CLINICAL PASTORAL EDUCATION
STUDENT HANDBOOK

Avera Health ACPE System Center,
Sioux Falls, SD

Phone:  (605) 322-4700
Fax:  (605) 322-4834
peter.holland@avera.org
steve.corum@avera.org

PETER A. HOLLAND, D.MIN., DIRECTOR
STEVEN P. CORUM, D.MIN., ASSOCIATE DIRECTOR

AN ACCREDITED CPE CENTER OFFERING LEVEL I, LEVEL II AND SUPERVISORY CPE
BY THE ASSOCIATION FOR CLINICAL PASTORAL EDUCATION
1549 CLAIRMONT ROAD, SUITE 103
DECATUR, GA  30033
PHONE:  (404) 320-1472
FACSIMILE:  (404) 320-0849
ACPE:  acpe@acpe.edu

DERYCK DURSTON, INTERIM EXECUTIVE DIRECTOR
May 1, 2012

To Whom It May Concern:

This letter verifies the commitment of Avera Health and its Board of Directors to the continuation of our Avera Health ACPE System Center accreditation with the Association of Clinical Pastoral Education. We have enjoyed a long history of affiliation with ACPE as it complements our mission as a Christian centered health care system.

Sincerely,

J. Michael Stebbins
Senior Vice President, Mission Services
Avera Health
Sioux Falls, South Dakota
## TABLE OF CONTENTS

### LETTER OF WELCOME

### FORWARD AND INTRODUCTION

### HISTORY OF ASSOCIATION FOR CLINICAL PASTORAL EDUCATION

#### A. CPE PROGRAM CURRICULUM – LEVEL I & II

1. Overview
2. Learning Covenant
3. Guidelines for Clinical Reflection Reports
4. The Process & Procedures of Clinical Reflection Seminars
5. Background to Group Development for Interpersonal Relationship Seminars
6. Process Note Summary
7. Meditation Presentation Seminar/Didactic
8. Guidelines for Leading a Theological Reflection Seminars – Level II
9. Reading Impressions
10. Guidelines for Establishing a CORE Consultant
11. Didactic Seminars in CPE
12. Evaluations

#### B. ADMINISTRATION

1. History of Avera Health
2. *History of Chaplaincy Services & CPE
3. Avera Health – Mission / Vision / Values Statements
4. Mission of Avera Health Clinical Pastoral Education
5. Administrative Structure & Advisory Committee of the Avera Health Center

#### C. PASTORAL CONTEXT

#### D. EDUCATIONAL RESOURCES

1. Standards for Level I and Level II ACPE Programs
2. Objectives of Level I and Level II CPE Programs
3. Outcomes for Level I CPE Programs
4. Outcomes for Level II CPE Programs
E. POLICIES AND PROCEDURES

1. Student Information
2. Agreement for Training
3. Admissions Policy
4. Financial Policy
5. Complaints Procedure – Avera Health
6. Student Records
7. Annual Notice
8. Consultation Process
9. Student Discipline / Dismissal / Withdrawal
10. Ethical Policy
11. Student Rights & Responsibilities
12. Minimum number of CPE Students
13. Access to Required Written Materials, including ACPE Standards, Library and Other Resources

F. APPENDICES

Appendix I – Satellite ACPE Contract, Avera Health ACPE System Center
Appendix II – Template for Memorandum of Understanding
Appendix III – Common Standards for Professional Chaplaincy
Appendix IV – Reading List – CPE
Appendix V – System Centered Training Essentials
Appendix VI – Clinical Pastoral Education – Student Evaluation Report
Appendix VII – Differences Between a Social and Pastoral Visit
Appendix VIII – Agreement for Training
Appendix IX – CPE Student Record
Appendix X CPE Follow-Up Program Evaluation
Appendix XI – Faculty
Appendix XII – Ideal Intervention Form
Appendix XIII – Raising Cultural Awareness
Appendix XIV – Component Site Information
Appendix XV – CPE Time Sheet

Avera Partners List/Avera Map – April, 2012
Organizational Chart
Welcome to Avera Health Clinical Pastoral Education. This handbook contains various materials that are intended to assist students during their CPE experience. The handbook contains policies and procedures, codes of professional conduct, program standards, Avera Health materials, guidelines and sample materials.

This student handbook is comprehensive, and during orientation the unit supervisor will indicate which pieces will need to be examined more closely. Other materials are included more in the capacity of a reference book, i.e., as needed.

The policies and procedures are intended to meet the ACPE Standards and the mission, core values and policies of Avera Health and its related regional hospitals. Attention to these materials should help students develop a learning contract. (See Standard 308.4)

This student handbook is written noting ACPE Standards for Accreditation. Immediately following the specific Standard is a description of you how that Standard is addressed in Avera Health's CPE program.
HISTORY OF THE ASSOCIATION FOR CLINICAL PASTORAL EDUCATION

Richard C. Cabot conceived of clinical pastoral education (CPE) as a method of learning pastoral practice in a clinical setting under supervision. Anton T. Boisen enlarged the concept to include a case study method of theological inquiry -- a study of “living human documents.” William S. Keller began supervising theological students in case study methods, believing pastoral practice was complete only as it addressed contributing social conditions. As CPE developed, other leaders opened the doors to integrating knowledge from medicine, psychology and other behavioral sciences into pastoral practice.

The Association for Clinical Pastoral Education, Inc. (ACPE) formed in 1967 after some forty years of experience, development and practice of clinical pastoral education by several organized, but uncoordinated groups. The groups merging to form ACPE included the Institute of Pastoral Care, Inc., the Council for Clinical Training, Inc., the Association of Clinical Pastoral Educators, and the certification and accreditation functions of the Lutheran Council in the U.S.A.

Thus, ACPE became the standard setting, accrediting, certifying resource agency in the field of clinical pastoral education. It accredits institutions, agencies and parishes as clinical pastoral education centers to offer programs of clinical pastoral education and certifies supervisors to conduct these programs.

ACPE accredited centers offer clinical pastoral education as: part of theological education; training for pastoral ministry; training for institutional chaplaincy; training for pastoral counseling; training for certification as a supervisor of clinical pastoral education; and training for other specialized ministries. Theological schools give academic credit for clinical pastoral education according to the credit system of each school.

PLEASE NOTE: This is a student handbook for persons who are involved in a unit of Clinical Pastoral Education. It is not to be considered a contract between the student and the CPE Center or Avera Health.
A.

CPE PROGRAM CURRICULUM
LEVEL I & LEVEL II
A.1 - OVERVIEW

THE UNIT

- A unit of CPE is at least one hundred (100) hours of structured group and individual education. Each unit shall be accompanied by the supervised, clinical practice in ministry. The combined time shall be no less than four hundred (400) hours. (Standard 308.1)

- A half-unit of CPE is at least sixty (60) hours of structured group and individual education. Each half-unit shall be accompanied by the supervised, clinical practice in ministry. The combined time shall be no less than two hundred forty (240) hours. (Standard 308.1)

Students working in the hospital will meet professionals from the disciplines in the hospital who will inform them about their work and the organization of the hospital. Students will have an opportunity to work on goals with peers and supervisor, and to discuss clinical assignments.

SETTING GOALS THAT DEFINE THE LEARNING CONTRACT

At the beginning of the unit students will give shape and direction to training and supervision by writing goals and describing steps to achieve those goals. Formally goals and contract are reviewed at midpoint and the end of the unit. However, students are free to revise goals at any time. (Section A. 2.)

INDIVIDUAL SUPERVISION

Student peer group participation, clinical experience and written materials will provide data for individual supervision. Individual supervision with the ACPE Supervisor is offered regularly. (10 times in a full unit; 6 in a half unit), but students will be expected to negotiate the time and be responsible for bringing their learning needs to the meeting. (Section A. 6.)

THE PRACTICE OF MINISTRY IN THE HOSPITAL

Clinical Assignments: Students working in the hospital can provide input into their choice of placement. It is assumed students will function as a team member of the Pastoral Care/Chaplaincy Department and be administratively responsible to

- The Director of Pastoral Care/Chaplaincy. The department orientates students to the policies and procedures operating in the departments Critical Care Assignments: On-Call/Pre-Surgical Visits: Students may visit patients prior to their going to surgery, check on critically ill patients, carry a pager, and respond to emergencies.
THE PRACTICE OF MINISTRY IN NON-HOSPITAL SETTINGS

- **Clinical Assignments:** Assignments in non-hospital settings will be considered on a case-by-case basis. The student will need to develop a learning contract appropriate to other settings, including parish, penitentiary, campus, etc. In addition, the student will need to initiate a completed contract between a non-Avera placement and the Avera Health ACPE System Center. (Appendix I) A sample contract can be found in Appendix II.

REPORTING ON AND EVALUATING YOUR MINISTRY

- **Clinical Reflection Reports:** Students type reports and present them to the supervisor and/or group. Supervision focuses more on the way one’s ministry affects persons than on the condition of the patient. Following the guidelines for producing these reports provides the principle means through which students reflect on their ministry. Strategies students use for ministry, whether deliberate or unconscious, become visible using this tool. (Section A. 3)

- **Group Process in Theory and Practice:**
  
  -- *Inter-personal Relationship Seminars* - When a group works together closely, feelings, needs, drives and values influence the relationships, yet may go unexamined. An Interpersonal Relationship Seminar (IPR) enhances pastoral identity by bringing to consciousness a person’s affects, relationship style and cultural assumptions. This handbook contains more extensive guidelines for participation in this seminar. (Section A. 5. and Appendix V)

- **Process Reports**: Students will be required to submit process notes for individual supervision. These notes include a description of how students experienced their learning contract in action, how students experienced them in relationship to the group and to the supervisor, and expects a description of a significant incident occurring since the last individual session. Guidelines for presenting Process Note Summaries are found in Section A. 6.) Progress toward your learning contract, your relationship with the group and supervisor, the highs and lows of your experiences for the week, a significant incident that has occurred, and say what you have learned personally and professionally about how you do ministry.

- **Research Project:** From time-to-time, research projects conducted by the CPE programs assist supervisor and students to reflect on ministry. Students may be asked to fill in a form describing CPE related activity each week.

- **Mid-Unit and Final Self Evaluations:** These written reports presented in group give students an opportunity to assess their progress, and provide a description of the student's CPE experience. Students are expected to evaluate peers and students self evaluations become part of the permanent record which the center keeps for 10 years.
- **Program Evaluation**: The CPE center evaluates its effectiveness by asking students to complete a questionnaire at the end of the unit. (Appendix X)

- **Other Reports Used in CPE**:
  
  -- **Sermon/Worship Presentations** - Students may present a worship service from their clinical placement. Guidelines for making a service into a clinical presentation can be furnished. (Section A. 7.)

  -- **Case Studies** - Focusing on one idea/experience/issue/person in depth can bring learning applicable to a wider context. A case expands on a problem and uses a combination of techniques for data gathering, analysis, conclusion and plan of action. Students are encouraged when developing a case study to keep the portfolio writing and use it as background for the presentation.

  -- **Didactic Presentations** - Early in the unit, students participate in a workshop to define the theoretical input the group needs in order to minister to their client population. Subjects will be negotiated with the supervisor and the peer group and a plan devised for meeting these needs and interests. Guidelines describing the purpose and scope of these seminars are furnished. (Section A. 11.)

- **Theological Reflection on Reading** - Pertinent suggestions for reading emerge in the process of reflection and supervision. A theological reflection on a book read will be expected. (Section A. 8.)

- **Student Didactic Presentations (Level II students)** – Level II students are expected to develop and present a group didactic based on their specialization goal.

- **Confidentiality** - No place names, names of persons or other identifying information should appear on any written material. A student’s name, however, should appear. A patient’s condition must be kept in confidence. CPE group interaction is also subject to professional standards of confidentiality.

- **Attendance** – Attendance is mandatory unless otherwise negotiated.
A.2 - LEARNING CONTRACT IN CLINICAL PASTORAL EDUCATION

Within CPE training, the learning contract is a written agreement.

Pastoral Reflection: – the process of increasing awareness, understanding and ability to articulate the meaning and purpose of one’s experience in ministry.

In CPE the objective of reflecting on one’s self as a person and pastor takes place in relationship to a certified supervisor, accredited center, peer group, curriculum and pastoral ministry. CPE asks you to reflect, reassess, reshape, and develop relationships to persons and events, using the primary “tool” of pastoral care; one’s self. Questions to help you address reflection include:

- Can I describe what I am feeling when I minister?
- What are my gifts, my strengths, and my limitations?
- What memories are evoked as I minister?
- What strengths do I have to offer?
- How do my limitations affect what I do?
- In what areas do I want to grow personally and professionally?

A nurse or physician often knows how a drug at certain doses affects a person. How well do those in ministry know how we impact others?

Pastoral Formation: – the exploration and development of one’s pastoral identity and practice through integrating one’s heritage, theology and knowledge of behavioral and social sciences.

Becoming acquainted with the process of using self in pastoral care produces pastoral formation. Acquaintance with our heritage, family, theological understanding, knowledge of the behavioral sciences and personal experience all influence how we minister. Questions to help you address formation include:

- How do my assumptions about ministry measure up in practice?
- How does my current experience relate to my history?
- Does what I have been told make sense?
- How do my encounters with people alter my assumptions?
- What needs to happen in order for growth to take place?

(Pastoral reflection and pastoral formation are the foundations of pastoral work. Pastoral competence and pastoral specialization deal with the acquiring of knowledge and skill that move pastoral care givers toward best practice.)
Pastoral Competence: – the discovery and use of skills necessary for the intensive and extensive practice of ministry.

Pastoral identity grows through one’s ability to assess and engage the emotional and spiritual needs of persons. It includes recognizing how one’s strengths and weaknesses inform ministry responsibly and consistently. Students gain knowledge and skill through openness to client, parishioner, patient, peer and supervisory relationships. Questions to help you address competence include:

- How good are my listening skills and crisis intervention skills?
- How well do I respond to people and use pastoral initiative?
- Can I make a pastoral assessment and build trust with those I serve?
- How can I develop my understanding of faith to serve others?
- What is my understanding of health and disease from a faith perspective?
- What knowledge, skills and attitudes do you need to acquire?

Fostering spirituality (e.g., hope, love, forgiveness, bitterness, meaning, joy, grief, depression, community, systems, isolation, belonging, estrangement, faith, repentance, etc.) and its impact on physical, mental and emotional health is the essence of pastoral competence.

Pastoral Specialization: – development of pastoral competence in an area of ministry with an identified focus in a particular setting or context. Level II CPE only.

Students can contract to become knowledgeable in a particular area of ministry, (e.g., administration, church leadership, oncology, psychiatry, hospice, rehabilitation, pastoral counseling, geriatrics, cardiac care, prisons, etc.) Students will be expected to develop a specialized ministry project and present it as a didactic to the CPE group.

(Pastoral reflection and pastoral formation relate more directly to Level I Outcomes, while pastoral competence and pastoral specialization correlate more strongly with Level II Outcomes.)

1. Write out your goals under the above three categories.

2. How will you or other people know when you have reached it? What will you be able to do once you have reached the goal?

3. Is it reasonable or realistic to expect that you reach the goals either in this unit or in the future?

4. What will you have to do to bring the goals within your physical, emotional and intellectual grasp?

5. What would you have to do to sabotage or insure that you will not reach your goals?
6. How will you utilize the program to address your learning goals?

7. What help will you need from your supervisor and/or your peers?

**Evaluation**

1. How will you evaluate your own learning?

2. How will you know when you have reached your learning goals?

3. What feedback/insight will you need to measure reaching the goal?

During orientation you will have an opportunity to review your learning contract with your supervisor. Please be prepared to hand in a copy of your first draft by the end of orientation to enable your supervisor to review it before you reflect on it together.

Please refer to ACPE Objectives and Level I and Level II Outcomes in Section D. 3 & 4 to help you formulate your learning contract.
A. 3 - GUIDELINES FOR WRITING CLINICAL REFLECTION REPORTS
(VERBATIMS)

CHAPLAIN: ________________________________________________

DATE: ________________________________________________

BACKGROUND:

Record what factual information you have about the patient/parishioner prior to the visit.

PLANS:

Knowing what you do about the patient prior to the visit, prepare your mind for this pastoral visit. Imagine the situation in which you may find yourself and the patient upon arrival, and the pastoral direction in which you plan to move unless the actual situation indicates otherwise. What are the needs of the patient and your talents in ministering to him/her?

As you continue to visit the patient, your plans for each visit may change. The purpose of these plans is to prepare your mind, not your visit. Since these plans will need to be based on your insights resulting from your relationship with the patient, they should definitely be related to your ANALYSIS of the previous visit (If it seems advisable to change your plans during the visit, explain your reasons for this under ANALYSIS of the chaplain.).

OBSERVATIONS:

Record in detail your first impressions as you enter the room. Describe the patient so that others can visualize his/her face/stature/significant features/clothing, etc., especially noting observations that clue you into his/her disposition/mood. Describe the living space, immediate surroundings, and other such observations you may regard pertinent. Such non-verbal communication is very important. With practice you will grow more sensitive to your observations and these will clue you into the patient’s concerns, and where you need to minister to those needs.
C1: “Hello, Tom. How are you today?”

P1: “Hi, Sister.” (Extending right hand to shake my hand). “I’m glad you dropped by. I’m worried…” (troubled expression on his face).

C2: (Standing close to his bedside), “Would you like to talk about it…”

P2: “Well, it’s like this…”

(RECORD HERE YOUR INTRODUCTION AND CONVERSATION WITH THE PATIENT. GIVE A VERBATIM ACCOUNT AS WELL AS YOU CAN - REMEMBER NOT ONLY CONVERSATION, BUT LITTLE INCIDENTS, EMBARRASSMENTS, PAUSES, INTERRUPTIONS, ETC., AS THEY OCCUR DURING THE VISIT. PRESERVE ALL TRANSITIONS SO THAT THE REPORT WILL BE A UNIFIED WHOLE. RESERVE ALL JUDGMENTS AND INTERPRETATIONS FOR THE ANALYSIS.

TO PROTECT THE CONFIDENTIALITY OF PATIENTS, USE INITIALS OR PSEUDONYMS, AND CHANGE OTHER IDENTIFYING DETAILS SUCH AS GEOGRAPHICAL AREAS, RELATIVES, ETC.

THE PATIENT:

Theological Concerns: Assess how the patient’s faith and religious outlook relates to his/her present situation. What is the patient’s reaction to you, the chaplain? Suggested themes here would include: meaning, vocation, purpose, and hope, for example. What is the patient’s reaction to you, the chaplain?

Dynamic Concerns: What feelings did the patient express? Are you aware of the patient’s psychological needs and conflicts?

Systemic Concerns: What is the quality of his/her relationships to others: family, friends, community, nurses, doctors, other patient, and TO YOU, as a result of his/her cultural, economic and political background?

The Chaplain’s Pastoral Identity:

The greatest thing you can give a patient (and at times the ONLY thing) is yourself…your care, concern, and love. In order to be of the greatest possible help to the patient, the chaplain must continuously attempt to understand his/her own emotional and religious reactions and involvement.
Recall in as much detail as possible, your feelings throughout the visit from the time that you selected this patient for the pastoral visit, until you left. In this section, analyze yourself, not the patient.

Why did you select this patient to visit? Why did you decide to record this visit? How did you feel in preparing for this visit as you entered the ward, during the introduction, during the pastoral visit, at interruptions, during pauses, and in the termination of the visit? What worked and what didn’t seem to work? How did you react? What did you consider your role to be with this patient? How did you feel about the role that the patient perceived you in? How did you feel as you left the patient?

PASTORAL OPPORTUNITIES:

With each pastoral visit, your pastoral opportunities or goals may be clarified, redefined, or altered. With your further understanding gained from your analysis of the patient and the chaplain, how can the realities be utilized for the attainment of the patient’s further spiritual, emotional, and social maturity? What is your pastoral diagnosis or assessment? What are your plans for the next visit? What are your long-range goals for this patient? Be realistic and be specific as to how you plan to achieve these goals.

PRESENTING TO PEERS AND SUPERVISOR:

Often students feel exposed and alone when presenting a case. Past students note how they want to defend and protect themselves when discussing the case. To be open with your work, do not question your fundamental self-worth. Imagine you performed adequately.

Name three areas that satisfied you. Name three areas of concern in which you want feedback from your peers and supervisor for further learning.
A. 4 - THE PROCESS & PROCEDURES OF CLINICAL REFLECTION SEMINARS

INTRODUCTORY COMMENT: Philosophically, this model of reflection is highly structured. It invites the entire group to own the ministry event.

CLINICAL PRESENTATION: The group receives a clinical report from a pastoral care visit, a counseling session, an exchange during a meeting, a brief conversation after a sermon, or any other ministry event between the presenter and another person. Relatively short materials are often the most helpful.

CLARIFICATION: After the presentation, questions for clarification to form a better understanding of what happened are entertained. Questions that seem to get into hidden agendas or criticism about what happened, or that deal with the issues of ministry coming out of the ministry event should be avoided. Thus, clarification should be short.

EMOTIONAL PROCESS: Everyone (including the presenter) is encouraged to identify the underlying emotional process and tone within the communication. Begin with a personal pronoun such as “I” or “you” that identifies the emotional messages sent between the minister and the patient.

MAJOR DYNAMICS OR TENSIONS: Next, any participant may name interpersonal dynamics or tensions in the ministry event. No criticism or argument about the appropriateness of a particular entry is allowed because the group is still collecting data from which to learn.

SOCIAL SYSTEMS: Participants will consider the family systems, hospital systems, cultural considerations, the systemic assumptions of the caregivers, as well as any systemic concerns arising during the interaction between the caregiver and the care-receivers.

PERSONAL/PROFESSIONAL IDENTIFICATION: Now each group member is asked to identify with persons in the ministry event to allow participants to empathize with the situation and make the ministry event the group’s property.

THEOLOGICAL THEMES: Participants are asked to recall theological themes that address the ministry event. Questions such as: “What resources of the Church are available to deal with this ministry event?” “What does the Church offer in terms of its theology, its tradition or its history that would inform the group when it faces ministry events like this one?” Also, “What part might God play in the midst of this event?” (e.g., What might God intend? What might God maintain? What might God expel?) One or two themes may surface as most appropriate to bring theological resources to the practice of ministry.

