

How to Use this Guide

This guide will assist in maximizing the many benefits from your ALERT experience. It is important that you read this entire guide so that you can learn how to properly use this system and choose the most effective sessions for your child's symptoms.

The Symptom Survey and sessions were designed exclusively for the ALERT by Michael Joyce of Personal Resource Strategies in Minnesota. They are the result of numerous studies and have assisted thousands of children with various mental, emotional, behavioral and academic challenges over the past two decades.

Please refer to your ALERT Operator's Manual for additional operational and device set up instructions.

Introduction - ADD and the Brain

All mental functioning involves an element of arousal - the "awakeness" or alertness of the brain. The level of the brain's arousal dramatically affects how well a particular mental challenge will be performed. For instance, it is almost impossible to pay attention if the brain making an abundance of alpha or theta (dreamy) brain waves. And it's just as difficult to fall asleep with excessive beta (alert) brain waves being produced when the eyes are closed.

People with attentional problems such as Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) have particular difficulty shifting their pre-frontal lobes (the part of brain behind the forehead) into "gear". The pre-frontal lobes are responsible for attention, intention and logical reasoning. These areas function poorly in the ADD/ADHD brain because of reduced blood flow and the production of too much alpha and/or theta brain waves, especially during cognitive (thinking) tasks and passive tasks (reading). For those with ADD/ADHD, high levels of stimulation have been shown to wake up the pre-frontal lobes, resulting in reduced hyperactivity, improved attention, and less moodiness. People with ADD/ADHD also do well with stimulating video games and action sports. Unless the activity is exciting (pushing up arousal), the pre-frontal and frontal lobes quickly lose their attentiveness and activation. Theta and/or alpha brain waves increase dramatically and the person "fogs out."

ADD/ADHD rarely occurs in isolation and often exists with other conditions including depression, oppositional defiant disorder, conduct disorder, obsessive-compulsive disorder, learning disabilities, anxiety disorders, and other significant psychological, psychiatric, and neurological problems.

Stress and Attention

From the moment of birth, we are either building up or tearing down the brain/body system, depending on the stressors in our life and how we handle those stressors. The brain/body system has been designed to handle short-term mental, emotional and physical stresses, but not the long-term stressors typically associated with complex, busy, modern living. Stress levels also can be significantly affected regardless of whether the life challenges are *real or imagined*.

Chronic stress in children often arises from being too busy, feelings of inadequacy, struggling with school work, constantly getting into trouble with parents and teachers from impulsive behavior and general stresses of modern living. Stress can cause any number of disorders or diseases including anxiety, depression, insomnia, migraines, PMS, high blood pressure, chronic fatigue, fibromyalgia, inattention, memory impairments, and ADD/ADHD.

Poor nutrition also adds to stress by impairing the brain's ability to cope with life's challenges and by stressing the adrenal system, adding increased stress to the mind and body. Both daily events and eating habits have been shown to be major contributing factors for most of our health and wellness challenges including mental and emotional dysregulation.

It is generally quite easy for parents and teachers to recognize a child with severe ADD/ADHD. Parents of these children will typically consult professional help and may be extra tolerant of the child's challenging behaviors. However, when a child has mild to moderate ADD/ADHD, the child will be "normal" some of the time and a "terrible, obnoxious brat" at other times. These parents don't realize that the child has a disorder and assume that they have a child who needs constant discipline and punishment. However, this child with mild ADD/ADHD is both frustrated and angry at him/herself and life in general and doesn't understand why he/she does what he/she does. In addition, because of the ADD/ADHD, this child typically has trouble thinking rationally and clearly, or making good decisions.

The three main behavioral characteristics of stress are *impulsiveness, inattentiveness and hyperactivity*, which is also the same three main symptoms of ADHD. So the added stress of constant punishment, put-downs, "failures" and so on, just makes the child worse. A child with mild ADD/ADHD "fails" much more than a child with severe ADD/ADHD because mild ADD/ADHD children are expected to behave and perform the same as other children. This child often feels highly anxious in the struggle to compete mentally in our highly competitive society. **This added stress only serves to make the child more impulsive, inattentive and hyperactive.**

From a physiological perspective, stress causes critical blood supply to partially shut down from going to the brain and the adrenals to excrete damaging distress (sympathetic) hormones and result in the rapid consumption, and loss, of vitamins in the body. Continual stress results in more damaging than healing moments in our brain/body systems and therefore degrades the functioning of these systems. A continual state of anxiety and over-arousal elicits large amounts of distress hormone, which can result in cellular toxicity, for instance in the way stress-released cortisol destroys neurons in the hippocampus (an important region in the brain that controls storage and retrieval of memories). Anxiety also causes a shutting down of brain-based serotonin and increased brain-based norepinephrine, which can lead to aggressive behavior within seconds of a stress-provoking event or thought. Since life may be viewed as a cooperative effort between how we live and the strength of our gene pool, it is useful to recognize just how much influence lifestyle has on our quality of life.

