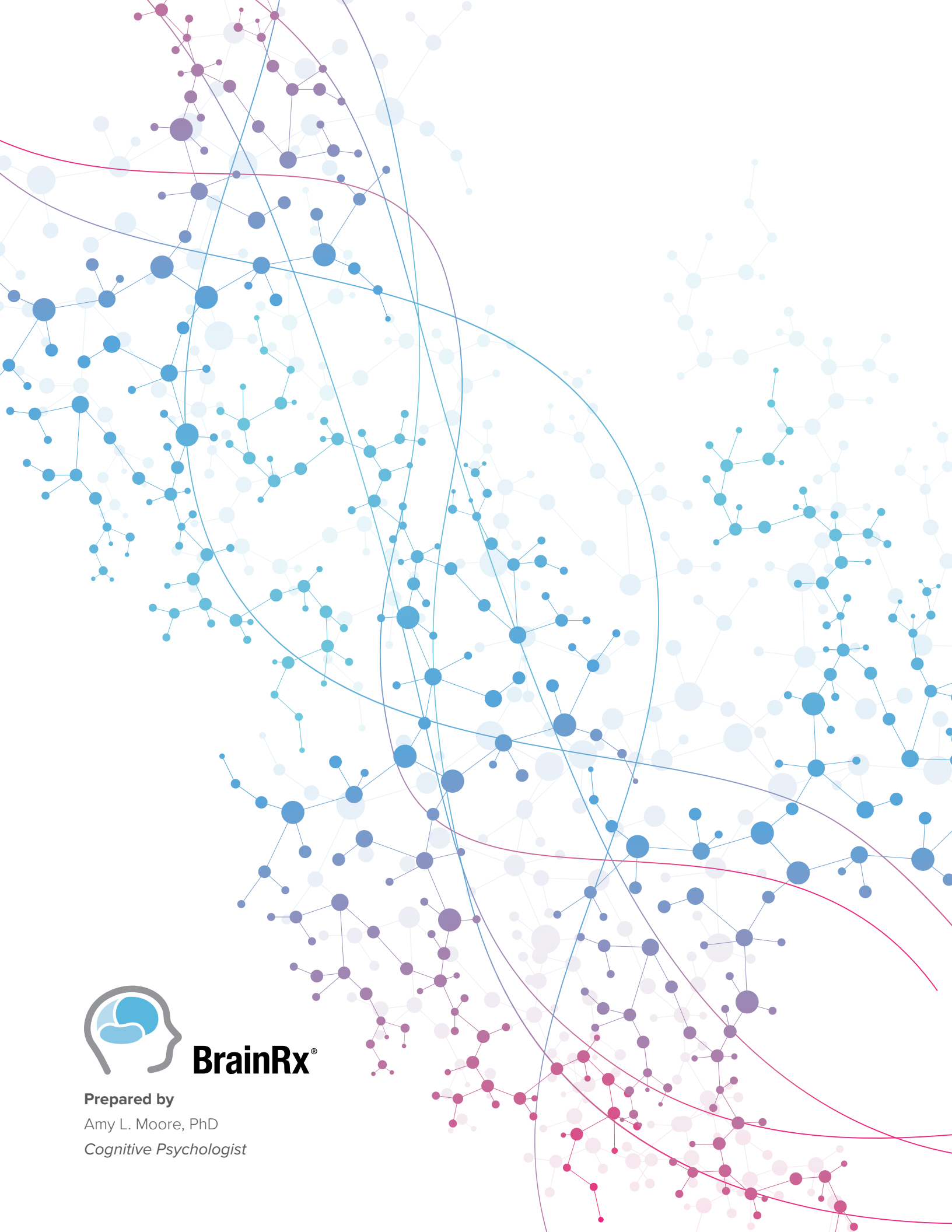


5th Edition

RESEARCH RESULTS & CLIENT OUTCOMES



BrainRx[®]



BrainRx[®]

Prepared by

Amy L. Moore, PhD

Cognitive Psychologist

TABLE OF CONTENTS

Foreword	4
Introduction	5
Executive Summary	7
About Our Programs	13
BrainRx Research	19
Bibliography	37
Client Results Overall & Change in IQ Score by Age	39
Children: Results by Program	41
Children: Results by Diagnosis	47
Adults: Results by Program	56
Adults: Results by Diagnosis	59
Retention Results and Client Satisfaction Ratings	64

FOREWORD

Executive processing is dependent upon the collective interplay of brain networks underlying fundamental cognitive skills. In many 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 trainer 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 72 to 144 hours of training over several months.

We are now using MRIs to visualize the underlying changes in brain structure and function after our training. In several research studies, we looked at underlying changes related to gains in cognitive test scores and found correlated changes in functional connectivity! In other research, we found normalization of key brain networks after training with BrainRx.

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

LSU Health Sciences Center

President, Gibson Institute of Cognitive Research

INTRODUCTION

Since 1985, Dr. Ken Gibson and his colleagues have helped more than 121,000 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, a math intervention, and a reading comprehension intervention that have complemented 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 (GICR) to accomplish those goals. In 2019, GICR became a 501c3 nonprofit

research organization dedicated to examining cognitive training and assessment protocols and methods, and to researching neuropsychological, genetic, and lifestyle factors that are associated with cognition and learning across the lifespan.

Gibson Institute's President, Dr. Christina Ledbetter, and I are committed to continuing Dr. Gibson's legacy by partnering with the esteemed community educators, clinicians, and researchers who serve on the Board of Directors at GICR and on the Scientific Advisory Board with us. This report is one of the recurring projects we manage. It summarizes the research on LearningRx and BrainRx programs and provides an overview of our client outcomes from 2010 to 2022.

Amy Lawson Moore, PhD

*Cognitive Psychologist at LearningRx and
VP of Research at Gibson Institute
of Cognitive Research*







EXECUTIVE SUMMARY

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. Our intensive reading and math 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 121,000 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 LearningRx and BrainRx clients between 2010 and 2022

Data Collection

The results from our training were obtained through the following:

- Pre and post standardized testing of 27,790 clients using the Woodcock-Johnson family of tests, the Gibson Assessment of Cognitive Skills, and the Kaufman Tests of Educational Achievement.
- Neuroimaging with functional magnetic resonance imaging (fMRI) in 4 research studies

- Quantitative testing results in 19 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 7 research studies
- Qualitative data from graduate exit surveys in 5 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. Three thousand five hundred twenty-seven children averaged a 4.1 year gain across reading skills, including a 5.8 year gain in phonological awareness. Parent ratings of 178 school-aged participants showed that those who completed our 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 our 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 our cognitive training; and 10 of the 11 soldiers who completed the study achieved overall recovery.

Delivery Method. Studies revealed no statistically significant differences in outcomes based on program delivery method comparing clinician-only delivery versus shared delivery between clinician and spouse/caregiver, comparing 100% clinician delivery versus 50% clinician-delivery/50% digital, or comparing remote delivery versus in-person delivery during COVID-19.

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

Transfer effects for Brain Injury. Adults & adolescents with brain injury reported transfer to real-life improvements including increased confidence and perseverance, as well as improved attention, memory, affect and mood, motivation, school and work performance, social identity, activities of daily living, and outlook on life.

Transfer Effects for Adults Over 50. Adults 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 our brain training experienced less oppositional behavior afterwards and showed improved math, reading, and writing skills, better grades and academic performance, improved confidence, personal responsibility, social skills, and mood/outlook.

Transfer Effects for Mild Cognitive Impairment (MCI). Seniors with varying severity of cognitive impairment who completed our 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 27,790 clients between 2010 and 2022, 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:

COGNITIVE SKILL STANDARD SCORE GAINS BY AGE GROUP FOR GRADUATES IN EACH PROGRAM

Score	BrainRx		ReadRx		MathRx		Skill Average
	Child	Adult	Child	Adult	Child	Adult	
LTM	14	16	13	14	14	15	14
VP	8	10	8	10	8	9	9
AP	11	10	13	15	11	12	13
LR	11	9	11	10	12	9	10
PS	8	8	8	8	9	9	9
WM	10	10	9	11	10	11	10
Attn	12	12	12	14	12	13	12
IQ	14	13	14	12	14	13	13
Program Average	11	11	11	12	11	11	

Reading Results. Among the 13,264 reading program clients between 2010 and 2022, the group average for basic auditory processing skills at pretest was in the 58th percentile and the group average at post-test was in the 77th percentile. For children, the average age-equivalent change across all reading skills was 3.2 years, with the largest gain of 5.7 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 9 to 11 points, with changes in individual skills ranging from 9 points to 14 points. All changes were statistically significant. The results of each cognitive skill change by diagnostic category are in the following table:

STANDARD SCORE GAINS BY DIAGNOSIS FOR ALL AGES

Score	ADHD	Dyslexia	LD	Speech	Autism	TBI	Adults 50+	Skill Average
LTM	14	13	13	12	12	15	14	13
VP	8	8	8	8	8	9	8	8
AP	12	12	12	12	12	10	8	11
LR	11	11	11	11	10	9	9	10
PS	9	8	9	9	10	10	6	9
WM	10	9	10	12	10	10	9	10
Attn	12	11	11	10	10	10	7	11
IQ	14	13	13	13	13	13	11	13
Diagnosis Average	11	11	11	11	11	11	9	

Retention. Follow-up testing of 2,383 clients 16 months after training showed retention rates ranging from 97% to 99% in all cognitive areas, including IQ score, logic & reasoning, memory, attention, processing speed, visual processing, and auditory processing.

Conclusion

Our 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.



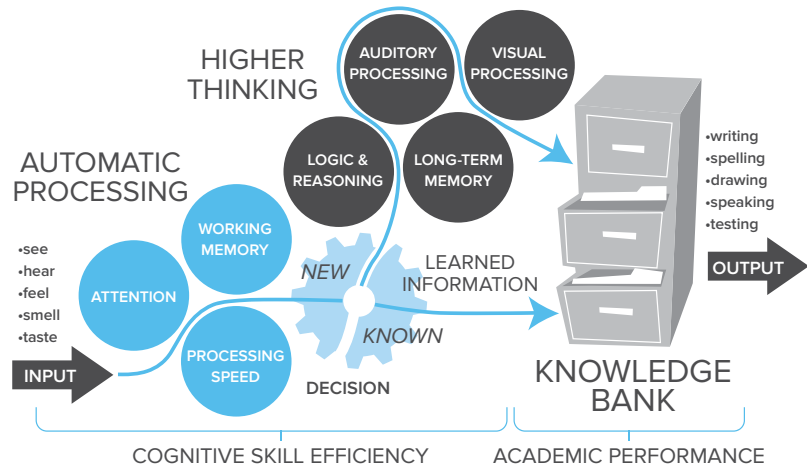
ABOUT OUR PROGRAMS

THE SCIENCE BEHIND OUR BRAIN TRAINING PROGRAMS

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 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.

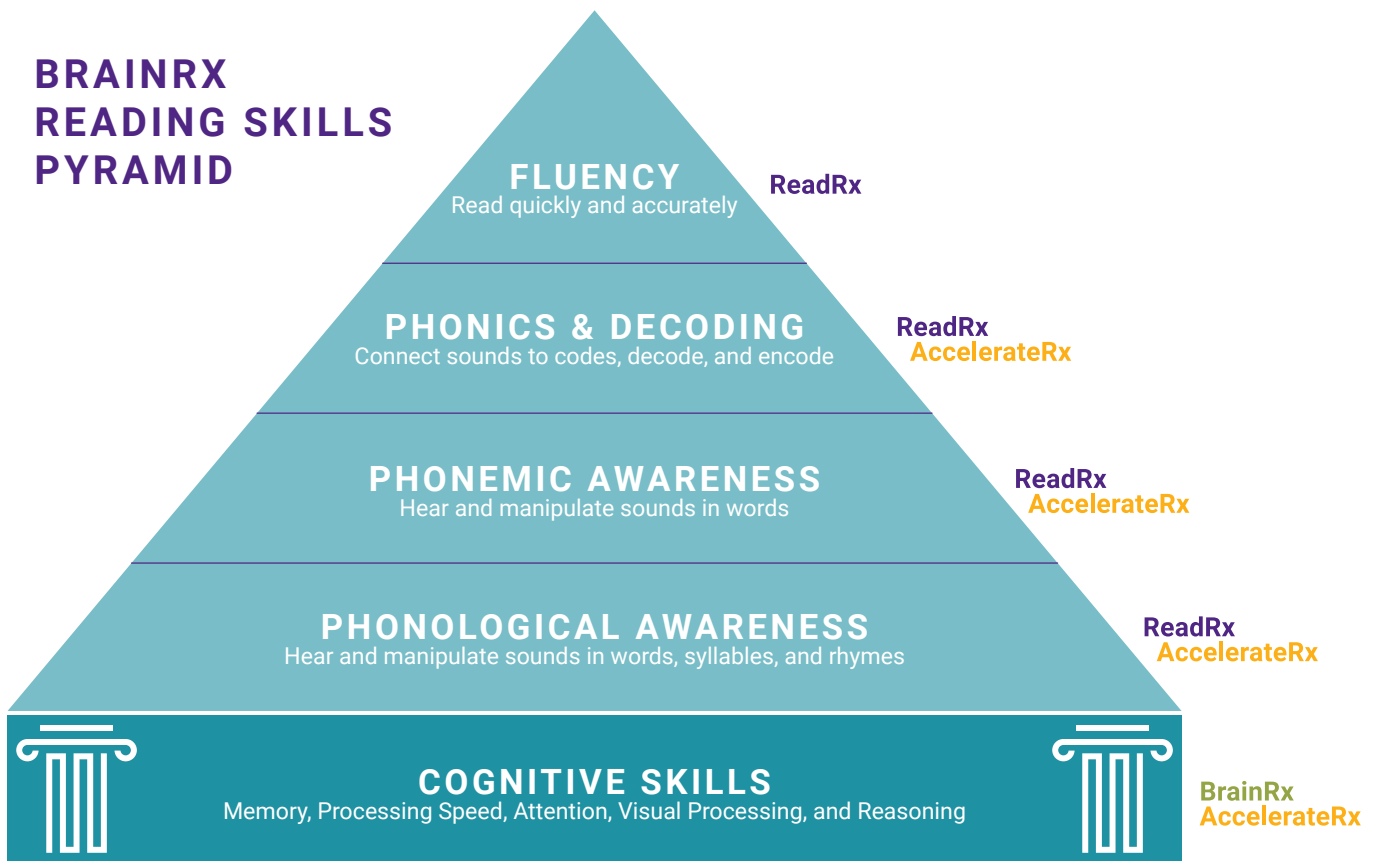


Brain training, to be effective, requires immediate, accurate feedback. Instant, effective reinforcement and adjustments keep training focused and intense.

BRAINRX AND THE SCIENCE OF READING

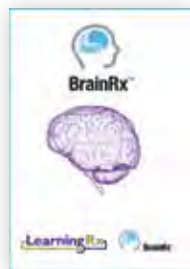
Our reading program is a multi-sensory, structured literacy program delivered through a brain training approach. According to the Science of Reading, a structured literacy approach to reading instruction is aligned with what we know about how the brain learns to read. Structured literacy programs include explicit, systematic teaching that focuses on phonological awareness, word recognition, phonics and decoding, spelling, and syntax at the sentence and paragraph levels. What sets our program apart from all other structured literacy and reading interventions is the focus on building strong cognitive skills first because they are the foundation for all learning.

Based on the Science of Reading and the Cattell-Horn-Carroll Theory of Cognition, our reading program includes explicit and systematic instruction in phonological awareness, phonics, fluency, vocabulary, and comprehension. To our knowledge, we are the only reading program that trains phonemic awareness and phonics along with memory, processing speed, visual processing, attention, and reasoning skills.



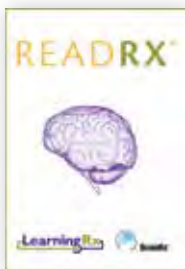
The BrainRx Reading Skills Pyramid illustrates how we place training cognitive skills as the foundation for our reading program. Our emphasis on training core cognitive skills before focusing on reading skills demonstrates our understanding of the way the brain learns to read, and the skills needed to achieve fluency and understanding when reading.

PROFILE OF PROGRAMS



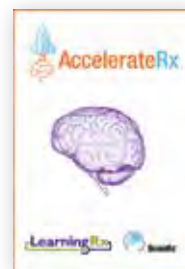
Years: 2010–2022
Clients: 10,151
Age of Clients: 4–95
Training hours: 90

BrainRx is the foundational one-on-one cognitive training program for clients ages six to adult. BrainRx includes the training procedures that target all major cognitive skills, including attention, memory, processing speed, auditory and visual processing, and logic & reasoning.



Years: 2010–2022
Clients: 13,264
Age of Clients: 4–83
Training hours: 120

ReadRx is an intensive sound-to-code reading and spelling intervention for clients ages six to adult. ReadRx includes all the training procedures and adds an additional 60 hours of training in auditory processing along with basic and complex code reading training to increase reading and spelling fluency.



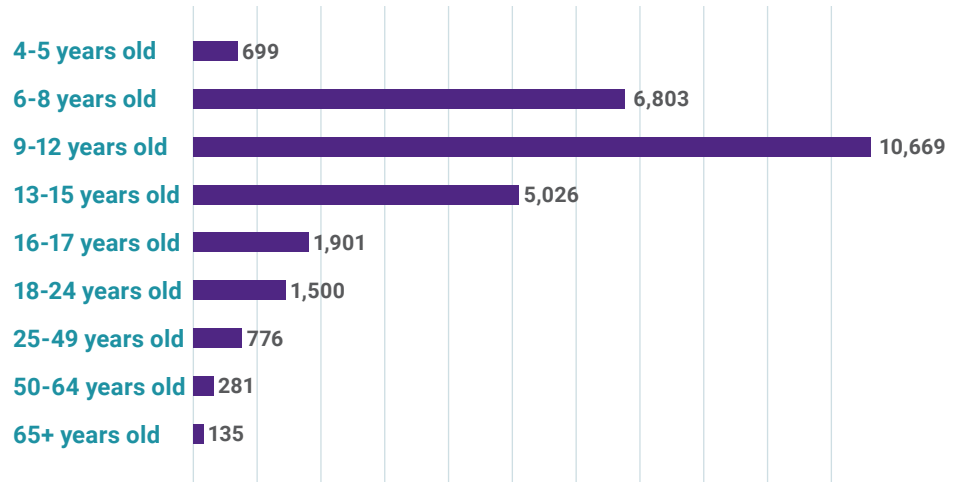
Years: 2010–2022
Clients: 1,787
Age of Clients: 4–73
Training hours: 60

AccelerateRx is a reading readiness and cognitive skills training intervention, addressing foundational cognitive skills for learners as young as four years old.

PROFILE OF OUR CLIENTS



NUMBER OF CLIENTS IN EACH AGE GROUP



PERCENTAGE OF CHILDREN AND ADULTS TRAINED

Children (Ages 4-17)	90%
Adults (Ages 18-95)	10%

PERCENTAGE WITH A PRIOR DIAGNOSIS

Attention Deficit Hyperactivity Disorder (ADHD)	30%
Dyslexia	12%
Learning Disability	12%
Speech/Language Delay	11%
Autism Spectrum Disorder	5%
Traumatic Brain Injury	2%
Age-Related Cognitive Decline	1%





OUR RESEARCH

CHILDREN

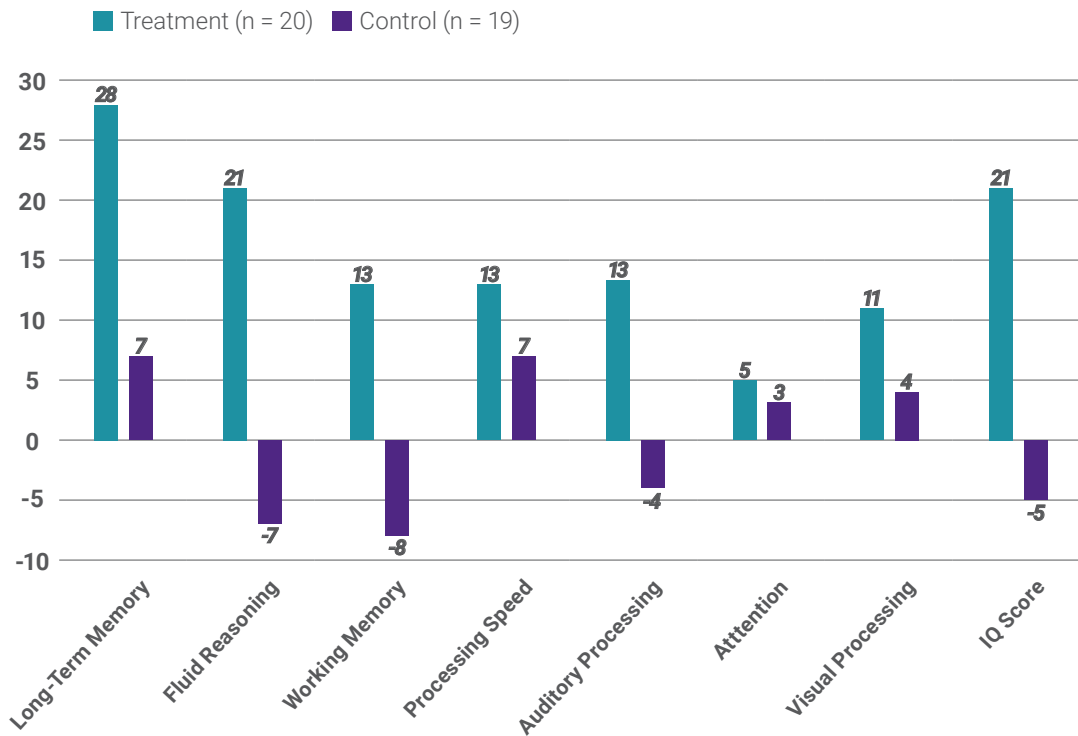
**CHILDREN
AGES 8-14**
LEARNING
STRUGGLES

Published in *Applied
Cognitive Psychology*

BRAINRX 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.

CHANGE IN WJ STANDARD SCORES



Source: Carpenter, D., Ledbetter, C., & Moore, A.L. (2016). LearningRx cognitive training effects in children ages 8-14: A randomized controlled trial. *Applied Cognitive Psychology*, 30(5), 815-826. doi: 10.1002/acp.3257. Available at <http://onlinelibrary.wiley.com/doi/10.1002/acp.3257/epdf>

CHILDREN

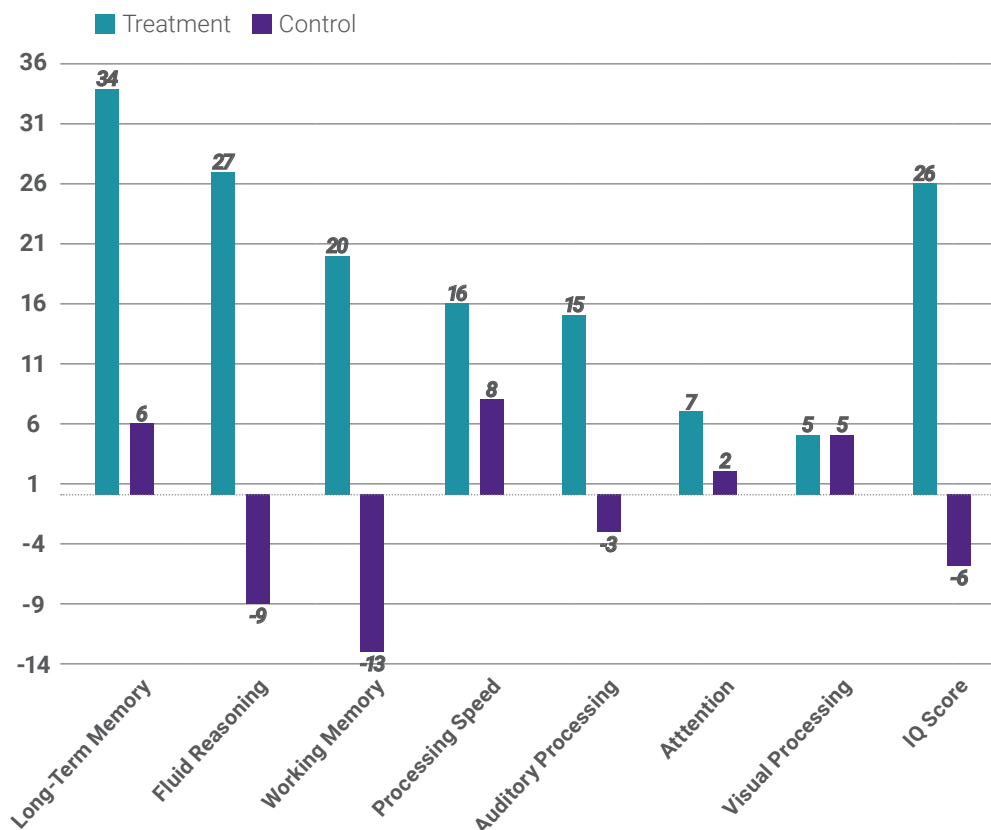
CHILDREN AGES 8-14 ADHD

Published in
*Neuropsychiatric
Disease and
Treatment*

CLINICIAN-DELIVERED COGNITIVE TRAINING FOR CHILDREN WITH ATTENTION PROBLEMS: EFFECTS ON COGNITION AND BEHAVIOR FROM THE BRAINRX 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 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.

