

BCTA/NA  
CODE OF ETHICS

*Revised February 2024*

# Table of Contents

Preamble	3
PRINCIPLE 1 – Professional Responsibility	3
PRINCIPLE 2 – Competence: Roles and Boundaries	4
PRINCIPLE 3 – Moral and Legal Standards	5
PRINCIPLE 4 – Business Practices and Representatives	5
PRINCIPLE 5 – Confidentiality	6
PRINCIPLE 6 – Welfare of the Consumer	6
PRINCIPLE 7 – Professional Relationships	7
PRINCIPLE 8 – Sexual Harassment Policy	7
PRINCIPLE 9 – Complaint Policy	8

# Preamble

The pursuit of wholeness and well-being requires dedication, discipline and vision. The BCTA/NA believes in the dignity and worth of the individual human being. The BCTA/NA is committed to increasing physical, spiritual and emotional wellbeing. While pursuing this endeavor, the BCTA/NA is committed to having its members protect the welfare of any person who may seek craniosacral therapy. Members do not use this professional relationship, nor knowingly permit their services to be used by another for purposes inconsistent with these values.

As an association, the BCTA/NA encourages freedom of inquiry and communication and accepts the responsibility this freedom confers. Responsibilities include competence where the BCTA/NA claims it, objectivity in the report of our findings, and consideration of the best interest of our members and their clients, colleagues and of society.

This Code of Ethics is a blueprint containing essential principles which may guide members in situations in which ethics become and issue.

In the pursuit of these ideals the BCTA/NA subscribes to principles in the following areas:

1. Professional Responsibility
2. Competence: Roles and Boundaries
3. Moral and Legal Standards
4. Business Practices and Representations
5. Confidentiality
6. Welfare of the Consumer
7. Professional Relationships
8. Sexual Harassment Policy
9. Complaint Policy

---

## PRINCIPLE 1 – Professional Responsibility

In providing services whether they be teaching, research, administrative or clinical, craniosacral therapists maintain the highest standards of this profession. They accept responsibility for the consequences for their acts and make every effort to ensure that their services are used appropriately. This responsibility extends to approved teachers, their assistant instructors, co-instructors, administrative staff and any other person in a position of authority or power.

- A. As approved teachers, craniosacral therapists recognize their primary obligation to help others acquire knowledge and skill. They maintain high standards of scholarship by presenting information objectively, fully and accurately.
- B. As clinicians, craniosacral therapists know that they have a social responsibility because their recommendations and professional actions may alter the lives of others. They are alert to personal, social, organizational, financial, or political situations and pressures that might lead to misuse of their influence.

- C. As clinicians, craniosacral therapists show sensible regard for the social codes and moral expectations of the community in which they work, recognizing that violation of accepted moral and legal standards on their part may involve their clients and colleagues in damaging personal conflicts and injure their person reputation and the reputation of the profession.
- D. Craniosacral therapists accurately inform their clients, other healthcare practitioners and the public of the scope and limitations of their discipline. They do not diagnose nor prescribe. They acknowledge limitations and contraindications for craniosacral therapy and refer appropriately.
- E. Biodynamic Craniosacral Therapy does not require the client to remove his/her clothing. If the therapist is also trained in a practice that requires the removal of clothing the practitioner follows the ethics and draping policies of that modality.

---

## PRINCIPLE 2 – Competence: Roles and Boundaries

Craniosacral therapists accurately represent their competence, education, training, and experience. They claim as evidence for educational qualifications only those degrees and certifications obtained from institutions acceptable under the standards set forth by the BCTA/NA.

- F. As teachers, craniosacral therapists ensure that their instruction is accurate, current, and scholarly.
- G. Craniosacral therapists recognize the need for continuing education and are open to new procedures and changes in expectations and values over time. Craniosacral therapists consistently maintain and improve their professional knowledge and competence through ongoing research, collaboration with colleagues, training and practice.
- H. Craniosacral therapists stay present to the specific needs of their clients, within the practice of craniosacral therapy. They hold the health of each client and simultaneously recognize differences among people, such as age, sex, socio-economic, and ethnic backgrounds. Cranial therapists seek out training, experience, or counsel to assure competent service or research in order to support their clients.
- I. Craniosacral therapists work to understand their own shadow and to recognize how problems and personal conflicts can interfere with professional effectiveness. If a Craniosacral therapist becomes aware issues that could affect the practitioner client relationship they seek competent professional assistance to determine how best to maintain a healthy and supportive practice.
- J. Craniosacral therapists avoid deliberately provoking an emotional response in their clients with the use of psychological techniques and/or other body centered psychotherapies without an accredited academic degree or appropriate training, a supervised internship or ongoing supervision from a psychotherapist or psychiatrist.
- K. Craniosacral practitioners acknowledge their clients inherent health. Through communication and table work the emphasis is on empowering the client.

