



The Biofeedback Certification International Alliance

Professional Standards and Ethical Principles of Biofeedback

Preamble

For the purposes of this document, the term BCIA professionals refers to BCIA certificants and those who have filed a formal application for BCIA certification. Because the Biofeedback Certification International Alliance (BCIA) and its professionals are committed to the protection of human rights, they strive to maintain the dignity and worth of the individual while rendering service, conducting research, and teaching others. They operate within the BCIA Professional Standards and Ethical Principles (PSEP). They strive to provide the highest quality of service and carefully differentiate between empirically validated and experimental procedures. They hold themselves responsible for their actions and make every effort to protect their clients' welfare. Finally, they limit their services to those areas in which they have expertise and exemplify the values of competence, objectivity, freedom of inquiry, and honest communication.

The PSEP is intended to guide all BCIA professionals who commit themselves to adhere to these Principles as well as to the Principles stated in their licensing act. A copy of the PSEP will be provided to all BCIA certification applicants and will be available on the BCIA website. The PSEP are intended to educate and guide professionals to prevent ethical misconduct and should be applied with professional maturity.

The term biofeedback refers to all modalities for which we provide certification including, but not limited to, BVP, EEG or neurofeedback, electrodermal, EMG, HRV, respiration, and thermal biofeedback.

"Biofeedback is a process that enables an individual to learn how to change physiological activity for the purposes of improving health and performance. Precise instruments measure physiological activity such as brainwaves, heart function, breathing, muscle activity, and skin temperature. These instruments rapidly and accurately 'feed back' information to the user. The presentation of this information — often in conjunction with changes in thinking, emotions, and behavior — supports desired physiological changes. Over time, these changes can endure without continued use of an instrument."¹

Purpose and Scope

The PSEP consist of guidelines for professional biofeedback practice that are not exhaustive and do not limit BCIA professionals' ethical responsibilities. They highlight areas in which ethical concerns often arise. For BCIA professionals who practice under a state and/or national licensing act, the PSEP are not meant to replace, but to confirm and reinforce, professional ethical guidelines.

1. The PSEP should be followed by BCIA certificants, applicants, and their staff who help provide biofeedback and related services.
2. BCIA professionals' ethical conduct is measured by the PSEP, state and/or national licensing acts, and the ethical guidelines of their professional membership organizations where applicable.
3. A violation of the PSEP may lead to disciplinary action or decertification. In some instances, such as sexual contact with a client,

a criminal charge may result from breach of the PSEP and other professional guidelines for ethical practice.

A. Responsibility

In utilizing biofeedback, BCIA professionals adhere to the highest standards of their profession. They behave responsibly; accept responsibility for their behavior and its consequences; ensure that biofeedback is used appropriately; and strive to educate the public concerning the responsible use of biofeedback in treatment, training, and research. BCIA professionals are responsible for adhering to the ethical principles of their profession; the local, state and national laws relevant to their professional activities; and the PSEP.

1. As practitioners, BCIA professionals recognize their obligation to help clients acquire knowledge and skill through training that represents the best professional practice and that is delivered in the most cost-effective manner.
2. As teachers, BCIA professionals are committed to the advancement of knowledge. They encourage the free pursuit of learning by their students and present information objectively, accurately, and completely.
3. BCIA professionals guard against misuse of their influence since they realize that their professional services impact the lives of their clients and others.
4. BCIA professionals should only continue biofeedback services as long as their clients benefit from training. If their clients require an intervention that they are not qualified to provide, they should help them obtain these services and should never abandon them.

B. Competence

BCIA professionals recognize the boundaries of their competence and only use those biofeedback and adjunctive techniques in which they have expertise. They also recognize the proper limitations of biofeedback and inform all concerned parties about the clinical utility of particular procedures, possible negative effects, and whether the procedures are experimental or clinically verified. BCIA professionals maintain current knowledge of relevant basic and applied biofeedback research.

