

Ethical Principles of the Southeastern Biofeedback and Clinical Neuroscience Association

I. Preamble

The Southeastern Biofeedback and Clinical Neuroscience Association (SBCNA) and its membership are committed to the protection of human rights. SBCNA members strive to maintain the dignity and worth of the individual while rendering service, conducting research, and training others. All members are expected to abide by all relevant laws of the state in which they practice and operate within the principles of ethics governing their own discipline and those outlined herein. Members strive to provide optimum quality services and to differentiate for those served whether procedures provided have been proven effective clinically or if such procedures are, as yet, non-validated. They accept responsibility for their actions and make every effort to protect the welfare of those they serve and the public. They limit their services to those areas in which they have skills and expertise and recognize their needs for competence, objectivity, freedom of inquiry, and honest communication.

This statement of ethical principles is intended for use by all SBCNA members and other providers of psychophysiological self-regulation services including practitioners, administrators, researchers, educators, and students. It encompasses all aspects of applied psychophysiology, including, but not limited to, all forms of biofeedback and neurofeedback. Acceptance into SBCNA commits the member to adhere to these principles. These ethical principles apply only to SBCNA members' professional service, research, administrative, and educational activities.

A copy of these ethical principles will be sent to all members and applicants for membership in SBCNA. These ethical principles will also be posted on the SBCNA website. The principles are intended to be preventive, educational, guiding, and action oriented, and are to be applied with professional maturity. Members are required to cooperate with the Ethics and Standards Committees of SBCNA by responding promptly and completely, in writing, to inquiries from the SBCNA ethics and standards review committee. Lack of response by members to inquiries from the Ethics or Standards Committee may be a basis for reprimand and/or expulsion from the SBCNA. In addition, members are subject to the principles of ethics of their own professional disciplines, and state licensing boards. Individuals who are not members of SBCNA, but who practice applied psychophysiology and biofeedback, are encouraged to adhere

to these ethical standards to help maintain and improve the quality of applied psychophysiology and biofeedback services.

A. Revision

Ethical principles are not static because practice activities are continually changing based on experience. Ethical principles must be updated periodically if they are to continue to provide meaningful guidance to SBCNA members. As such, the ethical principles are revised on a regular basis. The ethics of the SBCNA will be guided by national organizations that include but are not limited to the Association for Applied Psychophysiology and Biofeedback (AAPB), The International Society for Neurofeedback & Research (ISNR), and the Biofeedback Certification Institute of America (BCIA). Comment is invited.

Each ethical situation encountered is different and may require a different solution. SBCNA members must learn to enhance their ethical reasoning ability and make a personal, life-long commitment to continue their ethical education and to behave ethically in all of their professional activities. They are encouraged to seek consultation or supervision when they have ethical concerns and to encourage colleagues, supervisees, students, and employees to behave ethically.

II. Purpose and Scope

The Ethical Principles of SBCNA consists of a set of guidelines agreed to by the SBCNA which outline the moral duty, obligation, or custom on how members should behave professionally. The Ethical Principles that follow are not all-inclusive and should not be viewed as limiting the scope of responsibility of SBCNA members. Rather, the principles that follow point out and underscore particular areas in which there is concern.

1. The Ethical Principles of SBCNA are to be followed in the provision of psychophysiological self-regulation services. Members supervising others must ensure that the principles are adhered to by their employees and other supervisees engaged in applied psychophysiology, biofeedback, and all related activities, as well as by individuals receiving training in the use of applied psychophysiology and biofeedback. SBCNA members will inform their employers of these Ethical Principles and will make every effort to urge their employers to cooperate with them in adhering to these principles.
2. The Ethical Principles of SBCNA constitutes the ethical guidelines against which the ethical conduct of an SBCNA member is measured.

3. A violation of the Ethical Principles of SBCNA may lead to disciplinary action or expulsion from SBCNA and/or a letter to SBCNA or the appropriate state licensing/certifying agent or the state or national association of the individual's professional discipline concerning the charges or action.

