



**BCTA/NA**  
**CORE CURRICULUM & COMPETENCIES**

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# Core Curriculum

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## Gratitude

Grateful appreciation to all who have contributed to this living document.

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## Statement of Intent

This document articulates the theoretical and clinical competencies by which RCSTs of Biodynamic Craniosacral Therapy (BCST) may be recognized by the Biodynamic Craniosacral Therapy Association of North America (BCTA/NA) as having met a qualifying standard for recognition as a Registered Craniosacral Therapist (RCST®).

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## This Document

- guides the design of BCST training programs by detailing the required competencies and currently agreed-upon foundation training parameters to ensure that students qualify for RCST standing. The material is presented in a manner that allows individual training programs and teachers the flexibility to design their course in alignment with their specialties and interests, while ensuring that the BCTA/NA core competencies remain the nucleus of the course.
  - offers a clear set of competencies and educational guidelines, enabling a variety of educational models leading to RCST qualification.
  - delineates the core competencies and definitions by which BCST can be distinguished as a profession.
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## Origins and Definitions

BCST is a healing art that works with the forces that create and maintain health in the human system. It has its roots in osteopathy and has evolved to include influences from advances in neuroscience, human development, prenatal and perinatal psychology, and trauma resolution. William Garner Sutherland, DO, was the originator of osteopathic work in the cranial field. He recognized a basic organizing principle that he called the Breath of Life, which orchestrates the ordering forces in our human system.

Additionally he identified one of the key expressions of the Breath of Life as “Primary Respiration,” observed as a subtle rhythmic movement throughout the living system. At its essence, the healing process is a function of Primary Respiration and its potency. The

cerebrospinal fluid (CSF) is believed to be the primary conveyor of this potency. This respect for CSF goes back to the founder of osteopathy, Andrew Taylor Still (1828-1917).

The action of Primary Respiration permeates the entire body's physiology. As biodynamic forces organize the dynamics of life more coherently, the human system expresses greater vitality, improved function, and greater ease of motion. While the healing process is a natural function, it can be supported when met in an appropriate relationship by a skillful RCST®.

The term "Biodynamic" was first used in cranial osteopathy by Rollin Becker, DO, a protégée of Dr. Sutherland. Dr. Becker recognized the inherent capacity of the Breath of Life to organize, protect, and heal the human system. The healing process helps the living system reorganize so it can express form, function, and motion with greater ease and balance.

Dr. Becker used the phrase, "Inherent Treatment Plan" to describe the unfoldment of the body's inherent wisdom, recognizing that the healing process is generated and governed by the Breath of Life and its potency. This means the RCST does not follow a set protocol, rather listens to and responds to the body's system priorities. Resolving inertial forces through the Inherent Treatment Plan helps to restore healthy function in human beings at all levels of experience, as well as providing relief from injury and pathogenic processes. As a therapeutic method, BCST is primarily oriented to allowing the Inherent Treatment Plan to arise in the client, following its directions and accompanying the client as their process unfolds.

Biodynamic craniosacral emerged from the foundations set forth by these osteopathic visionaries. Then, starting in the 1990s, Franklyn Sills expanded the original osteopathic practice to include the psycho-emotional dimension. He brought input from the fields of philosophy, prenatal and perinatal psychology, and trauma resolution. He also emphasized the impact of a clear relational field and the need to carefully negotiate touch.

Sills, along with many colleagues, have broadened the scope of BCST to incorporate ideas and observations from fields ranging from quantum physics to embryology. In this way, biodynamic craniosacral has become a unique discipline in the healing arts that is distinct from osteopathy and from other approaches to craniosacral. As an evolving therapeutic profession, there is an ongoing deepening and clarifying of this work. We are constantly honoring the subtle, respectful way we meet each individual being.

In the ongoing development of BCST, understanding the dynamics of Primary Respiration and its organizing forces has expanded to include: cognition, consciousness, psycho-emotional states, and spiritual unfoldment as aspects of human experience that have healthy patterns of expression oriented to natural fulcrums.

