Prepared by
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Educational Psychologist and Research Director at the Gibson Institute of Cognitive Research
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FOREWORD

Executive processing is dependent upon the collective interplay of brain networks underlying fundamental cognitive skills. In ways, one’s executive processing is only as strong as one’s weakest cognitive skill. Cognitive training offers the most promising method for strengthening underlying cognitive networks, allowing one to increase overall executive processing ability!

However, not all cognitive training programs are alike! BrainRx is distinct in many ways from the variety of digital training programs available today. Foremost, BrainRx programs are delivered by a clinician who gives dynamic feedback throughout every training session. Further, BrainRx programs are based on the Cattell-Horn-Carroll theory of intelligence, a widely-accepted view of cognition and the theoretical foundation of modern day cognitive assessment. BrainRx is comprehensive; targeting and training seven key cognitive skills and multiple sub-skills. It is also highly intensive, including an average of 90 to 120 hours of training over several months.

We are now using MRIs to visualize the underlying changes in brain structure and function after BrainRx training. In one research study, we looked at underlying changes related to gains in auditory processing and found correlated changes in functional connectivity! In another study, we found normalization of key brain networks after training.

The dynamic feedback, thoroughness, and intensity of BrainRx cognitive training are keys to producing modifications of cognitive skill networks and the desired functional cognitive gains. It is certainly an exciting time to be in the field of cognitive training research.

Christina Ledbetter, PhD
Clinical Neuroscientist and Research Fellow LSU Health Sciences Center
INTRODUCTION

Since 1985, Dr. Ken Gibson and his colleagues have helped more than 100,000 clients with a unique cognitive training methodology designed to remediate deficits in multiple underlying learning skills. Dr. Gibson devoted his entire career to helping children and adults with learning struggles, beginning first with a visual information processing intervention and later restructuring the program to include auditory processing, memory, attention, processing speed, and reasoning training procedures. With input from a team of psychologists, educators, speech and language pathologists, and occupational therapists, Dr. Gibson continuously studied the results of learning and cognition research to develop an intensive reading intervention to complement the original training program.

In 2014, he also emphasized building an empirical research base that supports the cognitive training procedures and assessments used by LearningRx and BrainRx brain training centers, and to the continued development and testing of cognitive training program components. He established the Gibson Institute of Cognitive Research to accomplish those goals.

The mission of the Gibson Institute is to conduct research on LearningRx and BrainRx programs and assessments, to communicate the latest research findings to the education, psychology, neuroscience, and cognitive science communities, to provide opportunities for outside researchers to participate in research projects that utilize our cognitive training and assessment instruments, and to inform the practices of cognitive trainers by translating research findings into real-world applications. This report summarizes the major research on LearningRx and BrainRx programs and provides an overview of the client outcomes from 2010 to 2018.

Amy Lawson Moore, PhD
Cognitive & Educational Psychologist
Research Director
Gibson Institute of Cognitive Research
EXECUTIVE SUMMARY

Introduction
BrainRx cognitive training programs target attention, processing speed, working memory, long-term memory, auditory processing, visual processing, and logic & reasoning through repeated engagement in game-like mental tasks delivered one-on-one by a clinician or trainer. BrainRx intensive reading interventions are also delivered through a cognitive training approach based on The Learning Model developed by Dr. Ken Gibson.

Background
Since 1985, our brain training methodology has been used with more than 100,000 clients at private clinical practices and in brain training centers in the United States and around the world. BrainRx works with clients of all ages regardless of prior diagnosis, including those with dyslexia, ADHD, traumatic brain injury, autism spectrum disorders, speech and language delays, learning disabilities, and age-related cognitive decline.

Report Objectives
- To summarize both the quantitative and qualitative results of formal research studies conducted on BrainRx methods
- To evaluate the training outcomes for all clients between 2010 and 2018

Data Collection
The results from our training were obtained through the following:
- Pre and post standardized testing of 21,974 clients using the Woodcock-Johnson family of tests
- Neuroimaging with functional magnetic resonance imaging (fMRI) in 4 research studies
- Quantitative testing results in 13 research studies using gold-standard assessments including the Woodcock Johnson III Tests of Cognitive Abilities and Tests of Achievement, Woodcock Johnson IV Tests of Cognitive Abilities, Delis Kaplan Executive Function System (DKEFS), Test of Nonverbal Intelligence (TONI-4), Conners Continuous Performance Test (CPT-3), Dementia Rating Scale (DRS-2), Montreal Cognitive Assessment (MoCA), Learning Skills Rating Scale (LSRS), and Gibson Test of Cognitive Skills
- Survey data of behavioral outcomes in 2 research studies that included Behavior Rating Inventory of Executive Function (BRIEF-A) and Patient Competency Rating Scale (PCRS)
- Qualitative data from intake and exit interviews in 4 research studies
- Qualitative data from graduate exit surveys in 4 research studies
Quantitative Results from Randomized Controlled Trials

**IQ Score.** BrainRx training led to an average IQ score gain of 21 points for children and teens with learning struggles, and an average 26-point IQ score gain for children and teens with ADHD.

