



SAYBROOK
UNIVERSITY

PROFESSIONAL CONDUCT IN BIOFEEDBACK AND NEUROFEEDBACK

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THE OBJECTIVE OF PROFESSIONAL CONDUCT STANDARDS

- Ethical standards are intended to protect the public, the field of biofeedback, the professions that deliver biofeedback services, and the providers themselves



PROFESSIONAL ETHICS REFLECT PERSONAL INTEGRITY

- Ethical practices are in the first place aspirational, they reflect the kind of professional one aspires to become
- Responsible behavior in professional life should express personal, social, and religious values
- Compassion and empathy for one's fellow humans, who come for help with suffering, draws individuals to professional practice.
- Professionals with diminished compassion are at greater risk for ethical transgressions



BURNOUT, COMPASSION FATIGUE, AND SELF-CARE

- Burnout is a widespread problem in the helping professions
- Compassion fatigue is one product of using up or depleting our capacities for caring
- Maintaining healthy self-care practices is critical in avoiding compassion fatigue
- Difficulties in establishing rapport and mutual empathy in treatment relationships is also a challenge for professionals
- When patients do not feel strong rapport and trust in their provider, they are more likely to file complaints



REGULATIONS AND GUIDELINES

- Ethical principles and practice standards are also protected by regulation and published ethics codes
- The regulatory guidelines for biofeedback providers and their staff are collectively defined by the licensing act under which they (or their supervisors) operate, their profession, and the Biofeedback Certification Institute of America's *Professional standards and ethical principles of biofeedback* (9th rev.).
- Physician biofeedback practitioners must also follow the standards of medical ethics, psychologists the Ethical Standards of the APA, and so on.



ETHICAL STANDARDS AND THE REPUTATION OF THE PROFESSION OF BIOFEEDBACK

- Biofeedback providers recognize that their effectiveness and the credibility of the field depend on their professional conduct.



BENEFICENCE IN BIOFEEDBACK PRACTICE

- Providers strive to protect their clients' welfare by appreciating their impact on the clients' lives, and by recognizing and avoiding potential for conflicts of interest.



SCOPE OF PRACTICE

- Practitioners must be aware of the scope of practice defined by state laws and regulations for health care professions.
- Example: In most states, psychologists and social workers may not prescribe nutritional modifications
- Example: A health coach or educator may seek certification in biofeedback, but may not diagnose or treat a medical or psychiatric condition.
- Technicians are certified by BCIA for practice under supervision. Their scope of practice is limited by their supervisor's scope of practice



COMPLIANCE WITH RELEVANT LAWS

- Providers comply with applicable laws and the ethical standards of their profession and certifying organization.
- They require a government license or credential to independently treat a medical or psychological disorder.
- Those without a license or credential must obtain appropriate supervision to treat these disorders.
- BCIA certifies licensed practitioners to treat diagnosed disorders, technicians to treat diagnosed disorders under supervision, and non-licensed practitioners to apply biofeedback for stress management or optimal performance



MENTORING VS SUPERVISION

- BCIA requires mentoring as an educational process for individuals seeking BCIA certification
- BCIA requires legal clinical supervision for individuals certified as technicians
- Peer consultation with colleagues and consultation with area experts are recommended as lifelong strategies to assure quality of care and to protect against potential patient complaints



MENTORING DEFINED

- Mentoring is the “process of transmitting knowledge and skills from the trained to the untrained or the experienced to the inexperienced practitioner. Mentoring involves a relationship between a mentor and candidate that promotes the development of skill, knowledge, responsibility and ethical standards in the practice of biofeedback” (bcia.org)
 - Typically, the mentor does not assume legal responsibility for the patients receiving treatment or training by the mentee.
 - The mentor’s focus is on the planning and delivery of biofeedback services, not on the entirety of the client’s care.



