National Association of Catholic Chaplains
Standards for Ethics, Certification, and Renewal of Certification

Part One: Introduction

NACC Mission, Vision, and Values

Part Two: Standards for Ethics, Certification, and Renewal of Certification

100 Code of Ethics

200 Principles for Processing Ethical Complaints

300 Certification and Renewal of Certification of Chaplains

400 Certification and Renewal of Certification of Pastoral Educators/Supervisors

500 Accreditation by United States Conference of Catholic Bishops/Commission on Certification and Accreditation Programs (USCCB/CCA)

600 Standards for Specialty Certification in Palliative Care and Hospice

Part Three: Glossary
I. NACC Mission, Vision, and Values

Mission
The National Association of Catholic Chaplains advocates for the profession of spiritual care and educates, certifies, and supports chaplains, clinical pastoral educators, and all members who continue the healing ministry of Jesus in the name of the Church.

Vision
The National Association of Catholic Chaplains (NACC) is cultivating the ministry of chaplaincy and transforming spiritual care locally, nationally, and globally to faithfully reflect the healing presence of Jesus Christ by:

- Forming life-giving relationships with individuals, families, colleagues, and organizations;
- Advancing compassionate care through creative educational and spiritual growth opportunities;
- Promoting the dignity of persons of every age, culture, and state in life.

NACC is a light of hope, whose members are persistently advocating for those dedicated to the spiritual care of people experiencing pain, vulnerability, joy, and hope.

Values

\textit{DISCIPLESHIP}
Reflecting on and following the mission of Jesus in head, heart, and action.

\textit{INTEGRITY}
Living out the Gospel in all we do.

\textit{STEWARDSHIP}
Developing and utilizing wisely the gifts and resources entrusted to us.

\textit{COMPASSION}
Responding to the call of Jesus by sharing the suffering, hope, and joy of others.

\textit{INCLUSIVITY}
Welcoming, honoring, and fostering diversity that deepens our unity.

\textit{PROFESSIONALISM}
Providing competent and effective ministry within the field of spiritual care.

\textit{LEADERSHIP}
Collaborating to develop and nurture the necessary gifts for the direction of our ministry.

\textit{EMPOWERMENT}
Encouraging others to use their gifts within and beyond professional spiritual care.
The Code of Ethics for Spiritual Care Professionals:

101.1 gives expression to the basic values and standards of the profession;
101.2 guides decision-making and professional behavior;
101.3 provides a mechanism for professional accountability; and
101.4 informs the public as to what they should expect from Spiritual Care Professionals.

102 Preamble

102.1 Spiritual Care Professionals are grounded in communities of faith and informed by professional education and training.

Spiritual Care Professionals:

102.11 Remain proficient by regularly updating themselves in theology, enhancing professional competence, and growing in personal spirituality.

102.12 Promote ethical and moral values by following The Ethical and Religious Directives for Catholic Health Care Services.

102.13 Respect the primacy of conscience in themselves and in those they serve.

102.2 They are called to nurture their personal health of mind, body, and spirit, and be responsible for their personal and professional conduct as they grow in their respect for all living beings and the natural environment.

102.3 When Spiritual Care Professionals behave in a manner congruent with the values of this Code of Ethics, they bring greater justice, compassion, and healing to our world.

102.4 Spiritual Care Professionals:

102.41 affirm the dignity and value of each individual;

102.41 Honor all persons as being created in the image and likeness of God.

102.42 respect the right of each faith group to hold to its values and traditions;

102.43 advocate for professional accountability that protects the public and advances the profession; and

---

1 Spiritual Care Professionals is the term commonly adopted by the Spiritual Care Collaborative to include chaplains, pastoral counselors, pastoral educators, and students.
102.44 respect the cultural, ethnic, gender, racial, sexual orientation, and religious diversity of other professionals and those served, and strive to eliminate discrimination.

102.441 Respect diversity of age, national origin, and physical ability.

102.442 Refrain from using their position, influence, knowledge, or professional affiliation for unfair advantage or for personal gain.