**Logic & Reasoning.** BrainRx training led to average logic & reasoning gains of 28 points for children and teens with learning struggles, and 27 points for children and teens with ADHD.

**Working Memory.** BrainRx training led to average working memory gains of 13 points for children and teens with learning struggles, and 20 points for children and teens with ADHD.

**Long-Term Memory.** BrainRx training led to average long-term memory gains of 28 points for children and teens with learning struggles, and 34 points for children and teens with ADHD.

**Processing Speed.** BrainRx training led to average processing speed gains of 13 points for children and teens with learning struggles, and 16 points for children and teens with ADHD.

**Auditory Processing.** BrainRx training led to average auditory processing gains of 13 points for children and teens with learning struggles, and 15 points for children and teens with ADHD.

**Visual Processing.** BrainRx training led to average visual processing gains of 11 points for children and teens with learning struggles, and 5 points for children and teens with ADHD.

**Neuronal Connections.** BrainRx training led to significant changes in neuronal connections and global network efficiency measured by fMRI.
Transfer Effects from Randomized Controlled Trials

Transfer Effects for Children with ADHD. Children and teens with ADHD reported transfer to improved confidence, cooperative behaviors, and self-discipline.

Transfer Effects for Children with Learning Struggles. Children and teens with learning struggles reported transfer to improved academic skills, self-esteem, relationships, and self-discipline.

Transfer Effects for At-Risk High Schoolers. Training gains transferred to improved attitudes about math for high schoolers who completed a Brainskills program.

Quantitative Results from Controlled Studies, Quasi-Experimental Studies, and Pilot Trials

Cognitive Skills. School-aged participants achieved significantly higher gains than the control group on working memory, associative memory, logic & reasoning, processing speed, auditory processing, and Word Attack scores.

Academic Difficulty. Parent ratings of 178 school-aged participants showed that those who completed BrainRx brain training experienced less academic difficulty afterwards, while academic difficulty in the same time period for children in a control group actually increased.

Oppositional Behavior. Parent ratings of 178 school-aged participants showed that those who completed BrainRx brain training experienced less oppositional behavior afterwards, while oppositional behavior in the same time period for children in a control group actually increased.

Traumatic Brain Injury. Soldiers with TBI achieved clinically significant changes in working memory, IQ score, auditory processing, long-term memory, auditory working memory, and logic & reasoning following BrainRx cognitive training; and 10 of the 11 soldiers who completed the study achieved overall recovery.

Transfer Effects from Controlled Studies, Quasi-Experimental Studies, and Pilot Trials

Transfer effects for Brain Injury. Adults with brain injury reported transfer to real-life improvements including increased confidence and perseverance, as well as improved attention, memory, affect, motivation, work performance, and outlook on life.

Transfer effects for Seniors. Seniors reported improvements in: mood, work performance, driving, hobbies and sports, problem-solving, anxiety, confidence, hope, outlook, memory, and focus.
Transfer Effects for School-Agers. Parent ratings showed that school age children who completed BrainRx brain training experienced less oppositional behavior afterwards.

Transfer Effects for Mild Cognitive Impairment (MCI). Seniors with varying severity of cognitive impairment who completed BrainRx training reported improved social interactions, marital relationships, restoration of hope, confidence to return to school and work, and decreased depression.

Results from Analyses of Client Outcomes

Cognitive Results. Among all 21,974 clients between 2010 and 2018, the average change in IQ score was 14 points for both children and adults across all programs, with individual program gains ranging from 11 to 17 IQ points following training. The mean cognitive skill gains overall ranged from 9 to 15 points for both children and adults. All changes were statistically significant. The results of each cognitive skill change by age group and program are in the following table:

<table>
<thead>
<tr>
<th>Skill</th>
<th>BrainRx Children</th>
<th>BrainRx Adults</th>
<th>ReadRx Children</th>
<th>ReadRx Adults</th>
<th>Skill Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditory Processing</td>
<td>14</td>
<td>13</td>
<td>14</td>
<td>14</td>
<td>13.7</td>
</tr>
<tr>
<td>Long-term Memory</td>
<td>15</td>
<td>17</td>
<td>15</td>
<td>15</td>
<td>15.5</td>
</tr>
<tr>
<td>Logic &amp; Reasoning</td>
<td>11</td>
<td>10</td>
<td>11</td>
<td>10</td>
<td>10.5</td>
</tr>
<tr>
<td>Sustained Attention</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>14</td>
<td>12.5</td>
</tr>
<tr>
<td>Working Memory</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>11</td>
<td>10.3</td>
</tr>
<tr>
<td>Processing Speed</td>
<td>9</td>
<td>8</td>
<td>9</td>
<td>8</td>
<td>8.5</td>
</tr>
<tr>
<td>Visual Processing</td>
<td>8</td>
<td>10</td>
<td>11</td>
<td>10</td>
<td>9.8</td>
</tr>
<tr>
<td>IQ Score</td>
<td>17</td>
<td>16</td>
<td>14</td>
<td>11</td>
<td>14.5</td>
</tr>
<tr>
<td>Program Mean</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