About Audio-Visual Entrainment

Audio-visual entrainment (AVE) is a technique that provides pulses of light and sound at specific frequencies in the brain wave range. These pulses of light and sound enhance the production of the appropriate brain wave frequency, settle down an agitated mind, increase cerebral flow (blood flow in the brain) and increase the metabolization of glucose in the brain for improved functioning of the neurons. This results in improved mental performance.

An important objective of entrainment is to produce a *dissociative state*, which is a “near-sleep-like state of deep relaxation.” It is the brain/body rehabilitative benefits produced by this deep trance-like state that makes AVE so useful for so many conditions. The dissociative state can be first observed by noticing deep and diaphragmatic breathing. Hands and feet become warmer as arteries dilate. Skin color will become pinker as blood flow increases throughout the face and body. Blood flow will increase in the brain as well. The person will experience feelings of profound relaxation and contentment as beneficial neurotransmitters are released into the brain. When in this deep state, the brain/body’s regenerative repair chemicals (parasympathetic hormones) and stabilizing neurotransmitters such as serotonin, endorphins and dopamine are released, which restores good brain function. AVE contributes to this restoration by providing a stress-break, increasing cerebral blood flow and encouraging impaired neuronal firing and allows the brain to return to normal function.

This deep state of AVE-induced regeneration has proven to be useful for many of the mental, emotional and physical challenges that nearly all of us face at one time or another in our lives, including but not limited to: anxiety, depression, insomnia, migraines, PMS, blood pressure, and chronic fatigue, along with improved attention, learning and ADD/ADHD.

When the body-mind effects from experiencing AVE are fully appreciated, the experience becomes as regular and beneficial as many other life essentials such as quality sleep, good nutrition, pure water and exercise. Research suggests that 50 to 95% of the population is sleep deprived. Sleep is another area where AVE has been shown to be beneficial, contributing to the natural regenerative process of the body and brain.

Before You Begin Your ALERT AVE Session

Parents: Get familiar with the ALERT. We recommend that the parent(s) complete a minimum of five sessions before introducing the ALERT to the child. Your experiences will be useful as a good example and in answering questions your child might have.

To ensure that the AVE experience is successful, it is recommended that you prepare the environment so that it is conducive to a regenerative experience. Comfort is essential.

1. Dim the room lights and be sure that session time will be quiet with no interruptions or disruptions.
2. Have the child lie down in bed or on a floor-mat or sit in a recliner. Always provide head support.
3. Cover the child with a light blanket. This serves to anchor and settle the child and helps limit body movement while providing adequate warmth during the session.
4. When introducing a child to the ALERT, suggest that he/she get comfortable and enjoy. The ALERT is more effective when the child enjoys the experience. Tell the child that falling asleep is OK. This will allow him/her to let go and reduce the self-talk (brain chatter). Never tell or imply to the child that this will help him/her “stop being bad” or any other negative implications.
5. Drink a glass of water 15 minutes before your first six to 10 sessions to avoid mild nausea and/or headaches. Most children and stressed people are normally deficient in water (as stress increases dehydration). Also, be sure that the child has gone to the bathroom prior to beginning the ALERT session.
6. A convenient time to use the ALERT may be first thing in the morning. However, Group 1 sessions may be used at any time. If using in the morning, wake the child up, have the child go to the bathroom and drink a glass of water. Then return the child to bed and run the ALERT session. Whatever time you choose, it has been found most beneficial to

use the ALERT at approximately the same time each day – get into a routine. It may soon become a most enjoyable and regenerative “habit”.

