100.0%</td>
<td>76</td>
</tr>
<tr>
<td>Priority #2 - Networking Opportunities</td>
<td>80.3%</td>
<td>61</td>
</tr>
<tr>
<td>Priority #3 - Education</td>
<td>57.9%</td>
<td>44</td>
</tr>
</tbody>
</table>

answered question 76

skipped question 10
Is AAPB responsive to its members’ needs (e.g. conference topics/presenters are well chosen, webinars present on relevant topics, etc.)?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>78.8%</td>
<td>63</td>
</tr>
<tr>
<td>No</td>
<td>21.3%</td>
<td>17</td>
</tr>
</tbody>
</table>

If "no" please explain what is lacking:

- Not at all, it seems that AAPB has been focused on high developed countries.
- I think more innovation, creativity etc. is needed to be developed, tested and evaluated within integrated psychophysiology while it is the most likely platform for a development of biopsychosocial medicine (Engel, 1977), which hardly has started or is in the beginning of its beginning. -> I think this survey IS a good way to communicate and further develop integrated psychophysiology!
- More information about where the industry is headed and how to use the info presented in journal studies to apply to new business ventures, or use in current clinical practices.
- Too technically focused.
- AAPB is very controlling of who it allows to speak and make higher level decisions in the organization, and has been for years. It is becoming "enmeshed" with ISNR and much to AAPB’s detriment. The organizational goals and priorities are quite different. Also, switching Board members back and forth between these organizations is not politically wise in the long run.
- The AAPB annual meeting has shrunk to under 250.
- Some will say no because we are diverse and can’t please all.
- The broader community needs to know how good our meetings are: e.g., membership in the Am Psychiatric Assn, the American Psychological Assn, social work, nursing, and PT organizations.
- Offer great programs and few can earn a living doing it.
- Administrative fees take up too much of the dues, instead of activities for members. Not enough variety in conference topics. For years, it is all EEG.
- Too much neurofeedback. There are those of us who for many years have done EMG and Temp feedback. The need for this did not go away with the advent of neurofeedback.
- I say "no" mainly because of the high, excessive cost of our offerings. Speakers and topics are fine; just too expensive overall.
- Just don’t leave out the basics for new members!
- Need to keep a more balanced list of topics.
- In my opinion, not really. Get some new blood in the organization (and by that I don’t mean, necessarily, younger people. Get new ideas from interested members for conference topics, presenters and a more integrated approach. Integrated within the field plus among other fields of research.
- THEY DO THEIR BEST BUT AGAIN LESS AND LESS THERAPISTS ARE PRACTICING BIOFEEDBACK.
- I am frustrated by the lack of availability of abstracts, being able to contact speakers, etc.
- I have volunteered to read the conference submissions and even though I rejected some - they were accepted anyway, thus lowering the standard. I referred my institution to AAPB to inquire about salaries for biofeedback professionals - no one at AAPB ever responded despite several attempts. I guest-edited the magazine once and rejected a very poorly written article. However, that article was accepted (same format) in the following issue.
- I believe we could do a bit more prodding of members to find out what they really feel - some fill out surveys like this very quickly - we need to make sure we really take time to "hear” them.
- Need more current, state of the science reporting on main page of website.
- ISNR joint meeting.

The type of biofeedback I use is adequately represented in AAPB activities such as continuing education offerings, conference presentations, and AAPB sections.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>77.1%</td>
<td>64</td>
</tr>
<tr>
<td>No</td>
<td>22.9%</td>
<td>19</td>
</tr>
</tbody>
</table>

If "no" what is lacking and what would correct it?