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## Core Principles of Biodynamic Craniosacral Therapy

Just as the midline is the organizing center of an individual, the core principles of this healing art serve as the midline for the integrity of both teaching and practice in this field. Principles do not seek to provide a broad explanation; instead they convey the fundamental basis from which a larger pattern of understanding can emerge.

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### Holism

The human system is a unified whole, complete in every moment of its existence.

*“We are whole from the moment we are conceived and, in this wholeness, we discover that our human system is unified and it is never fragmented. Fragmentation is an illusion, which the mind generates due to its tendency to focus on the results and effects of experience, rather than on the inherent forces that organize our mind-body process within the present moment.”* Sills, Franklyn. *Craniosacral Biodynamics*, Revised Edition, Vol. 1, p.8. North Atlantic Books.

Holism is best understood as a meta-principle — all the principles and clinical applications of biodynamic craniosacral are congruent with this primary principle. Holism is the recognition of the fundamental truth of how biological life operates — every being is complete in every moment; individual beings are, in reality, inseparable from the larger environment they inhabit. Life is seamless and without fragmentation. The RCST relates to individual structures and aspects of the human being as part of a unified whole. Rather than making adjustments between parts, the RCST orients to the whole system. This allows Primary Respiration to re-orient the system to its underlying health. Holism is the reason that when we touch part of the system, we are touching the whole of the system. Healing work in general occurs through greater relationship to wholeness, leading to greater systemic integrity.

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### Inherent Health

Health is always present and underlies all conditions.

A central tenet of BCST is that inherent health is always present in the system no matter what conditions or pathologies are also present. RCST awareness of Primary Respiration as an underlying expression of health is a key aspect of clinical practice. A key role of the RCST is to relate to this expression of health within the system, rather than orienting to patterns of discomfort, dis-ease, pain, and suffering.

Rollin Becker describes the universal forces of the Breath of Life as biodynamic forces. These are the forces in the human system and in all of nature that maintain order, integrity, and

homeostasis. These forces come into play for the human at the moment of conception. These are the forces that maintain health, organize the death and regeneration of cells, and orchestrate healing processes throughout life.

Conditional forces are the forces that are added to the system. These can include toxins, pathogens, the force of an accident, and physical or emotional trauma. The presence of conditional forces can limit or change the natural motility of fluids and tissues creating compensatory patterns.

It is the biodynamic forces that center the compensatory patterns to mitigate their impact on the system. It is the reason we can say that inherent health is always present even in the midst of disease.

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## Dynamic Stillness

*“A patient comes in with any given problem, and when I get through with the history — get through with the conversation that’s necessary to get them onto the table - I get my hands under the given area of problem and I try to be aware of stillness. Not a still point, but a stillness that is that individual. You can only be conscious of stillness, you cannot palpate stillness with your hands. The stillness is that which centers every molecule of being of that living body.”* Becker, Rollin E., DO. *The Stillness of Life*, p. 68. Stillness Press.

At the center of all motion is stillness. Stillness is not a lifeless state, dissociation, or even the active holding of inertia. What we call Dynamic Stillness is full of vitality. There is a radiance, a sense of aliveness. This stillness is ever present. The Breath of Life itself arises out of Dynamic Stillness to be expressed in Primary Respiration. Dynamic Stillness centers all conditional forces entering the human system. Thus even when disease is present, at the center of it all is stillness. In biodynamic craniosacral practice we use the conscious shifting of our awareness to this stillness as a therapeutic tool. An RCST rests in a sense of open awareness in stillness allowing for the inherent wisdom and coherence of the being to come to the fore.

The spontaneous presentation of stillness within a clinical session can come anywhere in the unfoldment of the session and with relative degrees of quietude. When the client’s system reaches the state of stillness, the RCST will often experience a depth of quietude within the RCST’s own being. When a client’s system deepens into stillness, the whole system can profoundly reconnect with the forces that create life and maintain health. It is from this stillness that re-orientation to health arises.