REFLECTIVE INSIGHTS: What insight for the growth and development of the presenter do you offer? These messages, when framed constructively, should help the presenter hear valuable feedback.
LEARNING AND DEBRIEFING: What has the discussion taught you? Participants then name their vicarious learning from their peer’s clinical experience. The debriefing experience may surface additional interactions, which could be processed through the same series of categories as above.

ROLE PLAY: An option of a brief role-play in which the presenter as minister engages someone else as patient might reinforce clinical learning in a dynamic manner.

IDEAL INTERVENTION: Consider how you would define the central concern of the clinical presentation. Describe briefly the actual intervention and then describe what you would do differently. Students are requested to fill in an "Ideal Intervention Form" found in Appendix XIII. The purpose of the appendix is to consolidate learning and on occasion submit the material for a research project.

CONCLUSION: The presenter is offered an opportunity to express a final word about the experience.
Groups:

Groups have boundaries of place, in time, about their view of reality and purpose. The particular way a CPE IPR exhibits these characteristics will be described at the beginning of each session. Every group develops in the following way according to B.W. Tuckman:

<table>
<thead>
<tr>
<th>Phase</th>
<th>Description</th>
<th>Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forming</td>
<td>Dependency on leader for survival</td>
<td>identified patient/flight</td>
</tr>
<tr>
<td>Storming</td>
<td>Questioning leader from frustration</td>
<td>scapegoating/fight</td>
</tr>
<tr>
<td>Norming</td>
<td>Enchanted curiosity about the group</td>
<td>curiosity/intimacy/distance</td>
</tr>
<tr>
<td></td>
<td>Disenchanted curiosity about the group</td>
<td></td>
</tr>
<tr>
<td>Performing</td>
<td>Working together toward a goal</td>
<td>transformation/work</td>
</tr>
</tbody>
</table>

Groups can make a member an identified patient. Dependent members can manipulate the group to take care of them. Some need a scapegoat in the group, and in the fight/defiance phase the group may scapegoat other members. Gradually group members learn to work together as equals if caretaking, scapegoating and identifying one member as a patient are discouraged.

Systems Centered Therapy: (Appendix IV)

Yvonne Agazarian devised a method of passing through the phases of group development called Systems Centered Therapy (SCT). She recognized human curiosity restrained by fear and anxiety, resulted in explaining life, making negative predictions and failing to discriminate between the past and present. Using a process of evenhanded curiosity, imagination, and externalizing the problem reduced fear and anxiety and released a more useful, hopeful energy. Group participants are given a choice on how they want to approach a problem. Agazarian calls our choices a "Fork in the Road". By using imagination a member exploring new feelings with curiosity might learn self-direction. Individual work benefits the group by a technique called "sub grouping". Stereotypical groups around gender, age, race or roles, etc. are not allowed, but "functioning subgroups" in which a member explores a feeling and invites members of the group having similar experiences to participate are encouraged. Through exploration of feelings members discover similarities in their differences and differences in their similarities.

Rowing the Boat: A Metaphor on how to Sub-group:

- **Pushing the boat**: Offering assessments, acting as expert, questioning, asking Why”.
- **Waving to the boat**: Showing false empathy, "I agree" "Me too", making encouraging remarks like "go on."
Rowing the boat  Working together, joining others emotional process usually by a self-defining contribution from personal experience using a similar tone/feeling.

Group Purpose:

Individuals in the group practice rowing. To participate, verbalize a phrase containing a primary feeling and an invitation to participate. "Anyone Else?" they might say. Thus, a sub group’s experiences flow and ebb allowing sub-groups to form and dissipate as participants explore their feelings together. The success of the group is determined by the ability to take in and use the differing experiences of participants and by the group and its leader’s ability to distinguish between that which releases energy from that which does not. The purpose: change made through choice.

The whole group is the environment in which the sub group grows. A group member learns from the group as a whole, and from the sub group they join. One person's success is everybody's. Thus, individual members come to see the group as a whole as altruistic, which makes each participant enthusiastic to work and learn.

Group Sessions:

A 1 1/2 hour group session begins with a short description of the purpose and techniques used in group process. Participants then describe their experience, while the leader helps refine contributions to help others join in. The bulk of the time is spent processing the energy in the group. Then at the end debriefing takes place.

As a result of participation members debrief by describing

Surprise: a feeling that emerged unexpectedly and spontaneously.
Satisfaction: a feeling that gave you energy/hope/excitement and curiosity
Dissatisfaction: a feeling that decreased your energies.

As a result of participation members identify insight and action

Discovery: recall “Ah Ha” moments when new insight came to you.
Learning: Consider how to apply felt insights to everyday life.

Revised 3/4/08; 5/23/11
A. 6 - PROCESS NOTE SUMMARY
Avera CPE Center

NAME: ____________________________________________

DATE: ____________________________________________

1. What are you learning about the relationship between your person and your work? How does who you are, your personal identity, affect your pastoral identity and function? Be specific.

2. Where are you in terms of your relationship with your CORE person(s) and your CPE supervisor? What is helping or hindering you in this relationship?

3. How is life with your CPE peers? How are you helping or hindering one another’s learning?

4. How are you progressing toward achieving your learning goals for this unit?

5. **Include a Significant Incident:** You will describe the most significant incident of the past two weeks. This can be either a high point or a low point. You may want to describe several distinct, important moments or learning events that occur during the week. The incidents may include those that are exceptional, heart-warming and gratifying. They may also include those that cause significant anxiety and were particularly troublesome to you. However, they should be events that cause you to reflect on yourself and your ministry. Cover as many of the following areas as you can in the narrative. Describe the incident or incidents, happenings or involvement as best you can. Stick to facts. Be brief. If you want to use the significant incident for catharsis, review all you wrote and underline the two sentences at the heart of the incident.
   
   a. Attempt to identify emotions you perceived in others who were involved.

   b. Identify how the experience evoked particular feelings in you.

   c. If this incident is a “low point,” attempt to state the problem as you see it. If the incident is a “high point,” attempt to say why.

   d. What went right? How were you pleased or satisfied?

   e. What went wrong or troubled you?

   f. What insights have you developed?

   g. What are the theological implications of this significant incident?
A. 7 - MEDITATION PRESENTATION SEMINAR/DIDACTIC

Students may have an opportunity to lead worship and preach in various settings, including the hospital and/or the parish. The student may wish to present their meditation or homily to the group prior to delivery in a worship service. This presentation can be used in lieu of a clinical/verbatim presentation. Please respond to the following questions and bring copies for the group to the seminar.

1. Read text aloud.
   - What did you learn about the text in your exegetical study?
   - How does the text speak to you?
   - What images, stories, personal experiences, drawings, selections of music, etc., were resources for you in understanding or expressing the text?
   - What are you saying back to the text by way of question or quarrel or affirmation?

2. Preach your meditation.

3. Present your learning and teaching to the group.
   - In one sentence, how would you summarize your sermon/homily? How did you proclaim the “gospel?”
   - Who do you imagine your congregation to be, and how did your sermon address their needs?
   - How did the sermon/homily grow out of human experience and express your understanding of pastoral care? Did this sermon lead people to come to you for personal guidance or help?

   - Congruence: Is the person in the pulpit the one you know personally?
   - Communication Skills: Reflect on the preacher’s inflection, tone, logical flow, etc.
   - Correlation: What are the salient theological issues raised in the sermon? How does the sermon correlate between life and theology?

Students are therefore, encouraged to present their meditation to the group prior to delivery. However, another option would be to bring the actual tape recording to the group and have the group give feedback after the presentation has been made.

Revised 1/08/07
A. 8 - GUIDELINES FOR LEADING A THEOLOGICAL REFLECTION SEMINAR - (LEVEL II STUDENTS)

**GENERAL:** Though your experience here is primarily clinical in focus, your understanding will be strengthened and your insights enhanced by reading in theology or behavioral science, and the development of a specialized area of pastoral interest.

**CHOICES:** A recommended reading list has been included. Your supervisor can help you choose additional books for reading adjunctive to your process. However, you are expected to make suggestions for your supervisor’s approval.

**REPORTING:** Since the purpose of this assignment is to enhance your ministry, you are expected to report impressions and anticipated applications both here and in your future as ministers.

**LEADING A THEOLOGICAL SEMINAR** Level II students have an opportunity to lead at least one theological reflection seminar regarding a book he/she has read, or an issue the student would like to explore. Students are encouraged to use a variety of resources: videos, journals, hospital staff, etc. You may also have a guest lecturer you would like to invite to address the group. Consult with your supervisor. You may also wish to use a particular book you have read for reading impression and present it to the group for theological reflection. If you do choose a book to read, please be prepared to lead the group in a discussion of the book. Handouts are helpful.
A. 9 - READING IMPRESSIONS

Two or three books will be assigned to all members of the group for each unit. Those books will vary from unit to unit depending on the student interests and the effort by the supervisor not to assign books that have been previously reviewed by members of the group. Reading Impression is required for each assigned book. Reading Impressions are no more than two pages in length. A Reading Impression is not a book review, but just what it means, that is, an impression a student has from the reading. Please respond to the following:

1. Outline the author's major theme and issues.

2. State its relevance to pastoral care.
A. 10 - GUIDELINES FOR ESTABLISHING A CORE CONSULTANT

(The CORE group concept was developed, and field tested in the Extended Clinical Pastoral Education Program of Lutheran Social Services, Eau Claire, Wisconsin. by Chaplain Supervisor Orwald Anderson. The concept has been adapted for the Avera Health ACPE System Center.)

When students submit goals for CPE they should also include the name of a potential CORE consultant. Once the person is chosen show them this document and invite them to a consultation and orientation about their role. Once they have agreed to participate, an orientation if needed will be done through a conference call between the supervisor, student and consultant. This call should take place in the first two weeks of an extended unit. The consultant will be asked to raise questions about their role in the process. The supervisor will also discuss the expectation that the consultant complete the CPE Student Evaluation Report (Appendix VI) addressing their perception of student progress of the end of the unit.

On-site consultation, feedback and support in your placement are required from staff chaplains or for those whose placement is outside the hospital, someone from a parish or other organization in which the student is placed. A CORE consultant will be a person who will relate both to the student and to the supervisor, the student’s progress and process through a unit of CPE. Normally the CORE consultant would be a staff chaplain or pastoral care director within an Avera or other hospital setting. If a staff chaplain or pastoral care director is not available, other staff such as nurses may be used. When a student is placed within a parish, it expected that the student will have a contract with at least one member of the parish, normally a parish leader, to give feedback to both the student and the supervisor. Occasionally students placed within their parish may wish to contract with more than one member of the parish and form a CORE group. Students are expected to select people who can act as:

- Consultants—sharing ideas and suggestions;
- Observers—reporting what is seen and heard in the parish;
- Reflectors—reflecting on and considering the meaning of your ministry;
- Evaluators—making judgments about the quality of your ministry.

It can also be used to describe the kind of people who can do the job best. You are looking for people with these four qualities:

- Collegiality—good vibes between you and them; mutual respect, love;
- Objectivity— independent, not too provincial, able to detach, not easily threatened;
- Reliability—will come to meetings; able to respect and maintain confidentiality;
- Effectiveness—people who produce.

Age, vocation, sex, style of involvement in church activities, etc., do not make much difference. The most important factor is that he/she be someone who is essentially available and supportive of your ministry. The CORE group or person has no official status in the Congregation and is doing this as a personal favor to help the CPE learning venture. Although a lot is expected of these
people in terms of time and investment, he/she will, however, also be well rewarded by their involvement and appreciates the opportunity to serve others. We suggest regular meetings of one hour, no more than three weeks apart. At your first meeting, it is important that you submit your Learning Contract to your CORE person as a point of discussion, not only in this initial meeting, but throughout the unit.

More important than content or style of meetings is the development of trust and understanding with the CORE person. We suggest you begin by sharing your CPE application and goals with your CORE person and that you start working to set up a contract with this person before the start of the unit. Some suggestions arising from the successful experience of other CORE consultants are:

a) Discuss worship and sermons, including weddings and funerals;
b) Take CORE group people with you on pastoral calls;
c) Evaluate council or board meetings;
d) Discuss problems or concerns of the parish;
e) Discuss staff problems;
f) Use some kind of pastoral evaluation instrument;
g) Share your own personal and/or professional hopes and dreams;
h) Submit a diary of a typical day or week of your life; and,
i) Invite CORE members to chair a meeting or provide an agenda.

Use your creativity to utilize this valuable resource.
A. 11 - DIDACTIC SEMINARS IN CPE

INTRODUCTION: A goal of CPE is the “presentation and use of literature and instruction appropriate to the student's learning goals and needs.” The program offers the following approaches to meet this goal:

1) The supervisors have a list of topics, which, over the years, has been developed to meet general student need for didactic seminars. These include:

   a) Medical Ethics & Values in Pastoral Care  
   b) Hospice Ministry  
   c) Death & Dying Theory  
   d) Grief Ministry  
   e) Shame  
   f) Theology in Pastoral Care  
   g) Making Pastoral Assessments  
   h) Therapeutic Communication  
   i) Mental Health & Illness  
   j) Family Systems & Family Origins  
   k) Understanding Feelings  
   l) Crisis Ministry

2. People from the hospital and Avera Health have acted as faculty to present materials to students. These include sessions taught on psychology, medicine and behavioral sciences. For a faculty list to see Appendix XI.

3. Student-generated topics form the basis for didactic seminars. These include an expertise or a contact they may have, or a seminar they would like to present.

4. Areas covered by didactic presentations in the past include:

   a) Students doing simple research on their practice of ministry and drawing conclusions;  
   b) Using persons from several disciplines found in church, society and hospital.  
   c) Presentations on sociology and implications for the church, hospital and parish; and,  
   d) Presentations correlating the theological with experience.

5. Didactic seminars can be organized through group discussion. When students want to develop particular resources to clarify learning needs, the supervisor acts as facilitator using the group to define problems, and looking for resources, which help them, address the problems. In practice, the process follows this guideline:

   a) Identify the problem and name it.
1) Use board to get group to identify problems and extremes through brainstorming.
2) What from this list can be solved by simple group discussion and taken care of then and there?
3) Organize the problems that need further definition and group them.

b) Identify a database:
   1) Where can you go to find the information?
   2) Does the group have within it persons who have information to share?

c) What options are open to solve the problem?

d) When we discover solutions, out of what values are we operating?
   1) Who will be in charge of bringing the solution to the group?
A. 12 - EVALUATIONS

OUTLINE FOR MID-POINT EVALUATION

The Mid-Point evaluation is not part of your official record.

1) Often students discover new insights and growing edges as they move through a unit of CPE. Name and discuss your insights and growing edges.

2) Review and assess your process/progress toward each of your learning goals and outcomes. How are you satisfied/not satisfied? Do you need to revise your goals as you enter the second half of the unit?

3) Write about your clinical site (hospital assignments) in terms of relationships with staff and patients/clients/resident/parishioners.

4) Finally, write a substantial paragraph evaluating your peers and supervisor. Include both affirmative and critical remarks. (The length of the mid unit evaluation is discretionary.)

OUTLINE FOR FINAL EVALUATION

The final evaluation becomes part of your official record.

1) Often students discover new insights and growing edges as they move through a unit of CPE. Name and discuss your insights and growing edges.

2) Review and assess your process/progress toward each of your learning goals and outcomes, either Level I or Level II. (Refer to Section D 3 & 4). Please list each individual learning goal and comment on your process with each of your learning goals with at least one paragraph. In addition, refer to either Level I or Level II outcomes and write a substantial paragraph, commenting on your progress to each outcome. How are you satisfied/not satisfied?

Pastoral Formation

Write out your Pastoral Formation Goal and discuss and assess your progress. Then comment on and assess Outcomes 1-3.

311.1 Articulate the central themes of their religious heritage and the theological understanding that informs their ministry. (clinical seminar, individual supervision, didactics)

311.2 Identify and discuss major life events, relationships and cultural contexts that influence personal identity as expressed in pastoral functioning. (application, individual supervision, retreats)
311.3 Initiate peer group and supervisory consultation and receive critique about one’s ministry practice. (group process, individual supervision, CORE consultation)

**Pastoral Competence**

Write out your Pastoral Competence Goal and discuss and assess your progress. Then comment on and assess Outcomes 4-7.

311.4 Risk offering appropriate and timely critique. (clinical seminar, group process)

311.5 Recognize relational dynamics within group contexts. (group process)

311.6 Demonstrate integration of conceptual understandings presented in the curriculum into pastoral practice. (didactics, assigned readings)

311.7 Initiate helping relationships within and across diverse populations. (clinical placement)

**Pastoral Reflection**

Write out your Pastoral Reflection Goal and discuss and assess your progress. Then comment on and assess Outcomes 8-9.

311.8 Use the clinical methods of learning to achieve their educational goals. (clinical seminar)

311.9 Formulate clear and specific goals for continuing pastoral formation with reference to personal strengths and weaknesses. (mid-unit, final evaluation)

**Clinical Site**

3) Write about your clinical site (hospital assignments) in terms of relationships with staff and patients/clients/residents/parishioners.

**Peer Review**

4) Write a substantial paragraph evaluating each of your peers individually and the supervisor from the perspective of how you saw them, how you see them now and how you would like them develop after CPE. Use first names for confidentiality. Include both affirming and critical remarks. (This will not be part of the official record.)
ADDITIONAL OUTCOMES FOR LEVEL II CPE

Pastoral Formation

Write out your Pastoral Formation Goal and discuss and assess your progress. Then comment on and assess Outcome 1.

312.1 Articulate an understanding of the pastoral role that is congruent with their personal values, basic assumptions and personhood. (Level II readiness consultation, individual supervision, clinical seminar)

Pastoral Competence

Write out your Pastoral Competence Goal and discuss and assess your progress. Then comment on and assess Outcomes 2-6.

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. (clinical placement)

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. (clinical seminar, CORE consultation)

312.4 Assess the strengths and needs of those served, grounded in theology and using an understanding of the behavioral sciences. (didactics, clinical seminar, individual supervision)

312.5 Manage ministry and administrative function in terms of accountability, productivity, self-direction, and clear, accurate professional communication. (CORE consultation, group process, specialization project, teaching a didactic, self-directed reading)

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. (group process, clinical seminar)

Pastoral Reflection

Write out your Pastoral Reflection Goal and discuss and assess your progress. Then comment on and assess Outcomes 7-9.

312.7 Establish collaboration and dialogue with peers, authorities and other professionals. (regional consultation, regional meetings, CORE consultation, retreats)
312.8 Demonstrate awareness of the Spiritual Care Collaborative Common Standards for Professional Chaplaincy (Appendix II). NOTE: The ACPE Standards and Code of Ethics supersede the Standards. (Individual supervision)

312.9 Demonstrate self-supervision through realistic self-evaluation of pastoral functioning. (mid-unit and final evaluation, CORE consultation)

**Pastoral Specialization**

Describe the Pastoral Specialization Goal and discuss and assess progress. Then comment on and assess Outcomes.

A final evaluations should be typewritten, double-spaced, approximately 10-12 pages in length. Make enough copies for the group and bring them to your evaluation. (The length of the mid unit evaluations are discretionary.)

Students may attach a written response to the supervisor’s evaluation. That response becomes part of the student’s record.

**Clinical Site**

3) Write about your clinical site (hospital assignments) in terms of relationships with staff and patients/clients/residents/parishioners.

**Peer Review**

4) Write a substantial paragraph evaluating each of your peers individually and the supervisor from the perspective of how you saw them, how you see them now and how you would like them develop after CPE. Use first names for confidentiality. Include both affirming and critical remarks. (This will not be part of the official record.)

Your final evaluations should be typewritten, double-spaced, approximately 10-12 pages in length. Make enough copies for the group and bring them to your evaluation. Students may attach a written response to the supervisor’s evaluation. That response becomes part of the student’s record.

Revised 5/23/11, 2/1/12, 5/2/12
B.

ADMINISTRATION
B. 1 - HISTORY OF AVERA HEALTH

Avera Health is co-sponsored by the Presentation Sisters of the Blessed Virgin Mary of Aberdeen, South Dakota, and the Benedictine Sisters of Sacred Heart Monastery, Yankton, South Dakota. The Presentation Sisters’ mission in health care began with Nano Nagle, the Founder of the Presentation Order, who cared for the infirm among those she taught in the city of Cork in Ireland over 200 years ago. When the Presentation Sisters came to express this philosophy, they said, “All people are created equal in the image of God and have God-given rights from the moment of conception throughout their life span until death.” Caring for the infirm thus became a mission that embraced the physical, emotional and spiritual needs of the patient. The ministry of Jesus Christ was considered to be extended through the efforts of the Sisters to care for the patient as a total being created by God.

In 1880 the Presentation Sisters were invited to the Dakota Territory by Bishop Martin Marty to start schools for the children of the settlers. After some unsuccessful attempts, the first school began in Fargo, Dakota Territory, in 1882. The citizens of Aberdeen, then, requested assistance in developing a school in their town and the class met there in 1886.

Both schools were successful. In 1889 statehood meant two motherhouses were needed to serve the new states of North and South Dakota and the new Diocese of Fargo and Sioux Falls, respectively.

Influenza and diphtheria epidemics struck in 1900. The community of Aberdeen requested the Presentation Sisters to establish a much needed health service for the community. The Sisters opened their convent/academy to the caring of the sick. Once again, the Sisters were responding to the needs of the community by creating a hospital for the town of Aberdeen.

Similar demands from citizens in Mitchell and Sioux Falls in South Dakota, and Miles City in Montana, led to the establishment of hospitals operated by the Presentation Sisters. St. Luke’s was established in Aberdeen in 1901; St. Joseph Hospital was established in Mitchell in 1906; McKennan Hospital in Sioux Falls was established in 1911; and, Holy Rosary Hospital was established in Miles City, Montana, in 1910.

Eventually the hospital in Montana was transferred to the sponsorship of another Catholic Order. Today the original hospitals still exist with the name of St. Joseph being changed to Avera Queen of Peace in Mitchell; Avera St. Luke’s in Aberdeen and Avera McKennan Hospital in Sioux Falls. Over the years the Sisters have expanded their health care to include various clinics and long term care facilities, such as Avera Prince of Peace Retirement Community in Sioux Falls, Avera Brady Health & Rehab in Mitchell and Avera Mother Joseph Manor Retirement Community in Aberdeen.

