

SECTION III

SCHS

EDUCATIONAL

RESOURCES

III. EDUCATIONAL RESOURCES

303.4 – Supervisory Team: ACPE Supervisor and Affiliated Supervisor’s

This SCHS currently has three ACPE Supervisors, a NACC Supervisory, and a Student in Supervisory Education working as the supervisory team. In case of inability of a supervisor to complete a unit of training, one of the members of the supervisory team listed below would assume responsibility for the completion of a unit of ACPE training. The PAG would work with the supervisory team and medical center administration to hire a certified supervisor and/or establish direction for the future.

The Rev. Robert J. McGeeney, Jr., D.Min. is an ACPE Supervisor. Bob holds a BA Degree from Chapman University, a M. Div. from Fuller Theological Seminary and a D.Min. from Faith Evangelical Lutheran Seminary. He is an American Baptist Churches, USA professional church leader, who was ordained in 1978 and endorsed in 1981. Bob has been a certified ACPE Supervisor since 2003. His professional experience includes serving as assistant/associate pastor in two congregations and the senior pastor in two congregations. He retired from the United States Army Reserve as a Chaplain (Major). He is a board certified chaplain with the Association of Professional Chaplains.

Rev. Archpriest Vasyl Marchak, Ph.D. is a NACC Supervisory Candidate. He completed his M.Div. at Odessa Theological Seminary in Odessa, Ukraine, and a M.A. and Ph.D. of Ecclesiastical Law from Gregorian University, Institute of Law, Rome, Italy. He was ordained into the Catholic Diocese of Ivano-Frankivsk, Ukraine. He did his ACPE training at Akron General Medical Center, Akron, Ohio and his supervisory education with the Sisters of Charity Health System. He is presently serving in the Catholic Archdiocese of Pittsburgh, Pennsylvania.

Sr. Mary Rae Waller, OP is an ACPE Supervisor. Mary Rae holds a BA Degree from Barry University (Miami, FL), a MA in Government from University of Virginia, and a MA in Religious Studies from The Catholic University of America. She entered the Sisters of St. Dominic, Adrian, Michigan and professed final vows in 1968. Mary Rae has been a certified ACPE Supervisor since 1994. Her professional experiences include serving as Director of Pastoral Care and ACPE in a long term care nursing facility within the South Carolina Department of Mental Health; night chaplain for Providence Hospital; a faculty member of the SCDMH Academy for Pastoral Education, Midlands Area Program, where she did her ACPE training; pastoral minister in two parishes. Mary Rae was a founding staff member of NETWORK, a religious lobby for social justice legislation; and a teacher elementary through senior high levels. She is presently serving as a chaplain in the Pastoral Care Department of the Sisters of Charity Providence Hospital in Columbia, South Carolina.

Rev. Verlin (Lin) E. Barnett, Jr. is an ACPE Supervisory Lin holds a BA from Furman University, in Greenville, South Carolina and a M. Div. from Southeastern Baptist Seminary, in Wake Forest, North Carolina. He was ordained in the Southern Baptist Church in 1962 and transferred his standing to the Disciples of Christ Church in 1996. Lin has been certified as an ACPE Supervisor since 1969. His professional experience includes serving as pastor and Director of Pastoral Care. He is semi-retired after serving as the Director of Spiritual Care for twenty four years. He is a board certified chaplain with the Association of Professional Chaplains, a Fellow with the American Association of Professional Counselors and a State of Ohio Licensed Professional Clinical Counselor. He currently serves as an educational site Supervisor in Akron, Ohio.

III. EDUCATIONAL RESOURCES

308.5 - Action/Reflection Model of Learning

Learning pastoral care involves several different forms of education. It may include the traditional classroom model, self-directed and recommended reading, non-directed open group process and hands-on, experiential and relational learning. Elements of each of these models are incorporated into the educational program in pastoral care in the SCHS ACPE Program. **(Standard 308.7)**

We begin with the assumption that every student is an adult learner. This means several things. It means that for most adults learning is life centered. It relates to every day situations, not abstract subjects. It also means that adult learning is self-directed. Adults want to be partners, mutual learners with the teacher. This means that each individual is motivated to learn based upon her/his own self-interest. As an example, a person may need ACPE in order to finish seminary, to meet the requirements of the denomination, to apply for certification as chaplain, or in order to get a job. At the same time, the student may have a more personal and specific goal in mind when pursuing education through ACPE. For this reason group consist of lay persons with minimal formal theological training as well as ordained persons with years of ministry experience. To meet the varied needs, students develop their own learning goals and establish a learning community that often includes persons in both Levels I, II or Supervisory education programs.

In forming the learning covenant together with the ACPE student, the ACPE Supervisor strives to help the student identify those particular areas of interest. This approach is process based because so much depends upon what the individual student brings to the program, including the student's personal journey, his struggles, her successes, the religious tradition, pastoral formation. At the same time, the ACPE Standards operate as a guide towards what may be considered a practical and realistic set of goals within the ACPE context. **(Standard 304.8 and 308.6.1)**

ACPE program planning is predicated on flexibility. This allows us to incorporate new program elements; methods and techniques, which address the particular needs, derived from each unique group of students. Neither one model nor one methodology is sufficient for all students in all situations.

The context for our program provides an optimal environment for the motivated student to obtain the professional skills and personal growth that will aid that individual in his/her ministry. The medical centers in our system offer a wide variety of patient care experiences in which the ACPE students function as chaplains. Students are called to crisis "codes" and traumas in the Emergency Departments at both medical centers. Each student has a primary assignment where they learn from patients, families and staff members. They help patients understand and use Advance Directives, ethical dilemmas and other issues. Students are exposed to and function in a range of profound and crisis situations. Each student experiences the reality of being a medical center chaplain in the context of her/his clinical assignment. **(Standard 302.2)**

We offer an extensive range of recommended readings in pastoral ministry, from the behavioral sciences to theology, which students pursue, based on their particular interests and experience. Through the resources of the Pastor Care Library, Medical Library, the internet and other resources, students may research various pastoral care issues. **(Standard 303.6)**

We provide direct and indirect supervision of the actual practice of pastoral care through clinical case presentations. In the verbatim seminar, the student receives feedback and commentary from

III. EDUCATIONAL RESOURCES

peers and supervisor about the clinical material presented. We have experienced chaplains in the two medical centers who serve as staff contact persons and mentors to the ACPE students, providing guidance by drawing from their own professional experience. **(Standard 303.1 and 308.2)**

We structure our training program to include didactic presentations on pastoral and relevant medical and organizational issues. These didactics may be provided by the students as we share reading, seminars, or guest instructors. While some of these sessions are experiential, the emphasis of these seminars is to provide information on professional conceptualization and functioning. **(Standard 303.1)**

During each unit we focus intentionally in the peer group on theological reflection, based on clinical experiences and in relation to specific topics or unit 'themes.' These sessions provide opportunities for students to carefully consider the application of their theological beliefs to their lives and work in the clinical setting. Through this directed theological reflection process, students' gain an appreciation for the struggles around issues of faith faced by their patients. **(Standard 303.1)**

Once or twice per week the students experience unstructured group (Inter-Personal Relations) sessions that serve as laboratories for the development of interpersonal communication skills and to further develop an understanding of relational dynamics within groups. In these group sessions, the students engage one another forming and examining the nature of pastoral relationships. Pastoral ministry is founded upon good pastoral communication skills and relationship building. Using their peer relationships as a model, students support, confront and clarify issues and concerns with one another. **(Standard 308.5)**

303 - Educational Resources

Students in the ACPE program will be assigned clinical units for their learning experience to at least one of the contracted placement sites. In these various settings, the students will engage patients, their families and staff through significant pastoral encounters. These encounters will form the basis of written verbatim accounts. This clinical tool affords the ACPE student an opportunity to reflect on his/her pastoral experience within the safety of the peer group.

303.1 – Supervisor

An individual authorized to do supervision by ACPE will supervise each student. In the current program, the ACPE Supervisor (and in some instances a Supervisor in training) is responsible for all supervision. Typically, individual supervision occurs once per week for 55 minutes full time units and one hour every two weeks in the extended units. Students are expected to write a reflection on their weekly experience and submit it to the supervisor 24 hours prior to the individual supervision conference. Guidelines for these reflections are included in the Student Handbook. **(Standard 303.8 and 308.6.3)**

303.5 - Peer Group

Learning in this ACPE system takes place in a peer group of 3 or more students. A peer group is not formed until at least three (3) students have contracted for a unit of ACPE training. If peer group's membership declines below three members the supervisor will make one of the following decisions. First, the supervisor may combine this peer group with another ACPE peer group in this system. Second, the supervisor may combine this peer group with another peer group at another ACPE

III. EDUCATIONAL RESOURCES

center. Third, the supervisor may cancel the unit and refund any fees collected. Fourth, if the loss of the third member happens in the middle of the unit, the supervisor may negotiate offering one-half unit of training if the ACPE Standards have been met.

308.4 – Learning Contract

Students are expected to formulate goals appropriate to their own unique learning style and needs. Guidelines for writing these goals are provided in the Student Handbook. Considered along with the ACPE Objectives and Outcomes, the student establishes goals with the supervisor. These goals form the basis of the learning contract or covenant. A routine review of this document allows the supervisor and student to focus on the progress made in each ACPE unit.

308.5 – Dignity and Growth of the Individual

ACPE is a form of learning that recognizes the uniqueness of every individual. The Standards that govern ACPE, as well as those principles that guide the actual implementation of each ACPE program uphold the dignity of every person. Learning is enhanced when the individual can experience growth, self-awareness and insight. These are the qualities that the partnership ACPE Program strives to foster in order to create an atmosphere for learning.

308.6.2 CURRICULUM

Curriculum Concept

All Clinical Pastoral Education at SCHS strives to provide a basic structure, which allows for adaptability to meet the individual personal and professional needs of the student. The context of learning is the clinical assignment where students serve people in crisis and within the Departments of Pastoral Care which is responsible for providing pastoral service. The basic ingredient of these educational experiences is a primary pastoral relationship to these persons in crisis. (**Standard 302.2**). The central method in the curriculum involves the student reflecting on the patient relationship and discovering skills that provide quality spiritual care to the patient.

Expectations for students change as they move from Level I to Level II ACPE. Though the learning tools do not change significantly, the expectations for each student do increase. The Level II student is expected to continue to demonstrate competence in the Level I Outcomes while working on the Level II Outcomes. The learning tools utilized include sharing personal stories, verbatim presentations, spiritual reflections, interpersonal relations group, midterm evaluation based on the student's goals, leadership in presenting concepts and assigned reading, and a final evaluation. The use of these tools varies in the following manner from Level I to Level II ACPE.