- Since 20 years a quite other approach - but on the other hand!! I have learned very much from AAPB-meetings which is gradually becoming parts of our way of working in (biopsychosocial) stress medicine.
- Industry is focused on EEG now. Pain management is not well represented.
- Clinical use of HeartMath.
- It seems that neurofeedback has taken a lead role in many areas of presentation topics. I practice in general biofeedback which seems to at times take a back seat to the newer advances.
- For the most part AAPB has improved having more workshops and short courses that involve peripheral and HRV biofeedback. I would like a few more offerings as EEG seems to get the most attention.
- Where is the AAPB in terms of promoting Biofeedback in Education? Beyond Fred Shaffer, who is there?
- Increased pediatric awareness and use of biofeedback. It seems that PTSD is the big idea right now with the returning veterans. I am glad to see this opportunity. Children need our help now as well to keep them functioning safely in today’s society.
- Over emphasis on Neurofeedback.
- I use bfb as a fairly small part of a busy small town practice--wide range of ages and diagnoses. AAPB is rightly more concerned with practitioners and researchers who focus on psychophysiology.
- The state society (BSC-CALIF) is very top-heavy in neurofeedback and I sometimes don't go to conferences because they don't have much on general biofeedback. AAPB seems more balanced -- or at least, there's enough for me.
- Encourage the presentation of multiple case studies using sEMG and temperature biofeedback, present more data on basic research elucidating mechanisms of change in chronic myofascial and vasospastic disorders.
- As a PT I use a great deal of SEMG, therefore if there was a shift to include this, the conferences may be a little more attractive.
- More focus on HRV.
- IT IS VIRTUALLY ALL NEUROFEEDBACK. THERE IS LESS RESEARCH/PRESENTATIONS ON EMG, VHR, TEMP, BREATHING ETC.
- More clinical hands on sessions.
- Would still like more in the area of optimal performance.
- I use general biofeedback and it is getting increasingly less representation.
- I think there is more emphasis on neurofeedback seminars. Interest would be natural here as this is likely where the money is for most licensed clinicians. I think sometimes that the general biofeedback regimens and protocols are becoming lost as bigger areas of interest seem to take over.
- There needs to be more on dynamic sEMG.
- Would like to see more EEG content.
- ISNR joint meeting.
If I have a concern, suggestion, or question (e.g., an ethical question, a need for information on a particular topic), I feel I have somewhere to turn, a resource, in AAPB.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>77.2%</td>
<td>61</td>
</tr>
<tr>
<td>No</td>
<td>22.8%</td>
<td>18</td>
</tr>
</tbody>
</table>

If "no", what changes would you make for the association to be more helpful?

- Designate a committee to handle general questions. They would take turns answering the questions or finding out who can.
- Does AAPB sponsor a listserv? If so, how can I join? If not, please consider sponsoring one. A listserv would facilitate networking.
- Actually yes and no - I think more can be done here - encouraging initiatives ...
- Not always. For example, some non-medical professionals interested in incontinence training are discouraged from pursuing that credential. Why? Dr. Howard Glazer is a psychologist at Cornell and one of his modalities leading researchers.
- To date, I have mostly used BCIA for information. I am not sure why I have not used the resources of AAPB more often.
- When you stopped printing the Journal, you did not adjust your pricing for advertisers! We have been treated shabbily!
- The member’s resource area is certainly one that could be expanded.
- Better website.
- Perhaps it’s available, but I’m not aware of it, as I am with my professional organization (psychology).
- I wouldn’t know who to ask.
- Sometimes. Dr. Rosenthal has been readily available for ethical and billing questions which I appreciate.
- The AAPB website is not the most user-friendly. In the past, I have had to call and ask for the info I needed or get help on how to get the info off the website. Additionally, the list serves appear worthless. They are also not user friendly - I feel practitioners across the nation/internationally would benefit from being able to email questions, observations, etc. thru these list serves, but they are not easy navigate. Though I am signed up with them, I end up deleting them due to the difficulty in accessing the information.
- Wonder if others know this. Getting the word out that AAPB is a resource for professional support should be a priority.
- AN ETHICS BLOG MIGHT BE GOOD. THEN EVERYONE CAN SEARCH READ AND HEAR OTHER PEOPLES QUESTIONS AND MAYBE HAVE THEIR OWN ANSWERED THROUGH THIS PROCESS.
- Most AAPB issues apply to the US not Canada.
- ISNR joint meeting.