103 Ethical Principles in Relationships with Clients

Spiritual Care Professionals understand clients to be any counselees, patients, family members, students, or staff to whom they provide spiritual care. In relationships with clients, Spiritual Care Professionals uphold the following standards of professional ethics. Spiritual Care Professionals:

103.1 Speak and act in ways that honor the dignity and value of every individual.
103.2 Provide care that is intended to promote the best interest of the client and to foster strength, integrity, and healing.
103.3 Demonstrate respect for the cultural and religious values of those they serve and refrain from imposing their own values and beliefs on those served.
103.4 Are mindful of the imbalance of power in the professional/client relationship and refrain from exploitation of that imbalance.
103.5 Maintain relationships with clients on a professional basis only.
103.6 Avoid or correct any conflicts of interest or appearance of conflicting interest(s).
103.7 Refrain from any form of sexual misconduct, sexual harassment, or sexual assault in relationships with clients.
103.8 Refrain from any form of harassment, coercion, intimidation, or otherwise abusive words or actions in relationships with clients.
103.9 Safeguard the confidentiality of clients when using materials for educational purposes or written publication.
103.10 Respect the confidentiality of information entrusted to them by clients when communicating with family members or significant others, except when disclosure is required for necessary treatment and granted by client permission, for the safety of any person or when required by law.
103.11 Understand the limits of their individual expertise and make referrals to other professionals when appropriate.

104 Ethical Principles in Relationships Between Supervisors/Educators and Students

Spiritual Care Professionals respect the integrity of students, using the power they have as supervisors/educators in responsible ways. Spiritual Care Professionals:

104.1 Maintain a healthy educational environment free of coercion or intimidation.
104.2 Maintain clear boundaries in the areas of self-disclosure, intimacy, and sexuality.
104.3 Provide clear expectations regarding responsibilities, work schedules, fees, and payments.
104.4 Provide adequate, timely, and constructive feedback to students.
104.5  Maintain a healthy respect for the personal growth of students, and provide appropriate professional referrals.

104.6  Maintain appropriate confidentiality regarding all information and knowledge gained in the course of supervision.

105  Ethical Principles in Relationships with Faith Community

Spiritual Care Professionals are accountable to their faith communities, one another, and other organizations. Spiritual Care Professionals:

105.1  Maintain good standing in their faith group.

105.2  Abide by the professional practice and/or teaching standards of the state/province, the community, and the institution in which they are employed. If for any reason a Spiritual Care Professional is not free to practice or teach according to conscience, the Spiritual Care Professional shall notify the employer, his or her professional organization, and faith group as appropriate.

105.3  Do not directly or by implication claim professional qualifications that exceed actual qualifications, or misrepresent an affiliation with any institution.

106  Ethical Principles in Relationships with Other Professionals and the Community

Spiritual Care Professionals are accountable to the public, faith communities, employers, and professionals in all professional relationships. Spiritual Care Professionals:

106.1  Promote justice in relationships with others, in their institutions, and in society.

106.2  Represent accurately their professional qualifications and affiliations.

106.3  Exercise good stewardship of resources entrusted to their care, and employ sound financial practices.

106.4  Respect the opinions, beliefs, and professional endeavors of colleagues and other professionals.

106.5  Seek advice and counsel of other professionals whenever it is in the best interest of those being served, and make referrals when appropriate.

106.6  Provide expertise and counsel to other health professionals in advocating for best practices in care.

106.7  Seek to establish collaborative relationships with other community and health professionals.

106.8  Advocate for changes in their institutions that would honor spiritual values and promote healing.

106.9  Provide other professionals with chart notes where they are used that further the treatment of the clients or patients, obtaining consent when required.

106.10  Communicate sufficient information to other care team members while respecting the privacy of clients.

106.11  Ensure that private conduct does not impair the ability to fulfill professional responsibilities or bring dishonor to the profession.

106.12  Clearly distinguish between statements made or actions taken as a private individual and those made as a member or representative of one of the cognate organizations.
107 Ethical Principles in Relationships with Colleagues

Spiritual Care Professionals engage in collegial relationships with peers, other chaplains, local clergy, and counselors, recognizing that perspective and judgment are maintained through consultative interactions rather than through isolation. Spiritual Care Professionals:

107.1 Honor all consultations, whether personal or client-related, with the highest professional regard and confidentiality.
107.2 Maintain sensitivity and professional protocol of the employing institution and/or the certifying organization when receiving or initiating referrals.
107.3 Exercise due caution when communicating through the internet or other electronic means.
107.4 Respect each other and support the integrity and well being of their colleagues.
107.5 Take collegial and responsible action when concerns about or direct knowledge of incompetence, impairment, misconduct, or violations against this Code arise.
107.6 Communicate sufficient information to other care team members while respecting the privacy of clients.

