A Response to Chaplain Massey's "Surfing Through a Sea Change"

Amy Greene

Kevin Massey has raised some excellent points for discussion and debate that the overlapping worlds of clinical pastoral education and professional chaplaincy cannot afford to ignore. He rightly states that most CPE programs are probably not preparing their students adequately for 21st Century outcomes-oriented, high quality hospital chaplaincy. It may be that part of the discussion ahead needs to center around just this question—to what degree *should* CPE focus on that aspect of its historic role in ministerial formation?

As a supervisor in the Association for Clinical Pastoral Education, Inc., I am both bothered by and occasionally guilty of the common tendency to refer to CPE as "chaplaincy training," as though the two were synonymous. That seems at least implied by Massey also. Although the majority of CPE participants will not, in fact, become professional chaplains, and although CPE has historically been understood primarily as *ministry formation* in a much broader sense, many do in fact still equate it with "training for chaplaincy." In that case, the answer to whether it is adequate for that task would have to be a resounding "No."

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But I would propose that CPE cannot and, maybe even, should not be the primary source of chaplaincy skills acquisition. Because CPE is still a requirement for "formal ministry" for many religious groups, its scope is inclusive of, but far beyond, the relatively few who will become full-time, professional chaplains. As long as it remains the case that, for most participants in CPE, the experience will be the only time in their careers that they wear a chaplain badge on hospital visits, then we will need to maintain a broader set of goals for what we should offer our students, many of whom are doing it purely because it is required.

I agree with Massey that most CPE programs could stand some renovation. Indeed we should all be in fairly constant motion to improve. Also, I agree with him that our Standards actually give a lot more freedom than most of us practice. I think each CPE program should begin to examine how it needs revamping to find the right balance between excellent training in pastoral/spiritual care and the work of deepening ministerial formation that all clergy can benefit from, no matter what ministry context they end up serving. Many of our centers (if not the majority?) have a workable system of essentially "trading" basic on-call coverage for their institutions in exchange for offering clergy the opportunity to do personal growth in a unique setting that can be both educational and therapeutic—and highly relevant to their ministries. How much they need to revamp is not clear.

On the other hand, some centers (such as ours at the Cleveland Clinic) could focus heavily on attracting mainly those who are fairly certain they will enter clinical chaplaincy as their career path. In this way, across the movement that is CPE, we could have a variety of programs and a place for both values (chaplaincy training and ministerial formation) to thrive in equal measure. Indeed, we must have CPE programs available where those who wish to become professional chaplains can expect to receive skills and training that are widely recognized as effective. Patient satisfaction (and the accompanying scores the topic generates) is a benchmark that is here to stay, and no one in chaplaincy can afford to pretend otherwise.

I applaud the efforts to shore up aspects of CPE in ways that will speak to this need, but I am not convinced that CPE should be the biggest source of this skill-based approach. I believe the associations and certifying agencies bear perhaps greater responsibility—not to mention superior resources—to provide this specialized service.