A. Responsibility

In utilizing applied psychophysiology and biofeedback, SBCNA members adhere to the highest standards of their profession. They behave responsibly; accept responsibility for their behavior and the consequences of their behavior; ensure that applied psychophysiology and biofeedback services are used appropriately; and strive to educate the public concerning responsible use of applied psychophysiology and biofeedback in treatment, research, and training.

1. Each SBCNA member is responsible for adhering to the ethical principles of their profession; the local, state and federal laws relevant to their professional activities; the Ethical Principles of SBCNA and the Practice Guidelines and Standards for Providers of Biofeedback and Applied Psychophysiological Services.
2. As practitioners, SBCNA members recognize their obligation to help clients acquire knowledge and skill within the confines of the highest professional standards and in the most cost efficient/effective manner possible.
3. As teachers, SBCNA members encourage the free pursuit of learning by their students, consistent with their obligation to help other acquire knowledge and skill, and present information objectively, accurately and fully. They are guided by a conviction of the worth of advancement of knowledge.
4. All SBCNA members, either as individuals or through mechanisms available from SBCNA or other professional organizations are responsible to be alert to and report to the SBCNA Ethics Committee false claims and misrepresentative statements about applied psychophysiology and biofeedback.
5. All practitioners realize that their professional activities with clients may result in changes in the lives of those clients and others. As such, practitioners guard against misuse of their influence and actions and take reasonable steps to minimize and correct the misrepresentation or misuse. They avoid any dual relationship in which there is a high probability of direct or indirect abuse of their power.
6. Applied psychophysiology and biofeedback services are continued only as long as it is reasonably clear that clients are benefiting from the services. If another type of intervention is needed for which the practitioner is not qualified, the practitioner assists the person in obtaining the appropriate therapeutic services. Clients are never to be abandoned.

If a conflict occurs between these ethical principles and a law, state or federal regulation, legal authority, or organization with which an SBCNA member is affiliated, he or she will make known his/her commitment to these ethical principles, will clarify the conflict, and take reasonable steps to resolve the conflict in accordance with law and these ethical principles.

B. Competence

SBCNA members recognize the boundaries of their competence and operate within their level of competence using only those biofeedback, other psychophysiological self-regulation techniques, and other client assessment and intervention techniques in which they are competent based on education, training and experience (supervised and unsupervised), study, consultation or other professional experience. They also recognize the proper limitations of psychophysiological self-regulation and inform all concerned parties about the clinical utility of particular procedures, possible negative effects, and whether the procedures are non-validated or clinically verified. SBCNA members remain current on knowledge concerned with scientific and professional applications in those areas in which they practice.

1. SBCNA service providers should have at least “entry level” competence; i.e., licensing or certification from the appropriate state or national association relevant to their professional activities.
2. Applied psychophysiology and biofeedback assistants and technicians who are not professionally licensed or certified shall engage in applied psychophysiology and biofeedback practice activities only under the supervision of a qualified professional.
3. Misrepresentation of one’s qualifications, training, experience, degrees, and/or specialty is a violation of ethics and may be a violation of the law in some states.
4. Practitioners take it upon themselves to seek and obtain appropriate training and supervision when providing services in areas in which they are not yet competent. In addition, they seek continuing education, training, and supervision or consultation, as needed to maintain and expand their areas of competence.

In new service applications for which competence has not yet been defined, or where treatment standards do not yet exist, practitioners take extra precautions to protect those they serve and to keep those served informed (informed consent).

C. Standards

SBCNA members are sensitive to prevailing community moral and ethical standards and to the possible negative impact that deviating from those standards may have upon the quality of their performance in providing applied psychophysiology and

biofeedback services, in fulfilling their professional responsibilities and in maintaining public trust in applied psychophysiology and biofeedback. Sexual contact with patients/clients, trainees, and research subjects is never ethical.

1. No member may resign from SBCNA while an ethical investigation of their behavior in relation to his or her professional applied psychophysiology and biofeedback services is in progress.

2. It is an obligation of SBCNA members to report alleged ethical violations concerning applied psychophysiology and biofeedback and their application to the Ethics Committee of the alleged violator's professional discipline and/or to the Ethics Committee of SBCNA.