---

### PRINCIPLE 3 – Moral and Legal Standards

- A. As teachers, craniosacral therapists are aware of the fact that their personal values may affect the selection and presentation of instructional materials. When dealing with topics that may give offense, they recognize and respect the diverse attitudes that students may have towards such materials.
- B. As employees or employers, craniosacral therapists do not engage in or condone practices that are inhumane or that result in illegal or unjustifiable actions. Such practices include but are not limited to those based on consideration of race, handicap, age, gender, sexual preference, religion, or national origin in hiring, promotion, or training.
- C. Craniosacral therapists are aware of their need for self care Craniosacral therapists develop skills and insight through resources that support their own self awareness. This may take the form of a qualified mental health counselor, group support, body centered therapy and especially continuing education.
- D. Craniosacral therapists follow all policies, guidelines, regulations, codes and requirements promulgated by local, state and national authorities governing their legal right to touch their clients.
- E. Craniosacral therapists receive informed consent for every specific technique or modality they intend to use with a client. This includes the responsibility of informing the client during a session when the original contract has changed.
- F. Craniosacral therapists refuse any gifts or benefits in excess of acceptable gratuity which are intended to influence a referral, a decision or a treatment.

---

### PRINCIPLE 4 – Business Practices and Representatives

- A. When announcing or advertising professional services, craniosacral therapists may list the following information to describe their services: name, highest relevant academic degree earned from a regionally accredited institution, relevant certifications or diplomas from BCTA/NA approved training's, date, type, and level of certification or licensure, professional membership status in the BCTA/NA, address, telephone number, office hours, a brief listing of the type of modalities offered, and an accurate presentation of fee information, foreign languages spoken, and policy with regard to third party payments. Additional relevant or consumer information may be included if not prohibited by other rules and regulations in an individual's locale.
- B. In announcing or advertising the availability of craniosacral therapy products, publications, or services, craniosacral therapists do not present their affiliation with any organization in a manner that falsely implies sponsorship or certification by that organization. Craniosacral therapists are honest in public statements. They do not compare their work to other practices in a way that is pejorative of other practices.
- C. Testimonials, reviews, websites, social media posts, podcasts, radio interviews, and other activities that publicize or promote a practitioner's services are considered to be advertisements. A Registered Craniosacral Therapist (RCST ® ) ensures that any advertisements they publish or public statements they make are: unsolicited, authentic,

unedited direct quotes that contain no false statements or claims to treat medical conditions.

- D. The education, training, and experience of the staff members are appropriately specified. Craniosacral therapists associated with the development or promotion of craniosacral therapy devices, books, or other products offered for commercial sale make reasonable efforts to ensure that announcements and advertisements are presented in a professional, and factually informative manner.
- E. Craniosacral therapists are guided by the primary obligation to aid the public in developing informed judgments, opinions, and choices.
- F. As teachers, craniosacral therapists ensure that statements in catalogues and course outlines are an accurate representation of the course that is offered.

---

## PRINCIPLE 5 – Confidentiality

- A. Information obtained in the classroom, clinic or consulting relationships or evaluative data concerning children, students, employees, and others, is discussed only for professional purposes and only with those clearly concerned with such and with the client's permission. Written and oral reports present only data germane to the purposes of the evaluation, and every effort is made to avoid undue invasion of privacy.
- B. Craniosacral therapists who present personal information obtained during the course of professional work in writings, lectures, or other public forums shall either obtain adequate prior consent to do so or adequately disguise all identifying information.
- C. All classroom processes are considered confidential and all staff, instructors and students shall honor and maintain the confidentiality of the classroom.
- D. Craniosacral therapists provide treatment only when there is reasonable expectation that it will be advantageous to the client.
- E. Craniosacral therapists respect the client's right to refuse, modify or terminate treatment regardless of prior consent given. Craniosacral therapists promote active verbal input by the client.
- F. Craniosacral therapists respect the client's boundaries with regard to emotional expression and beliefs.
- G. The same is true for teachers of craniosacral therapy and their students.

---

## PRINCIPLE 6 – Welfare of the Consumer

- A. Craniosacral therapists are continually cognizant of their own needs and of his/her potentially influential position with clients, students, and subordinates. They avoid exploiting the trust and dependency of such persons.
- B. Dual relationships are a fact of life, of community and of our ever shrinking planet. Craniosacral therapists make every effort to maintain healthy boundaries, to hold a safe container both in and out of sessions, and to maintain confidentiality. What happens in

the session stays between the people in the session. Finally Craniosacral therapists seek out ongoing support for difficult dual relationships.

