



CLINICAL PASTORAL EDUCATION PROGRAM  
VA New York Harbor Healthcare System

# CPE Student Handbook

CLINICAL PASTORAL EDUCATION PROGRAM

# **CPE Student Handbook – 2016**

This document is a training manual, not a legal contract, and is to be used for orientation to policies, procedures and learning processes.

VA NYHHS CPE Handbook: October 2016

This Handbook is edited by the staff of the  
VA NYHHS Chaplain Pastoral Education Program and  
the Professional Advisory Committee (PAC), including  
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# Table of Contents

<b>Welcome Letter from Dr. Caroselli</b>	<b>1</b>	<b>Curriculum: CPE (Level I/Level II)</b>	<b>17</b>
<b>A Philosophy of Clinical Pastoral Education</b>	<b>2</b>	<b>Outcomes for CPE Level I</b>	<b>17</b>
<b>Mission Statement</b>	<b>3</b>	<b>Pastoral Formation</b>	<b>18</b>
<b>Vision Statement</b>	<b>3</b>	<b>Pastoral Competence</b>	<b>20</b>
<b>VA NYHHS CPE Center: History and Support</b>	<b>3</b>	<b>Pastoral Reflection</b>	<b>22</b>
<b>VA New York Harbor Healthcare System: Mission and Overview</b>	<b>5</b>	<b>Ethics Competence</b>	<b>23</b>
<b>VA NYHHS Vision Statement</b>	<b>5</b>	<b>Knowledge of Veteran Issues</b>	<b>24</b>
<b>VA NYHHS Sites of Care</b>	<b>5</b>	<b>Outcomes for CPE Level II</b>	<b>25</b>
<b>VA NYHHS Specialized Programs</b>	<b>6</b>	<b>Pastoral Formation</b>	<b>26</b>
<b>VA NYHHS Affiliations</b>	<b>7</b>	<b>Pastoral Competence</b>	<b>27</b>
<b>VA NYHHS Research</b>	<b>7</b>	<b>Pastoral Reflection</b>	<b>30</b>
<b>VA NYHHS Accreditation</b>	<b>8</b>	<b>Educational Components and Resources</b>	<b>33</b>
<b>Accredited Programs</b>	<b>9</b>	<b>Learning Contract</b>	<b>33</b>
<b>CPE (Level I/Level II)</b>	<b>9</b>	<b>Individual Supervision</b>	<b>33</b>
<b>Summer Unit Daily Schedule</b>	<b>10</b>	<b>Group Verbatim Conferences</b>	<b>33</b>
<b>How to Apply, Fees and Benefits</b>	<b>11</b>	<b>Group Interpersonal Relations (IPR)</b>	<b>34</b>
<b>CPE (Level I/Level II) Admission Requirements</b>	<b>11</b>	<b>Didactics</b>	<b>34</b>
<b>Application Procedure</b>	<b>12</b>	<b>Clinical Areas</b>	<b>34</b>
<b>Application Deadlines</b>	<b>12</b>	<b>Reading and Library Resources</b>	<b>35</b>
<b>Fees and Tuition</b>	<b>12</b>	<b>Spiritual Care: Role, Function and Responsibilities</b>	<b>36</b>
<b>Stipends and Benefits</b>	<b>12</b>	<b>Clinical Areas for Chaplaincy Training</b>	<b>36</b>
<b>Center Staff and Support</b>	<b>13</b>	<b>Evaluations</b>	<b>40</b>
<b>Your CPE Supervisors and Their Backgrounds</b>	<b>13</b>	<b>Final Evaluations</b>	<b>40</b>
<b>Chaplaincy Staff</b>	<b>15</b>	<b>Exit Interviews and Program Evaluations</b>	<b>40</b>
<b>Professional Advisory Committee (PAC)</b>	<b>16</b>		
		<b>Appendix: CPE Program Components and Policies and Procedures</b>	



# Welcome Letter from Dr. Caroselli

**W**elcome to VA New York Harbor Healthcare System (VA NYHHS). We are

pleased that you have chosen to train in the Clinical Pastoral Education (CPE) program at our facility. On behalf of VA NYHHS, we look forward not only to your CPE learning but also your valuable, caring ministry to our Veterans, their families, loved ones and our staff.

We are excited to share with you our VA mission and identity as a comprehensive health care facility in New York City that is committed to providing the highest quality care to Veterans. You will meet and interact with people from different disciplines in the health care environment. What you offer in the spiritual care arena contributes to the work of the healing team. You will have opportunities to interact with myriad patients, their loved ones and staff coming from a variety of cultures and faiths.

We are proud of our CPE program and believe that it will help you accomplish your learning goals and objectives. We welcome hearing about your experience here; your feedback is invaluable. If there is any way in which I can assist you, please contact me at (212) 951-6894.

