Equipping the school chaplain: A reflection

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Wilf Rieger's "Chaplaincy in Christian Schools" (*TEACH* vol 3, no. 2, 2009) rivets the attention of parents, students, educators and supporters on the potential for enhanced pastoral care within the educational process. It also offers a plethora of starting points for the extended discussion that is required amongst educational stakeholders if the "identifiable types of needs encountered in schools" are to be met. Stimulated by the proposals outlined, this short reflection focuses on one facet of a pervasive issue: the equipping of school chaplains.[1]

The chaplain, according to the proposed generic school chaplaincy policy, "plans, organises, and implements a range of curricular and extra-curricular activities, events and projects, to achieve the pastoral care goals of the school". A demanding set of personal qualifications are enjoined, plus "a recognised tertiary qualification in theology, counselling or education (or a combination of these) from an accredited tertiary institution," as well as "relevant practical experience" (p. 28).

A proposal

This proposal is for at least some school chaplains to be trained in an interdisciplinary setting by undertaking Clinical Pastoral Education (CPE) as an elective during their first degree or as part of a continuing education process during their employment. While at first glance this may seem like a call to bridge a significant chasm, there are cogent reasons why the school chaplain will benefit from such an experience. CPE brings participants into

> supervised encounter with living human documents in order to develop their pastoral identity, interpersonal competence, and spirituality; the skills of pastoral assessment, interprofessional collaboration, group leadership, pastoral care and counselling; and pastoral theological reflection.[2]

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Such a short definition of CPE needs to be clarified by a broad understanding of its goals and methods. CPE aims to develop a clear and growing sense of pastoral identity, enhance professional competence, integrate theology and the practice of ministry, foster spirituality and build ethical awareness. These and related goals are pursued by "a graded, competency-based curriculum" that builds a sense of responsibility and emphasises constructive reflection through verbatims and case conferences, assisted by contemporary technologies. Seminars and personal growth groups extend the impact of these methods, but at the core of the process is the unique role of specially-trained supervisors.[3]

From scripture and theology to experience

One of the great affirmations of Scripture is that deity understands humanity. God, according to an Old Testament poet, is a father who has compassion on his children, knowing how we are formed (Psalm 103:13–14, NIV). The New Testament exults: "The Word became flesh and made his dwelling amongst us" (John 1:14). According to Brian Hebblethwaite:

> The significance of the doctrine of the Incarnation in Christian theism is very great. The gap between God and man is here held to have been crossed from the side of God, who by making himself known within the human world in a life of dedicated self-sacrificial love overcomes the vagueness characteristic of religious awareness generally and makes possible a much more personal and intimate saving knowledge and experience of God for the believer.[4]

If the Incarnation, as in Hebblethwaite's argument, presents a "morally credible God", the active listening that is at the core of process-based CPE assures the client of a morally credible chaplain. Thus, a trustful relationship is developed and enhanced, the innate capacities of the person experiencing pastoral care are respected, and the individual becomes an active participant in the process of growth or healing.

A personal history

A fragment of history may be needed to explain the development of CPE and my particular engagement with it. I arrived at Christian Theological Seminary (CTS), Indianapolis, United States of America, in 1972, with two freshly minted graduate degrees, an MA in Systematic Theology and a Master of

Divinity, plus an abiding confidence in counsellor-centred pastoral therapy. Rather like some famous counsellors of the era, I regarded the ideal counsellor as an expert able to convey to the receiver of pastoral care the life-changing data capable of facilitating whatever development or change may be required. It was with this attitude that I attended the pastoral counselling lectures of Dr Lowell Colston, a specialist who trained in Chicago under Carl Rogers.