Reading Results. Among the 9,959 reading program clients between 2010 and 2018, the average gain in reading skills was 3.5 years, with the largest gain of 6.3 years in Sound Awareness following training. All changes were statistically significant.

Cognitive Results by Diagnosis. The average standard score change overall for clients with a pre-existing diagnosis ranged from 10.8 to 11.2 points, with changes in individual skills ranging from 8.3 points to 14.7 points. All changes were statistically significant. The results of each cognitive skill change by diagnostic category are in the following table:
Table of Standard Score Gains by Diagnosis for All Ages

<table>
<thead>
<tr>
<th>Skill</th>
<th>ADHD</th>
<th>Seniors</th>
<th>TBI</th>
<th>Dyslexia</th>
<th>Autism</th>
<th>LD</th>
<th>Speech</th>
<th>Skill Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditory Processing</td>
<td>14</td>
<td>13</td>
<td>13</td>
<td>15</td>
<td>14</td>
<td>15</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>Long-term Memory</td>
<td>15</td>
<td>16</td>
<td>17</td>
<td>14</td>
<td>13</td>
<td>15</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>Logic &amp; Reasoning</td>
<td>11</td>
<td>10</td>
<td>10</td>
<td>12</td>
<td>11</td>
<td>11</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Sustained Attention</td>
<td>12</td>
<td>7</td>
<td>10</td>
<td>11</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Working Memory</td>
<td>10</td>
<td>9</td>
<td>11</td>
<td>9</td>
<td>11</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Processing Speed</td>
<td>9</td>
<td>6</td>
<td>10</td>
<td>8</td>
<td>10</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Visual Processing</td>
<td>8</td>
<td>9</td>
<td>9</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>IQ Score</td>
<td>14</td>
<td>16</td>
<td>11</td>
<td>13</td>
<td>10</td>
<td>11</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Diagnosis Mean</td>
<td>12</td>
<td>11</td>
<td>11</td>
<td>11</td>
<td>11</td>
<td>11</td>
<td>11</td>
<td>11</td>
</tr>
</tbody>
</table>

Retention. Follow-up testing of 516 clients one year after training showed that retention rates ranged from 96% to 99% in all cognitive areas, including IQ score, logic & reasoning, memory, and auditory processing.

Conclusion

BrainRx training outcomes are consistent across research study designs and subgroups. Analyses of client outcomes reveal similar trends in statistically significant changes from pretest to post-tests across age groups and diagnostic categories. A convergence of evidence points to program efficacy, improved cognition, and transfer to real-life improvements.
THE SCIENCE BEHIND BRAINRX ONE-ON-ONE BRAIN TRAINING

The Learning Model is grounded in the Cattell-Horn-Carroll (CHC) theory of intelligence, which describes thinking as a set of seven broad abilities: comprehension, knowledge, long-term retrieval, visual-spatial thinking, auditory processing, fluid reasoning, processing speed, and short-term memory.

According to the Learning Model, an individual takes information in through the senses (input) that must be recognized and analyzed by the active processing system (working memory, processing speed, attention). This executive control system determines which information is unimportant, easily handled, or requires thinking. Unimportant information is discarded from working memory. If the input contains important information about data that have already been stored in the knowledge bank, it is quickly retrieved and converted to output, such as speaking or writing.

If the information has not been previously stored, higher thinking processes must then occur. Reasoning, auditory processing, and visual processing must be used to solve the problem or complete the task. If the task is practiced often enough, however, the information is stored in the knowledge bank, which will decrease the time between input to output. This occurs because the higher thinking processes can then be bypassed.