CHANGE IN WJ & NIH TOOLBOX STANDARD SCORES



Source: Moore, A.L., Carpenter, D.M., Ledbetter, C., & Miller, T.M. (2018). Clinician-delivered cognitive training for children with attention problems: Transfer effects on cognitive and behavior from the ThinkRx randomized controlled trial. *Neuropsychiatric Disease and Treatment*, 14, 1671-1683. doi: 10.2147/NDT.S165418 Retrieved from www.ncbi.nlm.nih.gov/pmc/articles/PMC6027847

CHILDREN

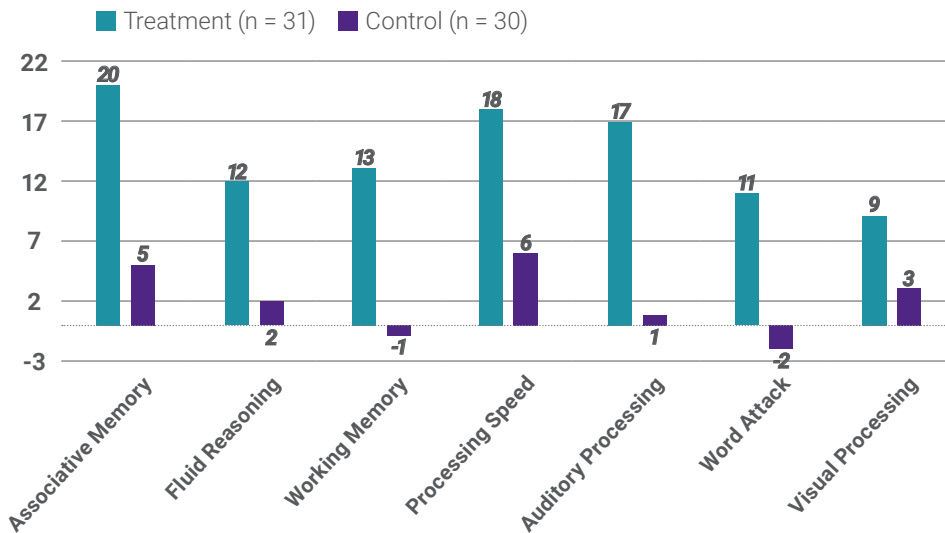
**CHILDREN
AGES 6-18**
LEARNING
STRUGGLES

Published in *Vision
Development &
Rehabilitation*

TRAINING THE BRAIN TO LEARN: BEYOND VISION THERAPY

- BrainRx improved 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.

CHANGE IN STANDARD SCORES



Source: Gibson, K., Carpenter, D.M., Moore, A.L., & Mitchell, T. (2015). Training the brain to learn: Beyond vision therapy. *Vision Development and Rehabilitation*, 1(2), 120-129. Retrieved from www.covd.org/page/VDR_1_2

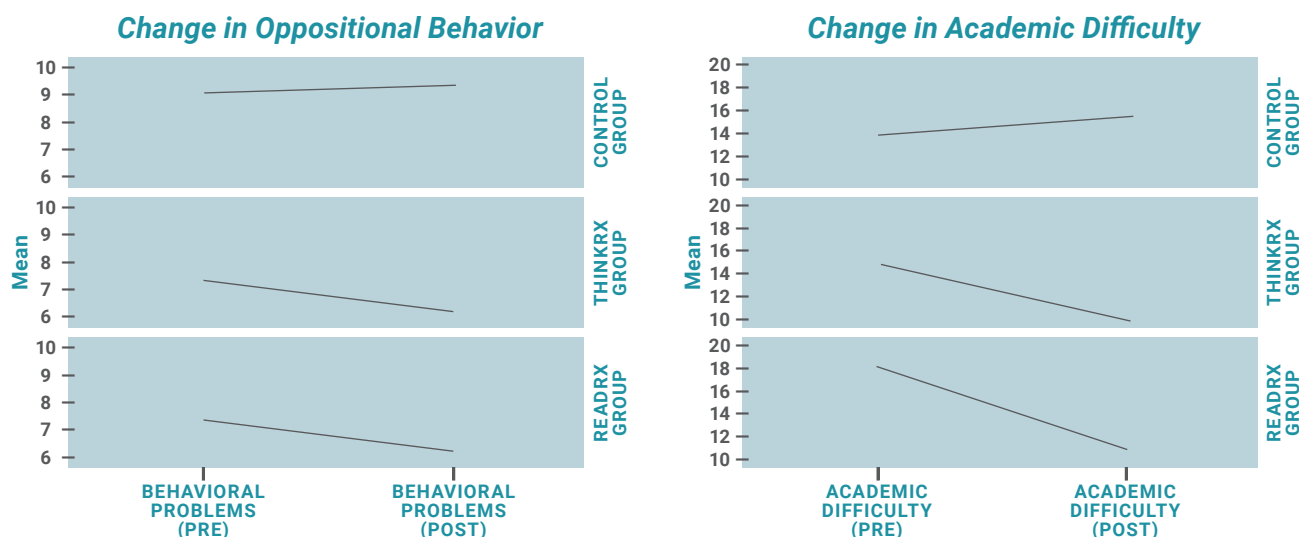
CHILDREN

CHILDREN AGES 5-18
LEARNING STRUGGLES

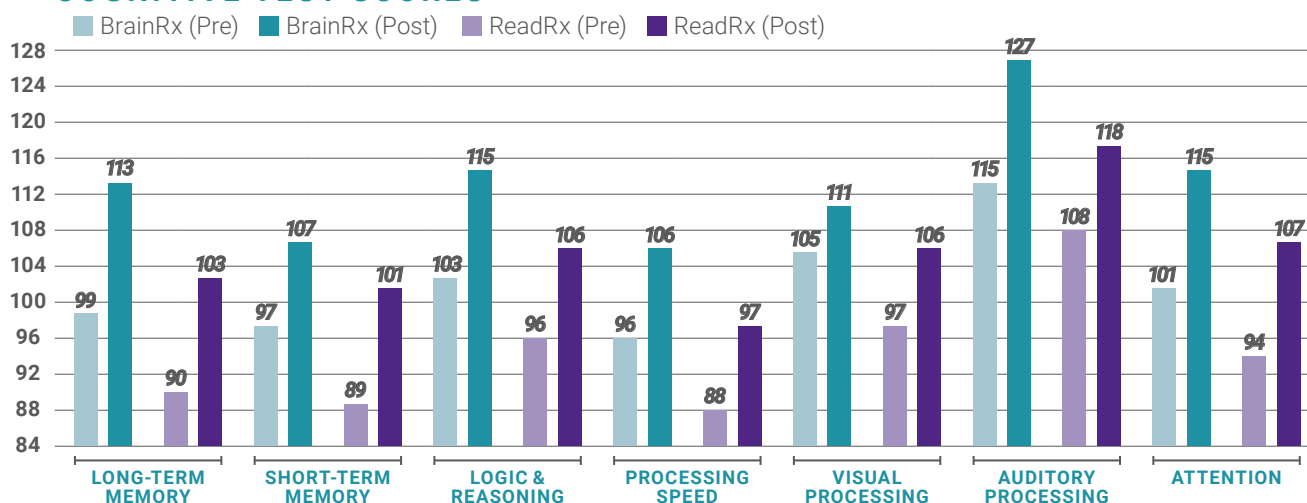
Published in *Frontiers in Education*

COGNITIVE TRAINING FOR CHILDREN & ADOLESCENTS AGES 5-18: EFFECTS ON ACADEMIC SKILLS, BEHAVIOR, & COGNITION

- BrainRx improved 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 groups outperformed the control group on reduction in parent-reported academic difficulty and oppositional behavior ratings; and had significantly improved cognitive skills as well.



COGNITIVE TEST SCORES



Source: Jedlicka, E. (2017). LearningRx cognitive training for children and adolescents ages 5-18: Effects on academic skills, behavior, and cognition. *Frontiers in Education*, 2(62). doi: 10.3389/feeduc.2017.00062. frontiersin.org/articles/10.3389/feeduc.2017.00062/full



ADULTS

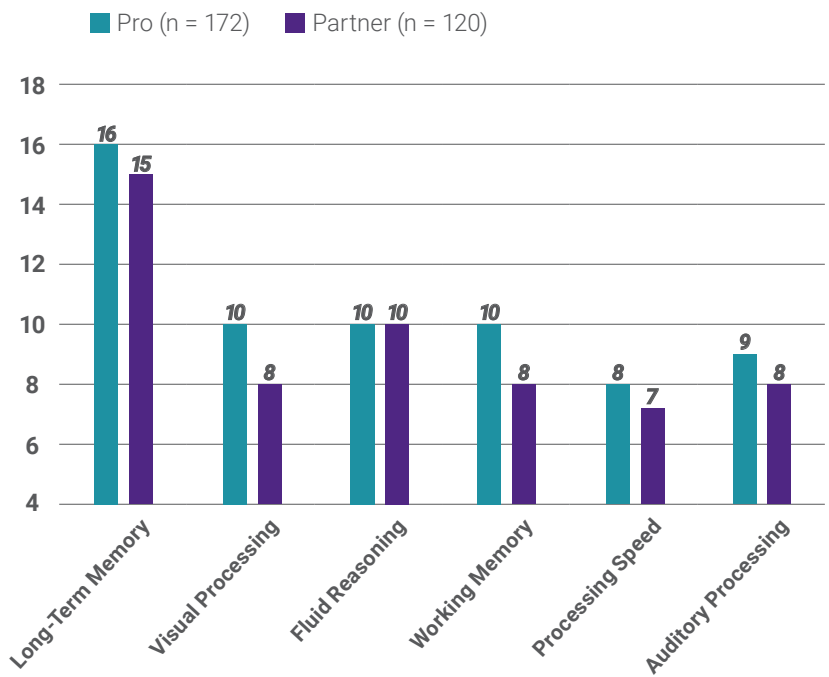
ADULTS OVER AGE 50 MEMORY

Published in *Psychology and Neuroscience*

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 training to adults over age 50 with subjective memory and attention problems (n = 292): clinician-only delivery versus a combination of clinician/home partner delivery.
- Participants in both 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.

CHANGE IN WJ STANDARD SCORES



Source: Moore, A.L., Carpenter, D.M., Miller, T.M., & Ledbetter, C., (2019). ThinkRx Cognitive Training for Adults over Age 50: Clinician-Caregiver Partners in Delivery as Effective as Clinician-Only Delivery. *Psychology and Neuroscience*, 12(2), 291-306. . doi: 10.1037/pne0000162

ADULTS

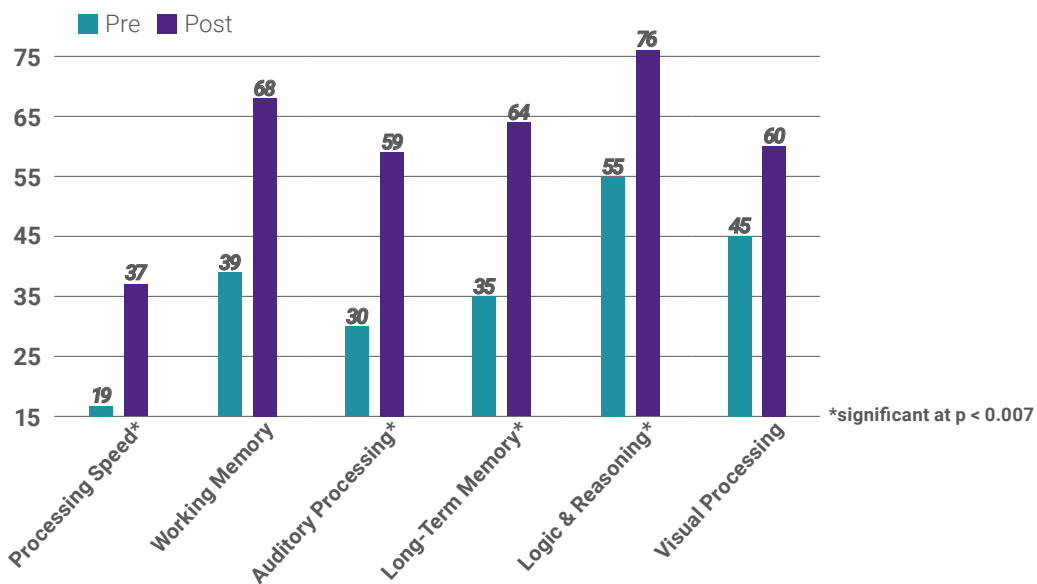
**ADULTS
AGES 25-46**
TRAUMATIC
BRAIN INJURY

Published in *Frontiers
in Psychology*

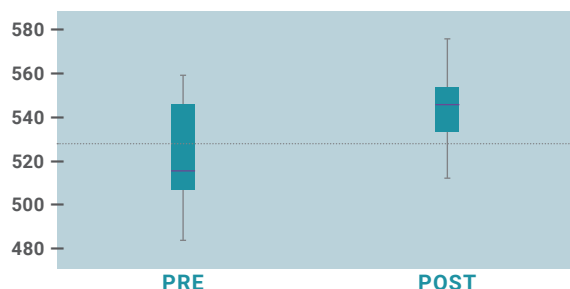
COGNITIVE EFFECTS OF BRAINRX COGNITIVE REHABILITATION TRAINING FOR ELEVEN SOLDIERS WITH BRAIN INJURY: A RETROSPECTIVE CHART REVIEW

- Cognition and life skills in soldiers recovering from brain injury improved after BrainRx
- 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

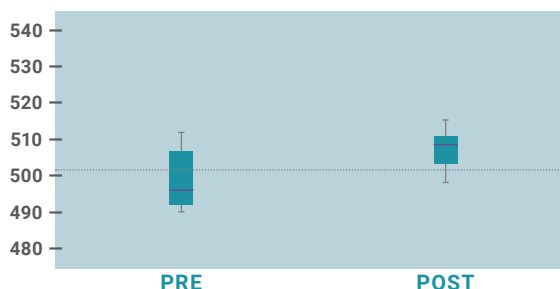
PRE AND POST PERCENTILES ON WJIII



CLINICAL CHANGE IN WORKING MEMORY



CLINICAL CHANGE IN ASSOCIATIVE MEMORY



Source: Ledbetter, C., Moore, A.L., Mitchell, T. (2017). Cognitive effects of ThinkRx cognitive rehabilitation training for eleven soldiers with brain injury: A retrospective chart review. *Frontiers in Psychology*, 8(825). doi: 10.3389/fpsyg.2017.00825 <http://journal.frontiersin.org/article/10.3389/fpsyg.2017.00825/full>



CHILDREN & ADULTS

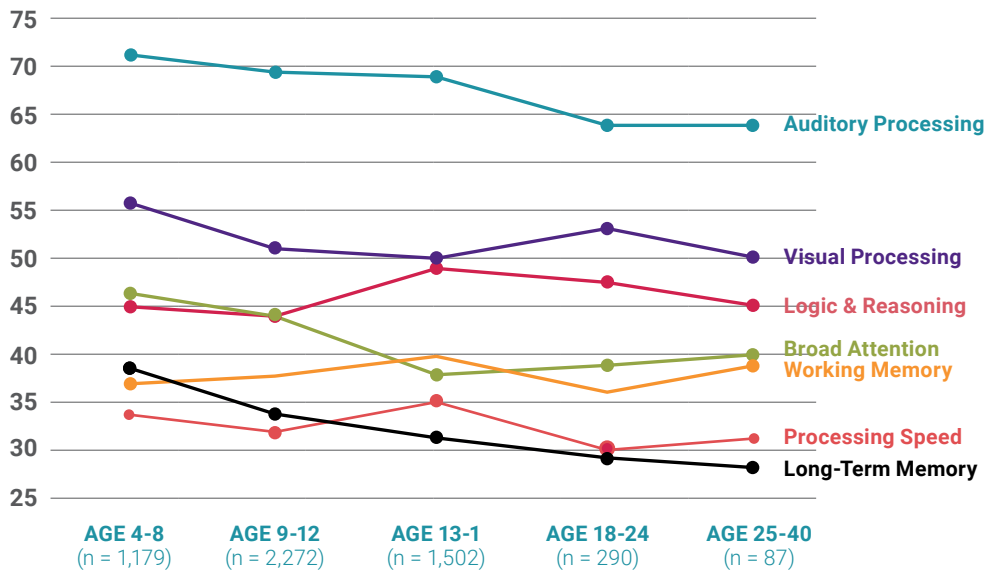
CHILDREN & ADULTS
ADHD

Published in *Journal of Mental Health & Clinical Psychology*

THE PROMISE OF CLINICIAN-DELIVERED COGNITIVE TRAINING FOR CHILDREN DIAGNOSED WITH ADHD

- Interventions for ADHD need to target more than attention, because working memory, long-term memory, and processing speed are also deficient in ADHD.
- In a review of interventions for ADHD, Christina Ledbetter, PhD of LSU, and Amy Lawson Moore, PhD of Gibson Institute, share their cross-sectional study of more than 5,000 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



Source: Moore, A.L., & Ledbetter, C. (2019). The Promise of Clinician-Delivered Cognitive Training for Children Diagnosed with ADHD. *Journal of Mental Health and Clinical Psychology*, 3(3), 3-8. doi: 10.29245/2578-2959/2019/3.1180 Available at mentalhealthjournal.org/articles/the-promise-of-cliniciandelivered-cognitive-training-for-children-diagnosed-with-adhd.pdf

HIGH SCHOOL STUDENTS

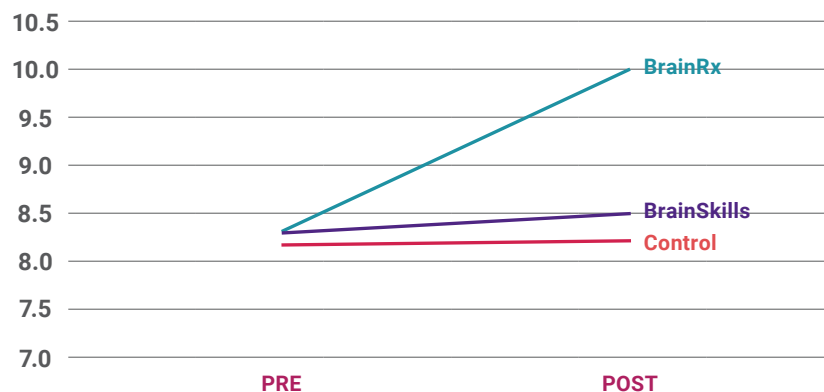
THE EFFICACY OF THE BRAINRX COGNITIVE TRAINING PROGRAM: MODALITY AND TRANSFER EFFECTS

HIGH SCHOOL STUDENTS AT-RISK

Published in *Journal of Experimental Education*

- 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 BrainRx 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



SENIORS

SENIORS
 COGNITIVE
 IMPAIRMENT

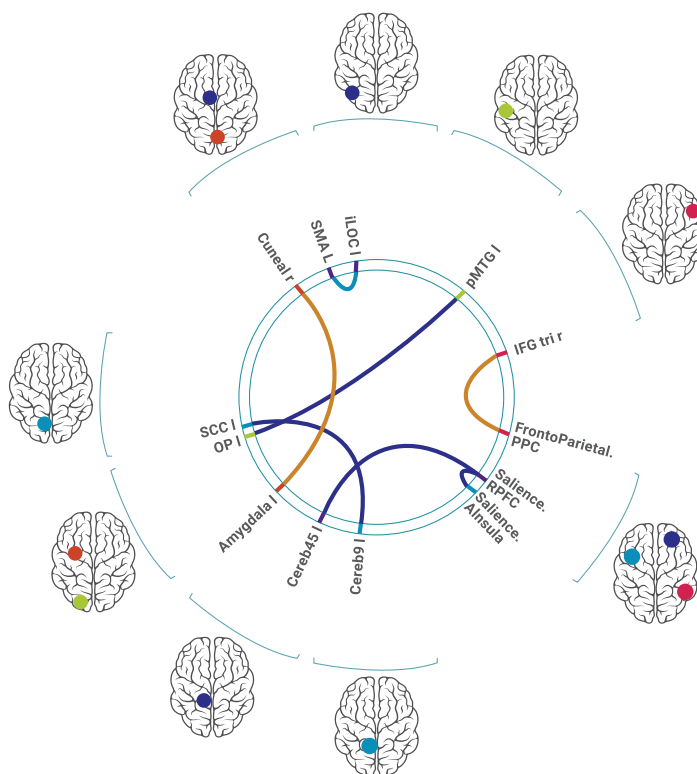
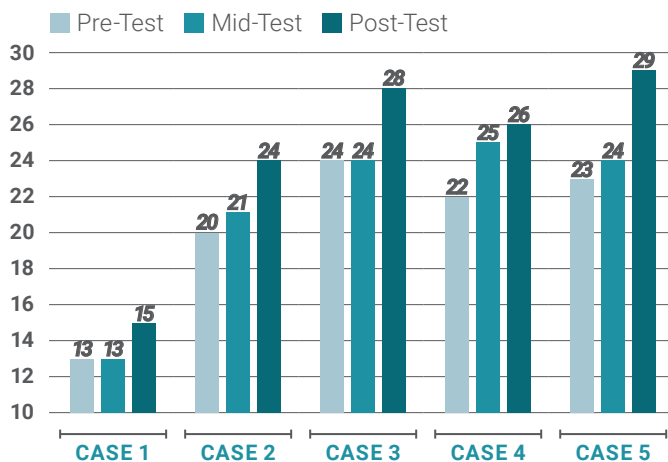
Published in *OBM Integrative & Complementary Medicine*

MRI AND NEUROPSYCHOLOGICAL OUTCOMES FOLLOWING A FUNCTIONAL MEDICINE INTERVENTION WITH COGNITIVE TRAINING IN MILD COGNITIVE IMPAIRMENT (MCI): A MULTIPLE CASE STUDY

- Aging adults with MCI had improved cognitive test scores and quality of life following a multidisciplinary intervention with cognitive training.
- In a multiple case study 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 analyses showed changes in connectivity correlated significantly with change on cognitive testing measures (MoCA & DRS-2).