With best wishes,

Cynthia Caroselli, RN, PhD  
Associate Director for Patient Services  
March 2009

# A Philosophy of Clinical Pastoral Education

**W**elcome to the VA New York Harbor Healthcare System (VA NYHHS)

**While it is not a contract, this handbook is your guide.**

Clinical Pastoral Education (CPE) program. This Student Handbook will serve as your guide during your experience in this CPE center. The program requirements, resources, curriculum, and policies and procedures of this center are enclosed in this handbook. While it is not a contract, this handbook is your guide.

CPE is essentially an experience-based form of theological education that is led by a certified pastoral educator (supervisor) with a small group of peers in a common learning environment. In addition to a variety of small groups that are primarily designed for reflection on identity issues and skill development; the student meets regularly with his/her supervisor in an individual supervisory session. The learning experience of each student is guided by a mutually agreed upon learning contract that often changes as the unit progresses. Each student's learning agenda is different given his/her learning needs, maturity level, and his/her life experiences.

However, there are some common themes in most every CPE experience. For instance, learning issues of authority, pastoral identity, and interpersonal effectiveness are present in just about any CPE experience. As trust within the peer group and between the student and supervisor is fostered and developed, experiential learning begins to take place. Hopefully, this will be your experience as you enter into this rich learning setting and time-tested learning method. CPE is designed to increase the student's effectiveness as a pastor/minister and a person to people in the midst of crisis.

Allow your experiences to begin to teach you as you reflect upon the meaning of your ministry as the weeks begin to unfold. Do not hesitate to share your thoughts and feelings with your peers and your CPE supervisor, as your ability to be transparent and open are almost always the necessary ingredients in a meaningful CPE experience.

Andrew Sioleti, IV Dei, LCSW, D. Min.,  
Chief of Chaplains

## **Mission Statement**

**W**e provide an educational process to prepare qualified chaplaincy students to

function effectively as professionals committed to spiritual care. This process is designed to foster spiritual competence, spiritual formation, spiritual reflection, ethical competence and knowledge of Veteran issues. This program prepares students for eligibility with their respective denominational endorsing bodies.

## **Vision Statement**

We are committed to:

- Provide diverse experiences for students within VA NYHHS and through collaboration with other organizations.
- Provide opportunities to work with interdisciplinary programs and special projects.
- Provide staff with continuing education regarding the role of the chaplain, the nature of spiritual care, and its integration into patient care.
- Provide CPE staff and faculty with ongoing opportunities for professional development.
- Provide education for the Professional Advisory Committee so that new program goals and objectives genuinely reflect the contemporary trends and future expressions for spiritual care within the health care field.

## **VA NYHHS CPE Center: History and Support**

The CPE program operates within an institutional setting that highly values training and education at all levels. Chaplain Andrew Sioleti was hired in January 2001 and soon thereafter created a National Association of Catholic Chaplains (NACC) CPE program. By the summer of 2001 the center offered the first unit of CPE. Since then, the center has continued to offer a regular Summer CPE unit. In 2005 the VA NYHHS CPE Program was granted Candidacy Status Accreditation with the Association for Clinical Pastoral Education (ACPE). Following ACPE accreditation, the center began a residency program. In the fall of 2007 a VISN wide CPE extended unit program began. In 2008 ACPE granted this center approval to provide a Supervisory CPE program.

The CPE program has been a natural addition to the teaching and learning environment of the VA. The abundance of multidisciplinary staff has enabled CPE students to interact

with numerous professionals. The VA's value of education and interdisciplinary care has enabled our CPE program to grow steadily since the establishment of this center. Our Associate Director for Patient Services, Dr. Cynthia Caroselli, remains fully supportive and committed to our CPE program. Chaplain Andrew Sioleti, CPE Program Director and Chief, Chaplain Service, maintains a relationship of trust and respect with her. In addition, there is a part-time CPE Supervisor, Chaplain Kai Borner, a Lutheran Pastor, who co-supervises CPE students and residents with Chaplain Sioleti. This center's students are fortunate to work alongside an experienced and competent chaplaincy staff. Currently VA NYHHS has four full-time Roman Catholic Priests, two part-time Rabbis, three full-time Protestant Ministers, one part-time Indian Orthodox Chaplain and one intermittent Islamic Imam.

#### Current ACPE Accreditation

The VA NYHHS CPE Center is accredited by the ACPE to provide Level I CPE, Level II CPE and Supervisory CPE programs. Information and queries concerning ACPE can be obtained or made through the following:

Association for Clinical Pastoral Education, Inc.  
One West Court Square, Suite 325  
Decatur, Georgia 30030  
(404) 320-1472, (404)-320-0849 FAX  
[www.acpe.edu](http://www.acpe.edu)

# VA New York Harbor Healthcare System: Mission and Overview

**T**he Veterans Affairs New York Harbor York Harbor Healthcare System (VA

NYHHS) is dedicated to providing quality health care to Veterans using the abilities of all employees, supported by our commitment to education and research.