*“There is a relatable, potent, underlying field of stillness from which all phenomena arise. At the center of all motion is stillness. Motion arises from stillness. Stillness is the*

*ground of manifestation. Being with a person with a sense of open awareness in stillness allows for the inherent wisdom and coherence of the being to emerge... Stillness is a ubiquitous ground of emergence from which all phenomena arise and to which they return ... In the biodynamic context, the RCST learns to orient to this stillness, a state of openness and emptiness from which the Breath of Life emerges and healing intentions manifest.”* Sills, Franklyn. Foundations in Craniosacral Biodynamics, Vol. 1. North Atlantic Books.

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## The Relational Field

The phrase “relational field” refers to the quality and nature of the client-therapist interaction, which includes the whole of the people involved as well as the environment in which a session takes place. The total field of the therapeutic relationship is a co-emergent expression of the RCST and client, and it will vary from session to session based on the state of the participants. This is a two-way interaction where the RCST is able to listen and respond, creating a field of interaction. In the therapeutic context, the relational field is a metaphor for the interwoven conscious and unconscious processes constantly occurring between therapist and client. In BCST, we intend to create a clear and receptive listening field.

The primary pathway that the RCSTs develop their capacity to be present in the relational field is by awareness of their own unresolved issues so that these do not create confusion or interfere with a client’s healing process. This means over time, the RCST develops the capacity to recognize and transform any unconscious material that may interfere with their capacity to be present without judgment or expectations of the client. It also includes cultivating a depth of stillness and presence, and the ability to hold another person in an empathic and heart-centered field of awareness. In this way, the RCST can be present to the client from an embodied state of awareness and cultivated clarity, thus creating a stable field for the expression of the Breath of Life during the therapeutic session. This contributes to the client feeling safe, allows the person's system to settle and creates the conditions for the Inherent Treatment Plan to emerge.

One aspect of the therapeutic relationship is to educate clients about BCST. This supports clients to develop skills that augment their engagement with the healing process and their ability to integrate the changes that occur. Clients also develop their capacity to be present. This presence grounds healing and empowers clients to regain their ability to make choices about their health and well-being.

The trajectory for RCSTs in healing and integrating their own unresolved issues is unique, and the process of participating in a relational field with clients is an ever-evolving aspect of the therapeutic practice. Key elements within a training program are focused on developing RCSTs’

self-awareness and practical skills in navigating this process within themselves during their career.

We recognize that in teaching about this area, teachers bring a variety of perspectives, background, and experiences, and that, in turn, they also must meet the unique learning needs of their students. The primary intention for this skill is that new RCSTs cultivate an attitude that will lead to an ongoing engagement with the nature and value of the relational field as a core aspect of their practice of BCST. We recognize that the RCST skill of holding the relational field is a lifelong learning process.

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## The Inherent Treatment Plan

*“Inherent Treatment Plan: a term coined by Rollin Becker, DO, to orient practitioners to the knowledge that the arising and sequencing of what has to happen in any given healing process is a function of primary respiration, not of practitioner analysis, and will unfold in its own way.”* Sills, Franklyn. Foundations in Craniosacral Biodynamics, Vol. 1, p. 370. North Atlantic Books.

The Inherent Treatment Plan is a natural function of Primary Respiration, life’s intrinsic ordering principle. It relies on the underlying belief that the person’s system has an innate wisdom and knows exactly what is needed and in what order. Through this process, the whole system reorganizes into a higher state of coherency and congruence with the original matrix or blueprint.

This Inherent Treatment Plan is entirely choreographed by this intrinsic intelligence as healing decisions are made from within. The Inherent Treatment Plan is an expression of the forces of life and is not governed by the RCST. This plan is accessed when a holistic shift has occurred.