108 Ethical Principles in Advertising

Spiritual Care Professionals engage in appropriate informational activities that educate the public about their professional qualifications and individual scopes of practice. Spiritual Care Professionals:

108.1 Represent their competencies, education, training, and experience relevant to their practice of pastoral care, education, and counseling in an accurate manner.
108.2 Do not use any professional identification (business cards, letterhead, Internet or telephone directory, etc.) if it is false, misleading, fraudulent, or deceptive.
108.3 List and claim as evidence only degrees and certifications that are earned from educational institutions and/or training programs recognized by the certifying organizations of Spiritual Care Professionals.
108.4 Ascertain that the qualifications of their employees, supervisees, and students are represented in a manner that is not false, misleading, fraudulent, or deceptive.
108.5 Represent themselves as providing specialized services only if they have the appropriate education, training, or supervised experience.

109 Ethical Principles in Research

Spiritual Care Professionals engaging in research follow guidelines and applicable laws that strive to protect the dignity, privacy, and well-being of all participants. Spiritual Care Professionals:

109.1 Engage only in research within the boundaries of their competence.
109.2 In research activities involving human participants, are aware of, and ensure that the research question, design, and implementation are in full compliance with ethical principles.
109.3 Adhere to informed consent, including a clear and understandable explanation of the procedures, a description of the risks and benefits, and the duration of the desired participation.
109.4 Inform all participants of the right to withdraw consent and to discontinue involvement at any time.
109.5 Engage in research while being sensitive to the cultural characteristics of participants.
109.6 Maintain the confidentiality of all research participants and inform participants of any limits of that confidentiality.
109.7 Use any information obtained through research for professional purposes only.
109.8 Exercise conscientiousness in attributing sources in their research and writing, thereby avoiding plagiarism.
109.9 Report research data and findings accurately.
Standards
Part Two, Section 200
Principles for Processing Ethical Complaints

201 As spiritual care professionals from many faith traditions we recognize the infinite value of each person, and demonstrate respect for all living beings and the natural environment.

202 While our individual spiritual care organizations may configure specific procedures in different ways, we are all committed to accountability to the principles stated in this document. We strive toward the very best in our common calling as healers, as we steadfastly seek to confront ethical breaches as both challenge and opportunity. In so doing we seek to discover the true meaning of concepts like “faithfulness” and “justice”.

203 The principles of restorative justice should inform the lens and questions by which situations are addressed within each organization’s process of addressing ethical concerns. Restorative justice asks: Who has been hurt? What are their needs? Whose obligations are these? (Howard Zehr, The Little Book of Restorative Justice, 2002, p. 21)

204 It is with the above realization in mind that the following principles for ethical processes have been fashioned. They exist to serve two complementary purposes.

204.1 To provide our organizations and their members with procedures designed to support highly ethical behavior and a means to address breaches in the Code of Ethics.

204.2 To communicate clearly to the public at large the means by which we seek to fashion our ethical ideals into practical instruments of service.

205 Guiding Principles

Following is a general set of principles which should serve as the foundation for procedures for addressing ethical concerns.

205.1 Each process for ethical accountability shall be consistent with the adopted Code of Ethics.

205.2 Each organization shall administer its own procedures and impose sanctions, maintaining a commitment to respect for the dignity and well-being of each person involved in the process.

205.3 Each process should be based on transparency, and designed to encourage as much openness and communication as possible.

205.4 Each process will balance transparency and confidentiality. Maintenance of records will permit access to information and materials only in accordance with an organization’s policies.
Each professional organization’s framework within which to process concerns about ethical behavior of members should include the following:

206.1 Use of an accountability statement (with renewal subject to the discretion of each organization, e.g. annual renewal when membership is renewed).

206.11.1 Every certified member is required to sign and submit the NACC Ethics Accountability Statement at the time of certification and at each renewal of certification.

