Report date: 3 January, 2012

Name of Committee/Group/Initiative: Membership Committee

Committee Chair/Board Member: Richard A. Sherman

Board Liaison: Carmen???

Committee Members (please list with email addresses):

- Rich Sherman: rsherman@nwinet.com
- Heidi Lilienthal: heidi.lilienthal@va.gov
- Theresa Dugwell: tld@rogers.com

**** NOTE THAT THE BOARD DID NOT RESPOND TO REQUESTS MADE IN Previous REPORTs. ******

Committee Goal(s): The overall goal is to get more people involved in AAPB’s programs which should lead them to join the association. We are developing ways to attract different audiences – especially practitioners who would be interested in biofeedback’s impact on practice building and students who need to develop professional contacts.

Last year’s tasks – all attempted with mixed success:
1. Contacting people who purchased biofeedback devices within the last five years
2. Developing a mentoring program for students attending AAPB meetings (invitations to join, providing social / professional contacts, etc.)
3. Contacting people who did not renew their memberships in AAPB over the last two years.

Tasks for this year:
1. Contacting students who might be interested in becoming involved with AAPB.
   The letter is ready to go but no funds are available to send it!!!
2. Contact VA and military psychologists and other therapists.
3. Develop ways to use social networking sites to attract both practitioners and consumers.

Problems/Challenges in meeting Committee Goals:
1. The board is NOT responsive to our requests and suggestions.
2. Money requested to send a student brochure (and cover letter) to the psychology department chairs at all US and Canadian graduate schools was approved but is not available.
Website updates and changes: (Please provide information and website link where information needs to be uploaded or added)

Free rotating banner advertisements for corporate members on the web site’s home page banner.

Paid advertisements throughout the website by supporting organizations.

Action needed, motion or policy to be approved by the Board:

React to our requests and suggestions!!!!!

Please see our suggestions for changing the corporate membership benefits and many other items in our “reinvigoration of AAPB” document.

14 September, 2011

A Call to Action: Proposal to AAPB’s Board Containing Low Cost Methods For Reinvigorating AAPB

By Richard A. Sherman
Chair, Membership Committee
Past President, AAPB

The following letter starts with a cogent critique of our current membership related problems followed by concrete proposals leading toward solutions of said problems. As chair of the membership committee and past president, I have spent many hours speaking with numerous senior members and long time international members of AAPB. This proposal is a synthesis of comments by these people, the membership committee (including Theresa Dugwell and Heidi Lilienthal), and comments from Bo von Schéele.

It is clear to the membership committee that AAPB has (a) frequently failed to meet its members needs (especially those of our international members) and (b) has failed to reach the mass of clinicians, educators, coaches, and the general public with any significant message about biofeedback’s efficacy in any arena – including clinical problems, education, and optimal performance.

Proof of these assertions is not only in our collapsing membership and lack of involvement by many senior members but also in Consumer Reports’ September 2011 issue which gives the results of a survey of over 45,000 of their readers (virtually all well educated, middle to upper middle class people) on their use of alternative therapies for common ailments. Zero reported using biofeedback for anything!
It is true that increasing numbers of high end sports groups incorporate biofeedback along with every other technique they can find regardless of logic or evidence supporting the efficacy of these techniques. Increasing numbers of urologists add biofeedback as an alternate to surgery and medications. However, realistically, that is about it. The average teacher, coach, and clinician does not consider biofeedback in her/his decision making processes and the public generally is unaware of it as a proven therapeutic approach. We can’t let ourselves be blinded by a few clinicians who have successful practices or reports from the tiny numbers of coaches and educators applying our techniques. These few are dwarfed by the numbers using “magnets and gongs” for the same problems – and claiming the same levels of success.

