

# **EAST CENTRAL REGION, ACPE**

**Indiana, Kentucky, Michigan, Ohio & Pittsburgh, PA.**

**Website Address: <http://www.ecracpe.org>**

**October 2010**

**CAN YOU BELIEVE. . .**

*Dennis Kenny, Regional Director*

. . . The fall regional meeting has come and gone. In Cleveland we are wringing the last warm sunny days from fall.

I want to thank everyone who had a hand in preparing the meeting and participating in it. Special thanks to Joan who does so much in the background to make our time easy and effortless.

I heard many positive comments about the Seminars-on-Supervision sessions. Preparing individuals for supervision is an important part of our work. There was lively conversation and those presenting received useful feedback. Thanks to Mary Browne for helping to coordinate. The February conference will include another opportunity for this type of learning experience. I look forward to the next meeting.

I have always seen the regional director's position as a servant-leadership role. So I was not always comfortable spending as much upfront time at the meeting as I did this time. I was happy to have an opportunity to present the material on Organizational Spirituality. I appreciated the comments and counsel that I received.

Most of the counsel I received had to do with the feelings and passion I shared related to the issues of governance changes and the relationship of FCPE and ACPE. The issues are both personal and professional; sometimes they mix. As a result, that makes some of you uncomfortable and others are enlivened. As you know, I have a tendency to sound very certain about a lot of things and could do a better job of separating my impressions, my experiences and my knowledge. Although I'm pretty sure, at times, they get mixed up for all of us.

It is not the specific issues and decisions our Board of Reps will be voting on in November that I am most certain and concerned about. I am concerned about how we are prepared to make decisions that will effect the organization for years to come.

We have not been talking with each other about issues as we did in the past. This is in part because we have become a large organization that has outgrown its processes for making decisions. Some of us have faith in different styles of leadership; some of us believe that clearer rules and agenda will prevent us from straying; some of us are distrusting of those who believe the above; and, many of us are afraid when it comes to money.

We all need to become students of our history lest we lose the hard won lessons and repeat the oft indulged mistakes. This is what I'm passionate about.

In the midst of organizational change and discussion, I am very proud of the administrative council of this region. It has been willing to dialogue about tough issues. Members of the Administrative Council have claimed personal values when they were a part of decision making. Special thanks to Karl VanHarn for his service as regional Chair. He has been a real gift to this region and, apart from some jokes, I've been impressed with his leadership.

I'm encouraged by this region, and believe we will make a significant contribution to the ACPE. Pray for yourself and for each other, we need it.

Love, Dennis

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## PASTORAL CONCERNS AND CELEBRATIONS

**Karen Morrow's** 91 year old mother, Mrs. June Baber Woodson, died September 30. Karen said a small funeral service celebrating her life and journey home was held at the Detroit Memorial Park Cemetery. Remember Karen, her sons James and Adam Morrow and her husband, Ron Reeve in your thoughts and prayers. [If you would like to reach out to Karen her e-mail address is [morrow1@comcast.net](mailto:morrow1@comcast.net)]

We are happy to report that **David Hurst** has recovered from surgery and has returned to work. He said he is thankful for the prayers and good wishes from the region. He said, "What a blessing to be part of such a loving community."

### Meditation on Anton Boisen As presented September 24, 2010 at the Fall Regional Conference Rev. Robert David Leas

#### "THE AMERICAN PIONEER IN RELIGION AND MENTAL HEALTH"

Dr. Glenn Asquith Jr.

#### Meditation on Anton Boisen

Anton Theophilus Boisen was a "Hoosier Pioneer," the first to develop CPE as we know it today. He was born and reared in a highly academic family of university educators in the hills and hollers of southern Indiana. There is something inimitable about this theologian who came from the crossroads of Mid-America. He was theologically exposed to the exacting Scottish Presbyterian Covenanter religion of his Hoosier boyhood years in the household of his grandfather.\* Later, he was open to the religion of the Social Gospel of his mature years at Union Seminary in New York. Although he moved in another direction, theologically, as an adult, the religious model of his grandfather Wylie left an imprint upon him that God was a benevolent God, a God of love, and a God of Providence.

Anton Theophilus Boisen was born on October 28, 1876 in Bloomington, Indiana. His father, Hermann, came to America from Schleswig-Holstein, Germany and was a Professor of German at Indiana University. His mother, Elizabeth Louisa Wylie Boisen, was one of the first seven women to graduate from Indiana University in 1871. She married her German Professor at Indiana University, Herman Boisen. Later, the family moved east to Massachusetts and then New Jersey where Herman taught at the prestigious Lawrenceville School. He died suddenly of a heart attack. He was 38 years old. Anton was seven. He, his three year old sister Marie, and mother moved back to Bloomington into the household of his mother's family. He lived there through high school, and then he graduated from Indiana in 1897. For the next six years, he taught German and French at Bloomington High and was a French tutor at IU. He left Bloomington in 1903 to attend graduate school at Yale.

Following his Father's early interest in forests and plants, he studied at Yale to be a forester. After graduation, he worked in the government forestry division where he was first introduced to the scientific method of research through Dr. Raphael Zon, Chief Forster. Fr. Henri Nouwen (who did his doctoral dissertation on Boisen) wrote: "In Raphael Zon, he found a scientist who not only strengthened Boisen's clinical sensitivity, but trained him in systematic survey in which the emphasis was always on the empirical approach. This shaped a great deal of his later contribution to the field of the psychology of religion."