1. BCIA professionals should operate within applicable local, state, and national laws as well as in accordance with the ethical principles of their profession. BCIA certification is not a license to practice independently.
2. BCIA professionals who treat medical or psychological conditions must demonstrate professional competence as defined by applicable local, state, and national licensing/credentialing laws. BCIA certification becomes invalid when a certificant's license is suspended, revoked, or not renewed due to an investigation of a complaint.

Once suspended the individual will not be considered by BCIA for a re-certification based on providing services under supervision. A licensed professional who is suspended may only apply for recertification by BCIA after the license has been reinstated.

3. BCIA professionals who are not appropriately licensed or credentialed, and who wish to treat medical or psychological conditions, must acquire appropriate supervision according to applicable state and national laws and professional codes/regulations.

4. BCIA professionals must accurately describe their qualifications, training, experience, and/or specialty. They must only list degrees in an approved healthcare field earned from a regionally accredited academic institution when applying for BCIA certification. BCIA only certifies individuals who hold these degrees and only lists these credentials in its directory. When BCIA practitioners list BCIA certification in advertisements, business cards, directories, websites, and similar professional publications, that listing cannot include an unaccredited degree nor can it list a degree not related to health care.

C. Ethical Standards

BCIA professionals are sensitive to prevailing community norms and recognize that the violation of these standards may jeopardize the quality of their services, completion of professional responsibilities, and public trust in biofeedback.

1. BCIA professionals will only charge for services actually provided by them or by those under their legal supervision. In billing third party payers, practitioners will comply with the rules and regulations of the third-party payer, including clearly specifying which services the practitioner provided directly and which were supervised, and providing information regarding their qualifications (e.g., degree, license, and certification).

2. BCIA professionals will clarify any potential or actual conflict of interest that exists when serving clients, conducting training or research, or when engaged in any other professional activity (such as a workshop in which presenters recommend their own product).

3. BCIA professionals will obtain written informed consent from clients for all assessment and treatment procedures, billings and fee collections, and procedures to protect confidentiality, as well as conditions that limit confidentiality.

4. BCIA professionals will obtain written informed consent from clients for all experimental treatment applications.² To distinguish experimental and clinically-validated procedures is difficult and requires familiarity with related documents.³

D. Multiculturalism and Diversity

1. BCIA professionals are encouraged to recognize that, as cultural beings, they may hold attitudes and beliefs that can detrimentally influence their perceptions of and interactions with individuals who are different from themselves ethnically, racially, in sexual orientation, or gender identity.

2. BCIA professionals are encouraged to recognize the importance of multicultural sensitivity/responsiveness to, knowledge of, and understanding about individuals who are different ethnically, racially, in sexual orientation, or gender identity.

3. As educators, BCIA professionals are encouraged to employ the constructs of multiculturalism and diversity in education.

4. Culturally sensitive researchers are encouraged to recognize the importance of conducting culture-centered and ethical research among persons from diverse ethnic, linguistic, racial, sexual orientation, or gender identity backgrounds.

5. BCIA professionals are encouraged to apply culturally appropriate skills in clinical and other biofeedback practices.

6. BCIA professionals are encouraged to use positive motivational change processes to support culturally informed organizational (policy) development and practices.

7. BCIA professionals regularly engage in professional reading and education (both online and face to face) on multiculturalism and diversity, keeping up to date on current standards and research.

E. Public Statements

BCIA professionals recognize that all public statements, announcements of services and products, advertising, and promotional activities concerned with biofeedback should help the public make informed choices. Statements about biofeedback must be based on scientifically verifiable information, including recognition of the limits and uncertainties of such data. BCIA professionals must accurately represent their qualifications, affiliations, and positions, and must not mislead the public.

1. BCIA professionals shall accurately represent the efficacy of biofeedback procedures for all disorders or conditions being treated.

2. BCIA professionals must use accurate information in statements about biofeedback when providing services, marketing a product, and in all other professional activities. They consider the context and source requesting information when making a public statement and guard against misrepresentation.

3. BCIA professionals recognize that they may have personal interests when they promote biofeedback activities and agree that these interests must be superseded by professional objectivity, concern for clients' welfare, and the PSEP and the standards of other professional societies to which they belong. When a question arises as to their objectivity, they seek professional guidance from appropriate professional sources like BCIA and their professional associations.