206.2 Structure for processing an ethical complaint.
206.3 Optional procedures for intervention before a formal complaint is filed.
206.4 Guidelines for filing a written complaint.
206.5 Guidelines for investigating a complaint which include:
   206.50 Notice of allegations to the person purported to have violated the Code of Ethics.
   206.51 Opportunity for that person to be heard in responding to the allegations.
   206.52 By an impartial gatherer of facts.
206.6 Guidelines for adjudicating a complaint after investigation, and a clear standard of review by which evidence will be evaluated by an impartial fact finder.
206.7 Guidelines for determining remedies and sanctions.
206.8 Guidelines for communicating a decision.
206.9 Guidelines for appealing a decision on the limited grounds within an organization’s policies.
206.10 Guidelines for processing an appeal and rendering a final decision.
206.11 Guidelines for monitoring and review of sanctions.
206.12 Guidelines for recruiting, training, and providing resources for Commission members.
Qualifications of Professional Chaplaincy

The candidate for certification must:

301.1 Provide documentation of current endorsement or of good standing in accordance with the requirements of his/her own faith tradition.

301.2 Be current in the payment of the professional association’s annual dues.

301.3 Have completed an undergraduate degree from a college, university, or theological school accredited by a member of the Council for Higher Education Accreditation (www.chea.org), and a graduate-level theological degree from a college, university, or theological school accredited by a member of the Council for Higher Education Accreditation. Equivalencies for the undergraduate and/or graduate-level theological degree will be granted by the individual professional organizations according to their own established guidelines.

*Graduate-level theological degree
The NACC defines a graduate-level theological degree as a graduate degree in theology, divinity, religious studies, pastoral ministry, pastoral studies, or spirituality.

301.4 Provide documentation of a minimum of four units of Clinical Pastoral Education (CPE) accredited by the Association for Clinical Pastoral Education (ACPE), the United States Conference of Catholic Bishops/Commission on Certification and Accreditation (USCCB/CCA), or the Canadian Association for Pastoral Practice and Education (CAPPE/ACPEP). Equivalency for one unit of CPE may be considered.

Theory of Pastoral Care

The candidate for certification will demonstrate the ability to:

302.1 Articulate a theology of spiritual care that is integrated with a theory of pastoral practice.

302.2 Incorporate a working knowledge of psychological and sociological disciplines and religious beliefs and practices in the provision of pastoral care.

302.21 Demonstrate an understanding of scripture, current theology, ecclesiology, sacramental theology, and Catholic Social Teaching.

302.3 Incorporate the spiritual and emotional dimensions of human development into the practice of pastoral care.

302.4 Incorporate a working knowledge of ethics appropriate to the pastoral context.

302.41 Demonstrate an understanding of The Ethical and Religious Directives for Catholic Health Care Services.

302.5 Articulate a conceptual understanding of group dynamics and organizational behavior.
303  Identity and Conduct

The candidate for certification will demonstrate the ability to:

303.1  Function pastorally in a manner that respects the physical, emotional, and spiritual boundaries of others.
303.2  Use pastoral authority appropriately.
303.3  Identify one’s professional strengths and limitations in the provision of pastoral care.
303.31 Demonstrate the ability to be self-reflective.
303.4  Articulate ways in which one’s feelings, attitudes, values, and assumptions affect one’s pastoral care.
303.5  Advocate for the persons in one’s care.
303.6  Function within the Common Code of Ethics for Chaplains, Pastoral Counselors, Pastoral Educators and Students.
303.7  Attend to one’s own physical, emotional, and spiritual well-being.
303.71 Articulate a spirituality grounded in a relationship with God, self, and others.
303.8  Communicate effectively orally and in writing.
303.9  Present oneself in a manner that reflects professional behavior, including appropriate attire and personal hygiene.

304  Pastoral

The candidate for certification will demonstrate the ability to:

304.1  Establish, deepen, and end pastoral relationships with sensitivity, openness, and respect.
304.2  Provide effective pastoral support that contributes to the well-being of patients, their families, and staff.
304.3  Provide pastoral care that respects diversity and differences including, but not limited to culture, gender, sexual orientation, and spiritual/religious practices.
304.4  Triage and manage crises in the practice of pastoral care.
304.5  Provide pastoral care to persons experiencing loss and grief.
304.6  Formulate and utilize spiritual assessments in order to contribute to plans of care.
304.7  Provide religious/spiritual resources appropriate to the care of patients, families, and staff.
304.8  Develop, coordinate, and facilitate public worship/spiritual practices appropriate to diverse settings and needs.
304.9  Facilitate theological reflection in the practice of pastoral care.