Holistic Shift, a term coined by Sills, refers to the shift in orientation of the client’s system from conditional patterns and nervous system activation to wholeness and Primary Respiration. A therapeutic gateway, the holistic shift requires deep settled attention from the RCST, client, and field. Rollin Becker encouraged practitioners to wait in a still receptive state until “something happens”. This “something” is a reorientation in the person’s system from the conditions present and all related patterns, to the resources of Primary Respiration. Inside a safe relational field, through resonance with the RCST’s presence and stillness, the client’s system can shift from disease and conditions to Primary Respiration and resources. The patterns disappear or sink into the background and the movement of Primary Respiration becomes more prominent and comes into the foreground. There is a sense of whole-body movement rather than separate parts. The body and biosphere is sensed as a unified tensile field. It is only as the holistic shift deepens that natural healing processes can begin to emerge. Some of these healing processes include: the resolution of inertial fulcrums through Becker’s three-stage process (seeking, settling, and reorganization); the system entering into stillness; augmentation of fluid drive and/or space; or

settling of nervous system activation. Integration is a key component of BCST. Taking the time to allow change to percolate through all layers of the body/mind, resting, understanding, appreciating the felt sense; all of this is integration. In order for lasting change to occur, we need to slow down and take the time and space to notice and digest the changes that have occurred.

The Inherent Treatment Plan is the primary therapeutic orientation of the RCST. The RCST's role is to listen fully to this wisdom, follow its instructions, and accompany the client during the process of reorientation to wholeness. The RCST supports the unfoldment of the body's natural processes through educated, attentive touch and presence.

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## Primary Respiration

As well as being a core principle, "Primary Respiration" is an organizing force. All living organisms display subtle rhythmic motion in a spectrum of frequencies. From single-celled protozoans to the most complex species, rhythmic motion, independent of nervous system control, is an essential feature. Dr. Sutherland called this polyrhythmic motion Primary Respiration. Also known as the Tide, Primary Respiration is an active expression of the field organizing health. In clinical work, the free expression of Primary Respiration correlates to areas of health within the system. Restricted expression of Primary Respiration correlates with areas of compromised motion, form, and function. The liberation of restrictions at all levels of being, and the return to the expression of Primary Respiration, is the essential result of the Inherent Treatment Plan.

Primary Respiration demonstrates multiple levels of resonance, distinguished by the frequency and quality of oscillation: groundswell and the three most commonly recognized frequencies of Primary Respiration that emerge from stillness.

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## Groundswell of the Breath of Life

The groundswell of the Breath of Life is a primary creative force that moves through everything and maintains the wholeness and interconnectedness of all that is. When client and RCST enter into a state of stillness, groundswell is sensed as a deep, slow impulse. There is a sense of being connected to all of creation. It is from this ground of oneness that specific expressions of Primary Respiration arise.

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## Long Tide

Long Tide is the formative level of Primary Respiration. Long Tide maintains the intelligence and creative intention of the Breath of Life, no matter what conditions are present. When we are orienting to Long Tide, we are not working with pathology, history or the conditions of physical

life. We are orienting directly to the creative intention of the Breath of Life. Long Tide connects us to the source of our creation. Its presence initiates healing processes, liberates inertial forces, and reorganizes the system. The presence of Long Tide offers the perspective of the greater whole and supports integration. Long Tide seems to come from afar, from the horizon to one's midline and back. Its presence can be sensed as a stable movement of 50 seconds inhalation and 50 seconds exhalation. We sense it also as a tidal body or field in which we are suspended in the vastness of space around a midline. When we feel Long Tide, we have a sense of our connection to the vastness of all creation.

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## Mid-Tide

Mid-Tide is the level at which there is an interaction between the creative intelligence expressed in Long Tide and the physical body. Long Tide generates potency within the fluids, allowing the creative intelligence to become embodied. Potency is the organizing force. Fluid is the medium of exchange. Cells and tissues organize around the action of the fluids.