Sharing personal stories is the way each unit begins. This helps Level I students articulate their religious history (311.1), major life events that affect ministry (311.2). The focus is on developing self reflection and greater understanding of themselves. The peer group learns how to offer critique (311.4) that helps the presenter develop his/her pastoral skills. The Level II student continues to deepen their self understanding and is expected to articulate the pastoral role in a way that is congruent with their faith tradition and life experiences in a way that shows integration and a solid pastoral identity (312.1).

Verbatim presentations help Level I students evaluate their ability to establish rapport and to

III. EDUCATIONAL RESOURCES

initiate helping relationships (311.7). In doing this student initiate consultation about their ministry (311.3), and the peer group learns how to offer critique (311.4). The reflective material shows development as the student progresses as a way to demonstrating an understanding of the clients served and of their ministry style. Level I students grow from reflecting on initial visits to exploring care over a number of visits, so that a Level II student's presentations will demonstrate ministry to staff and the use of assessment skills over a number of visits (312.4). The Level II verbatim presentation will show significant reflection in the written material. The Level II student will show an awareness of culture, systems and justice issues (312.2) while making use of a variety of spiritual care skills (312.3 and 312.6). In the students clinical presentations they demonstrate how they establish and make use of collaboration and dialogue (312.7)

Theological or Spiritual Reflections empower Level I students to articulate their religious perspectives about a pastoral encounter (311.1) and to receive consultation about their ministry (311.3) from the peer group (311.4). Level II students are expected to deepen their theological understanding and to articulate their spiritual values are related to their pastoral ministry (312.1). As Level II student participate in spiritual reflections, they do so by inviting or making use of open collaboration and dialogues (312.7).

The Interpersonal Relations (IPR) Group provides the Level I student with an opportunity to initiate consultation (311.3) and offer feedback to both peers and supervisors (311.4). The student is able to observe and recognize relational dynamics (311.5). As students actively participate they demonstrate how they are using the clinical learning method (311.8). Level II students deepen their understanding of group dynamics and systemic issues (312.2). The peer group is a place to learn advanced skills like conflict resolution and confrontation (312.3). Students demonstrate their understanding of culture in the multicultural peer group, responsible boundaries and advanced ways in which they make use of themselves in ministry situations (312.6). IPR offers a additional avenue to establish collaboration and dialogue (312.7)

Midterm Evaluations provide a time for Level I students to present their learning goals for consultation (311.3) This process helps students for formulate clear and specific goals (311.9). The Level II students continue to dialogue and collaborate about learning goals (312.7), as well as demonstrating a realistic assessment of their learning needs based on a awareness of the Spiritual Care Collaborative Common Standards for Professional Chaplaincy (312.8). The establishment and sharing of goals at the midterm allows students to develop her/his self supervisory skills.

Leadership in the group develops through out the program. Students take leadership in presenting theological concepts, behavioral concepts, and assigned reading materials. The Level I student makes use of this material to practice leadership skills and conceptual understanding (311.6). The presentations are chosen by the student to help achieve individual learning goals (311.8). The Level II student uses this material to deepen their theological and behavioral understanding of spiritual care (311.4) and to demonstrate professional communication. Level II students are encouraged to take leadership in scheduling, worship services, planning the graduation program and other administrative duties (312.5).

III. EDUCATIONAL RESOURCES

The Final Evaluation provides the student to reflect on his/her learning over an entire unit of ACPE. Students reflect on both their learning goals and the appropriate Level I or Level II Outcomes. The Level I student makes use of this tool to reflect on how s/he has demonstrated competence in achieving her/his goals (311.9). The process is to reflect on how the student made use of the curriculum (311.6). The student's evaluation along with the supervisor's evaluation determine which Outcomes a student should focus on in the next unit, as well as affirming when a student has completed the Level I Outcomes. The Level II student makes use of the final evaluation to demonstrate competence and growth as a spiritual care provider. The student reflects on their goals and demonstrates a realistic assessment of their pastoral functioning. (312.8). The evaluation helps students affirm their learning, offer consultation and to establish goals for this program and goals for ministry as they continue as life long learners.

Each student in training at SCHS has a unique educational experience because each student is unique. The program is designed to assist in the development and integration of personal and professional assets and needs which the student brings to the program. The intention is to increase the effectiveness with which the student performs in the pastoral role, and to help the student apply this learning to his/her future life. The assumption of this design is the students' commitment to his/her own learning objectives and training process. **(Standard 308.4 and 308.6.1)**

Residency

The ACPE Residency at SCHS includes three or four units during one calendar year, normally beginning in September and running for 12 consecutive months. Each unit of ACPE will be comprised of at least four hundred educational hours, one hundred of which is spent in group supervision with three or more Level I/II ACPE students/peers. **(Standard 303.5 and 308.5)** At least three hundred hours is comprised of clinical pastoral care in the clinical assignment. **(Standard 308.1)** The Resident will be doing his/her clinical assignments in a medical center for a minimum of thirty 30 hours each week. This will include a regular rotation of on-call time. On an exceptional basis a half unit of ACPE can be awarded to a student who has completed sixty hours of group supervision and one hundred eighty clinical hours of ministry with patients. **(Standard 308.1 and 105.4)**

There will be a thematic development through the program using the structure of each unit to focus on specific themes and objectives from the ACPE Standards 2010. While these themes give form to the program, there will be adequate room for a process of learning which allows for the unique needs of each student.

Each student progresses through Level I and Level II ACPE process at his/her own pace. The way in which students move from Level I to Level II ACPE involves a process of demonstrating competence and negotiation with her or his primary supervisor. This process takes place at the end of each unit of training, when students present an evaluation of learning and growth to the peer group and supervisor. Each student is encouraged to note the Outcomes of ACPE that he or she has accomplished. The peer group consults with the student if they have demonstrated competence during that unit. After this process, the supervisor provides an evaluation that affirms the student's professional growth and pastoral competence or encourages the student to continue to develop competency in demonstrating the Outcomes of ACPE in the clinical presentations and evaluation. The supervisor will note in the supervisor's final evaluation if the student is to continue in Level I Outcomes, move completely to Level II Outcomes or to finish Level I Outcomes and begin

III. EDUCATIONAL RESOURCES

exploring Level II Outcomes while working on his/her goals. This allows the student to learn at his/her own pace and to make individualized progress on her/his goals. The Level II students will work with greater autonomy on their goals, while maintaining their professional competency in the Level I ACPE Outcomes and growth in Level II Outcomes. In terms of group function, Level II students are expected to demonstrate leadership skills, initiate consultation and to prepare materials that reflect professionalism on a consistent basis

The first unit will focus on the foundations of Pastoral Care and understand the process of the action-reflection-action learning process. It will begin with an orientation to each of the facilities and their respective staff. Students share their personal history as a way of beginning to understand how their personal identity informs their ministry. We begin the process of theological reflection by focusing on the student's self. This will begin the process of pastoral formation. **(Standard 309.1, 309.2, 309.3, 311.1, 311.2, 311.3 and 312.1)**

Educationally, the first unit will include presentations designed to help students become familiar with their context and help them to develop basic skills in Pastoral Care. The texts often used for this unit include Clinebell's Introduction to Pastoral Care and Counseling and Patton's Pastoral Care in Context. The skills explored include clinical phenomenology, using the clinical method, goal setting and active listening. **(Standards 309.9, 309.10, 311.8, 311.9, 312.7 and 312.8)** All students new to this center will be evaluated based on Level I Outcomes and occasionally a student with one or more previous units of ACPE training may be evaluated according to Level II Outcomes.

The curriculum makes use of the clinic encounters as the primary vehicle for students to use a variety of reflection tools, to include verbatim, case studies and spiritual reflections. Through the use of reflection on ministry the student develops competency as a quality care provider. The first unit focuses on foundational issues related to the ACPE Outcomes. Students establish initial, individual learning goals related to the Outcomes of Level I ACPE and in exceptional cases a student with previous ACPE may begin to explore Level II Outcomes. The focus is to establish learning appropriate to the student's experience and education as the student demonstrates initial pastoral competence.

At the end of the first unit, the student and supervisor will confer about how the individual student demonstrated competence in the foundational skills found in the Level I Outcomes. The student demonstrates competence to themselves, peers and supervisor through clinical presentations and end of the unit evaluation. The student may be encouraged to focus on Level I Outcomes for the next unit, complete one or two Level I Outcomes while beginning to explore the Level II Outcomes, or begin to explore the Level II Outcomes while maintaining competency in the Level I Outcomes.

The second unit will focus on continuing Pastoral Formation and Professional competence. In this unit the student will build on some of the exercises from the first unit on theological reflection and pastoral identity. The student will examine his/her choices regarding motivation for ministry, the process of development of resources to articulate faith, as well as spirituality and religious belief systems. The text normally used for this unit is by Keirse and Bates Please Understand Me.

During the second unit, ACPE Residents and interested interns participate with the Medical Education department in an interdisciplinary, ten-week seminar on communication skills. The educational exercises and discussions will include motivation for ministry, spiritual pilgrimage, and communication skills. **(Standard 309.4, 309.5, 309.6, 309.7, 309.8, 309.9, 309.10, 311.4, 311.5, 311.6, 311.7, 312.2, 312.3, 312.4, 312.5 and 312.6)**

III. EDUCATIONAL RESOURCES

The curriculum in the second unit reflects more deeply on the students clinic encounters. Through the use of reflection on ministry the student builds on his/her previous learning. The curriculum focuses on developing greater self understand, transparency and understanding others using a behavioral framework. The students explore interdisciplinary communication with medical residents in a weekly seminar. Each student establishes goals that are related to Level I or Level II ACPE as they reflect on his or her previous evaluation. The focus is to build on the student's previous learning and to empower them to demonstrate growing pastoral competence.

At the end of the second unit, the student and supervisor will confer about how the individual student demonstrated competence in the foundational skills found in the Outcomes established by the student in their learning contract, as well as the student's pastoral formation and professional competence. The student demonstrates competence to themselves, peers and supervisor through clinical presentations and end of the unit evaluation. A student may be encouraged to focus on rare occasion, to return to the Level I Outcomes for the next unit, complete one or two Level I Outcomes while beginning to explore the Level II Outcomes, or to explore the Level II Outcomes while maintaining competency in the Level I Outcomes.

The third unit will focus on further developing Pastoral Competence and Reflection. With the goal of greater professional functioning by the student, the program will offer structures to help conceptualize pastoral care and its professional tasks. The texts most often used include Lewis *A Grief Observed*, Didion *A Year of Magical Thinking* or Abion *Tuesdays with Murray*.

Building on their previous learning, the themes will center on further professional growth in the areas of dealing with grief and loss, pastoral assessment, development of techniques with a focus on ethical perspectives. Students present a focused reflection paper on an area of ministry interest which we call their theory of pastoral care. (**Standard 309, 311 and 312**)

The curriculum in the third unit encourages students to embrace their own theology of ministry based on their clinic experiences and learning. Through the use of reflection on ministry the student builds on his/her previous learning. The curriculum focuses on developing an understanding of grief and the student's theological framework of spiritual care. Students continue to formulate goals that are related to Level I or Level II ACPE as they reflect on his or her previous evaluations. The focus is to build on the student's previous learning and to empower them to demonstrate growing pastoral competence.

