

ETHICS CODE of the CATHOLIC PSYCHOTHERAPY ASSOCIATION

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PREAMBLE

The Catholic Psychotherapy Association (CPA) presents the following Ethics Code as a set of ideals and standards for the conduct of its members. This Ethics Code is aimed at helping each CPA member apply and uphold the tenets of the Catholic faith to their professional work while establishing the highest level of professional conduct.

Identity as Catholic Mental Health Professionals and Affiliates

The CPA is inherently a Catholic organization. It, therefore, derives its most fundamental identity and guiding values from the Catholic faith, including all official teachings on faith and morals promulgated by the Magisterium of the Catholic Church.

As Catholic mental health professionals, we recognize that our work of clinical practice, education, and scientific research must draw life from and be deeply informed by our faith in Jesus Christ and His Church.

Members of the CPA are an interdisciplinary group of professionals forming a private association of faithful Catholics united by our desire for service and passion for education, research, and clinical care. We are a diverse group of individuals from all facets of psychology and psychotherapy, brought together by our shared interest in and compassionate support for clients, patients, students, supervisees, and consultees. We accomplish this work by teaching and practicing respect for the human dignity of all human persons.

We desire to foster and uphold a sense of community through Christ-like love, mutual professional courtesy, and support of each other's endeavors while valuing each other's contributions to the science of mental healthcare and education. We seek to avoid conflicts of interest and exploitation of others.

The Catholic Psychotherapy Association community conducts itself at the highest levels of professionalism, offering genuine respect for each other and our clients, patients, students, and consultees. Our diversity and communal respect for our different disciplines help us accompany others in alleviating suffering and fostering psychological well-being.

In our journey with Christ, under the guidance of the Holy Spirit, we strive to consult, refer to, and cooperate with our professional brothers and sisters in the Catholic Psychotherapy Association and any institutions we serve.



We are committed to nurturing and sustaining our individual and collective spiritual growth and advancing our professional excellence while holding each other accountable to ethical compliance and professional conduct.

Enforceability and Discipline

While the Preamble and Ethical Principles of the CPA Ethics Code are intended as aspirational guidelines in professional life, the Ethical Standards set forth enforceable rules for conduct as members of the CPA. These Standards are not exhaustive and are sometimes written broadly to encompass the diversity of CPA members who serve in varied roles.

CPA members or those holding CPA certification must comply with the CPA Ethics Code Standards. The CPA Ethics Committee may perform investigational or enforcement functions when needed. Members of CPA understand that if their professional license or certification has been revoked by any other professional organization or state board, their membership or certification status with the CPA may be revoked as well. Such a decision will be made according to the approved Bylaws of the organization.



Ethical Principles

The following Ethical Principles exemplify the foundation of the CPA Ethics Code. These broad ethical principles are based on CPA's core values. These principles set forth ideals to which all CPA members should aspire. Standards articulated in the CPA Ethics Code reflect and apply these core values.

Value: *Beneficence and Nonmaleficence*

Ethical Principle: *CPA members seek to advance the health and knowledge of those they serve while safeguarding against harmful practices in their professional roles.*

As Catholic Psychotherapy Association (CPA) members, we strive to glorify God in all things. Our dedication to Jesus Christ and His Church fosters excellence in service to others, ethical integrity in practice, teaching, research, and respect for everyone we encounter. We seek to promote the sanctity and defense of human life, the dignity of the human person made in God's image and called to communion with Him, the sanctity of marriage and family life, and the welfare of all members of the human family. In accomplishing this work, we seek to benefit those we serve and strive to do no harm.

Value: *Fidelity*

Ethical Principle: *CPA members are Catholic professionals faithful to Christ and His Church in their clinical and academic work and identity.*

CPA members seek to know, love, and serve God in all things, especially in the context of their vocation. As disciples of Jesus Christ, CPA members seek to embody the teachings of their faith in all they do. They place their allegiance to Christ and His Church as the highest and most important of their affiliations and seek to grow ever more faithful to His example and teachings in word and action.

Value: *Justice*

Ethical Principle: *CPA members seek justice in their work.*

CPA members seek truth, charity, and justice in their professional work. Justice is honored by speaking the truth about the world and events with charity. CPA members desire the just resolution of patient/student concerns and needs without personal agenda. They are encouraged to advocate for and promote the common good of the communities they serve and are willing to sacrifice comfort and personal gain to defend the truth and seek justice, which is to seek to render to each person what he or she is due.