He remained in forestry until 1908. While at a visit to Yale, he heard a sermon by Henry Sloan Coffin. His subject was the "Call to Ministry." Boisen felt a call to ministry himself, and he enrolled at Union Seminary in New York. Union, at that time, was a center of the Social Gospel. He graduated in 1911 with honors and was ordained a Presbyterian minister. Later he ministered within the Congregational Church. He referred to himself as a "Presbygationalist."

He first did country church survey for the Presbyterians under the leadership of Warren Wilson, and then he served, part of a year, as campus minister at Iowa State College. After that, he served two Congregational Churches, first, in Wabaunsee, Kansas. The church was called "The Beecher Bible and Rifle Church." The Henry Ward Beecher Church in Brooklyn sent rifles during the abolitionist activity in that state. After two years

he moved to North Anson, Maine and spent two years there. When WWI came, he went with the YMCA to France and stayed through the Armistice and a year after.

\*The Covenanters were Scottish Presbyterians of the 17th century who subscribed to the *National Covenant* of 1638, the most famous being the *Solemn League and Covenant of 1643*. The National Covenant opposed the new Anglican liturgy. This led to the abolition of episcopacy in Scotland. In the *Solemn League and Covenant*, the Scots pledged their support to the English parliamentarians in the English Civil War with the hope that Presbyterianism would become the established church in England. They did not succeed in this effort, although Presbyterianism did become the official religion of Scotland

In 1920, he returned to the US and in the process of writing a statement of faith in preparation for a call by the Presbyterian Church, he experienced the first of four major mental breakdowns. He wrote: "A dramatic and severe disturbance plunged me into the insane asylum, with Dante's words '*Abandon hope all ye who enter here,*' swirling like a dense fog in my mind." The diagnosis was catatonic schizophrenia.

Boisen lived out many contradictions in his turbulent, if brilliant life. He struggled painfully and, for the most part unsuccessfully to connect with people. Yet, he founded a movement that focused on developing intimate pastoral relationships. He was very stubborn, set in his ways, isolated and dogmatic. Yet he had courage and singleness of commitment, putting his whole self on the line for his struggles. His use of his own suffering as a model for other sufferers and his students made him a living symbol.

Boisen had a direct encounter with God in the midst of his hospitalization during 1920-21. He came to call this his "guiding intelligence." He brought out of this experience something new, something that he did not take into it, and this was because he had encountered God in a way he had never encountered God before.

It is similar to the experience, in Hebrew Scripture, of Jacob on his journey to meet his brother Esau, when he wrestled with the Holy in the Jabbok valley and came out with a new name, and a new vision for life. Jacob, now Israel, stumbled through the rocky land, one hip dipping deep at each new step as he limped into the blood-red-blinding sunrise, a wounded healer.

Boisen trusted his internal process enough to live in hope of finding spiritual and emotional peace - internally, and with what he then called the church – "The fellowship of the Best."

Focusing his attention on the relationship between religious experience and mental illness, his own experience became the model. He wrote, "Certain types of mental disorder are not in themselves evil, but they are problem solving experiences. They are attempts at reorganization in which the entire personality, to its bottom most depths, is aroused and its forces marshaled to meet the danger of personal failure and isolation. According to this hypothesis the primary evil in functional disorder lies in the realm of personal relationship, particularly to that which is foremost represented in the idea of God."

His theology centered on his research into the struggles people have with the problem of sin and salvation at the depths of their being. Boisen stated that "the great opportunity for theological students comes to those whose knowledge is being tested and increased through actual service to human beings in need." His spiritual contribution was his confrontation of mental illness and the individual's struggle to face ultimate reality. It was in this arena that Boisen pioneered spiritual care as a means to integrate the individual's illness with her or his soul. He called his new method "working with Living Human Documents."

In a Boisen-Dicks Lecture for the Association of Professional Chaplains in 2006, Professor John Patton said: "Wisdom for Anton Boisen did not grow out of the chaplain's association with health care or the psychological knowledge of the physician or psychoanalyst (about which he knew much). It came from the power of relationship to reach out and affirm the humanness of the separated ones – those trapped in loneliness, confusion, and powerlessness."

His first gift to us today is the power that can come from powerlessness, the contribution of the wounded healer.

In a recent speech before the Annual Conference of the National Association of Jewish Chaplains (“The World of Anton Boisen and CPE Today,” January 2010), Dr. Teresa Snorton, referring to Boisen as a “wounded healer,” addressed us, saying “I believe we are still, first and foremost, called to take our own wounds and transform them, as Boisen did, into a passion and compassion for those who are suffering. Much of Boisen’s determinism evolved from his contention that the church of his day was so internally focused on itself that it was not attending to the living human documents languishing in the doorways, hallways, and pathways around the worshipping community.”

**Teaching students to be attentive to the wounded and suffering in our time, calls us, as it did Boisen.**

For his second gift to us today, I think it is right to credit Boisen with what we call “narrative theology.” He was a pioneer in this methodology.

How we interpret, think, and make decisions is based on a narrative understanding of life. We make sense of life through the stories we tell. Stanley Hauerwas, Professor of Theology at Duke Divinity School (Stanley Hauerwas, *The Peaceable Kingdom* (South Bend, Indiana: University of Notre Dame Press, 2002) wrote: “Christian convictions take the form of a story, or perhaps better a set of stories, that constitute a tradition, which in turn creates and forms a community. The calling of our attention to a narrative that tells of God’s dealing with creation is a complex story with many subplots and digressions. The narrative mode is neither incidental nor accidental to religious belief. There is no more fundamental way to talk of God than in story.”