3. Members will charge only for services actually provided by them or those provided by others under their direct supervision. In billing third-party payers, practitioners abide by the rules and regulations of the third-party pay or which generally means to clearly specify which service they provided directly, which they supervised, as well as providing information on degree, licensure, and/or certification information about the provider.

4. Members 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.

5. Informed consent shall be obtained from clients for all assessment, treatment procedures, billing, fee collection, and procedures to protect confidentiality (limits of confidentiality, and any such other procedures and activities where informed consent is deemed appropriate.

6. Written informed consent shall be obtained from clients for all non-validated treatment procedures. Determining which procedures are non-validated can be difficult, yet it is a necessary activity. To determine which procedures are non-validated requires being familiar with documents such as AAPB's current version of the *Clinical Efficacy and Cost Effectiveness of Biofeedback Therapy: Guidelines for Third-Party Reimbursement*, the *Clinical Applications of Biofeedback and Applied Psychophysiology: A Series of White Papers Prepared in the Public Interest* by AAPB and the published scientific literature related to biofeedback and psychophysiological self-regulation.

Practitioners are responsible for informing clients about the intervention that has the best documented outcome data so that clients can make informed decisions.

Each practitioner has the right and responsibility to use the intervention for which the best empirical outcome documentation exists, provided that he/she is competent in the use of that intervention and provided that the client has given informed consent. If not

competent in the use of the desired intervention the practitioner seeks additional training, supervision and/or consultation, or refers the client elsewhere as deemed most appropriate to the situation and the client's needs.

SBCNA members make reasonable efforts to ensure that their assessments, diagnoses, recommendations, and reports are accurate, appropriate to a client's needs, and based on techniques and information that substantiates their findings.

D. Public Statements

SBCNA members recognize that all public statements, announcements of services and products, advertising, and promotional activities concerned with applied psychophysiology and biofeedback should be conducted in such a manner as to help the public make informed choices. Statements about applied psychophysiology and biofeedback will be based on scientifically verifiable information, including recognition of the limits and uncertainties of such data. SBCNA members accurately represent their qualifications, affiliations, and functions and do not mislead the public.

1. Providers of applied psychophysiology and biofeedback services shall accurately represent the efficacy of applied psychophysiology and biofeedback procedures for all disorders or conditions being treated.

2. In providing service, publishing, marketing a product, and in all other professional activities, SBCNA members use truthful and do not use misleading information in either direct or indirect statements about applied psychophysiology and biofeedback. SBCNA members consider the context and source requesting information when making a public statement and guard against misrepresentation.

3. SBCNA members recognize that they have financial or career interest in the promotion of applied psychophysiology and biofeedback activities and agree that this interest must be superseded by professional objectivity, humanistic concern, and their ethical principles. When a question arises as to their objectivity, they seek professional consultation and guidance from appropriate professional sources such as AAPB, BCIA, ISNR, and/or SBCNA, the professional association of the discipline in which they are licensed, or from other qualified sources.

4. Membership in SBCNA will not be used directly or indirectly as evidence of competence in applied psychophysiology and biofeedback or as justification for offering to provide applied psychophysiology and biofeedback services or any other service. SBCNA does not evaluate the competence of individuals who apply for membership; therefore, membership by itself is not to be interpreted as an endorsement of competence. The Biofeedback Certification Institute of America and other appropriate

professionally recognized certification may be used directly as an indication of at least entry-level competence in biofeedback.

5. Announcement and listings of services and training offered by SBCNA members, such as telephone directory listing, letterheads, business cards, and descriptive brochures should be made in a professional manner and must adhere to the guidelines of the profession to which the member belongs. Only factual and accurate claims are to be made.

6. SBCNA members shall disclose any conflict of interest to all relevant parties; e.g., if a member is conducting a workshop and recommends a specific product in which the trainer has a financial interest, such interests shall be disclosed to all attendees.