At the same time, another Catholic Order also had a significant health care ministry in South Dakota, that of the Benedictine Sisters of Yankton, South Dakota. This monastic community traces its roots back 1500 years to St. Benedict of Nursia, Italy. In the rule he composed for those who would follow his inspiration in serving God as monks and nuns, care of the sick was held as a high
value. These were to “truly be served as Christ” (RB 36:1). Integrally linked to concern for the sick is another value strongly characteristic of the Benedictine way of life – that of hospitality. Thus, health care can be regarded as a “natural ministry” for those who follow the Rule of Benedict.

Centuries after Benedict, in 1874, the Swiss Benedictine community of Maria Rickenbach sent five nuns to the United States to found a new community and to teach the children of immigrant families in Maryville, Missouri. Six years later, in 1880, Mother Gertrude Leupi, Superior of Maria Rickenbach, resigned, and with four other sisters, also immigrated to the United States to join the sisters at Maryville. In the winter of that same year, Bishop Martin Marty, Vicar Apostolic of Dakota Territory, came to these Sisters to ask that they join him in his missionary work to the Native Americans in the Dakota Territory.

After prayerful discernment, the Sisters decided to answer his call to begin ministry among people of the Dakota’s. In 1894, the Maryville property was sold and the community moved its motherhouse to Yankton, South Dakota. The need of the people for health care was readily apparent to these Benedictine Sisters. In less than two decades, they responded to that need by founding hospitals: Sacred Heart Hospital in Yankton in 1897 and St. Mary’s Hospital in Pierre in 1899. In 1959, Sacred Heart Monastery founded Mother of God Monastery, Watertown, South Dakota, and turned over St. Mary’s Hospital to that community.

In addition to traditional ministries of teaching and nursing, the Sisters have undertaken many other works, including pastoral care of the sick, a natural evolutionary step in responding to the needs of the people. The latest step in this evolution occurred in September 1998, when the Sisters of Sacred Heart Monastery allied with the Presentation Sisters of Aberdeen, South Dakota, to form Avera Health. Thus, resources of expertise, personnel, management and purchasing power are shared and strengthened in the ministry performed through these facilities.

The Benedictine Sisters of Sacred Heart Monastery continue to respond to their mission:

“Rooted in our rural heritage and growing in relationship with God and one another in monastic community, we live a life of prayer, work, and Lectio by which we serve God and God’s people in our time and place.”

In 1998 the Presentation Health System became “Avera Health.” The word, “Avera,” comes from the Latin word, “Avere,” which means to be well. It was felt that a new name would better represent the combined ministries of both the Presentation and Benedictine Sisters.
B. 2 - HISTORY OF CHAPLAINCY SERVICES & CPE

During the 1960’s, the Catholic Hospital Association was developing its Sister Visitor concept as part of the answer to the diminishing number of Sister/nurses in Catholic hospitals. At that point, the Presentation Sisters were able to apply this concept to the health care apostolate and continue their ministry to the hospitals. In 1972, the Presentation Sisters established their first Pastoral Care Department at Avera McKennan Hospital. Once again their mission to provide spiritual and pastoral care to patients and personnel of all faiths and to place emphasis on the patient as a total person (with total needs) was being retold. Extending the physical, emotional and spiritual care to all that came into contact with the Presentation Sisters was central to this revitalized dynamic mission.

From the reaffirmation of the health care apostolate in 1968 by the Presentation Sisters, the Avera McKennan Pastoral Care Department developed in 1972 with the establishment of a formal Sister/Visitor program envisioned toward formal clinical pastoral education for all the communities touched by their mission. Sister Colman Coakley was the Director of the Department. Father Larry Murtagh, a Certified ACPE Supervisor and a priest from the Diocese of Winona, Minnesota, came to Avera McKennan to provide vitally needed educational services for our hospitals and homes.

From 1973 through 1975, Father Murtagh held CPE classes in Sioux Falls under the CENCOAD accredited CPE program. Workshops were held at St. Luke’s Hospital, Aberdeen, and St. Joseph Hospital, Mitchell, to assist those communities in meeting emerging pastoral care needs. Local clergy and clergy from rural communities around the hospitals finally had an opportunity to become involved in a formal clinical program of ministering to the infirm, especially the critically ill, the dying and their families. In 1974, St. Joseph Hospital in Mitchell and St. Luke’s Hospital in Aberdeen started their departments of pastoral care under the direction of Sister Joseph Freimuth and Sister Judith O’Brien, respectively. In 1975, Holy Rosary Hospital established its department of pastoral care under the direction of Sister Jeanine Enright.

In 1979, the Order formed the Presentation Health System, a body responsible for the overall administration of the Presentation Sisters’ hospitals and nursing homes. At that time, the supervisor answered to the Presentation Order through the Health Care Council (HCC), the administrative body of the Presentation Health System. The HCC was directly responsible to the Corporate Board of the Order.

In 1976, the Presentation hospitals sought to become an accredited center and the Rev. G.W. (Hank) Ekeberg was hired to see this through. He also extended workshops and education for local and rural clergy that had started under Father Murtagh. In 1981, the Rev. Peter A. Holland was hired as the CPE supervisor to continue this ministry. Shortly thereafter, Sister Mary Gerrior joined the department as a second supervisor and continued in this role for several years. Father Larry Murtagh stepped back in as a CPE supervisor until his retirement in 1991.
The 1990’s saw several significant changes. In 1992, the Rev. Steven P. Corum joined the staff as the Associate Director for Clinical Pastoral Education. Over the years, the CPE supervisors working for Avera Health functioned in a strictly educational role. This has allowed Avera Health to extend CPE throughout its health care region. The supervisors are able to devote their entire time and energy towards offering ACPE CPE throughout the regional hospitals, as well as contracting with other non-Avera Health facilities, such as other hospitals, correctional centers and parishes. The Avera Health CPE Program has also played a significant role in the development of CPE as an integral part of the curriculum at two institutions in South Dakota: the Sioux Falls Seminary in Sioux Falls and Mount Marty College in Yankton, South Dakota. In addition, the Avera Health ACPE System Center has two recognized satellites: the Fargo-Moorhead ACPE Center in Fargo, North Dakota and the Bismarck CPE Center, Bismarck, North Dakota.
B. 3 – AVERA HEALTH – MISSION/VISION/VALUES STATEMENT

AVERA MISSION - Avera is a health ministry rooted in the Gospel. Our mission is to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values.

AVERA VISION - Working with its partners, Avera shall provide a quality, cost-effective health ministry, which reflects Gospel values. We shall improve the health care of the people we serve through a regionally integrated network of persons and institutions.

AVERA VALUES - In caring together for life, the Avera community is guided by the gospel values of compassion, hospitality and stewardship.

Compassion: The compassion of Jesus, especially for the poor and the sick of body and spirit, shapes the manner in which health care is delivered by Avera’s employees, physicians, administrators, volunteers and sponsors. Compassionate caring is expressed through sensitive listening and responding, understanding, support, patience, and healing touch.

Hospitality: The encounters of Jesus with each person were typified by openness and mutuality. A welcoming presence, an attentiveness to needs, and a gracious manner, seasoned with a sense of humor, are expressions of hospitality in and by the Avera community.

Stewardship: Threaded through the mission of Jesus was the restoration of all the world to right relationship with its Creator. In that same spirit and mission, the members of Avera treat persons, organizational power and earth’s resources with justice and responsibility. Respect, truth and integrity are foundational to right relationships among those who serve, and those who are served.
B. 4 - MISSION OF AVERA HEALTH CLINICAL PASTORAL EDUCATION

Avera Health ACPE System Center is a natural outgrowth of the Avera Health mission, vision and values statements. As such, Avera Health ACPE System Center is an educational ministry rooted in the gospel values. Avera Health ACPE System Center continues the Presentation Sisters’ original mission of providing both education and health care.

Avera Health ACPE System Center is a practical, professional education program for ministry. It includes seminars with a peer group and a supervisor, practical experience in an appropriate setting, individual tutorials with a supervisor, and the opportunity to reflect on ministry as it is performed.

Avera Health offers Level I, Level II and Supervisory CPE Programs. Full-time units last ten weeks and part-time units last four months. Occasionally half units are offered as well. All programs are arranged to meet the needs of applicants.

Programs are designed for a variety of church workers, seminary students, clergy and health professionals. Church personnel can benefit from CPE in that it offers greater insight into the work of religious education, pastoral care ministry and church administration. Health care personnel who see their work as ministry and wish to develop their pastoral role with patients can also benefit from CPE. Those wishing to become more skilled in pastoral care and counseling will benefit, as well.

Avera Health CPE students gain practical experience in Avera Health hospitals and long term care facilities, parishes and at other sites. Programs are offered regularly in Aberdeen, Mitchell, Sioux Falls and Yankton in South Dakota, as well as in other Avera sponsored regional facilities.

300.1 All ACPE centers shall maintain compliance with ACPE Standards, reports, procedures and fees as detailed in the ACPE Accreditation Manual.

Copies of A CPE Standards and the Accreditation Handbook are available at each component site.

Annual reports and fees are submitted in accordance with Standards. All student reports such as student evaluations and student unit reports are being submitted within 45 days of the conclusion of the unit.
B. 5 - ADMINISTRATIVE STRUCTURE OF THE AVERA HEALTH CENTER

301-306 Standards for ACPE Accredited Centers

All ACPE Accredited Centers shall develop and maintain a written plan which:

301.1 Describes the administrative structure and lines of authority within the center.

- President & Chief Executive Officer, John T. Porter
- Senior Vice President, Mission Services, Michael Stebbins
- Director of ACPE Clinical Pastoral Education, Peter A. Holland
- Associate Director of Clinical Pastoral Education, Steven P. Corum

Mr. Michael Stebbins is the Avera Health, Senior Vice President of Mission Services and oversees the Avera Health ACPE System Center CPE Program. The supervisors consult regularly with him on a variety of issues that affect the Avera Health CPE Program. Mike has expressed a strong interest in having the Clinical Pastoral Education Program continue as one of the educational opportunities available through Avera Health.

Avera System Center Professional Advisory Group

Chair:
The Reverend Joe Brown, BCC, Chaplain Coordinator, Avera Heart Hospital, Sioux Falls, South Dakota.

Membership ex officio:
The Reverend Peter Holland, Director of CPE, Avera Health, Sioux Falls, South Dakota.
The Reverend Steve Corum, BCC, Associate Director of CPE, Avera Health, Sioux Falls, South Dakota.
The Reverend Dixie Potratz Lehman, Director of CPE, Fargo – Moorhead CPE Center, Fargo, North Dakota and Bismarck CPE Center, Bismarck, North Dakota.
The Reverend Jon Millen, BCC, Supervisory Candidate, St. Luke's Academy, Sioux City, Iowa.

Voting Membership:
Sister Sharon Altendorf, Vice President of Mission, Avera Marshall Regional Medical Center, Marshall, Minnesota.
The Reverend Gary Compton, BCC, Director of Chaplaincy, Avera St. Luke's Hospital, Aberdeen, South Dakota.
Deborah Heen, BCC, Director of Chaplaincy, Avera Queen of Peace Hospital, Mitchell, South Dakota.
Tweeter Henseler, Director of Chaplaincy, Avera Sacred Heart Hospital, Yankton, South Dakota.
Sister Colleen Mahony, Chaplain, Avera St. Antony's Hospital, O'Neill, Nebraska.
Sister Patrick Leonard Murphy, Chaplain, Avera Holy Family Hospital, Estherville, Iowa. 
Sister Patricia Prunty, Chaplain Coordinator, Avera St. Luke’s Hospital, Aberdeen, South Dakota. 
Michael Stebbins, Senior Vice President, Mission, Avera Health, Sioux Falls, South Dakota. 
The Reverend Gary Strickland, Director of Doctor of Ministry Program and Professor of Pastoral Care and Counseling, Sioux Falls Seminary, Sioux Falls, South Dakota. 
Gary Weisbrich, BCC, Director of Chaplaincy, Avera McKennan Hospital & University Health Center, Sioux Falls, South Dakota.
Standard 305  Have consultation and program evaluation, including:

305.1  An on-going process of consultation with a designated professional advisory group.

305.2  On-going program evaluation sufficient to promote the continuous quality improvement of the educational program(s) including:

   · course content and materials;
   · success with respect to student achievement, including course completion, certification rate and job placement;
   · educational methods and supervisory relationship;
   · student to supervisor ratio;
   · appropriate level of challenge in individual learning contracts;
   · assessment of students’ use of CPE.

The Avera Health ACPE CPE System Center Advisory Group meets four times during the calendar year and offers feedback and consultation on the above components of the CPE program. The CPE Advisory Committee meets to consider on-going program evaluation, consideration of new programs, and offers consultation to the supervisors regarding current and future CPE programs. Students who are considering going on to supervisory training are mandated to meet with the Advisory Group, as well as a readiness committee in the region, before acceptance into Supervisory CPE with Avera Health. Students are asked to fill out a consumer report feedback evaluation form at the conclusion of each program and after receiving their final evaluation. These forms are used to continually assess and monitor the quality of the program. You also have access to the Advisory Group should you have any concerns or questions regarding the CPE Program. Students may petition to meet with the committee through either the members of the committee or the supervisors of the program. However, whenever possible members of the Professional Advisory Group conduct face-to-face exit interviews at Component Sites at the end of each CPE unit.

It is the goal of the supervisors that you experience a quality educational learning process during your time in CPE. We urge you to consider certification with one of the practitioner bodies, such as the National Association of Catholic Chaplains or the Association of Professional Chaplains. Please see the Appendix II for qualifications to become certified with NACC or APC.

The Avera Health ACPE System Center PAG, along with the CPE supervisors, monitors the CPE program to maintain full compliance with all ACPE Standards. Our CPE program is designed to give students a high quality, positive learning experience.
In addition to the Avera Health ACPE System Center PAG, each component site has a PAG. The members of each component site’s Professional Advisory Group are listed in the Component Site materials found in Appendix XVII.

301.2 Provides for compliance with ACPE standards.

The CPE handbooks in use at Avera Health provide a comprehensive guide to compliance with ACPE Standards

301.3 Describes how commitments to students will be met in the event of substantial change within the institution or center.

In the event that a supervisor is unable to continue a unit in progress, the following protocol will be instigated:

- Retired supervisors within the sub-region will be contacted.
- Active supervisors in the region will be contacted.
- Depending on the progress in the unit, a half unit of Clinical Pastoral Education may be offered in lieu of a full unit.
- Other faculty within the Avera Health ACPE System Center will be utilized.
- Supervisors within the region and on the ACPE website who are available for part-time supervision will be contacted.
- If all of the above options are not available, the unit will be terminated and refunds offered to the students.

Revised: 2/1/12, 5/2/12
C.

PASTORAL CONTEXT
PASTORAL CONTEXT

Standard 302  Provide at least the following components:

302.1  Financial, human and physical resources sufficient to support the units of CPE offered by the center.

The Avera Health ACPE System Center Program has two full-time ACPE supervisors, Peter Holland and Steve Corum. Occasionally the program will include a Supervisory Education Student (SES), who eventually will supervise units of CPE through Avera Health. However, all facets to the CPE program are the responsibility of the full-time supervisors. Student fees for a unit of CPE are set at $500.00 for a full unit and $300.00 for a half unit. The Avera Health ACPE System Center secretary is Michelle Watters, who provides administrative support services to the program. If you have any questions or concerns about your tuition account, please see or call Michelle at the Avera Health Central Office, 3900 West Avera Drive, Sioux Falls, SD, 57108 (605-322-4700).

A description of the patient/client population and ministry and/or specialty areas, including placements or satellites where the student is assigned ministry.

302.2  A population that provides students with opportunities for ministry and clinical pastoral education.

Avera Health ACPE System Center offers multiple opportunities for CPE. Programs offered through Avera McKennan in Sioux Falls, for example, could include placement at its freestanding Behavioral Health Unit, its Heart Hospital and or Avera Prince of Peace Retirement Community. Each of our Component Site institutions offer a variety of specialties to the student, depending on the hospital location, including: intensive care, emergency, trauma, psychiatric units, drug and alcohol abuse, general acute care, geriatric care, and rehabilitation. There is a myriad of other possibilities of clinical placements, but non- Avera Health institutions require separate contracts in order to satisfy a CPE accreditation requirements.

302.3 A written agreement that specifies the relationship and operational details between the center and any agency(ies) whenever a program uses elements from any agency(ies) external to itself.

Since most CPE at Avera Health comprise extended units, with the exception of the summer unit, there is a freedom allowed in determining the most appropriate clinical site. For example, we train nurses, in cooperation with the Parish Nurse Program of Avera Health. Nurses routinely make use of their vocational site as their clinical site for CPE. Every effort is made to match the student's stated learning contract goals with the setting that will help him/her meet those learning goals. Students are routinely granted clinical credit for work done in a current ministry setting.
Avera Health has a standard contract which it makes use of when contacting with external agencies. An outline of this contract will be found in Appendices II & VIII of this handbook. Once a contract is made, it is kept on file in the Avera Health ACPE System Center office.
D.

EDUCATIONAL RESOURCES
D. 1 – STANDARDS FOR LEVEL I & II ACPE PROGRAMS

Standard 303 Provide these educational resources:

303.1 A faculty of sufficient size to fulfill program goals and comprised of persons authorized by ACPE. A center’s faculty must include at least one supervisor certified by ACPE as Associate Supervisor or ACPE Supervisor.

The Director of the Avera Health ACPE System Center CPE Program is Peter Holland. Peter was born in England and completed his undergraduate education there. He attended the University of Manchester (BA – Theology) and the Congregational College. Following his seminary training, he received a scholarship from the World Council of Churches and studied at the University of Chicago Divinity School, obtaining a Master of Arts and a Doctor of Ministry Degree. After ordination in the United Reformed Church in England, he served for five years in the Stockport United Reformed Church team ministry, which comprised a group of seven city churches served by a team of three full-time and six part-time ministers. Peter completed his units of CPE while at the University of Chicago Divinity School. He took units of CPE in the University of Chicago Hospitals and Clinics, where he also received his supervisory training at Rush Presbyterian St. Luke’s Medical Center and at Boston State Hospital in Massachusetts. In England, he was chaplain at Stepping Hill Hospital in Stockport, an acute care National Health Service hospital. After becoming a certified CPE supervisor in 1980, Peter moved to Sioux Falls to direct the Presentation Health System’s CPE Program, where he has served for over thirty years. Peter and his family attend All Souls Church in Sioux Falls. Peter serves in a variety of leadership positions at All Souls Church.

Steve Corum was born in Sacramento, California, and completed his undergraduate education at the University of California at Davis in 1973. Following graduation from college, Steve spent a year as a youth director at a Baptist church in Sacramento, California. He then moved to Sioux Falls to attend Sioux Falls Seminary, where he completed his first unit of CPE in 1976. Steve has the distinction of having been in the first summer group to complete CPE in what eventually would become the Presentation Health System CPE program, now known as the Avera Health ACPE Center. Following seminary graduation in 1977, Steve served parishes in South Dakota and California. From 1983 to 1984, Steve completed a one-year CPE residency with Tri-Cities Chaplaincy in Kennewick, Washington, specializing in mental health ministry. In 1985, Steve and family moved to Terrell, Texas, where he served as staff chaplain at Terrell State Hospital. Steve became certified as a mental health chaplain with the Association of Mental Health Clergy (AMHC) in 1988. When AMHC and the College of Chaplains merged in 1998, Steve’s certification with AMHC was recognized by the newly formed Association of Professional Chaplains (APC). While in Texas Steve completed his supervisory training and certified as an ACPE supervisor in 1992. After a short ministry as pastoral care director at Plano Presbyterian Hospital in Plano, Texas, Steve and his family moved to Sioux Falls in November, 1992, to accept the position as Associate Director for Clinical Pastoral Education with Avera Health.
Steve completed his Doctor of Ministry Degree in Pastoral Care and Counseling at Brite Divinity School, Texas Christian University, Fort Worth, Texas, in 1991. Beyond his parish ministry experience, Steve was a military reserve chaplain for 28 years; his last position was Senior Wing Chaplain with the South Dakota Air National Guard for twelve years. During his military career, Steve was deployed to Florida (Tyndall AFB) and Germany (Ramstein AFB) and had shorter rotations to Israel, South Korea and France.

Since moving to South Dakota, Steve has served several area churches as an interim pastor. He is currently interim pastor at Grandview Covenant Church in Larchwood, Iowa. When he is not serving as an interim pastor, Steve and his wife, Jill, actively participate in the ministry of First Baptist Church in Sioux Falls. Steve and Jill have four adult children residing in Minnesota and South Dakota.

Steve and Peter are the full-time faculty members of the CPE program. Other persons involved in the program as faculty members include supervisors-in-training, pastoral care staff and other health professionals throughout the Avera Health system. In particular, pastoral care staff often serves as CORE persons providing Consultation, Observation, Reflection and Evaluation. Other faculty members include those who provide didactic instruction on a regular basis, faculty of the Sioux Falls Seminary, hospital chaplains and area clergy. In addition, Peter and Steve serve as adjunct faculty members at the Sioux Falls Seminary in Sioux Falls.

303.2 A faculty development plan.

Avera Health provides for on-going continuing education for its supervisors. Peter and Steve attend the annual regional and national conferences hosted by the ACPE. Continuing education funds provide for other opportunities such as attendance at specialized conferences and training, including family systems training with the Center for Family Process in Maryland and mediation training with the Lombard Mennonite Peace Institute in Lombard, Illinois. Peter and Steve are also active within the region on various boards. For example, at this time, Peter serves on the North Central Region's Accreditation Committee, while Steve is Chair Elect of the North Central Region of ACPE.

303.3 Interdisciplinary consultation and teaching within the program(s) provided by adjunct faculty and/or guest lecturers.