Value: *Dignity and Worth of the Person*

Ethical Principle: *CPA members respect the inherent dignity and worth of the human person, created in God's image.*

CPA members treat each person, made in the image and likeness of God, in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. CPA members seek to enhance clients' capacity for openness to the action of grace and an encounter



with God from whom their identity is derived. CPA members promote their clients' self-determination and strive toward healing spiritually, physically, and emotionally.

Value: *Honoring the Body-Soul Union of the Human Person*

Ethical Principle: *CPA members recognize that the human person uniquely unites the spiritual and corporeal.*

CPA members acknowledge the human person as a body-soul composite, thus avoiding reductionist perspectives that deny the spirit-matter union. We believe the human person is essentially good in both body and soul. We affirm that the supernatural action of grace—poured forth by the Most Holy Trinity—is fundamental to human flourishing. We believe the natural law is written into God's design of the human person, which is ordered toward union with Him. This law written into man's heart leads to man's flourishing.

Value: *Integrity*

Ethical Principle: *CPA members strive to embody consistently high ethical principles in all areas of life.*

As followers of Christ, CPA members see their ethical conduct as inherently a part of their Catholic Identity. Therefore, they strive to conduct themselves in a professional and Christ-like manner in their work and personal lives. This includes following all just laws and ethical standards governing their professional activities. Additionally, CPA members act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.

Value: *Competence & Wisdom*

Ethical Principle: *CPA members practice within their areas of competence, develop and enhance their professional expertise, and always seek to align their opinions and judgments with the Wisdom of God expressed through Scripture, Tradition, and the teachings of the Catholic Church.*

CPA members continuously pursue professional competence and divine wisdom, enabling them to exercise right judgment in their professional work. This is achieved through ongoing professional development, dedication to personal prayer, continuous immersion in the Catholic faith, and collegial dialogue. CPA members continually strive to apply their growing wisdom to their professional work and aspire to contribute to the knowledge base of the profession and the continued integration of the spiritual and clinical work of healing.



Standards

Standard A: Responsibility to Clients

The primary obligation of CPA members is to respect the dignity and promote the welfare of clients, whether they are assisted individually, in family units, or in group treatment. CPA members guard the client's individual rights and personal dignity in the clinical relationship.

A.1 Avoiding Harm

CPA members act to avoid harming their clients, trainees, students, and research participants and to minimize or remedy unavoidable or unanticipated harm.

CPA members are aware of the closeness involved in a clinical relationship. They must maintain respect for the client by not engaging in activities that seek to meet personal or professional needs at the client's expense.

CPA members must ensure they do not engage in personal, social, organizational, financial, or political activities that might lead to misusing their influence.

CPA members will not encourage a client to take immoral action related to grave/mortal sin as part of a clinical treatment plan (i.e., promoting abortion, sexual sin, mutilation of the body, etc.).

A.2 Informed Consent

When clinical treatment is initiated, and throughout the treatment/evaluation process as necessary, clinicians will inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed. Limitations must be clearly indicated that might affect the relationship and any other pertinent information. CPA members must take reasonable steps to ensure clients understand the implications of any diagnosis, the intended use of tests and reports, benefits, risks, and methods involved in any proposed treatment.

CPA members clarify the boundaries of their roles in relation to those of other professionals and referral sources. Informed consent must clearly explain who the client is and who retains ownership or custody of clinical documents (psychotherapy notes or reports).



CPA members seek consultation with other professionally competent individuals to aid their work with clients. In observance of all applicable legal statutes, CPA members obtain informed consent (e.g., a signed authorization) from clients before releasing any of their protected health information.

A.3 Diagnosis of Mental Disorders

CPA clinical members take special care to provide proper diagnosis of mental disorders. Assessment techniques (including clinical interviews) used to guide client care (e.g., locus of treatment, type of treatment, recommended follow-up) are carefully selected and appropriately used.

A.4 Cultural Sensitivity

Holy Mother Church is universal in Her mission and reach. While affirming the unique individuality of the human person made in God's image and likeness, CPA members recognize and respect the culture of the individual, including his/her race, ethnicity, religion/spirituality, etc. These aspects of cultural diversity deeply inform the identity of the person and affect how clients' problems are defined and experienced. CPA members strive to be aware of their biases and their impact on their work. Cultural experiences and worldviews are considered when selecting and administering assessments, diagnosing mental disorders, conducting research on human subjects, and practicing therapy.