I understand the various parts (hierarchy) of AAPB, (i.e., how the board of directors is selected, what they do and how decisions are made, what headquarters staff is/does, etc.).
### If “no,” what changes would you suggest?

- Describing this information on the web page would be helpful.
- I think the organization could be much otherwise developed - as I see it BUT not have been at meetings the few last years - hope to be wrong ... Leadership has not been very good as I see it. Simply while wrong competences ... organization development and operate is quite otherwise than clinical or scientific competences.
- Never enough incorporation of new leadership.
- No attempt has been made to join the ISNR meeting with the AAPB when this was brought up FOUR years ago!
- I wouldn’t know where to get that information if I wanted it.
- Again many will say no--adding an article in each newsletter would help.
- I have not made myself keep abreast of this information.
- Include this type of information in the AAPB newsletter.
- I need to inform myself, I have not tried to educate myself.
- Show a flow chart.
- I understand how board members are elected. Most of the rest of the business I don’t.
- I don’t know how to change what I don’t know about.
- I am interested in what the issues are, on which decisions are made.
- I have no clue how things are done within the organization.
- LESS AND LESS THERAPISTS ARE INVOLVED IN THE DIRECTION OF AAPB.
- A monthly or quarterly newsletter e-mailed to members would be very helpful. I know this was done in the past and would like to see it continued, rather than having to search the AAPB website to find the latest news...
- Those of us who have served understand this. Not sure the general membership does, but I wonder how important this is to most.
- There is a clear reluctance on the part of management to delay the ISNR joint meeting.
If “no,” what changes would you suggest?

- Yes and no - great people in AAPB but ... I think the way to development an organization is much more of interactions (much have changed last years) - to run a company (physicians, psychologist, ... with 50 people as we have done is done very effective, while otherwise our company would bankruptcy ...
- Leaders who have been in positions of control for years relinquish their authority for periods. For example, requiring all officers to allow a non-participatory term between serving in leaderships positions.
- The opportunity is there, I believe, but I am not sure of the mechanism to express my voice. This survey is a good idea.
- We have been rock solid supporters of AAPB and feel used and abused. When we are charged over $900 too move our booth from the loading dock and back - that involves zero shipping, just moving it up a floor, and back - $935???????????????
- I feel the organization is more interested in maintaining its staff than its members.
- Year after year I say the same thing and 25 years later, the acceptance by insurance is worse.
- Better communication between board members and membership, not just at annual meeting, during the year.
- Perhaps I could have more of a voice if I insisted. I haven't had an issue that I felt that passionately about to discover this.
- Actually if I wanted to spend more time and actually "help" by participating in the AAPB activities, I would have more to say but as it is it is good.
- This is probably my fault, however. I am simply too busy to get that involved at this point. I sense I could have input if desired.
- I appreciate the surveys that AAPB periodically uses but I feel that decisions are made by the board etc and not especially by the members.
- Sometimes yes, sometimes no.
- This has been dragging on since San Diego - about 4 years now. ISNR joint meeting.

### Virtual Education (tele-conferences, webinars) eliminate travel expenses but lack the opportunities for face-to-face networking a traditional (travel to) conference offers. If AAPB only offered one conference, which type would you prefer?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional (travel to)</td>
<td>68.7%</td>
<td>57</td>
</tr>
<tr>
<td>Virtual</td>
<td>31.3%</td>
<td>26</td>
</tr>
</tbody>
</table>

**answered question** 83

**skipped question** 3
Conference educational sessions can be constructed in many different ways. The speakers/presentations can be organized around: TOPICS (e.g., pain management, performing arts, PTSD), MODALITIES (HRV, sEMG, temperature, neuron, skin conductance), or PROFESSIONS (MD, therapists, counselors, social workers, psychologists, researchers) to name a few.