305  Professional

The candidate for certification will demonstrate the ability to:

305.1  Promote the integration of Pastoral/Spiritual Care into the life and service of the institution in which it resides.
305.2 Establish and maintain professional and interdisciplinary relationships.

305.21 Demonstrate the ability to build peer relationships for the purpose of collaboration and active participation in the creation and maintenance of a healthy work environment.

305.3 Articulate an understanding of institutional culture and systems, and systemic relationships.

305.4 Support, promote, and encourage ethical decision-making and care.

305.41 Demonstrate skill in facilitating decision-making based on an understanding of culture/ethnicity, gender, race, age, educational background and theological values, religious heritage, behavioral sciences, networking, and systems thinking.

305.5 Document one’s contribution of care effectively in the appropriate records.

305.6 Foster a collaborative relationship with community clergy and faith group leaders.

306 Requirements for the Maintenance of Certification

In order to maintain status as a Certified Chaplain, the chaplain must:

306.1 Participate in a peer review process every fifth year.

306.2 Document fifty (50) hours of annual continuing education. (Recommendation that personal therapy, spiritual direction, supervision, and/or peer review be acceptable options for continuing education hours.)

306.3 Provide documentation every fifth year of current endorsement or of good standing in accordance with the requirements of his/her own faith tradition.

306.4 Be current in the payment of the professional association’s annual dues.

306.5 Adhere to the Common Code of Ethics for Chaplains, Pastoral Counselors, Pastoral Educators, and Students.

307 Standards for Appeals of Certification Decisions

The individual seeking an appeal of a certification decision:

307.1 Has a right to a timely and complete review of a negative recommendation.

307.2 Has access to a certification appeals panel free from conflict of interest, and panel members shall not have participated in the original recommendation.

307.3 Submits a written request for an appeal based on the grounds that such recommendation was an alleged violation of the Standards and/or Procedures.

307.4 Accepts the decision of the Certification Appeals Panel as final and binding for the association.
401 Academic preparation for Clinical Pastoral Educators/Supervisors includes both: (1) an undergraduate degree from a college, university, or theological school accredited by a member of the Council for Higher Education Accreditation (www.chea.org) and; (2) a graduate-level theological degree from a college, university, or theological school accredited by a member of the Council for Higher Education Accreditation.

*Graduate-level theological degree*

The NACC defines a graduate-level theological degree as a graduate degree in theology, divinity, religious studies, pastoral ministry, pastoral studies, or spirituality.

402 Equivalencies for the undergraduate and/or graduate-level theological degree will be granted by the individual professional organizations according to their own established guidelines.

403 Clinical Pastoral Educators/Supervisors have achieved certification as pastoral educators/supervisors by the Association for Clinical Pastoral Education (ACPE), the Canadian Association for Pastoral Practice and Education (CAPPE/ACPEP), or the National Association of Catholic Chaplains (NACC).

403.11 Certification as chaplain is a prerequisite for achieving supervisory candidacy.

404 Clinical Pastoral Educators/Supervisors are certified as Chaplains, Pastoral Counselors, or Supervisory Candidates who have demonstrated pastoral competence according to the standards of the Association of Professional Chaplains (APC), the American Association of Pastoral Counselors (AAPC), the National Association of Jewish Chaplains (NAJC), the Canadian Association for Pastoral Practice and Education (CAPPE/ACPEP), the Association for Clinical Pastoral Education (ACPE) or the National Association of Catholic Chaplains (NACC). Pastoral competence includes demonstrated:

404.1 Personal integrity and pastoral identity.
404.2 Emotional and spiritual maturity.
404.3 Ability to form meaningful pastoral relationships.

405 Clinical Pastoral Educators/Supervisors maintain certification and active participation in their primary professional organization.

406 Clinical Pastoral Educators/Supervisors endorse and abide by the Common Code of Ethics for Chaplains, Pastoral Counselors, Pastoral Educators, and Students developed by the pastoral care cognate groups, and agree to self-report any breaches of this Code of Ethics to their primary professional organization.