All CPE students assigned to one of our member Avera hospitals are in direct contact with the staff chaplains and the pastoral care/chaplaincy directors. They have opportunity to receive mentoring and monitoring from our chaplaincy staffs. Periodic consultation during a CPE unit occurs between the CORE person, the supervisor and the student. As a student, you will be expected to contract with a CORE person or CORE group, whether in a hospital or in another setting such as a parish or non-Avera related facility. Many of our staff chaplains and directors provide individual consultation and participate in the CPE program as guest lecturers for didactic purposes. You also will be expected to receive instruction from the staff chaplains and pastoral care directors as part of the orientation process. Other guest lecturers are available throughout the different communities in
which we hold CPE. Students have an opportunity to recruit guest lecturers and suggest other resources over the course of a unit. A list of current faculty can be found in Appendix XI

303.4 Individual and group supervision by a person authorized by ACPE.

Peter Holland and Steve Corum are both fully certified ACPE supervisors. They supervise the group and individual sessions of the CPE program. Once a supervisory student has obtained candidacy status, he/she may also be supervising CPE units, but always under the direction and supervision of either Peter or Steve.

303.5 A peer group of at least three CPE (Level I/II) students engaged in small group process and committed to fulfilling the requirements of the educational program.

Most CPE groups with Avera Health average 5-6 students. Only occasionally are groups as little as three students. Generally students find that groups of five or six provide more interaction and development, so the Avera Health program normally doesn’t begin units with less than four students.

E. 12- MINIMUM NUMBER OF CPE STUDENTS.

303.5 a peer group of at least three CPE (level I/II) students engaged in small group process and committed to fulfilling the requirements of the educational program.

Purpose:
To clarify the process for addressing situations in which fewer than three students are available to complete a CPE unit.

Policy:
It is the policy of Avera Health to maintain at least three students in each unit of level I/II CPE.

Procedure:
If fewer than three students enroll in a given unit of CPE, that CPE unit will not be started. The CPE Supervisor will refer the student(s) to other CPE programs and refund their deposit checks. If student enrollment falls below three in a unit of CPE that has already begun, the CPE Supervisor will make contact with other CPE programs and try to arrange for the remaining student(s) to join unit(s) in other centers that can accommodate additional student(s). A written agreement would be made between the Centers clarifying hours already completed and financial arrangements made.
If Avera Health is unable to place the remaining student(s) in another program(s), and the student(s) has met the requirements for a half unit of CPE, Avera Health will grant the half unit of credit and refund the remainder of tuition.

If none of the above options seem practical, an attempt will be made to recruit a third person to participate in the group so that the resultant peer group would conform to. Standard 303.5.

November 28, 2012

E. 13 – ACCESS TO REQUIRED WRITTEN MATERIALS, INCLUDING ACPE STANDARDS, LIBRARY AND OTHER RESOURCES

303.6 access to library and educational facilities adequate to meet the ACPE standards.

303.7 access to current ACPE standards, commissions' manuals, the ACPE Policy for Complaints Alleging Violation of a CPE Educational Standards, and the ACPE Policy for Complaints Against the Accreditation Commission (See Appendix 10 ACPE Accreditation Manual.)

Purpose:
To ensure the provision of required written materials necessary to meet ACPE Standard 303.6 and 303.7.

Procedure:
   a. In each of the CPE component sites students will have access to books in the Hospital Library and will have access to interlibrary loan, and the Internet.

   b. In each component site there are college libraries which contain a pastoral care collection. Information on accessing those libraries is contained in the appendix to the student handbook giving site-specific information. In Sioux Falls for example. The Sioux Falls Seminary has an excellent Pastoral Care Library located at the Mikkleson Library on the Augustana campus. Students wishing to withdraw books from this library will need a Sioux Falls Public Library Card. This can be obtained by visiting the Main Library at 201 N. Main Ave., Sioux Falls. www.siouxlandlib.org

   c. The supervisors have available back copies of the Journal of Pastoral Care and Reflective Practitioner: Formation and Supervision in Ministry

   d. Students will be expected to purchase books used on the course.
e. Articles recommended to students in the light of student need and interest is supplied by the supervisors.

f. A copy of the following documents is available to students In the Chaplaincy Offices at all Avera Health ACPE System Center Component sites: ACPE Standards, the commissions’ manuals, the ACPE Policy for Complaints Alleging Violation of ACPE Educational Standards and the ACPE Policy for Complaints Against the Accreditation Commission.

September 5, 2012, revised November 28, 2012

303.6 Access to library and educational facilities adequate to meet the ACPE standards.

All Component Sites have pastoral care libraries. Beyond that, students in the Sioux Falls area have access to the seminary library at the Sioux Falls Seminary, located at Augustana College, which is the largest theological collection of books in a five-state region. Students are also able to access inter-library loan for procuring books. Both Peter and Steve have back copies of the Journal of Pastoral Care, which are available to students upon request as well as current copies entitled Reflective Practice: Formation and Supervision in Ministry. Furthermore, Peter and Steve have pastoral care libraries which they make available to students. The colleges, hospitals and seminary can help students access inter-library loan. Articles and books are frequently recommended to students during CPE depending on student need and interest

303.7 Access to current ACPE standards and commissions’ manuals.

The ACPE Standards are included in the student handbook. The other manuals are available in the Chaplaincy Departments of the Component Sites and can be accessed through the ACPE Website at www.acpe.edu.

303.8 Student support services including, but not limited to, orientation, a process for educational guidance and recommendations for counseling resources, resume preparation and employment search. CPE students will receive an orientation schedule for the unit at the beginning of each CPE scheduled unit.

Counseling resources are available in the Sioux Falls area, as well as other educational sites. Students are occasionally recommended to seek therapy or spiritual direction. Examples for services are available through the following agencies: the Sioux Falls Psychological Service, Wellspring and Catholic Family Services are just a sampling of the counseling resources in the Sioux Falls area. Other clinical site areas also have similar resources available. Peter and Steve are open to meeting with you for resume and employment search consultation. We keep files of CPE opportunities and chaplaincy positions. Please schedule these appointments with the supervisor on an individual basis. However CPE centers with residency programs prepare students
for board certification and in job placements for students. Avera provides such as service at the student's request.

307-308 ACPE Accredited Programs

Standard 307  An applicant’s suitability for admission to any CPE program is a matter of judgment by the ACPE accredited center in accordance with its admission policies. Requirements for admission to CPE programs include, but are not limited to:

307.1  A completed ACPE application.

The standard ACPE Application form can be downloaded from www.acpe.edu Click Membership Fees and Forms then Forms

307.2  An admission interview with a qualified interviewer for persons applying for an initial unit of CPE to determine readiness for clinical learning.

Complete the ACPE application, and contact one of the supervisors at the Avera Health ACPE System Center. The address and phone number are located on the front of this handbook. The supervisor will arrange an admissions interview with one of the ACPE supervisors. However, Avera Health ACPE System Center CPE does accept admission interviews from other qualified interviewers (normally a CPE supervisor).

307.3  Either graduation from high school/completion of a GED or ordination by a faith community or commission to function in ministry by an appropriate religious authority as determined by ACPE.

These are minimum educational requirements to engage a CPE program. Please note that preference is given to those with Bachelor’s Degrees or higher. Also note that you must have some faith group connection that endorses or commissions your ministry. You need not be ordained; however, you must have some authorization to function on behalf of a religious or faith body. This can range all the way from ordination to a letter from a pastor or other judicatory official confirming your membership and participation in a church or faith group.

307.4  Fulfillment of education or experience requirements established by the ACPE accredited center.

The Avera Health ACPE System Center has no definite standards regarding experience and education. These will be considered on a case-by-case basis in light of the applicant’s learning goals, vocational goals and prior experience.
Initial CPE programs are known as Level I CPE. Advanced students may apply for Level II CPE. However, Level II CPE is only available to those who demonstrate that they have met the outcomes of Level I CPE. Normally entering Level II is based satisfactorily completing Level I CPE, the supervisor's judgment and the judgment of others involved in the CPE program. Supervisory CPE is offered through Avera Health. Supervisory CPE program is outlined in the supervisory CPE handbook.

Standard 308

Program standards include:

308.1 A specific time period for a program unit of clinical pastoral education or a half unit of clinical pastoral education.

- A unit of CPE is at least 100 hours of structured group and individual education. Each unit shall be accompanied by the supervised, clinical practice in ministry. The combined time shall be no less than 400 hours.

- A half unit of CPE is at least 60 hours of structured group and individual education. Each half unit shall be accompanied by the supervised, clinical practice in ministry. The combined time shall be no less than 240 hours.

Avera Health offers full units and half units. A full unit includes 400 total hours of supervision and training. One hundred of these hours are spent on the reflective aspects of the program. The remainder of the time, 300 hours, is spent in the practice of ministry. Extended units of CPE, leading to credit for a fall or half unit typically meet one day a week for seminars. A full unit of extended CPE normally takes sixteen weeks to complete 100 hours of supervised learning. A full summer unit of CPE normally offered through Avera McKennan Hospital in Sioux Falls takes ten weeks. A half unit of summer CPE lasts six weeks. An extended half unit normally meets for ten weeks.

308.2 Supervised clinical practice of ministry to persons and the detailed reporting and evaluation of that ministry.

There are both direct and indirect means used in the supervision of students and their practice of ministry. There is a heavy emphasis on specifically reporting on that ministry and carefully evaluating a student’s pastoral practice, both individually and within the context of a group setting. Didactic seminars, on the other hand, allow presenters the opportunity to make presentations of theory. When students are presenters, this affords the peers and supervisor the further opportunity to assess the students’ functioning. In addition, the clinical supervisors and other Avera Health
staff observe on a daily basis how effective the student is in their practice of ministry. CORE staff will always be in regular contact with the supervisor regarding a student’s functioning and practice.

308.3 Supervision by a person authorized by ACPE.

Peter Holland was granted Certified ACPE Supervisor status in 1986. Steve Corum was granted Certified ACPE Supervisor status in 1992. The only other authorized person to conduct a CPE program, our supervisory students. Normally they do not engage in individual or group supervision until they have reached Supervisory Candidacy status.

308.4 An individual contract for learning developed collaboratively by the student and supervisor.

During the admissions interview, students are introduced to the concept of a learning contract. It is discussed during this interview. Potential students are asked to begin assessing their strengths and weaknesses both personally and professionally. They are asked to consider whether a clinical setting would fit well with their learning needs. Potential students must decide if they can work with one of the CPE supervisors in the various settings offered through Avera Health. You will be expected to produce a learning contract in the first week of the program. Learning contract includes pastoral reflection, pastoral formation and pastoral competence. Instruction about writing Learning Contracts are found in Section A 2. of the handbook. If working in a placement outside Avera Health, an additional document is required describing this placement. A template for the Memorandum of Understanding is found in Appendix II.

In the second week of CPE (second session in Extended CPE), students will be asked to bring a rough draft of their learning goals. Students present their goals in group setting. Their peers and supervisor offer suggestions as they make their learning plans for the CPE unit.

Learning contracts are fluid documents and it is not unusual for students to rewrite them following these suggestions. However, at mid-unit, students are requested to evaluate their goals and contract formally and revise them. The learning contract is a document of learning goals that are in process. They can be reviewed at any time. Goals and contract are again reviewed in the final evaluation.

308.5 A relational learning environment that fosters growth in pastoral formation, pastoral reflection and pastoral competence; such an environment involves mutual trust, respect, openness, challenge, conflict, and confrontation.

Such an environment includes mutual trust, respect, openness, challenge, conflict and confrontation. In CPE you will be engaging in an intense peer group environment. It is this peer group process that provides the clinical core of a CPE learning experience. You will be engaged in process education with a small group of peers and a supervisor. The primary context for learning is within the many relationships students encounter during a typical unit of CPE including peers
and supervisor, patients and staff members, parishioners and other parish clergy. Both a mid-unit and final evaluation ask you, as a student, to evaluate your relationships, learn from the feedback you have received, and begin integrating these elements into aspects of your personal and professional functioning.

308.6 An instructional plan that employs a process model of education and clinical method of learning including:

308.6.1 Delineation and use of students’ goals.

Instructions for writing goals can be found in Section A 2

308.6.2 Core curriculum appropriate to the CPE setting.

The curriculum comprises the components that make up the program which are outlined in Section A.

308.6.3 Clearly written syllabus.

Students will plan a roster of assignments and due dates. A summary of the course content, requirements and responsibilities of the student to the syllabus will be given in writing to the student at the beginning of the unit.

308.6.4 Evidence of congruence between program goals and the mission of the institution.

In summary, CPE is a professional training for ministry. Avera Health describes itself as a health ministry founded on gospel values.

308.6.5 Program evaluation by the students.

And the exit interview students are expected to have completed Appendix 10, the Program Evaluation.

Avera Health ACPE System Center program assumes that its students are adult learners, that students will be motivated to further their personal and professional growth and will take responsibility for their learning. Since CPE occurs within the context of relationships, it is important for a student, to learn how to use relationships for learning.

Openness to learning includes being open to suggestions, willingness to both give and receive feedback and the ability to assess the feedback. Students are asked to consult and collaborate to develop a critically important skill for ministry.
The CPE experience begins with the CPE Application, the admissions interview, and it continues in the curricular components such as the Interpersonal Relationship Seminar, clinical reflections in group and through Process Notes used in the Individual Supervisory Conference. These components of the program are intended to produce:

- **Growth in self-awareness.**

Unlike many other health care professionals, such as doctors, nurses, therapists, etc., the chaplain and/or pastor’s primary tool is the use of themselves in ministry. Therefore it is critical that you as a student learn as much as possible about your family, background, history and your reactions to family dynamics. Learning more about the impact and significance of your professional journey allows you to make choices about how to respond to ministry situations in which you will often discover both similar and dissimilar family and personal dynamics. Outcome Standard 311.1

- **Developing pastoral identity.**

Pastoral identity develops by understanding and claiming one's personal faith history. Students are asked to describe their spiritual pilgrimage in the group and the telling and hearing of stories produces a greater understanding of one's spiritual journey and helps develop pastoral identity. Outcome Standard 311.2

- **Learning group dynamics.**

In the peer group process students become aware of relationships. At the close of each peer group students may be asked to summarize how they experienced the group and themselves within it. The supervisor's role will be to facilitate and support the group to test new formed and newly discovered identities and relationships. For a more comprehensive description of group process see Section A-5 and Appendix V., Outcome Standard 311.5

- **Developing pastoral skills.**

Student input on choosing a clinical site is expected. Various clinical sites offered through Avera Health provide their own challenges in developing pastoral skills. CPE students spend most time in ministry with patients, clients or parishioners. In the hospital setting working with other professionals is expected and student experience in the spiritual dimensions of care will help patients recover and heal. Outcome Standard 311.6 and 311.7

- **Developing evaluation skills.**

Learning to reflect intentionally on one's professional role is an important skill learned as a CPE student. Part of that is learning and openness to feedback from patients/parishioners, of the students, staff members and supervisors. Receiving feedback and learning to sift out useful feedback from that which does not help is an important discernment skill cultivated in the CPE.
program. CPE’s goal is that students will internalize feedback to become their own supervisor. Outcome Standard 311.9.

Evaluation includes students giving helpful suggestions and honest appraisal of different facets of the CPE program. It also includes students and supervisors evaluating student performance throughout the program, but particularly in their final evaluation. At the close of each CPE unit students have an opportunity to evaluate the program and help fine-tune it for future students. Student feedback has made the CPE program a better learning environment and honest timely reflection from peers improves student pastoral work too. Outcome Standard 311.4

308.7 Presentation and use of literature and instruction appropriate to the students' learning goals and needs.

The student learning contract gives the CPE supervisor strong indicators on what would be best for the learning process of each individual student. Students have an opportunity during the orientation time to learn more about each other and potential clinical sites available. It is suggested that they challenge some of their anxieties and look for a place where they could learn something new, as opposed to going with the familiar and the area which would be least challenging or most comfortable.

Students who are well aware of the learning issues and goals wisely place themselves exactly where they need to be. They also find patients and clients and present clinical materials that get to their own issues very quickly. During the unit, students are expected to read two or three books related to pastoral work. Students also contract to read books individually.

The process of determining appropriate Didactic Seminars for student learning goals and needs involves the supervisors and students in mutual negotiation.

All the following statements apply:

The supervisors will suggest didactic topics based on their perceptions gained during student interaction.

The students will be asked to use Section A 11 to request Didactic Seminars.

Students may use the three part guidelines which in summary suggest (1) bring a list of pastoral problems, (2) brainstorm with peers and supervisor during orientation how to address these problems and (3) determine who should take responsibility for following through with the seminar, article or other information to meet the defined need.

In some extended CPE units in Sioux Falls and Yankton and Interdisciplinary Palliative Care Seminar is part of the CPE curriculum. Online instructions for joining this seminar will be made available to those CPE students attending.
308.8 Final evaluations written by the student and supervisor. Instructions can be found in Section A-12

308.8.1 Supervisor’s evaluation will be available to the student within 45 calendar days of the completion of the unit. Supervisors will submit a signed copy of the evaluation to students who are invited to return their signature acknowledging receipt an agreement with the evaluation.

308.8.2 Supervisor’s assessment reflects professional judgment about student’s work, abilities, strengths, weaknesses.

308.8.3 Supervisor certifies completion of a unit or half unit of CPE (Level I/II).

An evaluation serves as a certificate of completion of CPE. It has been the practice of Avera Health to provide signed certificates in addition to the evaluation.

308.8.4 Student may attach a written response to the supervisor’s evaluation, which then becomes part of the student’s record.

On the final day of the unit students will be asked to complete a final evaluation process in group. During this, there is an opportunity to dialogue about corrections and clarifications to the learning issues in the final evaluation process. Following the conclusion of the unit, the ACPE supervisor will complete a final draft of the supervisor's final evaluation. A copy of the supervisor's final evaluation and student final evaluation, plus a face sheet, will be kept confidentially on file in the Avera Health ACPE System Center Office. Students have access to these documents by writing to the Avera CPE office giving instructions on where they would like copies sent.

309-319 Objectives and Outcomes of ACPE Accredited Programs

CPE provides theological and professional education using the clinical method of learning in diverse contexts of ministry. ACPE accredits two types of clinical pastoral education programs: CPE (Level I/Level II) and Supervisory CPE. ACPE accredited programs provide a progressive learning experience through a two level curriculum. Level I curriculum outcomes must be satisfactorily addressed prior to admission to Level II. Completion of CPE (Level I/Level II) curriculum outcomes is prerequisite for admission to Supervisory CPE.

309-310 Objectives of CPE (Level I/Level II)
CPE (Level I/Level II) enables pastoral formation, pastoral competence, and pastoral reflection. Some CPE centers offer pastoral specialization(s) as part of their Level II curriculum.

CPE (Level I/Level II) objectives define the scope of the CPE (Level I/Level II) program curricula. Outcomes define the competencies to be developed by students as a result of participating in each of the programs.

**Standard 309**

The center designs its CPE (Level I/Level II) curriculum to facilitate the students’ achievement of the following objectives:

**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 personal attributes and pastoral functioning.

**Pastoral Competence**

309.4 To develop students’ 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 sciences in their pastoral care of persons and groups.

309.7 To teach students the pastoral role in professional relationships and how to work effectively as a pastoral member of a multi-disciplinary 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.

The CPE learning process is summarized by the above objectives, which are to be addressed by students in any level of Clinical Pastoral Education. The student discovers there is a call to personal awareness and growth. There is also a call to greater maturity and leadership. There is a call to live as a professional. Rather than simply resisting or wrestling with authority and one’s authority issues, there is a challenge to become a leader who can take a stand, move towards self-differentiation and still stay in emotional contact with others. Students normally discover that CPE is a developmental process, which is ongoing and doesn’t end with completion of a formal unit of CPE. CPE begins with an acknowledgment of pastoral learning, earlier growth and development and ends with students challenged for future growth.

Standard 310 Where a pastoral care specialty is offered, the CPE center designs its CPE 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.

Normally students engage a pastoral specialty towards the end of their CPE training. Typically students are required to have four units of CPE to move toward professional certification with APC or NACC. Normally students complete specialties in the third and/or fourth units of their CPE training. Students will be asked to develop a specialized learning contract with a proposal for a specialty with the supervisor prior to the beginning of a specialized unit of CPE. Students will also
be asked to engage in a consultation with outside resource persons, other supervisors within the Dakota Sub region, as well as professional personnel within Avera Health. This consultation is designed to help focus the student and the supervisor learning for the student during a specialized unit of CPE. A specialized unit of CPE will normally take place at Level II CPE.

**Standard 311-312  Outcomes of CPE (Level I/Level II) Programs**

Three types of CPE are distinguished in ACPE Standards: Level I CPE, Level II CPE and Supervisory CPE. Level I and Level II CPE outcomes are addressed below. Supervisory outcomes are addressed in the supervisory handbook.

Level I CPE addresses the fundamentals of pastoral formation, pastoral competence and Pastoral reflection through one or more units of CPE. Satisfactory achievement of Level I CPE outcomes will be documented in the supervisor’s evaluation as a prerequisite for acceptance in Level II CPE.

Level II CPE addresses advanced competencies and issues of pastoral function, reflection and integration in a program of at least four units of CPE, including Level I CPE units completed in one or more authorized ACPE centers. Outcomes define the competencies to be met by students as a result of their participation in CPE programs. Standards 312

---

**D. 3 – OUTCOMES FOR LEVEL I CPE PROGRAMS**

**Standard 311  Outcomes of CPE Level I**
The curriculum for CPE Level I addresses the fundamentals of pastoral formation, pastoral competence and pastoral reflection through one or more program units. Satisfactory achievement of Level I outcomes must be documented in the supervisor’s evaluation(s).

At the conclusion of CPE Level I students are able to:

**Pastoral Formation**

311.1 Articulate the central themes of their religious heritage and the theological understanding that informs their ministry. (clinical seminar, individual supervision, didactics)

311.2 Identify and discuss major life events, relationships and cultural contexts that influence personal identity as expressed in pastoral functioning. (application, individual supervision, retreats)

311.3 Initiate peer group and supervisory consultation and receive critique about one’s ministry practice. (group process, individual supervision, CORE consultation)

**Pastoral Competence**

311.4 Risk offering appropriate and timely critique (clinical seminar, group process)

311.5 Recognize relational dynamics within group contexts. (group process)

311.6 Demonstrate integration of conceptual understandings presented in the curriculum into pastoral practice. (didactics, assigned readings)

311.7 Initiate helping relationships within and across diverse populations. (clinical placement)

**Pastoral Reflection**

311.8 Use the clinical methods of learning to achieve their educational goals.
(clinical seminar)

311.9 Formulate clear and specific goals for continuing pastoral formation with reference to personal strengths and weaknesses. (mid-unit, final evaluation)

Students will be asked to write their final evaluation with these outcomes in mind. As well, the supervisor’s final evaluation will incorporate the outcomes for Level I CPE students. Students wishing to move towards Level II CPE must meet these outcomes, as well as a consultation before being admitted to a Level II CPE program.