If you had to pick one which would you prefer?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topics</td>
<td>75.6%</td>
<td>62</td>
</tr>
<tr>
<td>Modalities</td>
<td>20.7%</td>
<td>17</td>
</tr>
<tr>
<td>Professions</td>
<td>3.7%</td>
<td>3</td>
</tr>
</tbody>
</table>

answered question 82
skipped question 4

AAPB is unique in that our membership categories are “regular” (professional) and “associate” (non-professional). Would you be in favor of adding/deleting/changing the membership categories?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>22.7%</td>
<td>17</td>
</tr>
<tr>
<td>No</td>
<td>77.3%</td>
<td>58</td>
</tr>
<tr>
<td>Why or why not?</td>
<td></td>
<td>33</td>
</tr>
</tbody>
</table>

answered question 75
skipped question 11
Licensed practitioners should be designated as such somehow.
- It seems to me that it reflects the currents trends.
- As it is, including the associate category, AAPB is able to reach a greater number of professionals, and this does mean an expansion of information related to our discipline.
- Adding representations for patients - at least at workshops, where they could give their perspective, which is very important while work for "educating patients to become active, competent coworkers.
- We should develop an Emeritus category for highly experienced practitioners.
- I think it works as it is. If you know the lingo you know who is who.
- I am not a therapist but I have worked in the biofeedback business for over 16 years. I wish there was some allowance for educators and possibly even technical experts.
- The field and number of potential members are too small to make subgroups--cater to those groups with offerings at meetings.
- It is not broken...don't need to fix it.
- I think they are fine the way they are.
- They seem fine to me.
- I am in favor because sometimes market of work occur changes in many directions and the AAPB can follow the needs of workers or practitioners.
- Study other organizations and see what they do. This is not unique. The APA has licensed psychologists as full members and others are associate members.
- I don't know the arguments for changing, so I'm not qualified to answer this. However, I do think, for credibility and insistence that we're a professional organization, representing licensed professionals, that the distinction is appropriate and necessary.
- I just don't know what other categories there might be. You have student and non active already.
- Ambivalent.
- Seems to work as it is.
- AAPB is one of the few very integrated societies, which is something I highly value. Open door to all. I remember one Past Presidents' comment of a very welcoming nature: "Bring 'em in and bring 'em up." I like to think we can be a home to professionals/nonprofessionals alike and educate one another.
- Non-professional members should be encouraged to upgrade their skills to raise the standard of care.
- It's important to be inclusive and that is what is accomplished with the professional and non-professional categories.
- WE ARE ALL TRYING TO MAKE A LIVING AND AS LONG AS THERE ARE ETHICAL GUIDELINES AND LIMITS OF TRAINING I DON'T THINK IT MATTERS. IT IS SAD AN INDIVIDUAL CAN GET A WEEKEND TRAINING PROGRAM AND SAY THEY ARE BIOFEEDBACK/NEUROFEEDBACK THERAPISTS.
- Maybe. BOD needs to define their purpose.
- What is the advantage of the associate/non-professional – i.e., who signs up for that?
- The organization has worked hard to establish its professionalism in psychology and related fields. Changing the membership may influence the community understanding of who can or will provide biofeedback services. It concerns me that a majority of the people who can do biofeedback don't advertise in their practices and the community has a difficult time knowing who to go to now. Changing the membership might further cloud this issue.
- We need to insure that the non-professional level is not just opening the door to everyone and anyone - need guidelines.
- Unless a change made membership more attractive or available to potential new members...
- I am in favor of keeping it simple.
- Because we have no license, we net a variety of types of practitioners.
- An organization is always evolving and should the need arise to categorize differently, and then change should be an option.
- I would try: Full membership and Student membership as the only two categories.
- It is not necessary.

<table>
<thead>
<tr>
<th>Open-ended responses</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30</td>
</tr>
<tr>
<td>answered question</td>
<td>30</td>
</tr>
<tr>
<td>skipped question</td>
<td>56</td>
</tr>
</tbody>
</table>

Comments, criticism, suggestions, compliments or ideas to help make AAPB a more vibrant organization.