SEVEN KEY COGNITIVE SKILLS

- **Attention**: Focus over time, despite distraction, or while multitasking
- **Processing Speed**: Think and perform tasks quickly and accurately
- **Working Memory**: Hold on to and use information during the learning process
- **Auditory Processing**: Distinguish, blend, and segment sounds accurately
- **Visual Processing**: Create and picture mental images while thinking or reading
- **Logic & Reasoning**: Reason, form ideas, and solve problems
- **Long-Term Memory**: Efficiently recall facts and stored information
 BRAINRX COGNITIVE TRAINING

BrainRx cognitive training programs target and remediate seven primary cognitive skills and multiple sub-skills through repeated engagement in game-like mental tasks delivered one-on-one by a clinician or cognitive trainer. The tasks emphasize visual or auditory processes that require attention and reasoning throughout each 60- to 90-minute training period. Using a synergistic “drill for skill” and metacognitive approach to developing cognitive skills, the program incorporates varying levels of intensity, hierarchical sequencing of tasks, multiple-task loading, and instant feedback from the clinician or trainer. Training sessions are focused, demanding, intense, and tightly controlled by the clinician or trainer to push students to just above their current cognitive skill levels. Deliberate distractions are built in to the sessions to tax the brain’s capacity for sorting and evaluating the importance of incoming information. This ability to correctly handle distracting information and interruptions is the foundation for focus and attention skills.

THE SEVEN KEY INGREDIENTS OF EFFECTIVE BRAIN TRAINING

- **Brain training must be practiced.** Because brain training builds skills, it can’t be taught in the classroom. It must be practiced, like learning to play tennis or the piano.

- **Brain training that gets the best results is done one-on-one with a personal trainer.** Teaming with an experienced trainer provides accountability, motivation, and—ultimately—life changing results.

- **Brain training exercises need to be intense,** requiring concentrated repetitions in order to train skills quickly.

- **Brain training exercises need to be targeted** in order to address specific weak cognitive skills.

- **Brain training exercises need to be done in a particular sequence.** Small challenging steps don’t overwhelm the client, but allow the trainer to continually challenge the client incrementally and keep them engaged in the training.

- **Brain training exercises must be progressively loaded.** Loading incorporates multitasking and is a fast-track way to take a new skill and make it a more automatic skill.

- **Brain training, to be effective, requires immediate, accurate feedback.** Instant, effective reinforcement and adjustments keep training focused and intense.
### PROFILE OF CLIENTS

**Clients with a Prior Diagnosis**

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attention Deficit Hyperactivity Disorder (ADHD)</td>
<td>29%</td>
</tr>
<tr>
<td>Dyslexia</td>
<td>11%</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>11%</td>
</tr>
<tr>
<td>Speech/Language Delay</td>
<td>10%</td>
</tr>
<tr>
<td>Autism Spectrum Disorder</td>
<td>5%</td>
</tr>
<tr>
<td>Traumatic Brain Injury</td>
<td>2%</td>
</tr>
<tr>
<td>Age-Related Memory Loss</td>
<td>1%</td>
</tr>
</tbody>
</table>

**Client Gender**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>59.8%</td>
</tr>
<tr>
<td>Female</td>
<td>40.2%</td>
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</tbody>
</table>
Cognitive Training Effects in Children Ages 8–14: A Randomized Controlled Trial

- BrainRx improves cognitive skills and IQ score for children and adolescents with learning struggles.
- Randomized controlled trial led by Dick Carpenter, PhD of University of Colorado-Colorado Springs and Christina Ledbetter, PhD of LSU Health Science Center compared the effects of 60 hours of BrainRx cognitive training to a waitlist control group using the Woodcock-Johnson III Tests of Cognitive Abilities and the NIH Toolbox Cognition Battery (attention only).
- IQ score of BrainRx group increased by 21 points.
- BrainRx group outperformed the control group on all measures. Differences were statistically significant except for the attention measure.

Clinician-Delivered Cognitive Training for Children with Attention Problems: Effects on Cognition and Behavior from the ThinkRx Randomized Controlled Trial

• BrainRx improves cognitive skills, IQ score, and cooperative behavior for children and adolescents with ADHD and attention problems

• Randomized controlled trial led by Dick Carpenter, PhD of University of Colorado-Colorado Springs and Christina Ledbetter, PhD of LSU Health Science Center compared the effects of 60 hours of BrainRx cognitive training to a treatment-as-usual control group

• Results showed statistically significant differences between groups on 5 outcome measures

• IQ score of BrainRx group increased by 26 points

• All BrainRx group members obtained clinically significant change indicating overall recovery

• BrainRx group reported transfer to improved confidence, cooperative behaviors, and self-discipline

Training the Brain to Learn: Beyond Vision Therapy

- BrainRx improves cognitive skills and basic reading skills for children and adolescents with learning struggles.
- Controlled trial led by Dick Carpenter, PhD of University of Colorado-Colorado Springs
- Compared the effects of 24 weeks of BrainRx/ReadRx cognitive training to a propensity-matched control group as measured by the Woodcock-Johnson III.
- The BrainRx group outperformed the control group on all 7 measures. Differences were statistically significant except for visual processing.