7. Playing easy-listening music or nature sounds into the audio input can enhance the ALERT sessions. The music helps to engage the child by giving him/her something to focus on. You may also want to use hypnosis CDs (for example *Paraliminal* and *HPP*). On occasion, a children’s book-on-CD can provide content on which to focus. **Don’t let the child listen to active rock music, rap or any audio that contains aggressive, violent or negative content.**

The objective is to obtain brain/mind/body relaxation and dissociation, best described as a trancelike, near-sleep experience. This can be observed in the child’s breathing and related body/muscle (facial) movements. *The way one breathes can be a key indicator of one’s brain/mind/body state.*

Heart Rate Variability

After a few weeks of use, you may have your child practice Heart Rate Variability (HRV) for the first five to 10 minutes of a session (after you have mastered it). Long, graceful breathing cycles are very effective in bringing about relaxation and increasing brain blood flow. Scientifically, this technique has been shown to settle down a stressed autonomic nervous system. The heart normally speeds up with every breath in and slows down with every breath out. This difference in heart rate is called Heart Rate Variability. For example, a relaxed person using controlled breathing may have a heart beat of 80 beats per minute while breathing in and as low as 65 beats per minute while breathing out. The difference or “swing” is about 15 beats per minute (bpm). When people get stressed, their heart typically produces undesirable “clamping” to as low as 3 bpm HRV with occasional undesirable “spikes” sometimes as high as 30 bpm HRV. This is abnormal and stress producing activity and is also hard on the heart. The HRV technique used in the ALERT is based on a 10-second breathing cycle (six breaths/minute - by inhaling slowly for five seconds and exhaling slowly for five seconds in a controlled, relaxed breath). When using HRV-paced breathing, listen to the heartbeat generated by the ALERT through the headphones. Inhale for two of these heartbeats and exhale for two heartbeats. All ALERT sessions begin at seven breathing cycles/minute (28 heartbeats/min) and slow to six breaths/minute (24 heartbeats/min). This allows the user to breathe a little faster at the onset of a session until he/she has had time to relax.

Setting Up the ALERT

Also refer to the ALERT Operator's Manual for more information on set up and operation.

1. Put the eyeset on first, then the headphones.
2. Have the eyeset sitting well up on the nose to minimize the child's ability to see over or around the eyeset.
3. Ask the child to close his/her eyes. It will not harm the child if he/she opens his/her eyes during the session, but sessions are more effective with eyes closed.
4. Adjust the intensity of the lights and volume of the tones to a comfortable level. If using a CD or MP3 player, adjust the volume from the player. The volume on the ALERT does not control the player volume.
5. Initially, stay with the child during the entire session and watch for signs that the child is drifting into trance (i.e. respiration rate, volume and rhythm, body twitches). Make a note of the estimated amount of time taken to dissociate and any other interesting observations. It is OK if the child falls asleep. After the child has become a 'seasoned brain trainer,' it will not be necessary to observe the child.
6. Should a session need to be interrupted or terminated, fade out the intensity of the eyesets and volume in the headphones or activate the "Soft-Off" process by pressing INT and VOL simultaneously. This will prevent the child from being startled by an abrupt end to the session and the possible feeling of nausea or "out-of-sorts" later on.
7. When the session has ended, remove the headphones first and then the eyeset, before the child sits up. Don't rush the child. Allow the child a few minutes to "wake up." It can take up to 30 minutes for some children to become fully alert.
8. Keep a journal to record your observations from each of the sessions. For example, if dissociation occurs, the amount of time taken to dissociate.

Your Child's First AVE Session

The following hints are to help facilitate a successful start. Keep rapport with the child by making the process fun, enjoyable and relaxing.

- We recommend that the child begin with session **A1**. You can add an easy music or nature-sound relaxation CD. Continue with session **A1** until the child learns to disassociate easily. One sign of this is breathing diaphragmatically (from the belly where the stomach moves up and down) in a steady rhythm. Generally the deep breathing just happens with no need for formal instruction. It may take up to ten sessions before deep dissociation is observed. It is suggested that program A1 be utilized for a minimum of six sessions before moving on.
- If after approximately 10 sessions, the child is still having difficulty reaching the breathing criteria, HRV training may be necessary. Instruct the child to be conscious of his/her breathing by resting one hand on the stomach and the other on the chest, while listening to the heartbeat sound in the headphones. Instruct the child to notice how the hands move up and down on each breath. With proper breathing, the diaphragm should show greater movement while the chest area has little.
- Consider using a “breath pillow” to help the child learn to breathe. The *breath pillow* is a pillow specifically designed to strengthen the diaphragm while enhancing one’s awareness of proper diaphragmatic breathing. A soft cover book, placed low on the stomach, beneath the ribs can also work well.
- If dissociation occurs easily after the minimum of six **A1** sessions, you may then move on to other sessions as determined by the *Symptom Survey*.