Boisen’s legacy is that a person’s story can have meaning through the discipline of theological interpretation (hermeneutics). Narrative theology can provide a language by which we connect the inner world of the other person to the outer world of experience and life events. For Boisen, the insight into the “living human document,” the depth experiences in the struggles of an individual’s mental and religious life, corresponded to the written historic texts, such as the four Gospels, at the foundation of the Christian faith. By listening to the story of human lives, often in repetition, sometimes in the midst of craziness, being at the edge of life and death, we can be helped to think theologically about our own human condition.

For Boisen, his theological method was a new empirical approach to age-old theological questions. Of utmost importance was the theologizing that comes as a result of soul care to individuals in need. Without this empirical data of human experience there would be no theology for Boisen. By his method he gave theology a fresh expression, placing it in a live and vibrant context of human experience that led theology back from the total head level to the stimulating heart level. Let us never forget the power of story.

James Hillman, a Jungian therapist and educator, in a lecture he gave at the Eranas Center in Switzerland (*Eranas Lectures*, “On Paranoia,” 1986), used Anton Boisen as a case study for his lecture. He made this statement about Boisen. “Recovery (for Boisen) means recovering the divine from within the disorder, seeing that its contents are authentically religious. These delusions may be psychogenic; nonetheless, they are theogenic, originating with God. We may attribute them not only to the unseen psychodynamics of the human mind, but also to the dynamics of the unseen order itself. The psychopathic ward is also a place of epiphany, the disciplines endured there are of the spirit, and the enclosure a theology school.”

**So, today, what do we take from Boisen’s struggle and experience?**

His research with personal narrative documented that theology becomes valid through the testing of human experience. May his pioneering theological method take on important spiritual significance in our work here and now.

Today, may we be receptive to the valuable lessons derived from the strident compassion of the “wounded healer” and the sacred stories of “living human documents.”

**PROPOSED CHANGES IN ORGANIZATIONAL STRUCTURE,  
LEADERSHIP ROLES AND REPRESENTATION**

Dear ECR Members,

The ACPE Board has been discussing some issues that could lead to major changes in our organizational structure, leadership roles, and representation as an association. Marla Coulter-McDonald and Frank Impicicche led a discussion regarding the proposed changes at the business meeting in Fort Wayne. The study document and the power point presentation are included in this newsletter FYI.

At its November meeting, the ACPE Board will receive feedback, further discuss these issues, and recommend changes regarding our governance. When we meet in Hueston Woods we will have an opportunity to discuss what the Board recommends. The ACPE membership will then vote on the Board recommendations at our national conference in Salt Lake City in April. ACPE's governance cannot be changed without a vote by the membership.

If you missed the discussion at Fort Wayne, I encourage you to read these documents and send your comments to Marla and Frank before the November Leadership meeting. [marla.coulter-mcdonald@thechristhospital.com](mailto:marla.coulter-mcdonald@thechristhospital.com) and [fimpicci@clarian.org](mailto:fimpicci@clarian.org)

Sincerely,

Karl Van Harn  
Regional Chair

Dennis Kenny  
Regional Director

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**ACPE/REM XXIV INVITATIONAL – FEBRUARY 2-5, 2011  
RAMADA PLAZA RICHMOND WEST HOTEL  
RICHMOND, VA**

The ACPE/REM 2011 conference registration and highlights are available at the ACPE website [www.acpe.edu](http://www.acpe.edu) and the East Central Region website <http://www.ecracpe.org>. The REM Invitational is being hosted by the ACPE Mid-Atlantic Region in partnership with the Samuel DeWitt Proctor School of Theology, Virginia Union University. The conference theme is: "Talking About Race: Moving Toward a Transformative Dialogue." The objective for 2011 conference is to partner with colleagues, seminarians, communities, churches and institutions to think about, talk about, talk about, and engage in conversation about race and ethnicity in ways that create and expand opportunities for all in CPE. If your center is interested in sponsorship and/or advertising may contact Rev. Dr. Harry E. Simmons, Convener (804) 675-5085 or [harry.simmons@va.gov](mailto:harry.simmons@va.gov)

**ESR & BETHANY THEOLOGICAL SEMINARY  
ANNUAL CPE DAY LUNCHEON  
NOVEMBER 17, 2010**

Jim Higginbotham, Tara Hornbacker and Dan Poole invite you to send a representative to their annual CPE day luncheon, Nov. 17th @ 11:20am when ESR and Bethany welcome site representatives and our students to share about the sites and experiences in CPE.

We will cover your lunch (for one person from your site) and provide space for you to meet and greet students, display literature, and talk to prospective CPE candidates. Our students are excited to meet with you and learn about the opportunities in chaplaincy and CPE placements in the ECR.

The Luncheon is held in the ESR building on the North East corner of the Earlham campus - parking in the seminary parking lots. With road construction on US 40 - please note that turning on to College Ave. or the main Earlham campus entrance can be challenging - Your arrival time (after 9am) should allow you to turn South on College Avenue and then right or west on D street entrance - follow the signs to Admissions /seminary parking.

Hope to see you there, RSVP is requested.