Primary Respiration at the level of Mid-Tide can be sensed as a whole-body movement, as a tide-like longitudinal and transverse ebb and flow throughout the whole body. Mid-Tide can be sensed as a unified rhythmic movement of about 12-15 seconds of inhalation, rising and filling. And 12 -15 seconds of exhalation, movement downwards and settling towards the center. The body is experienced as a unified tensile field that expresses movement as a whole rather than as separate parts moving in relation to each other. In Mid-Tide, inertia and resistance in the body are sensed as distortions within the whole, rather than as asymmetry between parts. When we are orienting to Mid-Tide, we are witness to intention becoming form.

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## Cranial Rhythmic Impulse (CRI), also known as, Cranial Rhythm

The CRI is sensed as a faster movement of structures within themselves and in relation to each other. It is the expression of the Breath of Life in the physical body and individual structures. It is an unfoldment of Primary Respiration, having inhalation and exhalation phases. It is a reflection of these deeper forces. When the CRI activity comes to the fore, an RCST supports the client to cultivate a deeper felt sense or body awareness and supports the autonomic nervous system (ANS) to settle. The CRI rate commonly manifests at 8–14 cycles a minute and is variable.

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## Organizing Forces: Original Matrix

*“At the moment of conception, the Breath of Life generates a quantum field. This field is present throughout life and acts as an organizing force for all systems. This is referred to*

*as the Original Matrix or the Ordering Matrix. The Original Matrix is an intelligent, ordering principle. This field is active in every moment of life, organizing the system for optimal motion, form and function. Sutherland recognized that the information contained in this blueprint was transmitted to the body through the CSF and all body fluids.” Sills, Franklyn, Foundations in Craniosacral Biodynamics, Vol. 1. North Atlantic Books.*

The Original Matrix is an intelligent ordering principle. This field functions as a primal template that orders embryological development and maintains coherency in the body/mind system throughout life. Forces from the bioelectric field are stepped down through a process Sutherland called transmutation. Transmutation is a rhythmic exchange between stillness and movement. Sutherland hypothesized that the information contained in this blueprint was transmitted to the body through the CSF and all body fluids. The movement of the fluids directs the development and organization of form.

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## Midline

The midline is the energetic axis around which the body is organized throughout life. In clinical practice the midline serves as a point of reference. There are three aspects to midline: quantum, primal, and fluid.

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## Quantum

The quantum midline is at the center of the torus-shaped ordering matrix. It is perceived as an ever-present shaft of light shining through in the center of the body and extending above and below. It is through the quantum midline that potency is transmitted from the ordering matrix into the fluids. This is where form maintains connection to source. The quantum midline is a Long Tide phenomenon. Orienting to the quantum midline supports client and RCST to access forces that are beyond individual stories and conditioning. It orients and aligns the being with the source of creation. All other midlines are contained in, and relate back to, the quantum midline.

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## Primal Midline

The primal midline is expressed as a spiral-like uprising force sensed within the spinal axis and cranial base. After inertial fulcrums are resolved, Primary Respiration functions to realign cells and tissues to natural fulcrums along the midline. This allows the system to express new organization and greater ease.

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## Fluid Midline

The fluid midline is the organizing center of the fluid tide. It can be felt as a surge of potency within the cerebrospinal fluid core.

In summary, midlines maintain the coherence of the field they center. The quantum midline maintains the coherence of the ordering matrix. The primal midline maintains coherence of form. The fluid midline maintains coherence of the fluid body. The midlines are simultaneously present. Sensing the presence of midline forces gives information about the health of the system and a clear sense of the reorganization process.

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## Natural Fulcrums

A fulcrum is a place of stillness around which movement is organized. Potency is concentrated in a fulcrum and cells and tissues organize around this concentration. Natural fulcrums organize specific aspects of anatomy. Natural fulcrums orient the tissue field to the midline and to Primary Respiration. Each natural fulcrum is the ideal center of organization for a given tissue domain and its functions. As examples, the natural fulcrum within the sphenobasilar junction (SBJ) orients all bony organization and motility in the body to the midline; “Sutherland’s fulcrum,” located at the anterior aspect of the straight sinus, orients all membranes and connective tissues to the midline; and the lamina terminalis, or anterior wall of the third ventricle, organizes the motility of the central nervous system and orients it to the midline.