D. 4 – OUTCOMES FOR LEVEL II CPE PROGRAMS

Standard 312 Outcomes of CPE Level II
The curriculum for CPE Level II addresses the development and integration of pastoral formation, pastoral competence and pastoral reflection to a level of competence that permits students to attain professional certification and/or admission to Supervisory CPE. The Level II curriculum involves at least two or more program units of CPE. Supervisors must document satisfactory completion of CPE Level II curriculum outcomes in the supervisor’s final evaluation(s).

At the conclusion of CPE Level II students are able to:

**Pastoral Formation**

312.1 Articulate an understanding of the pastoral role that is congruent with their personal values, basic assumptions and personhood.  
(Level II readiness consultation, individual supervision, clinical seminar)

**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.  
(clinical placement)

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.  
(clinical seminar, CORE consultation)

312.4 Assess the strengths and needs of those served, grounded in theology and using an understanding of the behavioral sciences.  
(didactics, clinical seminar, individual supervision)

312.5 Manage ministry and administrative function in terms of accountability, productivity, self-direction, and clear, accurate professional communication.  
(CORE consultation, group process, specialization project, teaching a didactic, self-directed reading)

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.
(group process, clinical seminar)

**Pastoral Reflection**

312.7 Establish collaboration and dialogue with peers, authorities and other professionals.
(regional consultation, regional meetings, CORE consultation, retreats)

312.8 Demonstrate awareness of the Spiritual Care Collaborative Common Standards for Professional Chaplaincy (Appendix II). NOTE: The ACPE Standards and Code of Ethics supersede the Standards. (Individual supervision)

312.9 Demonstrate self-supervision through realistic self-evaluation of pastoral functioning.
(mid-unit and final evaluation, CORE consultation)

Students admitted to a Level II CPE will be expected to move towards these outcomes. The student's final evaluation will be based on these outcomes, as well as on the supervisor's final evaluation. Students interested in moving towards Supervisory Clinical Pastoral Education must meet these outcomes before being admitted to Supervisory programs.
E.

POLICIES & PROCEDURES
E. 1 – STUDENT INFORMATION – AVERA HEALTH

Standard 304 Provide all policies and procedures in writing and inform all students and ACPE program staff of their content.

Purpose:
It is the policy of Avera Health to ensure that students are informed in writing of policies, procedures and student rights and responsibilities in relationship to Avera Health, as well as to the various institutions in which they receive training.

Policy:
Each student will be informed in writing of CPE program policies and procedures, institutional policies and procedures and student rights and responsibilities as pertaining to participation in the program of CPE.

Procedure:
a. Written descriptions of institutional and CPE policies regarding student’s participation within the CPE programs of Avera Health to be included in the student handbook. Items to be included, but not limited to:

1. Policies pertaining to ACPE Standards: admission, financial, complaint procedure, and maintenance of student records, discipline and withdrawal, student rights and responsibilities and ethical conduct.

2. Expectations regarding the students’ duties, appearance and conduct.

3. Provisions for safety measures and instruction where appropriate.

b. Each CPE student will receive a copy of the student handbook during the first week of the unit.

c. CPE policies and procedures will be reviewed annually by the supervisors, administration and the Advisory Committee.
E. 2 - AGREEMENT FOR TRAINING

CPE is conducted as an “education for ministry experience.” This Document and acceptance into Avera Health institutions authorizes you to visit patients and residents as a chaplain intern, to be informed of their situation (physically, spiritually, emotionally, psychologically and sociologically) and to write materials that would be most beneficial to your educational process based on your visits under the direct supervision of an assigned ACPE Supervisor. Confidentiality is basic to professionalism and any communication regarding patients outside our professional treatment and/or training circles is prohibited, except as required for the safety of patients, residents, families or others. Breach of this standard of professional confidentiality is determined by the hospital management and may result in your immediate termination.

Student initials: __________

The material submitted to your assigned supervisor concerning you and your ministry as chaplain interns may be used in a learning process of supervisors-in-training and/or discussion among the supervisors with the understanding that these persons are part of the professional learning circle. Your materials may also be used by your assigned supervisor with other ACPE supervisors and other professionals from whom he/she may seek consultation as part of her/his professional development or as part of research intended to contribute to the field of clinical pastoral education and/or clinical pastoral care. In all instances of use beyond this center’s professional learning circle, and/or your supervisor, unless law requires full disclosure of the documents, all materials are altered to prevent you being identified as a chaplain intern.

Student initials: __________

Your written evaluation and your supervisor’s written evaluation of each unit of your training may be shared with individuals invited by your supervisor to participate in your unit and/or final evaluation process. All other instances of sharing your or your supervisor’s written evaluation(s) of your training experience require a written release signed by you, unless: 1) the evaluation(s) are being used exclusively within the professional training circle of the center, or, 2) your supervisor will attempt to sufficiently alter the evaluation(s) to obviate your being identified as the chaplain intern, unless full disclosure of the documents is required by law.

Student initials: __________

You have received and reviewed the student handbook and the ACPE Standards governing Clinical Pastoral Education as provided you during your orientation. You have had an opportunity to review the policies and ACPE Standards with your supervisor during orientation and now understand their importance for you as a chaplain intern.

Student initials: __________
You understand that each unit’s tuition of $500.00 must be paid by the second week of each unit unless otherwise negotiated and agreed upon in writing by the supervisor. Failure to pay the tuition in full will result in withholding of ACPE credit for the unit of training until payment in full is made and may result in your being denied admission to any future unit of CPE.

Student initials: __________

In all of your activities during your time as a student chaplain, you agree to function professionally within the Ethical Standards for Students Involved in Avera, (Section E, #10 in this handbook) which are based on the ACPE Code of Professional Ethics as contained in ACPE Standards 100. A copy of both the ACPE Standards containing the Code of Professional Ethics has been provided as have the Ethical Standards for Students Involved in Avera Health ACPE System Center Programs, but who are not members of ACPE.

Student initials: __________

I agree to the video or audio taping of my individual or group sessions. They will be used for educational purposes only and will not be available to others without my written consent. I understand that I may request the termination of taping at any time. The tapes may be kept on file for a period of not more than one (1) year and then will be destroyed.

I understand and agree to the conditions of this Agreement for Training.

________________________________________   ______________________________
Signature of Student                           Date

________________________________________   ______________________________
Signature of ACPE Supervisor                   Date

A separate copy of this agreement is provided in Appendix VIII. Sign that copy and return it to the supervisor.
E. 3 - ADMISSIONS POLICY - AVERA HEALTH

304.1 An admission policy that clearly states the ACPE accredited center does not discriminate against persons because of race, gender, age, faith group, national origin, sexual orientation, or disability.

Purpose:
To assure that the Clinical Pastoral Education Program does not discriminate against persons because of race, gender, age, faith group, national origin, sexual orientation or physical disability.

Policy:
Avera Health shall not discriminate against any individual for reasons of race, gender, age, faith group, national origin, sexual orientation, or disability. Equal access to educational opportunities are extended to all qualified persons. All members of the faculty and consultation group are expected to cooperate in making this policy valid in fact.

Procedure:
Complete an ACPE application, receive an admissions interview to clarify the application and adjudicate readiness for a unit of CPE. (See ACPE Standard 307)

This policy notwithstanding, all students accepted in the program shall be able, with reasonable accommodation, to physically perform the duties as contained in the position description for chaplain intern.

At all levels, the CPE student needs to sustain sufficient physical and emotional health to deliver pastoral care. The student must demonstrate the capacity to consistently establish and maintain relationships at significant levels and be open to learning, change and growth. The CPE student must demonstrate a capacity to endure at least moderate amounts of chaos that is a normal part of CPE and institutional culture.

The primary goal of our admission policy is to accept students who can fulfill the educational standards and objectives of the program. In order to administer this goal in a non-discriminatory manner and be consistent with the philosophy of the Benedictine and Presentation Sisters for health care ministry, whose policy is to:

“Serve people in charity regardless of sex, race, color, creed, national origin or financial status.”
E. 4 - FINANCIAL POLICY - AVERA HEALTH

304.2 A financial policy that clearly states fees, payment schedules, refunds, stipends, and benefits.

Purpose:
To assure that the CPE program addresses fees, payment schedule, refunds, stipends and benefits.

Policy:
Avera Health shall provide each potential CPE student with a copy of the tuition and fee schedule upon request of program information. Tuition and fees may be reviewed and/or changed annually. Registration of credit of the CPE unit or the supervisor’s written evaluation may be withheld pending payment of all fees.

Procedure:
1) Monies due from applicants for CPE is submitted to the Secretary for the Division of Pastoral Care Education in the Avera Health Central Office, 3900 West Avera Drive, Sioux Falls, SD, 57108-5721. A schedule of fees is as follows:

   a) Admission interview: (only assessed if student is being interviewed for a non-Avera Health CPE center) $ 25.00
   b) Deposit to hold place on program (non-refundable, but part of total tuition due for program): $ 50.00
   c) Tuition for full unit of CPE: $500.00
   d) Tuition for half unit of CPE: $300.00

   Checks are to be made payable to Avera Health and submitted to the Administrative Assistant for Clinical Pastoral Education.

2) Tuition monies are due at the end of the second week of the program. (If the student is employed by an Avera Health facility, see No. 7 below.)

3) Avera Health does not furnish stipends for CPE.

4) Students are required to provide for their own health insurance.

5) Students are required to complete a medical history questionnaire, a blood test, TB test and rubella test. If the student is known to be a positive reactor to the TB test, a chest x-ray at the student's expense may be needed.

6) Students are entitled to the employee discount in the cafeteria and other employee discounts on presentation of hospital identification.
7) CPE students who are employees of an AVERA HEALTH institution will be responsible for negotiating payment from the facility where they are employed upon completion of the program.

8) Money for workshops or educational materials needed by students in the unit is the responsibility of the student.

9) Except for the $50.00 non-refundable deposit, refunds will be granted to students withdrawing from a program within three weeks from the first day of orientation. After three weeks, refunds will be prorated until mid-unit, after which no refunds will be granted. However, refunds due to withdrawal due to unforeseen hardships may be granted after mid-unit.

10) CPE students may be subject to a criminal background check the expenses of which shall be covered by the institution during the check.
E. 5 - COMPLAINTS PROCEDURE - AVERA HEALTH

304.3 A complaint procedure consistent with ACPE standards and the ACPE manual Processing Complaints of Ethics Violations. (This procedure is designed to comply with requirements of Standard 200, Complaints).

Purpose:
To provide a mechanism for the handling of complaints or appeals by CPE students. Students receive a written copy of this policy and procedure. ACPE seeks to provide fair and objective procedures for processing complaints and grievances (and any subsequent appeals) filed by any student enrolled in ACPE programs. The program has the responsibility to inform students of these policies and procedures during orientation. No student will be penalized for presenting a complaint. Confidentiality should be respected and addressed in accordance with the process selected.

Policy:
The CPE program at Avera Health encourages people to work out concerns or grievances informally, face-to-face and in a spirit of collegiality and mutual respect. Procedures for complaints should be used only if informal discussion and pastoral communications do not resolve differences and when the complainant or group of complainants desires to register a complaint. It is recommended that the complaint be resolved at the closest possible relationship.

The Association for Clinical Pastoral Education Incorporated (ACPE) recognizes misunderstanding and conflicts can arise between individuals in ACPE centers, and in regional and national bodies. It is the hope that, whenever possible, differences can be discussed informally between the parties experiencing conflict. Parties in conflict are always encouraged to attempt to resolve issues, grievances or complaints as locally as possible and to find expeditious, just, and mutually satisfying resolutions. The purpose of this policy is to ensure that there are informal and formal means for addressing complaints within the CPE process. These are:

1. Informal, proceeding at the local level.
2. Formal proceeding at the local level.
3. Formal proceeding with the Association for Clinical Pastoral Education. These include:

Ethical Complaints

Educational Complaints

1. Against the ACPE Accreditation Commission
2. Against educational faculty, programs or centers for violation of ACPE Educational Standards.

Definitions:

A grievance is defined as "an alleged violation of an ethical and/or educational standard believed to afford reason for complaint."

A complaint is defined as "a grievance, presented in writing and signed, involving an alleged violation of the ethical criteria established by ACPE Standards 2010 Code of Professional Ethics (Standards 100) or the educational criteria established by ACPE Accreditation Educational Standards (Standards 300s) or Accreditation Commission processes enumerated in the Accreditation Manual 2010. A complaint must identify the specific standard or process alleged to have been violated." Complaints may be registered by those who consider themselves harmed by an alleged violation or by any person (s) who has substantially offered evidence of a violation of the educational standards and/or the ACPE ethics code and must name an individual or entity (i.e. center) over which ACPE has jurisdiction.

The complainant is the person or persons filing a complaint.

The respondent is the person, center, entity against which the complaint is alleged. A respondent who is a member of both the Association for Clinical Pastoral Education (ACPE) and the Association of Professional Chaplains (APC) retains separate accountability for each association’s Code of Ethics Standards and statutes of limitations.

A student is defined as "a person admitted to and participating in a program of CPE."

A supervisor is defined as "a clinical pastoral educator who satisfies ACPE requirements for certification, either as an ACPE Supervisor or as an Associate Supervisor."

Mediation describes a cooperative process which provides opportunities for both parties involved in a conflict to state their needs and interests. Through discussion with the mediator, the parties work to identify options and to find mutually acceptable solutions. If the parties agree to use mediation, they may contact the North Central Region Regional Director, The Rev. Gary Sartain or Interim Executive Director of ACPE, The Rev. Deryck Durston, to discuss possibilities for resolving the conflict in this manner.
Procedures:

The Avera Health ACPE System Center and ACPE, Inc., complaint procedures outlined apply for issues related directly to the CPE training program, training staff, and fellow CPE students.

The particular grievance, arbitration, and complaint procedures of the setting in which they occur apply for concerns that fall outside the above parameters.

Avera Health and ACPE prohibit retaliation against anyone for filing a bona fide complaint or participating in a complaint investigation. Disciplinary action may be taken if the complaint is discovered to be malicious or if false information is determined to be intentionally provided.

1. Informal Process at the Local Level

Students are encouraged to approach the following people for advice about engaging this process in the order listed:

Your CPE Supervisor, if the grievance or complaint is with a fellow student, an Avera employee, or a facility resident or family member, provided it is not with your CPE Supervisor.

Michael Stebbins, Senior Vice President of Missions and member of the Avera System Professional Advisory Group or the Chaplaincy Director of each respective component, if the grievance or concern is with your CPE Supervisor or the education program.

They will help you enter the process at the appropriate point of intervention.

2. Formal Process at the Local Level

*Formal procedures for complaint should be used if informal discussion and pastoral communications do not resolve differences and whenever the complainant desires to register a formal complaint. The complaint should be processed according to the center specific proceedings preferably within 60 days of the center receiving the complaint.*

Any person(s) desiring consideration of his/her problem, complaint or grievance may file a written complaint within six (6) months of the occasion of the cause of the complaint or, within six (6) months of the conclusion of the educational experience at Avera Health. In the instance of sexual exploitation, the complaint may be filed within ten (10) years of the event. The complainant should be aware that the delay in filing a valid complaint inhibits the process of a just resolution. The grievance will be submitted to the Avera Health ACPE System Center Professional Advisory Group and then directed to the appropriate person. The written complaint will normally go to Michael Stebbins, the Avera Senior Vice President for Mission. or the Chair of the Professional Advisory group the Rev. Joe Brown. However, should they be a party to the complaint, it may be submitted
through any other member of the Avera Health ACPE System Center PAG or Component Site PAG Chair. These names are listed in the Student Handbook. Appendix XIV.

- Normally, a complaint will not be considered if it is not surfaced within six months of the occurrence of the alleged offense or within six months of the completion of the educational experience at Avera Health.

- A complaint may be made within a longer period if the delay is caused by fraud, intimidation or other unethical conduct (as determined by the Professional Advisory Group).

- Confidentiality shall be respected in registering, processing and resolving a complaint.

- Complaints shall first be addressed through one of the above persons and shall be resolved as close as possible to the context or event in which the difficulty arises.

- A review committee made up of a cross section of members from the Professional Advisory Group of the Avera Health ACPE System Center will be expediently convened, before which the aggrieved person shall be given opportunity to present information.

- The review committee shall obtain relevant information about the situation from all parties concerned before reaching any decision.

- The review committee shall convey their decision to the complainant and any parties named in the complaint in writing within 60 days of the receipt by the PAG of the complainant’s written submission. The recommendation if no reconciliation is reached should fall under one of the following:
  a. Valid – the complaint shall be addressed with an accompanying proposed resolution.
  b. Referral – the complaint is beyond the jurisdiction of Avera Health ACPE System Center Professional Advisory Group
  c. Without Merit – the complaint is without merit.

If the aggrieved person or person(s) against whom the complaint is directed is not satisfied with the recommendation or the ACPE complaint process as defined in ACPE Standards Manual 200, that person may file a continuation of the complaint.

3. Formal Complaint Process at the ACPE Level

- We strongly encourage parties to follow the above procedure, but they may choose to bypass it and contact the accrediting agency, the Association for Clinical Pastoral Education, Inc. (ACPE) directly. And, if the action of the review committee does not bring satisfactory resolution, or if issues remain over which ACPE has jurisdiction, the complainant may then register a complaint with ACPE. ACPE distinguishes two types of possible complaint with two corresponding formal pathways for filing a complaint. Ethical complaints or inquiries about
filing them (Complaints that allege a violation of ACPE Standards 100’s) should be directed to the ACPE Interim Executive Director, Deryck Durston at deryck@acpe.edu. Mail should be directed to:

The Executive Director
ACPE
1549 Clairmont Road, Suite 103
Decatur, Georgia 30033

Complaints alleging violations of education standards (ACPE Standards 300’s) or inquiries about filing them should be directed to the ACPE Interim Director, Deryck Durston at deryck@acpe.edu. Mail should be directed to:

The Chair of the Accreditation Commission
ACPE
1549 Clairmont Road, Suite 103
Decatur, Georgia 30033

The above parties can also be reached by calling ACPE at 404-320-1472. Detailed information regarding the ACPE complaint process for both ethical and educational program issues can be found on the ACPE website: www.acpe.edu. It is particularly important to note the time limits for registering ethical complaints. These parallel the time limits noted above for complaints dealt with locally. In considering taking an ethical complaint forward to ACPE after the local process has been completed, contact should be made with the ACPE Interim Executive Director expediently, preferably within 30 days of the completion of the local process.

Revised: 2/1/12, 5/2/12
E. 6 - STUDENT RECORDS - AVERA HEALTH

304.4 A procedure for maintaining student records for ten years, which addresses confidentiality, access, content, and custody of student records should the center be without a supervisor and/or accreditation. (See Guidelines for Student Records, Appendix 7B, ACPE Accreditation Manual.)

GENERAL POLICY:

All ACPE CPE programs come under the jurisdiction of the Family Education Rights and Privacy Act (FERPA). FERPA addresses privacy and not confidentiality issues. Students must know what information is being collected about them and how it is being used. Any student information, with some exceptions, cannot be shared without written permission from the student. Furthermore, each CPE Center publishes the Annual Notice (Section E.7) of its protocols for proper handling of student records. The student’s official record is open to the student and is not available to others outside the CPE center, except with written permission of the student. The center maintains student records consistent with federal laws. Records are not to be released to school personnel, state and federal educational personnel, without the consent of the student (if the student is over 18 years of age).

I. ACPE Student Records: A student record is (1) any record (paper, electronic, video, audio, biometric, etc.) directly related to the student from which the student’s identity can be recognized; and (2) maintained by an educational program or person acting for the institution.

II. ACPE Student Records: Subject to notification, information concerning the student with name, address, denomination, unit of CPE successfully completed, and level of CPE completed, will be sent to the ACPE office at the end of each unit of CPE (upon final payment of tuition). Common directory information includes: name, address, email, telephone, date of birth, religion, previous education, and photograph. This directory information is not generally considered harmful or an invasion of privacy and thus, may be released without the student’s consent. However, all other information is released only with the student’s written, signed, dated consent specifying which records are being disclosed, to whom, and for what limited purpose. For example, if a student wishes to have an evaluation sent from our Avera Health ACPE System Center to a seminary or other institution for educational or job purposes, the center must receive a written, dated consent form before Avera Health can release those records. The student may request to restrict directory information and/or record access at any time during the course of a CPE unit. Restrictions will be honored even after a student’s departure. However, former students can not initiate new restrictions after departure.

III. Admission Material: Correspondence, application materials, screening interview reports, evaluations from previous units of CPE, consultation committee reports and medical
reports are not part of the student record. Copies kept in the student file during training are either destroyed or returned to the student at the end of the unit of training.

IV. **Supervisory Notes:** The CPE supervisor’s notes are for the exclusive use of the writer and are not considered a part of the student’s official record.

V. **Maintaining Student Records:** The center shall keep student records for at least ten years. These shall not be released except on the student’s written request. In the unlikely event that Avera Health discontinues the CPE program; all records will be forwarded to the Regional Director’s office.

VI. **Student’s Official Record:** The official record of the student consists of a face sheet with identification information which will always remain on file. The supervisor’s evaluation report, and the student’s final evaluation report, if available will be kept on file for 10 years. A copy of the CPE supervisor’s evaluation will be given to the student. The student’s evaluation report will not be available to anyone except on written permission of the student. The student has responsibility to maintain his/her own files for future use and the center will not keep a permanent file. Student-produced material in the hand of the supervisor at the end of the unit will be destroyed. If the student requires the supervisor’s evaluation report to be sent to his/her theological school, written permission will be necessary from the student.

VII. **Necessity of Student Records:** Student records are kept in a locked office in the Avera Health Office and are available only to the student, the center, and others on written request of the student. All others will require written permission of the student.

VIII. **Information about Other Persons:** Clinical reflection materials written by students and peer evaluations which contain information about other persons will be destroyed.