Comparing Two Methods of Delivering ThinkRx Cognitive Training to Children Ages 8–14: A Randomized Controlled Trial of Equivalency

- BrainRx improves cognitive skills and IQ score for children and adolescents with learning struggles.
- Randomized controlled trial led by Dick Carpenter, PhD of University of Colorado-Colorado Springs and Christina Ledbetter, PhD of LSU Health Science Center compared delivery of 60 training hours solely by a clinician versus 50% delivered by a clinician and the other 50% through digital exercises in a supervised computer lab.
- Delivery method differences were not statistically significant except for long-term memory.
- Both groups reported transfer to improved academic skills, self-esteem, relationships, and self-discipline.


- BrainRx improves parent-reported academic struggles and oppositional behavior for children and adolescents.
- Controlled trial led by Edward Jedlicka, PhD of Lakeland University compared changes in parent-reported academic difficulty and oppositional behavior between a BrainRx group (n = 67), a ReadRx group (n = 53), and a no-contact control group (n = 58) using the Learning Skills Rating Scale.
- Both BrainRx groups outperformed the control group on reduction in parent-reported academic difficulty and oppositional behavior ratings; and had significantly improved cognitive skills as well.

ThinkRx Cognitive Training for Adults over Age 50: Clinician Caregiver Partners in Delivery as Effective as Clinician-Only Delivery

- BrainRx improved cognition and life skills for adults over age 50 with memory and attention complaints
- Two-group study led by Dick Carpenter, PhD of UCCS and Amy Lawson Moore, PhD of Gibson Institute of Cognitive Research to compare the cognitive and transfer effects from two methods of delivering 78 hours of BrainRx to adults ages 50–95 with subjective memory and attention problems (n = 292): clinician-only delivery versus a combination of clinician/home partner delivery.
- Participants in both BrainRx groups improved significantly on all six measures and reported transfer to real-life improvements. Differences between methods of delivery were small, but clinician-only delivery overall led to greater cognitive gains.

Improvements Reported on Exit Surveys

- Mood
- Memory
- Focus and attention
- Work performance
- Hobbies and sports
- Driving
- Problem-solving
- Multi-tasking
- Processing speed
- Less anxiety
- Confidence and hope
- Outlook

Cognitive Effects of ThinkRx Cognitive Rehabilitation Training for Eleven Soldiers with Brain Injury: A Retrospective Chart Review

- BrainRx improved cognition and life skills for soldiers recovering from brain injury
- Pilot study led by Christina Ledbetter, PhD of LSU examining outcomes from 80 hours of BrainRx supplemented with Brainskills for eleven soldiers in a warrior transition unit
- 10 of 11 soldiers achieved overall recovery based on clinically-significant changes in general intellectual ability which increased an average of 13 points
- Soldiers reported transfer to real-life improvements including increased confidence and perseverance, improved attention, and improved memory.
- Soldiers also reported returning to school and work and a higher tolerance for frustration

* Significant at p < .007

The Efficacy of Cognitive Training: Modality and Transfer Effects

- BrainRx improves memory and reasoning skills in at-risk high school students
- Three million dollar NSF-funded randomized controlled trial led by Oliver Hill, PhD of Virginia State University compared outcomes on tests of memory, reasoning, and math attitudes between BrainRx one-on-one training, Brainskills (digital ThinkRx program), and homework assistance for 225 at-risk high school students
- Significant differences between groups were found on measures of fluid reasoning and long-term memory
- Training gains transferred to improved attitudes about math for the Brainskills group

Change in Fluid Reasoning Scores

Neuroimaging Outcomes of a Cognitive Rehabilitation Training Program

- Changes in the Default Mode Network of the brain can be seen on functional Magnetic Resonance Imaging for clients with Traumatic Brain Injury following training with BrainRx.

- In a multiple case study design led by neuroscientist Christina Ledbetter, PhD of LSU, 10 participants with varying levels of injury and impairment were imaged before and after 90 hours of BrainRx cognitive training.

- Normalization of the Default Mode Network was most evident in severe TBI. Significant training induced changes were noted in the mild TBI group as well.

Reliability and Validity of the Revised Gibson Test of Cognitive Skills, A Computer-Based Test Battery for Assessing Cognition across the Lifespan

- The Gibson Test of Cognitive Skills (Version 2) is correlated with the Woodcock Johnson III as a valid and reliable method for assessing cognitive skills in children and adults.
- Using a nationwide sample of 2,737 people ages 5 to 85, Amy Lawson Moore, PhD and Terissa Miller, MS Psy of Gibson Institute examined evidence of validity and reliability of the Gibson Test in measuring short-term memory, long-term memory, processing speed, logic and reasoning, visual processing, auditory processing, and Word Attack skills.
- Strong evidence of reliability included test-retest reliability coefficients ranging from .69–.91 and split-half reliability coefficients ranging from .87 to .91. Strong evidence of validity included concurrent validity with the Woodcock Johnson III with coefficients ranging from .53 to .93.
- Compared to 7 major digital cognitive tests, the GT is the only one that measures auditory processing (including blending, segmenting, and dropping) and Word Attack skills. It has the second largest normative database among the available digital cognitive tests, and the largest one that includes children.