Considering patient sex, CPA members strive to remain informed of research related to clinical presentations and treatment needs associated with men and women. When adopting empirically validated treatment interventions and assessment standards, clinicians consider research on sex differences in their clinical work.

Additionally, CPA members affirm that man was created in God's image and likeness as male and female. CPA members endeavor to treat patients presenting as gender dysphoric with care and respect while remaining faithful to the reality of sexual dimorphism reflected in the created order.

A.5 Dual Relationships

CPA members having an administrative, supervisory, and/or evaluative relationship with individuals seeking clinical care must not serve as the clinician and should refer the individuals to other professionals. Exceptions are made only when an individual situation warrants clinical



intervention, and another alternative is unavailable. Even in such cases, CPA members seek consultation with other professionals, document their decision-making process, and take steps to minimize the risk of harm to clients. Dual relationships that might impair the CPA members' objectivity and professional judgment must be clarified, and/or the clinical relationship must be terminated and referred to another competent professional. If dual roles cannot be avoided, the CPA Member must inform the client of any potential harms or risks associated with the unavoidable dual role.

CPA members work within their professional competence and do not act in a dual role as a spiritual director and clinical care provider. Faculty instructors or supervisors do not take students or supervisees as clients.

A.6 Sexual Relationships

Sexual behavior with clients, students, or research participants is unethical. CPA members will never be sexually, physically, or romantically intimate with clients, students, supervisees, or subjects. CPA members will not engage, attempt to engage, or offer to engage a client in sexual behavior whether the client consents to such behavior or not. Sexual misconduct includes kissing, sexual intercourse, sexual touching, or digital exchange of sexually explicit content or communications by either CPA members or the client. CPA members will never engage in sexual or romantic behavior with clients during the therapeutic relationship or at any time after termination.

CPA members do not condone or engage in sexual harassment, which is defined as unwelcome comments, gestures, or physical contact of a sexual nature.

Standard B: Confidentiality

Client confidentiality is a bedrock ethical imperative for all mental health professionals. CPA members maintain client confidentiality in accordance with all applicable legal and ethical obligations.

In group treatment, clinicians clearly define confidentiality and the parameters for the specific group being entered, explain the importance of confidentiality and discuss the difficulties related to confidentiality involved in group work. The fact that confidentiality cannot be guaranteed is clearly communicated to group members. However, clinicians should give assurance about their professional responsibility to keep all group communications confidential.



B.1 Exceptions to Confidentiality

There are exceptions to confidentiality established by law. CPA members are attentive to the federal, state, provincial, and local legal statutes governing their professional work, which in some specified situations allow breaching confidentiality and, in other situations, require the professional to do so. Examples include the suspected abuse or neglect of a child or vulnerable (e.g., elderly or disabled) adult and situations in which there is imminent danger that the patient may cause serious harm to self or others. CPA members keep informed of and act in accordance with these laws. They also readily seek consultation with other professionals to ensure sound judgment in the face of such serious situations. For example, the decision to report to authorities should be taken only after careful deliberation, consultation, and, ideally, with the knowledge and involvement of the client unless contraindicated.

CPA members will not collude in hiding abuse of a child or vulnerable adult perpetrated by Church/religious representatives or clergy. They will abide by the applicable legal and ethical reporting laws.

When a client's condition indicates a clear and imminent danger exists to the client or others, CPA members must take reasonable action to inform potential victims and/or responsible authorities, according to their state laws. Consultation with other professionals must be used when possible. The action of reporting to authorities must be taken only after careful deliberation, and the client should be involved in breaking confidentiality if possible.

Standard C: Record-keeping

Clinical records, including but not limited to interview notes, test data, correspondence, audio or visual recordings, electronic data, and other documents, are considered private health information for clinical work. The records should be accurate and factual and are the property of the CPA members or their employers. The information contained in the records may not be released to others without the client's consent or when the clinician has exhausted challenges to a court order. CPA members are responsible for ensuring their employees handle confidential information appropriately, and confidentiality must be maintained during the storage and disposition of records. Records should be maintained for sufficient time according to state/provincial law.