IX. **Exceptions:** The law provides for certain exceptions concerning the release of information to protect the health and safety of the student and for the purpose of accreditation review. Medical information is stored after the student’s training is completed in accordance with policies on employee health records.

X. **Research:** No personal identifiable material will be used for research without the person’s written permission for its use.
E. 7 - ANNUAL NOTICE

Purpose:

Because ACPE is recognized as a higher education entity by the US Department of Education, the Family Education Rights and Privacy Act (FERPA) applies to all ACPE CPE programs. FERPA addresses the privacy of student information and must be published annually prior to program start and also appear in the student and center handbook. If on reviewing the Annual Notice further clarification is required contact one of the ACPE supervisors.

Procedures:

Prior to entering CPE after acceptance into the program all students are sent “the Annual Notice”. It promotes the following:

I. This ACPE CPE center/program guarantees to its students the rights to inspect and review education records, to seek to amend them, to specified control over release of record information, and to file a complaint against the program for alleged violations of these Family Education Rights and Privacy Act (FERPA) rights.

II. A student has the right to object to record content. Normally a student record comprises a face sheet, the student and the supervisor’s evaluation. A list of students’ contact information is posted in the hospital during training. The same list is distributed among students. For further information on Student Records see Section E6. If not negotiable, the written objection will be kept with and released with the record. Grades are exempted from this right.

III. Violations of these protocols may be reported to the Chair of the Accreditation Commission at: ACPE, 1549 Clairmont Road, Suite 103, Decatur, GA, 30033.
E. 8 - CONSULTATION OF THE STUDENT’S LEARNING GOALS, PROCESS AND FOCUS - AVERA HEALTH

304.5 A procedure for providing consultation for CPE students.

Purpose:
To ensure the provision of student consultation, if so chosen by the center, supervisor or student, regarding the student’s learning goals, process and focus related to the goals and objectives of ACPE CPE. Typically, consultation is offered to potential Level II students.

Procedures:

a. The student shall be oriented to the goals and objectives of ACPE.

b. At the end of each unit of training, the supervisor’s final evaluation of the student shall clarify how the student has engaged the objectives and goals of ACPE CPE in his/her learning process.

c. Students may be required by Avera Health to meet with a consultation group prior to admission to Level II CPE. At Avera Health students normally advance at the supervisor’s discretion in communication with the student and consultants who might have input into the student’s readiness for Level II CPE.

d. Students may also ask to receive a consultation any time after his/her first unit of training.

e. The consultation group shall include the supervisors in the center and at least two other supervisors or pastoral persons who have an understanding of the goals and objectives of ACPE-CPE.

f. Written requirements for the consultation include:
   1) A copy of the student’s written learning goals;
   2) Copies of all the student’s self-evaluations from previous CPE;
   3) Copies of all supervisor-written evaluations from previous CPE;
   4) A paper no longer than five pages summarizing the student’s CPE pilgrimage;
   5) A written statement by the student and/or clarifying the issues in which consultation is needed.

g. After dialogue, the consultation group shall conclude the session with consultation to the student and supervisor.

h. This group is consultative and does not make final decisions. Final decisions regarding the assessment of the student’s learning goals; process or focus is made by the primary supervisor.
i. The supervisor will include the consultation feedback in the student’s next final evaluation and/or in a separate report of the consultation.
E. 9 - STUDENT DISCIPLINE, DISMISSAL AND WITHDRAWAL
AVEDA HEALTH

304.6 A procedure for discipline, dismissal and withdrawal of students.

Purpose:
To provide a mechanism for the situations within the training programs when it is necessary for the faculty of the CPE program to take disciplinary action, which may take the form of probation or dismissal, and to provide for the withdrawal of a student from the CPE program.

Policy:
It is the policy of the Center that probation and/or dismissal of a student may occur as a result of behaviors listed below.

Definitions:
Probation is for a specific period of time, not less than two or no more than six weeks within any unit of CPE. The status of probation indicates that continuation in the CPE program is in jeopardy and may include restriction of work in assigned clinical areas.

Dismissal ends the student’s participation in the CPE program.

Withdrawal ends the student’s participation in the CPE program at the initiation of the student.

Procedure:

A. Probation
1. A student may be placed on/or removed from probation by a decision of the chaplaincy staff in the respective institution at the request of the student’s primary supervisor. The CPE faculty will then meet with the student.

2. Probation or dismissal may occur as the result of:
   a. failure to successfully complete a training unit.
   b. failure to adequately participate in the educational program;
      (1) failure to negotiate an individual learning contract;
      (2) failure to be present and/or interact in a manner conducive to growth for self or peers;
   c. failure to act responsibly in pastoral obligations;
      (1) failure to respond to pages and/or inappropriate absences from the contracted placement;
      (2) failure to respond appropriately to the needs of patients, clients, residents, families and staff in the contracted placement;
(3) failure to interact on a professional level with staff in the contracted placement;
(4) failure to cooperate with peers toward a cohesive ministry within the contracted placement;
(5) failure to provide adequate pastoral coverage in assigned areas.

d. conduct unbecoming a CPE student
   (1) behavior that compromises professional functioning
   (2) abuse and/or manipulation of institutional staff, clients, residents, patients, families, or peers

3. A student placed on probation will receive a written notice of such action by the CPE program director. Specific reasons for this action and desired behavioral changes will be provided to the student.

4. During the final week of probation, the CPE faculty and student will meet for evaluation and a decision will be made regarding continuation in the program or dismissal. The student will be notified of the final decision by a letter from the Director of the Avera Health CPE program.

B. Dismissal from the program

1. A student may be dismissed from the program without first receiving probation.

2. The CPE faculty reserves the right to dismiss any student whose program achievements, clinical performance, or conduct as a professional makes continuation in the program inadvisable.

3. Tuition fees will be refunded according to Financial Policy.

C. Withdrawal

1. A student may withdraw from the CPE program by informing his/her primary supervisor and submitting a letter of withdrawal to the Director of the Avera Health CPE program.

2. Students are encouraged to inform the primary supervisor of the possibility of withdrawal in order to provide continuity in addressing the pastoral needs of patients, clients, residents or parishioners.

3. Tuition fees will be refunded according to Financial Policy.

4. A student may apply at a different date. A new application will be considered according to the Admission Policy.
D. Student Appeal

1. A student has a right to appeal their dismissal from an Avera Health ACPE System Center program.

2. Students should address their appeal in writing to Michael Stebbins, Senior Vice President of Missions who will bring it to the attention of the Professional Advisory Group of the Avera Health ACPE System Center.

3. If the student is not satisfied with their appeals to the Avera Health ACPE System Center Professional Advisory Groups, the student may further appeal to the North Central Region ACPE Regional Director: Reverend Gary Sartain, P.O. Box 1832, Burnsville, Minnesota, 55337-1832, phone (612)270-3313, fax (952)431-1423 and email: ncracpe@ncracpe.org. The NCR/ACPE Regional Director may initiate or advise the complainant to take step 4 below.

4. If the student is still unsatisfied following written correspondence with the North Central ACPE Regional Director, the student may appeal to the ACPE Interim Executive Director: The Reverend Deryck Durston, ACPE, Inc., 1549 Clairmont Road, Suite 103, Decatur, Georgia, 30033, phone (404)320-1472, email is deryck@acpe.edu.

Revised: 2/1/12, 5/2/12
E. 10 - ETHICAL POLICY - AVERA HEALTH

304.7 A policy for ethical conduct of students and program staff consistent with the ACPE Code of Ethics.

Standard 100 Code of Professional Ethics for ACPE Members

Maintenance of high standards of ethical conduct is a responsibility shared by all ACPE members.

ACPE members agree to adhere to a standard of conduct consistent with the code of ethics established in ACPE standards. All students are required to sign the Accountability for Ethical Conduct Policy Report Form (Appendix VIII). ACPE members shall promptly provide notice to the ACPE Executive Director of any complaint of unethical or felonious conduct made against them in a civil, criminal, ecclesiastical, employment, or another professional organization's forum.

Any ACPE member may invoke an ethics, accreditation or certification review process when a member’s conduct, inside or outside their professional work involves an alleged abuse of power or authority, involves an alleged felony, or is the subject of civil action or discipline in another forum when any of these impinge upon the ability of a member to function effectively and credibly as a CPE supervisor, chaplain or spiritual care provider. The maintenance of high standards of ethical conduct is a responsibility shared by all ACPE members. When accepted for membership in the ACPE, the member agrees to accept the judgment of colleagues as to standards of professional ethics. ACPE members are accountable to many parties, including the public, their religious communities, employers, and professional colleagues, to maintain the ethical criteria established by ACPE Standards.

Standard 101 In relationship to those served, ACPE members:

101.1 Affirm and respect the human dignity and individual worth of each person.

101.2 Do not discriminate against anyone because of race, gender, age, faith group, national origin, sexual orientation, or disability.

101.3 Respect the integrity and welfare of those served or supervised, refraining from disparagement and avoiding emotional exploitation, sexual exploitation, or any other kind of exploitation.

101.4 Approach the religious convictions of a person, group and/or CPE student with respect and sensitivity; avoid the imposition of their theology or cultural values on those served or supervised.

101.5 Respect confidentiality to the extent permitted by law, regulations or other applicable rules.
101.6 Follow nationally established guidelines in the design of research involving human subjects and gain approval from a recognized institutional review board before conducting such research.

**Standard 102 In relation to other groups, ACPE members:**

102.1 Maintain good standing in their faith group.

102.2 Abide by the professional practice and/or teaching standards of the state, the community and the institution in which they are employed. If, for any reason they are not free to practice or teach according to conscience, they shall notify the employer and ACPE through the regional director.

102.3 Maintain professional relationships with other persons in the ACPE center, institution in which employed and/or the community.

102.4 Do not directly or by implication claim professional qualifications that exceed actual qualifications or misrepresent their affiliation with any institution, organization or individual; are responsible for correcting the mis-representation or misunderstanding of their professional qualifications or affiliations.

**Standard 103 In relation to ACPE, members:**

103.1 Continue professional education and growth, including participation in the meetings and affairs of ACPE.

103.2 Avoid using knowledge, position or professional association to secure unfair personal advantage; do not knowingly permit their services to be used by others for purposes inconsistent with the ethical standards of ACPE; or use affiliation with ACPE for purposes that are not consistent with ACPE standards.

103.3 Speak on behalf of ACPE or represent the official position of ACPE only as authorized by the ACPE governing body.

103.4 Do not make intentionally false, misleading or incomplete statements about their work or ethical behavior when questioned by colleagues.
Standard 104  In collegial relationships, ACPE members:

104.1 Respect the integrity and welfare of colleagues; maintain professional relationships on a professional basis, refraining from disparagement and avoiding emotional, sexual or any other kind of exploitation.

104.2 Take collegial and responsible action when concerns about incompetence, impairment or misconduct arise.

Standard 105  In conducting business matters, ACPE members:

105.1 Carry out administrative responsibilities in a timely and professional manner.

105.2 Implement sound fiscal practices, maintain accurate financial records and protect the integrity of funds entrusted to their care.

105.3 Distinguish private opinions from those of ACPE, their faith group or profession in all publicity, public announcements or publications.

105.4 Accurately describe the ACPE center, its pastoral services and educational programs. All statements in advertising, catalogs, publications, recruiting, and academic calendars shall be accurate at the time of publication. Publications advertising a center’s programs shall include the type(s) and level(s) of education offered, and the ACPE address, telephone number and website address.

105.5 Accurately describe program expectations, including time requirements, in the admissions process for CPE programs.

Ethical Standards for Students Involved in Avera Health ACPE System Center Programs:

1. In relationship to those served, Avera Health ACPE System Center students:
   -- Will affirm and respect the human dignity and individual worth of each client.
   -- Will not discriminate against anyone based on race, gender, age, faith group, National origin, sexual orientation or disability.
   -- Will avoid any emotional exploitation, sexual exploitation or any other kind of exploitation in relationship to client, staff and peer group members.
-- Respect and show sensitivity towards the religious convictions of clients, staff and peer group members. Will avoid the imposition of their theology or cultural values of those served as well as peer group members.
-- Respect confidentiality to the extent that is permitted by law, regulations or the applicable rule.

2. In relationship to other groups, ACPE students:
-- Maintain good standing in their faith group.
-- Abide by the professional practice and/or teaching standards of the state, the community and institution in which they function as a student. If for any reason they are not free to practice according to conscience, they shall notify the supervisor and the Professional Advisory Group and/or the Professional Advisory Group of the Avera Health ACPE System Center.
-- Maintain professional relationships with other persons in the ACPE Center, or institution in which they are a student.
-- Do not directly or by implication claim professional qualifications that exceed actual qualifications or misrepresent their affiliation with any institution, organization or individual; are responsible for correcting the misrepresentation or misunderstanding of their professional qualifications or affiliations.

3. In relationship to fellow students:
-- Respect the integrity and well fare of fellow students or colleagues; maintain professional relationships on a professional basis, refrain from disparagement and avoiding emotional, sexual or any kind of exploitation.

Standard 200 Complaints

ACPE encourages persons to work out concerns or grievances informally, face-to-face, and in a spirit of collegiality and mutual respect. If differences are not resolved, a complaint involving an alleged violation of the ACPE ethical or professional standards of ACPE members may be registered in accordance with the procedures set forth in the manual Processing Complaints of Ethics Code Violations.

The Professional Ethics Commission has final authority to determine whether violations of ACPE standards have occurred and to determine final disposition of complaints. Policies and procedures for registering a complaint, conducting mediation and hearings, and disposing of complaints are found in Processing Complaints of Ethics Code Violations. The Avera Health CPE complaints process as outlined in Section E 5.
E. 11 - STUDENT RIGHTS & RESPONSIBILITIES - AVERA HEALTH

A statement of student rights and responsibilities.

**Student Rights:**

Students participating in the accredited ACPE learning processes occurring in the Avera Health CPE center shall have the right to:

A. an orientation process
B. a student handbook
C. a learning contract (*covenant*) negotiated with primary supervisor
D. access to a population that provides significant opportunity for ministry and learning
E. access to interdisciplinary educational resources
F. protection of his/her professional privacy, through confidential protection of professional records, as well as respect for confidentiality of training processes and conversations by supervisors, peers and interdisciplinary mentors
G. supervision and evaluation by a certified ACPE Supervisor, Associate Supervisor or Supervisory Education Student
H. a written evaluation report within 45 days of completion of the unit
I. access to and use of the complaint/mediation/grievance process as specified by the (Center, System) complaint policy and procedure and the current ACPE *Standards*
J. access to library and other educational facilities

**Student Responsibilities:**

Students shall take responsibility to perform such duties as acceptance contracts delineate. This shall include, but not be limited to:

A. The delivery of professional services to assigned institutional populations;
B. The negotiation with peers and supervisors of a learning contract for each unit of CPE;
C. The protection of peer and patient rights, including maintenance of privacy in reference to person, (*diagnosis, treatment plans*) and personal information;
D. Active and appropriate participation in his/her clinical learning experience; and
E. Mandatory attendance at all seminars and clinical assignment and clinical hours is required unless otherwise negotiated with the supervisory and group. The student is expected to negotiate with a CORE person or CORE chaplain for on-site consultation. Students are expected to complete all assignments for both group and individual supervision. Attendance throughout the whole final evaluation process is not only mandatory, but non-negotiable.
F. A failure to comply with any of these student responsibilities may jeopardize a student's continuation in the unit.
In addition, all students are accountable to the general employee policies of their assigned facility as described elsewhere.

304.9  An agreement for training at the ministry site that includes, but is not limited to:

- authorization to visit patients, parishioners or clients;
- access to appropriate clinical records and informed consent with regard to use of student materials; and
- agreement by the student to abide by center polices protecting confidentiality and rights of clients/patients/parishioners.

304.10  A policy and procedure that provides for completion of a unit or program in process if the supervisor is unable to continue.

In the event that a supervisor is unable to continue a unit in progress, the following protocol will be instigated.

301.3: describes how commitments to students will be met in the event of substantial change within the institutional center.

- Retired supervisors within the sub-region will be contacted.
- Active supervisors in the region will be contacted.
- Depending on the progress in the unit, a half unit of Clinical Pastoral Education may be offered in lieu of a full unit.
- Other faculty within the Avera Health ACPE System Center will be utilized.
- Supervisors within the region and on the ACPE website who are available for part-time supervision will be contacted.
- If all of the above options are not available, the unit will be terminated and refunds offered to the students.

304.11 supervision and program management by a person authorized by ACPE.

Peter Holland and Steve Corum are authorized ACPE Supervisors directing Level I, Level II and Supervisory CPE.
E. 12- MINIMUM NUMBER OF CPE STUDENTS.

303.5 a peer group of at least three CPE (level I/II) students engaged in small group process and committed to fulfilling the requirements of the educational program.

Purpose:
To clarify the process for addressing situations in which fewer than three students are available to complete a CPE unit.

Policy:
It is the policy of Avera Health to maintain at least three students in each unit of level I/II CPE.

Procedure:
If fewer than three students enroll in a given unit of CPE, that CPE unit will not be started. The CPE Supervisor will refer the student(s) to other CPE programs and refund their deposit checks. If student enrollment falls below three in a unit of CPE that has already begun, the CPE Supervisor will make contact with other CPE programs and try to arrange for the remaining student(s) to join unit(s) in other centers that can accommodate additional student(s). A written agreement would be made between the Centers clarifying hours already completed and financial arrangements made.

If Avera Health is unable to place the remaining student(s) in another program(s), and the student(s) has met the requirements for a half unit of CPE, Avera Health will grant the half unit of credit and refund the remainder of tuition.

If none of the above options seem practical, an attempt will be made to recruit a third person to participate in the group so that the resultant peer group would conform to. Standard 303.5.

November 28, 2012
E. 13 – ACCESS TO REQUIRED WRITTEN MATERIALS, INCLUDING ACPE STANDARDS, LIBRARY AND OTHER RESOURCES

303.6 access to library and educational facilities adequate to meet the ACPE standards.

303.7 access to current ACPE standards, commissions’ manuals, the ACPE Policy for Complaints Alleging Violation of a CPE Educational Standards, and the ACPE Policy for Complaints Against the Accreditation Commission (See Appendix 10 ACPE Accreditation Manual.)

Purpose:
To ensure the provision of required written materials necessary to meet ACPE Standard 303.6 and 303.7.

Procedure:

a. In each of the CPE component sites students will have access to books in the Hospital Library and will have access to interlibrary loan, and the Internet.

b. In each component site there are college libraries which contain a pastoral care collection. Information on accessing those libraries is contained in the appendix to the student handbook giving site-specific information. In Sioux Falls for example. The Sioux Falls Seminary has an excellent Pastoral Care Library located at the Mikkleson Library on the Augustana campus. Students wishing to withdraw books from this library will need a Sioux Falls Public Library Card. This can be obtained by visiting the Main Library at 201 N. Main Ave., Sioux Falls. www.siouxlandlib.org

c. The supervisors have available back copies of the Journal of Pastoral Care and Reflective Practitioner: Formation and Supervision in Ministry

d. Students will be expected to purchase books used on the course.

e. Articles recommended to students in the light of student need and interest is supplied by the supervisors.

f. A copy of the following documents is available to students In the Chaplaincy Offices at all Avera Health ACPE System Center Component sites: ACPE Standards, the commissions’ manuals, the ACPE Policy for Complaints Alleging Violation of ACPE Educational Standards and the ACPE Policy for Complaints Against the Accreditation Commission.

September 5, 2012, revised November 28, 2012
F.

APPENDICES
APPENDIX I

PLACEMENT AGREEMENTS
AVERA HEALTH ACPE SYSTEM CENTER

302.3 a written agreement that specifies the relationship and operational details between the center and any agency(ies) whenever a program uses elements from any agency(ies) external to itself.

Avera Health CPE students may contract with a non-Avera Health facility for their clinical hours. This may involve a non-Avera Health acute care hospital or other institutional setting, such as a correctional facility or long-term care facility. It also includes a parish setting for those students called to parish ministry. While the center prefers that students conduct their clinical work within an Avera Health facility, there are logistical and educational reasons to seek clinical time elsewhere. In order to establish this type of placement, the non-Avera Health facility agrees to the following:

1. To provide access to patients, clients and/or parishioners to enable the student to fulfill the student’s learning covenant and meet ACPE Standards.

2. To provide appropriate financial support to the student, if necessary.

3. To provide on-going consultation to the student and supervisor. This usually involves at least one staff member, often (but not necessarily) the student’s clinical supervisor, pastor-parish committee chair, or other suitable CORE group or persons, as described in the student handbook.

4. All fees and costs of the program are the responsibility of the Avera Health ACPE System Center, except those agreed to otherwise (Avera Health related facilities are not assessed any costs). Non-Avera Health facilities may pay a fee for the ACPE program if the program uses their facility for the major portion of the CPE program. This will be evaluated on a case-by-case basis. Specific costs and expenses will be included in any contract.

5. To abide by ACPE Standards, Guidelines and Procedures.

An agreement must be signed by the student, the contact at the facility or parish representative and the ACPE supervisor.

A template for a placement agreement can be found in the following appendix.
MEMORANDUM OF UNDERSTANDING

AVERA HEALTH CLINICAL PASTORAL EDUCATION CENTER

AND

(Name of Institution providing placement)

(Date)

This Memorandum concerns the placement of a Clinical Pastoral Education student, (Student Name), in a non-Avera facility for the purposes of clinical training. In this instance, (Name Institution), has agreed to provide such a placement. The responsibilities of (Name Institution) are as follows:

1. (Name of Institution) agrees to provide sufficient clinical hours of patient and family contact. For purposes of this particular unit of training, from (Beginning Date) through (Ending Date), (Name of Institution) will provide the setting for ____ hours per week for pastoral ministry.

2. (Name of Institution) will provide sufficient space for the students to write reports, seek consultation, and to reflect on and write necessary and assigned reports.

3. (Title and Name of Person) agrees to provide the CPE Supervisor with consultation and evaluation as needed and requested. A written evaluation from the (Title) (a form will be provided by the CPE Supervisor) will be made available to the student and supervisor at the conclusion of the unit.

4. The student will meet weekly with (Name and Title), and will consult with other chaplains as needed.

5. All parties agree that no funds will be required of (Name of Institution). All payments and tuition will be the responsibility of the student, (Name of Student).

