



***INTERNATIONAL BRAINSPOTTING™
ASSOCIATION***

CODE OF ETHICS

AND

STANDARDS OF PROFESSIONAL PRACTICE

IBA MISSION:

The International Brainspotting™ Association is an international professional organization dedicated to serving humanity through research, advocacy, education and promotion of Brainspotting™ among health professionals and the public around the world through collaboration of practitioners, academics, researchers, and licensing bodies.

IBA PURPOSE:

IBA is a self-governing association committed to informing and educating its members about the ethical practice of Brainspotting™. Compliance with its Code of Ethics is an obligation of IBA membership. The Code of Ethics is designed to ensure that the evolving multidisciplinary practice of Brainspotting™ is guided by appropriate ethical boundaries and follows the standards of care that will cause no physical or emotional harm to clients/patients. As an international organization with members from a growing number of countries, with standards of practice that may vary between cultures, global regions and nationalities, IBA seeks to accommodate a wide range of needs.

This code of ethics is intended to complement and not supercede the authority of licensing boards that govern members under their jurisdiction.

IBA provides a forum for integration of the diverse methods used in the pioneering field of Brainspotting™ through the use of:

- Informational resources for the ongoing development and research of Brainspotting™.
- Educational opportunities through conferences, newsletters, websites, and links to various trainings and workshops.
- Support and guidance regarding standards of care and ethical practice.
- Clinically demonstrated treatments for a wide range of emotional distresses.
- Professional development through certification programs for licensed mental health professionals and for other Brainspotting™ practitioners.

BRAINSPOTTING™

Brainspotting™

Brainspotting™ is at the leading edge of interventions designed to reduce human suffering and promote peak functioning. It is a family of mind/body techniques that are clinically observed to consistently help with a wide range of psychological conditions.

STANDARDS OF CARE

Standards of care are intended to guide responsibilities specific to an individual's scope of practice and level of professional training. Practitioners are naturally expected to observe all laws established by their respective licensing boards, and to

uphold and honor the standards of their primary professional discipline. IBA members agree to abide by the following standards:

Professionalism:

- Use only legal and ethical means in all treatment situations.
- Serve the public, clients/patients, and employers with the highest professionalism, integrity, impartiality, objectivity and ethical behavior.
- Maintain status in good standing with any professional organization with which they are affiliated, or with any regulatory or licensing body (i.e., national ministry of health, state, province, or region) under whose jurisdiction they are subject. Members shall notify IBA within 30 days of any disciplinary action taken by a professional organization or licensing body, and shall consent to the release of such information to IBA by the reviewing body.
- Cooperate in every reasonable and proper way with other licensed mental health professionals and other Brainspotting™ practitioners, and work with them in the advancement of the practice of Brainspotting™.
- Respect the divergence of viewpoints represented by the many disciplines and professions engaging in Brainspotting™ modalities.
- Use every opportunity to improve public understanding of the role of Brainspotting™ as an efficacious group of treatment modalities.
- Promote and encourage the highest level of ethics within the practice of Brainspotting™.

Competence:

- Satisfy all continuing education requirements established by his/her licensing authority.
- Recognize and discharge one's responsibility to uphold all laws and regulations relating to one's licensure and scope of practice.
- Competently provide services to clients/patients and maintain and further the necessary knowledge and skills to continue to do so.
- Exercise reasonable, responsible and prudent professional judgment in providing professional services.
- Keep informed of developments in his/her area of practice and participate in continuing education throughout his/her professional career.

Confidentiality:

- Protect the privacy of clients/patients and others with whom he or she has a professional relationship or on whose behalf he or she has reason to possess confidential information - unless the client has specifically released the practitioner from such duty or such information is required to be divulged in response to proper legal process.

- Not reveal to any third party or use for his/her benefit, without the client/patient's consent, any personally identifiable information relating to the client relationship or the affairs of the client.
- Release a copy of a client/patient's original records in a timely manner when the client requests them unless in the practitioner's judgment it would be harmful for the patient to view the records.
- Inform the client/patient in advance about the obligation to disclose personal information such as request by a court, or to prevent imminent danger to client/patient or to others.