SUPERVISION DEFINED

- Supervision is the provision of guidance for clinical practice for qualified health professionals by a more experienced health professional. In supervision, the supervisor assumes some legal responsibility for the quality of care and the patient's well being in the treatment process.
 - A supervisor is responsible to remain cognizant of the entirety of the technician's case load, client assessment, treatment planning, and treatment delivery



COMPETENCE

- Licensure defines whether a procedure is allowed for a professional with a given license.
- The principle of competence requires that a practitioner also have the knowledge and training to use a procedure and to deal with a specific patient population.
- Responsible practitioners practice within the limits of their expertise. When undertaking new applications of biofeedback, it is essential to obtain training on the application and relevant techniques, and seek supervision by a professional with experience in biofeedback treatment of this disorder or the use of this technique.



ENTRY-LEVEL COMPETENCE

- New biofeedback practitioners should acquire entry-level competence in biofeedback and then expand their expertise through activities like continuing education.
- BCIA certification ensures that the provider has completed training and mastered the skills and knowledge for entry-level competence.

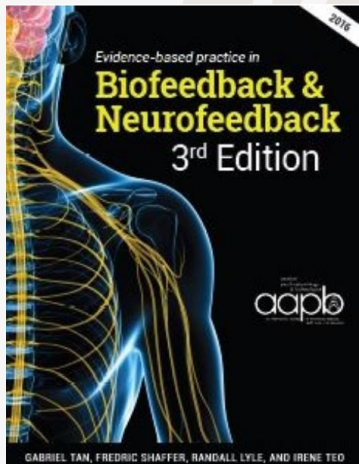


COMPETENCE

- Knowing a biofeedback technique is not sufficient, when beginning to treat a new patient group.
- A professional who wishes to treat dissociative disorders, seizure disorders, or major mood disorders, must also gain knowledge and experience, through appropriate education and supervision, of the condition and its management.
- Even effective application of biofeedback therapies for delicate conditions, may trigger an emotional or medical crisis, and the therapist must know how to manage such events.



MAINTAINING COMPETENCE



- Competent providers are critical consumers of biofeedback research & stay informed of relevant findings. They recognize where biofeedback is indicated and contraindicated, and critically evaluate efficacy of biofeedback applications
- AAPB publication, *Evidence-Based Practice in Biofeedback and Neurofeedback* (Tan et al., 2016) reviews application of biofeedback and neurofeedback for 40 medical and emotional disorders, and rates efficacy of each application



INFORMED CONSENT

- Respect for the patient's autonomy requires that the practitioner include the patient fully in treatment planning
- The patient should be informed of the rationale for assessment and training procedures, the strength of empirical support for treatments, and the risks, costs, and potential benefits of treatment
- Full understanding of all treatment options is essential to informed consent
- Optimally that informed consent will be written



INFORMED CONSENT

- A practitioner may provide less-documented biofeedback and behavioral therapies, if the client is first fully informed of the available therapies for their problem, the evidence for each, and the scope of the evidence for the treatment that one is advocating.
- Many patients have failed to benefit from mainstream treatments, and are open to innovative new treatments



TOUCH, PRIVACY, AND RESPECT

- Biofeedback Practitioners must recognize that usual standards in psychology and mental health professions call for almost no physical touch between a therapist and patient.
- Biofeedback practice calls for careful development of procedures and routines to provide the rationale for regular touch.
- Application of sensors should include appropriate education and discussion of the sensors, their use, the proper placement of sensors, and the permission of the patient to proceed.



TOUCH, PRIVACY, AND RESPECT (CONT.)

- The therapist can invite the patient to assist in placing sensors, such as respiration bands, to further protect against perceived violation
- When a biofeedback protocol calls for application of sensors to sensitive areas of the body (such as torso application of EKG sensors), usual medical procedures should be taken to assure the patient of professionalism and respect
- The presence of a same sex nurse or technician and the use of gowns or other garments allowing patient modesty can be helpful



WHY IS TOUCH A SENSITIVE AREA?

- Providers should remember that a high percentage of individuals in the general population, especially women have been molested, raped, or otherwise violated, often by a person of trust
- One multi-state and territory study showed that 18.5% of women report a history of attempted or completed non-consensual sex (Smith & Breiding, 2011)
- The percentage of women violated sexually may be higher in populations with chronic illness (Santaularia et al., 2014; Smith & Breiding, 2011)



TOUCH, PRIVACY, AND RESPECT (CONT.)