Comparison to Seven Major Digital Cognitive Tests

<table>
<thead>
<tr>
<th>Digital Cognitive Test</th>
<th>STM</th>
<th>LTM</th>
<th>VP</th>
<th>PS</th>
<th>LR</th>
<th>AP</th>
<th>WA</th>
<th>Normal Sample</th>
<th>Norm Group Ages</th>
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</thead>
<tbody>
<tr>
<td>Gibson Test of Cognitive Skills -V2</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>2,737</td>
<td>5–85</td>
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<tr>
<td>NeuroTrax</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>1,569</td>
<td>8–120</td>
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<tr>
<td>MicroCog</td>
<td>X</td>
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<td>X</td>
<td>X</td>
<td>X</td>
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<td>810</td>
<td>18–89</td>
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<td>ImPACT</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>931</td>
<td>13–college</td>
</tr>
<tr>
<td>CNS Vital Signs</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,069</td>
<td>7–90</td>
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<td>Computer-Administered Neuropsychological Screen</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>310</td>
<td>51–93</td>
</tr>
<tr>
<td>(CANS-MCI)</td>
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<td>Automated Neuropsychological Assessment Metrics (ANAM)</td>
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<td>X</td>
<td></td>
<td></td>
<td></td>
<td>107,801</td>
<td>17–65</td>
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<tr>
<td>Cambridge Neuropsychological Test Automated Battery (CANTAB)</td>
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<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2,000</td>
<td>4–90</td>
</tr>
</tbody>
</table>

MRI Study: Correlation of Cognitive Training Gains and Resting State Functional Connectivity

- BrainRx training changed overall global efficiency of the brain and increased functional connectivity between regions of the brain.
- As part of a larger randomized controlled trial by Hill, Serpell, and Faison (2016), neuroscientist Christina Ledbetter, PhD of LSU conducted pre and post-training resting state fMRI studies on 30 of the 225 participating high school students.
- BrainRx training changed overall global efficiency, a measure of information exchange, for areas associated with visual processing, auditory processing, contextual associations, the default mode network, and the cerebellum.
- BrainRx training induced changes in functional connectivity, a measure of the relationship between anatomically distinct regions, for areas associated with auditory processing, contextual associations, and memory.
- For all 7 cognitive skills measured, changes in resting state functional connections correlated with changes in performance on the tests for the treatment group.

MRI and Neuropsychological Outcomes following a Functional Medicine Intervention with Cognitive Training in Mild Cognitive Impairment (MCI): A Multiple Case Study

- A multidisciplinary intervention with cognitive training increased cognitive test scores and improved quality of life for participants in this research study.
- In a multiple case study design led by Randolph James, MD of True Life Medicine and neuroscientist Christina Ledbetter, PhD of LSU, five senior clients with various levels of cognitive decline completed 90 hours of cognitive training coupled with a functional medicine protocol including a Paleo diet, aerobic exercise, sleep optimization, stress management, and nutritional supplementation.
- In all five cases, improvement in both cognitive and life skills was achieved. Four of the five cases were no longer classified as MCI by the Montreal Cognitive Assessment (MoCA) at post-testing. The cutoff for MCI is 23.
- Functional MRI showed participants exhibited modest training-induced changes in neural connectivity. Normalization of the Default Mode Network (DMN) was evident along with the appearance of anti-correlations and decreased hyperconnectivity.

Score range: 0–30
26+ normal
18–25 mild
10–17 moderate
<10 severe

Score range: 2–18
2–3 Severe
4–5 Moderate
6–8 Mild
9–18 Non-clinical

MRI, qEEG, & Neuropsychological Outcomes following Cognitive Rehabilitation Training for Severe Traumatic Brain Injury: A Clinical Case Study.

- Changes in the Default Mode Network after BrainRx cognitive training can be seen on functional MRI.
- In a clinical case study of a participant who suffered a severe TBI 8 years prior, Christina Ledbetter, PhD of LSU and Amy Lawson Moore, PhD of Gibson Institute examined changes in neural connectivity using fMRI and qEEG as well as changes on standard neuropsychological tests following 60 hours of BrainRx brain training.
- The largest cognitive gains were noted on processing speed and working memory, along with a 21-point increase in IQ score from 111 to 132. Participant returned to his former high level STEM career field, was able to stop taking Aricept for memory, and reported improved motivation and outlook on life.
- Post-training MRI showed normalization of connectivity in the Default Mode Network with restoration of anticorrelations in attention and visual areas.
- Post-training qEEG showed normalization of left frontal activity consistent with improvements in mood, depression, and memory.

Beyond Attention: Memory and Processing Speed Deficits Dominate Cognitive Profiles in ADHD Across the Lifespan.