Tara Hornbacker, Assoc. Professor of Ministry Formation  
Bethany Theological Seminary, 615 Nat'l Rd. West  
Richmond, IN 47374, (765) 983-1817

**TRINITY LUTHERAN SEMINARY  
CPE DAY, NOVEMBER 1, 10:30AM-12:00 NOON  
COLUMBUS, OH**

Dr. Brad Binau invites CPE Supervisors and Colleagues to the Trinity Lutheran annual CPE Day, Monday, November 1. This is an opportunity to get to know Trinity students and the seminary and for them to get to know you and your sites. You will have an opportunity to meet with students that are looking for a summer CPE program from 10:30AM-12Noon. You are also invited to join Trinity for Chapel from 10:00AM-10:20AM. You are invited to have lunch that day in the dining facilities on campus.

There is also a need for CPE supervisors willing to interview for students who may be seeking CPE in other locations. If you are willing to provide this service for any student, (they are required to compensate you at the going rate). It would help those seminary students complete their CPE applications.

In order to make adequate arrangements, RSVP's are requested no later than October 22 to:

Brenda Grubb, 2199 E. Main Street, Columbus, OH 43209; (614) 238-0263; e-mail [bgrubb@trinitylutheranseminary.edu](mailto:bgrubb@trinitylutheranseminary.edu)

Dr. Brad Binau  
Associate Professor of Pastoral Theology  
Coordinator of Supervised Clinical Ministry/C.P.E.

**CLINICAL MEMBER SURVEY REVEALS  
DIVERSE MEMBERSHIP, DESIRE TO BE INVOLVED  
CONTRIBUTED BY CLAUDIA MEYER  
CLINICAL MEMBER REPRESENTATIVE ON THE ACPE BOARD**

*{Note: There are 47 Clinical Members in the East Central Region; total membership is 416}*

[This report Reprinted by permission; the full report is available on the ACPE website]

An online national survey of ACPE Clinical Members was recently conducted by Claudia Meyer, representing the Clinical Members Advisory Council. The survey was undertaken to explore the demographics of Clinical Members (who they are as a group), their reasons for engagement with ACPE (what they want as a group), their expectations for continuing education from ACPE, and their level of involvement in local CPE centers. Of 411 surveys successfully distributed, 138 were completed, a 34% response rate.

Highlights of the survey results area as follows:

- Clinical Members cited "membership in a professional organization for chaplains," as the primary reason for becoming a Clinical Member, followed by "supporting the educational

mission of ACPE,” “staying connected to a group of peers,” and, “participating in continuing education.”

- 63% of Clinical Members currently serve as chaplains. Other current positions include clergy, Director of Administrator of Pastoral Care, and educator/Program Director at a university or seminary.
- 63% of Clinical Members currently work in a hospital or health care facility. Other workplaces include hospice, higher education, and “retired.”
- 67% of Clinical Members are currently required to complete continuing education as a part of their certification or job requirement.
- 37% of Clinical Members also belong to the Association for Professional Chaplains; 41% do not belong to another national professional chaplaincy organization.
- 50% of Clinical Members report having attended either or Regional or a National Conference.
- Of those who have not attended an ACPE conference, “cost of attending” was most frequently cited as the reason, followed by “time required to attend” and ‘choosing to attend conferences of cognate groups (APC, NACC, NAJC, etc.) instead.’
- 79% of Clinical Members indicated that they are likely to participate in ACPE-sponsored continuing education, “at a distance” (webinars, DVDs, teleconference, etc.).
- 21% who are not likely to participate were vocal about the “impersonal” feel of these offerings and their preference for face-to-face encounters.
- The most popular choices for continuing education topics were: Spiritual assessment, end-of-life, ethics, counseling, and PTSD/crisis counseling.
- 82% of Clinical Members live within driving distance (50 miles) of a CPE center.
- Only 29% of Clinical Members currently serve on a Professional Advisory Council for a CPE center.
  - 46% of those who do not currently serve on a Professional Advisory Council indicated they would be willing to serve.
- 57% of Clinical Members have served as educators or guest lecturers for a CPE center.
  - 47% of those who have not served as educator or guest lecturers indicated they would be willing to serve.

At the April national ACPE Conference held in Kansas City, Claudia Meyer was elected to the position of Clinical Member Representative to the national ACPE Board of Representatives. In her report to the Board, she presented the above results, as well the following conclusion and summary:

- Clinical Members are CPE “alumni” who support the action-reflection model of learning.
- Clinical Members are diverse in the positions they hold, the settings in which they serve, and their faith background.
- Clinical Members want to stay connected to ACPE.
- Clinical Members want value from their membership.
- Clinical Members are willing and able to give back to ACPE.
- Clinical Members are “the success stories of the CPE process.”
- Clinical Members are “a tribute to our Supervisors’ investment in us.”
- Clinical Members are a valuable underutilized resource.

Claudia challenged Board members and her region to find two clinical members, engage them in conversation and invite them to be involved in ACPE locally or regionally.

[Claudialandau@gmail.com](mailto:Claudialandau@gmail.com)  
(518) 262-3176

## IDEAL INTERVENTION PROJECT (IIP) GOALS

The goals of the Ideal Intervention Project (IIP) are: to consolidate Spiritual Care (SC) practitioner and CPE student learnings; to share those learnings through a SC Knowledge Base (SCKB); to validate effective SC interventions by use of the SCKB; and to thereby assure continued remuneration for SC professionals in the emerging health care reimbursement paradigm (pay based upon achievement of effective desired outcomes).

