BCIA Certification by Prior Experience Provides an Alternative Path for Qualified Biofeedback and Neurofeedback Professionals

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The Biofeedback Certification International Alliance offers a Certification by Prior Experience (CPE) alternative to Board Certification in Biofeedback, Neurofeedback, and Pelvic Muscle Dysfunction Biofeedback. There are also academic and technician certification tracks for Biofeedback and Neurofeedback. The CPE program invites applications from professionals who can demonstrate extensive education and experience, and who have made significant contributions to the field. The CPE process preserves the high standards required by the traditional BCIA program, while offering a more expeditious path to certification. This article details the process and requirements for CPE, and discusses the value of BCIA Board Certification.

According to the Biofeedback Certification International Alliance (BCIA), there are qualified, well-trained biofeedback and neurofeedback professionals who are not BCIA Board certified. This might not sound like information you would expect to receive from an organization that has established an internationally recognized standard for biofeedback–neurofeedback certification, and whose certificants have met stringent criteria demonstrating the fundamentals of competence in the field. BCIA acknowledges, however, that not all of the best clinicians and academicians hold their credential.

BCIA Director of Certification, Judy Crawford, offers several explanations for why biofeedback professionals in the mainstream have not become Board certified. Most cite the professional demands on their time, lack of information regarding the value of certification, or concern about an arduous credentialing, training, and examination process as their reasons for not being certified. “Our Board recognized several years ago that these folks are established people in the field who should hold the BCIA credential. Other than having been vetted by our process, they represent what BCIA certification is all about,” Crawford said.

The realization that BCIA had not attracted all of those qualified, including some of the pioneers in the field, inspired the development of what is now BCIA’s Certification by Prior Experience (CPE) program. The CPE opportunity significantly reduces the time investment required for certification and credits the applicant for prior training, professional activity, and clinical work. The process does not require candidates to pass a certification exam, but rather the completion of a no-fail item validation test. CPE for clinicians is reserved for a select group of licensed professionals who can demonstrate extensive education and experience, and who have served as leaders through their various contributions to the field. BCIA recognizes that these professionals have training that goes beyond entry level and therefore expects them to have met requirements that exceed those of the traditional certification process. Candidates who become Board certified through the CPE program are conferred the same credential as those who are traditionally certified.

CPE Applicant Qualifications

The CPE program offers clinical Board Certification in the areas of General Biofeedback (includes peripheral modalities such as EMG, temperature, skin conductance, HRV, respiration training, and an introduction to neurofeedback), Neurofeedback, and Pelvic Muscle Dysfunction Biofeedback.
There are also academic and technician CPE tracks for General Biofeedback and Neurofeedback applicants who live and work within the United States and Canada. The qualifications for each specialty and track are similar with some variations related to the number of hours and content of educational, clinical, and supervised experiences. CPE applicants must meet and document qualifications for each specialty as follows:

**General Biofeedback CPE Qualifications**

- A current license or credential in a BCIA-approved health care field issued by the state in which they practice
- At least 100 hours of accredited post-professional education that covered the 48 hours of the BCIA *Blueprint of Knowledge*
- 3,000 patient contact hours over at least five years using biofeedback modalities such as EMG, heart rate variability, respiration, skin conductance, and temperature
- A human anatomy/physiology course or its equivalent taken from a regionally-accredited university or a BCIA-accredited program
- A minimum of 25 contact hours of mentoring received from another health care professional
- Completion of the no-fail exam for validation purposes

The qualifying degrees for Board Certification in Neurofeedback are the same as for General Biofeedback, with the exclusion of dentistry, dental hygiene, and respiratory therapy.

**Pelvic Muscle Dysfunction Biofeedback CPE Qualifications**

- A current license or credential in a BCIA-approved health care field issued by the state in which they practice
- Relevant didactic education or training from any or all of the following areas: 40 hours of post-professional education; 2,000 hours of on-the-job training, professional teaching, research, and/or publication in the field
- Clinical practice of at least 2,000 hours of direct patient care using biofeedback-assisted behavioral interventions to treat elimination disorders and pelvic pain syndromes
- A human anatomy-physiology course or its equivalent taken from a regionally-accredited university or a BCIA-accredited program
- Completion of the no-fail exam for validation purposes

Pelvic Muscle Dysfunction Biofeedback certification is open to licensed professionals from medicine, nursing, physical therapy, occupational therapy, and physician’s assistant who hold a degree from a regionally-accredited academic institution. The requirements for the PMDB CPE program are currently under review and are subject to change.