407 Clinical Pastoral Educators/Supervisors value and demonstrate interdisciplinary collegiality.

408 Clinical Pastoral Educators maintain current and ongoing professional affiliation in good standing with a recognized faith group, to include:

408.1 Ordination or commission to function in a ministry of pastoral care and education.
Standards of Practice:

409.1 Theoretical Mastery as demonstrated by ability to:

409.11 Describe, with depth, diverse concepts from theology, educational theory, and the behavioral and social sciences, and to apply these concepts with sophistication in the practice of supervision.

409.12 Articulate and apply one’s theory of clinical pastoral supervision; which includes mutually congruent components from theology, the behavioral and social sciences, and educational theory.

409.121 Facilitate an awareness of the diversity of race, ethnicity, culture, and faith beliefs and practices for effective ministry.

409.122 Facilitate an awareness of the indicators of abuse and the policies for reporting allegations of abuse.

409.2 Integration of person and practice as demonstrated by:

409.21 Mature self-awareness, placing particular emphasis on power, authority, family history, and cultural context as these dynamics influence the practice of supervision and ministry.

409.22 Confident professional identity.

409.23 Relational clarity and authenticity in the ministry/supervisory encounter.

409.3 Competence in Individual Supervision as demonstrated by ability to:

409.31 Understand and evaluate student ministry through an awareness of the student’s personal story, religious history, and relational patterns.

409.32 Define and evaluate the student’s pastoral and personal resources including strengths and limitations.

409.33 Assist the student in developing a plan for learning and to evaluate the results of the learning process.

409.34 Supervise the student’s pastoral work with attention to patterns of personal and professional development.

409.35 Guide students in developing a pastoral identity that is congruent with their personhood, faith journey, and vocation.

409.36 Utilize diverse educational frameworks to assist students in the acquisition of pastoral skills and competencies, particularly those identified by the pastoral care cognate groups as core competencies.

409.4 Competence in Group Supervision as demonstrated by:

409.41 Knowledge and understanding of the principles of group theory, learning, and development sufficient to facilitate the development of group interpersonal interactions.
409.42 Ability to use a wide range of clinical education methods that will lead peer groups to use their responses to all the program elements as learning experiences.

409.5 Competence in Theology as demonstrated by ability to:

409.51 Articulate and integrate social justice issues within church, ministry, and institutional settings.
409.52 Articulate a pastoral theology congruent with pastoral supervision and education.
409.53 Guide students to make spiritual assessments, to reflect theologically, and to conduct worship services.
409.54 Integrate contemporary issues in ethics and morality of health care practices, specifically *The Ethical and Religious Directives for Catholic Health Care Services*, into instructional components of a CPE program.

410 Clinical Pastoral Educators/Supervisors demonstrate knowledge and understanding of the principles of institutional management and program administration, with emphasis on developing accredited clinical pastoral education programs. They employ the effective use of a wide variety of program resources and the standards that guide professional practice.

411 Clinical Pastoral Educators/Supervisors engage in ongoing personal and professional growth, peer review, and continuing education.

412 Clinical Pastoral Educators/Supervisors contribute to the development of the profession of pastoral care and education through methods congruent with their professional positions.

413 Clinical Pastoral Educators/Supervisors contribute to the institutional, local, regional, national, and global community in ways that are congruent with their professional positions. These avenues may include, but are not limited, to education and volunteerism.

414 Requirements for the Maintenance of Certification

In order to maintain status as a certified supervisor, the supervisor must:

414.1 Participate in a peer consultation process every seventh year.
414.2 Document fifty (50) hours of annual continuing education.
414.3 Provide documentation of current endorsement every seventh year.
414.4 Be current in the payment of the professional association’s annual dues.
414.5 Supervise two units of CPE in each seven-year renewal period, or participate in other CPE-related educational activities that demonstrate supervisory competencies.

415 Standards for Appeals of Certification Decisions

The individual seeking an appeal of a certification decision:

415.1 Has a right to a timely and complete review of a negative recommendation.
415.2 Has access to a certification appeals panel free from conflict of interest, and panel members shall not have participated in the original recommendation.
415.3 Submits a written request for an appeal based on the grounds that such recommendation was an alleged violation of the Standards and/or Procedures.