(Name and Title of Consultant)

(Name of Student)

Avera Clinical Pastoral Education, Certified ACPE Supervisor

Sample: 1/28/05 / Revised: 3/6/07, 8/26/10, 5/2/12
APPENDIX III

COMMON STANDARDS FOR PROFESSIONAL CHAPLAINCY

This document is one of four foundational documents affirmed by the constituent boards of the Council on Collaboration on November 7, 2005 in Portland, Maine. Collectively, these documents establish a unified voice for the six organizations that have affirmed them and describe what it means to these organizations to be a professional pastoral care provider, pastoral counselor or educator. The four documents are:

- Common Standards for Professional Chaplaincy
- Common Standards for Pastoral Educators/Supervisors
- Common Code of Ethics for Chaplains, Pastoral Counselors, Pastoral Educators and Students
- Principles for Processing Ethical Complaints

The membership of the participating groups represents over 10,000 members who currently serve as chaplains, pastoral counselors, and clinical pastoral educators in specialized settings as varied as healthcare, counseling centers, prisons or the military. The complete documents and information about each of the collaborating groups can be found on the following websites:

-- Association of Professional Chaplains (APC)
   www.professionalchaplains.org
-- American Association of Pastoral Counselors (AAPC)
   www.aapc.org
-- Association for Clinical Pastoral Education (ACPE)
   www.acpe.edu
-- National Association of Catholic Chaplains (NACC)
   www.nacc.org
-- National Association of Jewish Chaplains (NAJC)
   www.najc.org
-- Canadian Association for Pastoral Practice and Education (CAPPE/ACPEP)
   www.cappe.org

For more information on the foundations of professional pastoral care see “Professional Chaplaincy: Its Role and Importance in Healthcare” available at http://www.professionalchaplains.org/professional-chaplain-services-resources-reading-room-hc-role.htm
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 Educational 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 CPE 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 dimension 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.

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: Professional

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.

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 option 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.
APPENDIX IV

READING LIST – CPE

**TITLE OF BOOK:**
- System Centered Therapy for Groups
- Counseling People with Cancer
- Pastoral Counseling Across Cultures
- Memories of God
- Counseling the Dying
- Perspectives on Suicide
- The Moral Context of Pastoral Care
- Final Gifts: Understanding the Special Awareness, Needs and Communication of the Dying
- Rediscovering Pastoral Care
- The Poet’s Gift
- Pastoral Care and Historical Perspective
- Living With Grief After Sudden Loss
- Images of Pastoral Care
- The Skilled Helper
- Stages of Faith
- Failure of Nerve
- Generation to Generation
- Friedman’s Fables
- At the Will of the Body
- Man’s Search for Meaning
- In A Different Voice
- Women in Trevail Transition: A New Pastoral Care
- Community That Is Christian
- Head and Heart
- God and Human Suffering
- Thinking the Faith
- Professing the Faith
- Confessing the Faith
- Finishing Well
- Inside the Circle
- Aging and Family Therapy
- Man and His Symbols
- Shame, The Power of Caring
- The Psychology of Shame
- The Enigma of Anger
- The Needs of the Dying
- Making Faith Sense
- What Are They Saying About Theological Reflection?
- Systematic Theology: Volumes I & II

**AUTHOR:**
- Agazarian, Yvonne
- Aldredge-Clanton, Jann
- Augsburger, David
- Bondi, Roberta
- Bowers/Jackson/Knight/LaShan
- Clemons, James T. Briggs
- Browning, Don
- Callanan, Maggie & Patricia Kelley
- Campbell, Alastair
- Capps, Donald
- Clebsch, William & Charles Jaeckle
- Doka, Kenneth
- Dykstra, Robert
- Egan, Gerard
- Fowler, James
- Friedman, Edwin
- Friedman, Edwin
- Friedman, Edwin
- Frank, Arthur
- Frankl, Victor
- Gilligan, Carol
- Glaz & Moessner, Editors
- Gorman, Julie A.
- Hall, Charles E.
- Hall, Douglas John
- Hall, Douglas John
- Hall, Douglas John
- Hall, Douglas John
- Hargrave, Terry D., & William T. Anderson
- Hemenway, Joan
- Hughston, George A., Victor A.
- Christopherson, & Marilyn J. Bonjean, Editors
- Jung, Carl
- Kaufman, Gershen
- Kaufman, Gershen
- Keizer, Garret
- Kessler, David
- Kinast, Robert
- Kinast, Robert
- McClendon, James
TITLE OF BOOK
Embodyment
Dakota: A Spiritual Biography
The Wounded Healer
The Art of Theological Reflection
Understanding Jung, Understanding Yourself
Behind the Masks
Biblical Themes for Pastoral Care
Working the Angles: The Shape of Pastoral Integrity
The Abuse of Power
The Minster as Diagnostician
Pastoral Diagnosis
Creating A Healthier Church
The Pastor and the Patient
Listening Skills
Pastoral Care Emergencies
Broken Yet Beloved
The Courage To Be
Method in Ministry
Clinical Handbook of Pastoral Counseling, Volume I & II
Recalling Our Own Stories
Using Scripture in Pastoral Counseling

AUTHOR
Nelson, James B.
Norris, Kathleen
Nouwen, Henri J.
O'Connell-Killen, Patricia & DeBeer, John
O'Connor, Peter
Oates, Wayne
Oglesby, William
Peterson, Eugene H.
Poling, James Newton
Pruyser, Paul
Ramsay, Nancy
Richardson, Ronald
Richmond, Kent D. & David L. Middleton
Savage, John
Switzer, David K.
Thorton, Sharon
Tillich, Paul
Whitehead, James D. & Eaton-Whitehead, Evelyn
Wicks, Parsons & Capps, Editors
Wimberly, Edward P.
APPENDIX V

SYSTEM CENTERED TRAINING ESSENTIALS

**Force Fields:** Each person possesses positive energy, or driving forces and restraining forces which include assumptions and anxieties. Participants enter a group with energy. By suspending their search for intellectual understanding (comprehensive knowledge) and by exploring their emotions they bring the positive energy (apprehensive knowledge) into consciousness. By weakening the restraining forces, large changes can result. Energy is information and information is energy.

<table>
<thead>
<tr>
<th>Forces</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Driving Forces</td>
<td>Restrainting Forces</td>
</tr>
<tr>
<td>Things Going For You</td>
<td>Things Going Against You</td>
</tr>
</tbody>
</table>

**The Goal:** System Centered Training (SCT) accomplishes change in a systematic, sequenced, and replicable series of methods that reduce restraints and modify defenses against change. As participants become familiar with the process their expectations change. They begin expecting mere survival in the group; evolve through finding group time useful for personal development and ultimately find the group brings personal transformation.

**Living Human Systems:** Every system exists in the environment of the System above it and is the environment for the System below it. The leader addresses the group process, training participants to “subgroup” around their emotional processes. A subgroup consists of a group of people in a larger group with a similar experience. To join a subgroup stay alert and curious in the present. Listen for others expressing emotion similar to yours. Their apprehensive experience and yours contribute to the group when those experiences get translated into words. The group as a whole survives, develops and transforms itself as it discriminates and integrates subgroup experience. Subgroup stereotypes speak in rationalizations such as flight/fight, yes/but, and scapegoating, before they learn to focus on common feelings.
**Sub-grouping:** A successful group depends on conflict resolution through discriminating and integrating similarities and apparent differences, and integrating differences and apparent similarities. When children, like groups, acknowledge their differences from their parents at the right time they separate from them, and survive to enjoy the differences. In SCT groups, subgroups join around exploring emotional similarities. Eye contact, a relaxed stance, identification and expression of primary feelings characterize a functional subgroup. As the group becomes more experienced it deals with increasingly complex feelings. Once the energy of a subgroup discharges, a new subgroup will form.

**The Leader's Task:**

1. The leader creates a structure so the group knows when and where to meet, when to start and stop. The group begins by getting everyone into the present moment. The group should end (last 15-20 minutes) with members naming surprise, satisfaction and dissatisfaction, discovery and learning. That helps consolidate what has happened and helps participants refocus on the outside world again. The debriefing process is intended to reduce complaints about unfinished feelings, lessen anxiety and consolidate changes.

2. The leader keeps track of reality, challenges contradictory messages and defensive explanations of experience (noise). The leader works to reduce restraining forces within the group. The leader invites participants to explore experience thus testing reality and self-validating information. SCT develops a communication climate that takes reality testing for granted as members test the reality of their fears by what others say. Symptoms change quickly through modifying defenses.

3. The leader reduces anxiety, expressed as rationalization and explanation, by testing the validity of those feelings in the present. People naturally fear the unknown and they also construct stories about the past and future laden with anxiety and problems. The closer a person's map of the past and future approximates reality the more a person moves into reality. Anxiety signals a map reading/emotional problem. By exploring the territory with curiosity, and with the co-operation of group, anxious thoughts weaken.

4. The Leader focuses on group process and does not take attacks personally. That helps group members externalize a problem. General process questions that externalize the problem such as “What is it like to work in a group with a leader you don't believe/hate?” characterize the leader’s method.

<table>
<thead>
<tr>
<th>Past</th>
<th>Present</th>
<th>Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain and Interpret Reality</td>
<td>Poorly Constructed Reality</td>
<td>Negatively Predicting Reality (Will it come true?)</td>
</tr>
<tr>
<td>Explore Past Experiences</td>
<td>Reality Testing in the Here and Now</td>
<td>Plan and Goals (Cognition, Fork in the road)</td>
</tr>
</tbody>
</table>
**Vectoring Energy:** A stream of energy usually has distortion (noise) represented in repetitive speech, redundancy, rationalization and contradictions that smoke screens communication. The skill of identifying the core of the energy rather than discharging, binding or constricting it in defensiveness helps groups move toward their goals. Energy is information and information is energy.

**Centering/Boundarying:** When a group meets, members are challenged to focus on the present and filter out indirect, defensive communication. If that does not happen, the leader asks participants to explore the problem. Sitting comfortably, feet on the ground, being alert, maintaining eye contact and letting the feelings come helps. Confusion, defensiveness and symptoms arise by referring to the past, staying in one's head and fleeing from or fighting conflict, using phrases such as, "yes but" or "don't you really think". Centering focuses on the present.

**Reframing:** Complex feeling words combine a feeling, an emotional experience and a thought or idea. For example, "feeling ashamed" includes feelings of fear, and anger which judge the person inadequate. It assumes an interpretation of feeling where victimizing words like “abandoned” or “rejected” frame the experience as well as and unexamined cultural assumption that shame is bad. In order to see the problem as the problem not the person as the problem, SCT reframes the underlying experience so the person feels empowered to examine how the concept of “shame” operates in their life rather than be victimized that they are the feeling of shame.

**Fork in the Road:** At a point of impasse or anxiety, a person fears making a choice, so the leader invites the group participant to externalize the experience and explore the feeling with curiosity instead of defending against the experience. Thus, the participant learns to separate apprehensive or immediate feeling knowledge from constructed comprehensive knowledge, or feelings from facts. Undoing defenses releases energy so a person can move in the direction of their goals.

**Summary of Defense Modification:** The group meets at a specific place for a specific time, with everyone emotionally present. Participants express what they feel and ask others to join them in developing a subgroup. Using the resonating term “anyone else” participants keep the process of exploration moving. By maintaining eye contact with the last speaker the group becomes cohesive. When necessary the leader helps participants express themselves in energy giving language such as saying, “I want” versus “I need”, correcting labels, like “introvert”, challenging stereotypes, like Men always…” and questioning phrases like “I have to” which victimize and give away power. Leaders also help people explore the underlying dynamic tension in groups where some perceive “too much” and others “too little” autonomy or intimacy. Leaders reconfigure statements of passivity into statements of activity. The purpose of these interventions weakens restraining forces and thus opens up energy that drives a person toward their goals.

**Elements in Group Development:**

**Isomorphy:** Systems have similar function and structure, but different contexts. Thus, one can predict the direction a group will take and identify the phase of development during the process. (Additional information in System for Analyzing Verbal Interaction (SAVI) Grid,)
Comprehensive versus Apprehensive Knowledge: Comprehension means knowledge gained through thinking; words first, experience second, while apprehension means knowledge of one’s feelings and experience without words. The leader encourages translating the emotional, spontaneous, and nonverbal apprehensive knowledge into feeling words in order to reframe and contain the experience and make it available to the group as a whole.

Fight and Flight: Because groups go through phases of development, the leader has a unique opportunity to help the group through its transitions. In the, forming or compliant phase the leader can teach participants how to test reality and solve problems where feelings and thoughts interact. In the transition to the storming phase, hostile impulses against the leader will emerge associated with the desire to torture or harm others, or alternatively, depression (the retaliatory impulse turned inward). In most cases frustration with the leader makes group participants want to claim the “but” side of the yes/but dilemma. If participants have the key to the projective identification they can release energy by exploring the retaliatory impulse and modify it. Thus, when a participant stops seeing another person as merely an object they cannot criticize with impunity, they will have to deal with that person as a person. The primary role of the leader remains exploring the tension to advance group process.

Emotions versus Feelings: Sometimes people enter group with a tidal wave of emotion, which through ventilation brings temporary relief. Emotions arouse energy and signal an impulse to action, but do not necessarily lessened because they are expressed. In pursuit of the larger goal of sustainable change within the context of the group, the leader would seek to contain and manage hostile or aggressive anxieties, cognitive distortions, and tensions. Thus, the leader might proceed by asking and externalizing question such as, “Are you curious to explore the emotion?” With permission the leader might point out the ways in which a participant expresses themselves through the language of the body. “Your body knows something that you do not yet know.” Sometimes the tidal wave of emotion necessitates separating the facts that accompany and arouse the emotion from the feeling. Change occurs when the experience that accompanies the intention to change gets explored. Feeling words that apply to emotions might include, fear, curiosity, anger, excitement, and happiness. Help people get at these sources of their thoughts and emotions. Often feelings rise from a person’s attempt to constrict their emotional experience and when they relax, their experience changes to a pleasant sense of energy. Sometimes anxiety and excitement differs only in the word we call it! Anxiety commonly arises when facing the unknown. It helps to translate anxiety about the future into curiosity.
**Role Locks**: These are stereotypically roles that include caretaking, becoming an identified patient or scapegoat, and becoming submissive or dependent. Taking on a familiar role locks out participation, anger, spontaneity and the ability to deal with fear. An unexamined role lock comes from the limited choices of childhood, but it creates inhibitions in the adult. The leader asks participants to look at what compromises they made to sustain the role. When people identify those early roles, and see their compromises, they stop the role lock, and change. A role has posture so if you shift posture you can sometimes get out of a role. Practicing a centering exercise such as looking up to the ceiling or looking down at your feet might help break a role lock. When people feel comfortable they center spontaneously. Centering includes having a role posture congruent with the role of group participant. In drawing attention to the body language and helping a person center, it can open a person's receptivity to reality and to insight. Always expressing the same positive or negative approach can prove equally illusory if the group participant has hidden behind the familiar and never questioned a stereotypical or maladaptive approach. For example, at work, “Blasting the Boss” might typify one stereotypical role that is intended to reduce frustration. By voicing anger, the worker hopes to diminish the boss and increase their self-esteem without taking responsibility. The system of stereotypical gossip that supports “Blasting the Boss” also restrains spontaneity. If a person only has the role of critic and gossip, work becomes difficult to manage, because the person repeats past mistakes to scapegoat or complain. Putting energy into solving problems reduces projective objectification and victimhood, which reduces anxiety in the group. SCT seeks change, defined as “moving toward a goal in context.”

Revised 2/10/09, 2/1/12
## SAVIGRID
System for Analyzing Verbal Interaction

<table>
<thead>
<tr>
<th></th>
<th>PERSON</th>
<th>FACTUAL</th>
<th>ORIENTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>FIGHT</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>R</td>
<td>Attack/Blame</td>
<td>Mind-Reading</td>
<td>COMPETE</td>
</tr>
<tr>
<td>D</td>
<td>Righteous Question</td>
<td>Negative Prediction</td>
<td>Yes-But/Discounts</td>
</tr>
<tr>
<td>L</td>
<td>Self Defense</td>
<td>Gossip</td>
<td>Leading Question</td>
</tr>
<tr>
<td>G</td>
<td>Complaints</td>
<td>Joking Around</td>
<td>Oughtitudes</td>
</tr>
<tr>
<td>H</td>
<td>Sarcasm</td>
<td>Thinking Out Loud</td>
<td>Interrupts</td>
</tr>
<tr>
<td>4</td>
<td>SOCIAL SELF</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Y</td>
<td>Personal Info.</td>
<td>PUBLIC DATA</td>
<td>INFLUENCE</td>
</tr>
<tr>
<td>E</td>
<td>Current</td>
<td>Facts &amp; Figures</td>
<td>Opinions</td>
</tr>
<tr>
<td>L</td>
<td>Personal Info.</td>
<td>General Information</td>
<td>Proposals</td>
</tr>
<tr>
<td>W</td>
<td>Past</td>
<td>Narrow Question</td>
<td>Commands</td>
</tr>
<tr>
<td>L</td>
<td>Personal Explanations</td>
<td>Broad Question</td>
<td>Impersonal Reinforcement</td>
</tr>
<tr>
<td>7</td>
<td>EMPATHIZE</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>G</td>
<td>Tells Own Feeling</td>
<td>DATA PROCESS</td>
<td>INTEGRATE</td>
</tr>
<tr>
<td>R</td>
<td>Inner-Person Question</td>
<td>Answers Questions</td>
<td>Agreements/Positives</td>
</tr>
<tr>
<td>E</td>
<td>Answers (Inner-Person) Question</td>
<td>Paraphrase</td>
<td>Building on Other’s Ideas or Experience</td>
</tr>
<tr>
<td>N</td>
<td>Mirrors Other’s Inner Experience</td>
<td>Summarize</td>
<td>Work Joke</td>
</tr>
<tr>
<td>L</td>
<td>Affectionate Jokes</td>
<td>Clarifies Own Answer (with data)</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>Self Assertion</td>
<td>Silence</td>
<td></td>
</tr>
<tr>
<td>H</td>
<td></td>
<td>Laughter</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Noise</td>
<td></td>
</tr>
<tr>
<td><strong>PERSON</strong></td>
<td><strong>DATA</strong></td>
<td><strong>ORIENTATION</strong></td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>----------</td>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td>1 <strong>FIGHT</strong></td>
<td>2 <strong>FLIGHT</strong></td>
<td>3 <strong>COMPETE</strong></td>
<td></td>
</tr>
<tr>
<td>Verbal Acts which “put down” or abuse either oneself or others. The “put down” can be either through content or voice tone. Statements where there are contradictions between or within components of the message: when the words don’t match the music.</td>
<td>Statements spoken in factual language that are ambiguous in topic, content or source. The speaker presents his mental map of the world “as if” it is the truth. This position contains gossip, jokes, anecdotes and other “fictional facts,” ruminations, vagueness, mind-reading and jargon, the verbal shorthand that cannot be understood unless one is “in the know.”</td>
<td>Verbal behavior that orients information toward the speaker’s own opinion “as-if” it is unquestionably correct with implicit contradiction of all other opinions. These are competitive, “hidden-agenda” or “hidden fight” behaviors.</td>
<td></td>
</tr>
<tr>
<td>! Attack</td>
<td>! Mind-Reading</td>
<td>! Yes-But</td>
<td></td>
</tr>
<tr>
<td>! Self-Defense</td>
<td>! Joking Around</td>
<td>! Leading Question</td>
<td></td>
</tr>
<tr>
<td>! Complain</td>
<td>! Jargon</td>
<td>! Discounts/Negatives</td>
<td></td>
</tr>
<tr>
<td>! Sarcasm</td>
<td>! Partial Phrases</td>
<td>! Oughtitudes</td>
<td></td>
</tr>
<tr>
<td>4 <strong>PERSONAL INFORMATION</strong></td>
<td>5 <strong>FACTUAL INFORMATION</strong></td>
<td>6 <strong>INFLUENCE</strong></td>
<td></td>
</tr>
<tr>
<td>Verbal behaviors that descriptively convey personal information accessed through the senses or through spontaneous knowledge of likes or dislikes, based on feeling which can only be verified by the self; as well as opinions, rationalizations about the self, or explanations or interpretations of one’s own behaviors in the present or past.</td>
<td>Verbal behaviors that descriptively convey or solicit facts about the world or the self which can be verified by direct or private observation, by experiment or by reference to public data.</td>
<td>Verbal acts that convey the speaker’s opinions and orientation: to the world, people, events, ideas and decisions.</td>
<td></td>
</tr>
<tr>
<td>! Information about me: Now</td>
<td>! Facts &amp; Figures</td>
<td>! Opinion</td>
<td></td>
</tr>
<tr>
<td>! Information about me: Past</td>
<td>! General Information</td>
<td>! Proposal</td>
<td></td>
</tr>
<tr>
<td>! Opinions about me</td>
<td>! Reports There &amp; Then</td>
<td>! Command</td>
<td></td>
</tr>
<tr>
<td>7 <strong>EMPHATHIZE</strong></td>
<td>8 <strong>DATA PROCESSING</strong></td>
<td>9 <strong>INTEGRATE</strong></td>
<td></td>
</tr>
<tr>
<td>Verbal acts which convey messages that are emotionally meaningful and close to the heart of the speaker or the listener.</td>
<td>Verbal behaviors that demonstrate that information has been transferred from one speaker to another: either by congruently answering a preceding question or by accurately reflecting another’s ideas.</td>
<td>Co-operative acts which integrate and build upon a communication between two or more people. Ideas are built on, supported, and expanded, without competing, co-opting or pre-empting.</td>
<td></td>
</tr>
<tr>
<td>! Inner-Person Question</td>
<td>! Answers to Questions</td>
<td>! Agreements/Positives</td>
<td></td>
</tr>
<tr>
<td>! Inner-Person Answer</td>
<td>! Clarify own Answer</td>
<td>! Building on Others’ Ideas</td>
<td></td>
</tr>
<tr>
<td>! Tells Own Feelings</td>
<td>! Summarize</td>
<td>! Work Joke</td>
<td></td>
</tr>
<tr>
<td>! Mirrors Other’s Feeling (empathy)</td>
<td>! Paraphrase</td>
<td></td>
<td></td>
</tr>
<tr>
<td>! Non-Hostile Self-Assertion</td>
<td>! Corrective Feedback</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX VI

CLINICAL PASTORAL EDUCATION STUDENT EVALUATION REPORT

TO: 
(Student’s Consultant or CORE name)

FROM: 
(CPE Supervisor name)

DATE: 

You were assigned __________________________ for clinical supervision during his/her unit of Clinical Pastoral Education (CPE). Please respond to the following:

1. Did the student share his/her goals with you? If so, evaluate his/her progress.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. Briefly discuss the student’s strengths and weaknesses.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. Evaluate the student’s interaction with staff and patients.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
4. Other comments.