The SCKB currently contains 94 edited IIP papers grouped in 15 inductively-arrived-at central issue identifier categories. It is maintained at <http://ACPEresearch.net> by John Ehman, ACPE Research Network coordinator, and may be freely accessed by all SC practitioners and students to inform their interventions in similar situations. All IIP papers are initially routed to Jack Gleason, Project Coordinator, for editing into the SCKB. Paper authors must approve all revisions prior to entry.

If properly supported and further developed, the IIP is poised to validate effectiveness and ensure the continued remuneration of SC professionals. SC practitioners, educators and students who have not yet joined the IIP are invited to do so by contacting the Project Coordinator, Jack Gleason, at [mariejohn50@att.net](mailto:mariejohn50@att.net).

### IDEAL INTERVENTION PROJECT E-NEWSLETTER

**VOLUME 3, NUMBER 4**

**JOHN J. GLEASON, EDITOR**

**FALL, 2010**

### **The Ideal Intervention Project and the Emerging Healthcare Delivery Remuneration Paradigm**

One of the goals of the Ideal Intervention Project (IIP) is to eventually validate effective SC interventions by use of the Spiritual Care Knowledge Base (SCKB), and to thereby assure continued remuneration for SC professionals in the emerging health care reimbursement paradigm in which pay will be based upon achievement of effective desired outcomes. The changes pointing to the emergence of this new healthcare delivery remuneration paradigm are indicated as follows.

First, the *Affordable Care Act* will: in 2011 create the Independent Payment Advisory Board which will recommend ways to improve health outcomes for patients; in 2012 implement programs and controls that improve quality outcomes for patients and encourage more accountability among healthcare professionals; and in 2015 begin rewarding quality of care rather than amount of services in Medicare (1).

Second, US Centers for Medicare and Medicaid Services Director Donald Berwick, in redefining patient centered care, recognizes that this “will involve some radical, unfamiliar and disruptive shifts in control and power, out of the hands of those who give care and into the hands of those who receive it (2).”

Third, a report commissioned by the National Health Service (UK) concludes that “treatment should be evidence based... if a practice is not supported by evidence it is unlikely to be resourced... hospital chaplaincy finds itself in a political setting... value for money is part and parcel of how chaplains are judged... healthcare chaplains are being asked to show that what they do results in desired outcomes for those they work with... this requirement is linked to resource allocation... healthcare chaplaincy currently needs to identify its core tasks and skills and its place within a modern healthcare system... the distinction between religion and spirituality requires that health care chaplains are more robust in their approach to their evidence base... the secure future and positive

potential for chaplaincy is linked to creating a better knowledge base about practice (3).” Other countries’ models will be examined. The UK implications are clear for US SC. (4)

Fourth, Education is among other disciplines caught up in this trend. For example, several states have now committed to using value-added analysis in teacher evaluation in order to secure financing from the Obama administration’s *Race to the Top* program (5).

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(1) <http://www.healthcare.gov/law/about/order/byyear.html>

(2) Donald M. Berwick, “What ‘Patient-Centered’ Should Mean: Confessions of an Extremist,” *Health Affairs*, 28:4, 2009

(3) Harriet Mowat, “The Potential for Efficacy of Healthcare Chaplaincy and Spiritual Care Provision in the NHS (UK)” 1:08, 11, 16-17, 21, 49

(4) *Ideal Intervention Project e-Newsletter*, John Gleason, ed. 2:2, February 24, 2009

(5) David Leonhardt, “Stand and Deliver,” *The New York Times Magazine*, September 5, 2010

### **Attention Clinical Pastoral Educators!**

Help students consolidate learning. Help them contribute to a free-access national spiritual care knowledge base (SCKB). Add the material below the dotted line to your next student handbook and/or syllabus as a requirement. Confidentiality is assured.

### **Attention Staff Chaplains, Pastoral Counselors, Community Clergy, Retirees, and All Other Spiritual Care Practitioners!**

Cut and paste the five-step Ideal Intervention Form below into your files. Then create and submit your own IIPs as a vital part of your reflective practice. Confidentiality is assured.

-----Cut Here and Paste the Following Material into Student Handbook/Syllabus-----

### **THE IDEAL INTERVENTION PAPER**

You will consolidate your learning by selecting a verbatim previously presented to your peer group. Then, prepare an Ideal Intervention Paper (IIP) in light of insightful comments and suggestions made by those peers and supervisor. Use the simple five-step Ideal Intervention Form below.

Write the IIP in such a way that you or another chaplain could make a more effective intervention with patients, families or staff with similar spiritual/pastoral needs. Do not address your learning issues. The IIP should be prepared as a Word document suitable for forwarding as an e-mail attachment, and should include the following elements. Copy your supervisor with the forwarding cover e-mail message as evidence of your IIP submission to the national knowledge base editor.

#### **Ideal Intervention Form**

(For Use by All Spiritual Care Practitioners)

**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 Care Intervention** (No more than two paragraphs of narrative description. Take confidentiality precautions.)

**3. Narrative Summary of the Ideal Spiritual/Pastoral Care 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. Identify a resource/resources that you would recommend to other pastoral care givers regarding this topic.** (Books, journal articles, pamphlets, etc.)