## VA NYHHS Vision Statement

We seek to be the provider of choice of Veterans and the community by offering an efficient, integrated quality health care system capable of providing a full range of primary, specialty and chronic health care services in a system that is readily accessible and responsive to change.

The values that undergird this statement are: Trust, Respect, Compassion, Commitment, Excellence, Teamwork, Communication, and Diversity.

## VA NYHHS Sites of Care

VA NYHHS consists of two tertiary care medical centers located in Manhattan and Brooklyn and a primary and extended care center located in St. Albans, Queens. VA NYHHS also operates three community based clinics situated in Harlem, downtown Brooklyn and Staten Island which serve New York, Kings, Queens and Richmond Counties. VA NYHHS is a part of the Veterans Integrated Service Network (VISN) 2 South, which includes facilities in the Bronx, Castle Point, Montrose, Northport, Brooklyn, and New York, as well as East Orange and Lyons in New Jersey.

The New York Campus is a tertiary care facility classified as a Clinical Referral Level 2 facility with bed services in acute medicine, surgery, acute psychiatry, neurology, and rehabilitation medicine. The campus is a cardiac surgery and neurosurgery referral center, performing approximately 150 open heart and 200 neurosurgical procedures per year. The facility has been at the forefront of clinical care and research for patients with HIV/AIDS since the beginning of the epidemic. It is the only VHA facility to house both a designated clinical care unit and Research Center for AIDS and HIV Infection (RCAHI). The RCAHI staff includes 12 M.D. and Ph.D. scientists who, with the support of grants from VHA, NIH, and other funding organizations, investigate the pathogenesis and treatment of HIV and its complications.

The Brooklyn Campus has bed services in acute medicine, surgery, psychiatry and residential substance abuse. Specialized programs exist in comprehensive cancer care and non-invasive cardiology. The Cancer Program includes special expertise in palliative care and radiation oncology. The Radiation Oncology Service treats over 400 new patients



each year and is fully equipped with both state of the art brachytherapy and teletherapy services. Three-dimensional radiotherapy, prostate brachytherapy (seed implants), and high dose rate (HDR) treatments are routinely available. The Brooklyn Campus also provides specialized cardiac care in the area of electrophysiology. It has an active and productive basic research program in this area as well.

The St. Albans Community Living Center serves the metropolitan area with specialized geriatric care. The Center's services include extended care rehabilitation, psycho-geriatric care, general nursing home care, and domiciliary providing psychosocial and independent living skills rehabilitation. Outpatient services have been offered at St. Albans for over 20 years.

## **VA NYHHS Specialized Programs**

VA NYHHS specialized programs include the Preservation and Amputation Care Team (PACT) and the Prosthetic Treatment Center. The Prosthetic Treatment Center is the largest of its kind in the Department of Veterans Affairs. The close affiliation with Bellevue Hospital, Tisch Hospital, Institute of Rehabilitation Medicine and the prosthetic and orthotic laboratories contribute to VA NYHHS's excellence as an Amputee Center and a comprehensive Rehabilitation Medicine Service. Through a consolidation of services, all VISN 2 SOUTH Prosthetic and Sensory Aids Services are satellites of the VA NYHHS Prosthetic Treatment Center. The services offered are unique and diversified.

VA NYHHS supports the largest Healthcare for Homeless Veterans (HCHV) programs in the nation. The program has three facets: HCMI (Homeless Chronically Mentally Ill), VASH (VA Supported Housing) and SSA/VA (Social Security Administration/VA Initiative). Through this program, Veterans are provided appropriate health care, placed in housing, and assisted in finding jobs and in many other important aspects of living.

The HIV/AIDS, Cardiac Surgery, Rehabilitation Medicine and Dialysis Programs have been designated as VHA Programs of Excellence. Additionally, VA NYHHS has recently been approved for a Fisher House to be located on the Brooklyn Campus. VA NYHHS supports five Veterans Outreach Centers both clinically and administratively.

OEF/OIF Outreach: VA NYHHS has identified staff at each Campus working in a coordinated effort to reach military personnel returning from Iraq and Afghanistan and help make a seamless transition to Veterans' health care. VA outreach efforts include sending letters and placing phone calls to recently discharged servicemen and women, and coordinating the continuity of ambulatory and inpatient care upon discharge or transfer from military hospitals such as Walter Reed and Bethesda. VA NYHHS staff present to local military Reserve and Guard Units providing important information accessing health care under VA TRICARE or as Veterans, and benefits and entitlements offered through VA Regional Office. As of October 19, 2008, 5195, OEF/OIF Veterans have enrolled for care at VA NYHHS.