- Attention was not the weakest cognitive skill among more than 5,000 children and adults with ADHD.
- In a cross-sectional study and chart review of clients from 79 learning centers between 2010 and 2015, Christina Ledbetter, PhD of LSU and Amy Lawson Moore, PhD of Gibson Institute collected scores on the Woodcock Johnson III - Tests of Cognitive Abilities (WJ III) administered to children and adults previously diagnosed with ADHD (n = 5,416).
- Across the lifespan, the greatest cognitive deficits in clients with ADHD were working memory, long-term memory, and processing speed.
- Sustained attention was the fourth weakest out of seven skills measured. The strongest skills were auditory and visual processing.

Trajectory of Cognitive Skills Percentiles from Age 4 to 40 in ADHD

BrainRx Training and IQ Gains: A Double Baseline Study

- Clients who declined cognitively after their initial diagnosis while waiting to begin training improved after completing training.
- In a double baseline study with participants serving as their own controls, Amy Lawson Moore, PhD of Gibson Institute of Cognitive Research and distinguished research scientist Howard Wainer, PhD collected diagnostic baseline IQ test results, pretraining IQ test results, and post-training IQ test results from 40 graduates to identify trends within participants.
- After diagnosis, while waiting to begin training, there was a slight decline in average IQ score from 102 to 96. After training, the lost points were regained and additional significant gains were noted, averaging 112 at post-testing.

IQ Change from Diagnosis to Pretesting to Post-Testing

BrainRx Bibliography

Published Research


Conference Presentations


Dissertations and Technical Reports


Research in Progress

Cognitive Training and Traumatic Brain Injury (ClinicalTrials.gov NCT#02918994)

Multidisciplinary Approach to Treating Mild Cognitive Impairment/Early Alzheimer’s (ClinicalTrials.gov NCT#02943187)
BrainRx Client Results by Program

All Programs
BrainRx
ReadRx
ALL PROGRAMS | COGNITIVE RESULTS

Number of Clients: 21,974
Avg. Training Hours: 90
Average Gain: 3.7 years
Largest Gain: 5.4 years in Auditory Processing

CHILDREN
Ages: 4–17 (Mean = 10.4)  # of clients: 19,918

ADULTS
Ages: 18–95 (Mean = 31.6)  # of clients: 2,056

Changes in standard scores were statistically significant at p < .006 on all measures for both children and adults.
ALL PROGRAMS | IQ SCORE RESULTS BY AGE

Number of Clients: 21,974
Ages: 4–95
BRAINRX | COGNITIVE RESULTS

Number of Clients: 8,605
Avg. Training Hours: 82
Average Gain: 3.5 years
Largest Gain: 5.0 years in Auditory Processing

CHILDREN
Ages: 4–17 (Mean = 10.6)  # of clients: 7,426

Changes in standard scores were statistically significant at p < .006 on all measures for both children and adults.

ADULTS
Ages: 18–95 (Mean = 34.8)  # of clients: 1,179
**READRX | READING SKILLS RESULTS**

Number of Clients: 9,959  
Avg. Training Hours: 103  
Average Gain: 3.5 years  
Largest Gain: 6.3 years in Sound Awareness

**CHILDREN**  
Ages: 4–17 (Mean = 10.6)  
# of clients: 9,250

**ADULTS**  
Ages: 18–83 (Mean = 27.7)  
# of clients: 709

Changes in standard scores were statistically significant at p < .006 on all measures for both children and adults.
BrainRx Client Results by Diagnosis

ADHD
Dyslexia
Brain Injury
Learning Disability
Autism Spectrum
Speech & Language Disorder
Seniors
ADHD | COGNITIVE RESULTS

Number of Clients: 6,466
Avg. Training Hours: 81
Average Gain: 3.8 years
Largest Gain: 5.6 years in Auditory Processing

CHILDREN
Ages: 4–17 (Mean = 10.9)  # of clients: 5,902

ADULTS
Ages: 18–73 (Mean = 27.9)  # of clients: 564

Changes in standard scores were statistically significant at \( p < .006 \) on all measures for both children and adults.
DYSLEXIA | COGNITIVE RESULTS

Number of Clients: 2,494
Avg. Training Hours: 94
Average Gain: 3.7 years
Largest Gain: 5.6 years in Auditory Processing

CHILDREN
Ages: 5–17 (Mean = 10.6)  # of clients: 2,264

ADULTS
Ages: Ages 18–71 (Mean = 27.9)  # of clients: 230

Changes in standard scores were statistically significant at \( p < .006 \) on all measures for both children and adults.
**DYSLEXIA | READING RESULTS**

Number of Clients: 2,494  
Avg. Training Hours: 94  
Average Gain: 2.9 years  
Largest Gain: 5.6 years in Sound Awareness