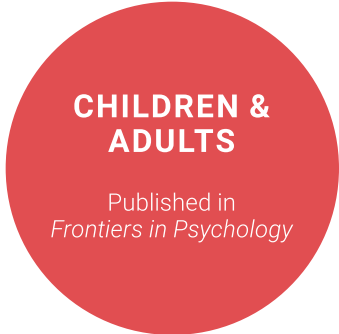
CORRELATION BETWEEN FUNCTIONAL CONNECTIVITY AND CHANGES IN MoCA TEST SCORES

CHANGE ON MONTREAL COGNITIVE ASSESSMENT (MoCA)



Source: James, R., Moore, A.L., Carpenter, D., Miller, T., & Ledbetter, C. (2019). Feasibility of a Functional Medicine Approach to Slowing Clinical Cognitive Decline in Patients Over Age 55: A Multiple Case Study Report. *OBM Integrative and Complementary Medicine*, 4(3). doi: 10.21926/obm.icm.1903054 Available at <https://dx.doi.org/10.21926/obm.icm.1903054>

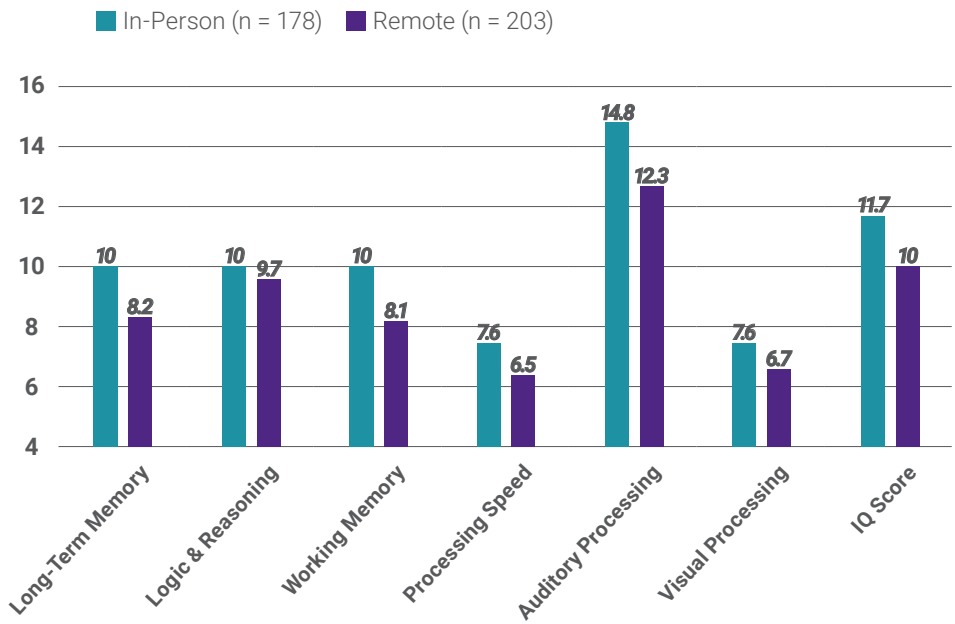
CHILDREN & ADULTS



REMOTE VS. IN-PERSON DELIVERY OF BRAINRX COGNITIVE TRAINING DURING THE COVID-19 PANDEMIC: A NON-INFERIORITY STUDY

- Remote delivery of brain training via Zoom is a viable alternative to in-person delivery.
- In a two-group comparison study led by neuroscientist Christina Ledbetter, PhD of LSU and Amy Lawson Moore, PhD of Gibson Institute of Cognitive Research, cognitive and real-life outcomes of 178 clients who completed brain training in-person were compared to the outcomes of 203 clients who completed brain training via Zoom.
- There were no statistically significant differences on any of the outcomes measured. The in-person group had slightly higher gains on all cognitive tests.
- Transfer effects to real life benefits were found for both groups in improved memory, reasoning, processing, attention, math, reading, writing skills, grades and academic performance, confidence, personal responsibility, social skills, mood, and outlook.

CHANGE IN WJ IV STANDARD SCORES



Source: Moore, A.L., Miller, T.M., & Ledbetter, C. (2021). Remote vs. In-Person Delivery of LearningRx One-on-One Cognitive Training During the COVID-19 Pandemic: A Non-inferiority Study. *Frontiers in Psychology*, 12, 749898. doi: 10.3389/fpsyg.2021.749898

CHILDREN

CHILDREN 5-17

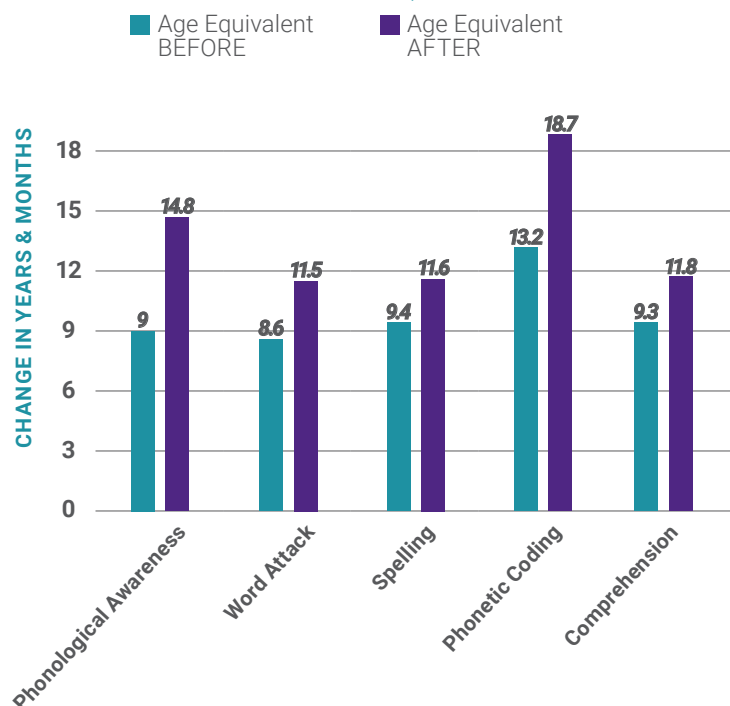
ADHD & READING

Published in *Psychology
Research & Behavior
Management*

READRX® FOR STRUGGLING READERS WITH AND WITHOUT ATTENTION PROBLEMS

- Struggling readers with and without ADHD achieved significant gains in reading skills and cognitive skills after 24 weeks of ReadRx.
- In a real-world data study led by neuroscientist Christina Ledbetter, PhD of LSU and Amy Lawson Moore, PhD of Gibson Institute of Cognitive Research, outcomes in reading, cognition, and real-life change of 3,527 students ages 5-17 who completed ReadRx were evaluated. Outcomes between struggling readers with and without ADHD were also compared.
- There were statistically significant changes on all reading and cognitive measures for both types of struggling readers. Having a diagnosis of ADHD was not a significant predictor of reading or cognitive outcomes.
- Transfer effects to real life benefits were found for both groups in confidence, persistence & effort, self-discipline, academic performance in reading, spelling, & comprehension, and overall cognition.

CHANGE IN AGE-EQUIVALENT SCORES



CHILDREN & ADULTS

CHILDREN & ADULTS ASSESSMENT

Published in
Psychology Research and Behavior Management

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 0.69 to 0.91 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 0.53 to 0.93.
- 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

Digital Cognitive Test	Working Memory	Long-Term Memory	Visual Processing	Processing Speed	Logic & Reasoning	Auditory Processing	Word Attack	Norming Sample	Norm Group Ages
Gibson Test of Cognitive Skills -V2	x	x	x	x	x	x	x	2,737	5-85 years
NeuroTrax	x	x	x	x	x			1,569	8-120 years
MicroCog	x		x	x	x			810	18-89 years
ImPACT	x			x				931	13-college
CNS Vital Signs	x	x	x	x				1,069	7-90 years
Computer-Administered Neuropsychological Screen (CANS-MCI)	x			x				310	51-93 years
Automated Neuropsychological Assessment Metrics (ANAM)	x	x	x	x	x			107,801	17-65 years
Cambridge Neuropsychological Test Automated Battery (CANTAB)	x		x	x	x			2,000	4-90 years



Source: Moore, A.L., & Miller, T. (2018). Reliability and validity of the revised Gibson Test of Cognitive Skills, a computer-based test battery for assessing cognition across the lifespan. *Psychology Research and Behavior Management*, 11, 25–35. doi:10.2147/PRBM.S152781

CHILDREN & ADULTS

CHILDREN & ADULTS ASSESSMENT

Published in
*Psychology Research
and Behavior
Management*

RELIABILITY EVIDENCE FOR THE GIBSON ASSESSMENT OF COGNITIVE SKILLS (GACS):

A BRIEF TOOL FOR SCREENING COGNITIVE SKILLS ACROSS THE LIFESPAN

- The Gibson Assessment of Cognitive Skills (GACS) is a reliable brief screening tool for assessing cognitive skills in children and adults
- In a study led by cognitive psychologist Amy Lawson Moore, PhD of Gibson Institute and neuroscientist Christina Ledbetter, PhD of LSU, three sources of reliability evidence were collected for the GACS: internal consistency reliability, split-half reliability, and test-retest reliability.
- Overall coefficient alphas range from 0.80 to 0.94, producing a strong source of internal consistency reliability evidence. The split-half reliability coefficients ranged from 0.83 to 0.96 overall, producing a strong second source of reliability evidence. Across all ages, the test-retest reliability coefficients ranged from 0.83 to 0.98 indicating strong test-retest reliability and stability across administrations.

RELIABILITY EVIDENCE FOR THE GACS

Subtest	Internal α	Split-Half r	Test-Retest r
Working Memory	0.80	0.83	0.83
Visual Processing	0.94	0.96	0.92
Auditory Processing	0.92	0.94	0.98
Logic & Reasoning	0.81	0.83	0.92
Processing Speed	0.94	0.94	0.95
Word Attack	0.92	0.94	0.96

HIGH SCHOOL STUDENTS

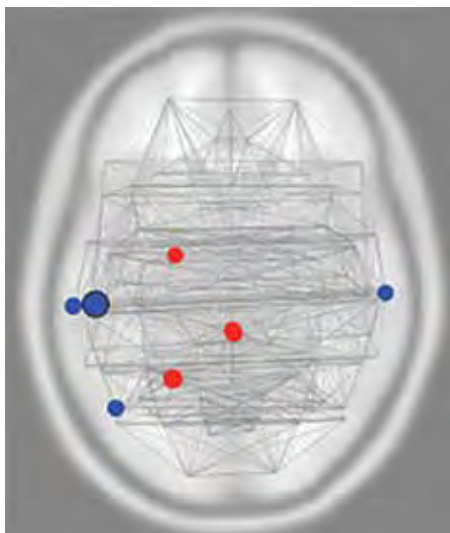
HIGH SCHOOL STUDENTS
AT-RISK

Presented at Society for Neuroscience

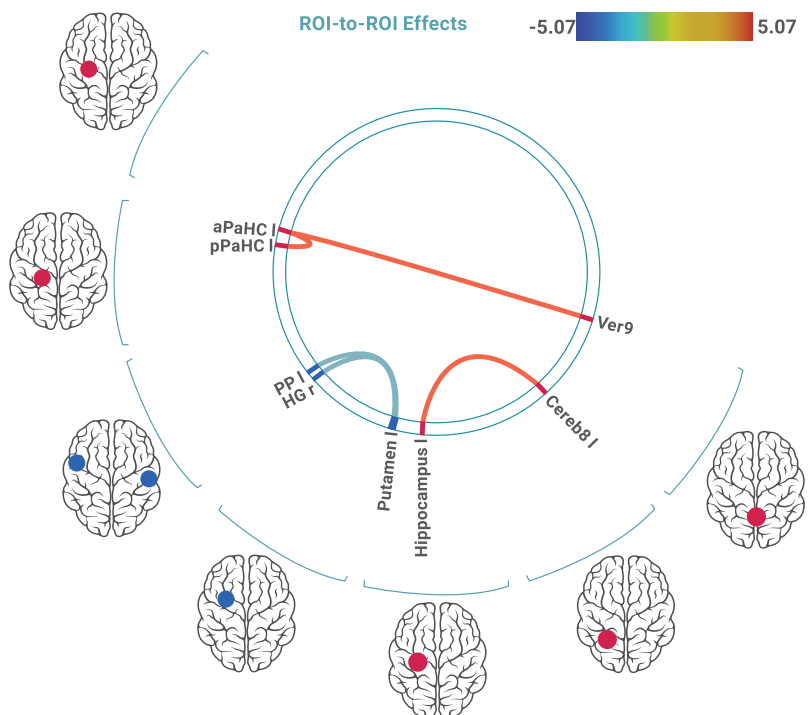
MRI STUDY: CORRELATION OF COGNITIVE TRAINING GAINS AND RESTING STATE FUNCTIONAL CONNECTIVITY

- 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

TRAINING-INDUCED GLOBAL EFFICIENCY TREATMENT VS. CONTROL



TRAINING-INDUCED FUNCTIONAL CONNECTIVITY TREATMENT VS. CONTROL

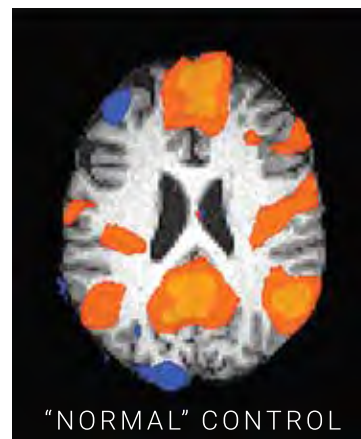
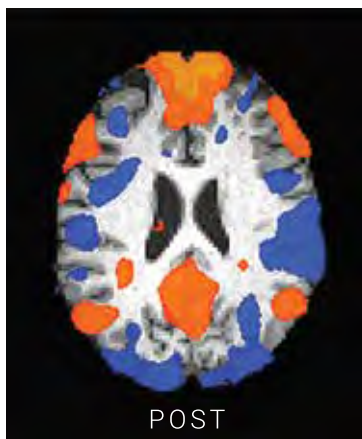
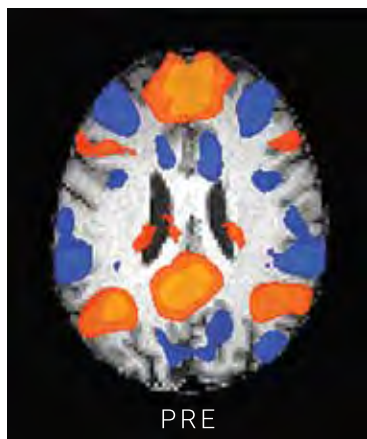


ADULTS

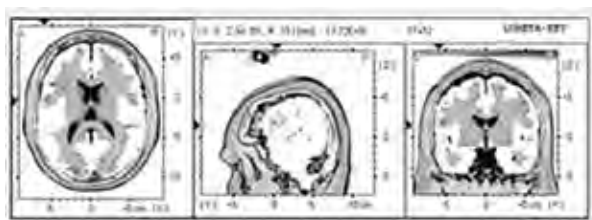
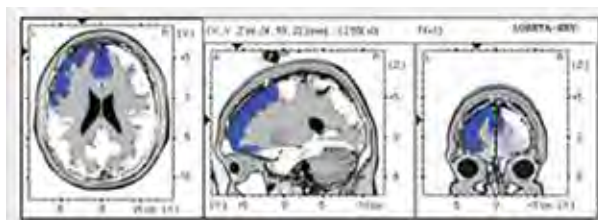
ADULTS
TRAUMATIC
BRAIN INJURYPresented at *Brain
Injury Summit***MRI, QEEG, & NEUROPSYCHOLOGICAL
OUTCOMES FOLLOWING COGNITIVE
REHABILITATION TRAINING FOR SEVERE
TRAUMATIC BRAIN INJURY: A CLINICAL
CASE STUDY**

- Changes in the Default Mode Network after 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 ThinkRx 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.

fMRI RESULTS



qEEG RESULTS



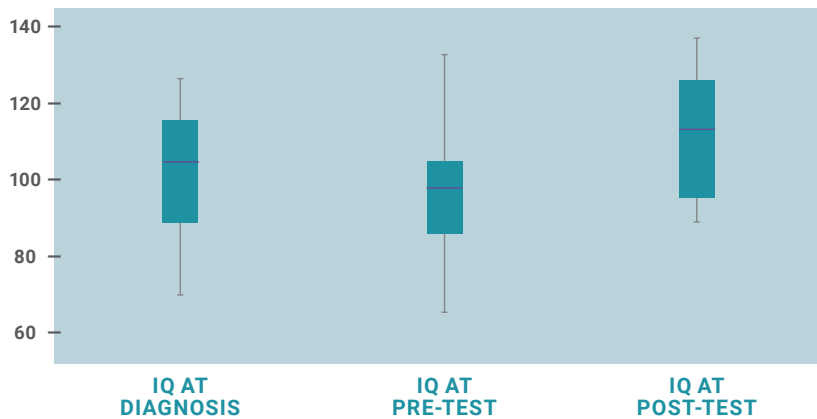
Source: Moore, A.L., & Ledbetter, C. (2018). MRI, qEEG, & neuropsychological outcomes following cognitive rehabilitation training for severe traumatic brain injury: A clinical case study. Presented at *Brain Injury Summit*, Jan 2018, Vail, CO.

CHILDREN



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 BrainRx 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 BrainRx 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 at BrainRx, the lost points were regained and additional significant gains were noted, averaging 112 at post-testing.



BrainRx Bibliography

Published Research

- Moore, A.L., Miller, T.M., Moore, J.J., Ledbetter, C. (2023). A Real-World Data Study on the Impact of the ReadRx Cognitive Training and Reading Intervention on Cognition, Basic Reading Ability, and Psychosocial Skills for 3527 Children. *Psychology Research and Behavior Management*, 16, 1195-1220. <https://doi.org/10.2147/PRBM.S397665>
- Moore, A.L., Miller, T.M., & Ledbetter, C. (2021). Remote vs. In-Person Delivery of LearningRx One-on-One Cognitive Training During the COVID-19 Pandemic: A Non-inferiority Study. *Frontiers in Psychology*, 12, 749898. doi: 10.3389/fpsyg.2021.749898
- Moore, A.L., Miller, T.M., & Ledbetter, C. (2021). Reliability Evidence for the Gibson Assessment of Cognitive Skills (GACS): A Brief Tool for Screening Cognitive Skills Across the Lifespan. *Psychology Research and Behavior Management*, 14, 31-40. <https://doi.org/10.2147/PRBM.S291574>
- Moore, A.L., Carpenter, D., James, R., Miller, T., Moore, J., Disbrow, E., & Ledbetter, C. (2020). Neuroimaging and Neuropsychological Outcomes Following Clinician-Delivered Cognitive Training for Six Patients with Mild Brain Injury: A Multiple Case Study. *Frontiers in Human Neuroscience*, 14(229), 1-15. <https://doi.org/10.3389/fnhum.2020.00229>
- Moore, A., & Ledbetter, C. (2020). Ethical considerations and lessons learned in a randomized controlled trial of ThinkRx cognitive training for children with learning disabilities and/or ADHD. *SAGE Research Methods Cases*. doi:10.4135/9781529734072
- James, R., Moore, A.L., Carpenter, D., Miller, T., & Ledbetter, C. (2019). Feasibility of a Functional Medicine Approach to Slowing Clinical Cognitive Decline in Patients Over Age 55: A Multiple Case Study Report. *OBM Integrative and Complementary Medicine*, 4(3). doi: 10.21926/obm.icm.1903054
- Moore, A.L., & Ledbetter, C. (2019). The Promise of Clinician-Delivered Cognitive Training for Children Diagnosed with ADHD. *Journal of Mental Health and Clinical Psychology*, 3(3), 3-8. doi: 10.29245/2578-2959/2019/3.1180
- Moore, A.L., Carpenter, D.M., Miller, T.M., & Ledbetter, C., (2019). ThinkRx Cognitive Training for Adults over Age 50: Clinician-Caregiver Partners in Delivery as Effective as Clinician-Only Delivery. *Psychology and Neuroscience*, 12(2), 291-306. doi: 10.1037/pne0000162
- Moore, A.L., Carpenter, D.M., Miller, T.M., & Ledbetter, C. (2019). Comparing Two Methods of Delivering ThinkRx Cognitive Training to Children Ages 8-14: A Randomized Controlled Trial of Equivalency. *Journal of Cognitive Enhancement*, 3(3), 261-270. doi: [org/10.1007/s41465-018-0094-z](https://doi.org/10.1007/s41465-018-0094-z)
- Moore, A.L., Carpenter, D.M., Ledbetter, C., & Miller, T.M. (2018). Clinician-delivered cognitive training for children with attention problems: Transfer effects on cognitive and behavior from the ThinkRx randomized controlled trial. *Neuropsychiatric Disease and Treatment*, 14, 1671-1683. doi: 10.2147/NDT.S165418 Available at ncbi.nlm.nih.gov/pmc/articles/PMC6027847
- Ledbetter, C., & Moore, A. (2018). Neuroimaging outcomes of a cognitive rehabilitation training program. *Journal of Neuroimaging*, 28(2), 225-233. doi: 10.1111/jon.12507. Available at gibsonresearchinstitute.org/wp-content/uploads/2018/03/Neuroimaging-Outcomes-for-TBI-and-MCI_J-of-Neuroimaging.pdf
- Moore, A.L., & Miller, T. (2018). Reliability and validity of the revised Gibson Test of Cognitive Skills, a computer-based test battery for assessing cognition across the lifespan. *Psychology Research and Behavior Management*, 11, 25-35. doi: 10.2147/PRBM.S152781. Available at ncbi.nlm.nih.gov/pmc/articles/PMC5813948/
- Jedlicka, E. (2017). LearningRx cognitive training for children and adolescents ages 5-18: Effects on academic skills, behavior, and cognition. *Frontiers in Education*, 2(62). doi: 10.3389/feduc.2017.00062 Available at frontiersin.org/articles/10.3389/feduc.2017.00062/full
- Ledbetter, C., Moore, A.L., Mitchell, T. (2017). Cognitive effects of ThinkRx cognitive rehabilitation training for eleven soldiers with brain injury: A retrospective chart review. *Frontiers in Psychology*, 8(825). doi: 10.3389/fpsyg.2017.00825 Available at <http://journal.frontiersin.org/article/10.3389/fpsyg.2017.00825/full>
- Carpenter, D., Ledbetter, C., & Moore, A.L. (2016). LearningRx cognitive training effects in children Ages 8-14: A randomized controlled trial. *Applied Cognitive Psychology*, 30(5), 815-826. doi: 10.1002/acp.3257 Available at <http://onlinelibrary.wiley.com/doi/10.1002/acp.3257/epdf>
- Hill, O.W., Serpell, Z., & Faison, O. (2016). The efficacy of the LearningRx cognitive training program: Modality and transfer effects. *Journal of Experimental Education: Learning, Instruction, and Cognition*, 84(3), 600-620. doi: 10.1080/00220973.2015.1065218. Available at <http://dx.doi.org/10.1080/00220973.2015.1065218>
- Gibson, K., Carpenter, D.M., Moore, A.L., & Mitchell, T. (2015). Training the brain to learn: Beyond vision therapy. *Vision Development and Rehabilitation*, 1(2), 120-129. Available at <http://covd.org/?page=VDR>

Conference Presentations

Moore, A.L., & Ledbetter, C. (2021, August 13). *Teletherapy versus in-person cognitive training outcomes during COVID-19*. Presented at the 2021 American Psychological Association Annual Conference.

Ledbetter, C., and Moore, A.L. (2021, January 11). *Test-retest, internal consistency, and split-half reliabilities of the Gibson Assessment of Cognitive Skills, a brief tool for screening cognitive function across the lifespan*. Presented at Society for Neuroscience Global Connectome virtual conference.

Moore, A.L., Miller, T., & Ledbetter, C. (2020, August 6). *Cognitive Profiles in Dyslexia: Beyond Phonological Processing Deficits*. Presented at American Psychological Association, Presidential Award Poster Session.

Moore, A.L., James, R., Miller, T., Moore, J.J., & Ledbetter, C. (2020, June 30). *The Promise of Clinician-Delivered Cognitive Training for Mild Cognitive Impairment (MCI)*. Presented at Global Virtual Conference on Alzheimer's and Dementia.