Frankly, our society is currently in terrible shape. We believe our society could and should be in a much different, more vibrant, place. When we asked over 30 of our most senior members to phone people who didn’t renew their memberships, only ten volunteered. None of them made their calls! Our membership level is pitiful. I talked with our long term corporate members and all have maintained corporate membership out of habit and a feeling that they should support the society. The same goes for advertising in our nearly unread newsmagazine. Our annual meeting is now simply too small to be worth having if the primary aims are to gather a critical mass of people together so they can potentiate to generate new ideas and expose sufficient practitioners to new ideas that can impact their professions. We don’t even attract enough attendees for it to be worthwhile for vendors to come and exhibit. The days when numerous educators and clinicians could attend sub-sub-specialty interest meetings such as ours are long gone. Our workshops and telephone based seminars reach only a tiny fraction of the therapists, coaches, and educators who need to hear about our techniques because we don’t effectively advertise beyond our own tiny realm.

If AAPB is going to exist in a meaningful way, we need to (a) not only let the mass of consumers know psychophysiology and biofeedback exist but give them a real reason to seek out our approaches to their problems, (b) contact the mass of therapists, coaches, and educators to inform them about our techniques and draw them into our educational programs, (c) have an alternative to the nearly defunct annual meeting which can actually be attended by large numbers of clinicians, coaches, and educators wanting to know about psychophysiology and biofeedback, (d) have a realistic way to get new members involved in AAPB and then keep them actively involved, and (e) have a way for small groups interested in specific problems to meet and help novices get the information they need.

Here are five suggestions for reinvigorating our field and society:

1. Attracting / educating many thousands of potential consumers: Use social network sites such as Facebook to contact every special interest group chatting about problems we can help. Once contacted, invite them to watch a brief (10 min or so) “YouTube” style video about psychophysiological assessment and biofeedback for their problem including solid documentation
of efficacy. People who watch the video are directed to sign up for a free live webinar on the topic presented by experts. Several examples of groups we should approach include:

(a) Chronic migraine sufferers
(b) Parents of children with ADHD

2. Informing / educating thousands of therapists, coaches, and educators: Use the above technique to contact clinicians, coaches, and educators interested in specific problems for which biofeedback has already been shown to have high levels of proven efficacy through studies acceptable to the general medical community. It would be important to include sufficient information on our Facebook and other social media pages (one page for each problem) to show that our techniques work and that every coach, clinician, and educator can productively add them to their practices. “Productively” equates to clinicians being able to make money with the techniques, sports coaches increasing team performance, business coaches getting more clients by showing they can produce more effective results, and educators being able to ease classroom problems as well as enhance individual education. Once again, people reaching our dedicated Facebook and other social pages would watch a brief video and then could sign up for any of a series of free introductory workshops provided through webinar formats. From there, they would be directed toward actual workshops and courses provided through distance education. We suggest beginning with:

(a) Headache treatment (including TMD)
(b) Treatment of childhood ADHD
(c) Treatment of IBS
(d) Treatment of Urinary Incontinence

3. In addition to our in-person annual meeting, holding a virtual annual mid-year meeting (six months after the in-person meeting) which could be attended by thousands from all over the world at minimal cost to themselves or AAPB: We can develop a realistic alternative to the annual meeting which can be attended by masses of clinicians, coaches, and educators who want to learn about our techniques, mingle with others having similar interests, and learn the newest ideas. This meeting would replace the summer workshop series. It would be done through a standard webinar program which anybody can enter by accepting an invitation. We can charge people to attend the mid-year meeting to defray our costs. The days when it was technically difficult and costly to put on a virtual meeting similar in structure to our “in-person” annual meetings are over and are now common among professional groups.

Ideas for how to inexpensively perform this mid-year, large-scale webinar based meeting include:

a. Talks (e.g. invited speakers) during the program: Many “webinar” programs show the speaker live along with the slides, etc. Talks can be given sequentially as well as in simultaneous tracks just as during any in-person meeting. Special text boxes permit private conversations between attendees during the talks without other attendees being aware of the sidebar conversations. A list of attendees always appears on a sidebar so everybody knows who else is attending. When it is time for questions, attendees can speak so everybody hears them and can show live video of themselves if they desire. The number of attendees who can see and hear the speaker & slides as well as participate in real time via audio can be unlimited.