**CHILDREN**  
*Ages: 5–17 (Mean = 10.6) # of clients: 2,264*

**ADULTS**  
*Ages: 18–71 (Mean = 27.9) # of clients: 230*

Changes in standard scores were statistically significant at $p < .006$ on all measures for both children and adults.
BRAIN INJURY | COGNITIVE RESULTS

Number of Clients: 386
Avg. Training Hours: 95
Average Gain: 3.7 years
Largest Gain: 5.2 years in Auditory Processing

CHILDREN
Ages: 5–17 (Mean = 12.2)  # of clients: 163

ADULTS
Ages: 18–87 (Mean = 36.4)  # of clients: 223

Changes in standard scores were statistically significant at $p < .006$ on all measures for both children and adults.
Learning Disability | Cognitive Results

Number of Clients: 2,449
Avg. Training Hours: 93
Average Gain: 3.3 years
Largest Gain: 4.9 years in Auditory Processing

Children
Ages: 4–17 (Mean = 11.0) # of clients: 2,105

Adults
Ages: 18–67 (Mean = 26.2) # of clients: 344

Changes in standard scores were statistically significant at p < .006 on all measures for both children and adults.
AUTISM SPECTRUM | COGNITIVE RESULTS

Number of Clients: 1,049
Avg. Training Hours: 94
Average Gain: 3.2 years
Largest Gain: 4.5 years in Auditory Processing

CHILDREN

Ages: 4–17 (Mean = 10.7) # of clients: 935

ADULTS

Ages: 18–63 (Mean = 22.6) # of clients: 114

Changes in standard scores were statistically significant at $p < .006$ on all measures for both children and adults.
**SPEECH & LANGUAGE DISORDER | COGNITIVE RESULTS**

Number of Clients: 2,217  
Avg. Training Hours: 90  
Average Gain: 3.0 years  
Largest Gain: 4.1 years in Auditory Processing

**CHILDREN**  
Ages: 4–17 (Mean = 10.7)  
# of clients: 2,074

**ADULTS**  
Ages: 18–76 (Mean = 27.6)  
# of clients: 143

Changes in standard scores were statistically significant at $p < .006$ on all measures for both children and adults.
SENIORS | COGNITIVE RESULTS

Number of Clients: 321
Avg. Training Hours: 68
Average Gain: 10.6 standard points
Largest Gain: 16.4 points in IQ score

Ages: 51–95 (Mean = 61.3)  # of clients: 321

Changes in standard scores were statistically significant at $p < .006$ on all measures for both children and adults.
ONE-YEAR RETENTION RESULTS FOR OUR CLIENTS

Abstract: To assess retention of training gains for BrainRx clients, we analyzed the results for 516 clients who opted to return for a one-year follow-up assessment on the Woodcock-Johnson III—Tests of Cognitive Abilities. The average age of clients who completed the follow-up testing was 10.8. Retention rates ranged from 96% to 99%, with the greatest retention of skills in visual processing, auditory processing, and logic & reasoning.

<table>
<thead>
<tr>
<th>Skill</th>
<th>Pre</th>
<th>Post</th>
<th>One Year Later</th>
<th>Retention</th>
</tr>
</thead>
<tbody>
<tr>
<td>IQ</td>
<td>95</td>
<td>111</td>
<td>107</td>
<td>97%</td>
</tr>
<tr>
<td>Long-Term Memory</td>
<td>94</td>
<td>107</td>
<td>106</td>
<td>98%</td>
</tr>
<tr>
<td>Visual Processing</td>
<td>102</td>
<td>109</td>
<td>108</td>
<td>99%</td>
</tr>
<tr>
<td>Auditory Processing</td>
<td>111</td>
<td>122</td>
<td>121</td>
<td>99%</td>
</tr>
<tr>
<td>Logic &amp; Reasoning</td>
<td>100</td>
<td>111</td>
<td>111</td>
<td>99%</td>
</tr>
<tr>
<td>Processing Speed</td>
<td>91</td>
<td>99</td>
<td>94</td>
<td>96%</td>
</tr>
<tr>
<td>Working Memory</td>
<td>94</td>
<td>104</td>
<td>101</td>
<td>98%</td>
</tr>
</tbody>
</table>

All scores are rounded to the nearest whole number

CLIENT SATISFACTION RATINGS

Abstract: To assess client satisfaction with our training programs, parents and adult clients complete an exit survey at the end of training. From 2005–2015, over 19,000 of our 21,836 clients rated the training a 9 or a 10. 71% rated us a 10, and another 24% rated us an 8 or a 9. And in 2015, the average score across all Centers was a 9.6 out of 10!

<table>
<thead>
<tr>
<th>EXIT INTERVIEW RATINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question</td>
</tr>
<tr>
<td>On a scale of 1 to 10, how likely would you be to refer a friend or family member to us?</td>
</tr>
</tbody>
</table>