E. Confidentiality

SBCNA members maintain confidentiality of information obtained from persons in the course of their professional activities. Release of information requires the written consent of the client, the client's legal representative or the existence of a situation in which not to do so could result in danger to the client or others. SBCNA members specify in advance the legal limits of confidentiality to clients/patients, particularly as it pertains to collection of fees and laws that require reporting, such as child abuse and neglect reporting laws. Confidentiality applies to clients in treatment, students in training and to research participants.

SBCNA members keep appropriate records of all professional activities engaged in with or on behalf of a client as specified in AAPB's Practice Guidelines and Standards. Client records are stored or disposed of in ways that maintain confidentiality. Records will be kept for a minimum of 7 years and will be retained longer if required by state law or by the SBCNA member's own professional discipline. All SBCNA members will be familiar with and comply with any relevant state or federal laws and regulations concerning confidentiality, e.g., the new federal law known as HIPAA (Health Insurance Portability and Accountability Act).

F. Protection of Client Rights and Welfare

SBCNA members 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, and fully inform consumers as to the purpose and nature of procedures to be implemented and assure that clients' rights are not abridged.

1. In attaching biofeedback sensors (electrodes), SBCNA members assure that the privacy and rights of the clients are protected. They respect the feelings and sensitivities of the client and make every effort to act within the client's desire for modesty.
2. Special care will be taken to protect the rights and consent of children receiving service, training, or when involved as research subjects.
3. Caution and common sense are required whenever an SBCNA member has physical contact with a client: e.g., in attaching electrodes. Sexual intimacies with clients are prohibited. In addition, touching and massage require client permission and are restricted to those body areas considered appropriate for touch or massage within the realm of "common practice" for one's professional discipline. Touching of sensitive body parts, such as breasts or genitals, is not acceptable in applied psychophysiology and biofeedback practice with the exception of an appropriate medical exam or medical treatment provided by a licensed medical practitioner. Clients can be instructed in electrode placement using visual aids such as diagrams of the body.
4. SBCNA members do not discriminate against or refuse services to anyone on the basis of gender, ethnicity, race, sexual orientation, age, disability, socioeconomic status, language spoken, religion or national origin. Members should, however, refuse to provide services in areas in which they are not competent unless appropriate supervision or consultation by someone competent in that area of service is available, so that the services provided do not fall below the "expected minimal standard or care."

G. Professional Relationships

SBCNA members recognize the interdisciplinary nature of applied psychophysiology and 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.

1. SBCNA members are responsible for assuring that all patients/clients referred for treatment of a medical disorder or in whom a medical disorder is later identified are treated only in conjunction with medical consultation, as necessary, to best serve the welfare of the client.
2. SBCNA members should strive to be objective in their professional judgment of colleagues and should strive to maintain good professional relationships even when opinions differ. Members cooperate with other professionals in an effort to ensure that the professional service needs of clients are met.
3. SBCNA members avoid dual relationships with their patients/clients that could impair their professional judgment or increase the risk of exploitation. At any time, a patient/client may re-enter treatment either for the same symptom or another problem. The dictum "once a patient, always a patient," should be adhered to regarding not

having any sexual contact with patients/clients. Members do not exploit clients, students, supervisees, employees, research participants or third party payers.

4. SBCNA members do not engage in any form of sexual harassment or any other form of harassment that is demeaning to a person with whom they work based on, but not limited to, factors such as gender, ethnicity, race, sexual orientation, age, disability, socioeconomic status, language spoken, religion or national origin.

H. Research with Humans and Animals

SBCNA members conduct research to advance understanding of basic behavioral principles, to improve human health and welfare, and/or to advance science. As such, members ensure that in the conduct of research the welfare of research participants (human and animal) is prohibited. All research will adhere to federal and state regulations and the professional standards of the member's profession with regard to the conduct of research. Research involving humans is subject to governance by local institutional review boards and to the Code of Federal Regulation as appropriate and/or required by the Department of Health and Human Service' *Regulations for the Protection of Human Research Subjects (45 CFR 46 and 56 FR 28003)*. All animal research is subject to local institutional animal care and use committees, as appropriate, and must be in compliance with the *Federal Policies on Humane Care and Use of Animal (A 3434-01)*.

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 long-term effects and population samples will be explicitly stated. All descriptive materials regarding clinical practice will be factual and straightforward.