## **VA NYHHS Affiliations**

The New York Campus is affiliated with many schools of higher education. The primary clinical affiliation is with the New York University School of Medicine. The residency programs, with a total of 148 residents, are fully integrated with those at NYU and Bellevue Medical Centers, and over 150 medical students are served at the NY Campus each academic year. A fully integrated dental affiliation exists with the NYU School of Dentistry for 16 residents and numerous dental students who rotate through its Dental Service annually.

The Brooklyn Campus is affiliated with the State University of New York (SUNY) – Downstate. The residency programs are composed of a total of 118 residents and are fully integrated with those at SUNY and Kings County Medical Centers. Over 150 medical students rotate through the Brooklyn Campus each academic year. The Brooklyn Campus is also affiliated with the New York University School of Dentistry and the State University of New York School of Optometry. Residency programs exist in both disciplines.

Additional clinical and educational affiliations exist for the VA NYHHS with 146 college and university programs in many fields, including Nursing, Hospital Administration, Audiology and Speech Pathology, Bioethics, Health Information Management, Dietetics, Pharmacy, Corrective Therapy, Occupational Therapy, Physical Therapy, Podiatry, Respiratory Therapy, Social Work, Psychology, Dental Hygiene, and Laboratory Technology and Information Technology.

## **VA NYHHS Research**

The New York Campus has a large funded research and development program with studies in immunology, molecular biology, AIDS, infectious diseases, oncology, geriatrics, prosthetics, pharmacology, cardiac physiology, schizophrenia, alcoholism, nephrology and cell biology, all of which enhance our ability to provide state-of-the-art medical techniques and treatments to Veteran patients. The New York Campus continues to be at the forefront in basic research for AIDS. The RCAHI was established at this campus and in July 2006, VA New York Harbor Healthcare System's Chief of Immunology was awarded an \$8.4 million Bill & Melinda Gates Foundation grant to lead a Vaccine Discovery Consortium - an interdisciplinary international scientific team to develop novel vaccines to generate antibodies to block HIV infection. Other significant research accomplishments include the selection of a researcher for a Middleton Award and another researcher received the Bristol Meyers Squibb Award for Distinguished Achievement in Cardiovascular Research. VA NYHHS was recently granted a \$300,000/year award for an HSR&D study in primary care. The total FY 08 intramural funding was approximately \$3.2 million. In addition, over \$4.5 million in research funding from other Federal agencies or private industry to NY Campus investigators is administered by the Narrows Institute for Biomedical Research, the VA non-profit research corporation.

## **VA NYHHS Accreditation**

VA New York Harbor Healthcare System was surveyed by the Joint Commission in July 2006 in an unannounced triennial visit and received full accreditation. Over a five-day period our medical center campuses, primary and extended care center and community health centers were reviewed under the Hospital, Long Term Care, Home Care, and Behavioral Health program standards. The New York Campus's and Brooklyn Campus's Opiate Rehabilitation Treatment Programs received full Joint Commission accreditation in April and May 06, respectively. The healthcare system has full accreditation from the College of American Pathologists, accreditation by the Commission on Cancer of the American College of Surgeons, Commission on Accreditation of Rehabilitation Facilities (Physical Medicine and Psychosocial Rehabilitation Programs) and the American College of Radiology. VA NYHHS has two AAALAC-accredited Animal Research Facilities and the Research and Development Program has NCQA accreditation.

# Accredited Programs

**T**he VA NYHHS CPE Program offers two broad programs of clinical pastoral learning, CPE (Level I/Level II), which focus on ministering, and Supervisory CPE, which focuses on supervising.

## CPE (Level I/Level II)

At the VA NYHHS, the CPE (Level I/Level II) Program's objective is the development of competent ministers via the development of five specific competencies, a) pastoral formation, b) pastoral competence, c) pastoral reflection, d) ethics competence, and e) knowledge of Veterans' issues.

This center offers CPE (Level I/Level II) on a year long, full time basis, on a part time basis and as a summer program via three programs, the Residency Program, the Extended Unit Program and the Summer Unit Program, respectively. Each of the three CPE (Level I/Level II) programs offers a structured system of components (e.g., supervision, curriculum, experiences in ministry to others, peer group, learning contract, etc.) in which clinical pastoral learning can occur according to ACPE guidelines.