Diligence:

- Carefully evaluate a client/patient's circumstances prior to making a recommendation, and make and/or implement only those recommendations that are appropriate for the client.
- Act with timeliness and consistency in the fulfillment of professional duties.
- Properly supervise subordinates with regard to their delivery of services to the client/patient and not accept or otherwise condone any subordinate's conduct that is in violation of this code.
- Personally contact a suspected offending member to resolve a perceived violation. If that is unsuccessful, then promptly inform the chair of the IBA Ethics Committee when one becomes aware with no substantial doubt of an IBA member engaging in a violation of this code.
- Promptly inform the appropriate regulatory or professional disciplinary body as well as the chair of the IBA Ethics Committee when one becomes aware with no substantial doubt of an IBA member engaging in unprofessional, fraudulent, or illegal conduct.

Honesty:

- Refrain from conduct that involves dishonesty, fraud, deceit, or misrepresentation.
- Refrain from knowingly making a false or misleading statement to a client, employer, employee, professional colleague, governmental or other regulatory body or official or any other person or entity.
- Refrain from soliciting clients/patients through false or misleading communications or advertisements, either written or oral.
- Communicate internal and external advertising statements in a truthful and accurate manner.
- Refrain from guaranteeing any cure or making any such claims using Brainspotting™ treatment modalities.
- Refrain from unauthorized or misleading use of IBA approved credentials.
- Disclose all material relevant to the professional relationship, including but not limited to conflicts of interest, changes in practice affiliation, contact

information, credentials, qualifications, licenses, privileges, and scope of practice.

Integrity:

- Conduct oneself with honor and dignity.
- Maintain the highest standard of personal conduct.
- Relate to each individual in one's care with the conscious awareness that all patients or clients are deserving of the utmost compassion, respect, and regard for their needs.
- Uphold the need for self-care on the part of Brainspotting™ practitioners.

Fairness:

- Refuse to engage in or countenance discrimination on the basis of race, sex, age, religion, national origin, sexual orientation, or disability.
- Perform professional services in a manner that is fair and reasonable to clients, prospective clients, colleagues, and employers.
- Refuse to engage in, or countenance, activities for personal gain at the expense of one's patients or clients.
- Disclose any conflicts of interest associated with providing such services.
- Show respect for other professionals and related professional groups by engaging in fair and honorable competitive practices.

STANDARDS OF PRACTICE

Brainspotting™ Trainers and Presenters

Trainers and presenters are expected to:

- Give credit to those whose theories, methods, research, and other contributions are being taught.

Working with Trainees

- Shoulder the responsibility to assess the capabilities and limitations of trainees, and to provide feedback to trainees concerning these issues.
- Attempt diligently to restrain over-eager, impulsive, immature, or otherwise unwise trainees from going outside established guidelines for practice in the modalities in which they are training.
- Encourage mature, seasoned trainees to innovate and to receive training in multiple energy diagnostic and treatment approaches.
- Create consultation mechanisms for their students to use.
- Evaluate the proficiency of trainees before any formal certification they may choose to offer in the method they teach.

Working with Demonstration Volunteers

- Screen and evaluate volunteers who are selected for demonstrations to minimize the potential of harm resulting from the demonstration.
- Refrain from using as demonstration volunteers, any clients or patients with especially vulnerable diagnoses, such as dissociative identity disorders without consultation from a licensed mental health practitioner whose scope of practice includes treatment of such disorders.
- Obtain from demonstration volunteers a signed waiver and consent prior to work begun and which describes the potential risk of volunteering as a demonstration-volunteer, including loss of confidentiality and the possibility of issues and emotions arising unexpectedly.
- Place the welfare of volunteers for demonstration above the presentation itself.
- Provide care for any volunteers who may not have completed processing initiated by a live demonstration.
- Provide first aid for any immediate distress that arises during or as a consequence of a demonstration and to offer an appropriate referral.
- Refrain from charging for first aid treatment in this circumstance. If a deeper issue is uncovered during a demonstration, or if what is uncovered goes beyond the scope of the demonstration the presenter is obligated to provide ongoing therapy to resolve that issue, unless a waiver was signed indicating the release of this responsibility.
- Refrain from using a live demonstration or audio, video or other media that highlights a patient or client's particular vulnerability for the purposes of exploitation.
- Obtain the client/patients' informed consent for creating and using a video (or other media) as a representation of one's work. Trainers and presenters who use such material are responsible for ensuring that their client/patient understands the limits of confidentiality of these materials and the potential that the individuals represented in such materials may be identified. Whenever trainers and presenters do live or media demonstrations, they must remind the audience to maintain confidentiality concerning the identity of the volunteer and any personal information that may arise.