**5. Forward a copy of this completed form to Knowledge Base Editor John Gleason** at [mariejohn50@att.net](mailto:mariejohn50@att.net) as a Microsoft Word attachment for inclusion with similar data toward validating evidence-based spiritual care best practices. Confidentiality precautions will be taken. You will approve the edited version for entry in the Knowledge Base. Thanks for your contribution! (Please go to <http://www.acperesearch.net> and click on "Special Section: Ideal Intervention Paper (IIP) Project" to view the free-access national spiritual care knowledge base and for further information on the Project.)

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### **In other words...**

The ethical imperative and the professional challenge is to join in these timely efforts to learn at a deeper level, to contribute to the cause of eliciting SC best practices, and most importantly, to better serve the spiritual/pastoral needs of patients, family members and staff. Your IIPs will contribute significantly in these vital ways.

### **ACCREDITATION NEWS, NOTES AND – DEADLINES FOR 10-YEAR REVIEWS, SITE VISITS, ETC.**

**Accreditation Deadlines:** For 10 year reviews and any other Accreditation Site Visit requests (e.g., Satellite to Accredited Center) contact Ruth Alpers for deadline information.

Reminder: Satellite Materials (see pages 32-34 in the Accreditation Manual) need to be in at least 30 days before beginning a program at the Satellite center and a provisional letter must be received from the Accreditation Chair prior to recruiting students.

Direct your questions and/or requests for more information to: Accreditation Chairperson: Rabbi Ruth Alpers, Cincinnati Children's Hospital, Department of Pastoral Care, 3333 Burnet Avenue, MLC 5022, Cincinnati, OH 45229; Ph: 513-636-6999; Fax 513-636-4971; [ruth.alpers@cchmc.org](mailto:ruth.alpers@cchmc.org).

### **CERTIFICATION COMMITTEE DEADLINES**

The next opportunity to meet the ECR Certification Committee will be at the Regional Conference Thursday, February 17, 2011, Hueston Woods State Park Lodge, College Corner, OH.

- **The application deadline is January 7, 2011.**
- **Materials to committee members January 21, 2011.**
- Questions/inquiries regarding the Regional Certification Committee to: Frank Impicicche, ACPE Supervisor, Coordinator, CPE, Clarian Health, 550 University Blvd., UH 1410,

Indianapolis, IN 46202-5250. (Office 317-274-7415) (Fax 317-274-7440),  
[fimpicci@clarian.org](mailto:fimpicci@clarian.org)

- Questions/inquiries regarding the National Certification Commission to: Beth Newton Watson, Certification Co-Chair 317-965-9229; Clarian Health, Chaplaincy and Pastoral Education, P.O. Box 1367, WH 230, Indianapolis, IN 46206-1367; [bwatson@clarian.org](mailto:bwatson@clarian.org);

## JOB/EDUCATIONAL OPPORTUNITIES

- **ACPE Supervisor or Associate Supervisor:** Does it feel like you've been neglecting your pastoral care roots? Want an opportunity to serve a trauma hospital and its regional community as both an educator and chaplain? Then consider joining Covenant HealthCare's Department of Pastoral Care in Saginaw, MI—where all 3 staff chaplains are former educators and the director has a Ph.D. in curriculum and instruction. Participate in our integrated approach to pastoral care and education, in which all members of the department are seen as teachers, students, and caregivers. Check us out at [www.covenantpastoralcare.com](http://www.covenantpastoralcare.com) and then call Kathy Bonn at 989.573.6037 if you'd like to consider joining our team!
  - For information about CPE programs and or job opportunities visit the regional and national websites. [www.ecracpe.org](http://www.ecracpe.org); [www.acpe.edu](http://www.acpe.edu)
- .....

**DEADLINE FOR NEXT NEWSLETTER**-Thursday, October 29, 2010. Send to: [hjoanlyke@yahoo.com](mailto:hjoanlyke@yahoo.com). For more information contact: 734-239-3423.

### CALENDAR OF EVENTS:

- 10/24-30/2010-Pastoral Care Week. The theme is "Healing Presence." For more information visit the official Pastoral Care Website.
- 11/3-7/2010-ACPE Fall Leadership Meetings, Sheraton Gateway Hotel, Atlanta Airport, Atlanta, GA.
- 01/26-29/2011-Regional Directors Meeting, Humphrey's Half Moon Inn, San Diego, CA.
- 02/1-5/2011-REM 2011 Invitational, Sheraton Richmond West, Richmond, VA
- 02/18-19/2011-ECR 'Spring' Conference, Hueston Woods, College Corner, OH [details will be provided as they become available].
- 04/6-9/2011-ACPE Annual Conference, Sheraton Salt Lake City, Salt Lake City, Utah
- 04/28-05/1/2011-The Alchemy of Our Spiritual Leadership: Women Redefining Power, Hotel Sofitel San Francisco Bay
- 08/20-27/2011-International Council on Pastoral Care & Counseling 9<sup>th</sup> World Congress, Quality Hotel Geyserland, Rotorua/Aotearoa, New Zealand
- 09/23-24/2011-Fall ECR Fall Conference, Salt Fork State Park Lodge, Cambridge, OH

## **OFFICERS OF THE REGION**

Dennis E. Kenny, Director  
Karl Van Harn, Chair  
Judy Ragsdale, Chair Elect  
Ruth Alpers, Accreditation  
Marla Coulter-McDonald, Board of Reps  
Frank Impicciche, Certification Chair &  
Board of Reps  
Jim Wright, Budget & Investment  
Martha Amann, Clinical Members Co-Chair  
Stan Mullin, Clinical Members Co-Chair  
Lin Barnett, Nominations  
David Hurst, History  
Yoke Lye Lim Kwong, Professional Ethics  
Victoria Johnson, REM  
Frank Nation, Secretary  
Joe Viti, Standards