- For more invasive protocols, such as pelvic floor biofeedback treatments (with vaginally or anally inserted sensors), additional standard procedures have been developed, and should be learned.
- In some cases, patients can be educated to apply/insert sensors themselves, preserving their modesty without the presence of a nurse or technician



MITIGATION OF INFECTION RISK

- Professionals adhere to 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, for the protection of clients.



PUBLIC STATEMENTS ABOUT BIOFEEDBACK AND RELATED TOPICS

- All public statements, ranging from educational talks to the description of services on their website, should be accurate, comprehensive, and conservative to facilitate informed consumer choices
- Discussion of treatment options in marketing materials and professional publications should be evidence-based and current



PROFESSIONAL CREDENTIALS AND TRANSPARENCY IN MARKETING/PROMOTION

- Biofeedback providers must accurately disclose their degrees, training, specialty areas, experience, and the status of license or credential and certification.
- Advertisements for clinical practice should include only treatment or practice-relevant and regionally accredited academic degrees.
- Example: A PhD in French literature or mathematics should not be included on a business card or in an advertisement. It would mislead the potential client to assume the provider has doctoral level clinical education



PROFESSIONAL CREDENTIALS AND TRANSPARENCY IN MARKETING/PROMOTION

- Participation in a membership organization such as AAPB or ISNR does not imply competence.
- Advertisement of one's professional association membership misleads the health consumer to assume that membership assures training and competence
- Advertising BCIA and other forms of certification are more legitimate ways to show competence



CONFIDENTIALITY

- While professionals strive to protect the confidentiality of client, student, and research participant information, confidentiality is never absolute.
- For this reason, professionals explain their procedures for protecting the confidentiality of data and the legal limits of confidentiality during orientation when they obtain informed consent



CONFIDENTIALITY (CONT.)

- Generally, one may release information only with the written consent of the individual or her representative.
- There are exceptions including fee collection.
- A subpoena does not automatically protect the therapist from responsibility for confidentiality.
- One must be aware of and comply with mandated reporting laws that deal with abuse or neglect, and protecting the client or others from harm.



BCIA's Educational Approach to Complaints.

- When a biofeedback professional believes an ethical violation has occurred, he or she should attempt to resolve the issue by bringing the violation to the attention of that individual.
- When the violation is more grievous, and not appropriate for informal resolution, or the effort at informal resolution fails, then the professional should take action appropriate to the situation (such as referral to state or national ethics committee, licensing board, or institutional authorities).
- BCIA does not investigate infractions of its ethical principles and practice standards
 - When an individual refers an ethics violation to BCIA, BCIA will inform the complainant of appropriate legal and professional channels for pursuing a complaint
 - BCIA may also inform the alleged offender of the accusation, and request that the individual correct the matter of the complaint



BCIA's Educational Approach to Complaints.

- When BCIA learns that a certificant has lost his or her license, BCIA will suspend that individual's BCIA Certification
 - BCIA cannot entertain the certificant's appeal or explanation of a lost license
 - The individual may only obtain reinstatement of BCIA certification only by documentation of reinstatement of the license
- Individuals who obtain BCIA certification as technicians must conduct their biofeedback practice under supervision
 - Technicians must be supervised by a healthcare professional who is legally able to supervise non-licensed personnel and they must work within the supervisor's specific scope of practice.
 - When a technician certificant loses the supervisor, the certification is no longer valid until the technician can once again demonstrate supervision in accordance to the standards as outlined above.



DIVERSITY AND CULTURAL AWARENESS

- The legal and cultural norms, professional standards, and ethical principles that govern biofeedback providers may vary somewhat from country to country, culture to culture, and even community to community.
- The APA guideline which recommends against maintaining a “dual relationship” with a client, such as friendship, may obstruct effective treatment in a community which mandates that any “healer” visit the family and participate in religious rituals with the sufferer.