2. Responsibility for the establishment and maintenance of acceptable ethical practice in research always remains with the individual investigator. The investigator is also responsible for the ethical treatment of research participants by collaborators, assistants, students and employees all of whom, however, incur similar obligations.

3. Information obtained about research participants during the course of an investigation is 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 written informed consent.

4. Ethical practice and federal regulations require the investigator to inform the participant of all features of the research that reasonably might be expected to influence willingness to participate and to explain to other aspects of the research about which the participant inquires. The ethical investigator protects participants from physical and mental discomfort, harm, and danger. If the risk of such consequences exists, the

investigator is required to inform the participant of that risk, secure informed consent before proceeding, and take all possible measures to minimize distress. A research procedure may not be used without consideration of the risk/benefit ratio particularly if there is more than minimal risk to participants. As risk for participants increases so does the responsibility of the researcher to protect the research participants.

5. Ethical research practice requires the investigator to respect the individual's freedom to decline to participate in research or to discontinue participation at any time. Participants must be informed of their right to decline to participate or to discontinue participating at any time. The obligation to protect this freedom requires special vigilance when the investigator is in a position of power over the participant. The decision to limit this freedom increases the investigator's responsibility to protect the participant's dignity and welfare.

6. After the data are collected, ethical practice requires the investigator to provide the participant with the opportunity to obtain full clarification of the nature of the study. When scientific or human values justify delaying or withholding information, the investigator acquires a special responsibility to assure that there are no damaging consequences for the participant.

7. In doing clinical research, researchers consider all possible research designs. They take care to not to use a waiting-list control when another validated treatment exists without due consideration of the consequences of doing so. Generally, a waiting-list control is not appropriate if a validated treatment exists and the risk of harm to the subjects is more than minimal. Potential research subjects must be informed of the validated treatment and must consent to participate thereafter. Members will be in compliance with AAPB's current research guidelines concerning research validation and methodology.

III. Complaints and Concerns

When the above standards are unclear and whenever appropriate, the ethical standards of 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 Medicine, the American Academy of Physical Medicine and Rehabilitation, or other professional associations pertinent to the individual in question shall be used as a guide in determining whether the member has violated his/her professional standards.

When a complaint is made, the SBCNA Ethics Committee shall use these ethical principles in evaluating the SBCNA member's conduct. The Ethics Committee shall recommend appropriate additions, deletions or revisions to these Ethical Principles, as

necessary, to the SBCNA Board for approval. Thereafter the membership of the SBCNA shall be required to adhere to the revised Ethical Principles.

The SBCNA will advocate for psychophysiological self-regulation, biofeedback, applied psychophysiology and biofeedback research, training and service. As such, SBCNA will be responsive to individuals or agencies when questions arise concerning what is “common practice” in applied psychophysiology and biofeedback.

IV. Ethics Committee Procedures

The major concerns of the Ethics Committee of SBCNA are to protect the public against unethical practices by SBCNA members and other nonmember professionals using psychophysiological self-regulation, biofeedback, neurofeedback, QEEG and to educate the membership concerning acceptable ethical practice. The committee attempts to have complaints resolved by the ethics committee of a member’s profession whenever possible.

When that avenue fails, is inappropriate, or when the SBCNA member is not professionally licensed or certified, the committee attempts to resolve complaints privately and informally and to recommend disciplinary action when unethical conduct is found to exist.

The goal of the ethics committee is to be constructive and educative, rather than punitive. The committee will attempt to have the complaint resolved by the local or state biofeedback society if one exists. When a complaint is received, the formal procedures of the SBCNA will be followed.

Individuals desiring more information about the ethical principles or wishing to register a complaint may contact the Executive Director of SBCNA or any member of the Ethics Committee.

V. History of the Document

Appreciation is expressed to the Association for Applied Psychophysiology and Biofeedback (AAPB) whose document *Ethical Principles of Applied Psychophysiology and Biofeedback* was used as the foundation and guide for these principles.

Version 1.0

**Policy History: Approved by the Board-- Approved by the Membership
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