Clinical Pastoral Education Is Evolving with an Intact Soul

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The shift from process-oriented outcomes to behavioral outcomes and indicators has created a stir in the Association for Clinical Pastoral Education (ACPE). These revised outcomes mark an evolution in how ACPE-certified educators guide students in the practice of CPE. Previously, Level I outcomes focused on CPE students' development of awareness about how one's history and beliefs impact one's functioning; how to give and receive feedback; how to use the action/reflection method of learning; and how to make an introductory visit. Currently, 1a and 1b outcomes are intentional precursors to spiritual care skill development. The new outcomes must be demonstrated behaviorally. These outcomes remain true to the processes of CPE while focusing earlier and more intentionally on spiritual care for those who are suffering. I believe this evolution is congruent with CPE's soul. In Anton Boisen's phrase "the living human document," the document was the care receiver, not the student.[1] The revised outcomes and indicators seek to equip the student to develop skills in the service of learning from and caring for the living human document, be that person a congregant, patient, prisoner, or community member.

However, the deeper question ACPE faces as an organization is whether we believe CPE can evolve or whether we believe the processes of CPE are sacred in and of themselves. Even if CPE processes are in some sense sacred, we need to ask whether they can be beneficially aimed toward outcomes designed to improve spiritual care. The first three categories for the revised outcomes and indicators adhere to dearly held values in CPE: Spiritual Formation and Integration; Awareness of Self and Others; and Relational Dynamics.[2] The expansion of the outcomes to include the category Spiritual Care Interventions, beginning with the first CPE unit, increases the likelihood that students will leave every unit of CPE with greater capacity to provide care for the suffering. And the Professional Development category ensures that CPE students understand early on that spiritual care is a profession and that they are learning the art and skills of that profession. The skill development that previously began in Level II CPE is not delayed until later units but begins immediately in entry-level CPE. This evolution of the CPE outcomes better serves students seeking to learn to offer spiritual care and better serves care recipients. In a column expressing her initial fear of the new outcomes, which she addressed by joining the group piloting the new outcomes, ACPE

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Certified Educator Lynne Mikulak wrote, "Likewise, all four students in my program (two completing their second unit at IB, one completing his third at IIA, and one completing her fourth at IIB) expressed moving through a similar range of fears and feelings initially, then into a 'sea change' of phenomenal skill development and learning."[3]

Education processes that help CPE students develop self-awareness and find their paths toward integration are essential to CPE. I believe these are the processes and values we hold as key to the soul of ACPE. The revised outcomes and indicators reinforce these CPE processes. At the same time, the revised outcomes also require students to demonstrate their ability to mindfully provide trauma-informed, culturally respectful spiritual care. Although CPE educators have long believed that greater self-awareness and integration result in better spiritual care, this assumption is sometimes accurate, sometimes not. Without requiring demonstration of growth in the student's spiritual care practice, this optimistic belief remains just that—an assumption. The concern that CPE is more focused on developing students' self-awareness than on developing quality spiritual care providers has led some to question whether CPE should continue to be the path to education for professional chaplains. This perception is well articulated in Massey's article pointing out that the needs for professional chaplaincy far exceed self-awareness.[4] Clevenger and colleagues make a compelling case that greater emphasis on the didactic element of CPE would lead to better preparation of chaplains.[5] In addition to didactic content, the newly revised outcomes seek to use CPE's experiential education processes to develop specific, demonstrable spiritual care skills for the care recipient. This means that outcomes for spiritual care CPE students would be congruent with the competencies for certified educator CPE students.

ACPE has evolved before. Every change in CPE in recent years has been met with the fear that CPE is losing its soul because we're making changes. As an action/reflection/new action education process, this concern raises the question of what solid, congruent evolution looks like for CPE. Odds are that many of us would not seek to return to 1967, the year ACPE was formed.[6] Those of us who are women, who are gay, who are Black or Hispanic or Asian, those who are not Protestant Christians, might all be glad for the logical expansion of ACPE to include our whole community. This was a major shift in identity for ACPE; this evolution came from those in leadership and in membership changing their minds about who should be included. Behavioral outcomes do not change the identity of CPE any more than the change to include a diverse membership changed the soul of CPE. Both changes are natural evolutions of CPE as our values encounter the need for application to new realities.

I have heard for several years now that the competencies, which are behavioral outcomes, set forth for certified educator CPE have moved us from integration to responding to a set of check boxes. I find this perception perplexing. The competencies

for certified educator CPE include elements requiring integration, requiring relationship development, and requiring person-centered development plans for certified educator candidates (CECs). These competencies are designed to lead to student-centered supervision for CPE students and groups. For example, in the Application and Integration section of Phase 2, this is one of the competencies: "P2.43—Integrates the clinical method of learning with the overall educational process and demonstrates the ability to guide students in their own learning trajectory."[7] This competency needs to be demonstrated by CECs in video-recorded supervision sessions or in narrative descriptions of their supervision. Clearly, the behaviors in the CEC competencies require the same intense engagement with self and with others that is the hallmark of CPE.

