Mentoring: What Is It All About Anyway?

Fred Shaffer, PhD, BCB,1 Judy Crawford,2 and Donald Moss, PhD, BCB, BCN3

1Truman State University, Kirksville, MO; 2BCIA, Wheat Ridge, CO; 3Saybrook University, San Francisco, CA

Keywords: mentoring, supervision, biofeedback, BCIA, mentoring contract

One of the requirements for certification by the Biofeedback Certification International Alliance (BCIA) is a specific number of mentoring hours with a BCIA-approved mentor. This article defines mentoring, distinguishes it from clinical supervision, and provides guidance on the search for an optimal mentor. The authors recommend the use of a mentoring contract, discuss goodness of fit between mentor and mentee, and identify BCIA requirements for mentoring.

Mentoring is the process of transferring skills and knowledge from a more experienced person to a student wanting to learn something new or enhance his or her current knowledge base. This is a time-tested method for learning new skills. A mentor aids the student in going beyond the words in textbooks and exploring the real-life application of skills. For those in training as future health care professionals, mentoring occurs during university practicum placements, in supervised clinical training, and in many continuing education workshops.

Many feel that learning the basic practical biofeedback or neurofeedback skills—applying sensors, recording a signal, and selecting the feedback displays—is the foundation for building the next generation of well-trained clinicians. The Biofeedback Certification International Alliance (BCIA) blueprints of knowledge clearly delineate the fundamental science, history, and theory required for entry-level competency. The requirements for practical skills training are also mentioned in the blueprints, but are detailed in the various mentoring guidelines and practical skills lists that are specific to each certification. Even with these documents, the process of learning the nuance and the subtlety of applying basic skills cannot be easily quantified. This is where the skill and the experience of the mentor can have the biggest impact.

The relationship between a student and the right mentor can have lasting and positive implications, not only for the student but for the mentor as well. As Albert Einstein wisely said, “Teaching should be such that what is offered is perceived as a valuable gift and not as a hard duty.”

What Is the Difference Between Mentoring and Supervision?

Supervision is the legal oversight of a person’s work. The supervisor carries both a responsibility and a liability for the supervisee’s clinical work with patients. Mentoring is simply teaching how to use a modality with no implied patient responsibility. The mentor may discuss the application of biofeedback with patients, but with a focus on the learning and mastery of biofeedback and neurofeedback interventions.

Please check the laws of your state that govern all professional activities to determine whether there are any rules and regulations that could affect this mentoring relationship. For example, in some states, the practice standard guidelines specify with whom a person may work professionally.

BCIA mentoring is based on a consultation model rather than a strict supervision model. If the mentor is also providing supervision toward licensure, this should be clearly outlined. Remember, typically, a licensing supervisor cannot accept payment (or gifts) from the trainee. Make sure to check your state laws regulating health care professions, clinical supervision, and licensure.

Who Should Provide Mentoring?

Those who have gone beyond the entry-level stage in their professional development may see it as their duty and their privilege to reach out and help another gain clinical skills,
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just as they were mentored and taught when they were beginners. Anyone who believes they have mastered specific skill areas and wishes to see our field advance may feel the calling to help the next generation gain competency.

In the case of mentoring a candidate for BCIA certification, the mentor should be a BCIA-certified practitioner, preferably with significant expertise in the forms of biofeedback or neurofeedback that the candidate is pursuing. For example, a neurofeedback practitioner may have little relevant experience to share with an individual who is emphasizing the mastery of surface electromyography for chronic pain and rehabilitation.

**How Do We Make a Good Match Between the Student and the Mentor?**

Making a good match is really the key to a successful mentoring relationship, and it is based on several considerations. Professional preparation may be an important starting place. It may be helpful if the student and the mentor come from similar or related fields, medical versus psychological, for example. Physical therapists know their own specific scope of practice and can relate to how their undergraduate training prepared them and how they view the client relationship. Another important consideration is the current or anticipated client base. Finding a mentor who has skills with the same disorders and client population that you are treating or experience with disorders and populations that you would like to begin to address in your practice is essential. Each disorder we treat takes a specific skill set, and finding a mentor who can provide you the insights and skills relevant to those symptoms is an important consideration.

