What Is BCIA Really?

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The Biofeedback Certification International Alliance (BCIA) is the primary international certification body in the fields of biofeedback and neurofeedback, including pelvic floor muscle dysfunction biofeedback. BCIA has established blueprints of knowledge and requirements for independent practice to guide the process of education and training in the three fields of biofeedback, neurofeedback, and pelvic floor muscle dysfunction biofeedback. BCIA promotes certification globally to ensure consistent standards and quality in the practice of biofeedback and neurofeedback.

What Is the Role of the Biofeedback Certification International Alliance (BCIA)?

BCIA serves as the certification body for the clinical practice of biofeedback and neurofeedback, including pelvic floor muscle dysfunction biofeedback. BCIA serves as the standard bearer for the fields of biofeedback and neurofeedback. The BCIA mission statement is quite simple: BCIA certifies individuals who meet education and training standards in biofeedback and neurofeedback, and progressively recertifies those who advance their knowledge through continuing education.

It is apparent from this mission statement that education and training should be the main focus for BCIA—and they are! Where does the educational process start?

It all starts with the blueprints of knowledge. Any good architect or builder starts with a plan. The strength and integrity of the plan determine the quality of the finished product. There are three current BCIA blueprints of knowledge for general biofeedback, neurofeedback, and pelvic floor muscle dysfunction biofeedback. BCIA’s Board of Directors has spent countless hours reviewing the science and the literature on biofeedback, neurofeedback, and self-regulation to ensure that the three blueprints carefully outline the fundamental science, history, and theory of the modalities, and we have thus set templates for what every beginning clinician needs to know. As the science and clinical efficacy literature have evolved, we have revised the blueprints to keep pace and to truly represent current best practice.

Many people are surprised when they read these documents and see that something they like to use may be missing. While there are many new clinical modalities and promising treatment protocols, BCIA cannot add them to our blueprints until their efficacy has been scientifically established. We recommend that you read LaVaque et al.’s (2002) informative “Template for developing guidelines for the evaluation of the clinical efficacy of psychophysiological evaluations.” Additionally, the BCIA blueprints must be free of commercial bias and must stay true to the currently accepted fundamental science. BCIA recognizes that in science there are often competing perspectives. To ensure that those who BCIA certified develop a comprehensive understanding of our field, the blueprints cover all viewpoints that have been supported by scientific research. BCIA will never tie the blueprints to a specific theory, however popular. The goal is to have each professional learn the same fundamentals. Once beginners can understand that science, the same science as others who are certified, they are better able to review the field and make a good decision about various theories or equipment choices.

Medical school education is based on a similar structure—establishing a prescribed curriculum so that both top-and bottom-ranked schools will offer the same courses. This
pattern of study defines a field and ensures that consumers are not treated by a physician who failed to learn the fundamentals of biochemistry and skipped pharmacology because the course was closed.

The biofeedback field is no different. If we want equal respect and acceptance, these fundamental educational standards are essential. Many new people wander into the field not sure exactly what biofeedback is and how it can be added to their practice. Then, they find www.bcia.org. At least they will find an outline of current basic science on the website, not untested theories linked to the latest fad or information full of commercial bias. This will help lead them to an informed choice.

The universities and BCIA-accredited didactic training providers who teach the BCIA blueprints train thousands of professionals each year. Unfortunately, only a small percentage of those people complete their certification. At first glance, this seems disheartening. Compare those figures with all the millions of college freshman who enter their first year with no firm career goals, no real idea about which courses would suit their aptitude, not enough maturity to complete these courses, and poor information about employment opportunities. Many students in biofeedback take the didactic training course without realizing the depth and the amount of science they will need to master nor how difficult it can be for many of them to become proficient with the technology. Just as with a large percentage of college freshmen, these students who want to enter the fields of biofeedback and neurofeedback may also “wash out.” Isn’t that just a part of the educational process?

There is no easy way to introduce a person to the field. Most professionals have learned what it means to be a dentist, a lawyer, or a teacher through exposure to these professions. However, novice biofeedback practitioners may not have easy access to biofeedback professionals or to friends and acquaintances who have used and benefitted from biofeedback services. While it is natural for us to seek career advice from family and friends, this is an area where many family members and friends lack helpful experience. Some students who take a beginning course learn, albeit in a very expensive manner, that at this time biofeedback is not a good career choice for them—and that biofeedback may never be a good fit for them.

The Role of BCIA Internationally

What is the importance of setting educational and training standards internationally? Biofeedback and neurofeedback have struggled for decades to gain their rightful place alongside other modalities in mainstream medicine. Biofeedback and neurofeedback have the rigor of science and research on their side. There is an increasing body of research support for the efficacy of biofeedback and neurofeedback, probably more than for many traditional medical modalities. What could be holding up the widespread acceptance of these interventions?

Could it be that there is no standard accepted definition for biofeedback and neurofeedback? The Association for Applied Psychophysiology and Biofeedback (AAPB) and the International Society for Neurofeedback and Research (ISNR) took on that task several years ago and generated an official definition of biofeedback (Schwartz, 2010), but it has not yet become the accepted standard definition used by every document that refers to these terms. There are thousands of definitions in textbooks, magazines, and on websites that bear no resemblance to what our membership organizations have adopted. BCIA can help to support and promote those standard definitions with the hope that in the future, every fifth grader can easily identify the term biofeedback. (See the official definition in the Box).

Could it be that there are no universally-recognized standards stating what one must learn about the science? We see evidence of renewed interest in taking responsibility for one’s own health, both preventative and curative. Also, we see that more and more people are demanding alternatives to drug therapy and surgery and are asking how biofeedback could improve their health and performance. While the interest is certainly there, many clients do not understand how biofeedback and neurofeedback work or which equipment achieves the industry’s highest standards and delivers expected performance.