Ledbetter, C., Moore, A.L., Miller, T.M., & Taylor, M. (2019). MRI and neuropsychological outcomes of cognitive rehabilitation training for repetitive sports concussion. *Archives of Physical Medicine and Rehabilitation*, 100(10), e100. <https://doi.org/10.1016/j.apmr.2019.08.288>

Moore, A.L., James, R., Carpenter, D., Miller, T., & Ledbetter, C. (2018). *MRI and Neuropsychological Outcomes following a Functional Medicine Intervention with Cognitive Training in Mild Cognitive Impairment (MCI): A Multiple Case Study*. Presentation at American Psychological Association Annual Convention, August 2018, San Francisco, CA. gibsonresearchinstitute.org/wp-content/uploads/2018/08/2018-APA_Poster_Moore-et-al.pdf

Moore, A.L., & Ledbetter, C. (2018). *MRI, qEEG, & neuropsychological outcomes following cognitive rehabilitation training for severe traumatic brain injury: A clinical case study*. Presentation at Brain Injury Summit, Jan 2018, Vail, CO. gibsonresearchinstitute.org/wp-content/uploads/2018/01/2018-TBI-Summit-Presentation_MooreLedbetter_web.pdf

Moore, A.L., Ledbetter, C., & Carpenter, D. (2017). *MRI and neuropsychological outcomes following cognitive rehabilitation training in traumatic brain injury: A Multiple case study*. Presented at Society for Neuroscience, November 2017, Washington, DC. gibsonresearchinstitute.org/wp-content/uploads/2017/11/2017-SFN_MooreLedbetterCarpenter.pdf

Moore, A.L., & Ledbetter, C. (2017). *Beyond Attention: Memory and Processing Speed Deficits Dominate Cognitive Profiles in ADHD Across the Lifespan*. Presented at American Psychological Association Annual Convention, August 2017, Washington, D.C. gibsonresearchinstitute.org/wp-content/uploads/2017/08/2017APA_Ledbetter-Moore-poster.pdf

Ledbetter, C., Faison, M., Hill, O., & Patterson, J. (2016). *Correlation of Cognitive Training Gains and Resting State Functional Connectivity*. Poster presented at Society for Neuroscience, San Diego, CA, November 12, 2016. gibsonresearchinstitute.org/wp-content/uploads/2016/11/SFNposters_CLedbetter.pdf

Moore, A.L., Ledbetter, C., & Carpenter, D.M. (2016, November). *Intensive Metronome-Based Cognitive Training Improves Cognition in Children: A Randomized Controlled Trial*. Presented at Society for Neuroscience Annual Meeting, San Diego, CA. gibsonresearchinstitute.org/reviews-LearningRx-wp-content/uploads/2016/11/SFNposters_AMoore.pdf

Dissertations and Technical Reports

Moore, A.L. (2015). *LearningRx Training and IQ Gains*. Presentation available at <http://downloads.learningrx.com/Multiple-Baseline-IQ-Study.pdf>

Moore, A.L. (2015). *Cognitive trainer characteristics that predict outcomes for students with and without ADHD*. Doctoral dissertation. (UMI No. 3687613). Available at http://downloads.learningrx.com/dissertation_amy-moore.pdf

Musick, S.A. (2015). *Cognitive training in a school curriculum: A qualitative single-instrument case study*. Doctoral dissertation. (UMI No. 3721288). Retrieved from ProQuest. Available at www.gibsonresearchinstitute.org/wp-content/uploads/2018/04/Dissertation_Qualitative-School-Interviews_Musick_2015.pdf

Pfister, B. (2012). *The effect of cognitive rehabilitation therapy on memory and processing speed in adolescents*. Doctoral dissertation. Available at <http://downloads.learningrx.com/dissertation-2012-pfister-final-pdf.pdf>

Ishanpara, P. (2012). *Cognitive rehabilitation with LearningRx: Preliminary improvements in memory after traumatic brain injury*. Doctoral dissertation. Available at <http://downloads.learningrx.com/official-dissertation.pdf>

Luckey, A.L. (2009). *Cognitive and academic gains as a result of cognitive training*. Doctoral dissertation. Available at http://downloads.learningrx.com/Luckey_Dissertation_2009.pdf

Marachi, R. (2006). *Statistical analysis of cognitive change with LearningRx training procedures*. Technical report available at <http://downloads.learningrx.com/2005-test-results-all-graduates.pdf>

Visit

www.gibsonresearchinstitute.org/publications or www.learningrx.com/brain-training-research for the most up-to-date list of LearningRx research studies.



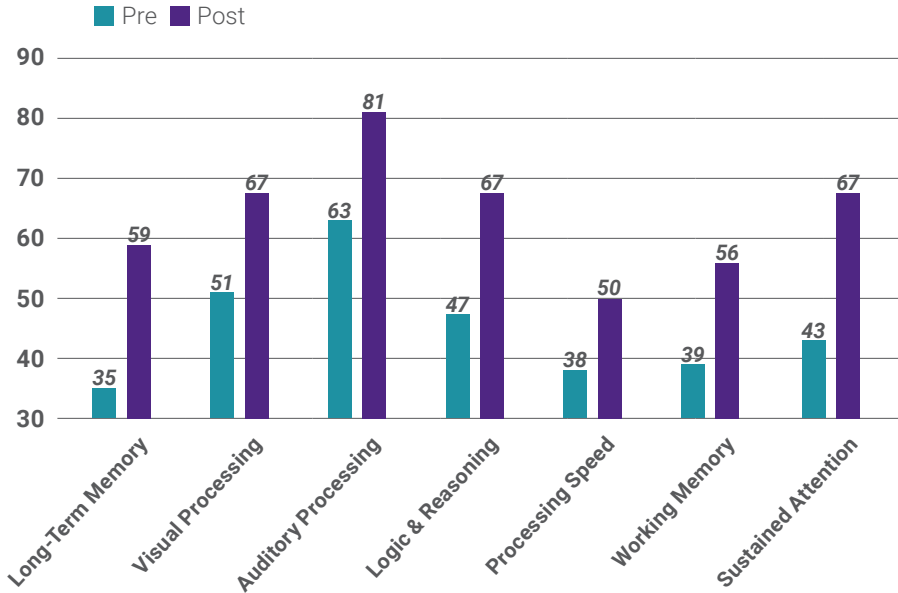
CLIENT RESULTS

Overall Results
Change in IQ Score by Age

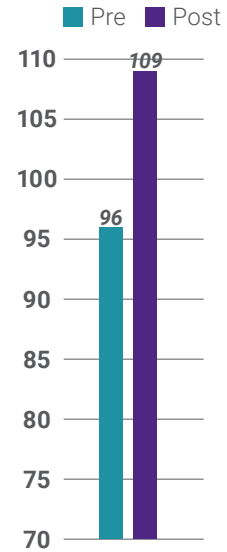
ALL PROGRAMS | COGNITIVE RESULTS | ALL

Number of Clients 27,790
Ages 4-95
Ave. Number of Training Hours 79

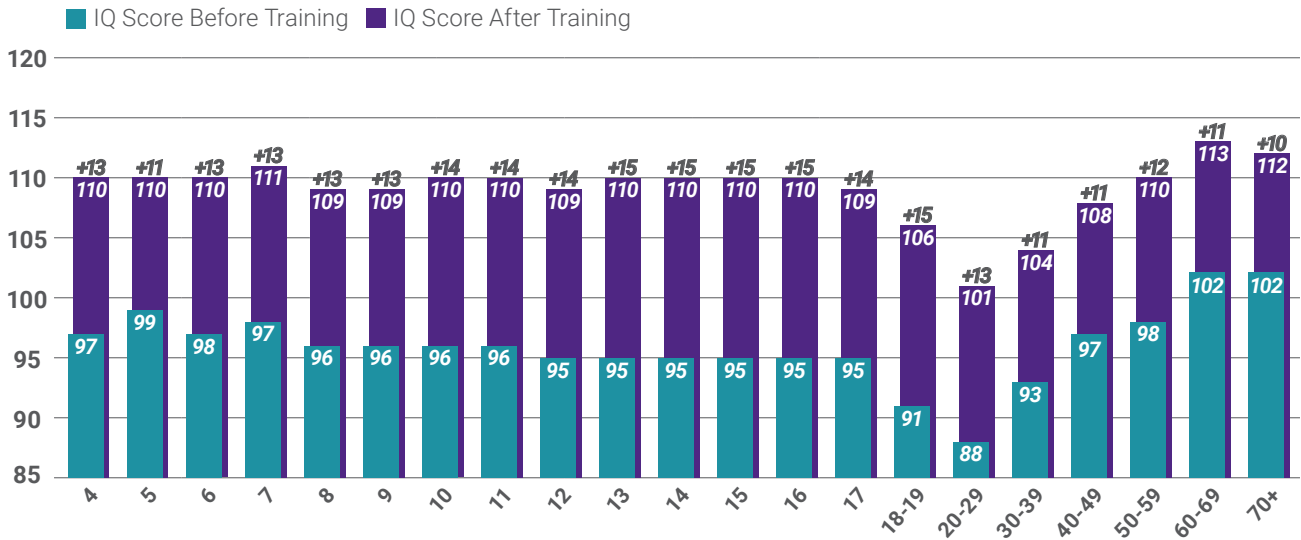
PERCENTILE CHANGE



IQ SCORE CHANGE



PRE- AND POST-TRAINING IQ SCORE BY AGE



ALL AGES: CLIENT RESULTS



Standard scores & percentiles are aggregated across all test batteries: Woodcock Johnson III, Woodcock Johnson IV, & Gibson Assessment of Cognitive Skills. Changes in standard scores were statistically significant at p < .001 on all measures.

CHILDREN: RESULTS BY PROGRAM

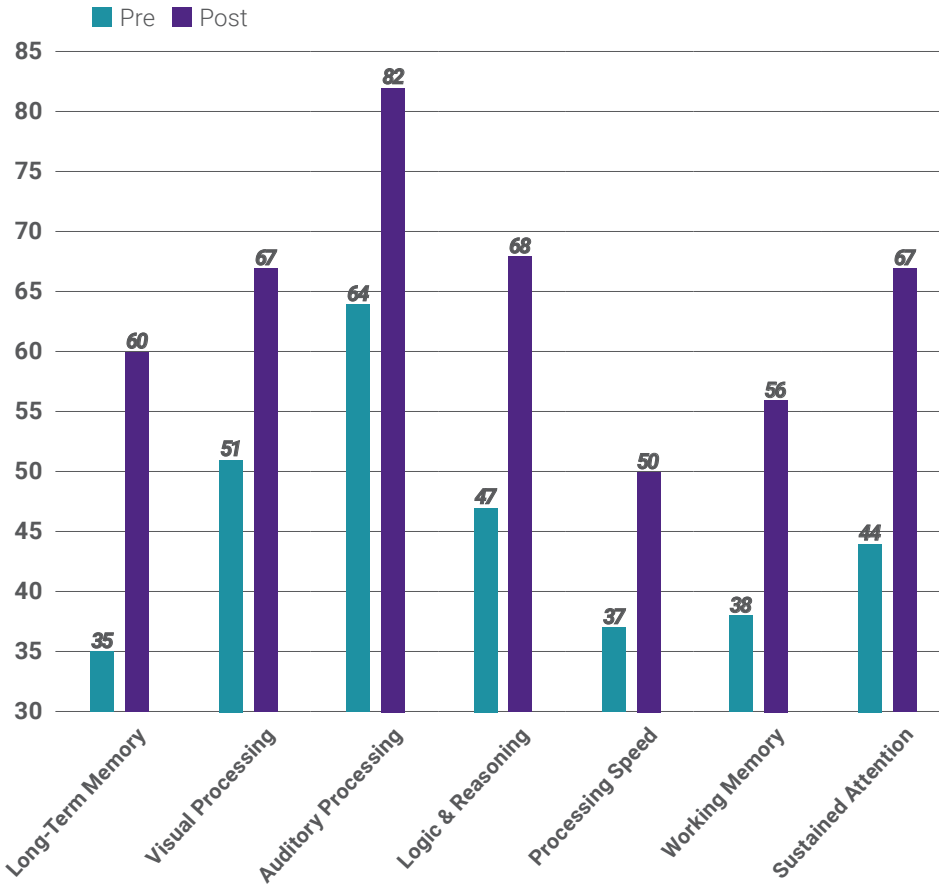
All Programs
BrainRx
ReadRx
AccelerateRx

ALL PROGRAMS | COGNITIVE RESULTS | CHILDREN

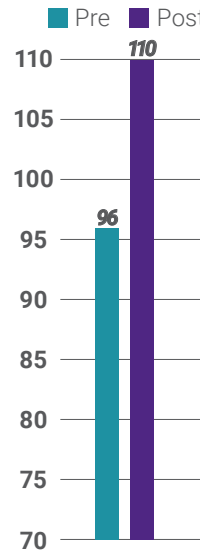
Number of Clients 25,098
Ages 4-17
Ave. Number of Training Hours 79

CHILDREN: RESULTS BY PROGRAM

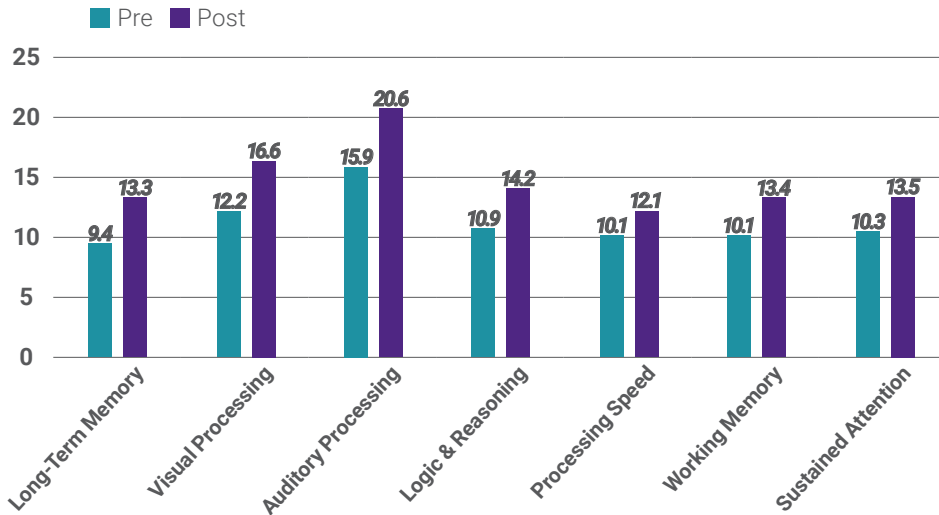
PERCENTILE CHANGE



IQ SCORE CHANGE



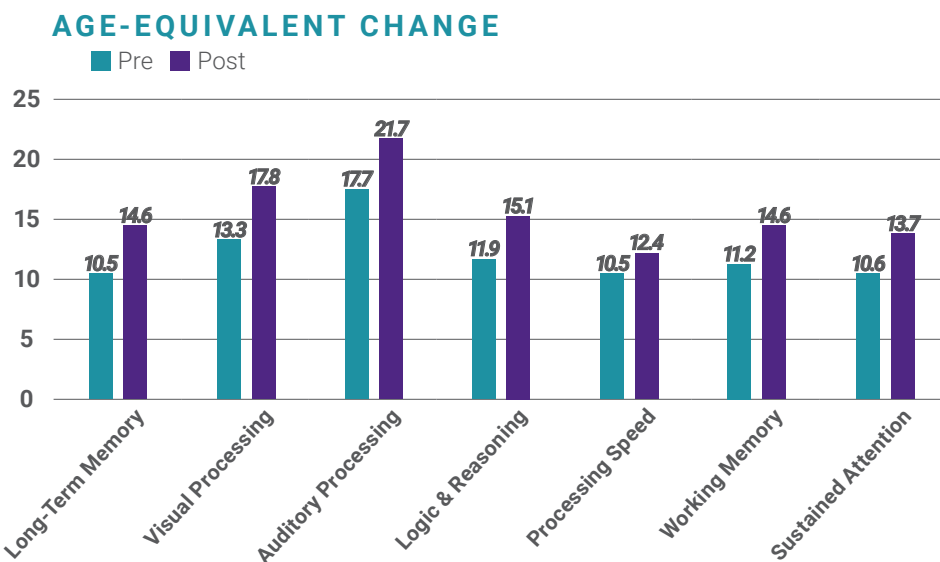
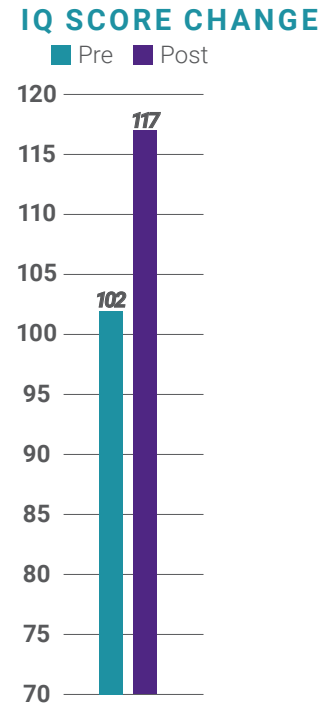
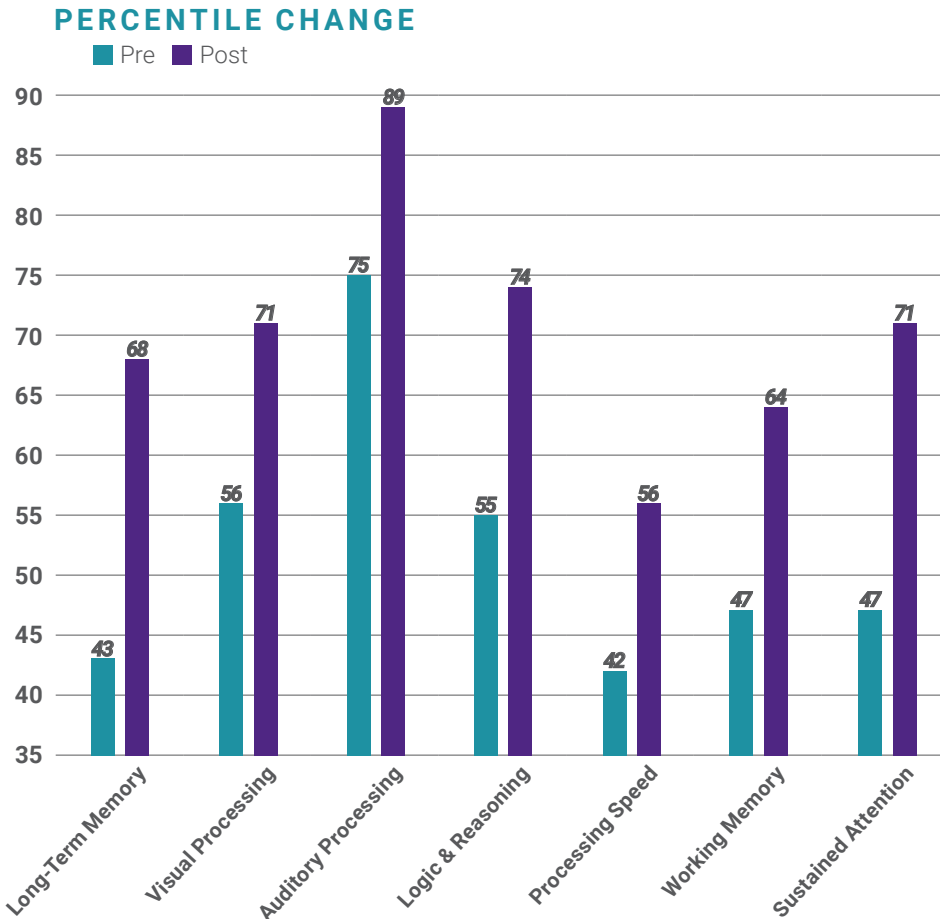
AGE-EQUIVALENT CHANGE



Standard scores & percentiles are aggregated across all test batteries; AE scores reported from Woodcock Johnson only. Changes in standard scores were statistically significant at $p < .001$ on all measures.

BRAINRX | COGNITIVE RESULTS | CHILDREN

Number of Clients 8,771 **Average Gains** 3.4 years
Ages 4-17 **Largest Gains** 4.3 years in Auditory Processing
Ave. Number of Training Hours 77



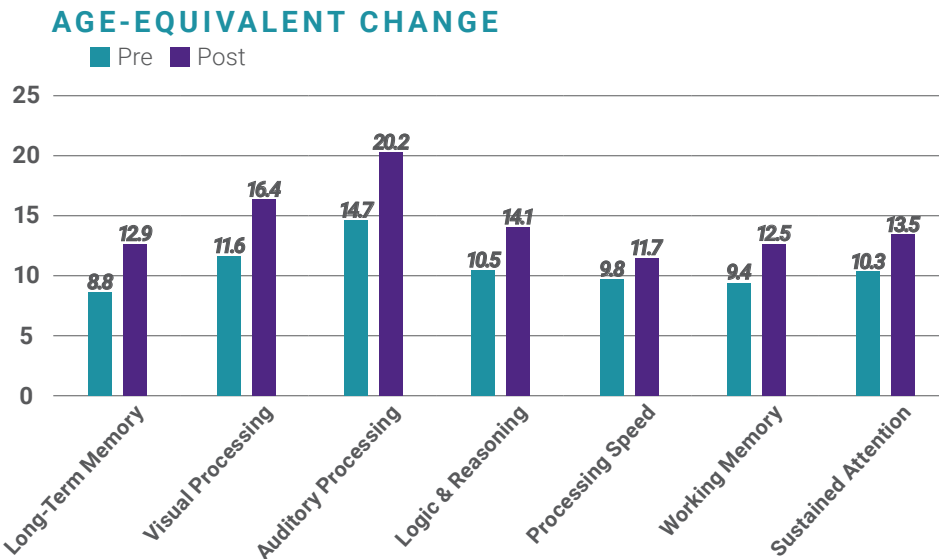
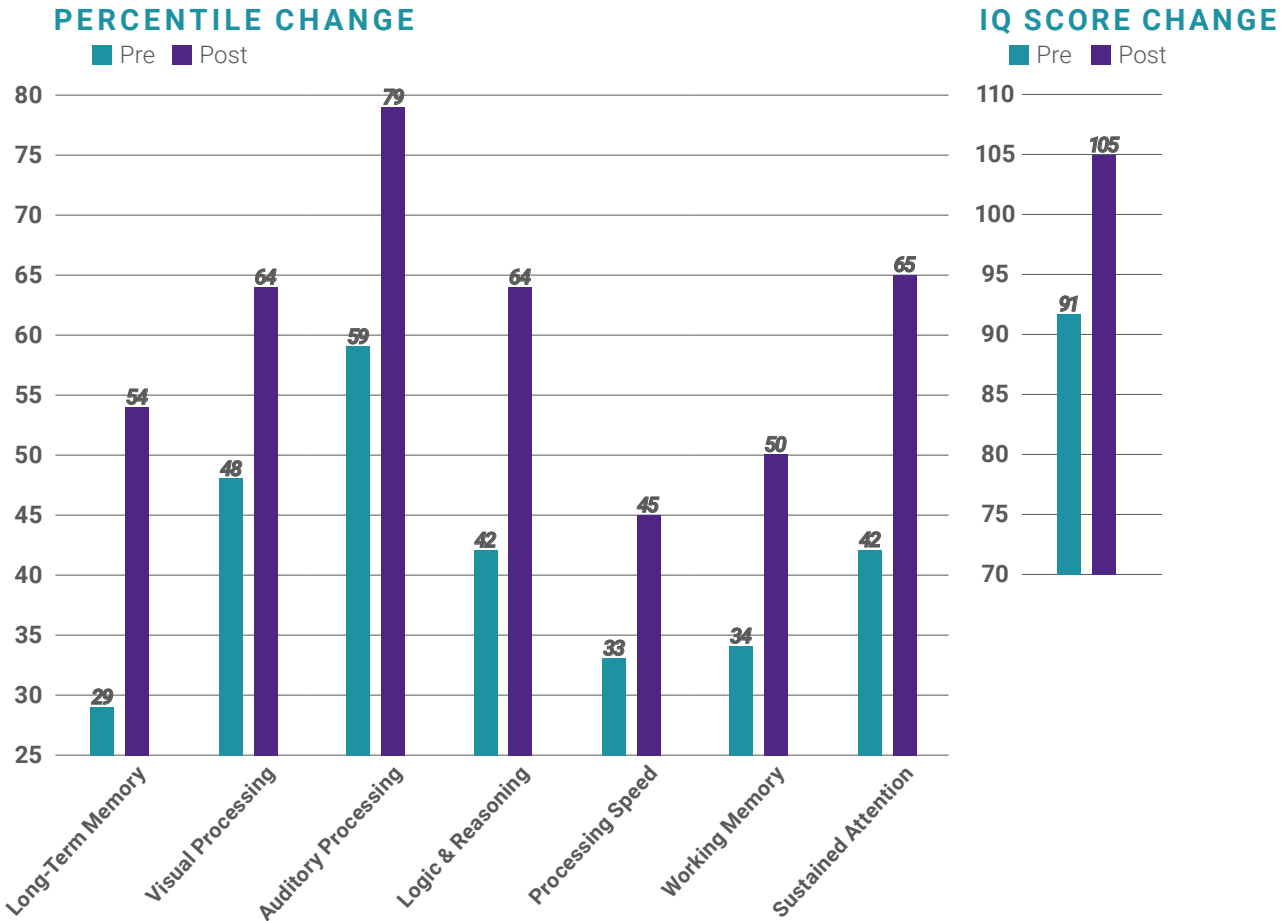
CHILDREN: RESULTS BY PROGRAM

Standard scores & percentiles are aggregated across all test batteries; AE scores reported from Woodcock Johnson only. Changes in standard scores were statistically significant at p < .001 on all measures.