At the end of the third unit, the student and supervisor will confer about the way the student demonstrated competence in the foundational skills, individual pastoral formation, professional competence and pastoral reflection by writing his or her own theory of pastoral care. The student demonstrates competence to themselves, peers and supervisor through clinical presentations and end of the unit evaluation. A student may be encouraged to focus on rare occasion to return to the Level I Outcomes for the next unit, complete one or two Level I Outcomes while beginning to explore the Level II Outcomes, or to explore the Level II Outcomes while maintaining competency in the Level I Outcomes.

The fourth unit will strive to facilitate Integration. The themes as well as the program schedule will be planned in part by the Residents. Two focused presentations will be Group Dynamics and Cultural Awareness in Pastoral Care.

III. EDUCATIONAL RESOURCES

Learning will help students think about their learning and plan for their future professional roles. For this reason, the students make use of the *Journal of Pastoral Care* or other resources. The hope is that students will have a solid pastoral formation from which they function competently and with a degree of self-reflection as they complete their training. **(Standard 309, 311 and 312)**

The curriculum in the fourth unit encourages students to integrate her/his learning and to prepare to engage in ministry or further education. Through the use of reflection on ministry the student continues to build on his/her previous learning. The curriculum focuses on practical ministry considerations like resume writing, interviewing, team building and leadership in ministry. Students continue to establish goals that are related to Level I or Level II ACPE as they reflect on his or her previous evaluations. The focus is to build on the student's previous learning and to empower them to demonstrate pastoral competence as they prepare to leave the program and begin his/her ministry.

At the end of the fourth unit, the student and supervisor will confer about the way the student demonstrated competence in the foundational skills, individual pastoral formation, professional competence and pastoral reflection. The student demonstrates competence to themselves, peers and supervisor through clinical presentations and end of the unit evaluation. This will provide the student with an opportunity to reflect on the learning experienced throughout the students ACPE experience. A student will be encouraged to continue to learn, develop professionally and find a support or consultative relationship. The focus is for the student to function as a quality provider of spiritual care.

The weekly Program Schedule in the Residency program will include up to four Verbatim Seminars, two Theological Reflection, two Interpersonal Relations groups, a book discussion, and a pastoral or professional didactic presentation. Exploration of clinical experiences will form the main content of the seminars, and other peer group meetings. Each student participates in a weekly individual supervision conference with his or her supervisor. Students are expected to come to supervision with an agenda of topics or concerns to be discussed. These group and individual supervisory activities will total about 10 hours during a week of the student's time.

Resident ACPE students will be encouraged to attend Patient Rounds on their assigned units. They also will take part in selected activities of the Pastoral Care Department of SCHS. When appropriate, they may participate in activities of the East Central Region, ACPE.

Internship and Extended Programs

The ACPE Extended Internships at SCHS begins in September and January in most years. Each unit of ACPE will be comprised of at least four hundred hours, one hundred of which is spent in group supervision with three or more Level I/II ACPE students/peers. **(Standard 303.3 and 308.5)** The remaining three hundred hours is comprised of pastoral care in the clinical setting **(Standard 308.1)**. The Intern will be doing his/her clinical assignments in one of the two medical centers for a minimum of 16 hours each week, which may include an overnight or weekend on-call time. On an exceptional basis a half unit of ACPE may be award to a student who has completed sixty hours of group supervision and one hundred eighty clinical hours of ministry with patients. **(Standard 308.1 and 105.4)**

There will be a thematic development through the program using the structure of each unit to focus on specific themes and objectives and in accordance with the ACPE Standards, 2010. While these themes give form to the program, they do not preclude a process of learning that is unique to each individual student. Normally, the units rotate through a two-year cycle.

III. EDUCATIONAL RESOURCES

Each student progresses through Level I and Level II ACPE process at his/her own pace. The way in which students move from Level I to Level II ACPE involves a process of demonstrating competence and negotiation with her or his primary supervisor. This process takes place at the end of each unit of training, when students present an evaluation of learning and growth to the peer group and supervisor. The student is encouraged to note the Outcomes of ACPE that he or she has accomplished. The peer group consults with the student if they have demonstrated competence during that unit. After this process, the supervisor provides an evaluation that affirms the student's professional growth and pastoral competence or encourages the student to continue to develop competency in demonstrating the Outcomes of ACPE in the clinical presentations and evaluation. The supervisor will note in the supervisor's final evaluation if the student is to continue in Level I Outcomes, move completely to Level II Outcomes or to finish Level I Outcomes and begin exploring Level II Outcomes while working on his/her goals. This allows the student to learn at his/her own pace and to make individualized progress on her/his goals.

The first unit will focus on Reflection as a Process. It will begin with an orientation to each of the facilities and their respective staff. Students share their personal history as a means to appreciate to begin understanding how personal identity informs ministry. We begin the process of theological reflection by focusing upon the student's self. Thus, the process of pastoral formation will begin. **(Standard 309.1, 309.2, 309.3, 311.1, 311.2, 311.3 and 312.1)**

Educationally, the unit will include presentations designed to help students become familiar with their context, and form basic skills in Pastoral Care. The texts often used for this unit include Clinebell's Introduction to Pastoral Care and Counseling and Patton's Pastoral Care in Context. The skills explored include clinical phenomenology, using the clinical method, goal setting and active listening. **(Standards 309.9, 309.10, 311.8, 311.9, 312.7 and 312.8)**

The curriculum makes use of the clinic encounters as the primary vehicle for students to use a variety of reflection tools, to include verbatim, case studies and spiritual reflections. Through the use of reflection on ministry the student develops competency as a quality care provider. The first unit focuses on foundational issues related to the ACPE Outcomes. Students establish initial, individual learning goals related to the Outcomes of Level I ACPE. The focus is to establish learning appropriate to the student's experience and education as the student demonstrates initial pastoral competence.

At the end of the first unit, the student and supervisor will confer about how the individual student demonstrated competence in the foundational skills found in the Level I Outcomes. The student demonstrates competence to themselves, peers and supervisor through clinical presentations and end of the unit evaluation. The student may be encouraged to focus on Level I Outcomes for the next unit, complete one or two Level I Outcomes while beginning to explore the Level II Outcomes, or begin to explore the Level II Outcomes while maintaining competency in the Level I Outcomes.

The second unit will focus on continuing Pastoral Formation and Professional Competence. This unit will build on some of the exercises from the first unit, on theological reflection and pastoral identity.

III. EDUCATIONAL RESOURCES

The student will examine his/her choices regarding motivation for ministry, the development of resources to articulate faith, as well as spirituality and religious belief systems. The text normally used for this unit is by Keirse and Bates Please Understand Me. The educational exercises and discussions will include motivation for ministry, spiritual pilgrimage, and communication skills. **(Standard 309.4, 309.5, 309.6, 309.7, 309.8, 309.9, 309.10, 311.4, 311.5, 311.6, 311.7, 312.2, 312.3, 312.4, 312.5 and 312.6)**

The curriculum in the second unit reflects more deeply on the students clinic encounters. Through the use of reflection on ministry the student builds on his/her previous learning. The curriculum focuses on developing greater self understand, transparency and understanding others using a behavioral framework. Each student establishes goals that are related to Level I or Level II ACPE as they reflect on his or her previous evaluation. The focus is to build on the student's previous learning and to empower them to demonstrate growing pastoral competence.

At the end of the second unit, the student and supervisor will confer about how the individual student demonstrated competence in the foundational skills found in the Outcomes established by the student in their learning contract, as well as the student's pastoral formation and professional competence. The student demonstrates competence to themselves, peers and supervisor through clinical presentations and end of the unit evaluation. A student may be encouraged to focus or on rare occasion, to return to the Level I Outcomes for the next unit, complete one or two Level I Outcomes while beginning to explore the Level II Outcomes, or to explore the Level II Outcomes while maintaining competency in the Level I Outcomes.

The third unit will focus on the further development of Pastoral Competence and Reflection. With the goal of greater professional functioning by the student, the program will offer structures to help conceptualize pastoral care and its professional tasks. The texts most often used include Lewis A Grief Observed, Didion A Year of Magical Thinking or Abion Tuesdays with Murray.

Building on what has come before, the themes will center on further professional growth in the areas of dealing with grief and loss, pastoral assessment, development of techniques with a focus on ethical perspectives. Students present a focused reflection paper on an area of ministry interest which we call their theory of pastoral care. **(Standard 309, 311 and 312)**

The curriculum in the third unit encourages students to embrace their own theology of ministry based on their clinic experiences and learning. Through the use of reflection on ministry the student builds on his/her previous learning. The curriculum focuses on developing an understanding of grief and the student's theological framework of spiritual care. Students continue to formulate goals that are related to Level I or Level II ACPE as they reflect on his or her previous evaluations. The focus is to build on the student's previous learning and to empower them to demonstrate growing pastoral competence.

At the end of the third unit, the student and supervisor will confer about the way the student demonstrated competence in the foundational skills, individual pastoral formation, professional competence and pastoral reflection by writing his or her own theory of pastoral care. The student demonstrates competence to themselves, peers and supervisor through clinical presentations and end of the unit evaluation. A student may be encouraged to focus or on rare occasion to return to the Level I Outcomes for the next unit, complete one or two Level I Outcomes while beginning to explore the Level II Outcomes, or to explore the Level II Outcomes while maintaining competency in the Level I Outcomes.

III. EDUCATIONAL RESOURCES

The fourth unit will strive to facilitate Integration. The themes as well as the program schedule will be planned in part by the interns. For this reason, the students make use of the *Journal of Pastoral Care* or other resources.

The focus of the learning process is that each student will have a solid pastoral formation from which they function competently and with a degree of self-reflection as they complete their training. **(Standard 309, 311 and 312)**

The curriculum in the fourth unit encourages students to integrate her/his learning and to prepare to engage in ministry or further education. Through the use of reflection on ministry the student continues to build on his/her previous learning. The curriculum focuses on practical ministry considerations like resume writing, interviewing, team building and leadership in ministry. Students continue to establish goals that are related to Level I or Level II ACPE as they reflect on his or her previous evaluations. The focus is to build on the student's previous learning and to empower them to demonstrate pastoral competence as they prepare to leave the program and begin or return to his/her ministry.

At the end of the fourth unit, the student and supervisor will confer about the way the student demonstrated competence in the foundational skills, individual pastoral formation, professional competence and pastoral reflection. The student demonstrates competence to themselves, peers and supervisor through clinical presentations and end of the unit evaluation. This will provide the student with an opportunity to reflect on the learning experienced throughout the students ACPE experience. A student will be encouraged to continue to learn, develop professionally and find a support or consultative relationship. The focus is for the student to function as a quality provider of spiritual care.