CPA members must ensure that any data maintained in electronic storage is secure by using appropriate computer security methods which comply with applicable laws. The data must be limited to information appropriate and necessary for the services being provided and accessible only to appropriate staff members involved in providing services. CPA members must also ensure that electronically stored data is securely destroyed when that information is no longer of value in providing services or legally required to be maintained as part of a client's records.

Electronic communication with clients that contains protected health information must be appropriately encrypted according to all applicable laws. CPA members inform their clients in advance of the risks of electronic communication and their policies and procedures regarding such communication, including the methods used to protect confidentiality and security.

Standard D: Professional Competence and Integrity

CPA members practice within the boundaries of their competence based on their education, training, supervised experience, state/national/provincial professional credentials, and appropriate professional experience. Their professional work is scientifically supported and congruent with Catholic teachings. Each diagnosis, assessment, or treatment should be performed with prior training or supervision by their accrediting agency. CPA members are responsible for correcting any misrepresentations of their qualifications by others.

CPA members continuously strive to improve professional practices, services, and research and are guided in their work by evidence of the best professional practices. CPA members also recognize the need to seek continuing education to ensure competent services.

CPA members practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, CPA members take steps to ensure the competence of their work and protect others from possible harm.

CPA members recognize their limitations and will communicate this to clients immediately. When a CPA Member's level of competence does not afford optimal benefits to the client, the CPA Member shall, in a timely and efficient manner, recommend the client for referral to more appropriate therapeutic services.

Receiving treatment from a CPA Member is not a higher good than receiving the most appropriate clinical care for the treatment needs of the patient(s). CPA members will refer to



non-Catholic clinicians to secure the best care for their patients and to not violate the ethical expectation of practice within the boundaries of one's competency. Failure to do so invites harm to the patient and delays healing. Clients have a right to know their alternatives for care even if they are not Catholic-identified clinicians.

Standard E: Responsibility to Students and Supervisees

CPA members commit to supporting and maintaining an ethical learning environment for their students and/or supervisees. They mentor, teach, and coach their students and/or supervisees while modeling exemplary professional behavior. This professional expectation begins with an emphasis on maintaining confidentiality and ethical academic work.

CPA members commit to knowing and understanding their personal and professional competence, expertise, and limits. This clinical or professional competence is clearly communicated to potential students and/or supervisees. In addition, CPA members commit to keeping all education, training, and board certification(s) current, maintain liability insurance (if applicable), and inform students and/or supervisees of any changes in this status.

CPA members remain aware of their influential position as Supervisors or Professors and hold themselves to high professional standards, and adhere to their respective professional Codes of Ethics. CPA members refrain from engaging in a therapist role with their students and/or supervisees, avoid multiple relationships and exploitation, and do not engage in sexual intimacy with students and/or supervisees.

CPA members teach clear professional communication while supporting the development of students' and/or supervisees' competence and professional identity. Assessment of student and/or supervisee performance and benchmarks are clearly communicated prior to the initiation of supervision or academic work. Professors and/or supervisors clarify expectations related to tracking progress and the awarding of grades or clinical distinctions (i.e., candidacy). Professors and/or supervisors also outline the process for addressing concerns that may occur in the professional relationship with the professor or supervisor.

CPA members ensure their students and/or supervisees remain current in cultural/diversity education. Also, students and/or supervisees are directed toward training on both compliance with disability regulations and navigating legal/canonical documentation in their state or province.



Standard F: Consultation

F.1 Clinical or Professional Consultation

CPA members take reasonable steps to consult with other qualified clinicians, the CPA Ethics Committee, or related professionals when they have questions regarding their ethical obligations or professional practice.

CPA members avoid placing a consultant in a conflict-of-interest situation. Such situations may impair the consultant's objectivity and create unintended consequences for the patient. (e.g., In the case of consultation with a professional who may have decision-making authority over a patient.)

F.2 Institutional Consultation

Institutional Consultation refers to a voluntary relationship between a professional helper and a help-needing individual, group, social unit, or organization in which the consultant is providing help to the client(s) in defining and solving a work-related problem or potential work-related problem with a client or client system.

CPA members, acting as consultants, must have a high degree of self-awareness of their own values, knowledge, skills, limitations, and needs in entering a helping relationship that involves human and/or organizational change. The focus of the consulting relationship must be on the issues to be resolved and not on the person(s) presenting the problem.

In the consulting relationship, the CPA members and client must understand and agree upon the problem definition, subsequent goals, and predicted consequences of the interventions selected.