As we in ACPE shift focus to behavioral outcomes for spiritual care providers, we may have similar concerns that a shift to specific skills outcomes either reflects or will result in loss of the soul of CPE. If CPE seeks to develop spiritual care skills defined in behavioral outcomes, does that mean we are forsaking the individual development of students? If CPE is mainly about students' personal integration, it is not professional development for ministry. But if CPE aims for personal integration in the service of developing competent religious/spiritual/values care providers for the suffering, we need to be able to say what that can be expected to look like. We offer spiritual care and/or pastoral care and/or religious care and/or humanist care, and in all these clumsy attempts at language, we seek to deeply understand and serve the soul needs or the values needs of the suffering.

The shift to specific behavioral outcomes is not primarily about satisfying requirements for the United States Department of Education. The ACPE Workgroup appointed by the ACPE Board was tasked with updating the outcomes to reflect behavioral skills at least two years before the most recent mandate came from the Department of Education. Behavioral outcomes are a natural development of an action/reflection/new action experiential learning process that prompts us to prioritize those who need spiritual care. I was surprised, after many years of working with the Level I outcomes, to realize that only one outcome addressed the care recipient, and that one was about making a good introductory connection. Many CPE students will only take one unit of CPE. It makes sense to help students focus substantively on their care for those they are serving well before their second, third, or fourth units. CPE students will benefit from learning to have serious conversations that help the care recipient give voice to their hopes, needs, and fears early in the CPE process. CPE students will use the processes of CPE to develop skills equipping them to assess and serve different spiritual needs, including but extending beyond offering the essential gift of active listening.

The revised outcomes expand CPE's focus on self-awareness for students learning to provide spiritual care. In my first qualitative research study of supervisory

CPE (the nomenclature at the time), a research participant indicated that CPE students learning to provide spiritual care didn't need as much self-awareness as those learning to do CPE supervision. In the course of that research, I made a beginner's mistake that cost the study some wisdom. The research project was determining how CPE supervisors who were identified as the best in the country at providing supervisory CPE described their practices.[8] This is a brief verbatim from memory (the "researcher" being me):

> Researcher: What do you think is especially important in helping a CPE supervisory student learn to become a CPE supervisor?
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> CPE Supervisor: Self-awareness. I think the CPE supervisory student must have a much higher level of self-awareness than a CPE student in Level I or Level II CPE.
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> Researcher: I wonder what chaplains would think about that?
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> CPE Supervisor: That's all I'll say about that.

This study was about CPE supervisory education; since this quote and concept struck me as controversial and outside the scope of the study, I didn't include it. Now I wish I had asked why the supervisor thought that CPE supervisors need greater self-awareness than chaplains or other spiritual care providers. As it was, I immediately betrayed my bias that I didn't think they do. Now I would say that providing spiritual or values care to those who are suffering requires self-awareness well beyond not imposing one's own beliefs. Spiritual care requires CPE students to learn to deeply listen to the one receiving care and to have the presence of mind to know what kind of patient-centered or congregant-centered response to offer. Furthermore, if one is a chaplain, one must have the capacity to translate the patient's and family's spiritual needs and resources to other members of the interdisciplinary team, some (all?) of whom will have their own religious/spiritual/humanist conscious and unconscious biases.

In 2016, I led a team of CPE supervisors—Rod Seeger, Johnny Bush, Sheryl Lyndes Stowman, and Chuck Orme-Rogers—in a research project defining behavioral outcomes for CPE supervisory candidates based on descriptions of behaviors that led CPE certification commissioners to vote to certify at the associate level. I believe this part of the paper and the participant quote at the end are pertinent to this shift to CPE behavioral outcomes for spiritual care provider students:

> The themes identified from the interviews . . . offer practical content for the focus of educating SESs [supervisory education students—the nomenclature at the time]. In any recorded session of individual or group supervision, much happens that could foster conversation and learning between an SES and her/his supervisor. Knowing that these behaviors mark the successful completion of

Supervisory Education may provide guidance for the focus of the SES's supervision.

The behaviors stay true to two of the philosophies from CPE's roots. The attention on exploration of personal history, faith, culture, and experience reflects the importance Anton Boisen and Helen Flanders Dunbar placed on personal experience in the Council for Clinical Training. The attention on skill development for spiritual care competence reflects the emphasis of Richard Cabot in the Institute for Pastoral Care. . . . These two foci remain in creative tension in ACPE in education for spiritual practitioners and for supervisors. As the results of this study show, at times SESs do not make the connection between self-understanding and the practice of supervision, and they do not help their students make the connection between self-understanding and the practice of ministry. Several commissioners voiced the concern offered in this participant comment:

I think some of us can get distracted and sort of absorbed in the psychological or the sociological but the bottom line is, is the CPE student developing his or her pastoral identity? Is the CPE student developing his or her competency as a spiritual caregiver? Frankly, a lot of [SESs] have a hard time articulating that at the Associate level.[9]