415.4 Accepts the decision of the Certification Appeals Panel as final and binding for the association.
Clinical Pastoral Education programs are accredited by the USCCB/CCA which serves as an accrediting commission of the United States Conference of Catholic Bishops.

The standards, policies, and procedures for accrediting Clinical Pastoral Education programs are contained in the USCCB/CCA’s *Accreditation Handbook for Clinical Pastoral Education Programs.*
Standards for Specialty Certification in Palliative Care and Hospice

Those seeking NACC specialty certification in palliative care and hospice are required to have current certification and be in good standing with NACC.

NACC Standards for specialty certification in palliative care and hospice are presented in the context of the National Consensus Project Clinical Practice Guidelines for Quality Palliative Care (3rd Edition) which includes a definition that characterizes palliative care in the United States, also used by the US Department of Health and Human Services (HHS) Centers for Medicare/Medicaid Services (CMS) and the National Quality Forum (NQF):

Palliative Care means patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social and spiritual needs and to facilitate patient autonomy, access to information and choice.

The following features characterize palliative care philosophy and delivery:

- Care is provided and services are coordinated by an interdisciplinary team
- Patients, families, palliative and non-palliative health care providers collaborate and communicate about care needs;
- Services are available concurrently with or independent of curative or life-prolonging care;
- Patient and family hopes for peace and dignity are supported throughout the course of illness, during the dying process, and after death.

NACC Standards for specialty certification in palliative care and hospice also draw from the National Hospice and Palliative Care Organization Competency Grid and both draw from and parallel the Standards set forth by the Association of Professional Chaplains Board of Chaplaincy Certification, Inc. Palliative Care Specialty Certification for Board Certified Chaplains. These Standards use Palliative Care and Hospice as the title of specialty certification, as hospice care is viewed as a specialized palliative care for terminally ill patients.

601 Theory of Pastoral Care Competencies

The applicant will demonstrate the ability to:

601.1 Integrate a theology of spiritual care into the practice of palliative and end of life care.

601.11 Articulate and/or facilitate discussions with the interdisciplinary care team and patient/families with regard to the theology of suffering, loss and pain as they relate to the practice of palliative and end of life care.

601.12 Articulate an understanding of the consensus definition of spirituality and its integration in palliative and end of life care. Spirituality is defined as, “the aspect of humanity that refers to the way individuals seek and express
meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and/or to the significant or sacred.” (NCP Guidelines)

601.13 Recognize spirituality as a fundamental aspect of compassionate, patient and family centered care that honors the dignity of all persons.

601.2 Incorporate a working knowledge of psychological and sociological disciplines and religious beliefs and practices in the provision of palliative and end of life care.

601.21 Provide examples of one’s ability to explore, document and communicate spiritual and existential concerns including, but not limited to life review, assessment of hopes, values, and fears, meaning, purpose, beliefs about afterlife, spiritual or religious practices, cultural norms, beliefs that influence understanding of illness, coping, guilt, forgiveness, and life completion tasks.

601.22 Demonstrate a working knowledge of how patients and families function as a system and how group relationships impact the practice of palliative and end of life care.

601.3 Incorporate the spiritual and emotional dimensions of human development into the practice of palliative and end of life care.

601.4 Demonstrate knowledge and skill in addressing ethical issues that arise in palliative and end of life care.

601.41 Understand the role of a chaplain on ethics committee or ethics consult team.

601.42 Understand the Ethical and Religious Directives for Catholic Healthcare Services as they apply to Catholic institutions and healthcare or home care settings.

601.43 Apply the Ethical and Religious Directives for Catholic Healthcare Services in the care of the seriously ill and dying, serving as an expert resource to patients, families and the interdisciplinary care team.

601.5 Incorporate a working knowledge of the unique aspects of group process and organizational behavior important to palliative care and end of life care.

601.51 Describe the role and responsibilities of the chaplain as an integral member of the interdisciplinary palliative care/hospice team, advancing excellence in spiritual care.

601.6 Integrate the history, philosophy, current research and goals of palliative and end of life care into practice.

602 Identity and Conduct Competencies

The applicant will demonstrate the ability to:

602.1 Function in a manner with patients, their families and the interdisciplinary care team that honors the dignity of all persons and the relevance of the spiritual, religious and existential dimensions of care in palliative and end of life care.
602.11 Act as a model and mentor for the interdisciplinary care team in respecting, exploring and communicating with patients and families regarding their beliefs and practices.