The usual weekly program schedule for an extended unit includes meeting once each week. The learning opportunities include two Verbatim Seminars, one Theological Reflection, an Interpersonal Relations group, a book discussion, as well as a pastoral or professional didactic presentation. Exploration of clinical experiences will form the main content of the seminars, as well as the other peer group meetings. Each student participates in a biweekly individual supervision conference with his or her supervisor. Students are expected to come to supervision with an agenda of topics or concerns to be discussed. These group and individual supervisory activities will total about 8 hours during a week of the student's time.

Interns take part in selected activities of the Pastoral Care Department at the clinical site where assigned. When appropriate, they may participate in activities of the denominational or professional organizations.

III. EDUCATIONAL RESOURCES

Pastoral Education Specialty ACPE

(Standard 310) Objectives of Specialty

Through Specialization ACPE, the learner will apply their pastoral, professional, and clinical proficiency with further developed spiritual care competence to persons in a specific clinical area. Prerequisites for Specialty ACPE, is that the student must have satisfactorily completed Level 2 ACPE demonstrating readiness for Specialization ACPE and pursuing further certification. The objectives of Specialty ACPE define the scope of the Specialty ACPE curriculum. Outcomes define the competencies that result from a student's participation in Specialization ACPE programs.

(Standard 310) Where a pastoral care specialty is offered, the ACPE center designs its ACPE Level II curriculum to facilitate the students' achievement of the following additional objectives:

310.1 to afford students opportunities to become familiar with and apply relevant theories and methodologies to their ministry specialty.

310.2 to provide students opportunities to formulate and apply their philosophy and methodology for the ministry specialty.

310.3 to provide students opportunities to demonstrate pastoral competence in the practice of the specialty.

Outcomes of Specialization ACPE

The Sisters of Charity Health System ACPE specialization year, the Outcomes were derived from demonstrated competency in the ACPE Level 2 Outcomes as applicable to the clinical specialty area. In addition there are five noted outcomes that expand on the corresponding Level 2 ACPE Outcomes.

At the conclusion of ACPE Level II Specialization, students are able to:

Pastoral Formation

312.1 articulate an understanding of the pastoral role that is congruent with their personal and cultural values, basic assumptions and personhood.

demonstrate an understanding of the clinical specialty, their specific pastoral role within that context, and competency with development of pastoral plans congruent with the broader treatment process.

Pastoral Competence

312.2 provide pastoral ministry to diverse people, taking into consideration multiple elements of cultural and ethnic differences, social conditions, systems, and justice issues without imposing their own perspectives.

demonstrate a sophisticated level of competence addressing multifaceted and complicated cultural issues and contexts within the clinical specialty, while functioning collaboratively with the interdisciplinary team.

312.3 demonstrate a range of pastoral skills, including listening/attending, empathic reflection, conflict resolution/confrontation, crisis management, and appropriate use of religious/spiritual resources.

III. EDUCATIONAL RESOURCES

312.4 assess the strengths and needs of those served, grounded in theology and using an understanding of the behavioral sciences.

demonstrate competent theory and methodology through pastoral practice in clinical specialty.

312.5 manage ministry and administrative function in terms of accountability, productivity, self-direction, and clear, accurate professional communication.

312.6 demonstrate competent use of self in ministry and administrative function which includes: emotional availability, cultural humility, appropriate self-disclosure, positive use of power and authority, a non-anxious and non-judgmental presence, and clear and responsible boundaries.

Pastoral Reflection

312.7 establish collaboration and dialogue with peers, authorities and other professionals.

a foundational understanding of the perspectives of the broader clinical specialty medical team that fosters partnership and collaborative best practice.

312.8 demonstrate awareness of the Spiritual Care Collaborative Common Standards for Professional Chaplaincy located in this Handbook on page 40. Note: The ACPE Standards and Code of Ethics supersede these standards.

demonstrated working understanding of the Spiritual Care Collaborative Common Standards for Professional Chaplaincy; awareness of standards and requirements of board certification with the appropriate certifying organization (APC;NACC;NAJC etc.); and readiness for certification.

312.9 demonstrate self-supervision through realistic self-evaluation of pastoral functioning.

Unit 1: Understanding Scope of Clinical Specialty for Specialization ACPE

Course Description:

This unit will focus on learning the scope of the Clinical Specialty. The student will become familiar with specific conditions and reoccurring needs, learning applicable theories, philosophies and methods related to the clinical area of specialization. Integral to this learning is the student gaining ways to understand and articulate the culture of their clinical specialty area and team.

Required Reading:

- Specific Research: -2 peer reviewed journal articles a week on area of Specialty
- Spiritual Need and Pastoral Services: Readings In Research edited by Larry Vandecreek, Journal of Pastoral Care Publications, 1995, ISBN: 0- 929670-12-4

III. EDUCATIONAL RESOURCES

- Standards and Certification Requirements from the appropriate certifying body, IE. Association for Professional Chaplains, National Association for Catholic Chaplains, National Association for Jewish Chaplains

Students must complete a minimum of 400 supervised hours including 100 classroom education hours and 300 clinical placement education hours. The following curricular components are requirements of each Specialization ACPE unit.

- 1 Individualized Learning Contract. At the beginning of each unit of Specialization ACPE, the student shall develop a personalized learning contract. This contract shall complement the objectives the ACPE Standards for Specialization ACPE and the curriculum of the Walsh Satellite Specialization ACPE Program.
- 2 Written Interactions: Write and present three verbatim during the course of this unit on pastoral interactions within the area of specialization.
- 3 Weekly Individual Supervision: In individual supervision, the student will be accountable to his/her Supervisor for his/her progress on their learning goals and for all clinical work.
- 4 Theological Presentations: Write and present two theological reflections during this unit that have arisen in area of specialization.
- 5 Clinical Integration: Incorporate developed methodologies and philosophies through active participation in weekly clinical meetings and daily clinical rounds with clinical specialty interdisciplinary team.
- 6 Weekly Learning Reflection: Provide supervisor with a weekly, written learning reflection that incorporates specific clinical specialty meetings and learning.
- 7 Clinical Contact Protocol: Provide a weekly summary of contacts and follow-up of pastoral interactions in clinical specialty area discussed during supervision and documented electronically.
- 8 CPE Peer Group participation: Interactive peer review of one's clinical, personal, pastoral and professional issues.
- 9 Research: Read relevant research articles and text book as applied to specialization and lead regular educational discussions.
- 10 Midterm and Final Evaluation: Write a midterm and final evaluation that is process in peer group.
- 11 Clinical Specialty Staff Evaluation: Hand out three clinical staff evaluations to the members of the health care team in their area of specialization and have them returned to the supervisor ten days before the unit ends.
- 12 Pastoral Care of patients within Specialization: Provide pastoral care service on their clinical specialty area for a minimum of 30 clinical hours including team meetings, supervision and documentation. Routine departmental on-call and follow-up is additional.

III. EDUCATIONAL RESOURCES

13 Clinical Resourcing: Research, utilize and develop a collection of psychosocial-spiritual resources applicable to your area of specialty.

14 Professional Practice: Review standards and requirements for certification with appropriate certification body.

Unit 2: Engaging the Dynamics of Clinical Specialty Practice

Course Description:

This unit will focus on engaging the dynamics of one's clinical specialty practice. Building on the students developing understanding of the scope of their clinical specialty, they will learn how to apply relevant theories and methodologies and incorporate specific clinical pastoral models, resources and tools that are tailored to their specialty area and its culture. Through these opportunities for increased interdisciplinary collaboration, students will become further integrated into the interdisciplinary team on their clinical specialty area, learning more about the perspectives of other health care professionals.

Required Reading:

- Specific Research: -2 peer reviewed journal articles a week on Health and Spirituality related to clinical specialty
- Narrative medicine: Honoring the Stories of Illness by Rita Charon, Oxford University Press, 2006, ISBN: 0-19-516675-2
- Standards and Certification Requirements from the appropriate certifying body, IE. Association for Professional Chaplains, National Association for Catholic Chaplains, National Association for Jewish Chaplains

Students must complete a minimum of 400 supervised hours including 100 classroom education hours and 300 clinical placement education hours. The following curricular components are requirements of each Specialization ACPE unit

- 1 Individualized Learning Contract. At the beginning of each unit of Specialization ACPE, the student shall develop a personalized learning contract. This contract shall complement the objectives the ACPE Standards for Specialization ACPE and the curriculum of the Walsh Satellite Specialization ACPE Program.
- 2 Written Interactions: Write and present three verbatim during the course of this unit on pastoral interactions within the area of specialization.
- 3 Weekly Individual Supervision: In individual supervision, the student will be accountable to his/her Supervisor for his/her progress on their learning goals and for all clinical work.
- 4 Theological Presentations: Write and present two theological reflections during this unit that have arisen in area of specialization.

III. EDUCATIONAL RESOURCES

- 5 Clinical Integration: Incorporate developed methodologies and philosophies through active participation in weekly clinical meetings and daily clinical rounds with clinical specialty interdisciplinary team.
- 6 Weekly Learning Reflection: Provide supervisor with a weekly, written learning reflection that incorporates specific clinical specialty meetings and learning.
- 7 Clinical Contact Protocol: Provide a weekly summary of contacts and follow-up of pastoral interactions in clinical specialty area discussed during supervision and documented electronically.
- 8 CPE Peer Group participation: Interactive peer review of one's clinical, personal, pastoral and professional issues.
- 9 Research: Read relevant research articles and text book as applied to specialization and lead regular educational discussions.
- 10 Midterm and Final Evaluation: Write a midterm and final evaluation that is process in peer group.
- 11 Clinical Specialty Staff Evaluation: Hand out three clinical staff evaluations to the members of the health care team in their area of specialization and have them returned to the supervisor ten days before the unit ends.
- 12 Pastoral Care of patients within Specialization: Provide pastoral care service on their clinical specialty area for a minimum of 30 clinical hours including team meetings, supervision and documentation. Routine departmental on-call and follow-up is additional.
- 13 Clinical Resourcing: Research, utilize and develop a collection of psychosocial-spiritual resources applicable to your area of specialty.
- 14 Professional Practice: Begin assembling materials for Board Certification as a Chaplain with the appropriate certification body.

Unit 3: Cultural Competent Clinical Specialty Practice

Course Description:

This culminating unit will provide a context for an integration of learning experiences that fosters a culturally competent practitioner in the theory and practice of pastoral care in their clinical specialty. Building on their knowledge of their clinical specialty, their inter-relationship with, and understanding of the specialty interdisciplinary team, and their own developed specialized pastoral identity in this setting, this is a fertile opportunity for learners to refine and demonstrate their clinical pastoral expertise.