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## Inertial Fulcrums

Inertial fulcrums arise when external forces are introduced that are temporarily unable to be managed by the system. When a conditional force enters the system, potency locally coalesces to contain the conditional force and a localized inertial fulcrum is then generated. Inertial fulcrums maintain these unresolved forces in a contained area, a localized stasis field, until such time as the system can safely resolve these experiences. Natural fulcrums organize healthy metabolic fields. Inertial fulcrums organize compensatory patterns. Inertial fulcrums allow the system to maintain homeostasis no matter the circumstance, with the understanding that the body is always in balance despite compensations that are present.

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## Anatomy and Physiology

The study and understanding of the functional anatomy and basic embryology of the human body is essential to the clinical efficacy of BCST. Due to the depth and complexity of this field of study, one could devote one’s entire practice career to deepening the knowledge of anatomy,

physiology and embryology; and, more importantly, to the perceptual awareness of the body and its functional dynamics. The potential vastness of this study makes it important to set an attainable standard in the education of RCSTs, so as to build a foundation upon which lifelong study can find clear purpose and positive expression.

The main anatomical orientation in a biodynamic approach to craniosacral is to the organization and motility (intrinsic motion) of cells and tissues as a unified field. Motility can be understood as an inherent and holistic motion expressed in anatomy as it breathes through the cycles of Primary Respiration. Essential to all anatomical learning is having a felt sense of the pattern of motility of the various layers and aspects of anatomy.

One historic orientation to anatomy and physiology was defined by Dr. Sutherland when he described five interrelated anatomical/physiological functions of the Primary Respiratory Mechanism:

- Inherent fluctuation of cerebrospinal fluid;
- Motility of the central nervous system;
- Reciprocal tension membrane (RTM);
- Articular mobility of the cranial bones;
- Involuntary motion of the sacrum between the ilia.

The Primary Respiratory System is understood to be a continuous whole and to interface seamlessly with the whole of the body.

Anatomical concepts include:

- the connective tissue
- fluid fields of the body
- the skeletal structure
- neuroanatomy
- organs and visceral system
- joint dynamics

Physiological concepts include:

- psycho-neuro-immunology
- the functions of the triune autonomic nervous system
- secondary respiration and circulation
- digestion-assimilation-excretion
- metabolic function
- the reproductive system
- orientation and mobility of the spine and joints

- the structural dynamics of connective tissues.

Additionally, the study of the embryological origins of the body provides numerous useful insights into the motility and function of a fully developed human being.

This document recommends a generalized overview of study as described in the competencies section below. In this manner each teacher/training can go beyond this minimum requirement into areas of particular interest and expertise, and student practitioners in time will find their own areas of interest for future inquiry.

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## Scope of Practice for Biodynamic Craniosacral Therapy

The scope of practice for Biodynamic Craniosacral Therapy (BCST) is defined within the context of the core principles of BCST, as a specific discipline in the healing arts. The practice of BCST is specifically related to the Breath of Life expressed as Primary Respiration, the expression of ordering forces and its physiological relationships in the living system. As with any healing art, myriad expressions arise as RCSTs' other specialties influence their personal expression of the work. However, the core principles of BCST are those contained within this document. Practices from outside this specific domain are sometimes combined with BCST in integrative approaches used by some practitioners. This does not mean, however, that these other approaches are part of the therapeutic domain of BCST.

BCST has drawn from a wide variety of sources over the decades and has incorporated some of the leading-edge thought in therapeutic work. The influences of transpersonal psychology, prenatal and perinatal therapies, trauma resolution, and meditative practice have been important in the development of BCST. While these influences have been significant in some respects, it is noteworthy that:

BCST is not a psychological practice and is not a counseling approach, although RCSTs may engage their clients verbally at times. Psychotherapy and counseling are acknowledged as a different scope of practice pertaining to those with professional degrees in those disciplines.