Brainspotting™ Researchers

Researchers must comply with the specific codes of ethics set forth by their professional organizations, such as the American Medical Association, the American Psychological Association, the National Association of Social Workers or those organizations appropriate to one's country.

Brainspotting™ Trainees

Brainspotting™ trainees are expected to:

- Thoroughly learn and responsibly practice a particular intervention before using it with clients/patients.
- Seek ongoing professional consultation while learning new methods.

- Refrain from use of complicated diagnostic or treatment methods they have only read about or observed in demonstration.
- Credit those who are responsible for generating the diagnostic approaches, intervention methods, research and theories they use or mention in treatments.

Non-Licensed Practitioners Among IBA Members

IBA understands and recognizes that non-licensed, non-mental health trained practitioners play an important and necessary role in promoting healing and reducing suffering among the public. It also acknowledges the fact that mental health care in some countries is not regulated, resulting in non-licensed practitioners being the major providers of such care. Although most non-licensed practitioners have not had formal coursework and supervision in the areas of ethics and scope of practice, it should be noted that all practitioners of Brainspotting™ therapy methods take on considerable ethical obligations when they choose to provide services or products related to diagnosis or treatment.

In order to encourage the highest standards of practice among its members, IBA offers a certification program tailored to meet the needs of its members - licensed as well as unlicensed mental health practitioners. •

- All non-licensed, non-mental health trained Brainspotting™ practitioners are strongly encouraged to seek certification as an Brainspotting™ practitioner, a designation that requires continued education on ongoing basis, to consistently upgrade their knowledge and skills in this complex and ever growing field of Brainspotting™.
- Brainspotting™ practitioners are required as a condition of IBA membership to educate themselves with the basic concepts and expectations of the IBA Code of Ethics.
- Brainspotting™ practitioners are encouraged to pay attention on a consistent basis to their own energetic self-care.

Practitioners Working with Children

Parents, caregivers and children pose multiple ethical challenges to practitioners. Consent for treatment requires the agreement of both the caregiver and the child. Children are more sensitive and vulnerable to adult inputs and the practitioner is therefore obligated to work with extra sensitivity and caution with young clients. Children, especially the very young may not be able to identify or articulate their problems; thus the practitioners relies on reports from caregivers, schools and social agencies to determine the nature, severity and extent of the problem. Children are often the antennas for family tensions. Practitioners must take into account local laws pertaining to age of consent as well as other cultural factors.

- Practitioners must be able to provide a safe environment in which a child can address his/her problems. This may require advising, confronting, or

challenging caregivers, or even reporting situations of verified or suspected child abuse to social agencies.

- During assessment and treatment practitioners must be aware of system theory, family dynamics and family therapy in order to properly address the needs of children presented by their parents, schools, or social agencies.
- Practitioners need to be sufficiently trained to recognize that often the child is not the problem but rather the family, school, or agency may be the actual source of tensions that are expressed by the child's symptoms or behavior.
- The child should be given the choice of whether he/she wishes to participate during the sharing of information to adults. To make this decision, practitioners will use their best judgment and consider the child's condition, vulnerability, age and development.
- Practitioners must advise a child that in the event issues arise where, in the practitioner's best judgment and in a child's best interest, the issues ought to be discussed with the caregivers or agency, a child will be informed of such an event before the issue is brought up to the adults.
- The child's caregivers must be made aware of the limits of confidentiality regarding the child's issues as part of the informed consent process before commencing treatment; practitioners must explain the limits of confidentiality to a child as well.