b. Panel discussions are also very easy to do as live feeds from up to six panelists can be seen at once. Panelists change who is controlling the screen so they can show their slides.
A moderator can chime in anytime and control audience participation.

c. Round tables: Topic specific chat rooms can be held between talks either with or without a moderator. Up to six attendees can be on live video watching and talking to each other during the chat with dozens of other attendees able to communicate by voice.

d. Video chats and lounges for making personal connections: Lists of people attending the conference are always available so people can contact each other by text box to meet privately or semi-privately in a video lounge. Lounges where attendees can enter and leave at random can also be available. We strongly emphasize the value of small groups of people being able to see and hear each other in real time as if they were standing in a hallway during a physical meeting.

e. Interactive equipment demonstrations are very easy to put on for any size group with training sessions available for limited numbers of people.

f. Workshops work the same way as general talks with attendance limited to those who have purchased the workshop.

g. Poster sessions: Individual posters in poster sessions are reached from links to the title/abstract of the poster in a list constantly available through a dropdown menu on the registration page. The day and time(s) when the poster presenter will be available are with the poster itself. Posters can be a series of pages, short videos, etc. The presenter and anybody with a question can both be seen in live video. As attendees have the list of people attending the meeting, the presenter can be contacted any time and asked to enter a video lounge.

We could organize and run this type of conference for several thousand dollars by using multiple “go to meeting” style programs linked together. We recognize that a learning curve is inherent to this endeavor.

4. Promulgating membership involvement within the society (The basis of this suggestion was generated by Theresa Dugwell): Since last year, every first time attendee to our annual meeting is offered a mentor. The mentoring process needs to be extended to every new member of the society. The mentor should guide new attendees and members toward getting actively involved in the society by joining committees, etc. We need to engage members who volunteer immediately and reward them with incentives. We need to develop a Volunteer Program that outlines a protocol for all new and existing volunteers. We need them to feel connected to the organization. To accomplish this, we need a volunteer director who will coordinate the mentoring and volunteer processes.

AAPB has not had a volunteer coordinator in many years. Resourcenter staff already puts requests for volunteers on nearly every e-mail sent to the membership, on membership application and renewal forms, and anything else such requests can be put on. Sadly, vanishingly few members volunteer to be active in AAPB’s committees and even fewer of those follow through. Resourcenter staff are very concerned about the lack of volunteers as paid staff need to perform many of the tasks volunteers would normally do in a professional organization. They tell us that this is a common trend in virtually all small professional organizations which parallels
plunging membership. This use of staff time is not only costly, it is inappropriate because the staff are not experts in our field so don’t really know what substantive actions are needed.

5. Develop single topic “focus” groups where experts gather to help novices solve problems. (This suggestion was developed by Bo von Schéele, who plans to submit a detailed plan of action within the next few months.) Information developed by the focus group would be placed into an “artificial intelligence” library capable of matching basic questions with answers already in its system. The following is paraphrased from his proposal draft titled “Complex knowledge integration and interactive communication using an objective knowledge reference library”:

“By developing an interactive reference library based on Human and Artificial Intelligence (AI) cooperation we can use AI technology to integrate many clinicians and scientists thinking into a superior system which can be used by everyone who gets access to the reference library. We are always dealing with extremely complex information/knowledge when we work with integration of psychology and physiology at individual and normative levels. I (Dr. Scheele) call the AI based reference library AI-ReLy. It might be regarded as not possible but we have been working within the field for 10 years now. Peter Funk (professor in AI) and I believe it is possible – but with hard work. The main question is if this is of interest.