Selecting Further Sessions Using the Symptom Survey

The Symptom Survey is a useful tool to assist in identifying areas of concern and what sessions to use. **The Symptom Survey is not intended to be prescriptive so much as it is meant to provide general guidelines as to which ALERT sessions may be most useful.**

Complete the Symptom Survey (found on page 10) prior to starting your first AVE session and record the results in a journal. The brain begins to change and rearrange itself after just the first few AVE sessions. So after the first six to ten sessions of **A1**, complete the Symptom Survey again to compare with your first results to observe if any of the original concerns have been reduced. The

Symptom Survey provides a guide for choosing the appropriate AVE sessions and also prompts the parent to ask “what is the logical next step?” with regards to other aspects of the child’s life.

Continue to complete the Symptom Survey after every five to ten sessions and compare the new results with the original results - without peeking at the original results until the Symptom Survey is completed.

As mentioned previously, the primary goal is to produce the sleep-like dissociated state. Although session **A1** is usually very successful for producing the dissociated state, we recommend that you use whatever sessions accomplish this objective most successfully for your child.

When completing the Symptom Survey, circle all of the items that apply. Then place a number next to the three items of greatest concern, with number 1 being of most concern.

Example 1 - The survey tabulation results in a total of 8 circled symptoms from group 1, 13 circled symptoms from group 2 and 5 circled symptoms from group 3 with ranking of primary concerns from Group 2 (impulsivity), Group 2 (constipation) and Groups 1 and 2 (aggressive). This indicates that the majority of the challenges are from Group 2, which means that the SMR (sensory motor rhythm) protocols are to be used (sessions **A5**, **A6**, and **B1**).

You might start with **A5** for a few days, followed by one session of **A1**. Next use **A6** for several days, followed by one session of **A1**. Then do the same with **B1** for several days, followed with a session of **A1**.

Example 2 – The survey tabulations results indicate the use of the Beta protocols (**B2** or **B3**), but the primary concerns indicate another group of sessions, for example the Instability Sessions (**B4** and **B5**). You might consider using **B4** followed by **B5**. Use **A1** after five to ten uses of sessions **B4** and **B5**, or between other sessions taken from the symptom survey.

Once you’ve determined which group of sessions to use (Theta, SMR, Beta, or Instability), start with the first session and progress through all of the sessions in that group. After you get familiar with the session, you may eventually settle on a few particular sessions that you see as most beneficial, or you may notice that a particular session is better to use along with a particular mood or activity of the child. For example; you may notice that the child responds best to a certain session when he/she is moody and another session when he/she is inattentive. You may also find that the child responds better to one particular session on weekends and another during school days. This is why it is important to record your observations in your journal.

Additional Sessions

In addition to the Theta, SMR, Beta and Instability Sessions, we have included six more sessions that any family member may use.

- C1 Schumann Resonance** – This session has been very effective for deep relaxation and sleep. Use in the afternoon or at bedtime, in bed while falling to sleep.
- C2 Sensory Motor Rhythm (SMR)** – This has been shown to enhance attention and comprehension. This may be used in the morning or afternoon. This may also be used with a *view-hole* eyeset while reading.
- C3 Attention for Children** – This is the original session that was published in the Journal of Neurotherapy in Vol 4, #2, 2000, Joyce & Siever. It is similar to sessions B4 and B5. It is best to use this session in the morning.
- C4 Depression Reduction** – It is best to use this session in the morning, although it may be used most any time. This session may be alternated every other day with other morning sessions. Use caution when using at bedtime, as this session might give an energy boost and keep the user awake. We recommend using kelp (iodine) and Vitamin D3 (1000 – 2000 IU), magnesium and taurine supplements with this session.
- C5 Brain Brightener** – This session is like C3 but with smoother transitions. It is much more popular with adults, seniors and older teens.
- C6 Sound Sync** – Generates random frequencies between 7 and 9 hz when sound is detected. Travel on lucid journeys with your favorite music. Or use to enhance your hypnosis experiences.