## CPE Summer Unit Program

The summer program is an 11 week full time program that allows the student to complete one CPE program unit. The summer program runs from May through August and includes 400 combined hours. By definition, a unit of CPE is defined as at least 100 contact hours of structured group and individual education, accompanied by the supervised clinical practice of ministry of training, with a combined time of no less than 400 hours. A half unit of CPE is defined as at least 240 hours containing no less than 60 hours of individual and group education with supervised clinical practice in ministry, attending CPE class days and doing clinical hours. The determination of a half unit is based on hours and the agreement with the Supervisor. This agreement can be negotiated at the start of a unit if known time constraints are involved or at mid-unit if circumstances changes so that the student cannot complete a full unit. The CPE Supervisor and the Director of CPE make the final determination of units awarded.

## **Extended Unit Structure**

Tuesdays

### **Note:**

- No personal computers may be used at VA facilities.
- No flash/thumb drives may be used with VA computers
- Limited use of personal cell phones is permitted during breaks outside of patient care areas.

# How to Apply, Fees and Benefits

**V**A NYHHS' CPE Program encourages any eligible person interested in pursuing

professional training for ministry to apply. This includes lay persons as well as members of the clergy and religious congregations. Preference is given to applicants with a Master's of Divinity degree or equivalent. The center maintains an open admissions process through which all eligible persons are invited to apply regardless of race, color, gender, age, religion, national origin, sexual orientation, or physical disability.

## CPE (Level I/Level II) Admission Requirements

Admission to CPE (Level I/Level II) requires the following:

- Completion of an undergraduate degree and current enrollment in a graduate theological degree program at a theological school accredited by an agency recognized by the Department of Education.
- Ordination by a faith community or a commission to function in ministry by an appropriate religious authority
- Three letters of recommendation
- Meeting all applicable federal security and medical requirements

Applicants seeking a paid residency have additional requirements since upon graduation they must be eligible for VA chaplain employment. This is not meant as a promise of employment, but rather as recognition of more stringent, federally mandated requirements as follows:

- United States citizenship
- Passing the Federal clearance for employment
- Good standing with an endorsing religious body approved by the VA National Chaplain Center
- Ordination
- Master's of Divinity or equivalent degree

- For male applicants born after 1960 and living in the United States as either a citizen or a resident before the age of 26, Selective Service registration is mandatory.

## **Application Procedure**

Interested persons should contact the VA NYHHS CPE Program to request an information packet. The packet contains an application, brochure and student handbook. Before applying, all applicants should schedule a telephone session with a CPE supervisor to discuss the program and answer any questions.

Applicants should submit a complete application along with three references consisting of a personal reference, a professional reference and a reference from the applicant's parish or congregation affiliation.

Once the center receives an application, an interview is scheduled at the VA NYHHS New York Campus. For further details, please read the admission policy in the Policy and Procedures section of this handbook.

## **Application Deadlines**

For the Residency Program the application deadline is January 31st. For the extended unit program the application deadline varies by unit, please contact CPE program for more details. For the summer program, there are rolling admissions and early application is encouraged.

Please keep in mind that applications are considered as they are received. Once the available slots are filled, applications will no longer be accepted.

## **Fees and Tuition**

The VA NYHHS CPE Program does not charge tuition or fees.

## **Stipends and Benefits**

Paid residents receive an annual stipend. For the 2014/15 cycle, the stipend was \$30,000. Residents are entitled to medical insurance. They typically work a 40-hour work week, with five 8 ½ hour work days (1/2 hour break) on a tour to be determined in consultation with the CPE Supervisor and Director of CPE based on schedule and coverage needs. They also share on-call responsibilities. For this, they earn 13 paid vacation days a year, 12 paid sick days and have off the 10 holidays recognized by the federal government.

# Center Staff and Support

**S**tudents have as a primary learning resource the generosity, talent and support of the center's supervisors, chaplains, Peer Advisory Committee (PAC) members, and the VA NYHHS staff.

## Your CPE Supervisors and Their Backgrounds

### Andrew Sioleti

Chaplain Andrew Sioleti, Chief, Chaplain Service and CPE Program Director, is a certified supervisor in the ACPE as well as in the NACC. He is an ordained Roman Catholic priest that belongs to the Voluntas Dei Institute, a secular institute in the Roman Catholic Church that has vowed priests and single men, committed married couples, as well as single women affiliates. All share a common spirituality and journey of faith.

Chaplain Sioleti grew up in Istanbul, Turkey; Athens, Greece; and Rome, Italy. Thus, he speaks several languages. He is the son of an Italian doctor and a Greek nurse. He holds a Masters of Divinity, a Masters in Family Counseling, a Masters in Social Work, and a Doctorate in Ministry. After ordination as a priest in 1984, he was assigned as an Associate Pastor until 1988 when he began his CPE residency. After his residency, Chaplain Sioleti continued his studies as well as his supervisory training. In 1990 he was hired as a Supervisor in Training as well as a Roman Catholic Chaplain at Cabrini Medical Center where he began a CPE program that was accredited by the United States Conference of Catholic Bishops/Commission on Certification and Accreditation (USCCB/CCA). In 2001, Chaplain Sioleti came to VA NYHHS as a Chief, Chaplain Service and CPE Supervisor to begin a CPE program at this facility.

