

## A BRIEF ANALYSIS OF THE ROLE OF CLINICAL PASTORAL EDUCATION IN SCOTLAND TODAY.

*Abstract: This article examines the place of CPE in Scotland today, what is available for practitioners wishing to study CPE and what that education involves. It also discusses the voluntary nature of CPE in Scotland and the difference between CPE and clinical supervision.*

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### What is CPE?

CPE is the abbreviation for Clinical Pastoral Education, a method of enabling participants, whether chaplains or any other provider of spiritual support regardless of religion or belief group, to interpret their pastoral experiences theologically and philosophically through the use of verbatims, or written accounts of pastoral interventions.

### CPE in the USA.

CPE began in the United States of America and grew out of several similar projects to educate clergy and especially hospital chaplains in experiential based learning using verbatims, or records of pastoral encounters written by the practitioner with the express purpose of improving practice. There is also increasing use of video tapes and other methods of capturing the pastoral encounter for study. A review of a recent history of CPE Trust the Process is in the reviews section of this journal and has informed me in this analysis of the use of CPE in Scottish training for hospital chaplains. (King, 2007)

In the USA, where it originated, CPE is an in-hospital experience with participants having a secondment, sabbatical or unpaid placement in a hospital for a full 3 months and there being an on-site CPE supervisor taking forward the program. The role of the supervisor is crucial, assessing, supporting and encouraging independent adult learning in order that the practitioner gains a comprehensive clinical education, with input from nurse practitioners and other professionals too. The USA College of Chaplains require 1 year of CPE to be completed

by all chaplains, often as a stipendiary year's placement paid by the hospitals. There is a very high degree of structure to American CPE and properly evaluated standards as is evidenced by the Association for Clinical Pastoral Education's Standards Manual (2005).

In the USA, Canada, and other countries where this method of integrating theology and clinical skills is the standard accepted method of training chaplains CPE is more than just a method of learning good reflective practice but is an integral training bringing together theology, theory of practice and direct clinical practice.

### CPE Worldwide

The CPE process is highly flexible and able to be changed by different national training needs and social and cultural differences. In his article, 'Clinical Pastoral Education with students from Other Cultures: The role of the Supervisor', Homer L Jernigan writes of the awareness among CPE supervisors that they are training people who will carry CPE back to their home countries and to different cultures (Jernigan, 2000). Cultural sensitivity, he argues, is not always found among CPE supervisors and he urges a greater sharing of cultural difference and distinction.

### CPE in Scotland Today

CPE is currently provided in Scotland by Val Duff and Neil Morrison. Val has previously written in this journal of her own experience of CPE in Atlanta, USA, which had inspired her to bring this form of

education to her native Scotland (Duff, 2003). The sponsorship of Glasgow Caledonian University, within the Centre for Spiritual and Pastoral Care Studies has been crucial in widening the audience for CPE and in providing Scottish academic credits (level 2 and 3) to those undertaking the course. The modules at Caledonian are assessed by a 2500 word critical evaluation with references. There is also a portfolio of evidence and an evaluation of the students by themselves, their supervisors and peers. Academic accreditation is an important part of the establishment of CPE style training in Scotland and it is hoped that formal accreditation as CPE by one of the CPE associations, such as ACPE or CAPPE will follow in time.

The first module is more general and taken up by students learning what CPE is and how to practice it. The second module can be more specialised. There is subjectivity in CPE and it was recognised by Val and Neil that the academic part of the course was not the focus, the focus is on work-place reflection.

One of the participants of the latest group had this to say about his experience of CPE,

*I was glad of the opportunity of taking this course in Clinical Pastoral Education as I had been in Chaplaincy for only 2 years. The change from church ministry to working within the NHS has proved to be a good move for me as it allows scope for activities that I enjoy. However, the concentration on the support of individuals from a wide variety of backgrounds, who exhibit an even wider range of need, means that I have to draw on all of my resources – CPE has given me the chance to reflect on what I am doing and consider alternative ways of responding to the challenges of the job.* [Andrew Graham CPE participant].

This expresses well the place of CPE as a method of learning how to use reflective practice. Andrew also highlighted the voluntary nature of the course. He felt he was a willing participant because he had self-selected to be there.