The revised outcomes' emphasis on cognitive preparation for spiritual care providers is reminiscent of the change in 1981 to include theory papers in the preparation for CPE supervisors.[10] A qualitive research study of how newly certified associate supervisors learned the art and skill of CPE supervision resulted in nine processes.[11] One of the key processes was "Discovering and using theory." ACPE would be wise to help CPE students learning spiritual care to likewise understand what theory is and how to use it. This is an important addition to the new outcomes. Integrating cognitive and emotional processes into spiritual care is not only a good idea in experiential learning offered by CPE; it's required for board certification of professional chaplains.[12]

Having developed an accredited CPE center in a congregation, I can well imagine that CPE students in congregational, community, and prison settings would also benefit from learning theories about conflict engagement, group dynamics, implicit and systemic bias, and so much more. Theories in CPE for spiritual care providers could be chosen with or by the student based on the student's anticipated context. Spiritual assessment capabilities would be highly useful for spiritual care providers in any context.

Applying beloved processes, texts, and traditions to emerging realities is not unique to CPE. I have been in the process of doing an institutional review board–approved research study seeking to improve religious, spiritual, and humanist literacy in chaplaincy education. This study is supported in part by one of the ACPE Innovation in Spiritual Care and Research grants. In the context of my study, I have had the opportunity to interview leaders and members from several traditions about how their beliefs and practices help those in their communities find meaning, cope with suffering,

and make medical decisions. In conversation with a consultant to my project, I learned about an Orthodox rabbi who had written the *Jewish Guide to Practical Medical Decision-Making*, Rabbi Dr. Jason Weiner.[13] Weiner has done an impressive job of showing how Jewish law and rabbinic authorities help Orthodox Jewish patients and families navigate complex medical questions that are not addressed in the Torah. Weiner explains he is not providing the definitive Jewish answer to difficult questions but showing how such questions may be addressed. He provides multiple answers from highly respected Jewish authorities regarding patient situations, including but not limited to abortion, brain death, prayer at the end of life, and organ donation. Weiner demonstrates that Jewish law, deeply understood and carefully interpreted by well-informed rabbinic scholars, can guide contemporary medical decision-making.

A similar practice happens in Islam. While the Qur'an does not speak directly to modern medical situations, there are certified bodies of Islamic scholars offering authoritative opinions, or fatawa, helping Muslim people understand what Islam allows them to do in specific situations of medical decision-making. A recent article describes this process in action: "This paper uses clinical scenarios to review key relevant principles of Islamic law, discussing the primary and secondary sources used in formulating fatawa, including the Quran, hadith, qiyas, and 'urf,' and the importance of preservation of life and upholding of human dignity (karamah)."[14] I offer these examples to show that in these ancient traditions with devout believers, the wisdom of the faith is being applied to new realities.

When I was discussing the revised outcomes with a friend who is a retired CPE supervisor (he retired before the change to the name certified educators), my friend asked, "What theological reflection have you done on this process?" Here, then, is my personal theological reflection. I am a United Church of Christ minister, so my reflection is based in the Christian tradition. In 2018, I went on an ACPE-sponsored journey to Israel led by Marc Medwed, associate executive director of ACPE. Our excellent tour guide Josh began our gathering by asking if those of us who were Christian (as far as I know, everyone except Marc and Josh) knew why we were there. Josh explained how close we were to Joppa, and how it was that on the rooftop in Joppa, the disciple Peter had a religious experience that led him to understand that the message of Jesus was not just for Jewish people but also for Gentiles. In this story in Acts 10 in the New Testament of the Christian Bible, the disciple Peter is praying and becomes aware of his hunger. He has a vision of a sheet opening on the rooftop filled with food that is forbidden to him by his faith. A voice he understands to be God's says, "Take, eat." Peter vigorously refuses to eat this unclean food based on his dedication to his faith. This vision happens three times. After the third time, God says, "Don't you say something is dirty when I have said it is clean." Immediately, a Gentile comes to the house in Joppa to seek to join the new Christians. In this vision, Peter understands God to be changing one of God's laws and opening the way for the gospel to include

Gentiles. I understand this story may be offensive to my Jewish colleagues, and for that I apologize. As we all know, many Christians went on to be horribly oppressive to Jewish people. I don't blame God for that but evil people. I tell this story for the purpose of saying that, based on my faith tradition, I believe in continuing revelation. To me this means that God can lead people in new ways that expand their understanding. I believe this is what the revised outcomes and indicators seek to do in the context of CPE.

The reason outcomes are so important in CPE is that curriculum is built on outcomes. CPE outcomes tell students what they can expect to learn, and they tell certified educators what accreditation requires them to address. The Outcomes Workgroup has undertaken a daunting task. The workgroup has offered a strong beginning that will serve us as we experiment with the revised outcomes and indicators. This evolutionary process has been and needs to continue to be an ongoing conversation within ACPE, as befits an organization committed to the action/reflection/new action approach to learning and development. The soul of CPE, strong and courageous, experiential and reflective, remains intact as we develop from our deep roots into our next iteration of preparing students for spiritual care.

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NOTES

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