READRX | COGNITIVE RESULTS | CHILDREN

Number of Clients 12,255 **Average Gains** 3.5 years
Ages 4-17 **Largest Gains** 4.7 years in Auditory Processing
Ave. Number of Training Hours 120



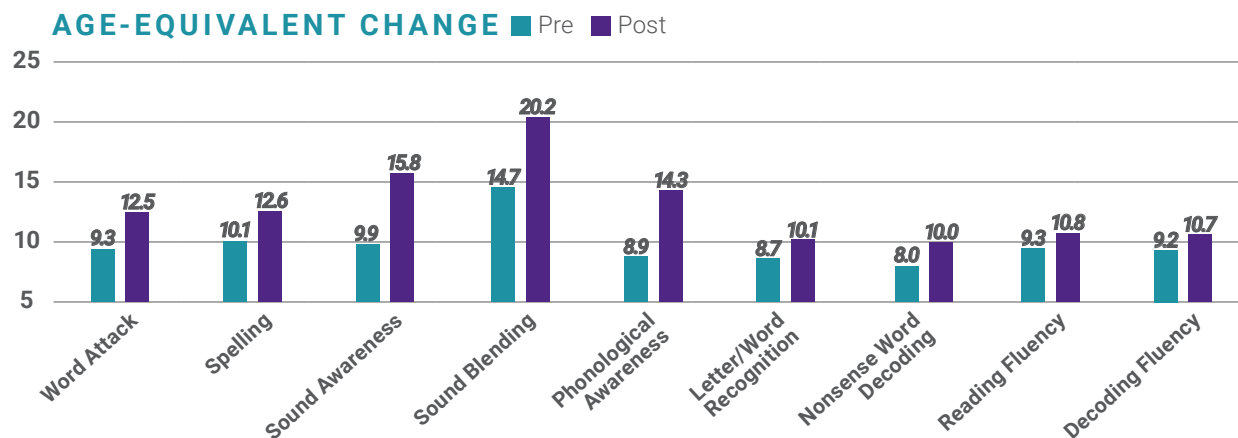
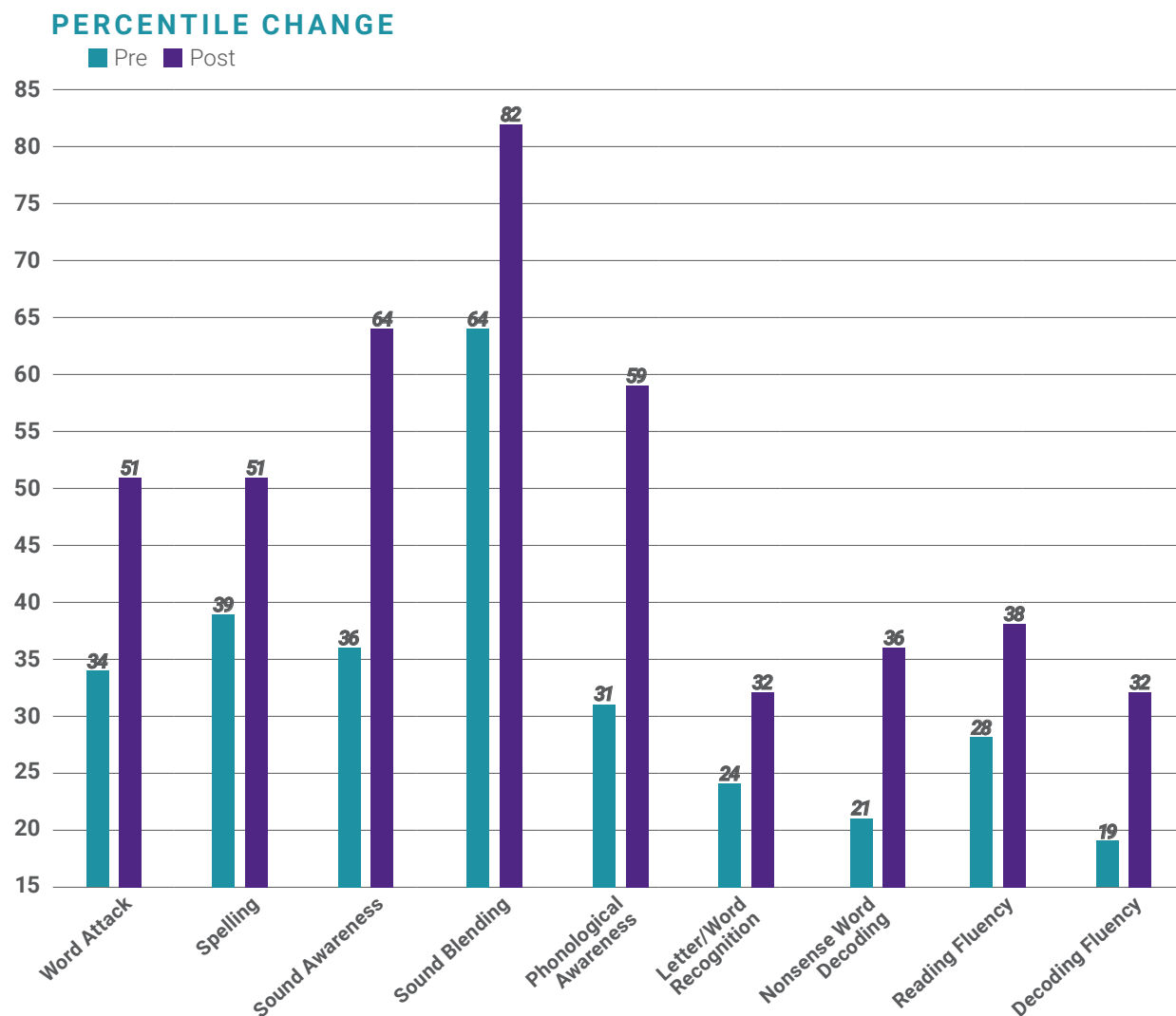
CHILDREN: RESULTS BY PROGRAM



Standard scores & percentiles are aggregated across all test batteries; AE scores reported from Woodcock Johnson only. Changes in standard scores were statistically significant at $p < .001$ on all measures.

READRX | READING RESULTS | CHILDREN

Number of Clients 12,255 **Average Gains** 3.9 years
Ages 4-17 **Largest Gains** 5.7 years in Sound Awareness
Ave. Number of Training Hours 120



CHILDREN: RESULTS BY PROGRAM

Word Attack, Spelling, Sound Awareness, & Sound Blending are from Woodcock Johnson Tests of Achievement; Remaining subtests are from Kaufman Tests of Achievement. Changes in standard scores were statistically significant at $p < .001$ on all measures.

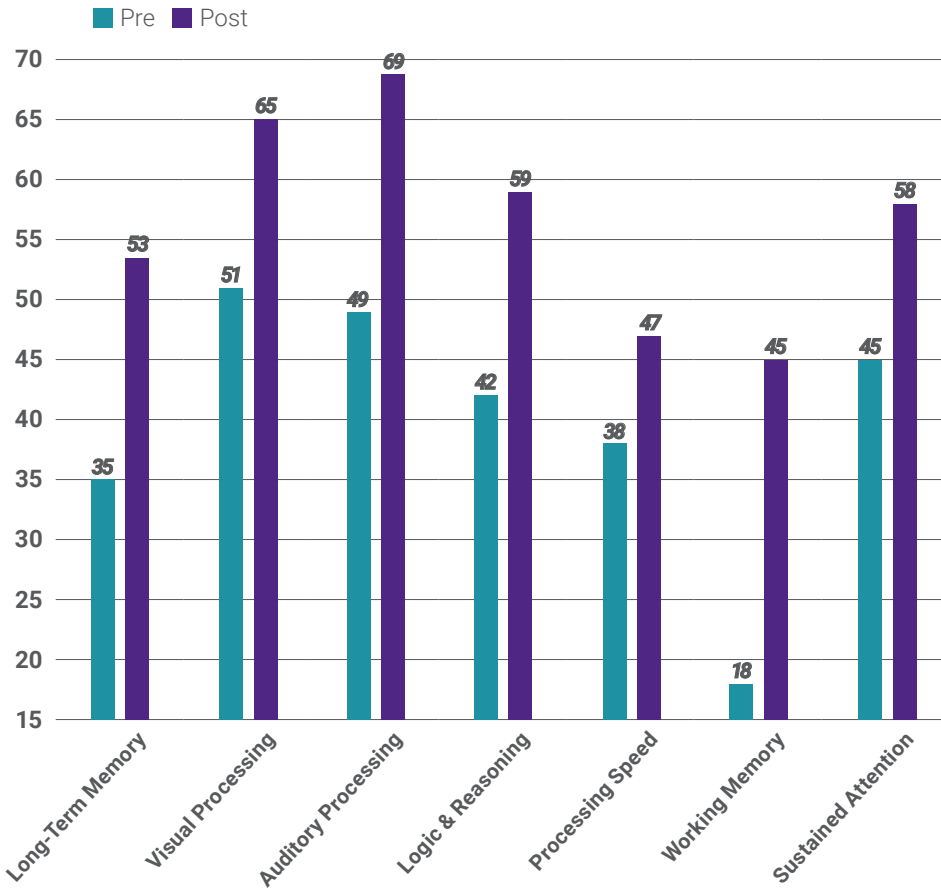


ACCELERATERX | COGNITIVE RESULTS | CHILDREN

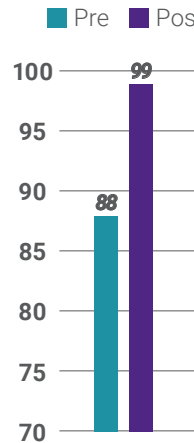
Number of Clients 1,773 **Average Gains** 1.7 years
Ages 4-17 **Largest Gains** 3.1 years in Auditory Processing
Ave. Number of Training Hours 60

CHILDREN: RESULTS BY PROGRAM

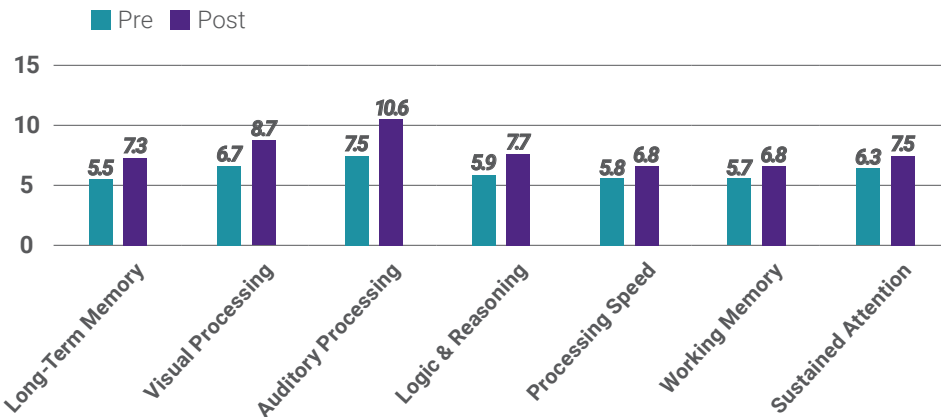
PERCENTILE CHANGE



IQ SCORE CHANGE



AGE-EQUIVALENT CHANGE



Standard scores & percentiles are aggregated across all test batteries; AE scores reported from Woodcock Johnson only. Changes in standard scores were statistically significant at $p < .001$ on all measures.

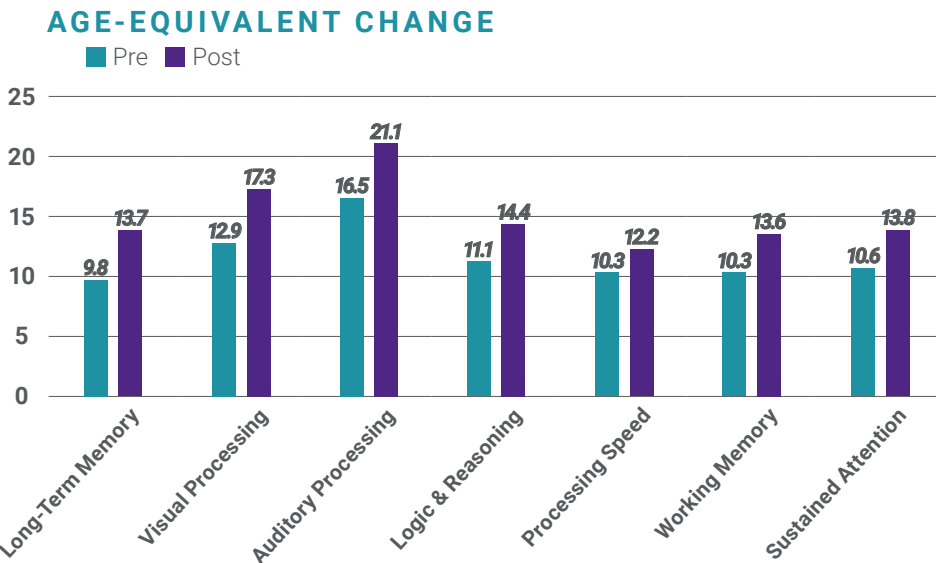
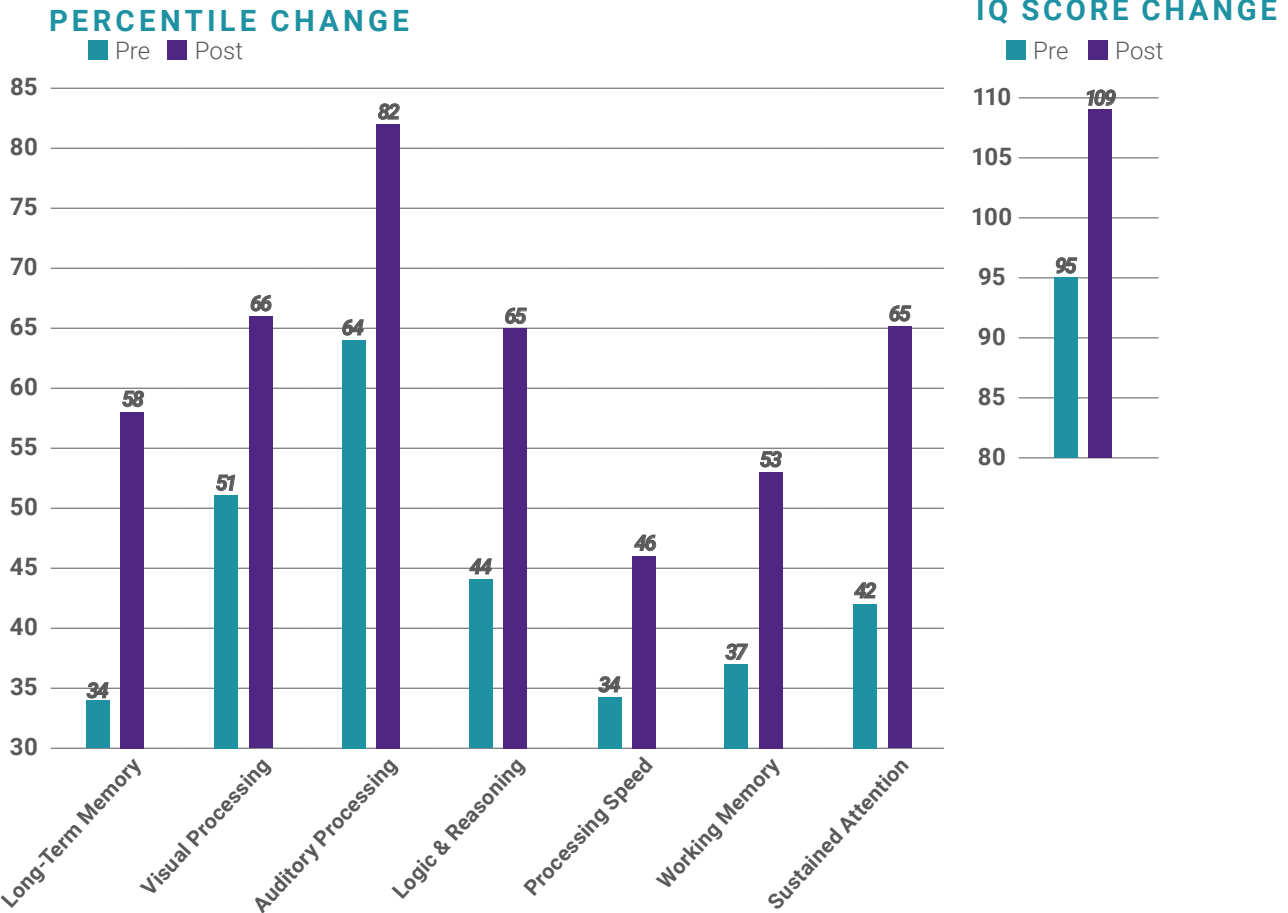


CHILDREN: RESULTS BY DIAGNOSIS

ADHD
Dyslexia
Brain Injury
Learning Disability
Autism Spectrum
Speech & Language Disorder
Gifted

ADHD | COGNITIVE RESULTS | CHILDREN

Number of Clients 7,506 **Average Gains** 3.5 years
Ages 4-17 **Largest Gains** 4.5 years in Auditory Processing
Ave. Number of Training Hours 77



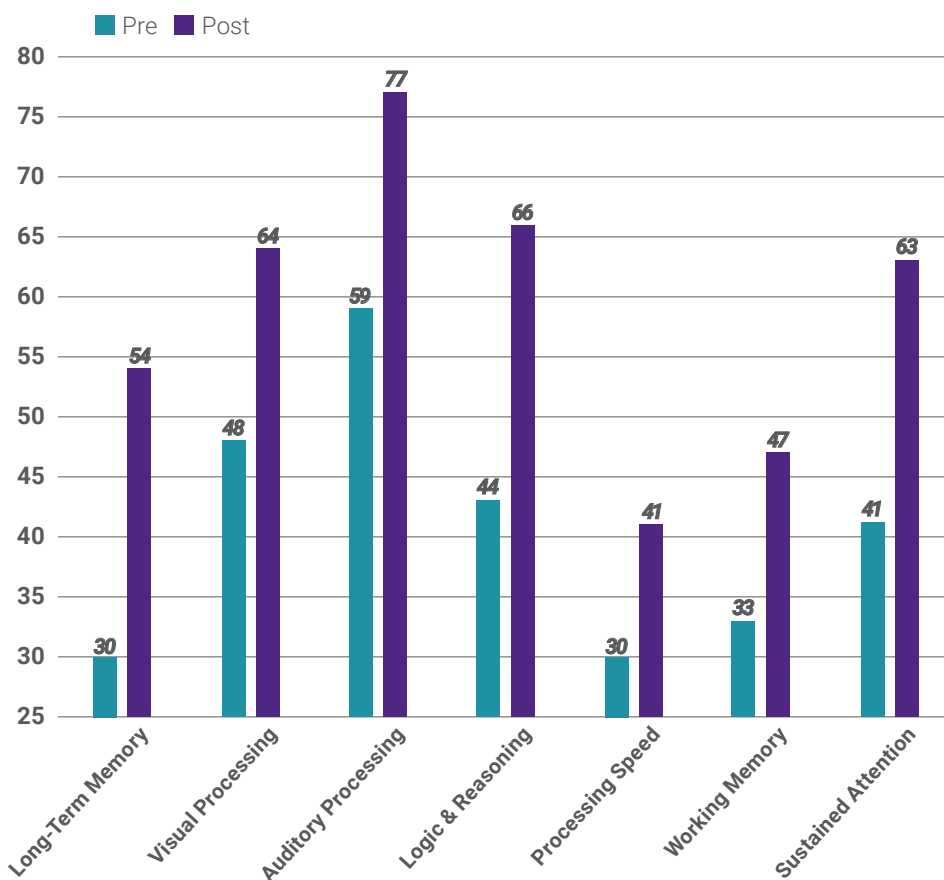
Standard scores & percentiles are aggregated across all test batteries; AE scores reported from Woodcock Johnson only. Changes in standard scores were statistically significant at $p < .001$ on all measures.

CHILDREN: RESULTS BY DIAGNOSIS

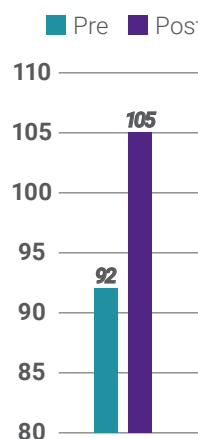
DYSLEXIA | COGNITIVE RESULTS | CHILDREN

Number of Clients 3,082 **Average Gains** 3.5 years
Ages 4-17 **Largest Gains** 4.9 years in Auditory Processing
Ave. Number of Training Hours 97

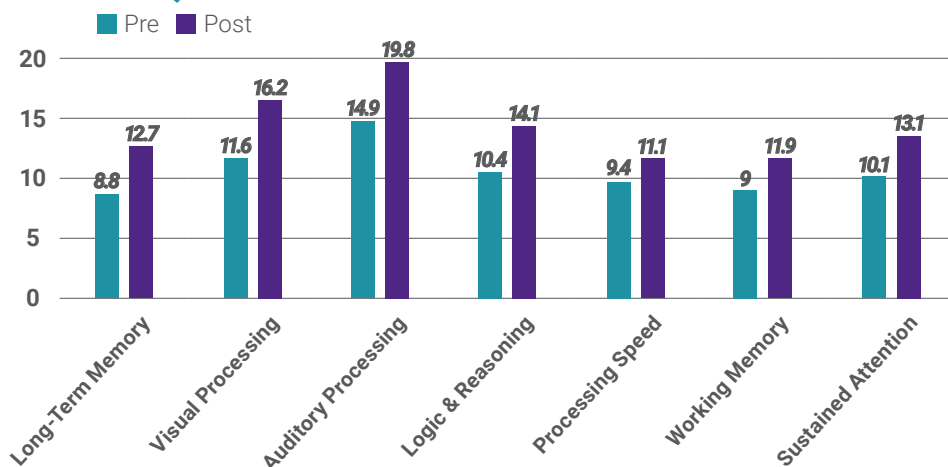
PERCENTILE CHANGE



IQ SCORE CHANGE



AGE-EQUIVALENT CHANGE



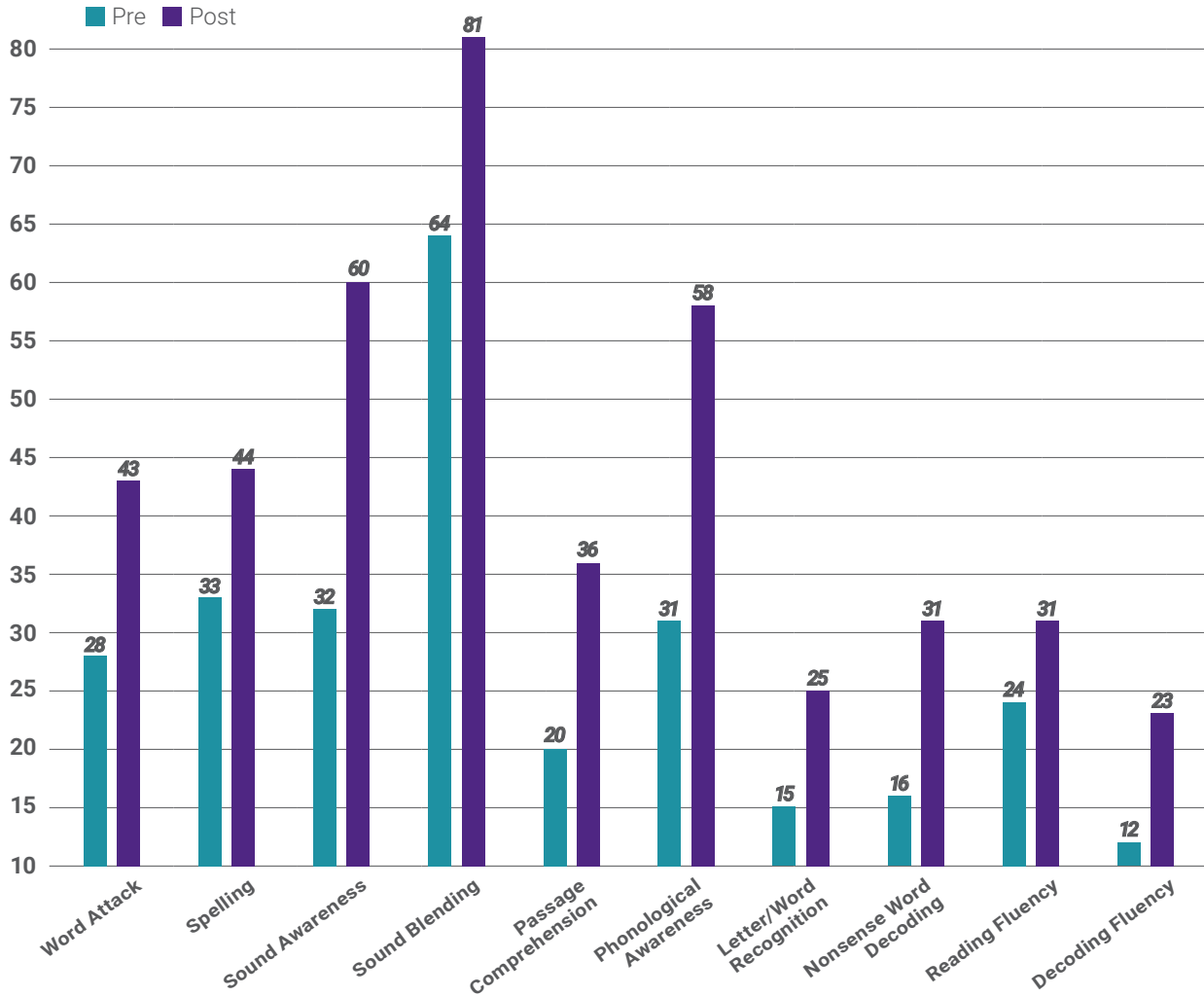
Standard scores & percentiles are aggregated across all test batteries; AE scores reported from Woodcock Johnson only. Changes in standard scores were statistically significant at $p < .001$ on all measures.