### **Who should do CPE?**

As to whether CPE should be a prerequisite for chaplaincy Val and Neil cited other countries (USA, South Africa) as an example of where this is currently the case. However in their view, in the UK it would be ideal if CPE were 'not required, recommended'. Students forced to do CPE as a

clinical necessity were not always the most willing to get the maximum out of the CPE modules as it involves a lot of self-reflection and participants are 'pushed' to think about themselves and where they, as individuals, are in any pastoral encounters. Val said out of any course evaluation there were some who would really recommend CPE, a majority who found it useful and a minority for whom it was not for them. Evidence for this can also be attested from Tracy J Trothen's study of SPE (Supervised Pastoral Education is the Canadian version of CPE). She found that motivation 'could be a significant factor in determining how much or how little an SPE student gained from their training' and cited the voluntary nature of her research respondents to be a possible flaw in her methodology as those not motivated by CPE would be less likely to complete questionnaires and return them. In her study 81 out of 212 students were asked by their supervisors to complete the questionnaire and many of them self-selected to do so therefore their responses are likely to be more positive than if all 212 students had been asked to complete the survey. (Trothen, 2000).

In short, many of the difficulties faced by CPE in the USA are born out of the fact that it became the compulsory training for chaplaincy, whereas in Scotland there is a strong voluntary commitment in those taking CPE and this leads to close involvement and a clearer experience of the CPE process, relying so heavily as it does on trust within the group and between supervisor and supervisee.

### **What is the relationship between CPE and ongoing Clinical Supervision?**

It is important to stress that CPE is not a form of reflective practice, nor is it a form of clinical supervision *per se* but a form of education which is based in clinical practice. During a module of CPE the participants reflect on their pastoral encounters through verbatims and other data collection. They learn to inform their work using theology and psychological insight. Koppel's study of adult learning found that CPE participants in the USA were more likely to use theoretical than empirical reading in the methods of adult learning. He approved of this writing 'on-going theory-building work supports healthy creative teaching' (Koppel, 2000). However Val and Neil maintained that this theoretical part of the work was difficult for some Scottish participants who were schooled in traditional theology and rather than re-

sponding to the themes of love, joy or meaning which they themselves met in a pastoral encounter, they were more likely to quote theologians. CPE is looking to develop self-awareness and the adult as learner in a self-directed manner which is not the same as the academic discipline of theology. Nor is it equivalent to the type of efficacy related research reported on by Harriet Mowat in her review. (Mowat, 2008, p.17).

Clinical Supervision, on the other hand, is part of the ongoing support for any professional and is usually empirical rather than theoretical in its basis. Chaplains can participate in clinical supervision which is not pastorally specific, or can choose to have a supervisor from a particular faith background, or who is sympathetic to issues of faith. The important feature of clinical supervision is that it is challenging of practice and improves practice. It should be in place for the length of a practitioner's career. The process of reflective practice within clinical supervision varies as it is based upon relationship as well as action and reflection. Good clinical supervision will always be challenging and yet sensitive to the emotional life, as will good CPE (Shohet, 2008).

Andrew Graham had this to say about the difference:

*Going through the CPE course has firmed up my determination to seek ongoing professional supervision... In one Verbatim I allowed the conversation to move into 'safe' areas rather than stay with the pain that the relatives were experiencing when facing the possible death of their loved one. The comments of the group, including the tutors, made me reflect on this propensity to avoid dealing with such raw emotions and to realise that it stemmed from an unwillingness to take them on board and deal with them myself. I sought further clarification on this, which has encouraged me to seek ... a professional mentor who would support me in talking through these issues.*

[Andrew Graham CPE participant].

Thus the distinction between CPE and Clinical Supervision is clear; CPE is one method of gaining skills which can be used in clinical supervision and throughout a career in the field of spiritual care.

## Conclusion

Clinical Pastoral Education is a valuable resource within the range of resources available to enable

chaplains to gain the skills that they require to practice effectively. It encourages peer support and teaches adult-learning models which can be carried through-out the remainder of a chaplain's career. It is not an alternative to clinical supervision and is not, nor is it likely to become, a compulsory part of chaplaincy education. Nor is it merely a form of reflective practice. The voluntary nature of CPE in Scotland is one of its strengths and allows chaplains and others to self-select this training as and when they require it. There are clearly important differences between CPE as it is currently provided in Scotland and in the USA, Canada, or Switzerland, or Taiwan. CPE is a worldwide movement and the Scottish provision of CPE has yet to become fully fledged within that movement. However, it is very well received by those who volunteer to take up this training and it remains an important resource within Scotland.

## Endnote:

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Useful Websites:

Association for Clinical Pastoral Education  
<http://www.acpe.edu/>

Canadian Association for Pastoral Practice and Education (CAPPE / ACPEP) <http://www.cappe.org/>

The Centre for Spiritual and Pastoral Care Studies,  
Glasgow Caledonian University  
<http://www.gcal.ac.uk/cspcs/>

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