Symptom Survey

Circle the symptoms of concern. Place a check by the three items that are of primary concern. Total the circled items at the end of each section to identify program possibilities. (*Notice: some items may be repeated – right and left hemisphere concerns*)

GROUP 1 - THETA/ALPHA (Left and Right: Target Rate 4-11)

Total: _____

Sessions: A1, A2, A3, A4

Anxiety (worry)	Chronic pain with depression
Perfectionist	Lacks empathy
Obsessive-compulsive	Suicidal thoughts
Anger	Depression (despair)
Panic attacks	Fibromyalgia
Irritable bowel syndrome (IBS)	High threshold for pain
Chronic aching pain	Aggressive
Anxiety (fearful)	Binge eating (with remorse)
Chronic Fatigue Syndrome	Poor expression of emotions
Depressed (helpless, hopeless)	Manipulative, aggressive
Compulsive overeating	Autoimmune disease
Anorexia, bulimia with: <i>Anxiety, controlling, angry and aggressive</i>	
PMS with: <i>depressed, irritable, crave sugar, pain, insomnia, mood swings, migraines</i>	
PMS with: <i>rage, agitation, mania</i>	

GROUP 2 - SMR (Right: Target Rate 12-15)

Total: _____

Sessions: A5, A6, B1

Impulsive	Lack of social awareness
Easily distracted	Holds a grudge
Speech lacks intonation	Migraines (with stress)
Restless sleep	Poor spelling
Poor eye contact	Autistic symptoms
Constipation	Irregular menstrual periods
Physical agitation	Mania and/or paranoia
Too busy to sleep (manic)	Heart palpitations
Chronic Fatigue Syndrome	Autoimmune disease
Impatient	Obsessive-compulsive
Suicidal thoughts	Anger
Irritable bowel syndrome	Poor expression of emotions
Poor drawing and spatial skills	Tics (with stress)
Difficulty with math concepts	Difficulty falling asleep
Loud unmodulated voice	Poor sense of direction
Menopausal hot flashes	Skin Allergies – eczema
Panic attacks	Lacks empathy
Manipulative, aggressive	Depression (despair)

Lack of body awareness	Bruxism (teeth grinding)
Nightmares	Stimulus seeking
Poor visual tracking when reading	Poor Handwriting
Fibromyalgia	Anxiety (fearful)
High threshold for pain	Aggressive
Compulsive overeating	PMS with: <i>rage, agitation, mania</i>
Anorexia, bulimia with:	<i>Anxiety, controlling, anger and aggressiveness</i>
Chronic pain with:	<i>burning, throbbing, shooting pain</i>

GROUP 3 - Beta (Left: Target Rate 15-18)

Total: _____

Sessions: B2, B3

Inattentive	Poor reading comprehension
Feelings easily hurt	Irritable
Night sweats (hypoglycemic)	Difficulty waking
Cries easily	Dyslexia
Daydreams, inattentive	Slow, variable response time
Poor reading comprehension	Immune deficiency
ADD	Poor concentration
Passive, withdrawn	Feelings of shame
Not rested after sleep	Sleep Apnea
Aching pain	Depressed (helpless, hopeless)
Panic attacks	Fibromyalgia
Lack of motivation	Remorseful after tantrums
Frequent waking from sleep	Difficulty decoding words
Migraines (PMS)	Hypoglycemia
Spaciness	Difficulty calculating numbers
Anxiety (worry)	Perfectionist
Chronic Fatigue Syndrome	Mood swings
Enuresis (bedwetting)	Tension headaches
Sugar (carbohydrate) cravings	Poor word fluency
Poor sequential processing	Sleeping too much
Snoring	Chronic pain with depression
Binge eating (with remorse)	Autoimmune disease
Irritable bowel syndrome (IBS)	
PMS with <i>depression, irritability, sugar cravings, pain, insomnia, mood swings, migraines</i>	
Anorexia/bulimia with <i>depression, history of abuse, poor self-esteem, emotional fragility</i>	

GROUP 4 – Instability (Left & Right: Target Rate 12–18)

Sessions: B4, B5

If totals from Groups 2 and 3 are similar or close to equal, consider using the Instability Sessions

Session Descriptions

NOTE: The “L” and “R” for the target rate represent the visual field/auditory stimulation. Left visual field/auditory stimulation means right brain hemisphere stimulation; right visual field/auditory stimulation means left brain hemisphere stimulation.

