

Characteristics of Responders to a Biofeedback Therapy Programme

Volume: 09 Issue: 01 January 1991 Page: 9-12

~~D Sargunaraaj, V Kumaraiah~~

Reprints request

^{*}
- *Department of Clinical Psychology, National Institute of Mental Health & Neuro Sciences, Bangalore 560 029, India*

Abstract

A median split of a sample of 36 clients with anxiety neurosis resulted in 23 adequate responders in 13 inadequate responders to EMG biofeedback therapy. The data analysis of demographic, clinical, psychological and physiological variables indicated that younger clients who respond to therapy continue to report fewer symptoms on a short-term follow-up.

Key words -

**Treatment outcomes,
Treatment effectiveness evaluation**

A separate area of concern in biofeedback research has been an individual's suitability for therapy. There has been little systematic data on the specific predictors of good outcome apart from the consensus that individuals with predominantly physiological complaints are appropriate for biofeedback therapy [1].

As the need exists to explore person-treatment interactions more explicitly, the authors focussed on within-group differences in demographic, clinical and outcome variables in a sample of clients completing a twenty-session EMG biofeedback therapy program.

Material and Methods

Sample

Thirty-six clients with a diagnosis of anxiety neurosis [2] completed a twenty-session EMG biofeedback therapy program. There were 23 'adequate responders' and 13 'inadequate responders' in the sample.

Measures

Pre-therapy assessment

Demographic data: The data on the variables of sex, religion, age, education, marital and job status were recorded on a Personal Data Sheet. It was used also to record information on the duration of

symptoms and whether the client had treatment for anxiety symptoms prior to commencing EMG feedback training.

Follow-up assessment

Psychological

Symptom Rating Scale (SRS): The adaptation of the Patient Record Form [3] was used to rate clients on the severity of each of the anxiety symptoms experienced over the previous ten days.

Hamiltons Anxiety Rating Scale (HARS):

The adapted version [4] with a visual analogue format was used by the first author to evaluate the presence/absence and severity of the anxiety symptoms reported by each client.

State-Trait Anxiety Inventory (STAI) Form Y1 [5].

Physiological

Feedback myograph (EMG) - Autogen 1700 [6]

Feedback dermograph (SCL) - Autogen 3400 [6]

Feedback thermometer (TEMP) - Autogen 2000b [6]

Procedure

The post-therapy scores of the 36 clients of the SRS was chosen as an index of the improvement, based on the empirical evidence that the scores on this scale reflected clients' score fell above or below the median score of 161.04. Those clients with scores below the median were designated as 'adequate responders to therapy' and those with scores above the median as 'inadequate responders to therapy'. The two groups were compared on the demographic variables (sex, religion, age, education, marital and job status), on the clinical characteristics (prior symptoms), and on the clinical status at follow-up on physiological and psychological assessment measures.

Analysis

The data on the two groups were compared using chi square tests and the 't' test for independent means.

Results

The results are shown in Table I-V.

Table I - Sex, religion, marital and job status of adequate and inadequate responders to therapy

Table I - Sex, religion, marital and job status of adequate and inadequate responders to therapy

Table II - Age and education in years of adequate and inadequate responders to therapy

Table II - Age and education in years of adequate and inadequate responders to therapy

Table III - Prior treatment experience and duration of symptoms of adequate and inadequate responders to therapy

Table III - Prior treatment experience and duration of symptoms of adequate and inadequate responders to therapy

Table IV - Mean values, standard deviations and 't' values of the two groups, on the follow-up psychological assessment

Table IV - Mean values, standard deviations and 't' values of the two groups, on the follow-up psychological assessment

Table V - Mean values, standard deviations and 't' values of the two groups, on the follow-up psychological assessment

Table V - Mean values, standard deviations and 't' values of the two groups, on the follow-up psychological assessment

Discussion

Those in the adequate responder group are predominantly male, single, Hindus, in non-professional occupations with at least 12 years of education. Most of them had symptoms for less than two years with prior experience in therapy. They were significantly younger than those in the 'inadequate responder' group.

On the short-term follow-up assessment one to five months after the termination of therapy, the groups were similar on all variables except that the 'adequate responders' reported significantly lesser number of anxiety symptoms.

As it is generally accepted in psychotherapeutic practice [7], age appears to be an indicator of good prognosis.

1. Futterman A D & Shapiro D, A review of biofeedback for mental disorders

Hospital & Community Psychiatry Page: 37:27-33, 1986

2. *International Classification of Diseases, 9th rev. Geneva: WHO* 1978

3. Lader M H & Wing L, *Physiological Measures, Sedative Drugs and Morbid Anxiety, London: Univers*
Page: pp 97, 1971

4. Lader M H & Marks I, *Clinical Anxiety. London: William Heinemann Medical Books Limited*
Page: 99-102, 1971

5. Spielberger C D, Gorsuch R L., Lushene R., Vagg P R & Jacobs G A, *Manual for the State-Trait Anxiety Inventory (Form Y), Palo Alto, C A: Consulting Psychologists Press* 1983

6., Autogen Systems Incorporated, U.S.A. Instruction Manuals for Autogen 1700
Autogen 2000b & Autogen 3400 1975