CPA members acting as consultants must be reasonably confident that they have the necessary competencies and resources to give the kind of help needed.



CPA members in a consulting relationship must encourage and cultivate client adaptability and growth toward self-direction. CPA members must maintain this role consistently and avoid becoming a decision-maker for clients or creating a future dependency on the consultant.

Products or services provided by CPA members through classroom instruction, public lectures, demonstrations, written articles, radio or television programs, online webinars/blogs, or other media types must meet the criteria cited in these Standards.

F.3 Tribunal Consultation

When a CPA member is asked to assist in the work of an ecclesiastical Tribunal (e.g., in marriage nullity cases, monitum (admonition) and/or vetitum (prohibition) and the request to approach the sacrament again), when not serving as a canon lawyer, they must first clarify their role and the specific request of the court. CPA members are reminded that tribunals are not always aware of the parameters and professional ethics of our licensure and may ask for us to go beyond our scope and ethics in giving our reports. Besides the clear standards of our professional practice, canon law also asks us to assist in giving these reports “based on the precepts of [our] art or science” (*Dignitas connubii*, Art. 203, §2). Therefore, tribunals ought to be gently reminded of these standards should they ask us to go beyond or to breach our professional ethics.

There are two types of expert opinions:

1. A *votum super actis* opinion, which is based solely on the expert’s review of the acts (or proofs) of the case, not to make a diagnosis but rather expound on the underlying issues as read in the file.
 - a. CPA members understand they will be merely offering an opinion based on the licensure, training, certifications, theories, and general knowledge and principles they possess.
 - b. CPA members merely offer an opinion on whether a psychological anomaly was present at the time of the wedding. This opinion is not a diagnosis with respect to the validity and sanctity of marriage.
 - c. CPA members offer opinions based solely on the materials provided by the Tribunal and have never met the Petitioner or Respondent.
2. A *relatio peritialis* or *perita* report requires the CPA member to be licensed as a psychologist, psychiatrist, or expert in another medical field (e.g., urology, gynecology,



pharmacology) and to make a direct examination of the party/parties involved. The Tribunal would be asking the expert to diagnose or confirm a diagnosis related to grounds of a lack of the use of reason, a grave defect of discretion of judgment, an inability to assume the essential obligations of marriage, or cases where a party is allegedly impeded from marriage due to impotence.

CPA members will attempt to communicate the parameters of their role with the Tribunal in writing if possible. Additionally, the Tribunal should clarify how the opinion will be communicated to the members of the Tribunal court, the Petitioner and Respondent, as well as any canonical advocates or other Tribunal personnel. Any additional follow-up communication with the Petitioner or Respondent should be clarified in writing.

Any associated compensation arrangements with the court should be outlined and agreed to before the start of work.

If meeting with the Petitioner or Respondent in order to generate a *perita* report, the clinician should provide informed consent, authorization to complete the assessment, and release of information to the court and/or canon lawyers. This has to be reconciled with the fact that, often, the party or parties may feel compelled to complete this assessment as part of the declaration of nullity process (mandated or not).

Moreover, once the report is released to the Tribunal, it becomes (in the mind of the Tribunal) their property as it constitutes evidence. Moreover, while the report may be released to those whom the party/parties designated it to be released to, should the case be appealed to the Appellate Tribunal Court in a given jurisdiction or even to the Roman Rota, as a matter of practice, your report will automatically be transferred with the Acts of the case to a whole new panel of Tribunal personnel in those second and perhaps third instance cases.

Any and all documentation and identity of Petitioners or Respondents reviewed by the expert/assessor should be held in confidence and secured according to expectations of confidentiality for the clinician's profession (respecting all release of information documents).

Any written opinions submitted should clearly list the documentation reviewed and any limits associated with the assessment (lack of access to collateral data for confirmation and or personal interviews with individuals involved).

Standard G: Research and Publications



The use of animal subjects in research will adhere to the standards proposed by the Committee on Animal Research and Ethics (CARE) of the American Psychological Association or other international professional association in the jurisdiction where the research is being conducted. The Guidelines for Ethical Conduct in the Care and Use of Nonhuman Animals in Research (APA, 2022) outlines the parameters for conducting research with animal subjects.

CPA members will adhere to applicable legal and professional guidelines on research with human subjects. In planning research activities involving human subjects, CPA members must be aware of and responsive to all pertinent ethical principles and ensure that the research question, design, and execution comply with any pertinent institutional or governmental regulations.