Practitioners Providing Care Following Natural Disasters and Other Crises

- It is recommended that in case of a natural disaster that practitioners seek advice from IBA leadership such as the chair of the Humanitarian Aid Committee for guidance regarding optimal time of intervention prior to providing crisis intervention on their own initiative.
- Special consideration needs to be given by relief workers when working with clients/patients of different cultures, language, etc. during a crisis.
- Relief workers must proceed with caution, and demonstrate respect, tolerance of different cultural, religious, ethnic and/or national background, and sensitivity to the highly vulnerable state during a crisis.
- Practitioners should seek consent to intervention from both children and the adults acting as caregivers before starting an intervention. Consent to treatment becomes most important during a crisis in order to avoid adding stress and long-term consequences.

RESOLUTION OF PRACTICE DILEMMAS

IBA encourages its members to ask ethical questions or raise concerns about ethical issues that may arise within their practices, trainings or research work. Its goal is to provide practitioners, trainers, trainees, and clients with a forum to raise questions and to resolve complaints regarding members on a prompt, fair and objective basis.

Responsibility for this process resides with the IBA Ethics and Professional Affairs Committee. Referrals are made to the committee chair who, in collaboration with other committee members as appropriate will respond to questions from IBA members or complaints regarding IBA members on a confidential basis.

Queries

Queries should be addressed in writing by mail or email to the incumbent ethics director. Acknowledgement will be given within a reasonable length of time depending on available manpower and resources.

Complaints

Peer to peer professional courtesy is expected of IBA members who perceive that a colleague may be engaging in practices that are out of conformity with the Code of Ethics. As a first step, one should directly and personally contact a suspected offending member to resolve a perceived violation. If that is unsuccessful, then promptly inform the chair of the IBA Ethics Committee when one becomes aware, with no substantial doubt, of an IBA member engaging in a violation of this code.

IBA will consider only those complaints regarding regular members in good standing, and relating to a specific provision of this Code of Ethics. In no case will IBA accept anonymous complaints for consideration. IBA does not attempt to resolve complaints regarding non-members. Complaints regarding an IBA member should be addressed in writing and submitted by certified or international registered mail to the office of the executive director. The executive director will conduct a preliminary review of the matter. If the executive director determines that (1) the matter is frivolous or inconsequential; (2) the complaint contains unreliable or insufficient information; or (3) the matter is outside the scope of the IBA Code of Ethics or its jurisdiction, then no further actions shall be taken and the complaint will be dismissed.

If the information reviewed is determined to be within the scope of the Code of Ethics, the executive director will proceed with further investigation of the complaint and will refer it to the ethics director.

Upon decision by the Ethics Committee to further investigate the complaint, the member who is the subject of the complaint shall be sent a written notice. The member colleague may be engaging in practices that are out of conformity with the Code will have thirty days from receipt of notice to submit a written response to the ethics director and present additional evidence in support of his or her position. Failure to respond by the member within thirty days shall be sufficient grounds to impose a sanction of termination of IBA membership.

The ethics director will conduct an initial review the case, but will refer the case to an alternate committee member or appoint one or more members of the committee or of the board of directors if any of the following circumstances occur:

1. A potential conflict of interest exists, such as personally knowing the member, or working or having worked in any capacity in association with the member.

2. The case appears too complex to be handled by only one individual and a larger perspective is deemed necessary.

When the case requires a team of two to three members due to complexity or other factors, a mediator shall be appointed by the president and the ethics director to expedite and coordinate the work. If the chair of the Ethics Committee is part of the team, that person shall automatically assume this responsibility. After the complaint is received, the mediator in charge will gather all information pertinent to the case in the following sequence.