When an RCST recognizes that psycho-emotional, behavioral, perinatal, traumatic, or other influences are beyond what they have been trained to handle, a referral is made to other advanced professionals with specialty training most relevant to the client's needs.

An RCST does not diagnose, treat, or prescribe. An RCST actively reflects, observes, and supports health to emerge.

Biodynamic touch does not manipulate or adjust structures.

We do not use mechanical devices or chemical interventions.

The professional practice of BCST is specifically defined as an orientation to the Primary Respiratory System, the underlying forces that maintain health and the wholeness of the individual. The RCST establishes a safe relationship and uses a sensitive, educated touch to support the natural healing processes that emerge within the person's system.

## Competencies

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### Origins and Definitions

- RCSTs demonstrate an understanding of the origins of the biodynamic craniosacral model.
- RCSTs recognize and articulate the distinction between BCST and other forms of craniosacral.
- RCSTs can define the terms Breath of Life, Primary Respiration, and the Inherent Treatment Plan.

### Inherent Health

- RCSTs recognize and relate to the health that is present at all times.
- RCSTs enter into a perceptual relationship with health.
- RCSTs recognize and differentiate the various dynamics of health in the process of a session such as the amplitude of Primary Respiration or the natural motility of the tissues.
- RCSTs can describe the significance of the various manifestations of health such as resilience in the nervous system, or cohesion in the field.
- RCSTs perceive the specific healing activity taking place within the various expressions of Primary Respiration such as stillness, augmentation of fluids, reorganization of fulcrums.

### Holism

- RCSTs recognize and relate to the wholeness of the client.
- RCSTs relate to the suffering and/or pathology of the client in the context of the person's intrinsic health and the system's inherent intelligence.

### Dynamic Stillness

- RCSTs maintain an open awareness in stillness in order to allow the inherent wisdom and coherence to emerge in a session.

- RCSTs experience Dynamic Stillness as the ground from which the healing intentions of the Breath of Life emerge.
  - RCSTs recognize various levels of stillness that arise and understand their significance.
  - RCSTs have experience with various depths of stillness within themselves.
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## The Relational Field

- RCSTs commit to their own healing journey as the root of working clearly within the relational field.
  - RCSTs have an understanding of the role and significance of the relational field in the practice of biodynamic craniosacral practice and can articulate this to their clients.
  - RCSTs recognize their own individual responses to being in the relational field with their clients, and seek appropriate support by receiving personal therapeutic sessions or professional supervision to work with their own unresolved inertial issues.
  - RCSTs are committed to the development of their self-regulation skills.
  - RCSTs demonstrate ongoing development of their capacity to co-create with the client a clear relational field.
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## The Inherent Treatment Plan (ITP)

- RCSTs recognize deepening levels of settling within themselves, the client's system, and the field.
- RCSTs have the ability to settle enough for a healing intention to arise from the client's system.
- RCSTs are able to set aside personal direction of the session and be guided by the ITP.
- RCSTs' verbal skills and pacing support the settling of the client and the emergence of the ITP.
- RCSTs orient to the ITP as the primary clinical practice in BCST.
- RCSTs are familiar with the process of the emergence of an ITP and can describe its progress in clinical practice.
- RCSTs can orient to the deepening of the holistic shift.
- RCSTs have an appreciation of Dr. Rollin Becker's orientation to the stages of healing process as: (1) seeking: where an inertial issue clarifies and the system seeks a state of equilibrium within and around it; (2) state of balance: where the system and the local inertial issue enter a deepening stillness and healing processes engage; (3) reorganization and realignment: where the organizational function of potency comes to the forefront and the system reorganizes and realigns to natural fulcrums and midlines.