Session	Frequency Range	Length
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Group 1 - Theta/Alpha (4 to 11 Hz)

Dissociate and Relax

A1	7.8 to 4.8-5.2 to 10.0 (L&R)	22 min
A2	7.8 to 4.8-5.2 to 13.5 (L&R)	22 min
A3	7.8 to 3.8-4.2 to 7.8 (L&R)	22 min
A4	7.8 to 4.8-5.2 to 7.6–8.0 (L&R)	22 min

Group 2 - SMR - Sensory Motor Rhythm (12 to 15 Hz)

Settle Hyperactivity - Right Hemisphere

A5	7.8 to 4.8-5.2 to 12 (R)-15 (L)	22 min
A6	7.8 to 4.8-5.2 to 10-13.5 (R) & 10-15 (L)	22 min
B1	7.8 to 4.8-5.2 to 12.8-13.2 (L&R)	22 min

Group 3 – Beta (15 to 18 Hz)

Improve Mood & Logical Thinking – Left Hemisphere

B2	7.8 to 4.8-5.2 to 10-12 (R) – 10 (16–18) (L)	22 min
B3	7.8 to 4.8-5.2 to 7.6-8.0 to 13.8-14.2 (L&R)	22 min

Group 4 – Instability (12 to 18 Hz)

Alpha, Beta and SMR - Left and Right Hemisphere

B4	7.8 to 4.8-5.2 to 10-18 (Alternating) (L & R)	22 min
B5	7.8 to 4.8-5.2 to 12-13.5 (R) - 13.5-18 (L) Shape to 13.5 (L&R)	22 min

Additional Sessions

C1	Extended Schumann Resonance (7.8)	40 min
C2	Sensory Motor Rhythm (13.5 – 15) Use with viewhole eyeset for reading	20 min
C3	Attention for Children (L – 14, R – 18 & 10) Session used in Journal of Neurotherapy Study	30 min
C4	Depression Reduction (L – 10, R – 19)	30 min
C5	Brain Brightener – Use for teens, adults, seniors	30 min
C6	Sound Sync – Use with guided imagery and hypnosis CDs	

The Home Environment

There are other factors that will have a major impact on ADD/ADHD symptoms:

- 1) vitamins and nutrition
- 2) high glycemic foods and food additives
- 3) life stresses

Vitamins and Nutrition

Ensuring proper daily intake of vitamins and good general nutrition are vital for anyone who is struggling mentally. Most children and adults have been found to be deficient in Vitamin D, tryptophan and Omega 3 as well as many other minerals. Recent studies have shown that fish oil supplements have reduced the symptoms of ADD/ADHD more than stimulant drugs. Michael Lyons' book, "Driven to Distraction," has many meal-making tips and good information about nutritional supplements. Antibiotics can cause severe nutritional troubles by destroying the good aerobic bacteria (acidophilus, bifidus, etc) found in the intestines. These bacteria help to absorb nutrients and protect the thin wall of the intestines. Once the good bacteria is dead, there is room for anaerobic bacteria to get a foothold in the gut, which in turn robs us of nutrition and eats holes in the intestines, allowing actual food and pre-feces particles to enter into the body. Since food and feces particles aren't supposed to be in the blood stream, it causes the immune system to go wild as it tries to control the "poison." This is known as leaky-gut syndrome and impairs brain function. Always take acidophilus and bifidus supplements during and after completion of an antibiotic.

High Glycemic Foods and Food Additives

When people feel tired, depressed or foggy-headed, which is often a symptom of ADD/ADHD, they often crave high glycemic foods (simple carbohydrates such as pasta, cake, cookies, doughnuts, chocolate, "junk" breakfast cereals, etc.) as a means to spike the brain with glucose and perk it up. This works for 15 to 30 minutes, but when the insulin kicks in, there is a sugar crash and the brain is more dysfunctional than before the carbohydrates. Eating simple carbohydrates also makes the body more acidic from metabolizing fat. Restrict intake of these high glycemic foods. For example, most breakfast cereals contain simple sugars and have very little nutrition. Stay with basic granola where the oat seed can be seen. Only eat sprouted grain breads and cereals, as many people have difficulty tolerating the gluten found in whole grains (wheat, rye, barley and oats). For more information, read "Dangerous Grains" by James Braly. Avoid potatoes (unless after aerobic exercise) as well and anything that is fat fried. Food additives and dyes contribute to cognitive and emotional troubles. Both MSG and aspartame affect glutamate (an excitatory neurotransmitter in the brain),

which in turn causes brain cell death from over-excited neurons, known as *excitotoxicity*. BHA and BHT, additives to promote “freshness” in many breakfast cereals, chips and other snack foods, can sometimes cause severe reactions in children. Carefully read the labels on all prepared foods.