## **REGIONAL BUSINESS OFFICE CONTACT INFORMATION**

### **Regional Director:**

The Rev. Dennis E. Kenny  
2865 N. Park Blvd.  
Cleveland Heights, OH 44118  
Phone: (216) 312-6145  
Fax: (216) 445-9678  
[RD@ecracpe.org](mailto:RD@ecracpe.org)

### **Business Office:**

H. Joan Lyke  
7672 Cottonwood Lane  
Dexter MI 48130  
(734) 239-3423  
[hjoanlyke@yahoo.com](mailto:hjoanlyke@yahoo.com)

### **Websites Manager:**

The Rev. Dr. John F. Teer  
(956) 412-9210  
[John@ecracpe.org](mailto:John@ecracpe.org)

## **SUPERVISORY EDUCATION IN THE REGION**

### Associate Supervisors

Don Chase  
Deborah Damore  
Vickie Johnson  
Stacy Kenney  
Vera Markovich  
Wayne McKenney  
Stephen O'Brien

### Supervisory Candidates

Mary Browne  
Ron Compton  
Cam Holzer  
William Jensen  
Debbie Mansell  
Peggy Matacale  
Frank Nation  
Jill Rasmussen-Baker  
Sarah Reed  
Whit Stodghill  
Doug Vardell  
Versey Williams  
Jim Wright

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# ACPE DRAFT Study Document on Proposed 2010 ACPE Governance Changes

## Background

The Board of Representatives of the Association for Clinical Pastoral Education has undertaken a year-long study and dialogue to consider how best to move into the future effectively and efficiently. The Board recognizes that ACPE, Inc. is evolving as an organization, as both our professional field and our individual members experience institutional changes and financial pressures. We see our future to be bright and strong, and yet we recognize the need to function with less expense and greater integration and efficiency. We value representative governance and yet we recognize that our current governance structure inhibits cross-fertilization and productive growth, overburdens our volunteer leaders, and diminishes creativity and community.

ACPE, Inc. has evolved and grown from an association of regions to a professional, national organization, recognized as an industry leader. In 2009, ACPE, Inc. engaged in a self study. Out of that self-study, and the proposal by the ACPE Board's Work Group on Governance Restructuring, the Board has constructed this Study Document to consider changes to the ACPE governance. This Study Document is offered for your consideration and feedback.

## History of the Process

In considering the work before it, the Board of ACPE's Task Group arrived at a consensus understanding that the current Board of ACPE, as it is configured and functions at this time, is too large, too cumbersome and focuses too much on detail work. It also costs too much to operate. In addition, ACPE Commissions and Committees have historically and consistently, gone over budget and there is no accountability structure in ACPE to ensure that this does not happen. Also, there is a lack of coordination in leadership throughout the organization. Over the past 10 months, the work group worked diligently and creatively to address these issues.

The work group researched several models of non-profit Board configurations and functions in preparing this current Study Document. Some of the work group members sit on other non-profit Boards. What the work group learned was interesting and instructive. Many non-profit organizations (some with much higher membership numbers than ACPE) operate with a smaller Board that functions more effectively and efficiently. Many of these organizations also have a group called an Advisory Council whose function is to work on the details of ideas and recommendations that may come from the Board or may come up as part of the Advisory Council's work. These Advisory Councils free up their Board members to act quickly and decisively on policy, legal, financial and collaborative aspects for the organizations' practice, rather than tending to other tasks, such as program development, fundraising, and committee/commission support. As a result, such organizations, with a board and an advisory council are able to offer a broader, more creative response to a wide range of issues. The use of an Advisory Council allows for greater involvement of a wider, more representative number of people, as well. The creation of such a body, which we are calling the Leadership Council, is being proposed below.

This proposal would change the governance of ACPE. The Board of Directors would be comprised of seven appointed persons and will attend to the "big picture." The Leadership Council would comprise the more programmatic tasks and work group aspects of ACPE. This proposed group would, because of its make-up, be the more representative body of ACPE. This group will do most of the detail work currently being done by the Board of Representatives; the Leadership Council will meet by conference call and email and do most of their work outside the ACPE leadership meetings. The vision is that the Leadership Council will use input from the regional membership and will fulfill its mandate through programs, task work groups, etc.

09-16-2010

## **Mission/Vision/Values Statement**

Crafting a new Mission/Vision/Values Statement was the first work that was done so that it would provide guidance and congruence with the proposed governance changes. The ACPE Board encourages your feedback on this Mission/Vision/Values Statement.

### **Mission**

“To advance and advocate for experience-based and professional theological and spiritual care and education.”

### **Vision**

“To be the premier global provider of professional theological and spiritual education by setting standards, certifying educators, accrediting centers and providing continuing education.”