- RCSTs support and appreciate the importance of integration throughout the session.
  - RCSTs recognize the organic completion of the ITP and honor this as the point at which they will end the session or offer a new contact supporting integration of the session work.
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## Primary Respiration

- RCSTs recognize and relate to the various levels of Primary Respiration within themselves and within the client's system.
  - RCSTs are grounded in their understanding of the relationship of Primary Respiration to health and dis-ease.
  - RCSTs demonstrate an understanding of the dynamics of Primary Respiration, including layers of the Tide and relationship to the motility of cells, tissues, and the whole of body physiology.
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## Organizing Forces

- RCSTs orient to their own as well as to the client's midline.
  - RCSTs can orient to the original matrix as a blueprint for health.
  - RCSTs recognize and relate to the various frequencies of the Tide.
  - RCSTs demonstrate a detailed understanding of the organizational dynamics of natural and inertial fulcrums.
  - RCSTs appreciate the three functions of potency: organizing, protecting, and healing.
  - RCSTs understand and sense natural and inertial fulcrums.
  - RCSTs recognize that specific aspects of past experience are organized around unresolved inertial fulcrums. Although originating in the past, these inertial patterns continue to remain active in the client's system.
  - RCSTs recognize the arising of traumatic history that may occur in a client's system.
  - RCSTs have appropriate biodynamic craniosacral and verbal skills in place to relate to these dynamics as they arise in session work.
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## Anatomy and Physiology

- RCSTs recognize the inherent unity of function of living beings.
- RCSTs cultivate an appreciation for the expression of the biodynamic forces of Primary Respiration and its potency within the living system.

- RCSTs study anatomy with an orientation toward the clinical relevance of their learning, in support of the unfoldment of the ITP.
- RCSTs demonstrate a depth of perceptual understanding of the organization and motility of tissues.
- RCSTs can articulate basic understanding of embryological development.
- RCSTs can name the historic five aspects of the Primary Respiratory System.
- RCSTs can relate to the whole human tissue system, including dural-to-fascial continuity, nervous system dynamics and relationships, fluid dynamics, visceral dynamics, and structural compensations.
- RCSTs demonstrate foundation level clinical competency in relationship to the following anatomical terrains:
  - the Primary Respiratory System,
  - connective tissue/fascia in general,
  - the fluid systems of the body, and the fluid body as a unified whole,
  - the visceral organs,
  - the nervous system,
  - the skeletal structure and major joints.

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## Scope of Practice

- RCSTs clearly represent BCST within boundaries of its Scope of Practice when discussing BCST with colleagues, clients, students, and the general public.
- RCSTs can articulate the theoretical and clinical distinctions between BCST and other therapeutic forms.
- RCSTs use only those therapeutic forms in which they have received appropriate training.

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## Palpation and Perceptual Skills

An RCST uses a gentle educated touch to sense the health of the client. An important goal of a BCST foundation training is to develop the following subtle perceptual RCST skills:

- Perception of the activity and functional dynamics of Primary Respiration and its potency;
- Awareness of arising healing processes and their various biodynamic expressions;
- Perception of the organization of tissues both locally and as a unified field;
- Perception of the expression and quality of tissue motility;

- Recognition of autonomic nervous system activation;
- Recognition of various levels of stillness, Dynamic Stillness, inherent health, and inherent intelligence.

In addition, BCST foundation trainings provide a ground and sense of direction that informs the ongoing cultivation of perceptual skills that continues after graduation.

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## Certification training consists of 700 hours of training

Classroom instruction: 350 hours

Home Study and Practical Application: 350 hours

- Sessions performed on practice clients outside of class. Practice clients are non-paying clients. One session equals one hour of work: 150 hours
- Sessions received from an RCST: 10 hours. Students may receive their sessions from any RCST. It is recommended that students receive sessions from at least three different RCSTs. When receiving sessions from the teaching team, the session provider will acknowledge the dual relationship.
- Independent project such as a research paper or equivalent demonstration of learning: 40 hours
- Required independent study (reading, drawing, etc.): 150 hours