Let me give an example; there is a clinician somewhere “out there” and s/he is working alone with different patients with different kind of stress related disorders. S/he has heard about psychophysiology and by internet sends out a question to the AI-ReLy web site; “I have a patient with …. problems. Can you give me some advice about how to understand more about the problem as well as suggestions for treatment?” Communication with AI-ReLy is interactive and there could be discussion finding out the best (based on elaboration of many very skilled and experienced clinicians). To be able to follow some of the advice s/he would need to take a webinar on … It would be important that this be done in a time and space independent format for the user so that it could be adjusted to the prerequisites for the person “in need”. AI-ReLy for applied psychophysiology is not ready. We would need to see if there is any interest in this service. We (our group at www.mdh.se) have much of the needed competences to organize such a system; however, to cover a complete AAPB-system we would need to move step by step and gradually integrate our work with a group of the most experienced AAPB members. Specific task groups in each clinical arena must be available to work with querying clinicians to build the optimal set of answers which would be added to the AI-program.”

The membership committee requests that the board consider this letter to be a call to action, that the board consider and approve the above recommendations, and then work with the membership committee, other related committees, and other interested members to put these recommendations into effect.

Respectfully submitted,

Richard A. Sherman
Membership Chair and Past President, AAPB
Name of Committee/Group/Initiative: Biofeedback magazine

Committee Chair/Board Member: Donald Moss, PhD

Board Liaison: Chris Gilbert, PhD

Committee Members (please list with email addresses):

- Jeffrey Bolek, PhD, BCB (General and SEMG Biofeedback, Rehabilitation)
- Debbie Califf, OT, BCB-PMD (Pelvic Floor Disorders)
- Andrew Crider, PhD (General Biofeedback)
- John Davis, PhD, BCN (Neurofeedback)
- Roger deBeus, PhD, BCN (Neurofeedback)
- Aubrey K. Ewing, PhD, (General Biofeedback, Neurofeedback)
- Christopher Gilbert, PhD, BCB (General and Respiratory Biofeedback)
- Maria Karavidas, PhD, PsyD (General and HRV Biofeedback)
- Leah Lagos, PsyD, BCB (HRV and Respiratory Biofeedback, Optimal Performance)
- Doil Montgomery, PhD (General and SEMG Biofeedback, Neurofeedback)
- Randy Neblett, LPC, BCB (General and SEMG Biofeedback, Rehabilitation)
- Jonathan Walker, MD, BCN (Neurofeedback and QEEG)

Report on Strategic Initiatives (See attachment for the list of strategic initiatives and the committee responsible):

Promote member publications
Publish research and clinical references

The biggest news on the magazine at present is Allen Press’ return to print for the Spring 2012 issue and thereafter. The lack of a print version dropped readership sharply, with several members asking me why the magazine had been eliminated. Advertising understandably declined. The efforts to publicize each new issue were very uneven. Several potential authors decline to write articles because the magazine is not indexed and not in print.

The return to print will better support the first two strategic initiatives above.

Support BCIA certification.
The magazine is publishing an article about developments in certification in each issue.

Committee Goal(s):

1. Collaborate with Allen Press on applications to PubMed Central and other indexing entities, so that Biofeedback will appear whenever a search is done.
2. Rebuild advertising revenues.
3. Refine peer review process.
4. Adhere more closely to publication schedule.
5. Recruit additional authors and topics.

Progress in 2011:

The Biofeedback magazine has scheduled the following special issues for 2012-2013:
1) Advances in Neurofeedback and Quantitative EEG for Spring 2012,
2) Advances in Surface Electromyography and Rehabilitation for Summer 2012,
3) Developments in Pelvic Floor and Digestive System Biofeedback for Fall 2012,

Problems/Challenges in meeting Committee Goals:

The budget does not allow for publication management software, and it is extremely challenging for one individual to manage the peer review process through email alone. Publication management software also clearly guides the process with action editors and reviewers. Currently I have to repeatedly contact editors and remind them of the process, causing significant delays in the time between submission and publication.

Committee meeting(s) since last Board meeting recap:

None.

Website updates and changes: (Please provide information and website link where information needs to be uploaded or added)

None.