Required Reading:

- Specific Research: -2 peer reviewed journal articles a week on Cultural Competent health care practice and tools appropriate to clinical specialty

III. EDUCATIONAL RESOURCES

- The Journey Continues - The Process of Cultural Competence in the Delivery of Healthcare Services by J. Campinha - Bacote, Transcultural CARE. Associates, 2007 ISBN: 0-9741582-2-4
- Standards and Certification Requirements from the appropriate certifying body, IE. Association for Professional Chaplains, National Association for Catholic Chaplains, National Association for Jewish Chaplains

Students must complete a minimum of 400 supervised hours including 100 classroom education hours and 300 clinical placement education hours. The following curricular components are requirements of each Specialization ACPE unit:

1. Individualized Learning Contract. At the beginning of each unit of Specialization ACPE, the student shall develop a personalized learning contract. This contract shall complement the objectives the ACPE Standards for Specialization ACPE and the curriculum of the Walsh Satellite Specialization ACPE Program.
2. Written Interactions: Write and present three verbatim during the course of this unit on pastoral interactions within the area of specialization.
3. Weekly Individual Supervision: In individual supervision, the student will be accountable to his/her Supervisor for his/her progress on their learning goals and for all clinical work.
4. Theological Presentations: Write and present two theological reflections during this unit that have arisen in area of specialization.
5. Clinical Integration: Incorporate developed methodologies and philosophies through active participation in weekly clinical meetings and daily clinical rounds with clinical specialty interdisciplinary team.
6. Weekly Learning Reflection: Provide supervisor with a weekly, written learning reflection that incorporates specific clinical specialty meetings and learning.
7. Clinical Contact Protocol: Provide a weekly summary of contacts and follow-up of pastoral interactions in clinical specialty area discussed during supervision and documented electronically.
8. CPE Peer Group participation: Interactive peer review of one's clinical, personal, pastoral and professional issues.
9. Research: Read relevant research articles and text book as applied to specialization and lead regular educational discussions.
10. Midterm and Final Evaluation: Write a midterm and final evaluation that is process in peer group.
11. Clinical Specialty Staff Evaluation: Hand out three clinical staff evaluations to the members of the health care team in their area of specialization and have them returned to the supervisor ten days before the unit ends.

III. EDUCATIONAL RESOURCES

- 12 Pastoral Care of patients within Specialization: Provide pastoral care service on their clinical specialty area for a minimum of 30 clinical hours including team meetings, supervision and documentation. Routine departmental on-call and follow-up is additional.
- 13 Clinical Resourcing: Research, utilize and develop a collection of psychosocial-spiritual resources applicable to your area of specialty.
- 14 Professional Practice: Assemble materials for Board Certification and continue to complete hours required for certification.

303.3 – Didactics and Inter-disciplinary Presentations

Academic structured learning is a component of pastoral care. With the goal of expanding the knowledge base of ACPE students, lectures and assigned readings will be offered. Some of these presentations will take place during orientation week, and others will be provided as scheduled. There may be joint seminars and group learning activities with physicians, nurses and community groups. Throughout the year, students are invited to attend lectures at their assigned medical center and encouraged to attend professional care Conferences, like the SCHS Pastoral Care Conference in October.

During the last several ACPE programs, care givers from the sponsoring institutions and communities have participated in the educational events of the program. The use of the rich resources of the faculty will be expanded to incorporate changing specialties and skills added to the medical center programs. The faculty is diverse and chosen to enhance the professional development of the ACPE residents and to meet the needs of the unique student groups. Student verbal feedback is solicited following each presentation as to the usefulness of the presentations. This feedback is utilized in selecting the presenters for the future. **(Standard 303.3)**

308.8 – Evaluations

Each student will be expected to write a self-evaluation of his/her learning experience consulting the outcomes of their current level of ACPE, at the end of each unit. (The Outcomes of ACPE will serve as the guide for composing such an evaluation and are included in the Student Handbook on pages 27-28).

The supervisor will also write an assessment of the student from the supervisory perspective, taking into account the progress of the student. This evaluation will be presented to the student within 45 calendar day of the completion of the student's own evaluation at the end of the unit. **(Standard 308.8.1)** The supervisor's evaluation will reflect the student's ministry, strengths, growing edges (limitations), and abilities. **(Standard 308.8.2)** The supervisory evaluation will note the completion of a unit and the ACPE level of the student being assessed. **(Standard 308.8.3)** A student may attach a written response to the supervisor's evaluation to clarify the documents and this response becomes part of the student's record. **(Standard 308.8.4)** A comprehensive picture of the student's ACPE experience is possible only when reading both evaluations and any attachments.

III. EDUCATIONAL RESOURCES

305.1- Interdisciplinary Consultation

The ACPE Program is a part of the Pastoral Care Department of the system. Each of the medical centers in the Sisters of Charity Health System has at least one full time chaplain. The chaplains serve as mentors to the Residents/Interns, and as an adjunct faculty to the ACPE Program. Members of the Professional Advisory Group (PAG) serve as mentors or adjunct faculty in the ACPE Program. ACPE Students are encouraged to attend interdisciplinary rounds on the clinical units to which they are assigned.

303.6 – Library

Each medical center has its own medical library with resources available for ACPE students. The Pastoral Care Departments have a number of resources that they maintain and students can access. A majority of the Pastoral Care Library is housed at St. Vincent Charity Medical Center in the Pastoral Care Department office. The Pastoral Care Library includes books, tapes and journals for use by the students. Materials need to be signed out through the department secretary. Students are also able to access materials through the Internet, Walsh University Library, and local public libraries in the cities where they reside.

The ACPE Program also has a camcorder, VCR and TV monitor which allow us to use videotapes from the library and other sources. The supervisor maintains additional books and journals in the supervisor's office.

III. EDUCATIONAL RESOURCES

WRITTEN ASSIGNMENTS

Residency Unit

1. 4-6 Written Clinical Presentations (Verbatim, Case Study, Critical Incident)
(Due dates are scheduled during the orientation, along with all other assignments)
2. Learning Contract – draft due by the second week of the unit
3. 1 or 2 Theological Reflection (dates on schedule)
4. Weekly Reflections (due 24 hours prior to scheduled ISC)
5. Leadership in a book or journal article discussion.
6. Mid-Unit and Final Evaluations (as scheduled)

Extended Unit

1. 4-6 Written Clinical Presentations (Verbatim, Case Study, Critical Incident)
(Due dates are scheduled during the orientation, along with all other assignments)
2. Learning Contract – draft due by the second week of the unit
3. 1 or 2 Theological Reflections (dates on schedule)
4. Bi-weekly Reflections (due 24 hours prior to scheduled ISC)
5. Leadership in a book or journal article discussion.
6. Mid-Unit and Final Evaluations (as scheduled)

III. EDUCATIONAL RESOURCES

309 – OBJECTIVES OF ACPE

Pastoral Formation

- 309.1 To develop students' awareness of themselves as ministers and of the ways their ministry affects persons.
- 309.2 To develop students' awareness of how their attitudes, values, assumptions, strengths, and weaknesses affect their pastoral care.
- 309.3 To develop students' ability to engage and apply the support, confrontation and clarification of the peer group for the integration of their personal attributes and pastoral functioning.

Pastoral Competence

- 309.4 To develop student's awareness and understanding of how persons, social conditions, systems, and structures affect their lives and the lives of others and how to address effectively these issues through their ministry.
- 309.5 To develop students' skills in providing intensive and extensive pastoral care and counseling to persons.
- 309.6 To develop students ability to make effective use of their religious/spiritual heritage, theological understanding, and knowledge of the behavioral science in their pastoral care of persons and groups
- 309.7 To teach students the pastoral role in professional relations and how to work effectively as a pastoral member of a multidisciplinary team.
- 309.8 To develop students' capacity to use one's pastoral and prophetic perspectives in preaching, teaching, leadership, management, pastoral care and pastoral counseling.

Pastoral Reflection

- 309.9 To develop students' understanding and ability to apply the clinical method of learning.
- 309.10 To develop students' abilities to use both individual and group supervision for personal and professional growth, including the capacity to evaluate one's ministry.

III. EDUCATIONAL RESOURCES

Specialty ACPE

310 Pastoral Specialty is offered on occasion. A sample of the curriculum previous used for three units is included in this Handbook on page

310.1 To afford students opportunities to become familiar with and apply relevant theories and methodologies to their ministry specialty.

310.2 To provide students opportunities to formulate and apply their philosophy and methodology for the ministry specialty.

310.3 To provide students opportunities to demonstrate pastoral competence in the practice of the specialty.

311 – OUTCOMES OF LEVEL I ACPE

Pastoral Formation

311.1 Articulate the central themes of their religious heritage and the theological understanding that informs their ministry.

311.2 Identify and discuss the major life events and relationships that impact on personal identity as expressed in pastoral functioning.

311.3 Initiate peer group and supervisory consultation and receive critique about one's ministry practice.

Pastoral Competence

311.4 Risk offering appropriate and timely critique.

311.5 Recognize relational dynamics within group contexts.

311.6 Demonstrate the ability to integrate in pastoral practice the conceptual understandings presented in the curriculum.

311.7 Initiate helping relationships within and across diverse populations.

Pastoral Reflection

311.8 Utilize the clinical method of learning to achieve his or her educational goals.

311.9 Formulate clear and specific goals for continuing pastoral formation with reference to one's strengths and weaknesses.

III. EDUCATIONAL RESOURCES

312 - OUTCOMES OF LEVEL II ACPE

Pastoral Formation

- 312.1 Articulate an understanding of the pastoral role that is congruent with his or her values, basic assumptions, and personhood.

Pastoral Competence

- 312.2 Provide pastoral ministry to a diverse of people, taking into consideration multiple elements of cultural and ethnic diversity, social conditions, systems and justice issues without imposing one's own perspectives.
- 312.3 Demonstrate a range of pastoral skills, including listening/attending, empathic reflection, conflict resolution/confrontation, crisis management, and appropriate use of religious/spiritual resources.
- 312.4 Assess the strengths and needs of those served, based on an understanding of behavioral science and grounded in theology.
- 312.5 Manage ministry and administrative function in terms of accountability, productivity, self-direction and clear, accurate professional communication.
- 312.6 Demonstrate competent use of self in ministry and administrative function including: emotional availability, cultural humility, appropriate self-disclosure, positive use of power, a non-anxious and non-judgmental presence, and clear and responsible boundaries.

Pastoral Reflection

- 312.7 Establish collaboration and dialogue with peers, authorities and other professionals.
- 312.8 Demonstrate an awareness of the Spiritual Care Collaborative Common Standards for Professional Chaplaincy (pages 33 - 35).
- 312.9 Demonstrate self-supervision through a realistic assessment of one's pastoral functioning.

III. EDUCATIONAL RESOURCES

COMMON STANDARDS FOR PROFESSIONAL CHAPLAINCY

Qualifications of Professional Chaplaincy

The candidate for certification must:

QUA1: Provide documentation of current endorsement or of good standing in accordance with the requirements of his/her own faith tradition.