DYSLEXIA | READING RESULTS | CHILDREN

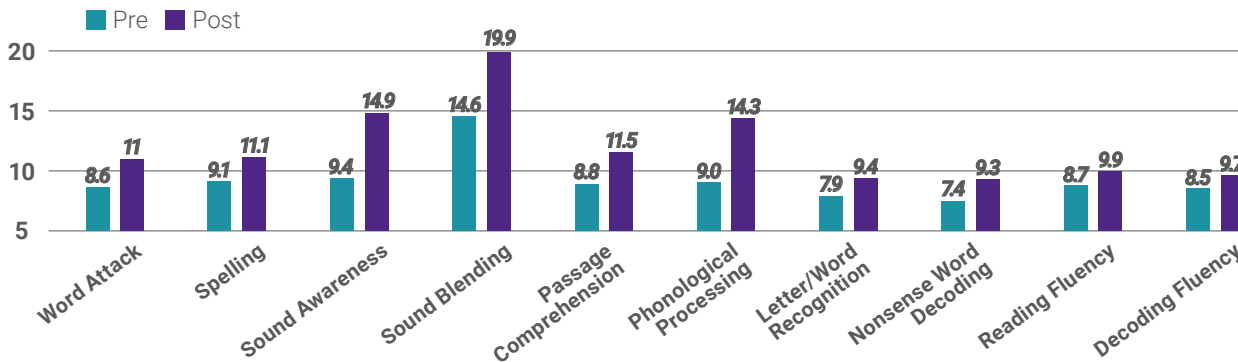
Number of Clients 3,082 **Average Gains** 3.3 years
Ages 5-17 **Largest Gains** 5.4 years in Sound Awareness
Ave. Number of Training Hours 120

CHILDREN: RESULTS BY DIAGNOSIS

PERCENTILE CHANGE



AGE-EQUIVALENT CHANGE

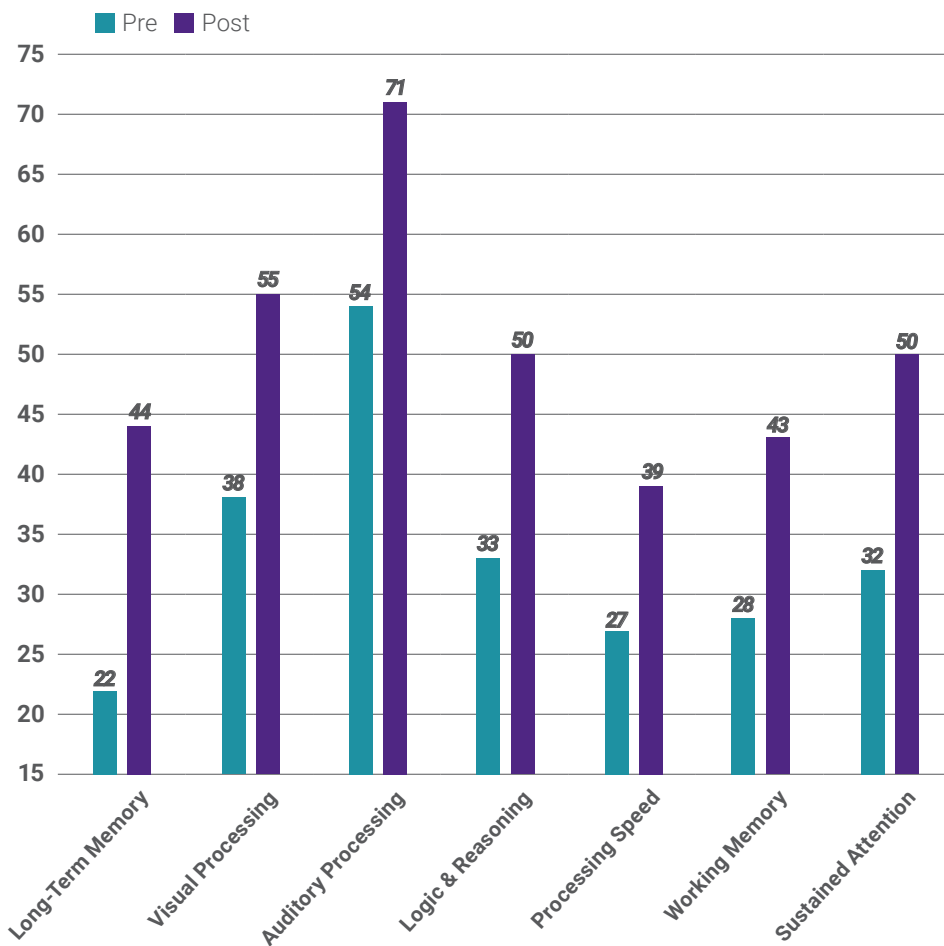


Word Attack, Spelling, Sound Awareness, Sound Blending, & Passage Comprehension are from Woodcock Johnson Tests of Achievement; Remaining subtests are from Kaufman Tests of Achievement. Changes in standard scores were statistically significant on all measures.

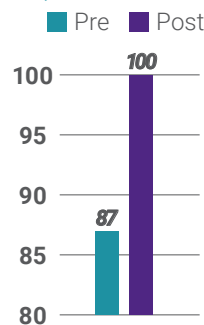
BRAIN INJURY | COGNITIVE RESULTS | CHILDREN

Number of Clients 210 **Average Gains** 3.3 years
Ages 5-17 **Largest Gains** 4.3 years in Visual Processing
Ave. Number of Training Hours 96

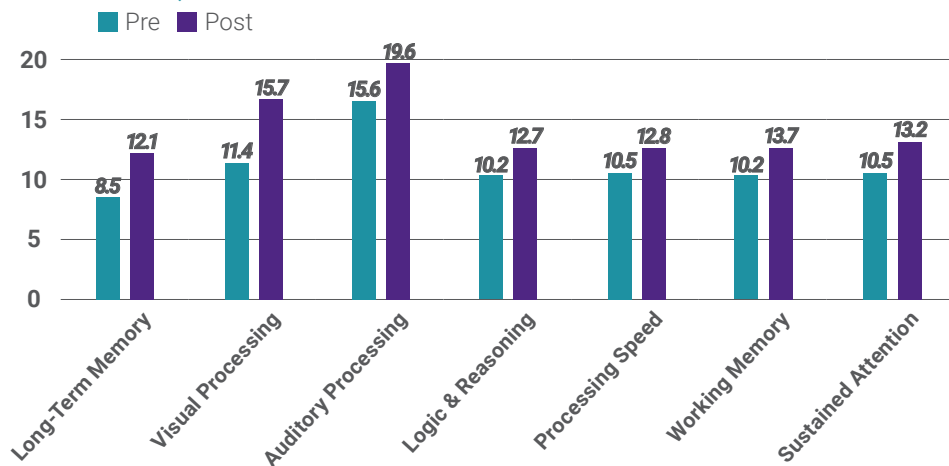
PERCENTILE CHANGE



IQ SCORE CHANGE



AGE-EQUIVALENT CHANGE



Standard scores & percentiles are aggregated across all test batteries; AE scores reported from Woodcock Johnson only. Changes in standard scores were statistically significant at $p < .001$ on all measures.



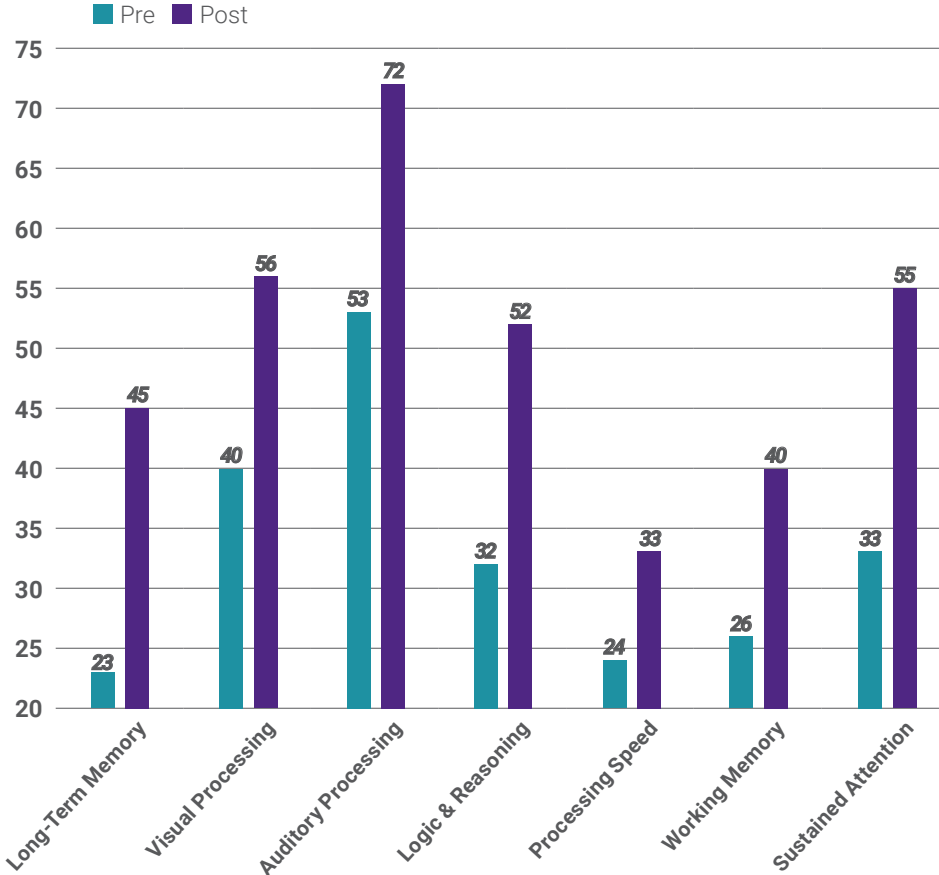
CHILDREN: RESULTS BY DIAGNOSIS

LEARNING DISABILITY | COGNITIVE RESULTS | CHILDREN

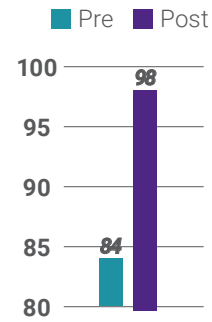
Number of Clients 2,804 **Average Gains** 3.5 years
Ages 4-17 **Largest Gains** 4.8 years in Auditory Processing
Ave. Number of Training Hours 89

CHILDREN: RESULTS BY DIAGNOSIS

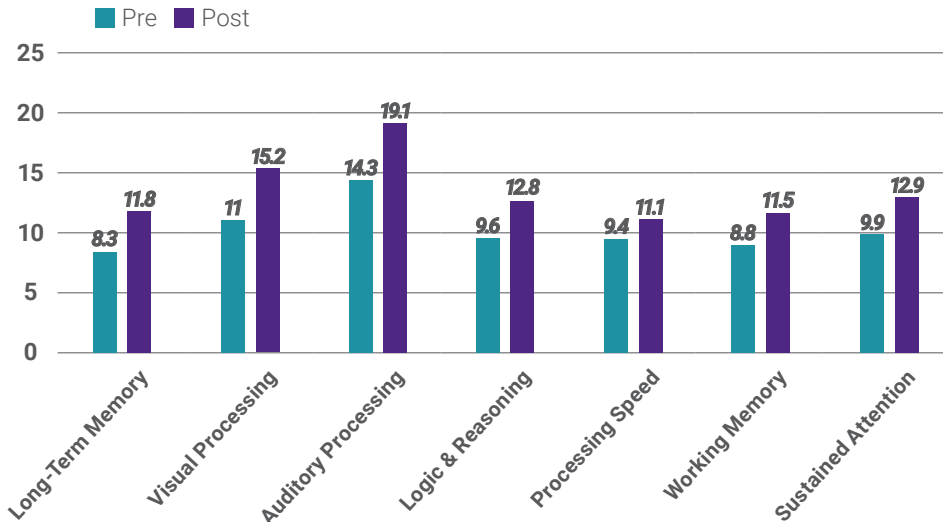
PERCENTILE CHANGE



IQ SCORE CHANGE



AGE-EQUIVALENT CHANGE

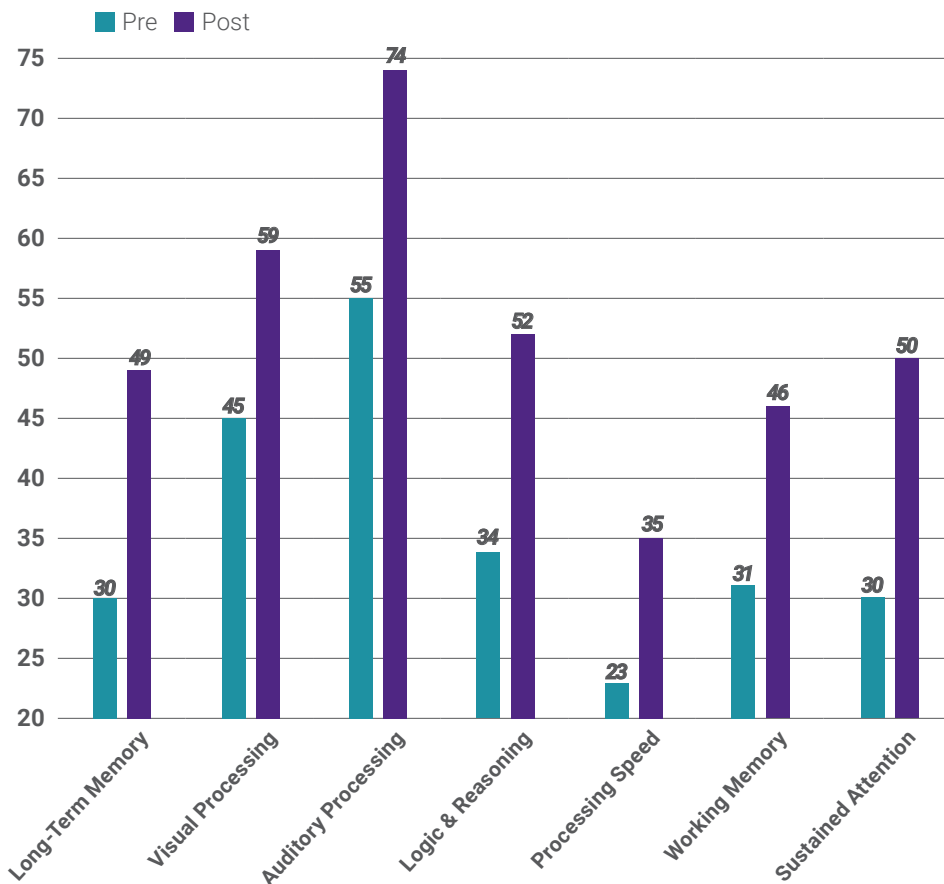


Standard scores & percentiles are aggregated across all test batteries; AE scores reported from Woodcock Johnson only. Changes in standard scores were statistically significant at $p < .001$ on all measures.

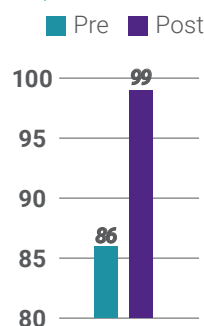
AUTISM SPECTRUM | COGNITIVE RESULTS | CHILDREN

Number of Clients 1,098 **Average Gains** 3.1 years
Ages 4-17 **Largest Gains** 4.8 years in Auditory Processing
Ave. Number of Training Hours 88

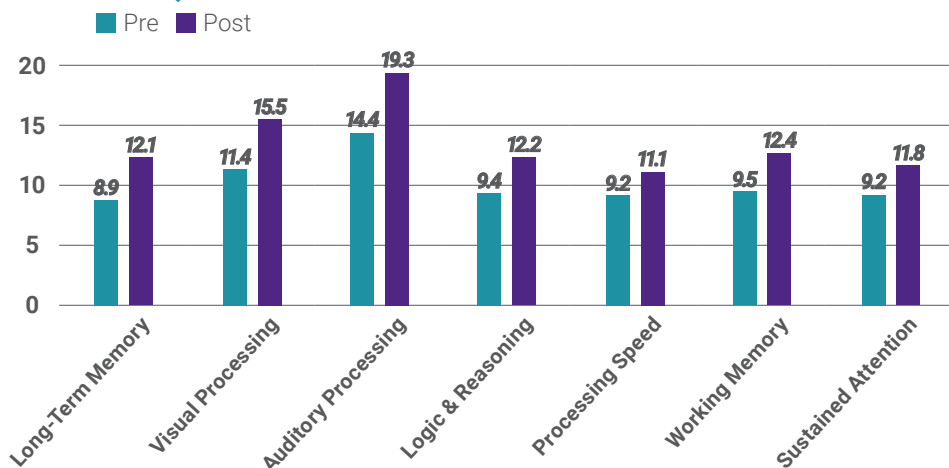
PERCENTILE CHANGE



IQ SCORE CHANGE



AGE-EQUIVALENT CHANGE



CHILDREN: RESULTS BY DIAGNOSIS

Standard scores & percentiles are aggregated across all test batteries; AE scores reported from Woodcock Johnson only. Changes in standard scores were statistically significant at $p < .001$ on all measures.

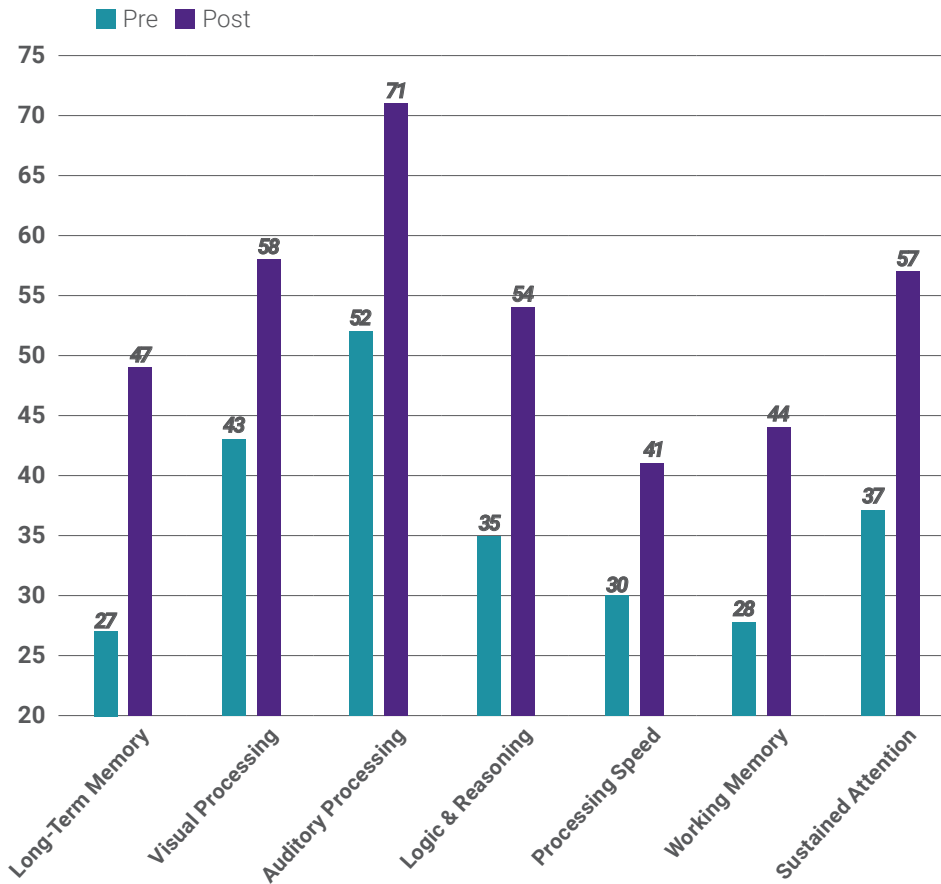


SPEECH & LANGUAGE | COGNITIVE RESULTS | CHILDREN

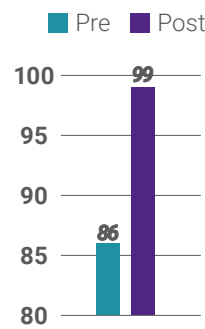
Number of Clients 2,741 **Average Gains** 3.1 years
Ages 4-17 **Largest Gains** 4.8 years in Auditory Processing
Ave. Number of Training Hours 83

CHILDREN: RESULTS BY DIAGNOSIS

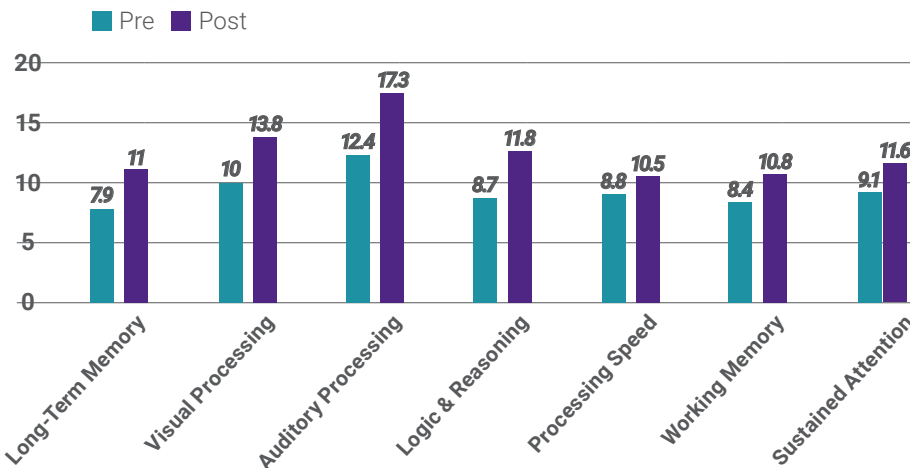
PERCENTILE CHANGE



IQ SCORE CHANGE



AGE-EQUIVALENT CHANGE

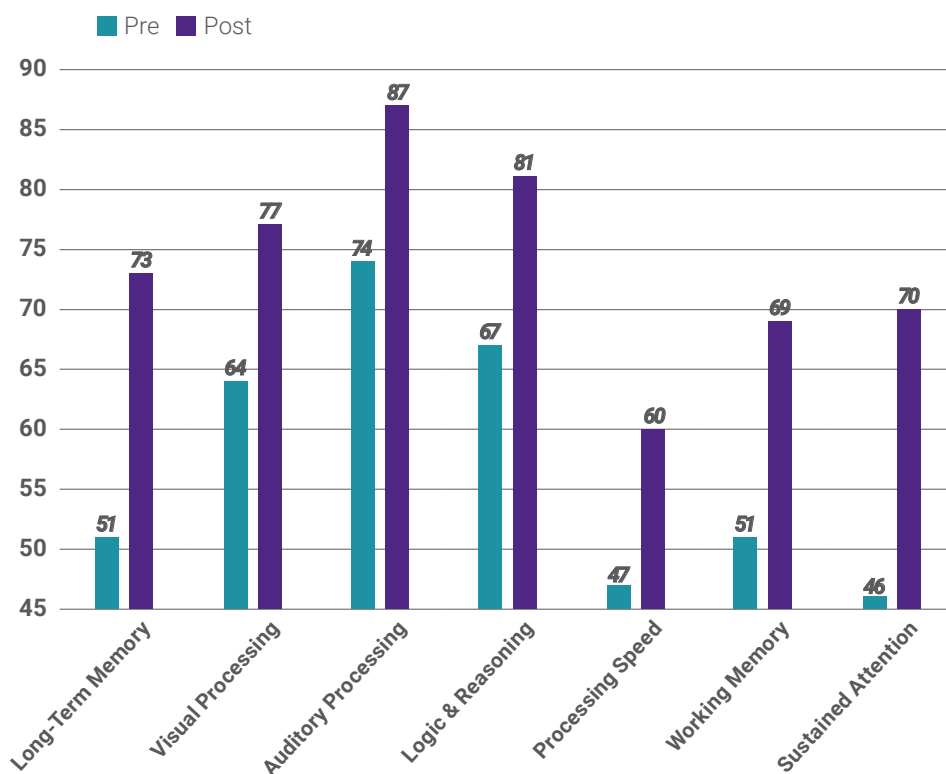


Standard scores & percentiles are aggregated across all test batteries; AE scores reported from Woodcock Johnson only. Changes in standard scores were statistically significant at $p < .001$ OR $p = .00$ on all measures.