4. Announcements and listing of services and training offered by BCIA professionals, such as service directory listings, letterheads, business cards, and marketing brochures and websites, should be accurate and designed in a professional manner, and should adhere to the guidelines of their professional associations.

F. Confidentiality

BCIA professionals protect the confidentiality of their clients' data. They may only release information with the written consent of the client or the client's legal representative, or when nondisclosure would endanger the client or others.

1. BCIA professionals specify in advance the legal limits of confidentiality to clients, particularly when collecting fees and complying with mandated reporting laws that concern abuse or

neglect. Confidentiality applies to clients in treatment, students in training, and research participants.

2. Client records are stored and destroyed in ways that maintain confidentiality. BCIA professionals will keep records for the time required by applicable national and state laws.

G. Protection of Client Rights and Welfare

BCIA professionals protect the welfare of clients, students, research participants, and other groups with whom they work. They inform all consumers of their rights, provide them with a written statement of these rights, fully inform them as to the purpose and nature of procedures to be implemented, and assure that clients' rights are not abridged.

1. Sexual intimacy with current clients, trainees, supervisees, and research subjects is prohibited. BCIA professionals should follow the applicable guidelines of state/national law and their professional associations regarding when sexual intimacy is permissible after termination of a professional relationship.
2. Professionals adhere to the highest standards of infection mitigation to protect clients and staff. Practitioners are responsible to learn and follow reasonable disinfection standards applicable to biofeedback instruments, sensors, and office environments.⁴
3. In attaching biofeedback sensors, professionals assure that the privacy and rights of the client are protected and respect the feelings and sensitivities of their clients. Caution and common sense are required whenever an applicant or certificant has physical contact with clients. Any physical contact requires the permission of the client. Touching of sensitive body parts, such as breasts or genitals, is not acceptable in biofeedback practice, with the exception of a medical exam or medical treatment provided by a licensed medical practitioner.
4. Special care is taken to protect the rights of children when providing biofeedback training or conducting research. Wherever possible, BCIA professionals should seek children's agreement to participate in these activities.
5. BCIA professionals do not discriminate against or refuse services to anyone on the basis of sex, sexual orientation, gender identity, race, religion, disability, or national origin.

H. Professional Relationships

BCIA professionals recognize the interdisciplinary nature of biofeedback and respect the competencies of colleagues in all professions. They strive to act in accordance with the obligations of the organizations with which they and their colleagues are associated. They:

1. should only treat medical disorders if clients have first received a medical evaluation and/or are under the care of a physician.
2. should strive to be objective in their professional judgment of colleagues and to maintain good professional relationships even when opinions differ.
3. should avoid multiple relationships with their clients that could impair their professional judgment or increase the risk of exploitation, and must never exploit clients, students, supervisees, employees, research participants, or third party payers.

I. Research with Humans and Animals

BCIA professionals conduct research to advance understanding of human behavior, to improve human health and welfare, and to advance science. They carefully consider alternative research methods and assure that in the conduct of research the welfare of research participants (human and animal) is protected. All researchers will adhere to state and national regulations and the professional standards of their profession with regard to the conduct of research. Research involving humans may be subject to regulation by local institutional review boards and to state and/or national regulations.²

Animal research may be subject to local institutional animal care and use committees and must comply with state and national policies on the use of animals.⁵