Action needed, motion or policy to be approved by the Board:

1. Allen Press should be commended for their recent decision to support the return to a print version.
2. Long term, this publication needs publication management software.
Name of Committee/Group/Initiative: Technology Committee (TC)
Committee Chair/Board Member: Alan Pope
Board Liaison: Alan Pope
Committee Members (please list with email addresses):
Alan Pope (alan.t.pope@nasa.gov)
Richard Sherman (rsherman@nwinet.com)
Chad Stephens (chad.l.stephens@nasa.gov)

Report on Strategic Initiatives (See attachment for the list of strategic initiatives and the committee responsible):

Work with the Institute of Electrical and Electronics Engineers (IEEE) and Biofeedback Neurofeedback Alliance (BNA) to produce industry guidelines for EEG biofeedback equipment and software.

Alan Pope registered to participate in the balloting for approval of the draft standards for documentation of EEG biofeedback equipment and software. Alan missed the January 4, 2012 Webinar of the IEEE P2010 Standards Working Group.

TC is drafting a proposal to enlist IEEE assistance in developing a standardized biofeedback/neurofeedback equipment testing service and/or instrument(s).

Focus on Gaming: Gaming Task Force: Gaming Corner/Biofeedback and gaming room at Annual Conference

TC supported the Resource Center in soliciting proposals for the new Gaming Corner Session at this year’s conference. The deadline for proposal submissions was January 6. The Technology Committee will review all submissions and determine what proposals will be accepted no later than February 1. Two sessions have been scheduled.

Publicize scientific outcomes: Post on social networks

No action this reporting period

Create a clinical educational series: Create online videos focused on case studies, Single
No action this reporting period

Public/Patient Resources: Video link to Nancy Snyderman video on insomnia to website

See Website updates and changes below

Committee Goal(s):

Devices/Equipment Focus

Problems/Challenges in meeting Committee Goals:

Committee meeting(s) since last Board meeting recap:

No meetings this reporting period; in-person communication with Chad Stephens, email communication with Rich Sherman regarding gaming corner, November 28

Website updates and changes: (Please provide information and website link where information needs to be uploaded or added)

The TC recommends that a link to Nancy Snyderman video on biofeedback for insomnia be added to the revamped AAPB website, publicly accessible at:

http://www.bing.com/videos/watch/video/possible-cures-for-insomnia/6bj1sqk

Action needed, motion or policy to be approved by the Board:
Name of Committee/Group/Initiative: Applied Psychophysiology and Biofeedback (Association Journal)

Committee Chair/Board Member: Frank Andrasik, Ph.D. (Editor-in-Chief)

Board Liaison: N/A

Committee Members (please list with email addresses): Too many to list. The current membership may be found on the Masthead for the journal.

Report on Strategic Initiatives (See attachment for the list of strategic initiatives and the committee responsible): Our closest match is “publicize scientific outcomes.” We work towards furthering this goal by publishing high quality manuscripts in a timely fashion and soliciting manuscripts on topics of interest.


Problems/Challenges in meeting Committee Goals: I have nothing further to add here since the prior report.

Committee meeting(s) since last Board meeting recap: We have held no meetings since the last report.

Website updates and changes: (Please provide information and website link where information needs to be uploaded or added): None.

Action needed, motion or policy to be approved by the Board: No action needed.

Recommendations to be considered as part of the 2012 AAPB budget along with appropriate rationale (please use attached budget request sheet): None.

As a quick update, our 4th edition for the past year (December 2011) was published on time. We currently have 8 articles published in Online First. These are sufficient for a full issue, which we will submit very soon as the first issue for 2012 (March). Several other articles are near the acceptance stage, so we should be in good shape for the second issue, which I hope will also contain the abstracts from our coming meeting. As mentioned in my prior report, our Editor, Ms. Carol Bischoff, will once again be hosting a breakfast meeting of the editorial board at our upcoming meeting in Baltimore.
Monta A. Greenfield

From: RRosent710@aol.com
Sent: Wednesday, January 11, 2012 2:08 PM
To: Monta A. Greenfield
Subject: Re: AAPB January Board Report Request

From the insurance committee.

I will be in touch with Elizabeth Porter to work on a proposal to present to the board at the march meeting regarding efforts to expand medicare coverage of biofeedback.

Ronald Rosenthal