The ultimate responsibility for ethical research lies with the principal researcher, although others involved in the research activities are ethically obligated and responsible for their own actions.

CPA members who conduct research with human subjects are responsible for the welfare of the subjects throughout the experiment and must take all reasonable precautions to prevent any disproportionate or avoidable psychological, physical, or social harm to their subjects.

Regarding research with human subjects, CPA members do not compromise the welfare of their clients for the sake of a perceived scientific and/or professional gain. For example, CPA members who conduct clinical case studies ensure that the quality of treatment and the integrity of the clinician-client relationship are not harmed by their academic/research goals.

CPA members who conduct research must abide by the basic elements of informed consent:

- Fair explanation of the procedures to be followed, including identifying those which are experimental.
- Description of the attendant discomforts and risks.
- Description of the benefits to be expected.
- Disclosure of appropriate alternative procedures that would be advantageous for subjects with an offer to answer any inquiries concerning the procedures.
- An instruction that subjects are free to withdraw their consent and discontinue participation in the project or activity at any time.



When reporting research results, explicit mention must be made of all variables and conditions known to the investigator that may have affected the study's outcome or the data's interpretation.

CPA members conducting and reporting research investigations must be done in a manner that minimizes the possibility the results will be misleading.

CPA members who supply data, aid in the research of another person, report research results or make original data available must take due care to disguise the identity of respective subjects in the absence of specific authorization from the subjects to do otherwise.

When conducting and reporting research, CPA members must be familiar with and give recognition to previous work on the topic. All copyright laws must be observed, and full credit must be given to those to whom credit is due.

CPA members must give due credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed to the research and/or publication in accordance with such contributions. Student researchers are to be considered for joint authorship as well. The use of advanced narrative-generating software is acknowledged in the same way that other research software is credited.

CPA members must not appropriate, reproduce, or modify published materials or parts thereof without acknowledgment and permission from the publisher, except as permitted by the fair educational use provisions of the U.S. copyright law or other applicable international copyright laws.

CPA members should communicate to other clinicians/researchers the results of any research judged to be of professional value and not withhold any results that reflect unfavorably on institutions, programs, services, or vested interests.

CPA members must not submit the same manuscript, or one essentially similar in content, for simultaneous publication consideration by two or more journals. In addition, manuscripts that have been published either in whole or substantial part should not be submitted for additional publication without acknowledgment and permission from any previous publisher.

Any data derived from a client relationship and used in training or research shall be so disguised that the informed client's identity is fully protected. Any data which cannot be so



disguised may be used only as expressly authorized by the client's informed and un-coerced written consent.

Standard H: Telemental Health Clinical Services

The modality of care and the platform in which that care is provided must be consistent with the treatment needs of the client, current local laws/statutes governing technology-assisted services, and the standards of the professional's licensing body. CPA Clinical members must provide individuals receiving services via telemental health with proper informed consent regarding the limitations and risks of various forms of service provision and provide alternatives for care that are in the best interest of the client and the treatment plan. Clients who are better served by in-person or local options for care should be informed of alternatives available and the limitations and risks of remote or technology-facilitated options.

Technology-facilitated options should also seek to include both visual and audio features to capture as much data as possible during the therapeutic encounter.

CPA members should also complete training in telemental health practices if they provide such services.

The following issues, unique to the use of remote clinical work (telemental health), technology, and/ or social media, should be addressed in the informed consent process:

- telemental health credentials, the physical location of practice, and contact information;
- risks and benefits of engaging in the use of telemental health services, technology, and/or social media;
- possibility of technology failure and alternate methods of service delivery;
- anticipated response time;
- emergency procedures to follow when the clinician is not available;
- time zone differences;
- cultural and/or language differences that may affect the delivery of services;
- possible denial of insurance benefits; and



- social media policy.

Standard I: Professional Evaluations & Assessments

CPA members must recognize the limits of their competence and perform only those assessment functions for which they have received appropriate training and/or supervision.

CPA members who utilize assessment instruments to assist them with evaluation and/or diagnosis must have appropriate training and skills in educational and psychological measurement, validation criteria, test research, and test development and use guidelines.

CPA members must provide instrument-specific orientation or information to an examinee before and after administering assessment instruments or techniques so the results may be placed in proper perspective with other relevant factors. The purpose of testing and explicit use of the results must be made known to an examinee prior to testing.