Comments:
- Think more about making information from the conferences available to members. Work more on the bookstore. Welcome ads from vendors and make them visible.
- Keep surveying.
- I think this survey is important. Have a lot of ideas - might be communicated later - I am now, after 25 years, facing a break-through in (biopsychosocial) stress medicine. Might be of interest to report when I get time for summarize the process - why, when, how, ...
- Reach out and incorporate younger people who are the future of this field.
- I would like to see more research on the effect of nutrition as a method of intervention.
- I love and enjoy the annual conference but due to the expense, I can only go every other year. It is usually almost $2K when I go.
- Join the AAPB meeting with the ISNR meeting NEXT year, 2013 not 2014. Why this was not done sooner should be OPENLY discussed! You are wiping out an organization with a 42 year history! Beyond sad!
- The organization serves a need, but web page and communication need to be better.
- Touching the members for input is nice--hope you get good content.
- Biofeedback is a growing field, but the organization is shrinking. We need to provide relevant services to practitioners and researchers in applied psychophysiology who currently are not members. We should identify them and find out what would attract them to our meetings.
- We need to continue as we are for we do need support from one another...always learning and sharing and caring. Face to face achieves that.
- Keep those opportunities for earning BCIA CE credits through virtual seminars coming!
- I find the variety of topics, modalities and professions very beneficial in the national conference. I think limiting local conferences by ANY of these criteria could allow in depth advancement of treatment skills. Re; offering to my profession, I feel targeting OTs could serve to upgrade treatment which is now being done by some with limited effectiveness and scope as most are unaware of AAPB as a resource. A presentation by an AAPB member, at a national OT conf. could also help to address this issue.
- I enjoyed answering those questions this means my opinion is important.
- Need people on board who will work with legislators like Tom Udall who is working on national licensing in which biofeedback providers should be included.
- Locations and costs of meetings deter many potential attendees. Find better locations and decrease the registration fees. Rethink the management contracts.
- I know that board members serve at some cost to themselves and I really appreciate that. The board members and administration seem, to me, to be hard working and dedicated to our field.
Thank you for being interested in what the members have to say.

My biggest concern is the return for the costs. One of the most expensive meetings I attend, with the least dense offerings.

It may be beneficial to have opportunities for professionals to present case studies (no names used) in which others can comment offer ideas/interpretations or enhance perspectives.

I think conferences should be organized around topics as well as modalities. I would like to see new (novel) ways to address treatment approaches and the integration of modalities. It seems there are some neurofeedback practitioners who are now including peripheral measures (gasp! What a concept!). An original vision for biofeedback that is again, thankfully, being looked at.

AAPB IS DOING THE BEST THEY CAN UNDER THE CURRENT STRUCTURE AND MEMBERS.

I have been a member of AAPB for 29 years. This is the first year that I have elected not to renew my membership. Much of AAPB has lost its professionalism and standards and seems to be a free for all for anyone. While general acceptance is good, AAPB needs to improve their standards of excellence in publishing, presentations, and availability to its members.

Overall I have no complaints. I have been treated well and have belonged for several years. Thanks for the opportunity of this survey.

I am retired from BF, so my responses are different that if I were still active and needing CEUs.

Glad you’re taking the pulse of the organization.

Organization seems to be losing its energy and vitality. May be known speakers like at Las Vegas, Colorado Springs, with workshops at better locations. Cost may be a factor. I know it is for me.

Management is ‘fiddling while Rome burns’ - Baltimore was a pitiful turnout, and there should be NO reason for West coast meeting - it could be an ISNR joint meeting. Does our one note reply point out THE ISSUE to be dealt with????

As above - working toward a unified voice for biofeedback/neurofeedback is the single most important priority, and a foundation for any credible effort for recognition of the field; standards of practice, etc.

I think it would be good to have more interaction with other societies with similar missions such as the Society for Behavioral Medicine, the American Psychosomatic Society, etc.