Chaplain Sioleti has been involved in the Certification Commission in NACC, Appeals Committee in NACC, as well as a Board Member and Accreditation Commission Site Visitor of the USCCB/CCA. He has also been part of the Strategic Planning Committee of ACPE Eastern Region and Site Visitor for ACPE Accreditations of CPE programs. He is a Licensed Clinical Social Worker and has been extensively involved in the Latino community as a therapist as well as a Chaplain and a priest. He values cultural diversity as well as being committed to educate and supervise chaplains of all faith traditions. Chaplain Sioleti is committed to being inclusive of all diversity and values the VA environment that is open and committed to providing care to Veterans of all faiths, traditions, cultures, spiritualities, and beliefs. Over his 18 years of CPE supervision, he trained rabbis, imams, priests, ministers and pastors, as well as lay people of all faiths. He holds Certification as a CPE Supervisor in both NACC and ACPE.



## **Martin Montonye**

Chaplain Martin Montonye was born in Los Angeles and has worked in New England for over thirty years. He was certified by ACPE a Full ACPE Supervisor in 1998 and became a board certified chaplain with the Association of Professional Chaplains in 2003. He has been ordained by the United Church of Christ since 1987 and has served as a pastor in three New England congregations. He is a graduate of Hartford Seminary with a Doctor of Ministry; Yale Divinity School with a Masters of Divinity and Masters of Sacred Theology; Southern Connecticut State University with a Masters of Science in Education; and the University of California, San Diego, with a Bachelor of Arts in Political Science.

Before coming to the VA NYHHS, he served as CPE Supervisor at the James A. Haley Veterans' Hospital in Tampa, Vice President of Academic Affairs and Director of Clinical Pastoral Education at HealthCare Chaplaincy, Manager of Social and Spiritual Services at Baystate Medical Center, Director of Training at Hartford Hospital and Director of Humanities and Pastoral Care at the Connecticut Hospice.

Martin is a U.S. Army Veteran and currently serves on the ACPE Academy and editorial review boards for the Journal of Pastoral Care and Counseling and the Journal of Health Care Chaplaincy. Martin has published articles on palliative care, spiritual assessment and chaos theory as an approach to teaching, learning and education. He has initiated three CPE Programs and supervised Level I, Level II and Supervisory Education Students.

## **Kai Borner**

Chaplain Kai Borner is a native of Germany. He studied at the universities of Kiel, Goettingen and Heidelberg. He completed his studies with a Masters in Divinity at the University of Kiel in 1967.

After completion of his II theological examination in 1969 he was ordained in the Lutheran Church of Northern Germany in April 1969. He received a scholarship from the Lutheran World Federation for Continuing Education in Pastoral Care and Counseling in the United States of America in 1972. He was certified as a Supervisor for CPE in November 1977. He was also certified by the Association of Professional Chaplains in November 1978.

In addition, Chaplain Borner participated in a two year training program in Family Therapy in Long Island. He completed this program with a Certificate in Family Therapy. Chaplain Borner had a long affiliation with New York Theological Seminary. He received his S.T.M. in Pastoral Counseling in 1973 from the Seminary and his D. Min. in 1977. He has taught classes in Pastoral Counseling at the Seminary for two years. He has also given workshops for pastors in Germany and Finland in Pastoral Care and Counseling. Since 2006, Chaplain Kai Borner works on a part time basis, at least two days a week, with Chaplain Sioleti in the CPE program at the VA NYHHS in Manhattan.

## Chaplaincy Staff

VA NYHHS has eleven chaplains and one program assistant, in addition to the CPE students, assigned across three campuses. Students work alongside our chaplaincy staff in providing spiritual care. Learning issues are addressed with the CPE supervisors, yet issues of patient care, history of particular patients and hospital protocol can be addressed with the chaplaincy staff. The experience and expertise of our chaplaincy staff is a rich and valuable resource for students.

This center's students are fortunate to work alongside an experienced and competent chaplaincy staff. Currently VA NYHHS has four full-time Roman Catholic Priests, two part-time Rabbis, three full-time Protestant Ministers, one part-time Indian Orthodox Chaplain and one intermittent Islamic Imam.