1. Name and contact information for the client/patient making the complaint with available times to receive phone calls,
2. Detailed information from the client/patient regarding the allegation:
 - a. A verbal report via telephone interview regarding the nature of the complaint.
 - b. A request during the telephone interview for a written description from the complainant, outlining the nature of the complaint, sequence of events, expectations and desired outcome of the complaint.
3. Name and contact information for the IBA member who is the subject of the complaint with available times to receive phone calls.
4. Detailed information from the IBA member regarding the allegation.
 - a. A verbal report from the IBA member via telephone interview.
 - b. At the time of telephone interview, a request for a written account from the IBA member outlining her/his intervention with the client/patient, sequence of events, his/her interpretation of the conflict and desired outcome at the end of a process of mediation.

Depending on the case, the mediator in charge may deem it necessary to request from the member all pertinent records regarding the case involved.

5. A signed consent from the complainant to the release of his/her records must be obtained if records are requested.
6. The mediator and one or two other appointed committee members will review the information compiled from both the client/patient making the complaint and the IBA member against whom the complaint is lodged, make a determination of findings, and attempt to mediate the conflict when indicated. This review must be objective and relate to compliance or lack thereof to specific standards of care and standards of practice outlined in this Code of Ethics.
7. After the mediation team has made a determination of findings, the mediator in charge will convey in writing the determination of findings to each of the parties. If deemed appropriate, the IBA member may also be encouraged to explore available resources among Brainspotting™ therapists to further assist in his/her healing of the triggering factors leading to the conflict.
8. A copy of the letter of findings will be kept in the confidential files of the executive director.

9. Depending on the outcome and severity of the findings, the mediation team may recommend to the board of directors any appropriate sanctions.

Allegations of Sexual Misconduct

Some cases by their very nature will be more complex and difficult to resolve, such as in allegations of sexual impropriety. In this case, the member is subject to the jurisdiction of his or her licensing board. The complainant will be advised to redirect the complaint to the corresponding licensing authority.

- A conditional membership status shall be applied until such times as the allegation is proven or dismissed.
- These cases will, in all instances be handled by a team of members. The chair of the Ethics Committee after gathering all pertinent information from the client/patient and member in question, will appoint two other members from the Ethics Committee, and one member of the board of directors, to review and analyze the situation.
- A mediator in charge is appointed if the chair of the Ethics Committee is precluded from participation by reason of conflict of interest.
- If the complainant expresses that the seriousness of the allegation is such that he or she is averse to this goal, the complainant is advised to pursue civil litigation, before IBA proceeds any further. In this case IBA waits for the outcome of litigation before re-examining the status of IBA member's relationship to the association.
- If the outcome of civil or criminal litigation is a guilty verdict of sexual misconduct, the membership is revoked permanently.

Sanctions

In no case and under no circumstances will financial or any other compensation be awarded to any parties for perceived damages. A decision to pursue legal recourse in any venue is beyond the purview of IBA.

- If the lack of resolution is due to the IBA member's inability or unwillingness to comply with the Code of Ethics, his membership will be suspended for a period of three months, accompanied by a request to give consideration to the issues raised during mediation.
- At the end of three months suspension period the member's position will be reevaluated by the board of directors, and either an attempt to reconcile again will be made by the chair of the Ethics Committee or a decision will be rendered to permanently revoke the membership.
- The board of directors reserves the right to strip any IBA certified designation it has granted to the former member.
- In cases of alleged fraud or abuse referral will be made to the appropriate licensing disciplinary body.

Appeal Process

A party wishing to appeal the determination of findings may submit a letter stating the reasons for the appeal to the IBA president for review by the board of directors. The president will appoint a panel of three board members to review the case and make a final determination. If sanctions are recommended, the board of directors must enact them.

Regulatory Compliance

Licensed members practicing Brainspotting™ are subject to their own regulatory state and/or national professional bodies or the international equivalent. Any practitioner may potentially be subject to a malpractice lawsuit initiated by the client/patient doing. When a complaint about a member is brought to the attention of IBA, the association will in any case, examine the situation and make a determination, regardless of what other action the client/patient contemplates.

Disclaimer

This Code of Ethics is not intended to supersede the authority of any licensing body to govern the professional conduct of IBA members under its jurisdiction.