Most people start their mentor search with geography; however, because of enhanced e-communication tools, we can more easily remove those barriers and expand the availability of the mentor pool. Time zone may be a factor, but only because it makes setting up meeting times more convenient. The best place to start is with the “Find a Practitioner” search function at www.bcia.org. For best results, use only the two-letter state abbreviation as your search criterion. You will see a list of the certificants in your state arranged in geographical order. If you click on most names, you will get more insight into who they are as clinicians, what they treat, and other information that will help in the selection process.

We suggest that you draft an email introducing yourself professionally and outlining your request for mentoring. Be specific about your needs; for example, describe your equipment, client base, didactic training, and skill level. These details will outline the type of mentoring relationship you are seeking and will give the professional more information to consider. Also think about whether you have something to offer. Could you provide free services of any kind in trade for some mentoring time?

**Can I Have More than One Mentor?**

Absolutely, and in fact we encourage it. If students can find more than one teacher, their learning experience will be positively affected, even if the perceived value of the two mentors is not the same. We have found that students may take things from both mentors and combine what they learn to establish the professional presence that makes the most sense for them. Another way to use that second mentor is to spend a few hours with that professional you believe to be an expert in a specific topic, who may not be geographically convenient or may be too expensive for you to use for all of the contact hours.

**Do Mentors Get Paid?**

Yes, in most cases mentors are paid, and here is why. Mentors are health care professionals who typically expect to receive an hourly rate for their services. If they take a clinical hour out of their workweek to spend time with a student, they may expect this time to be repaid. In addition, they are helping a student build a tool that will enhance all future professional work.

What is the going rate? There is no going rate. This is like asking, “What do you pay for a haircut?” There are many factors, such as geography, experience, and prestige of the mentor as well as specialty area that can affect the fee schedule. Some mentors may do this for free because they feel they wish to give back to the field, and for this, we are grateful.

Another impact on the fee schedule could even be in the structure of the mentoring. For example, if mentors give up a clinical hour during the week, they would expect to be paid for the hour of client time they have lost. If the meeting time may be done over the weekend from home or outside of their clinical work, they may feel that the cost can be lowered a bit.

**What Other Things Affect Mentoring?**

The number one thing that we can suggest is to know who you are, how you fit into the field, and exactly what you are asking. Please consider this scenario: A licensed therapist across town has had exposure to the field over several years, so she is not really a beginner. She has her own practice and equipment. Perhaps what she is looking for is to polish her skill set or to provide proof of the type of formal training...
required for certification. A mentor may look at this situation as fairly easy to accommodate into a busy schedule. However, consider a second scenario: An unlicensed person with no practice, no clients, and no equipment is seeking mentoring. Is it really mentoring they seek or rather an internship? Is this second individual really looking to work in somebody’s office using that professional’s equipment and clients? This is a completely different question. BCIA advises students to know what they are asking. Remember, you will get the answer to the question you’ve asked, so ask the right question.

Do You Suggest a Mentoring Contract?
Yes, we do. Good fences make good neighbors, and good mentoring contracts make for a rewarding experience for both parties involved. Several issues should be considered as part of the agreement: schedule and type of meeting (online or in person), fee structure, timeline, type of relationship, conflict resolution, and record keeping. Discussing and agreeing on these issues will start the relationship out in a business-like way and ensure that both parties know what to expect. There is no need to share this document with BCIA.

How Does BCIA Outline Mentoring Requirements?
BCIA requires a specific number of contact hours, which should be used to review three things: (a) personal sessions to demonstrate that a student has learned self-regulation skills, (b) patient/client biofeedback or neurofeedback sessions, and (c) case conference presentations. Each biofeedback or neurofeedback session should be a minimum of 20 minutes and should focus on completion of a specified learning goal. Case conference presentations should be additional cases not already discussed as part of the review of the mentee’s patient/client sessions or cases brought by the mentor to illustrate a specific learning goal.

All BCIA certification programs have specific requirements outlining how the mentoring is to be accomplished. Please visit the appropriate section of our Web site to read more about the specifics of how mentoring is to be carried out when seeking certification.

How Does BCIA View Mentoring?
BCIA believes that mentoring is the key to the future development of the next generation of clinicians and researchers. These highly trained professionals are critical to the future respect of the field within the context of health care and optimal performance. Encouraging our most seasoned professionals to become teachers and mentors is what will uphold the high standards of our field for those who are more than qualified—BCIA certified!