QUA2: Be current in the payment of the professional association's annual dues.

QUA3: 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.

QUA4: 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, or the Canadian Association for Pastoral Practice and Education (CAPPE/ACPEP). Equivalency for one unit of ACPE may be considered.

Section I: Theory of Pastoral Care

The candidate for certification will demonstrate the ability to:

TPC1: Articulate a theology of spiritual care that is integrated with a theory of pastoral practice.

TPC2: Incorporate a working knowledge of psychological and sociological disciplines and religious beliefs and practices in the provision of pastoral care.

TPC3: Incorporate the spiritual and emotional dimensions of human development into the practice of pastoral care.

TPC4: Incorporate a working knowledge of ethics appropriate to the pastoral context.

TPC5: Articulate a conceptual understanding of group dynamics and organizational behavior.

Section II: Identity and Conduct

The candidate for certification will demonstrate the ability to:

IDC1: Function pastorally in a manner that respects the physical, emotional, and spiritual boundaries of others.

IDC2: Use pastoral authority appropriately.

IDC3: Identify one's professional strengths and limitations in the provision of pastoral care.

III. EDUCATIONAL RESOURCES

IDC4: Articulate ways in which one's feelings, attitudes, values, and assumptions affect one's pastoral care.

IDC5: Advocate for the persons in one's care.

IDC6: Function within the Common Code of Ethics for Chaplains, Pastoral Counselors, Pastoral Educators and Students.

IDC7: Attend to one's own physical, emotional, and spiritual well-being.

IDC8: Communicate effectively orally and in writing.

IDC9: Present oneself in a manner that reflects professional behavior, including appropriate attire and personal hygiene.

Section III: Pastoral

The candidate for certification will demonstrate the ability to:

PAS1: Establish, deepen and end pastoral relationships with sensitivity, openness, and respect.

PAS2: Provide effective pastoral support that contributes to well-being of patients, their families, and staff.

PAS3: Provide pastoral care that respects diversity and differences including, but not limited to culture, gender, sexual orientation and spiritual/religious practices.

PAS4: Triage and manage crises in the practice of pastoral care.

PAS5: Provide pastoral care to persons experiencing loss and grief.

PAS6: Formulate and utilize spiritual assessments in order to contribute to plans of care.

PAS7: Provide religious/spiritual resources appropriate to the care of patients, families and staff.

PAS8: Develop, coordinate and facilitate public worship / spiritual practices appropriate to diverse settings and needs.

PAS9: Facilitate theological reflection in the practice of pastoral care.

Section IV: Professional

The candidate for certification will demonstrate the ability to:

PRO1: Promote the integration of Pastoral / Spiritual Care into the life and service of the institution in which it resides.

PRO2: Establish and maintain professional and interdisciplinary relationships.

III. EDUCATIONAL RESOURCES

PRO3: Articulate an understanding of institutional culture and systems, and systemic relationships.

PRO4: Support, promote, and encourage ethical decision-making and care.

PRO5: Document one's contribution of care effectively in the appropriate records.

PRO6: Foster a collaborative relationship with community clergy and faith group leaders.

Requirements for the maintenance of certification

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

MNT1: Participate in a peer review process every fifth year.

MNT2: Document fifty (50) hours of annual continuing education. (Recommendation that personal therapy, spiritual direction, supervision, and/or peer review be an acceptable options for continuing education hours.)

MNT3: Provide documentation every fifth year of current endorsement or of good standing in accordance with the requirements of his/her own faith tradition.

MNT4: Be current in the payment of the professional association's annual dues.

MNT5: Adhere to the Common Code of Ethics for Chaplains, Pastoral Counselors, Pastoral Educators and Students.

III. EDUCATIONAL RESOURCES

308.4 - THE LEARNING COVENANT

1. This covenant is a cooperative formulation between Student and Supervisor in accordance with ACPE Standards for all ACPE and individually tailored to account for the needs of each student.
2. One primary component is: What does the student wish to accomplish during the program?
 - a. What are the student's professional goals?
 - b. What are the student's personal goals?
3. An important consideration in formulating the covenant is: What will the particular setting and program permit the student to focus on in his/her learning experiences? E.g.,
 - a. Group learning and group process
 - b. Interfaith pastoral care and peership
 - c. Experience with specific patient populations
 - d. Pastoral counseling skill development (e.g., active listening)
 - e. Working with geriatric community
 - f. Crisis intervention
4. The supervisor will assist the student in focusing on the Objectives and Outcomes of Clinical Pastoral Education as articulated in the ACPE Standards on pages 30-31 of this handbook.

III. EDUCATIONAL RESOURCES

PREPARING A STATEMENT OF GOALS

Introduction

Every day, each one of us is changing in some way. Do we want to take charge of that change, or do we want to be the object of that change?

Unlike some educational courses which assume that something good will happen merely from “going through” the course, ACPE encourages you to take charge of what is happening, to actively take hold of your own learning process and direct it in ways that are certain to achieve results for you. The ACPE program is merely an opportunity and a facilitator; *you* have to make it work.

How is this done?

- Accurate identification of specific learning goals
- Commitment to concrete steps for achieving them
- Contracting with supervisor and peers for reasonable help and support
- Periodic review of progress

What are goals?

Goals are written statements about performance, which has been agreed upon by the student and the supervisor. Goals must be consistent with the overall objectives of ACPE. Written Goal Statements must be clear, specific, challenging, individualized, realistic and measurable. The strongest goals are written with the following formula:

“I will + Action word + Key Result + Specific target date + Cost.”

E.g. I will overcome my fear of patient visitation by midterm without ignoring my personal growth.

Types of Goals

- Innovative - implementing new ideas
- Remedial - resolving or preventing problems
- Routine - getting everyday tasks done on time
- Personal or career development - making the job more satisfying

Your Goals Statement

As you write your goals, remember that the goal defines where you are going. It does not say how you plan to proceed. Along with each goal, a specific activity (or activities) needs to be planned that will help you get there.

Respond to the following areas thoughtfully and carefully, as you presently perceive your goals and the opportunities of the ACPE program. It is understandable that your perception of both may change and sharpen as the program progresses.

III. EDUCATIONAL RESOURCES

1. What specific goals for personal, interpersonal and pastoral growth do you have for this unit of ACPE? Translate vague and generalized wishes into specific goals that can be worked on in a concrete way. Apply the **SMART** method:
 - Specific
 - Measurable
 - Attainable
 - Realistic
 - Timely
2. Describe specific activities that will help you attain the goals you have set for yourself.
3. How will you measure progress toward attaining your goals? How will you know if you have reached the goal?

Sample format for writing goals:

- Personal, interpersonal, or pastoral goal: I will _____
- Activities to help you attain the goal
- Measurement: How will you know if you have completed the goal?

III. EDUCATIONAL RESOURCES

AN EXPLANATION OF VERBATIM REPORT AND VERBATIM SEMINAR

The verbatim report is a method of reporting a clinical experience for the purpose of seeking meaningful critique and supervision. The ultimate value of the verbatim report is largely dependent upon the student. The amount of recall one can muster (or be free to report), the particular visits one chooses to “write up,” the purpose for writing the report, and other factors will determine the worth of the report. Therefore, when writing a verbatim, it will be helpful to keep in mind the following: **(Standard 251.3, 251.4, 251.5, 251.6, 252.3, and 252.4)**

1. Verbatim is a word-for-word (as much as possible) report of a pastoral conversation with a patient, family member(s) or staff person(s). The report is highly confidential and therefore, the identity of the patient should be disguised by the use of a pseudonym instead of the real name.
2. The verbatim is for the educational benefit of the student and not to meet the requirements of the supervisor. It is an opportunity to learn ministry, not to jump the “hoops” erected within the program to prevent you from completing the “course.”
3. The verbatim is a method of reporting your clinical experience. This process is used in Clinical Pastoral Education (CPE) to aid the student’s learning. Good sense dictates neatness and accuracy, but excessive time spent on “cleaning up” or “making right” the conversation can be self-defeating.
4. The length of the verbatim is a self-judgment resting with the student. Parenthetical notes that summarize meaningless or repetitive dialogue and other similar material are encouraged. For example, (“at this point the patient talked in detail about her previous surgery.”) The main issue in the verbatim is to try to capture (1) the “feel” of the experience and (2) the critical moments of points of dialogue.
5. Always state clearly a purpose for writing a particular verbatim report. Also, mention at the end what you hope to gain from the verbatim seminar.
6. There is no such thing as a “good” or a “bad” verbatim. Most any “good” act of pastoral care can be found to have “bad” in some spots, and any “bad” pastoral moment can usually be found to have its “good” features. Be encouraged to write up what you consider your “worst” moments as well as your “not so bad” moments. We learn much from our greatest difficulties. Remember that we are learners and teachers together. If you were perfect, you would not have a need for ACPE or be a student, you would need a halo (or something).
7. The key to clinical learning and growth is the ability to be honest with oneself and with others. Honesty in reporting clinical experience can be painful to our egos, but remember that you are functioning in a community of love and learning. Our approach has a “for you-ness” at its core.
8. Verbatim reports that are most meaningful will usually be those that come about without forcing them. In other words, to “go visiting” with the goal of “getting” a verbatim is usually self-defeating. Such visits are often wooden, mechanical, and preoccupied with techniques. Visit patients with a loving and pastoral concern and not to “get a verbatim.” A central truth

III. EDUCATIONAL RESOURCES

that you will learn in time is that the harder you seek after a verbatim from a patient, the more difficult it becomes.

9. When visiting and when writing, trust yourself entirely. Do not carry the Supervisor into the room with you. For example, to be preoccupied with thoughts, like, “I wonder how s/he is going to respond to this,” or “Is this how I should do it?” and other such thoughts will only distract you from doing your best. Try not to filter your clinical reports. Your task in training is to discover and to increase your own unique gifts and strengths, not to imitate the supervisor or anyone else. Believe in your gifts and abilities and trust God’s Spirit to be with you. Remember that you have your way of doing ministry that is as unique as you are. Write it up without apologies.
10. Use the verbatim report to report your interdisciplinary relationships. Your role as a chaplain in these medical centers is as secure and meaningful as you make it. You are by custom and tradition a part of the healing team. How much this is true in fact will be determined by how well you claim your right to it. Make it a goal to have at least one conversation a week with (1) a physician, (2) a nurse, (3) another para-medical person.
11. When writing, handling, storing, talking about, joking about, or doing anything which deals with verbatim report materials or other patient visits, be professional and maintain a high moral ethic in regard to confidential material.
12. The verbatim seminar is for you to present your clinical written work to the ACPE (peers and supervisor) group. You are the director of the seminar. Be emotionally available. Your emotional awareness and presence are keys to an effective and powerful verbatim seminar.
13. Your peers and supervisor will give you helpful feedback and challenge you to reflect deeper on different issues. The feedback will come from your presentation, their knowledge and how they experience you.

