

BCIA and the NCCA

The Corrected History of the Relationship Between the Biofeedback Certification Institute of America (BCIA) and the National Commission for Health Certifying Agencies (NCHCA) (Now called the National Commission for Certifying Agencies (NCCA)).

Mark S. Schwartz, PhD

(Summer, 1998) I am pleased to have the opportunity to correct some misinformation and myths floating around about the certification of the Biofeedback Certification Institute of America (BCIA) by the National Commission for Health Certifying Agencies (NCHCA), the name of the organization from 1977 to 1989. There are some persons who are being critical of the BCIA because these persons are stating that BCIA is not approved by a national organization of certifying organizations. These persons also have stated that their newly formed EEG/Neurofeedback certification program has provisional approval by such a national organization. These statements concerned me and motivated me to write this paper. For about 4 years, in the early to mid 1980s, I was honored to be on the Executive Board of the NCHCA and served as Speaker of the General Assembly that met yearly. As Speaker, I presided over the meetings of representatives from many health certifying organizations that had achieved varying degrees of membership in the NCHCA. I attended all Executive Board meetings and participated in some committees. I was very close to the dynamic and very effective Executive Director of NCHCA, Dennis Falk, and others on the Board and in the organization.

I can state with certainty and without any reservation that the BCIA successfully achieved approval of all of the very extensive and very rigorous criteria established for full membership and accreditation by the NCHCA. In fact, the BCIA met those criteria faster than most other organizations, perhaps faster than any other organization. The NCHCA Board and Membership Committee were very impressed with the BCIA. Perhaps that was one reason I was given the privilege and opportunity to join the Board and be Speaker. For that, I owed appreciation to the BCIA Executive Board, all other volunteers, and to Francine Butler as Executive Director of the BCIA. Some may recall that I was Chairperson of the BCIA from 3/81 through 3/83 which coincided with the time that BCIA achieved the NCHCA full certification. I am very proud of the BCIA and the Board then for what we accomplished.

The reason that BCIA voluntarily dropped our membership and withdrew from the NCHCA around 1986 started with a tragic event. Dennis Falk, the Executive Director from the beginning of the NCHCA, was an incredibly talented, energetic, intelligent, and politically savvy person. He was the person that was connected in Washington, DC and the one getting grant support that was the primary financial life blood of the NCHCA. The organization had not achieved sufficient success from member organizations to sustain it financially. It depended on significant grant support for special projects such as the development of major documents such as Continuing Competence. The grants also supported office personnel and the annual national meeting. In many senses of the phrase, Dennis was the NCHCA. There was a small office staff and the rest of us were volunteers from various health certifying organizations. The structure of the NCHCA and the responsibility of the Executive Director was very different from many other organizations including the AAPB and the BCIA.

The tragic event was a horrific automobile accident in which Dennis was the driver and sole occupant in his small sports car. He sustained very serious frontal lobe damage from which he never recovered. I visited him in the hospital many months after the accident and the frontal damage was quite evident. I lost contact with him and the NCHCA but I recently heard that he continues to suffer from residual damage.

NCHCA started a rapid downhill drop after we lost Dennis. There was no one with his talent and other characteristics. A search was conducted for a replacement and I believe someone was eventually hired. However, grant money was running out, member organizations were dropping out for various reasons, and the financial future of the NCHCA looked dismal, or at best, very uncertain.

The annual dues to the NCHCA was \$3,000. That means that the BCIA, a new organization in a small field, had paid this for multiple years. The BCIA was very committed to the NCHCA and proud of our accomplishments. I was honored to be integrally involved in the NCHCA. I had been asked to be on the slate for President of the NCHCA but turned it down because of time commitments to the BCIA and, of course, my full time job with the Mayo Clinic Rochester.

Nevertheless, I was the person on the BCIA Board that recommended to the Board that BCIA drop our membership in the NCHCA and not put another \$3,000. into an organization that, no matter how well meaning and initially important, was in serious trouble.

In the years since I left the BCIA, there have been increased tightening of procedures and increased standards, sometimes to the dismay of applicants and certificants, although I suspect these would be viewed positively by the NCHCA.

A very brief historical review of what led to the establishment of the NCHCA might be useful for some readers. In the early 1970, there was much concern being voiced in many government circles and elsewhere, that most, or at least a large percentage, of the approximately 100 health certifying organizations in the United States were inadequate in many ways. The usefulness and credibility of health care certifications was being seriously questioned.

There were some politicians and others who were suggesting that the government develop criteria and procedures to regulate the health certifying organizations. However, as some readers may recall, that was an era in which deregulation and private sector responsibility was in vogue. Thus, the United States Government, via Health and Human Services, strongly encouraged the establishment of a private organization, the NCHCA, to develop the criteria for health certifying organizations, and develop the mechanisms for such organizations to meet these criteria.

As with most individual health certifying organizations, the NCHCA was a voluntary organization. Thus, no health certifying organization had to apply, go through the rigorous process, and pay thousands of dollars a year for the privilege. Most organizations showed up for the initial meetings in the late 1970s. There were workshops on certification and many interesting and informative speakers as there was to be for a few years. I went to the 1979 meeting and learned a lot which I brought to the AAPB Board deliberating on whether to fund the establishment of the BCIA.

