



# Clinical Neurotherapy: Chapter Eleven. Treating Addiction Disorders

*Estate M. Sokhadze, David L. Trudeau, Rex L. Cannon*

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Substance use disorders (SUDs) are among the most common psychiatric conditions, resulting in serious behavioral impairments and cognition decline. Acute and chronic drug abuse, drug dependency and drug withdrawal result in significant alteration of the electroencephalogram (EEG). EEG biofeedback has been used in the treatment of alcohol and mixed substance abuse in residential inpatient populations. More recent outpatient approaches have used quantitative EEG (qEEG) guided neurofeedback, neurofeedback (NFB) integrated with motivational interviewing and LORETA neurofeedback. A recent review of the state-of-art of qEEG and NFB in SUD and earlier reviews have detailed the efficacy ratings and clinical uses of NFB for SUD. In these reviews NFB is rated “probably efficacious” as an add-on (adjunct) treatment to other therapies, namely 12-step programs and/or cognitive behavioral therapies, or other types of psychotherapies or residential programs. Neurofeedback is not yet validated as a stand-alone therapy for addictive disorders and cannot yet be considered a mainstream therapy for addiction. Many persons with SUD have comorbid conditions that need to be considered in designing a treatment plan that incorporates neurofeedback. These include mental conditions such as depression, posttraumatic stress disorder, and attention deficit hyperactivity disorder that may require separate neurofeedback treatment for those specific conditions either preceding neurofeedback treatment for addiction, or incorporated into it. This approach may require separate assessments during the course of therapy to determine response and the need to change protocols or seek other treatments, i.e., medication or psychotherapy, to integrate into the treatment plan update.

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