Under the impact of Colston's analysis of human capacities and how best to unlock them, beginning with depth-knowledge of the client derived from their own words, my approach began to change. More than that, as a Doctor of Ministry candidate, the seminary channelled me into a unit of Clinical Pastoral Education offered in a Methodist Hospital. Such training began with the candidate wearing the white coat of an orderly, mostly wheeling patients to their various appointments, meanwhile writing verbatim accounts of conversations and sharing these with a small group of peers under skilled supervision. Then came the main phase of the training when the student presents as a chaplain, writes verbatims of interviews and discovers in small-group interaction with peers and supervisor just what patients are saying and the nature of the chaplain's communications.

When our family sailed to the US in 1967, I was completely unaware of CPE; by the time I flew back to teach ministerial students in 1973, it had already leapt the Pacific Ocean. For the next eighteen years, there was opportunity to cherish the ideas and experiment with them in an educational setting. Then, appointed to lead a team of chaplains in a large hospital, at last I was in daily association with a group of people who had undertaken CPE and were ministering effectively to people in crisis. During the next five years, I visited perhaps fifteen thousand patients. I recall the most challenging interactions as occurring when nursing staff anticipated a death might occur. During the most demanding week of my hospital chaplaincy, I was called to attend ten deaths and, of course, a number of these events were followed by requests to conduct funeral services. Interactions with dying patients in their last hours were often minimal due to such factors as the need for pain control; the communications with staff and families at such times were often exceedingly rich in quality, especially when we were together for extended periods (often during the night-time hours) as the life of a loved-one ebbed away.

It was during those five years of chaplaincy that I engaged with the New South Wales Council for Clinical Pastoral Education and realised how effectively the training I had received in the United States was now established in Australia.

CPE training

Robert Leas pictures the recent world status of CPE.

> CPE is international today, with clergy and graduate students in theology coming from a number of countries throughout the world along with the certification of international clergy. CPE has grown in 80 years to include over 3,300 members that make up the Association for Clinical Pastoral Education, with some 350 ACPE Accredited CPE Centres, and about 600 ACPE certified faculty members (called CPE Supervisors). There are about 118 Theological Schools as members, and 21 Faith Groups and Agencies who are partners with ACPE. The model of education that CPE represents is a vital part of theological education today.[5]

As may be expected, the history of CPE in Australia is also readily available on the Internet, together with lists of the many locations where training is currently available. This process-based education thrives in a wide variety of settings—it has potential for any place where people need pastoral care. Trained counsellors are aware that there are multiple approaches to the task of people-helping. To ponder Rieger's insightful document, in the light of my experience in education and chaplaincy since 1973, leads me to the conviction that it is high time that more school chaplains were exposed to the CPE that is likely to enrich every aspect of their service to students and staff.

> ***"It has potential for any place where people need pastoral care"***

It would be sad indeed if those who implement the pastoral care that Rieger so well describes failed to consider what Clinical Pastoral Education may offer those chaplains who deliver programs that build "a community of hospitality" where children and youth identify with a larger group, and a "hospitable life where there is empathetic listening and genuine concern".[6] TEACH

Endnotes

[1] The options for effective training in Australia are rapidly developing; see, for instance, http://chaplaincyaustralia.com/content/view/77/113/

[2] E. E. Thornton, "Clinical Pastoral Education (CPE)", Rodney J. Hunter, general editor, *Dictionary of pastoral care and counseling* (Nashville: Abingdon Press, 1990), 177–182.

[3] Observe Thornton's expression of these goals and methods and reinforce the ideas from recent, ongoing sources such as *Journal of Pastoral Care and Counseling* and *Reflective practice: Formation and supervision in ministry*.

[4] "Incarnation", Alan Richardson and John Bowden, editors, *A new dictionary of Christian theology* (London: SCM Press, 1983), 289–291.

[5] The Association for Clinical Pastoral Education, Inc. *A brief history of ACPE*. Accessed from http://www.acpe.edu/cpehistory.htm.

[6] I thank Cheryll Bird, a CPE supervisor, for her comment made on a draft of this reflection that includes the quoted words. Bird also fittingly emphasises the crucial role of the "morally credible God / chaplain" for children / youth with a trauma background; e-mail, Bird to Patrick, 25 February 2010.