602.12 Facilitate the religious, spiritual and cultural rituals/practices desired by patients and their families – especially at/after the time of death.

602.2 Model appropriate pastoral leadership and articulate the unique professional role of the chaplain as a core member of the interdisciplinary care team.

602.3 Identify one’s professional strengths and limitations within the interdisciplinary care team.

602.4 Articulate how emotions, values and assumptions affect caring relationships.

   602.41 Understand and respect personal and professional boundaries.
   602.42 Model non-judgmental behavior and communication.
   602.43 Model the ability to maintain personal integrity while addressing the moral, ethical and existential challenges that confront patients, families and caregivers.

602.5 Advocate for the physical, psycho-social, spiritual and cultural needs of patients and families related to their goals of care.

602.6 Model healthy self-awareness, self-care and self-reflection both personally and professionally.

   602.61 Articulate one’s own spirituality, grounded in relationship with God, self and others in a way that respects patients, families and members of the interdisciplinary care team.
   602.62 Facilitate spiritual reflection and practices within the interdisciplinary care team.
   602.63 Demonstrate an understanding of when to seek help to avoid being overwhelmed, enmeshed or otherwise ineffective.

602.7 Provide educational programs for the interdisciplinary care team that facilitate a greater understanding of their role in addressing spiritual and existential issues frequently confronted by patients with life-threatening or serious illnesses and their families, including spiritual pain and distress.

603 Pastoral Competencies

The applicant will demonstrate the ability to:

603.1 Lead, teach and assist the interdisciplinary care team in integrating spiritual screenings, histories and assessments into their professional scope of practice to identify and relieve spiritual and existential suffering.

603.2 Respect the spirituality and beliefs of all members of interdisciplinary care team and contribute to the creation of a healing environment.

603.3 Provide opportunities to engage the interdisciplinary care team in self-care and self-reflection of their beliefs and values as they work with seriously ill and dying patients.
603.4 Mentor and model the inclusion of the patient and family’s spiritual beliefs and values in advance health care planning and goals of care conversations, patient/family conferences, support groups, and bereavement support.

603.5 Promote professional and institutional use of religious/spiritual symbols and language sensitive to cultural and religious diversity and support patients and families in their desires to display and use their own religious/spiritual and/or cultural symbols.

603.51 Lead and facilitate rituals for patients, families, community, and all levels of the organization.

603.6 Facilitate patient’s access to clergy, religious, spiritual, and culturally-based leaders, and/or healers in their own religious, spiritual, or cultural traditions.

604 Professional Competencies

The applicant will demonstrate the ability to:

604.1 Utilize a working knowledge of the key physical, psychological, and social issues/principles in palliative and end of life care sufficient to effectively communicate with other palliative care/hospice team members.

604.2 Keep current and participate in evidence-based, research-informed best practices in chaplaincy and spiritual care.

604.3 Integrate chaplaincy care into the organization through appropriate measures, such as policies and procedures, use of evidence informed spiritual screening, history taking, assessment, and documentation processes, and education of the interdisciplinary team about the role of the professional chaplain.

604.4 Demonstrate a working knowledge of the palliative care/hospice team model and the scope of practice of the interdisciplinary care team members and refer effectively to each.

604.5 Foster and enhance inter-professional and team relationships within all levels of the organization.

604.6 Demonstrate working knowledge of community resources, such as hospice and home care, as well as grief and bereavement services and be an advocate/resource for palliative care in the community.

604.7 Address and document spiritual/existential care needs, goals, and concerns identified by patients, family members, the interdisciplinary care team or other spiritual care professionals in accordance with established protocols, emphasized during transitions of care, and/or in discharge plans.

604.8 Participate in palliative care focused quality improvement projects.

604.9 Facilitate ethical decision-making for patients and families of diverse populations informed by the Ethical and Religious Directives for Catholic Health Care Service.
Graduate-level theological degree
The NACC defines a graduate-level theological degree as a graduate degree in theology, divinity, religious studies, pastoral ministry, pastoral studies, or spirituality.