### Chaplain Assignments

The chaplaincy staff is assigned to the following medical units:

#### Brooklyn Campus

Chaplain Charles Hall	Psychosocial Clubhouse, Day Hospital, Substance Abuse –Inpatient/Outpatient, Services for Returning War Veterans
Chaplain Abey George	Substance Abuse, Weekend Coverage, Palliative
Chaplain Martin Montonye	ACPE Supervisor
Chaplain Marcellinus Uwandu	Roman Catholic Veterans

#### NY Campus

Chaplain Andrew Sioleti	Chief, Chaplain Service, CPE Program Director & ACPE Supervisor
Chaplain Kai Borner	CPE Supervisor
Chaplain Florence Plant	Protestant Veterans and Palliative Care
Chaplain Ivan Tyhovych	Roman Catholic Veterans

#### St. Albans Campus

Chaplain Ramon Saavedra	Roman Catholic Veterans
Chaplain Elizabeth Putnam	St. Albans CLC Residents, DOM Residents
Chaplain Edward Conway	Palliative Care

## Professional Advisory Committee (PAC)

The Professional Advisory Committee is an integral part of VA NYHHS' CPE Center. It is composed of a highly diverse group of health care professionals and community members who support and oversee the program. Their charge is the ongoing evaluation of all CPE units, program evaluations, and the strengthening of the Center's mission of providing quality CPE. In particular, the group has been deeply and energetically involved in the Center's self-study. The PAC has worked on preparing for the 10 year Accreditation Review by ACPE.

The Committee as a whole meets at least four times a year. There is a strong level of involvement and commitment on the part of the members, with continuing, active participation by members in individual admission interviews and group exit interviews following the completion of each CPE program. The Committee is also notable for its spirit of collaboration, both with one another and with the CPE supervisors.

CPE Students are free to contact PAC committee members with concerns.

The PAC is comprised of the following individuals:

Jerry Alperstein		<a href="mailto:alperstein300@gmail.com">alperstein300@gmail.com</a>
Milagros M. Andino		<a href="mailto:Milagros.Andino2@va.gov">Milagros.Andino2@va.gov</a>
Alice Beal		<a href="mailto:Alice.Beal@va.gov">Alice.Beal@va.gov</a>
Wendy V. Bobadilla		<a href="mailto:Wendy.Bobadilla@va.gov">Wendy.Bobadilla@va.gov</a>
Susan Henderson-Catani		<a href="mailto:Susan.Henderson@va.gov">Susan.Henderson@va.gov</a>
Kai Borner		<a href="mailto:irmkaro@hotmail.com">irmkaro@hotmail.com</a>
Kathleen Ullmann		<a href="mailto:ktu4poh@aol.com">ktu4poh@aol.com</a>
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## Curriculum: CPE (Level I/Level II)

Consistent with the individualized nature of learning in the CPE model, students come with a variety of goals. This chapter describes how the CPE methodology facilitates and addresses the learning objectives and outcomes for Levels I and II CPE.

Objectives focus on the nature of student CPE learning. Outcomes outline the abilities and capacities accomplished when the student has achieved his/her objectives.

Methods include common features and activities of the curriculum that promote the development of a competency. Essential elements of the CPE process include verbatim and case study, critical incident report, interpersonal group (IPR), didactics, individual supervision, patient and staff encounters, re-evaluation of the learning contract, midterm and final evaluations. These standard methods are important to developing each competency. Examples will be provided for each competency.

Resources can be either inside resources provided by the Center or outside resources chosen by the student. Standard resources include the supervisor, peer group, patient units, hospital staff and library.

CPE (Level I/Level II) is a program of competence development. The curriculum at Level I addresses the fundamentals of pastoral formation, pastoral competence and pastoral reflection. Students starting CPE (Level I/Level II) usually start at Level I. Once a student can demonstrate the development of a competence at a basic or fundamental level, the focus then shifts towards the increased development, integration and mastery characteristic of Level II. The curriculum at 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 a Supervisory CPE Program.

## Outcomes for CPE Level I

There are five competency areas in CPE Level I:

- 1) Pastoral Formation
- 2) Pastoral Competence
- 3) Pastoral Reflection
- 4) Ethics Competence
- 5) Knowledge of Veteran Issues

## **Pastoral Formation**

### **Objective**

To develop students' awareness of themselves as ministers and of the ways their ministry affects persons. To develop students' awareness of how their attitudes, values, assumptions, strengths, and weaknesses affect their pastoral care. To develop students' ability to engage and apply support, confrontation and clarification of and by the peer group for the integration of personal attributes and pastoral functioning.