Home and Life Stress

As mentioned before, raising a challenging child can be stressful for parents. This stress can cause parents to respond inappropriately to the child’s behaviour, which can lead to unnecessary punishments and scoldings. This will add even more to the child’s stress, eventually spiraling the whole family into a vicious stress cycle. However, if the parents can learn how to effectively deal with the child’s ADD behaviour, the child can often improve just as a result of the parents’ improved attitudes. We have always encouraged parents to use the ALERT before using it on their child. We have seen many cases where the child began improving shortly after the stressed-out, worried, punitive parents began using AVE, even before the child has used it.

Whether caused by poor nutrition, stress, or both, many ADD/ADHD children have intestinal distress, with stomach bloating and constipation. Intestinal troubles directly cause neurological malfunction, slow the brain and increase symptoms of ADD/ADHD.

Closing Comments

ADD/ADHD is a neurological condition that primarily impairs function in the pre-frontal and frontal regions of the brain. As a result, ADD/ADHD children become impulsive, inattentive and distractible. They also often crave stimulation (good or bad) in an effort to excite their brains. Yet, many of our best entrepreneurs, visionaries, inventors, artists, musicians, scientists and CEO’s of corporations have ADD/ADHD. Richard Branson of Virgin Records attributes his ADHD to his overwhelming business successes! So, properly channeled, the ADHD-induced drive to stimulate and create can be a powerful asset. Without management and direction, it can be excruciatingly difficult for the ADD/ADHD person to regulate him/herself in school, society and in relationships.

The mind state is a dynamic condition – it is constantly responding to how we sleep, what we eat, what we think, who we interact with and what events we have witnessed during the course of daily living. It is important to realize that there may be no one “perfect” forever-lasting treatment. Because of the brain’s ever-changing dynamic, **the Symptom Survey provides only general indicators and the sessions suggested provide a place to start.** As your child’s brain gets “in shape” by becoming more flexible and resilient, both you and your child will develop the insight to select sessions, which

best address your brain/body requirements based on how you live your life and support your brain/body fitness efforts. Keep in mind, just as in body fitness, the brain may go through growth/fitness hurdles along the way. Progress is not always linear. Get to know yourself and child and play with the AVE as your understanding grows. **When in doubt - just do it - session A1 that is.**

AVE benefits the entire brain and body. This is continually evident and demonstrated by those children who have had the opportunity to use AVE in both school **and** home settings. Many schools have initiated AVE programs for the benefit of their students and staff alike. More and more children are given the opportunity to realize their innate potential that for many would not have been realized. They have come to realize that the biochemical experiment called life is largely a coordinated effort between how life is lived and one's gene pool. They have personally experienced and realized the profound impact of their innate distress chemicals – versus – their repair chemicals and how AVE has taught them to appreciate the difference. This awareness will influence them to continue making supportive wellness choices in the face of life's trials and tribulations.

Suggested Reading List

- **Children with Starving Brains:** *A Medical Treatment Guide for Autism Spectrum Disorder* - Jaquelyn McCandless, M.D.
- **Healing the Hyperactive Brain:** *Through the New Science of Functional Medicine* - Michael Lyon, M.D.
- **Dangerous Grains** – James Braly, M.D.
- **The Untold Story of Milk** – Ron Schmid, N.D.
- **Know Your Fats:** *The Complete Primer of Understanding the Nutrition of Fats, Oils, and Cholesterol* - Mary G. Enig, Ph.D.
- **Is This Your Child's World?** *How You Can Fix the Schools and Homes that Are Making Your Children Sick* – Doris J. Rapp, M.D.
- **Total Health** – Dr. Joseph Mercola,
- **Driven To Distraction** – Michael Lyon, MD
- **The Rediscovery of Audio-Visual Entrainment Technology** – Dave Siever, CET

DAVID ALERT

Users' Guide

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The ALERT is not recognized
as a treatment or cure of any medical condition or disability.

The ALERT is a non-invasive tool.
All resulting effects are produced in the brain solely by
audio/visual stimulation.

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