1. The results of research will be released in a manner which accurately reflects research results and only when the findings have satisfied widely-accepted scientific criteria. Any limitations regarding factors such as sampling bias, small samples, and limited follow-up, will be explicitly stated. All descriptive materials distributed regarding clinical practice will be factual and straightforward.²
2. The individual researcher is responsible for the establishment and maintenance of acceptable ethical practice in research. The investigator is also responsible for the ethical treatment of research participants by collaborators, assistants, students, and employees, all of whom also incur similar obligations. Information obtained about research participants during the course of an investigation should be confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that this possibility, together with the plans to protect confidentiality, be explained to the participants as part of the procedure for obtaining informed consent.
3. Ethical practice requires that the investigator inform participants of all features of the research that might be reasonably expected to influence their willingness to participate and to explain all other aspects of the research about which the participant inquires. BCIA professionals protect participants from physical and psychological discomfort, harm, and danger. If the risk of such consequences exists, investigators are required to inform the participant of that fact, secure informed consent before proceeding, and take all possible measures to minimize distress. A research procedure may not be used if it is likely to cause serious and lasting harm to participants. As participants' risk increases, so does the responsibility of the researcher to protect the research participants. Written informed consent or a verbal and written summary of the research is customary for most kinds of non-survey research (including a signature by the research participant in both cases).
4. The investigator must respect an individual's freedom to decline to participate in research or to discontinue participation at any time. The obligation to protect this freedom requires special vigilance when the investigator has power over the participant. When a prospective participant is a minor, investigators should seek the child's assent.
5. After research data are collected, the investigator must fully debrief participants about the nature of the study. When scientific or human values justify delaying or withholding information, the investigator acquires a special responsibility to assure that the participant is not harmed.

Adherence to Professional Standards

BCIA professionals should be knowledgeable about efficacious interventions and adhere to the professional standards associated with these techniques.³

Additional Standards

BCIA professionals who hold a state or national license/credential should adhere to the guidelines of the relevant professional licensing act. Additional guidance can be found in the ethical standards of organizations like the American Psychological Association, American Psychiatric Association, the American Nurses Association, the American Physical Therapy Association, the American Medical Association, the American Dental Association, the American College of Sports and Rehabilitation, the American Academy of Physical Medicine and Rehabilitation, and their international counterparts.

Ethics Complaint Procedures

When BCIA receives a written complaint about the ethical conduct of a BCIA certificant or applicant, BCIA's Executive Director will record the complaint and will write a letter to the complainant that will describe BCIA's role in ethics cases, direct the complainant to directly discuss the complaint with the provider (certificant or applicant), and if requested by the complainant, identify state and/or national regulatory agencies with jurisdiction. Since BCIA's approach to ethical issues is educational, BCIA will not recommend that complainants contact these agencies nor will it represent complainants before these agencies.

BCIA will not intervene in complaints about manufacturer or vendor products, services, or sales practices as these issues do not concern certification and corporations are not BCIA professionals.

While BCIA encourages certificants to first discuss ethical concerns with their colleagues, certificants may directly contact appropriate regulatory agencies. If an agency declares that a complaint lacks merit, is frivolous, or is malicious, BCIA will defer to the agency to discipline the complainant.

The BCIA Board of Directors will periodically review and update the PSEP. Thereafter, BCIA professionals shall be required to adhere to the revised PSEP. Comment is invited. Individuals desiring more information about these Principles may contact BCIA.

Related Documents and Acknowledgments

- ¹ Biofeedback Alliance and Nomenclature Task Force (2008).
- ² Regulations for the protection of human research subjects (45 CFR46 and 56 FR 28003) (Federal Regulations).
- ³ Humane care and use of animals (A 343401) (Federal Regulations).
- ⁴ Hagedorn, D. (2014). Infection risk mitigation for biofeedback providers. *Biofeedback*, 42(3), 93-95.
- ⁵ G. Tan, F. Shaffer, R. Lyle, & I. Teo (Eds.). *Evidence-based practice in biofeedback and neurofeedback* (3rd ed.). Wheat Ridge, CO: Association for Applied Psychophysiology and Biofeedback.

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1st revision prepared by John G. Carlson, Adopted by the BCIA Board of Directors, October 14, 1999.

2nd revision prepared and adopted by the BCIA Board of Directors, March 24, 2002.

3rd revision prepared and adopted by the BCIA Board of Directors, April 5, 2004.

4th revision prepared and adopted by the BCIA Board of Directors, April 1, 2005.

5th revision prepared and adopted by the BCIA Board of Directors, August 26, 2009.

6th revision prepared and adopted by the BCIA Board of Directors, May 18, 2015.

7th revision prepared and adopted by the BCIA Board of Directors, October 6, 2015.

8th revision prepared and adopted by the BCIA Board of Directors, January 29, 2016.

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