III. EDUCATIONAL RESOURCES

THE VERBATIM AS EVENT (This form is an example that each supervisor may revise.)

The verbatim is not only a record of a conversation between the chaplain and the patient, it is also an event which takes place again when it is presented to a group. The person presenting needs to stand back from the verbatim and view it as an event, in and of itself. In doing this, she/he becomes a participant (again) in the verbatim event as it becomes newly alive in the group. The purpose of the presentation and the process is not to enter into debate, but rather for each person to be free to say what he/she wishes, making sure she/he knows why he/she says and offers what he/she does. Overall, the verbatim event should focus on questions about ministry. The following guidelines are suggested for participants in the event:

1. PRESENTATION OF THE EVENT

Clarify what happened; ask questions of information, nuts and bolts, objective data, background, and facts.

2. PICK OUT KEY MESSAGES

These can be both verbal and non-verbal. They will be parallel or connecting. Do them in couplets. Each person offers a couplet (not just one side of the message).

3. DYNAMICS OF THE KEY MESSAGES

Truths and propositions, i.e., the theories of psychology and human behavior which make sense out of what is going on. Push for clarification and understanding here. What do you see? Where do you see it? How do you understand it? What form is it taking? (Can relate to both chaplain and/or patient.)

4. PERSONAL AND PROFESSIONAL IDENTIFICATION

Where do you identify with this event and why? Are there experiences in your life that are similar? With whom do you have greatest empathy?

5. BIBLICAL/SCRIPTURAL/SACRED WRITINGS ASSOCIATED

What material would you associate with this event? Why and how?

6. THEOLOGY

What do you see as the critical theological issues in this event? (Creation, the fall, imago die, grace, justification, etc. Remember that this does not only grow out of your biblical associations, i.e. it is broader and more open.)

7. GIVE THE EVENT BACK TO THE PRESENTER

What insights did you gain from “re-living” this event with the group? What would you do again?

III. EDUCATIONAL RESOURCES

CASE STUDY OUTLINE (This form is an example that each supervisor may revise.)

The person on whom you are writing a Case Study should be someone with whom you have a number of contacts of a both personal and/or professional nature. The more information you can gather about the person, the more it will help in preparing the Case Study.

I. VITAL STATISTICS

A brief paragraph giving specific facts about the person such as age, sex, height, weight, etc.

II. GENERAL APPEARANCE

A word picture describing the person as he or she appears to you.

III. FAMILY BACKGROUND AND INDIVIDUAL HISTORY

Include all the information you gain about the person from your interviews. This should include information concerning parents, grandparents, childhood, school, interests, work, etc., in other words, as complete a life-history as you gain.

IV. COUNSELING CONTACTS

Describe here your relationship to the person. Include the number of contacts you have had, an evaluation of your relationship to the person, as well as any understanding either of you have gained through this relationship. *Include selected verbatim dialogue to illustrate your interventions around significant events or issues.*

V. DYNAMICS

What are the basic pastoral issues of this person? Use theological, psychological and sociological lenses to frame your interpretation of what made this person the way he or she is. What is your pastoral diagnosis or assessment?

VI. SUMMARY

All the preceding information should help you answer the following two questions:

1. What has been your pastoral approach with this individual?
2. Based upon where this person is spiritually now, what interventions can you offer in your on-going care?

III. EDUCATIONAL RESOURCES

251.1 - Guidelines for Interpreting Clinical Material Theologically (This form is an example that each supervisor may revise.)

Introduction: “The search is what anyone would undertake if he were not sunk in the everydayness of life, to become aware of the possibility of the search is to be on to something. Not to be into something is to be in despair.” Binx Bolling in Walker Percy’s, **The Movie Goer**.

Theological reflection is not an appendage to clinical pastoral care reports. It is the best way to open up the creativity of student and supervisor, so that clinical pastoral experience can be fully explored.

How to Reflect Theologically:

1. Identify crucial issues: (urgent, not peripheral). What is pivotal in the pastoral relationship or about the relationship?
2. Appraise the issue theologically: Be aware of your frame of reference for appraising. Is it doctrinal, historical, Biblical? Is it influenced strongly by a theological perspective? (e.g., christological, feminist, liberation theology, denominational, etc.)
3. Critique your reflection: Theological reflection is not psychologizing, moralizing, sermonizing, or proof texting. It does involve your own personal dialogue between your concrete experience and your theological tradition.
4. Re-assess your theological resources: What has your clinical experience and your theological reflection told you about the strengths and weaknesses of your resources? Your original view may be reinforced, modified or enlarged.

III. EDUCATIONAL RESOURCES

GUIDELINES FOR WRITING A RELIGIOUS AUTOBIOGRAPHY (This form is an example that each supervisor may revise.)

This is a framework for the assignment. Do not feel bound by this format alone. These questions and suggestions should help you to address the development of your religious life from your childhood to the present. Find a way to enter into the spirit of the assignment. Be creative if you like. In the Jewish tradition, there is a literature called *midrash*. *Midrash* means “an explanation or interpretation.” You may view this exercise as a personal *midrash*, your own interpretation of your own spiritual life. Enjoy it.

This exercise gives you a chance to explore the stages of meaning in your life and put them in a form that you may want to refer to again in the future. For our purposes, this exercise will allow your peer group to know you better and thereby to better understand you and your learning process. Make enough copies for each person in the group.

Childhood

What was the religious tradition of your family – what were the main themes and emphasis of your denomination? What were the religious practices and observances in your home (place and meaning of prayer, religious holidays, etc.)?

Religious significance placed on your birth and the birth of your brothers and sisters.

Your early religious/Institutional experiences -- Your family’s participation in church/synagogue; their feelings about the church/synagogue; experiences you recall from church/synagogue.

The religious outlook of your mother and father and other influential people in your childhood. Your grandparents.

Your early understanding and feelings about God.

Relationship patterns in your family -- The expression of warmth, anger, support, etc.

Your favorite childhood Bible story and character --Why these stories and characters appealed to you.

Your family’s outlook and attitude toward things and possessions.

Family crisis events during your childhood --What part did religion play in your family’s response?

III. EDUCATIONAL RESOURCES

Early Adolescence (13-16)

Important religious persons during this time --what about these people inspired you or drew you to them?

Synagogue/Church/synagogue experience -- What did you look for from church/synagogue? What important events occurred?

Religious experiences -- Conversions, times of commitment, rededication, rebellion.

What did prayer mean to you? What did you pray for most often? When did you pray?

Important religious themes -- Judgment, grace, salvation, sin, love, forgiveness, etc.

Your understanding of how God deals with humans -- Include your view of God. Was there any change from your earlier understanding of God?

Crisis events for you or your family -- What was the faith response?

Late Adolescence (17-20)

Your feelings about God -- Feelings not concepts.

Vocational choice -- What is your understanding of your “call?” Who were the influential people involved? Were there any crisis events surrounding your call? What were your hopes and dreams about being called? What were the patterns or models you chose for ministry?

Important events -- What were the religious implications of education, marriage, working, etc., for you?

Adulthood

What changes occurred in the development of your religious understanding and feelings? What are your present feelings about God?

Key beliefs and religious themes in your life today – What are your doubts? What are the important spiritual values you hold? The theological ideas that are essential for you?

Current spiritual practices -- What is your practice and understanding of prayer?

What is your belief about God’s attitude toward you? How is God revealed to you? What is the source of your nurturing?

Current professional development -- What is your understanding of your vocational choice? Are there hopes that have not been realized? What frustrations? What fulfillment have you experienced? What are the spiritual areas you feel are growing edges for you?

III. EDUCATIONAL RESOURCES

THEOLOGY OF LOSS REFLECTION(This form is an example that each supervisor may revise.)

1. **Read this entire page first.** This assignment is designed for you to examine the experiences of loss in your life and to put those experiences into a theological/spiritual context.
 2. Think of those things that you have lost in your life:
 - a. Friends
 - b. Loved ones
 - c. Family
 - d. Home
 - e. Pets
 - f. Expectations
 - g. Dreams
 - h. Physical loss or loss of physical ability
 - i. Other losses, tangible or not
 3. How did you deal with the most painful of these losses?
 4. How was God present or absent for you then?
 5. What or who helped you move through the loss?
 6. Kubler-Ross talks about five stages of death and dying, which often parallels the experience of loss:
 - Denial & Isolation
 - Anger
 - Bargaining
 - Depression
 - Acceptance
- How did you go through each or any of these stages?
7. Did you allow yourself **time to grieve**?
 8. What would you do differently if you faced the same situation again?
 9. How were you changed by the experience? What did you learn or discover?
 10. After considering these questions, **focus on the one recent episode of loss in your life.** Write a reflection on it. Use any expository form you like. Use the experience to explore your feelings and your beliefs about loss.

III. EDUCATIONAL RESOURCES

BOOK DISCUSSION (This form is an example that each supervisor may revise.)

When you present the book to the group, prepare a one or two page-typewritten report that addresses the following:

1. What did you like most about the book or chapter?
2. What did you like the least?
3. Give a brief summary of the main ideas.
4. How have you been able to use insights from the book?
5. Would you recommend this book/chapter to others to read? Why or why not?

You are to read and lead a discussion on at least one book per unit of ACPE. The topics are as follows unless changed to meet the needs of the group:

- Unit 1 - General area of Pastoral Care or Pastoral Theology
- Unit 2 - Assessment-Understanding Myself and Others
- Unit 3 - Grief and loss
- Unit 4 - Special Focus

III. EDUCATIONAL RESOURCES

MID-TERM EVALUATION (This form is an example that each supervisor may revise.)

Before or while preparing your evaluation, please refer to the Outcomes for ACPE Section III, page 30 – 31 of your Student Handbook.

The evaluation should be single-spaced. Make a copy for each of your peers and supervisor.

1. Present your goals for this unit to your peers and how you are working on them. (5 minutes)
2. The presenter and supervisor will listen to the group as they discuss the following questions without commenting. (20 minutes)
3.
 - a. How has your peer been doing on her/his goals this unit?
 - b. Share with the strengths and growing edges of the presenter.
3. The supervisor will comment and summarize his/her feedback. (5 minutes)
4. The presenter can clarify and comment on what s/he heard. (5 minutes)

III. EDUCATIONAL RESOURCES

<p style="text-align: center;">FINAL EVALUATION Clinical Pastoral Education</p>

(This form is an example that each supervisor may revise.)

1. Reflect on your goals and evaluate your progress on them. Comment on the Outcomes of Level I and/or Level II ACPE (see page 31-32) that you feel you demonstrated during this unit of ACPE.
2. Share your pastoral strengths and growing edges.
3. Reflect on your participation in peer group.
4. Share how you used the clinical learning opportunities (clinical seminar, verbatim, theological reflection, IPR, book discussion, and ISC), and cite specific examples where possible from written presentations and note the outcomes of the handbook.
5. Reflect on what you learned about yourself and your ministry from each one of your peers and supervisor, and comment what you learned about yourself from your relationship with that person.