### **Values**

#### **Spirituality**

Maintaining clear identity as an organization with theological and spiritual foundations  
Including theological and spiritual reflection in all philosophy and work

#### **Transparency**

Collaborating and cooperating at all levels  
Clear accreditation and certification processes  
Fostering mutual accountability in all matters  
Members participating in decision-making

#### **Transformative Processes**

Striving for excellence in education  
Integrating personal and professional identity  
Upholding professional competence  
Maintaining highest ethical accountability  
Engaging in creative and generative dialogue  
Truth-telling

#### **Advocacy**

Strengthening professional collaboration  
Advocating for quality theological and spiritual care  
Intentionally mentoring members to become leaders

#### **Diversity**

Commitment to racial, sexual, social, religious, and cultural inclusion  
Valuing scholarship from a variety of perspectives  
Embracing power sharing

# Governance Changes for Consideration

Legend: \*\* = indicates changes that *may* require By-Law Changes

## 1) The ACPE Board

A **Board of Directors**, made up of 7 appointed leaders\*\*, that:

- Serves as the organization's legal entity and decision-making body
- Provides vision and planning
- Oversees planning and policy development
- Provides financial oversight and perhaps fund raising
- Provides Executive Officer oversight\*\*
- Oversees Public Relations and Development
- Oversees the internal work of the organization

As with most non-profit organizations, a Board of Directors ensures that the organization is acting within the parameters set by the articles of incorporation and the bylaws, and is legally accountable for all organizational actions. It functions as an oversight body, providing direction and ensuring the professionalism of the organization.

The *ACPE Board of Directors* members will be nominated by the *ACPE Leadership Council*, the slate will be sent to RANC and the slate will be voted on by ACPE membership. The Leadership Council will ensure that Board membership will have strong racial, sexual, social, cultural, and ethnic representation. The Board of Directors will initially be chaired, for a period of two years, by ACPE's President-Elect, Robin Brown-Haithco. Thereafter it will elect its own chair from among its membership, and the positions of ACPE President and President-Elect will be eliminated. The Convener of the Leadership Council will have membership on the Board. The Commission Chairs will report directly to the Board of Directors. The Executive Director will be *ex officio* members and report to the Board Chair. The Board of Directors will meet a minimum of one time per year face to face and will make judicious use of email and teleconference calls in order to be cost efficient.

## 2) The Leadership Council\*\*

The Board recommends creating a new group. In addition to the Board of Directors, there will be The **Leadership Council**, made up of 22 leaders, that:

- Nominates members to the Board of Directors for membership vote
- Engages in program creation and planning
- Suggests and creates program policy
- Plans and implements public relations initiatives
- Proposes budgets and funding initiatives, including fundraising
- Creates necessary subcommittees and task forces and assigns work groups. These may also be created at the behest of the Board, as well.
- Facilitates organization-wide communication
- Gathers regional input and feedback on issues and actions in the organization
- Collaborates with the Board of Directors in maintaining and enhancing the mission and embedding the values of the organization

The Leadership Council is envisioned as a robust, dynamic group of leaders whose function would be to communicate with the Board regarding issues from the region, discussing multi-faceted issues, struggling with complex issues (i.e. SES Core Curriculum), making recommendations to the Board, advising the Board and carry out the work that is generated by the Board. To do so effectively requires careful consideration of the challenges and issues inherent in the organization. It monitors the work of the organization. It serves as a forum for dialogue and for consideration of proposals, changes, and enhancements to the organization's work.

The ACPE Leadership Council will consist of the Operating Officer<sup>1</sup>, the Financial Officer<sup>2</sup>, (all ex-officio members); the Regional Chairs, the Regional Directors, one clinical member, one theological school representative, one REM representative and one endorsing body representative. It elects its own convener from within its membership. It will be convened regularly in conference by phone, and may meet once per year, during the annual ACPE Conference, at the expense of the leadership council members. Because the regional directors would sit on the Leadership Council, the annual meeting of the Regional Directors will no longer be funded from the national budget.

It is anticipated that this will reduce current ACPE expenses from \$29,000 - \$34,000.00 per year while making ACPE a more effective, more representative, and more efficient organization.

### **3) Standards\*\***

The Board is proposing to make the Standards Committee a Commission. It would be called the **Standards and Professional Practices Commission**.

Currently ACPE collects a LOT of data through Certification and Accreditation that is not being evaluated or "mined" for our organization's benefit. As a Commission, Standards and Professional Practices would continue to set standards for ACPE, but it would also collect and utilize data to provide critical evaluation for ACPE. It would work with ACPE leadership to forecast and plan strategically for ACPE's future.

### **4) Executive Director**

- Serves as the "face of the organization"
- Hired by and accountable to the Board\*\*
- Carries out the vision of the Board \*\*
- Oversees the work of the Operating Officer and Executive Financial Officer \*\*
- Authorized to hold Commissions accountable to their budgets \*\*
- Attends to long-range planning
- Oversees issues related to professional ethics
- Represents ACPE, Inc. with cognate groups and accrediting bodies
- Budget neutral

### **5) The Operating Officer \*\* (Title Change)**

- Reports to the Executive Director
- Leads day-to-day operations of ACPE, Inc., including all HR duties \*\*
- Coordinates certification and accreditation processes
- Maintains accreditation with USDOE
- Budget neutral

### **6) The Financial Officer \*\* (New position)**

- Reports to the Executive Director
- A paid position (1/4 time)
- Attends to financial issues of the organization
- Prepares financial reports for board, council, and membership
- Arranges for annual audit
- Estimated cost: \$20,000/year

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<sup>1</sup> The current Associate Director role will be re-titled the Operating Officer.

<sup>2</sup> The current Treasurer role will become a paid position (1/4 FTE) and be re-titled the Financial Officer