These issues are not limited to those who live only in North America. There have been great strides internationally, and an abundance of interest in biofeedback and neurofeedback is emerging in many countries. On a daily basis we hear from people across the globe. Somehow the interest is spreading. Wouldn’t it be helpful to have universally-accepted standards of education and training? Wouldn’t it be wonderful if the people in Spain, South Africa, or South Carolina all had the same understanding of the modality and could learn from the same science? Also, if there is new research from another country, it may help all of us if we were joined together by a well-defined field.

What Other Roles Does BCIA play?

BCIA serves as the standard bearer for education in biofeedback and neurofeedback. What other contributions does BCIA make to our field? BCIA has helped to identify what a biofeedback practitioner should know to be effective, outside of the blueprint. If a person wants to enter the field
of biofeedback, BCIA has stated that he or she should have a working knowledge of human anatomy/physiology or neuroanatomy. These are the basic sciences that bind the mind and body together.

Most health care education is based on the study of the science, as well as residencies where the student learns the hands-on application. BCIA has also defined the fundamentals for clinical training. Mentoring by a BCIA-certified professional is the pathway for this clinical training (Shaffer, Crawford, & Moss, 2012). We hear regularly how expensive mentoring may be for a person or that there are no other providers in a geographic area so that certain individuals cannot receive the mentoring they require for certification. Because it is too expensive or difficult, then is it acceptable to launch a career without this hands-on training? Do you want to utilize a counselor, physician, or a nurse who has never completed practical skills training? No, we don’t either! BCIA has communicated guidelines for distance mentoring (Ewing, Shaffer, & Crawford, 2011), and today’s online conferencing technologies, such as Skype®, GotoMeeting®, and Adobe Connect®, make the process of interaction with a mentor living elsewhere quite practical.

While new uses for biofeedback modalities are growing, most especially in the fields of optimal and peak performance, BCIA has until now been concerned mostly with the clinical work of treating a medical or psychological disorder. To that end, BCIA has reviewed the available research and efficacy studies and determined that to treat these disorders, an applicant should have background in specific fields. BCIA has outlined the prerequisite education necessary to treat disease and disorders. BCIA has gone one step further in its requirement for a state-issued license/credential to independently treat a medical or psychological disorder. That doesn’t mean that BCIA doesn’t certify people without licensure, but BCIA defines how unlicensed practitioners should legally work within state law that governs the treatment of disease and disorder. BCIA wants to endorse work within legal boundaries of health care practice and not outside the law. While there may be some gray areas, we know that this is an important distinction that will lead to continued respect and acceptance alongside traditional medical and psychological interventions.

Is BCIA Certification Mandatory? If Not, Why Not?
No. Sadly, BCIA certification, as with most other certifications, is not mandatory. Certification is a voluntary process by which individuals are evaluated against predeterminded standards for knowledge, skills, and competencies. There are no degree-granting programs from regionally-accredited academic institutions that include biofeedback or neurofeedback as a mandated requirement, so BCIA has to set those standards.

Most state licensing laws include language that requires professionals to restrict practice to their area of expertise. It has long been our hope that once biofeedback and neurofeedback become an accepted part of traditional medicine, that the various licensing boards will look to BCIA to help them make determinations of competence and standards of practice.

There are signs of some interest in biofeedback practice and standards of practice. The American Psychological Association (APA) has pronounced biofeedback an area of proficiency, but has yet to determine what skills and knowledge psychologists need to work within their area of expertise in biofeedback. This is a huge project that should involve a collaborative effort including APA, BCIA, and the two membership organizations of the AAPB and ISNR. We hope to see movement on this goal in the future.

Who BCIA is Not!
BCIA is not the certification police. BCIA cannot regulate an individual’s clinical or business practices. What BCIA can do is to help direct clients to think about an issue in a more helpful way: Is this really a Better Business Bureau issue or is this really something dangerous that should be referred to the state authorities who regulate health care? BCIA can also help to educate its certificants in order to guide them toward best business practices that will stand up well in comparison to other health care services.

BCIA does not function as a state licensing or credentialing board. One may certainly legally practice, in most cases, without certification. It is not BCIA’s job to investigate complaints related to scope of practice or other professional issues. While BCIA may receive complaints, it does not have the legal authority or the resources to investigate in a manner that would provide an appropriate authoritative outcome. What BCIA can do is set standards and serve as a resource to state licensing and regulatory boards should they seek the advice of BCIA.

BCIA is not a referral source for equipment. BCIA guidelines discuss the fundamental science and how to apply it that should be relatable to any standard FDA-approved device. BCIA can tell potential clients that some BCIA-accredited training providers are also equipment vendors and that practitioners may wish to consult with them to learn more about how to make a purchase decision.

BCIA certification is not a vaccination. We know that it is a myth that every professional educated in an Ivy League
school will be a better clinician. Similarly, BCIA certification cannot guarantee that every certificant will operate at the highest level of competence. BCIA has established training and practice standards that allow potential clients or referring professionals to more easily assess the training and background of a potential biofeedback service provider. The BCIA blueprints and mentoring guidelines define reliable pathways for professionals to add biofeedback modalities to their tool kits.

BCIA gladly takes on setting educational and training standards in the hopes that this will continue to support the acceptance and spread of legitimate biofeedback and neurofeedback services so that the professionals who carry our logo will continue to be respected as “more than qualified—BCIA certified.”

References


Box. Joint AAPB/ISNR Task Force Definition of 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. (This definition was approved May 18, 2008, by the Association for Applied Psychophysiology and Biofeedback [AAPB], the Biofeedback Certification Institute of America [BCIA], and the International Society for Neurofeedback and Research [ISNR] [Schwartz, 2010]).