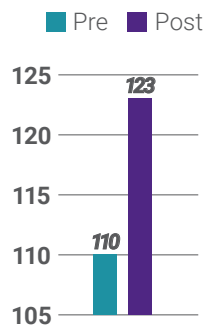
GIFTED | COGNITIVE RESULTS | CHILDREN

Number of Clients 795 **Average Gains** 3.3 years
Ages 4-17 **Largest Gains** 4.2 years in Visual Processing
Ave. Number of Training Hours 77

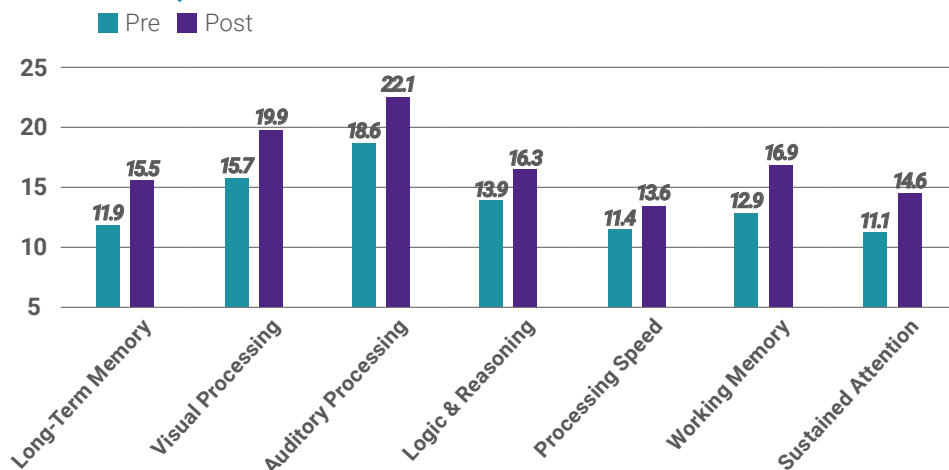
PERCENTILE CHANGE



IQ SCORE CHANGE



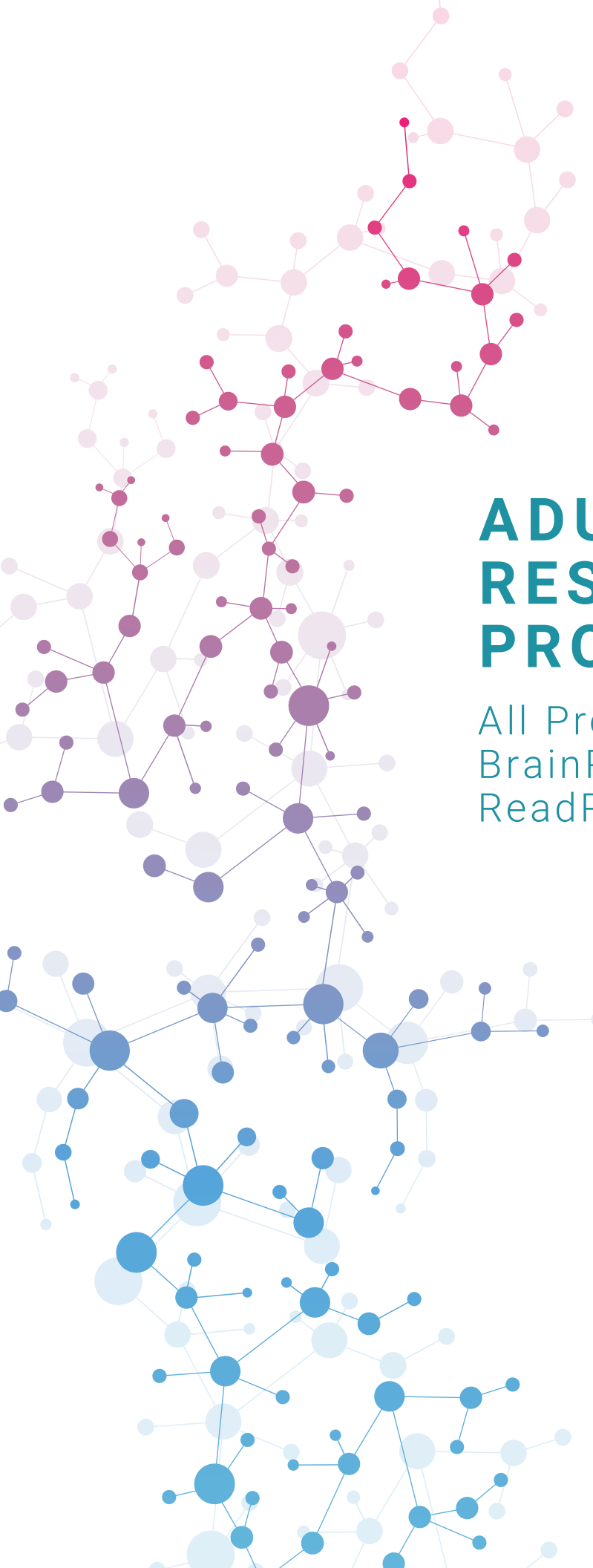
AGE-EQUIVALENT CHANGE



CHILDREN: RESULTS BY DIAGNOSIS

Standard scores & percentiles are aggregated across all test batteries; AE scores reported from Woodcock Johnson only. Changes in standard scores were statistically significant at $p < .001$ OR $p = .00$ on all measures.





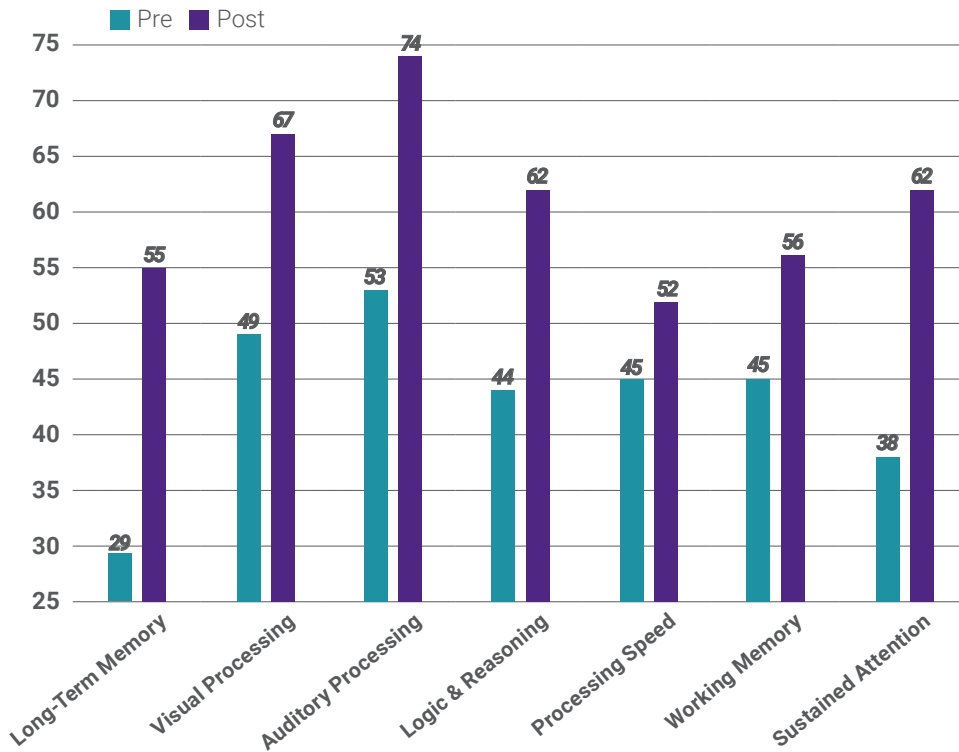
ADULTS: RESULTS BY PROGRAM

All Programs
BrainRx
ReadRx

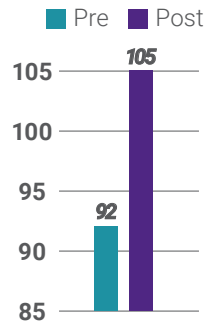
ALL PROGRAMS | COGNITIVE RESULTS | ADULTS

Number of Clients 2,692 **Ages** 18-95 **Ave. Number of Training Hours** 88

ALL PROGRAMS: COGNITIVE RESULTS PERCENTILE CHANGE



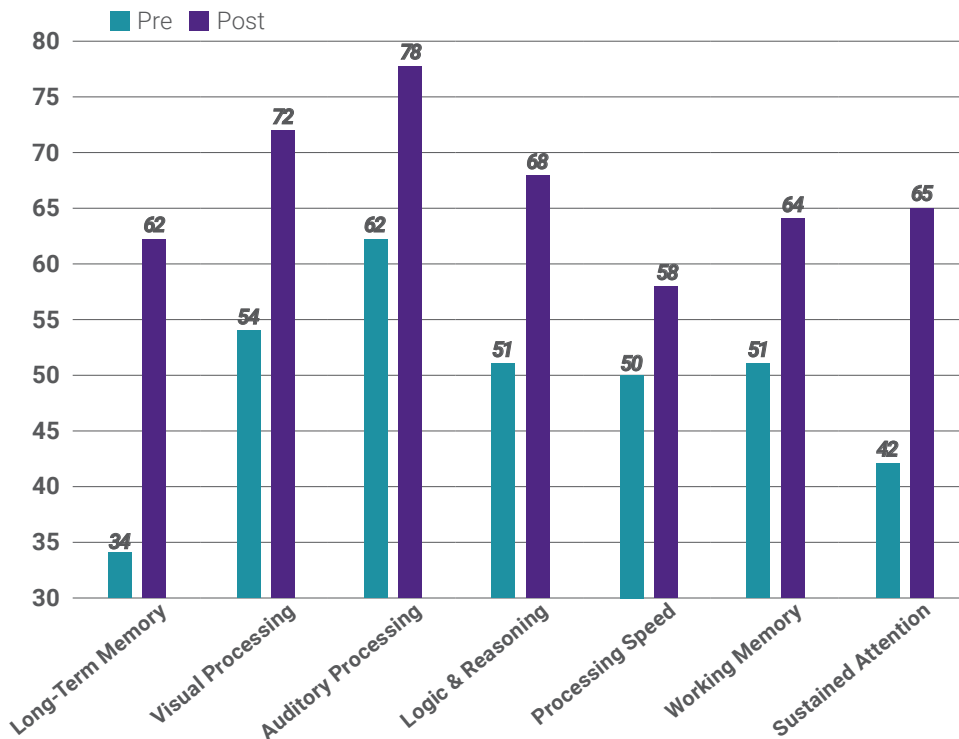
IQ SCORE CHANGE



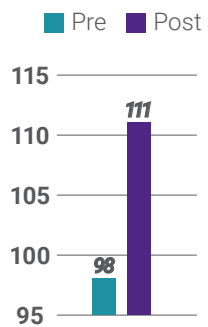
ADULTS: RESULTS BY PROGRAM

BRAINRX: COGNITIVE RESULTS PERCENTILE CHANGE

Number of Clients 1,380 **Ages** 18-95 **Ave. Number of Training Hours** 58



IQ SCORE CHANGE

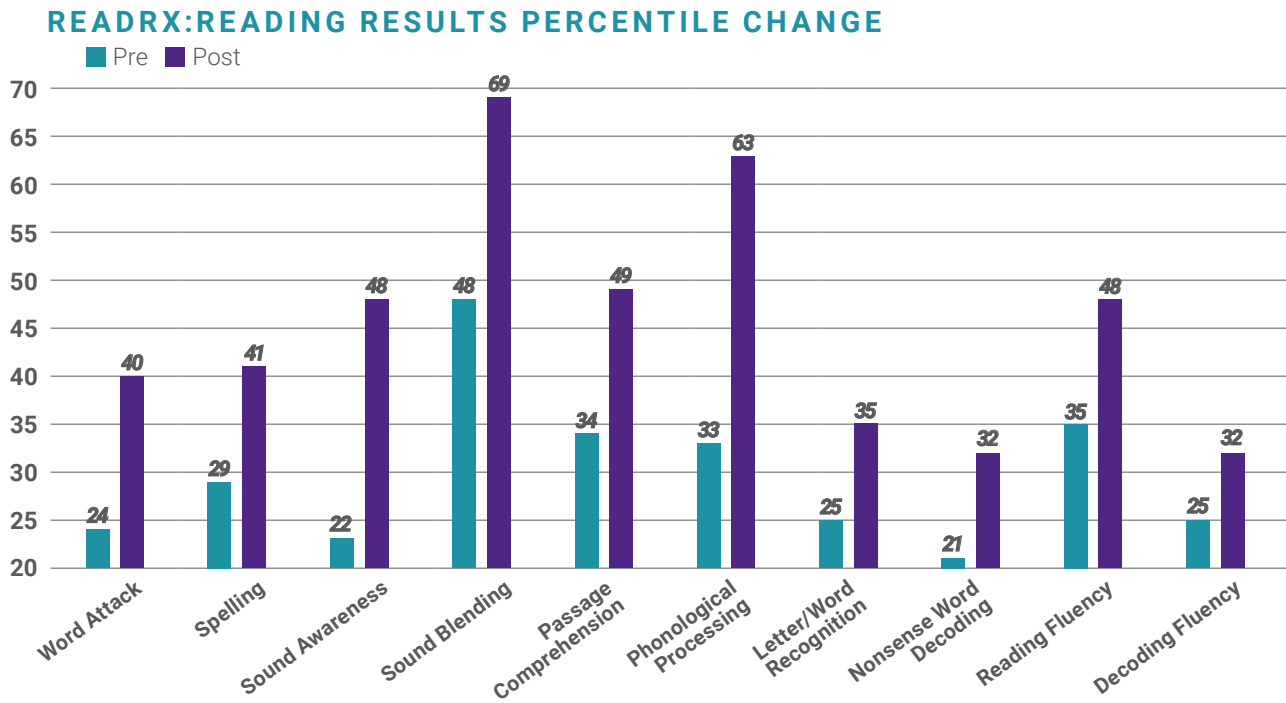
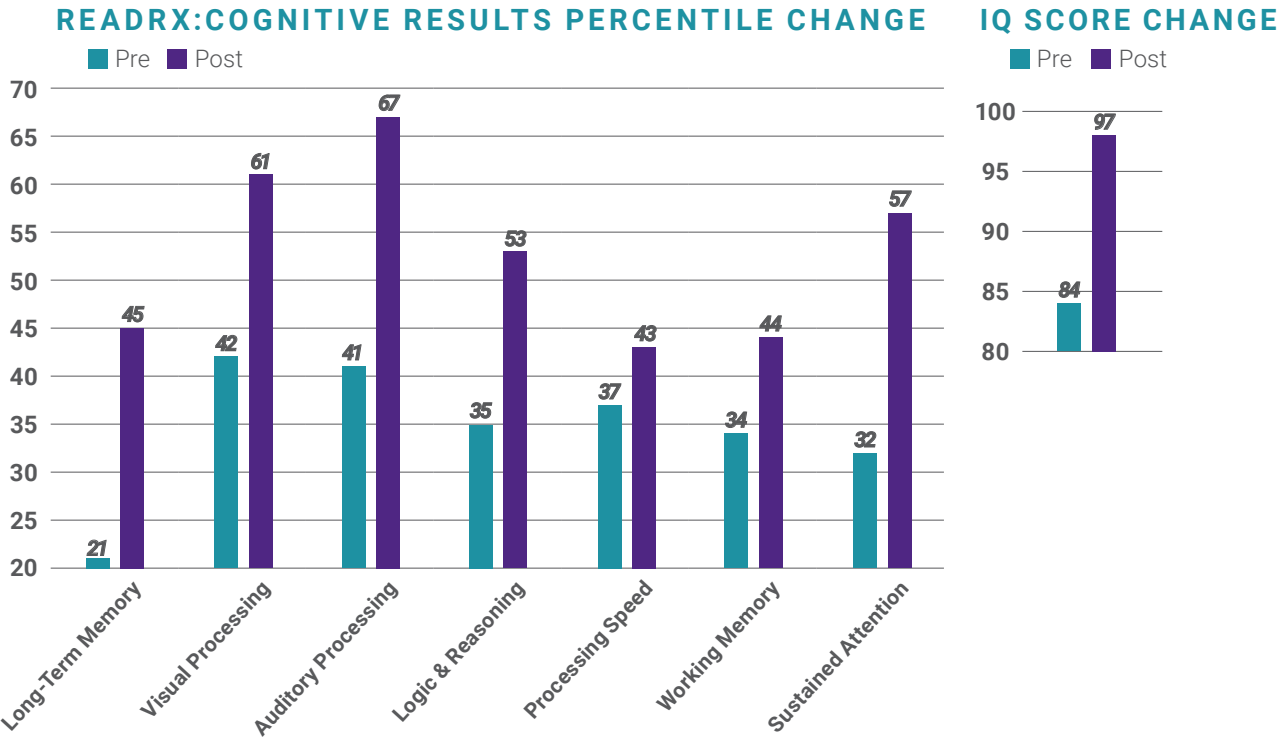


Standard scores & percentiles are aggregated across all test batteries; AE scores reported from Woodcock Johnson only. Changes in standard scores were statistically significant at $p < .001$ on all measures.



READRX | COGNITIVE & READING RESULTS | ADULTS

Number of Clients 1,009 Ages 18-83 Ave. Number of Training Hours 108



ADULTS: RESULTS BY PROGRAM



Standard scores & percentiles are aggregated across all test batteries; AE scores reported from Woodcock Johnson only. Changes in standard scores were statistically significant at $p < .001$ on all measures except Decoding Fluency ($p = .006$).

An abstract graphic on the left side of the page features a network of nodes and lines. The nodes are represented by circles of various sizes and colors, including light blue, dark blue, purple, red, and pink. These nodes are interconnected by thin lines, creating a complex web-like structure. The background of this graphic consists of a pattern of semi-transparent hexagons in shades of light blue and pink, some of which are larger and more prominent than others, creating a layered, crystalline effect.

ADULTS: RESULTS BY DIAGNOSIS

ADHD

Brain Injury

Over Age 50

Learning Disability

Autism Spectrum

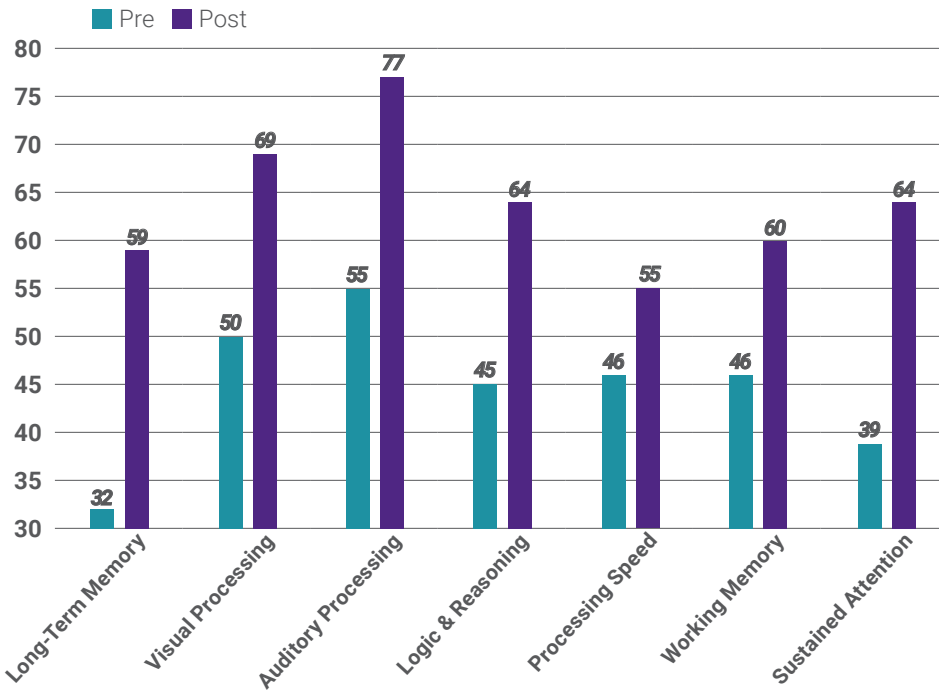
Speech & Language Disorder

Dyslexia

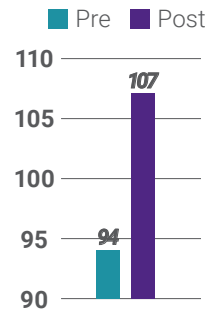
ADHD | COGNITIVE RESULTS | ADULTS

Number of Clients 772 Ages 18-76 Ave. Number of Training Hours 82

ADHD: COGNITIVE RESULTS PERCENTILE CHANGE



IQ SCORE CHANGE

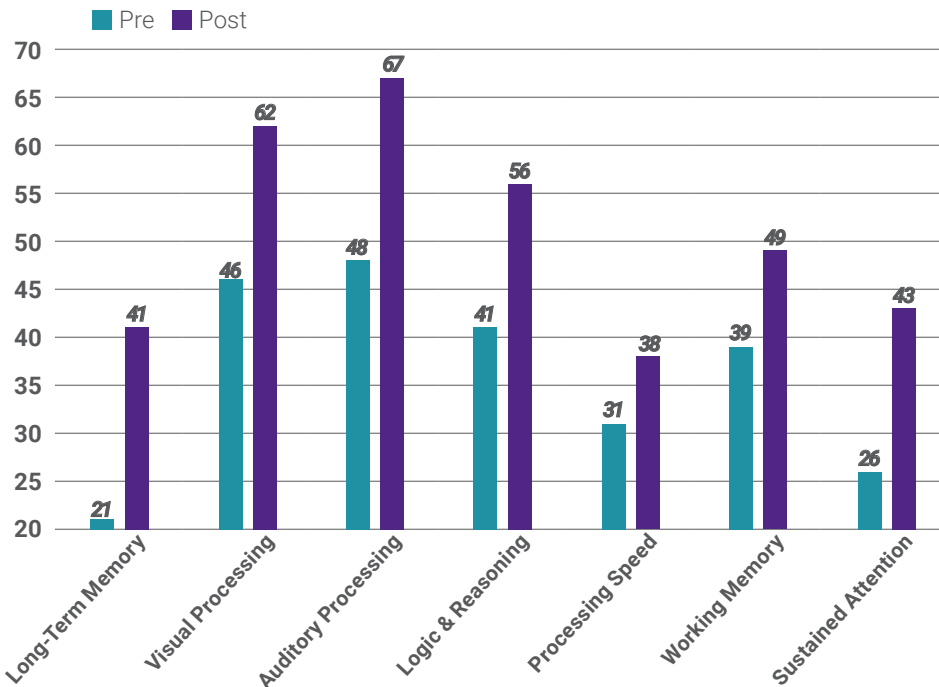


ADULTS: RESULTS BY DIAGNOSIS

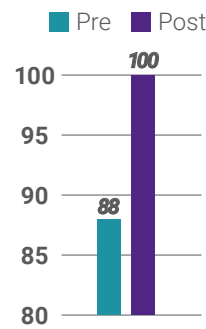
BRAIN INJURY | COGNITIVE RESULTS | ADULTS

Number of Clients 247 Ages 18-83 Ave. Number of Training Hours 93

BRAIN INJURY: COGNITIVE RESULTS PERCENTILE CHANGE



IQ SCORE CHANGE

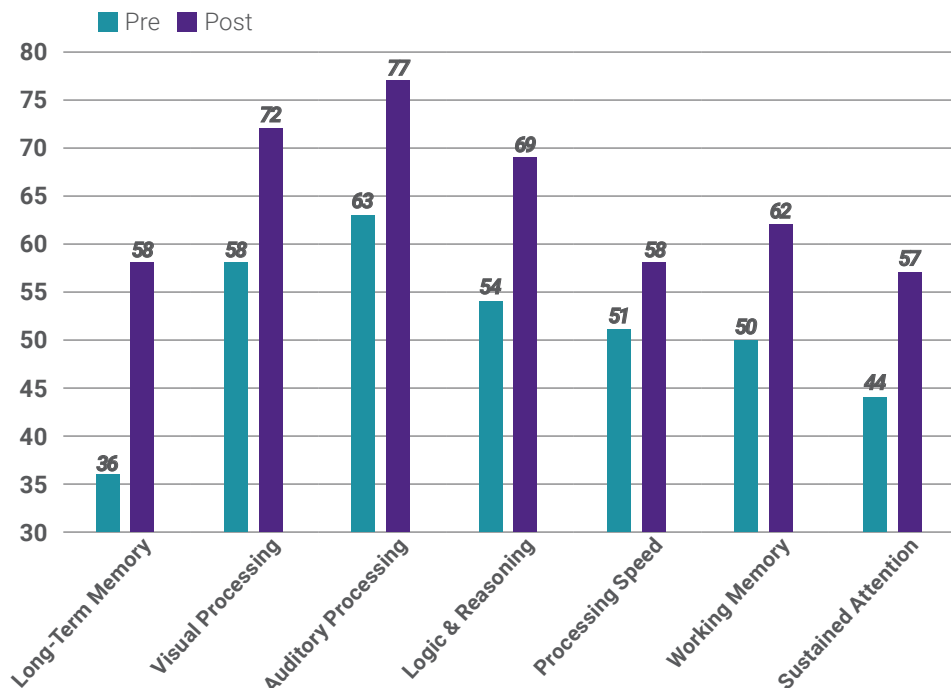


Standard scores & percentiles on cognitive measures are aggregated across all test batteries; Changes in standard scores were statistically significant at p < .001 on all measures.