When making statements to the public about assessment instruments or techniques, CPA members must provide accurate information and avoid false claims or misconceptions concerning the meaning of the instrument's reliability and validity or any results obtained.

CPA members must follow all directions and research procedures for selecting, administering, and interpreting all evaluation instruments and use them only within proper contexts.

An examinee's welfare, explicit prior understanding, and consent are factors used when determining who receives the test results. CPA members must see that appropriate interpretation accompanies any release of individual or group test data (e.g., limitations of instrument and norms).

Waivers for confidentiality or ownership of psychological reports for pre-employment or misconduct evaluations should be explicit, and the chain of custody made clear for the patient records. The patient should be given a reasonable understanding of the security of their psychological report, who has access to the report, what decisions will be made with the records, and how the records will be stored and protected by the third party.

Standard J: Financial Arrangements

Billing practices, rates, and estimated cost of services should be provided upfront before contracting for services. CPA members will communicate financial expectations in writing or posted electronically. Rates for services should be set at a fair and just wage.



CPA members will not engage in dishonest billing practices, bait & switch, financial exploitation or fraudulent practices, billing for services not rendered, or selling services not authorized or competent to provide.

Standard K: Advertising

In advertising services, CPA members must advertise in a manner that accurately informs the public of the professional services, expertise, and clinical techniques available.

K.1 Accurate Representation

CPA members claim or imply only professional qualifications completed and correct any known misrepresentations of their qualifications by others. CPA members truthfully represent the qualifications of their professional colleagues. CPA members clearly distinguish between paid and volunteer work experience and accurately describe their continuing education and specialized training.

K.2 Credentials

CPA members claim only licenses or certifications that are current and in good standing. Licensure and certification information should be clearly posted in marketing materials for clinical services.

The use of licensure information in marketing material and informed consent documents when offering non-clinical services like life coaching, spiritual direction, or mentoring is prohibited as it may mislead the public about the services being offered.

CPA members who practice clinical work such as psychotherapy and mental health evaluation maintain valid licenses in their jurisdictions, which are appropriate to their professional roles. CPA members do not adopt alternative non-clinical identities to nullify legal and ethical requirements of practice. Adopting a label such as unregulated “life-coaching” to avoid state/provincial licensure rules is prohibited. Mental health services offered must be marketed as such. Where a state, province, or jurisdiction regulates the title “pastoral counselor,” CPA members will abide by all rules and laws set by the state/provincial regulatory body.

K.3 Educational Degrees

CPA members clearly differentiate between earned and honorary degrees.



CPA members must make known their highest degree (described by discipline), type and level of certification and/or license, address, telephone number, office hours, type and/or description of services, and other relevant information on informed consent and marketing documents. Listed information must not contain false, inaccurate, misleading, partial, out-of-context, or otherwise deceptive material or statements.

K.4 Implying Doctoral-Level Competence

CPA members clearly state their highest earned degree in clinical training or a closely related field. CPA members do not imply doctoral-level competence when possessing a master's degree in clinical work or a related field by referring to themselves as "Dr." in a clinical context when their doctorate is not in a clinical or a related field. CPA members do not use "ABD" (all but dissertation) or other such terms to imply competency.

Professional identities and training must be clearly outlined in marketing materials and "informed consent/authorization to treat" documents. The use of "Dr." when not a clinical distinction of medical doctor or psychologist should be clarified to not mislead the public/patient/client as they seek services. Certain professional ethics codes prohibit the use of "Dr." in some instances where the patient may not have clarity on the qualification/training of their clinician.

K.5 Marketing and Detraction of Other Professionals

Using fear-based tactics to warn patients against seeking alternative treatment providers is unethical. This is especially true if detraction is used against non-Catholic or non-CPA members who may better meet the patient's clinical needs.

Standard L: Resolving Ethical Issues

CPA members are accountable at all times for their behavior. They must be aware that all actions and behaviors of a member reflect on the professional integrity of the organization and the profession at large.

CPA members must discontinue professional work in the event of physical or psychological impairment that would render them unable to perform their work in an ethical, competent, and safe manner. CPA members also have an obligation to address the professional impairment of others directly with that person for resolution. If the concerns are not



adequately addressed, the concerned professional must escalate their report of professional misconduct or impairment to the appropriate professional and regulatory body.