III. EDUCATIONAL RESOURCES

"I" MESSAGE MODELS

Adapted from Peggy Alter

As ministers, we can easily be caught up in feeling that we should know everything and be everything for our parishioners, patients and clients. We should be able to have the correct answers, be helpful in most situations, and rise above our own feelings. Perhaps it is a continual human temptation that is described in the Bible as wanting to "be as gods, knowing good and evil." We can easily exhaust ourselves with guilt and worry, and still realize we don't have all of the answers. Somehow we never seemed to be excused from our finitude; perhaps true holiness is living our limitations. The I-message is a skill that enables us to use our full humanness in relating to people: our hurt feelings, our exasperation, our feelings of being used.

The I-message allows a person to express his/her true feelings even when angry and upset. It is very natural to want to blame and accuse another at these times. The I-message, however, focuses on the situation and on your feelings about the situation, *NOT* on the character of the other. Here are some examples:

- 1. First, describe the situation, second describe the physical effect on you, third describe your feelings about it.**

When you arrive late for our group meeting, I miss your presence and I am inhibited from getting in a deep concern with the group. I feel ignored.

I find that I am not always able to remember the whole formula when I need it. I have found that the following models are also effective.

- 2. A command reversed:**

You be here on time! (You message)

I need you to help me by being on time to the group. (I-message)

- 3. Sometimes I-messages involve more than the situation, and I need to explain something about myself.**

Just stay out of my hair today. (You message)

I am feeling really exhausted and I need to be left alone for awhile. (I-message)

- 4. Sometimes I find it necessary to recognize the other's need first (active listening) and then reassert my own.**

Stop being rude! Stop butting in! (You message)

I can see that you have something important to tell me; I will listen in a minute, but now I'm listening to Martin. (I-message)

- 5. Using I-messages, which focus on the situation and describe meritorious behavior is an effective way to convey praise.**

III. EDUCATIONAL RESOURCES

INDIVIDUAL ROLES ASSUMED BY VARIOUS GROUP MEMBERS

POSITIVE:

1. The **INITIATOR-CONTRIBUTOR** suggests to the group new ideas regarding the group problem or goal. The ideas may concern a new goal, or a definition of the problem, or a new procedure, or a new way of organizing for the task.
2. The **GATEKEEPER** monitors the depth of interaction in a group. Although this role is most appropriate to the trainers, sometimes a group member will deliberately assume this position to keep the flow of conversation at a superficial level.
3. The **INFORMATION-SEEKER** asks for clarification of terms and ideas and for more information and facts relevant to the idea being discussed. They should perform this function for clarification within the group rather than for their own ego needs or their role becomes that of a blocker.
4. The **OPINION-SEEKER** may seek the position of other members concerning values of the group undertaking.
5. The **ELABORATOR** spells out suggestions in terms of examples or develops meanings; offers a rationale for suggestions previously made; and tries to deduce how an idea or suggestion would work out if adopted by the group.
6. The **INFORMATION-GIVER** offers facts or generalizations which are needed by the group.
7. The **OPINION-GIVER** states his belief or opinion concerning material brought up by the group.
8. The **ENCOURAGER** praises, agrees, transmits warmth and solidarity to the group.
9. The **HARMONIZER** pours oil over troubled water; attempts to reconcile differences among group members.
10. The **COMPROMISER** attempts to promote unity in the group by proposing comfortable solutions to members with strong disagreements.

III. EDUCATIONAL RESOURCES

NEGATIVE:

1. The **DOMINATOR** tries to assert authority or superiority in manipulating the group or certain members of the group. This domination may take the form of flattery, or asserting a superior status, giving directions authoritatively, interpreting, etc.
2. The **HELP-SEEKER** attempts to call forth sympathy responses from other group members or from the entire group through expressions of personal depreciation, insecurity, or, in general, "kick me" behavior.
3. The **SPECIAL-INTEREST-PLEADER** speaks for the "grass-roots" community, the "special student," etc., usually cloaking his own prejudices in stereotypes which best fit his needs.
4. The **FOLLOWER** goes along with the movement of the group, serving as an audience in group discussion and decision.
5. **PLAYBOY/GIRL** - the joke or story tellers whose jokes or stories relate to nothing relevant for the group; usually cynical about "groups such as these" and/or tries to "top" others' opinions, jokes, stories, etc.
6. The **AGGRESSOR** questions with thinly veiled sarcasm, the competency and/or veracity of person giving opinion.
7. The **BLOCKER** persists in stating one position, one goal, one method, etc.

III. EDUCATIONAL RESOURCES

- f. Written work (weekly reflections, theological reflections, evaluations).

 - g. Ministry (identity various clinical areas).
2. Any additional comments, positive or negative.

III. EDUCATIONAL RESOURCES

303.6 - PASTORAL CARE BIBLIOGRAPHY

Each Medical center maintains an individual Pastoral Care Resource Library, a Supervisor's Personal Library, as well as access to the internet and Libraries in the community which supplement the texts used by the supervisory staff.

Unit 1-Bibliography-Foundations of Pastoral Care

1. Clinebell, Howard, Basic Types of Pastoral Care and Counseling: Resources for the Ministry of Healing and Growth (revised), Nashville: Abington Press, 1984
2. Patton, John, Pastoral Care in Context: An Introduction to Pastoral Care, Louisville: Westminster John Knox Press, 1993
3. Patton, John, Pastoral Care: An Essential Guide, Nashville: Abingdon Press, 2005

Unit 2- Bibliography-Self-Understanding

1. Bates, Marilyn and Keirse, David, Please Understand Me (5th edition), Del Mar, CA: Prometheus Nemesis Book Company, 1984

Unit 3-Bibliography-Death and Dying

1. Albom, Mitch, Tuesdays with Morrie, New York: Time Warner Paperbacks, 2003
2. Didion, Joan, Year of Magical Thinking, New York: Alfred Knopf, 2006
3. Kubler-Ross, Elisabeth, Death the Final Stage of Growth, New York: Prentice Hall Publishing, 1975
4. Lewis, C.S., A Grief Observed, San Francisco: Harper One, 1961

Unit 4-Bibliography for Multiculturalism, Group Dynamics and Pastoral Emphasis

1. Augsberger, David, Pastoral Counseling Across Cultures, Louisville: Westminster John Knox Press, 1986
2. Yalom, Irvin, The Theory and Practice of Group Psychotherapy (4th edition), New York: Basic Books, 1985
3. *The Journal of Pastoral Care and Counseling* (Volumes from 2001-present)

Supervisory ACPE Bibliography

- Agazarian, Yvonne, and Richard Peters. The Visible and Invisible Group. London: Karnac Books, 1995.
- Agazarian, Yvonne. Systems Centered Therapy for Groups. London: Karnac Books, 2004.
- Augsburger, David. Pastoral Counseling Across Cultures. Philadelphia: Westminster Press, 1986.
- Buber, Martin. I and Thou. New York: Charles Scribner's Sons, 1970.
- Eckstein, Rudolph and Wallerstein, R. Teaching and Learning of Psychotherapy. Madison, CT: International Universities Press, 1972.
- Erikson, Erik H. Childhood and Society. New York: W.W.Norton, 1963.
- Erikson, Erik H. Identity, Youth and Crisis. New York: W.W.Norton, 1968.
- Erikson, Erik H. Identity and the Lifecycle. New York: W.W.Norton, 1969.
- Erikson, Erik H. The Life Cycle Completed. New York: W.W.Norton, 1982.
- Fowler, James N. Becoming Adult: Becoming Christian: Adult Development and Christian Faith. San Francisco: Harper and Row, 1984.
- Fowler, James W. Faith Development and Pastoral Care. Philadelphia: Fortress Press, 1987.

III. EDUCATIONAL RESOURCES

- Fowler, James. Stages of Faith: The Psychology of Human Development and the Quest for Meaning. San Francisco: Harper and Row, 1981.
- Frankl, Victor. Man's Search for Meaning. New York: Pocket Books, 1959.
- Frawley-O'Dea, Gayle and Sarnat, Joan. The Supervisory Relationship: A Contemporary Psychodynamic Approach. New York: Guilford Press, 2001.
- Friedman, Edwin H. Generation To Generation. New York: Guilford Press, 1985.
- Gilligan, Carol. In a Different Voice. Cambridge: Harvard University Press, 1982.
- Gula, Richard, Ethics in Pastoral Ministry, Paulist Press, 1995
- Hemenway, Joan. Inside the Circle: A Historical and Practical Inquiry Concerning Process Groups in Clinical Pastoral Education. Decatur, GA: Journal of Pastoral Care Publications, 1996.
- Jung, C. G. Memories, Dreams and Reflections. New York: Vintage Books, 1965.
- Jung, C. G. Modern Man in Search of a Soul. New York: Harcourt Brace Jovanowich, 1933.
- Jung, C. G. The Portable Jung. New York: Penguin Books, 1971.
- Jung, Carl G. Man and His Symbols. New York: Dell Publishing, 1964.
- Kegan, Robert. The Evolving Self. Cambridge: Harvard University Press, 1982.
- Kenny, Dennis. Promise of the Soul. New York: Wiley Publishing. 2002.
- Knowles, Malcolm S. The Adult Learner: A Neglected Species. Houston, TX: Gulf Publishing, 1990.
- Kubler-Ross, Elizabeth. On Death and Dying. New York: Touchstone, 1969.
- May, Rollo. The Meaning of Anxiety. New York: Ronald Press Co., 1950.
- Nouwen, Henri. Creative Ministry. New York: Image Books, 1978.
- Nouwen, Henri. The Wounded Healer: Ministry in Contemporary Society. Garden City, N.Y.: Image Books, 1979.
- Oates, Wayne E. Behind the Masks: Personality Disorders in Religious Behavior. Louisville: Westminster Press, 1987.
- Palmer, Parker. The Courage to Teach. San Francisco: Jossey-Bass, 1998.
- Palmer, Parker J. To Know as We are Known: Education as a Spiritual Journey. New York: Harper Collins Publishers, 1983.
- Palmer, Parker. The Promise of Paradox. San Francisco: Harper and Row, 1983.
- Pruyser, Paul. The Minister as Diagnostician. Philadelphia: Westminster Press, 1976.
- Schon, Donald A. Educating the Reflective Practitioner. San Francisco, CA: Jossey-Bass Publishers, 1987.
- Schon, Donald A. The Reflective Practitioner. New York: Basic Books, 1983.
- Steere, David A., ed. The Supervision of Pastoral Care. Louisville: Westminster/John Knox Press, 1989.
- Wimberly, Edward. African American Pastoral Care. Nashville: Abingdon, 1991.
- Yalom, Irving. Theory and Practice of Group Psychotherapy. New York: Harper, 1995.