### The Value of BCIA Board Certification

**Credibility and professional satisfaction**

Biofeedback pioneer, Les Fehmi, PhD, best known for his *Open Focus*™ training and his recent book, *Dissolving Pain*, served as inspiration for the CPE program and was one of the first to become Board Certified in Neurofeedback through this process. Dr. Fehmi was originally BCIA certified in biofeedback but wanted to demonstrate competency in this emerging specialization and had missed the first opportunity to be grandfathered in many years.
earlier. He represented to BCIA the prototypical candidate for CPE, who, after dedicating some forty years of his professional life to biofeedback and exceeding the qualifications, lacked BCIA certification in his practice specialty. In an interview for this article, Dr. Fehmi identified peer recognition as a strong motivation for becoming certified. “There is great self-satisfaction in the knowledge that you’ve met standards that have been developed by your peers,” Dr. Fehmi said. “It behooves you to join the family of devoted practitioners, researchers, and academicians and look forward to being recognized by your peers as having met standards of education, training, and clinical practice,” he added.

The value that Dr. Fehmi places on credibility among peers and professional satisfaction was also reflected in a 2008 survey conducted by BCIA of its certificants who were asked, “What were your primary reasons for initially seeking certification?” The results indicated that certificants initially sought certification for credibility (96%), validation of skills and knowledge (86%), professional satisfaction (85%), to ensure proper training (84%), and promotion of the field (65%). They were also motivated by opportunities for career advancement (44%), listing on the BCIA online provider directory (41%), to assist in justifying insurance claims (33%), and as requirements by employers (13%) (Neblett, Shaffer, & Crawford, 2008).

Recognition of competence and consumer protection
In the United States, biofeedback is referenced in the state licensure practice acts of a number of professions, but is not the exclusive domain of any health care specialty. Biofeedback is also not specifically regulated by any licensing board. The American Psychological Association (APA) identifies biofeedback as a “proficiency” for psychologists, but APA has never developed its own certification or biofeedback practice guidelines. There are no statutory references to, or regulation of, neurofeedback in any state. BCIA Board Certification fills this vacuum and serves to distinguish those who have met a recognized standard of training and competency in biofeedback and neurofeedback from others in practice without such a credential. This distinction is invaluable in serving the greater good of consumer protection, and also in serving the interests of practitioners who may be more likely to attract prospective clients or patients because the practitioner is BCIA Board Certified. Use of the online BCIA Directory of Board Certified Providers appears to be on the increase, suggesting it is becoming a go-to resource for the public and referring professionals looking for a qualified biofeedback or neurofeedback practitioner.

Making the Argument for Insurance Coverage
A common question posed by prospective clients or patients, and of importance to clinicians concerned about the bottom line, is whether biofeedback–neurofeedback will be covered by health insurance. The less than satisfying answer is, “maybe.” In researching policy statements for Aetna and Cigna, for example, both companies include extensive reviews of biofeedback and state that it is a service that may be covered, depending on the specified benefits of a particular plan (Aetna, 2011; Healthwise, 2009). In its online consumer bulletin, Healthwise, Cigna states, “Biofeedback is a safe procedure. It is most effective when taught by someone well-trained in biofeedback techniques” (Healthwise, 2009). While this statement falls short of what BCIA hopes will one day be a universal endorsement by insurance companies of BCIA Board Certification as the credential that distinguishes a provider as “well-trained,” it certainly opens the door for practitioners to tout their certification when making a case for coverage. The need for practitioners to make the case continues to be the rule rather than the exception, and BCIA postulates that holding its certification strengthens both position and argument in favor of coverage.

Conclusions
The BCIA CPE program offers a path to certification that preserves the rigor and stringent qualifications required by its traditional process, while offering well-qualified applicants a more expeditious means to the end. Those who elect the CPE route receive the same Board Certification credential as those who are traditionally certified. For experienced biofeedback, neurofeedback, and pelvic muscle dysfunction practitioners who are not yet BCIA certified, there are compelling reasons to consider BCIA certification. These include the holding of a credential that is increasingly recognized as an international standard for biofeedback and neurofeedback training and competence, the distinction of earning such a credential and what it conveys about the holder in the eyes of potential patients or clients, insurance providers, and peers, and the personal satisfaction derived from validating one’s skills and knowledge. BCIA Board certification is endorsed by the Association for Applied Psychophysiology and Biofeedback, and the International Society for Neurofeedback and Research.
as representing basic competence to practice biofeedback and neurofeedback.

Between 2008 and the present, BCIA has certified 72 candidates through its CPE program and is on pace this year to exceed the number of CPE applications received in any previous year. Details about the program can be found on the BCIA website at www.BCIA.org. BCIA also invites inquiries via email at info@bcia.org or telephone at (303) 420-2902.

References


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