When a CPA Member doubts the ethical behavior of professional colleagues, they must act and attempt to rectify the situation. Such action uses the respective institution's (place of service provision) channels first and then follows procedures established by the perceived violator's professional code of ethics and this CPA Ethics Code.

Standard M: Spirituality in Clinical Work

CPA members honor the spiritual dimension of the human person. CPA members respect client freedom in accepting or rejecting the use of spiritual interventions in clinical work. Informed consent about the purpose and/or risks of any spiritual practices must be provided prior to the use of such interventions. Examples of spiritual interventions may include prayer in sessions, scripture quotations, the use of fasting in treatment planning, deliverance or spiritual warfare prayers, and/or spiritual interventions related to the healing of traumatic memories. Clinicians take care to ensure that spiritual interventions integrate with and do not replace evidence-based practices.

CPA members avoid creating dual relationships or blurring the boundaries between therapy and spiritual direction by practicing within their professional competence. CPA members refer clients in need of spiritual direction or other forms of pastoral care to persons or organizations competent to provide those services.

CPA members avoid spiritual practices condemned by the Magisterial authority of the Catholic Church, such as but not limited to the use of witchcraft, mediums, or clairvoyance. Additionally, they take caution to avoid the spiritualization of natural phenomena (and vice versa). When CPA members are unsure about the acceptability of an intervention in question, it is their responsibility to seek further consultation and/or supervision.

Standard N: Disciplinary Standards

Clinical membership in CPA requires adherence to the Ethics Code of CPA. Clinical Members state their agreement to abide by this code during membership renewal. Ethics complaints may be directly submitted to the Board. The Ethics Committee may be asked by the Membership Chair to consult on the relevant concerns and applicable standards. Clinical members are expected to cooperate with any ethics investigation or procedures as outlined by the bylaws of CPA. Failure to cooperate with this process is an ethics violation. The Membership Committee



will determine the appropriateness of continued or terminated membership or certification (as a CCP/C-CAP).

Standard O: Applicability to International Members

The Catholic Psychotherapy Association is an international professional organization. However, CPA was first organized in the United States of America. Due to the large representation of US clinical members, the Standards of the CPA Ethics Code are largely oriented toward norms of clinical practice, licensure, and educational regulations within the US. References to state and provincial or regulatory bodies like licensure boards may not be applicable to all professional identities in other jurisdictions outside the US. Therefore, this Ethics Code may serve as the foundational guardrail for clinical practice while references to statutory laws and licensure in this code will not apply in all cases.

References and Disclaimers

Reference documents, statements, and sources for the development of the Ethical Standards were as follows:

- American Counseling Association (ACA) Code of Ethics
- American Psychological Association (APA) Ethics Code
- National Board of Certified Counselors (NBCC) Ethics Information
- National Association of Social Workers (NASW) Code of Ethics
- Responsibilities of Users of Standardized Tests prepared by the Association for Assessment in Counseling (AAC)
- American Association of Christian Counselors (AACC) Code of Ethics
- The Guidelines for Ethical Conduct in the Care and Use of Nonhuman Animals in Research (APA)

The CPA Ethical Standards are not endorsed, approved, or in any way affiliated with any of these bodies:

- American Counseling Association (ACA)
- American Psychological Association (APA)
- Association for Assessment in Counseling (AAC)



- National Board of Certified Counselors (NBCC)
- National Association of Social Workers (NASW)

Other Resources:

- The Holy Bible, RSV
- Catechism of the Catholic Church and Social Compendium
- Papal New Charter for Healthcare Workers
- USCCB Ethical and Religious Directives for Healthcare
- Catholic-Christian Meta Model of the Human Person
- Book 6 Citation of Canon Law
- Dignitas Connubii

The Ethics Code of the Catholic Psychotherapy Association was developed by the Catholic Psychotherapy Association Ethics Committee in 2022 and 2023, with final committee approval on August 15th, 2023, the *Feast of Our Lady's Assumption*, under Her care and protection. Members on the committee were Shannon D. Mullen, Ph.D., CSAT-S (Chair, Board Member), John Vizza, MDIV, MCL, JCL, MS (Psy.) (Vice Chair), Jared Zeringue, LPC, Michelle Browning, LMFT-S, Richard Dell-Isola, Ph.D., LMFT-A, and Shane Gomes, Ph.D.

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