- C. When working with minors or other persons who are unable to give voluntary informed consent practitioners take special care to protect these persons best interest.
- D. Sexual intimacies with clients are unethical.
- E. Craniosacral therapists have the right to refuse to attend prospective clients. Once a client is accepted, the craniosacral practitioner works with integrity and presence.
- F. Craniosacral therapists terminate a clinical, teaching, or consulting relationship when it is reasonably clear that the consumer is not benefiting from it. They offer to help the consumer locate alternative sources of assistance.

---

## PRINCIPLE 7 – Professional Relationships

- A. The BCTA/NA supports ethical relationships between teachers, assistants, students and clients.
- B. Teachers, assistants and students may work collaboratively to develop projects, create new tools for teaching, to develop media and written materials and other creative endeavors. These tools or projects remain the property of the individual who created them. That individual has the right to decide how the material will be used and shared with the rest of the community.
- C. BCTA/NA considers bullying, harassment of any kind, and intimidation breaches of ethics.
- D. A power differential can exist in many relationships i.e, between therapist and client, teacher and student, teacher and assistant and between any colleagues. RCST are responsible for being aware and for managing power differentials. This includes creating and maintaining a safe, respectful space for all participants and maintaining confidentiality.
- E. When anyone has knowledge or suspects that a breach of professional conduct may have occurred by a BCTA/NA certified therapist, a BCTA/NA teacher, or a BCTA/NA teacher's assistant , they are responsible for reporting it to the Board of Directors of the BCTA/NA.

---

## PRINCIPLE 8 – Sexual Harassment Policy

BCTA/NA and its approved teachers and members reaffirm their commitment to the maintenance of study and work environments free of inappropriate and disrespectful conduct of a sexually harassing nature. This includes all craniosacral therapists and their relationships with their clients as well as teachers, co-instructors, teacher assistants, students, administrative staff or others in a position of authority and power. Sexual harassment of any member of the BCTA/NA community by another or with any client or student of a craniosacral therapist is damaging and furthermore may be interpreted to be in violation of Canadian and American law.

It is the policy of BCTA/NA, that no member of the BCTA/NA community may sexually harass

another person. When anyone has knowledge or suspects becomes aware that an ethical violation may have occurred by a BCTA/NA certified therapist, a BCTA/NA teacher, or a BCTA/NA teacher's assistant, they are responsible for promptly reporting it to the Board of Directors of the BCTA/NA.

A person found to have violated this policy will be subject to disciplinary action which may include suspension or termination.

Complaints found to be motivated by the malicious intent of the person claiming to have been harassed rather than actual harassment will result in disciplinary action towards the accuser.

Sexual harassment refers to behaviors such as unwelcome sexual advances, requests for sexual favors, or other verbal (including innuendo) or physical conduct of a sexual nature. These behaviors can have the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile, or offensive working, clinical, or study environment. Sexual harassment may be imposed on a person in an unequal power relationship through abuse of authority but may also occur from friends and colleagues. Central to this concept is the use of implied rewards or threat of deprivation in a coercive attempt to solicit sexual attention.

Examples of sexual harassment include, but are not limited to:

- a. Making unnecessary physical contact including unwanted touching
- b. Saying or doing something because you think a person does not conform to gender-role stereotypes, physical characteristics or behaviors
- c. Using rude or insulting language including sex-related comments
- d. Unwanted sexual or relationship overtures including asking for sex in exchange for a benefit or favor
- e. Behavior which could be construed as intimidation or retaliation

---

## PRINCIPLE 9 – Complaint Policy

- A. An accusation of ethical misconduct can be potentially defamatory, especially if confidentiality is not observed and a person's reputation is unfairly damaged. Discussions, information and records related to complaints will remain factual and confidential.
- B. All documentation and details of ethics complaints will be kept securely by the Ethics Chair.
- C. Complaints shall be submitted in writing to the to the Ethics Committee of BCTA/NA and shall include the name, address and phone number of the person submitting the complaint.
- D. When there is a complaint against a member of the BCTA/NA community with respect to the Standards for Practice, Code of Ethics or any other matter, the BCTA/NA pledges to respond to that complaint without delay and in a spirit of fairness and compassion for all



parties. The BCTA/NA does not consider that punitive action is the most just or efficacious form of discipline, seeking rather to heal the dispute and find ways of resolving the conflict between the two parties. The BCTA/NA recognizes that competition, mistrust, or the spreading of rumors destroys the spirit of kindness and union which is the heart of any human association.

Whenever possible, students, staff and approved BCTA/NA instructors will be given a single warning verbally or in writing prior to an official notice of dismissal.