For various reasons, most health care certifying organizations did not submit applications for NCHCA certification. For example, the medical Boards, did not come aboard. There were several national certifying organization that did apply, remain, and gain varying degrees of approval from the NCHCA. Other important organizations were active in the NCHCA including the Health Insurance Association of America.

During my years of activity within the NCHCA, a few large national certifying organizations had considerable difficulty meeting the vigorous standards of the NCHCA. Some large and important organizations even dropped out from NCHCA because of intense disagreements with the criteria for full certification. I mention this fact not to criticize the NCHCA or the standards, but rather to underscore the rigorous nature of the standards, the accomplishment of the BCIA, and the difficulty that new or long established certifying organizations face. The standards are extensive and some are rigorous. Just as individuals balk at standards implemented by individual certifying organizations including the BCIA, these organizations sometimes cannot or choose not to comply with the standards of the NCHCA/NCCA. For example, I recall a case in which the certificants of one large certifying organization persistently balked at standards that the individual organization was trying to implement to comply with the NCHCA.

Another topic of importance to the current situation is duplicate certifying organizations competing with each other and providing primarily redundant certification programs. Some readers will remember that there used to be another national membership organization and affiliated national certifying organization both involving biofeedback.

The NCHCA strongly opposed duplicate certifying organizations in any field. They initiated entirely on their own a major effort to get the other group and BCIA to join together and establish one certifying organization. Without any doubt, BCIA willingly, cooperatively, and with good will agreed to enter such discussions and negotiations. Without any doubt, the other organization entered into some discussions but were uncooperative with the NCHCA requests and recommendations. After many months and several meetings and attempts, the NCHCA representatives gave up and attributed the failure entirely to the lack of cooperation by the other organization. The other organization eventually faded from the scene for various reasons. BCIA, with all its trials and tribulations, survives. Incidentally, I have had no involvement with the BCIA since about 1987 when I resigned for personal reasons about midway through my second 4 year term on the BCIA Board.

I mention these events in view of the apparent attempt by another group to establish a second certifying organization in the same area, that is EEG/Neurofeedback. If the NCHCA existed today as it did then, they would vigorously oppose this and make efforts to convince "the other organization" to avoid establishing a duplicate certification because that is not in the best interests of professionals or the public. This is especially important with small organizations because it takes a lot of money, a lot of volunteer professionals, and a lot of time to establish and maintain over many years a high quality certifying organization that can meet the many criteria established by the NCHCA. I do not know the current position of the NCCA but suspect and hope that is would be the same or very similar.

The NCHCA, to remain financially viable, officially evolved and changed their scope in 1989 from only health certifying organizations to all national certifying organizations including non health related fields. I recall the Board meeting when this was originally discussed in the offices in Washington, DC. It was not a happy time. The new direction was for survival. Two organizations were the result, the National Organization for Competency Assurance (NOCA), the "membership organization for individuals and organization interested in competency assurance" (Maronde, 1996) and the National Commission for Certifying Agencies (NCCA) taking the place of the NCHCA.

I also note that I do not provide EEG feedback and admit ignorance about most of this exciting and intriguing field. I will never seek certification in EEG/Neurofeedback for multiple reasons not the least of which is my age, priorities, and my clinical practice. I also will never be involved with the BCIA in anything but an occasional, indeed very occasional, informal consultant or elder source of historical perspective. I state all of this to clarify any concerns about conflict of interest. I have none in the topics of current focus.

One of the NCCA standards, the same as for NCHCA, is for the presence of at least one voting public member with full board privileges and responsibilities on the governing body. I understand the rationale for this standard and do not disagree with the ideal. BCIA had two public members for several years. The problem is not finding suitable persons to represent the interests of consumers and protect the interests of the public. The problem for small certifying organizations is that there is a significant cost attached for inclusion of such a person. Airfare to meetings, lodging and expenses, telephone, and other expenses are significant and must be born by certificants.

In summary, it is true that the BCIA is not currently certified by the organization that certifies the certifying organization, the NCCA. However, BCIA was fully certified and chose to withdraw for reasons discussed above, none of which had to do with credibility of the BCIA nor failing to meet any criteria.

Very small certifying organizations face challenges and obstacles that, in my opinion, are unlikely to be surmounted regardless of the good intentions and enthusiasm of their leaders. The NCCA Standards (Browning, Bugbee, Jr., & Mullins, 1996) contain 44 separate standards. That is not to say that the existing certifying organization, BCIA and the EEG component, are ideal in all respects nor are they likely to be above criticism and room for improvement. Another organization name was mentioned in messages on the Internet interest group PsyPhy. That name is the National Board of Accreditation for Certifying Agencies. Initial inquiries thus far have not yielded any information about any organization by this name. Perhaps the persons using this name, meant to refer to the NCCA. If the NBACA is an organization that purports to certify certification organizations, they would be in competition with the NCCA. There is validity to the old saying that there is strength in numbers and certifying organizations have more potential for success if there is no splintering or duplication of organizations.

I hope that all or most of the above will help dispel the myths and misinformation and credibly remind everyone interested in the facts.

BCIA

10200 West 44th Avenue - #310
Wheat Ridge, CO 80033-2840(303) 420-2902
Fax: (303) 422-8894