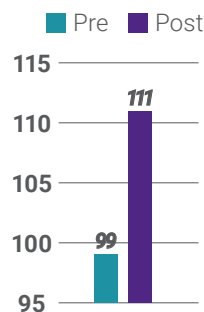
OVER AGE 50 | COGNITIVE RESULTS | ADULTS

Number of Clients 416 Ages 50-95 Ave. Number of Training Hours 71

OVER AGE 50: COGNITIVE RESULTS PERCENTILE CHANGE



IQ SCORE CHANGE

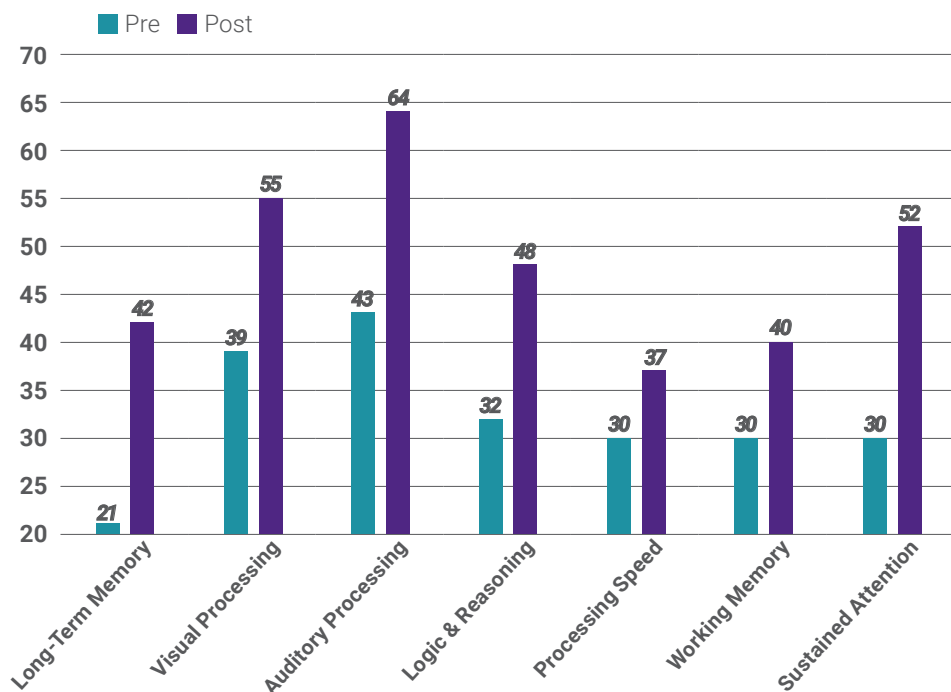


ADULTS: RESULTS BY DIAGNOSIS

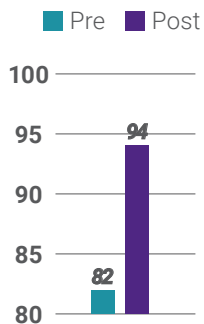
LEARNING DISABILITY | COGNITIVE RESULTS | ADULTS

Number of Clients 448 Ages 18-76 Ave. Number of Training Hours 92

LEARNING DISABILITY: COGNITIVE RESULTS PERCENTILE CHANGE



IQ SCORE CHANGE



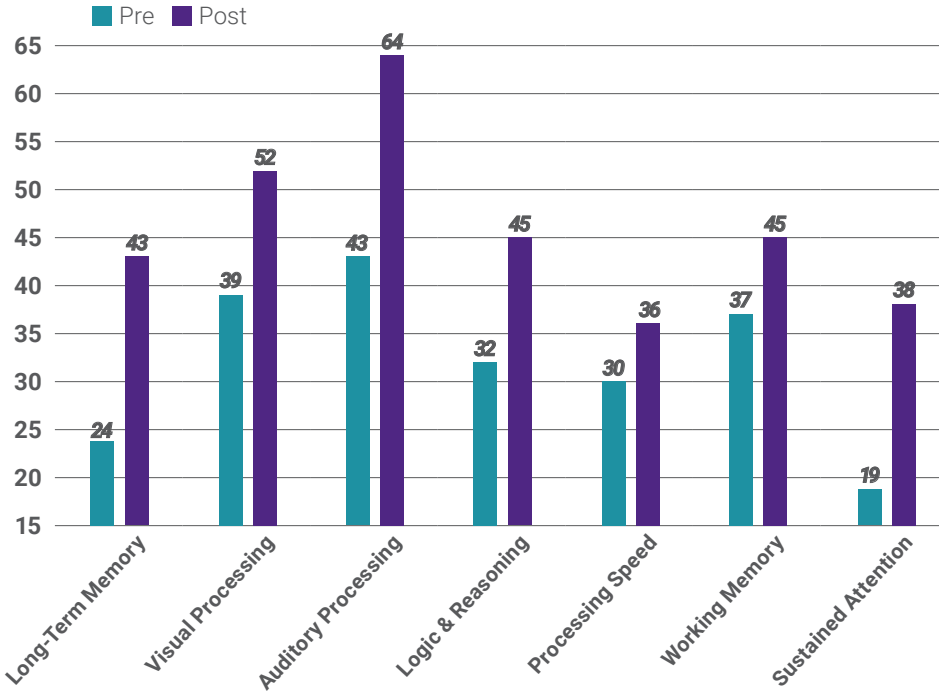
Standard scores & percentiles on cognitive measures are aggregated across all test batteries; Changes in standard scores were statistically significant at p < .001 on all measures.



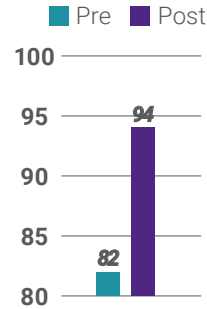
AUTISM SPECTRUM | COGNITIVE RESULTS | ADULTS

Number of Clients 169 Ages 18-52 Ave. Number of Training Hours 102

AUTISM:COGNITIVE RESULTS PERCENTILE CHANGE



IQ SCORE CHANGE

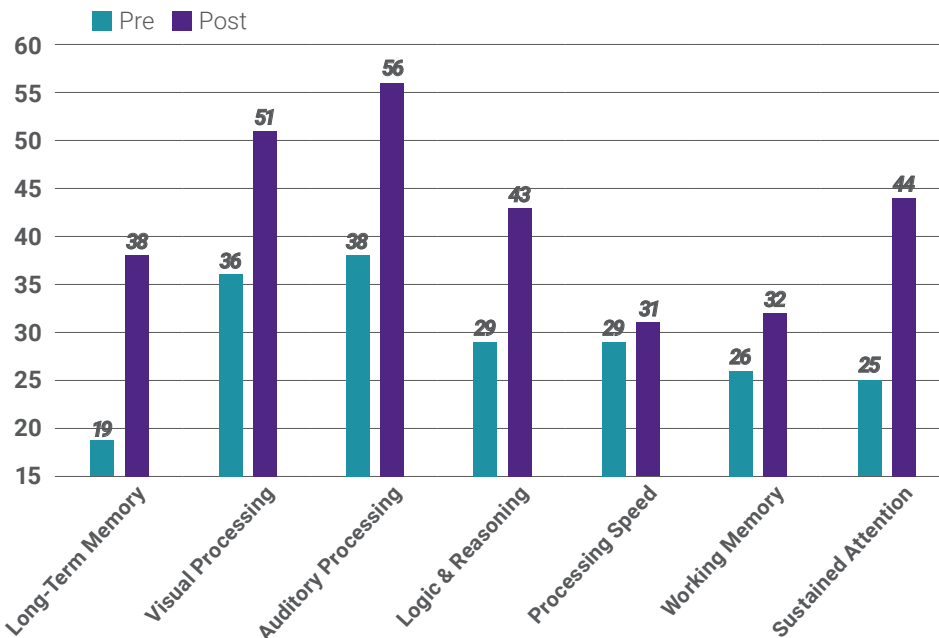


ADULTS: RESULTS BY DIAGNOSIS

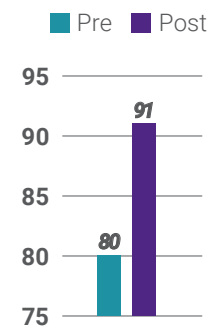
SPEECH & LANGUAGE | COGNITIVE RESULTS | ADULTS

Number of Clients 206 Ages 18-82 Ave. Number of Training Hours 98

SPEECH & LANGUAGE:COGNITIVE RESULTS PERCENTILE CHANGE



IQ SCORE CHANGE

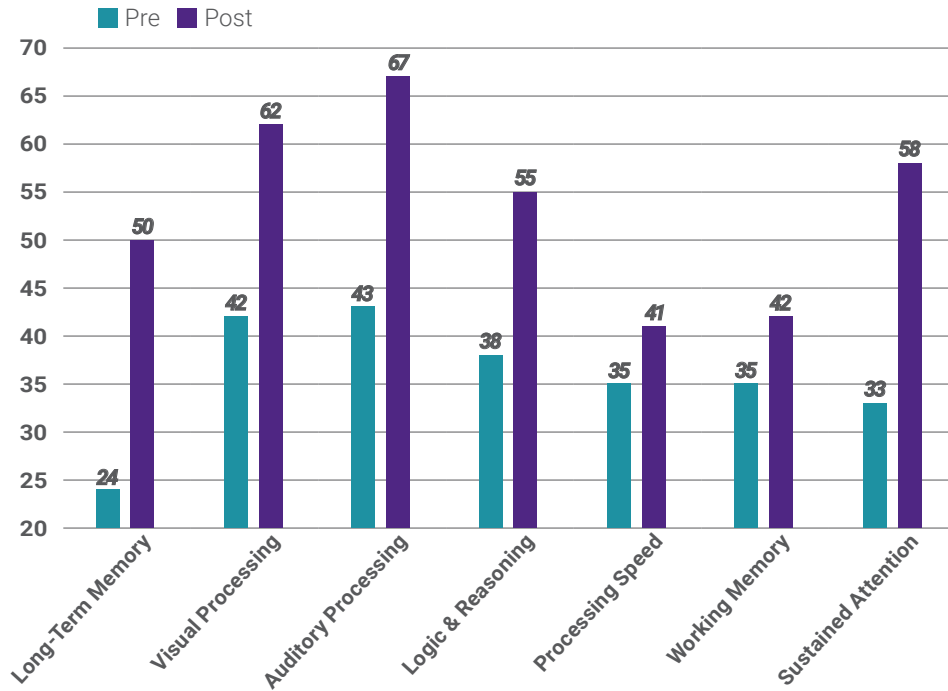


Standard scores & percentiles on cognitive measures are aggregated across all test batteries; Changes in standard scores were statistically significant at p < .001 on all measures.

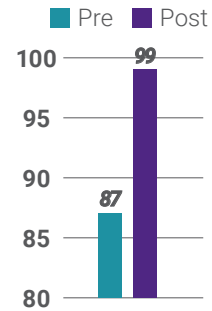
DYSLEXIA | COGNITIVE RESULTS | ADULTS

Number of Clients 323 Ages 18-71 Ave. Number of Training Hours 91

DYSLEXIA: COGNITIVE RESULTS PERCENTILE CHANGE



IQ SCORE CHANGE

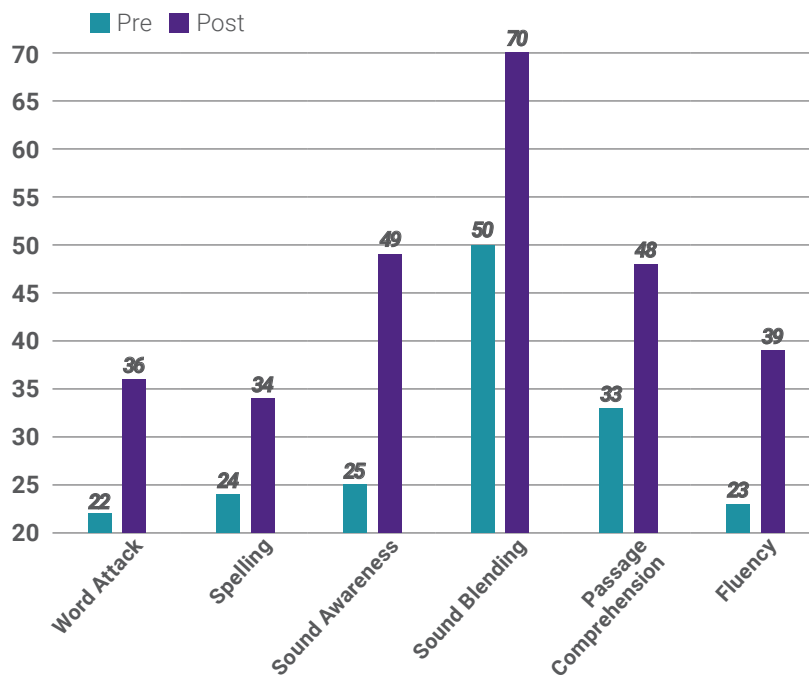


ADULTS: RESULTS BY DIAGNOSIS

DYSLEXIA | READING RESULTS | ADULTS

Number of Clients 323 Ages 18-71 Ave. Number of Training Hours 91

DYSLEXIA: READING RESULTS PERCENTILE CHANGE

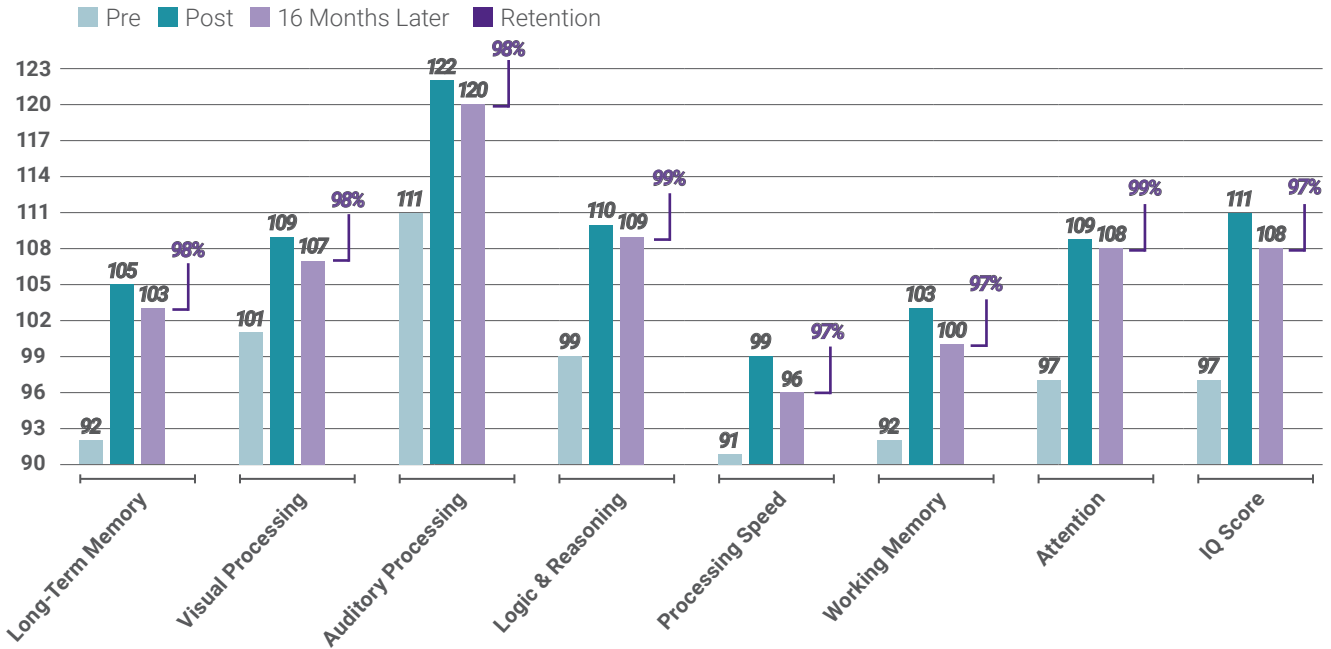


Standard scores & percentiles on cognitive measures are aggregated across all test batteries; Changes in standard scores were statistically significant at $p < .001$ on all measures. Reading subtests are from Woodcock Johnson Tests of Achievement.

RETENTION RESULTS

- To assess retention of training gains for our clients, we analyzed the results for 2,383 clients who volunteered to return for a follow-up assessment an average of 16 months after completing a brain training program.
- Clients ranged in age from 5 to 80 with an average age of 11.2.
- Retention rates of post-training cognitive performance ranged from 97% to 99%, with the greatest retention of skills in attention and logic & reasoning.

STANDARD SCORES ON THE WOODCOCK JOHNSON III TESTS OF COGNITIVE ABILITIES

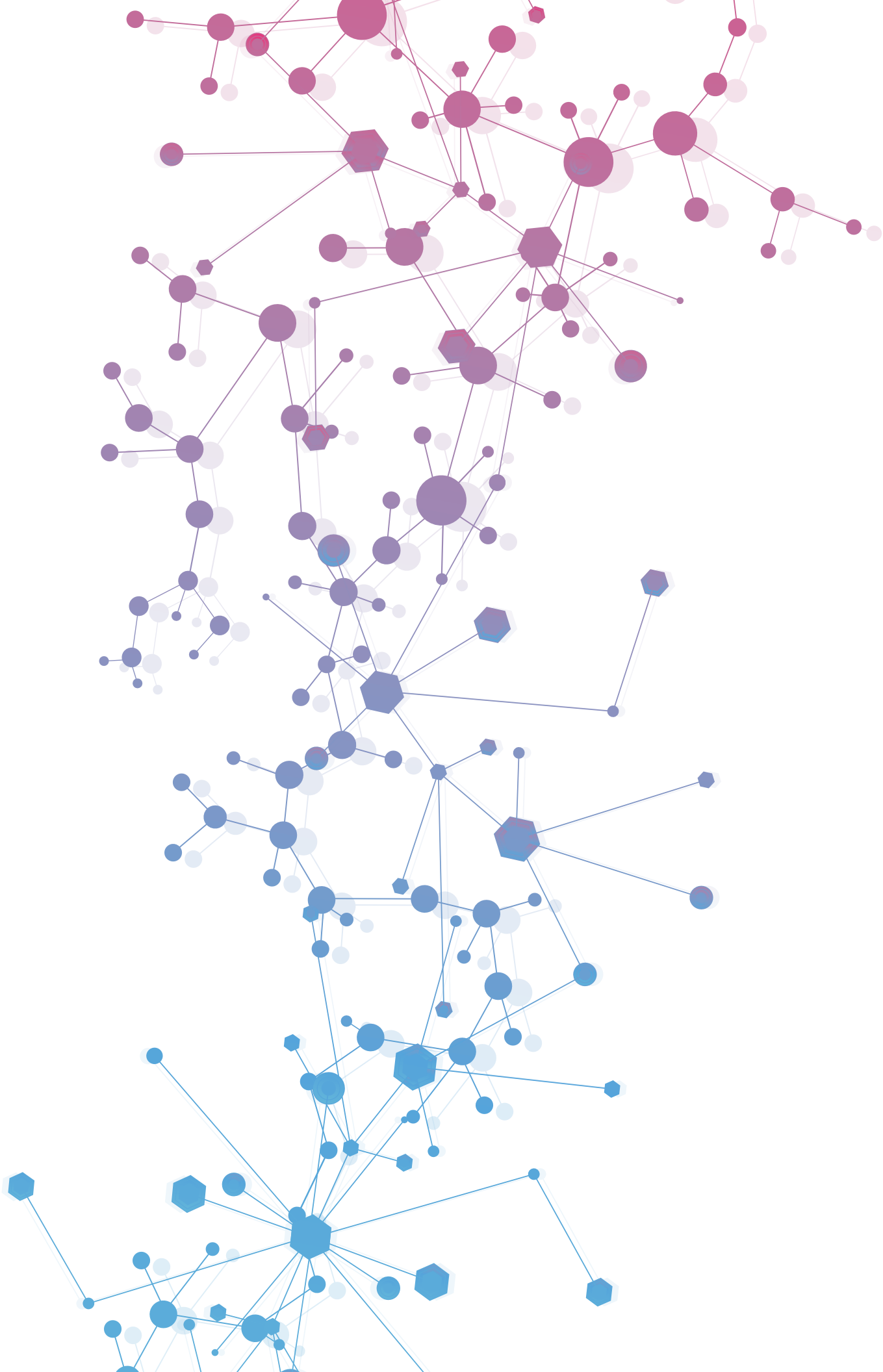


CLIENT SATISFACTION RATINGS

- To assess client satisfaction with our training programs, parents and adult clients are asked to complete an exit survey at the end of training. Between 2010-2022, 84% our 27,790 clients responded to the survey.
- In response to how likely they would be to recommend BrainRx to a family or friend, 97% of them said they were very likely or extremely likely to recommend BrainRx.

EXIT INTERVIEW RESULTS

QUESTION	TIMEFRAME	10	8 OR 9	7 OR BELOW	AVERAGE RATING
On a scale of 1 to 10, how likely would you be to recommend us to a friend or family member?	2019 - 2022	75%	22%	3%	9.6
	2010 - 2018	73%	23%	4%	9.5





GIBSON INSTITUTE
OF COGNITIVE RESEARCH



BrainRx[®]

LearningRx[®]
One-on-One Brain Training Centers

www.BrainRx.com