Please return to: By email to peter.holland@avera.org OR steve.corum@avera.org
Via mail to: Avera Health
Clinical Pastoral Education
212 East 11th Street
Sioux Falls, SD, 57104
Phone: (605)322-4712 (Steve) or (605)322-4713 (Peter)
Fax: (605)322-4834
**APPENDIX VII**

<table>
<thead>
<tr>
<th>Social Conversation Focus:</th>
<th>Pastoral Conversation Focus:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. External subjects: weather, world, events, local events</td>
<td>1. The person</td>
</tr>
<tr>
<td>2. Maintaining a congenial atmosphere</td>
<td>2. Accepting tension areas</td>
</tr>
<tr>
<td>3. Comfort through avoiding</td>
<td>3. Comfort through facing</td>
</tr>
<tr>
<td>4. Sharing stories: experiences, mutual trading</td>
<td>4. Helping the person to share self</td>
</tr>
<tr>
<td>5. Being pleasant, positive – everything is okay/nothing is wrong</td>
<td>5. Being authentic and open, accepting negative thoughts and feelings</td>
</tr>
<tr>
<td>6. What should be</td>
<td>6. What is (as a step to what could be)</td>
</tr>
<tr>
<td>8. Being helpful by entertaining</td>
<td>8. Being helpful by intimate sharing</td>
</tr>
<tr>
<td>9. Religion: differences between churches, services, ministers</td>
<td>9. God – and me, your relationship to God</td>
</tr>
<tr>
<td>10. People in general</td>
<td>10. Significant relationships of the Person</td>
</tr>
</tbody>
</table>

In practice, visits are both social and pastoral. It is important to be welcomed by the person to whom you are ministering and to welcome what that person offers you to move toward a pastoral conversation. As pastoral conversations can be intense, sometimes a social “break” may help by giving respite in the conversation before more pastoral work is done. Respect the need for distance and intimacy in the person to whom you minister, use both social and pastoral skills to effect good ministry.
APPENDIX VIII

AGREEMENT FOR TRAINING

CPE is conducted as an “education for ministry experience.” This Document and acceptance into Avera Health institutions authorizes you to visit patients and residents as a chaplain intern, to be informed of their situation (physically, spiritually, emotionally, psychologically and sociologically) and to write materials that would be most beneficial to your educational process based on your visits under the direct supervision of an assigned ACPE Supervisor. Confidentiality is basic to professionalism and any communication regarding patients outside our professional treatment and/or training circles is prohibited, except as required for the safety of patients, residents, families or others. Breach of this standard of professional confidentiality is determined by the hospital management and may result in your immediate termination.

Student initials: _________

The material submitted to your assigned supervisor concerning you and your ministry as chaplain interns may be used in a learning process of supervisors-in-training and/or discussion among the supervisors with the understanding that these persons are part of the professional learning circle. Your materials may also be used by your assigned supervisor with other ACPE supervisors and other professionals from whom he/she may seek consultation as part of her/his professional development or as part of research intended to contribute to the field of clinical pastoral education and/or clinical pastoral care. In all instances of use beyond this center’s professional learning circle, and/or your supervisor, unless law requires full disclosure of the documents, all materials are altered to prevent you being identified as a chaplain intern.

Student initials: _________

Your written evaluation and your supervisor’s written evaluation of each unit of your training may be shared with individuals invited by your supervisor to participate in your unit and/or final evaluation process. All other instances of sharing your or your supervisor’s written evaluation(s) of your training experience require a written release signed by you, unless: 1) the evaluation(s) are being used exclusively within the professional training circle of the center, or, 2) your supervisor will attempt to sufficiently alter the evaluation(s) to obviate your being identified as the chaplain intern, unless full disclosure of the documents is required by law.

Student initials: _________

You have received and reviewed the student handbook and the ACPE Standards governing Clinical Pastoral Education as provided you during your orientation. You have had an opportunity to review the policies and ACPE Standards with your supervisor during orientation and now understand their importance for you as a chaplain intern.

Student initials: _________
You understand that each unit’s tuition of $500.00 must be paid by the second week of each unit unless otherwise negotiated and agreed upon in writing by the supervisor. Failure to pay the tuition in full will result in withholding of ACPE credit for the unit of training until payment in full is made and may result in your being denied admission to any future unit of CPE.

Student initials: __________

In all of your activities during your time as a student chaplain, you agree to function professionally within the Ethical Standards for Students Involved in Avera, (Section E, #10 in this handbook) which are based on the ACPE Code of Professional Ethics as contained in ACPE Standards 100. A copy of both the ACPE Standards containing the Code of Professional Ethics has been provided as have the Ethical Standards for Students Involved in Avera Health ACPE System Center Programs, but who are not members of ACPE.

Student initials: __________

I agree to the video or audio taping of my individual or group sessions. They will be used for educational purposes only and will not be available to others without my written consent. I understand that I may request the termination of taping at any time. The tapes may be kept on file for a period of not more than one (1) year and then will be destroyed.

I understand and agree to the conditions of this Agreement for Training.

__________________________________________  __________________________
Signature of Student                           Date

__________________________________________  __________________________
Signature of ACPE Supervisor                  Date
APPENDIX IX

CPE PROGRAM – STUDENT RECORD

Date:__________________________________________

In order to facilitate administration of the CPE Program, please fill in the following information and return to Michelle Watters in the Avera Health Central Office at your earliest convenience.

Name:__________________________________________ Cell Phone:__________________________________________

Address:__________________________________________ Home Phone:__________________________________________

__________________________________________ Email Address:__________________________________________

Permanent Address (if different than above):__________________________________________

__________________________________________

Denomination:__________________________________________

Ordained: Year_______ Professed: Year_______ Lay_______

Seminary:__________________________________________

Degree(s):__________________________________________

Work Place:__________________________________________ Work Phone:__________________________________________

A. Type of Unit: Half □ Full □ Extended Half □ Extended Full □

Supervisor:__________________________________________

Location:__________________________________________

Dates of Program:__________________________________________

What category best describes you: MALE FEMALE

-- Seminary Student □ □
-- Parish Clergy □ □
-- Chaplain □ □
    -- General Hospital □ □
    -- Hospice □ □
    -- Industrial/Business □ □
    -- Prison □ □
    -- Psychiatric □ □
-- Military Chaplain  □  □
-- Missionary  □  □
-- Graduate Student  □  □
-- International Student  □  □
-- Religious Order  □  □
-- Lay Person  □  □
-- Other/Unknown (please explain)  □  □

Number of Previous CPE units completed: Level I _________  Level II _________  Supervisory _________

Revised 2/10/09
APPENDIX X

FOLLOW-UP EVALUATION OF A UNIT OF CLINICAL PASTORAL EDUCATION

1. What surprises did you experience during this unit of CPE?

Comments: _______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

2. Name any disappointments you experienced during the unit.

Comments: _______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

3. What discoveries did you experience about yourself and your ministry during this unit?

Comments: _______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
4. What did you learn that you take away from this unit and will introduce into your pastoral ministry?

Comments:____________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

5. Please comment about your supervisor’s strengths and weaknesses as a pastoral educator based upon your experience in this program.

Comments:____________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

6. Any additional comments?

Comments:____________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Name:__________________________________________

Date:__________________________________________

CPE Unit:______________________________________

Revised: 2/1/12, 5/2/12
APPENDIX XI      FACULTY

INTRODUCTION

Standard 303.3. Student goals and needs are taken into account in the instructional plan.

Standard 308.7. Presentation and use of literature and instruction appropriate to the students’ learning goals and needs:

This appendix lists faculty recently used in CPE and includes a description of their participation. Several faculty lecture regularly it should be assumed all names listed below participated in Avera CPE during the past five years.

In the Avera CPE Center a three step process is used to meet Standard 303.3 and Standard 308.7

1. Delineating learning needs is done through a group process that:
   a. Identifies a problem needing resolution, brought by student or supervisor.
   b. Names resources that might solve the problem
   c. Negotiates how resources will be delivered to the program.

2. The supervisors have a list of resources that include articles, audio and visual presentations, as well as lectures that address common student learning needs. Students get a chance to participate in the selection of appropriate material from the list in the handbook. (Section A 11)

3. Students in Level II CPE are expected to develop and present didactic material from a topic of their choice to their peers.

The center has videotapes of nationally known speakers that are used frequently. Likewise, numerous articles are made available to address student’s learning goals. All programs include didactic presentations from the list of topics in the handbook. Examples include:

Edwin Friedman  Reinventing Leadership Guilford press Videotape 1996
               Togetherness and Stuck Togetherness, address given to Dialog 94 May 1, 1994

John Savage    Story Listening, tape of lecture given to clergy 1987

Lawrence Weed  Lecture on using computers for medical diagnosis 2006

We also use CPE supervisors as faculty during retreats, at joint didactic sessions and as consults on theory papers.
These people are:

- Dean Meeter, Bethesda Christian Counseling Center, Sioux Falls
- Daniel Leininger, VA Medical Center, Sioux Falls
- Dixie Potratz Lehman, Fargo - Moorehead CPE Center
- Mary Sacco, Inactive Supervisor, Baltic Lutheran Church
- Steve Pohlman, Retired Supervisor, Sioux City
- Gary Sartain, ACPE NCR Regional Director

Faculty from the Interdisciplinary Palliative Care Seminar

In two components sites (Yankton, and Sioux Falls) students participate in an "Inter-disciplinary Palliative Care Seminar." This seminar runs for five weeks and comprise a lecture, a home visit to a patient or to a nursing home resident, and a small interdisciplinary group discussion led by a faculty member. Programs have been conducted four times per year since 2000. It is offered in the fall (Yankton and Sioux Falls), the winter, and the spring (Sioux Falls only).

The following faculty serves this program:

**Sioux Falls**

- Karla Abbott, Nurse, Group Leader Palliative Care
- Deb Aden, Social Worker, Group Leader Palliative Care
- Katie Bloom, Social Worker, Group Leader Palliative Care
- Bill Bradfeldt, Pharmacist, Group Leader Palliative Care
- David Brechtelsbauer, Physician, Presenter Symptom Management
- LuAnn Eidsness, Physician, Presenter Introduction to Palliative Care
- Connie Evenson, Nurse, Group Leader Palliative Care
- Jodi Heins, Pharmacist, Presenter Pain Management
- Dan Leininger, CPE Supervisor, Group Leader Palliative Care
- Marilyn Moor, Nurse, Group Leader Palliative Care
- Terri Peterson – Henry, Physician, Group Leader Palliative Care
- Ellie Schellinger, Ethicist, Presenter on Ethics
- Susan Schrader, Nurse Instructor, Program Coordinator
- Pam Schroeder, Nurse Instructor, Group Leader Palliative Care
- G. Michael Tibbitts, Physician, Presenter Pain Management

**Yankton**

- Debra Farver, Pharmacist, Presenter Pain Management
- Sr. Sharon Haas, Nurse Instructor, Palliative Care Group Leader
- Mary Hochstein, Chaplain, Presenter on Spirituality
- Beth Mikkelson, Physician, Program Coordinator
- Mary Pistulka, Nurse, Presenter Symptom Management
- Dan Rafferty, Lawyer, Presenter on Ethics
Sample of Faculty used in Component Sites

The solution to the problem of getting didactic material to students may not be resolved by a lecture on a certain date, but may also include presentation of articles, a commitment to follow up on library resources, or agreement to jointly lead a text selected from a bibliography.

In addition to names mentioned above, the center has developed a faculty from the community including:

### Sioux Falls

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
<th>Specialization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dan Digatono</td>
<td>Therapist</td>
<td>Guest lecturer on Personality Disorder</td>
</tr>
<tr>
<td>Del Donaldson</td>
<td>Seminary Professor</td>
<td>Guest lecturer in Family Systems</td>
</tr>
<tr>
<td>Brad Randall</td>
<td>Physician</td>
<td>Guest lecturer on Autopsy</td>
</tr>
<tr>
<td>Gary Ternes</td>
<td>Prison Chaplain</td>
<td>Guest lecturer on Prison Chaplaincy</td>
</tr>
<tr>
<td>Michael Stebbins</td>
<td>Senior Vice President</td>
<td>Guest lecturer on Avera Mission</td>
</tr>
<tr>
<td>Gary Weisbrich</td>
<td>Chaplain</td>
<td>Guest Lecture on Ethics</td>
</tr>
</tbody>
</table>

### Yankton

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
<th>Specialization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tweeter Henseler</td>
<td>Director of Chaplaincy</td>
<td>CPE Orientation</td>
</tr>
<tr>
<td>Mary Hochstein</td>
<td>Chaplain to Hospice</td>
<td>Orientation to Hospice</td>
</tr>
<tr>
<td>Teresa Hendrickson</td>
<td>Director of Psychological Health</td>
<td>PTSD Presentation</td>
</tr>
<tr>
<td>Douglas Upton</td>
<td>Chaplain Federal Prison Camp</td>
<td>Prison Ministry</td>
</tr>
<tr>
<td>Norman Wright</td>
<td>Ombudsman State Hospital</td>
<td>Orientation to Behavioral Health</td>
</tr>
</tbody>
</table>

### Mitchell

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
<th>Specialization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marvin Miller</td>
<td>College Professor</td>
<td>Guest lecturer in ethics</td>
</tr>
<tr>
<td>Gloria Thompson</td>
<td>Nursing Faculty</td>
<td>Guest lecture on nursing</td>
</tr>
<tr>
<td>Dianne Sandhoff</td>
<td>Nursing Faculty</td>
<td>Guest lecture on nursing</td>
</tr>
<tr>
<td>Wyonne Kaemink</td>
<td>Nursing Faculty</td>
<td>Guest lecture on mental health nursing</td>
</tr>
</tbody>
</table>

### Aberdeen

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
<th>Specialization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gary Compton</td>
<td>Co-Director of Chaplaincy</td>
<td>CPE Orientation</td>
</tr>
<tr>
<td>Sr. Pat Prunty</td>
<td>Co-Director of Chaplaincy</td>
<td>CPE Orientation</td>
</tr>
</tbody>
</table>

The program uses pastoral care staff as student consultants meeting students weekly. This faculty writes a report on student progress at the end of the unit and meets the criterion for a CORE Consultant (Section A, #10), which program requires.

### Aberdeen

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
<th>Specialization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gary Compton</td>
<td>Chaplain</td>
<td>Consultant</td>
</tr>
<tr>
<td>Sister Pat Prunty</td>
<td>Chaplain</td>
<td>Consultant</td>
</tr>
<tr>
<td>City</td>
<td>First Name</td>
<td>Title</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Sioux Falls</td>
<td>Joe Brown</td>
<td>Chaplain</td>
</tr>
<tr>
<td></td>
<td>William Cooper</td>
<td>Chaplain</td>
</tr>
<tr>
<td></td>
<td>Trish Dorn</td>
<td>Chaplain</td>
</tr>
<tr>
<td></td>
<td>Daryl Engbrecht</td>
<td>Chaplain</td>
</tr>
<tr>
<td></td>
<td>Kristi Gullickson</td>
<td>Chaplain</td>
</tr>
<tr>
<td></td>
<td>Larue Jundt</td>
<td>Chaplain</td>
</tr>
<tr>
<td></td>
<td>Shirley McCarthy</td>
<td>Chaplain</td>
</tr>
<tr>
<td></td>
<td>Arlene Pearsall</td>
<td>Chaplain</td>
</tr>
<tr>
<td></td>
<td>Gary Weisbrich</td>
<td>Chaplain</td>
</tr>
<tr>
<td>Yankton</td>
<td>Tweeter Henseler</td>
<td>Director of Chaplaincy</td>
</tr>
<tr>
<td></td>
<td>Marcus Potts</td>
<td>Chaplain</td>
</tr>
<tr>
<td></td>
<td>Mitch Shemek</td>
<td>Chaplain</td>
</tr>
<tr>
<td>Mitchell</td>
<td>Deborah Heen</td>
<td>Director of Chaplaincy</td>
</tr>
<tr>
<td></td>
<td>Susan Sinclair</td>
<td>Chaplain</td>
</tr>
<tr>
<td>Marshall</td>
<td>Sr. Sharon Altendorf</td>
<td>Director of Missions</td>
</tr>
</tbody>
</table>
APPENDIX XII

IDENTAL INTERVENTION FORM
(For Spiritual/Pastoral Care Practitioners and Students)

1. Statement of the Spiritual/Pastoral Care Central Issue (e.g., Feeling Angry and Abandoned by God; Hope in Terminal Illness, etc.)

2. Narrative Summary of the Actual Spiritual/Pastoral Intervention (No more than two paragraphs of narrative description. Take confidentiality precautions.)

3. Narrative Summary of the Ideal Spiritual/Pastoral Intervention (No more than two paragraphs of narrative description of how you would do the intervention differently if given another opportunity. Write so that another practitioner with a similar situation could benefit from your insights.)

4. List Books, Journal Articles or other Supportive Resources (Materials pertinent to the situation in question)

5. Please forward a copy of this completed form to mariejohn50@att.net as a Microsoft Word attachment for inclusion with similar data toward validating evidence-based spiritual care best practices. You will be asked to approve the revision prepared for the knowledge base.

   Thanks for your contribution. Please go to http://www.ACP Eresearch.net and click on “Special Section: Ideal Intervention Paper (IIP) Project” for further information.

CONCLUSION: The presenter is offered an opportunity to express a final word about the experience.

Revised 10/24/09, 01/05/09
APPENDIX XIII

RAISING CULTURAL AWARENESS

Culture – A symbolic system of meanings, attitudes, feelings, values, and behaviors that is shared by a group of people, a particular society or population, and is communicated from one generation to the next via language and/or observation. Culture regulates and organizes what a group feels, thinks or does, but may be expressed individually in a variety of ways. Culture includes: familial roles, patterns of social and interpersonal communication, affective styles, values and ideals, spirituality and religion, habits of thinking and artistic expressions, customs and norms, rituals and celebrations, and geographical and historical location. (Association for Clinical Pastoral Education Standards 2010 Definition of Terms p.6)

Culture can be seen as a "taken for granted" part of life which becomes conscious unexpectedly when others express different values and therefore make different cultural assumptions. Fortunately individuals have learned to live in tension with other people and their values and can negotiate social relationships within society’s pluralism. The selection of items below is intended to increase reflection and sensitivity to elements of your everyday life that are frequently taken for granted and to suggest that even others who may seem similar to you may view their relationship to society differently. Some questions are framed to elicit an either/or response. However, consider each item an opportunity to reflect on how others might have a different perspective on common cultural elements in society.

What is your chronological age?

Do you feel similar to people your own age or different?

Were generational influences in your family weak or strong?

Did you pass through the Developmental stages of childhood into adulthood with ease, on time or with difficulty?

Have you suffered with a physical or emotional disability that made you feel different from people around you?

How do you feel about your body?

Has your body worked for you or against you?

Do you generally accept the religious system in your life or do you stand outside it or question it?

Do you have a spiritual orientation of which you are proud or cautious?
From which common ancestry do you come? Do you feel part of that ancestry or separated from it?

Describe your socioeconomic status and its development during your life. Are you richer or poorer then you once were? What difference have changes in your economic circumstances made?

Do you think your sexual orientation is in step with the majority? Has your sexuality been a source of embarrassment or pride?

Have you been brought up to think you are in a special group within your society either better or worse than the majority?

What is your National origin? Do you live among people with the same national origin?

Do you try to conform to the expectations of the gender of your birth?

Do you belong to a professional group which has specialized knowledge? How do you feel about that knowledge and how do other people respond to your professional identity?

What stories did you hear about your professional training program before you entered it? How did those stories color your initial approach?

Do you look to the future with hope or pessimism, to the past with gratefulness or regret and the present with curiosity and interest or are you simply trying to get by?

As the above list is only partial, try framing a question around a particular aspect of culture with which you feel in tension.
See Following Information
# APPENDIX XV

## CPE TIME SHEET

<table>
<thead>
<tr>
<th>Name</th>
<th>MCK</th>
<th>POP</th>
<th>QOP</th>
<th>BMH</th>
<th>ST L</th>
<th>MJM</th>
<th>SHH</th>
<th>SJN</th>
<th>HF</th>
<th>Other</th>
<th>Non-Avera</th>
<th>Parish</th>
<th>CPE</th>
<th>ISC</th>
<th>ISR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| MCK  | = Avera McKennan Hospital (Sioux Falls) | POP  | = Avera Prince of Peace Retirement Community (Sioux Falls) |
| POP  | = Avera Queen of Peace Hospital (Mitchell) | BMH  | = Brady Memorial Health & Rehab (Mitchell) |
| QOP  | = Avera Queen of Peace Hospital (Mitchell) | MJM  | = Avera Mother Joseph Manor Retirement Community (Aberdeen) |
| BMH  | = Brady Memorial Health & Rehab (Mitchell) | CPE  | = Class and Seminar Group Time |
| ST L | = Avera St. Luke’s (Aberdeen) | ISC  | = Individual Supervisory Conference |
| MJM  | = Avera Mother Joseph Manor Retirement Community (Aberdeen) | ISR  | = Individual Study & Reflection |
| SHH  | = Avera Sacred Heart Hospital (Yankton) |      |      |      |      |      |      |      |    |       |           |        |     |     |     |
| SJNH | = Avera Sister James Nursing Home (Yankton) |      |      |      |      |      |      |      |    |       |           |        |     |     |     |
| HF   | = Avera Holy Family Hospital (Estherville) |      |      |      |      |      |      |      |    |       |           |        |     |     |     |

COPY TO SUPERVISOR AND CORE PERSON/DIRECTOR AT BEGINNING OF EACH MONTH