### **Results of Completion**

As a result of completing Level I, students will be able a) to articulate the central themes of their religious heritage and the theological understanding that informs their ministry, b) to identify and discuss major life events, relationships and cultural contexts that influence personal identity as expressed in pastoral functioning, and c) to initiate peer group and supervisory consultation and receive critique about one's ministry practice. Specifically, students will be able to:

- 1) Describe the perception of oneself as minister and of one's ministry.
- 2) Listen to others' perception of oneself as minister and of one's ministry, to reflect on it and discuss it.
- 3) Articulate how personal feelings, attitudes and behaviors affect one's ministry.
- 4) Reflect on and identify one's specific approach to ministry in regard to culture, socioeconomic background, sex, religious heritage, theological thinking, family background, developmental and faith stage and spirituality.
- 5) Differentiate between one's "thought (professed) theology" and "lived (operational) theology" (head and heart).
- 6) Identify how one's way of communicating in body language, affect, mannerisms and language interpret the content of one's communication.
- 7) Consider how one perceives the group and participates in the group.
- 8) Assess oneself as a learner and evaluate one's learning style.
- 9) Initiate issues for consideration by the peer group and evaluate their practical application.
- 10) Initiate supervisory consultation on challenging issues.
- 11) Receive critique about one's ministry practice during verbatim seminars or critical incident report.
- 12) Offer appropriate and timely critique to peers and supervisor.
- 13) Recognize relational dynamics in IPR.
- 14) Offer feedback during peers' presentations.
- 15) Approach conflict for growth.
- 16) Articulate and live out one's pastoral authority and identity.

## Methods

Methods used to achieve this objective include:

- 1) Extended autobiography, with attention to feelings and new discoveries about self, and perceiving repeated patterns in life.
- 2) Verbatim seminars that focus on the actual practice of ministry.
- 3) Input and feedback from peers, supervisor and colleagues in the clinical site.
- 4) Theological reflection and cultural sensitivity.
- 5) Weekly and Monthly Reflection Papers.
- 6) Didactics such as: The Language of Feelings; Basic Laws of Communication; My Theology of Pastoral Care; My Person As a Minister; Body Language; Head and Heart – the CPE Story; The Living Human Document; Trust the Process - What is my Process?: Learning Styles; The Impact of Culture, Sex and Family on Pastoral Care; Spirituality; The Shape of My Presence in the Group; Communication Skills and Group Skills; Concepts of Self Perception; The Development of the Person; Spiritual Exercises (e.g., guided imagery, meditation, worship); Theological Dynamics; Grief and Loss; Pastoral Authority and Identity; Group Development and Dynamics; Ministry to the Dying Patient; Praying at the Bedside; Shame and Ministry; Anger and Ministry; Transitions; Touchstones.
- 7) Presentation of genograms in group.
- 8) Designing and presenting a collage on relationship with group members.
- 9) Johari Window group exercise.
- 10) Communication Exercises (Accurate Perception, Basic Attitudes, Listening to Self, Receiving Feedback.)

## Resources

- 1) Pastoral Care, Spiritual Direction, Therapy
- 2) Interdisciplinary rounds
- 3) Sample bibliography:
  - Albers, Robert H., Shame
  - Asquith, Glenn, Vision From A Little Known Country
  - Gerkin, Charles, An Introduction to Pastoral Care
  - Hall, Charles, Head and Heart
  - Hemenway, Joan, In the Circle
  - Kegan, Robert, The Evolving Self
  - Kinast, Robert, If Only You Recognized God's Gift
  - Knowles, Malcolm, Self-Directed-Learning
  - Lidz, Theodor, The Person
  - Moessner, Jeanne Stevenson, Through the Eyes of Women
  - Moyer, Frank, Pastoral Authority: "Pastoral Care in the Hospital"
  - Neuger, Christie Cozad and Poling, James Newton, The Care of Men
  - Nemeck & Coombs, The Way of Spiritual Direction
  - Nouwen, Henri, The Wounded Healer
  - Patton, John, Introduction to Pastoral Care
  - Patton, John, Is Human Forgiveness Possible
  - Taylor, Charles, The Skilled Pastor
  - Viscott, David, The Language of Feelings

Watzlawick, Paul, Pragmatics of Human Communication  
Weems, Ann, Psalms of Lament  
Weems, Renita J., I Asked for Intimacy  
Wheelan, Ph.D., Susan, Relationship Enhancement Guidelines

## **Pastoral Competence**

### **Objective**

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 effectively address these issues through their ministry; to develop students' skills in providing intensive and extensive pastoral care and counseling to others; 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; to teach students the pastoral role in professional relationships and how to work effectively as a pastoral member of a multidisciplinary team; and to develop students' capacity to use one's pastoral and prophetic perspectives in preaching, teaching, leadership, management, pastoral care, and pastoral counseling.

### **Results of Completion**

As a result of completing Level I, students will be able a) to risk offering appropriate and timely critique, b) to recognize relational dynamics within group contexts, c) to demonstrate integration of conceptual understandings presented in the curriculum into pastoral practice, and d) to initiate helping relationships within and across diverse populations.

They will be able to:

- 1) Be empathic and compassionate;
- 2) Use reflective listening skills;
- 3) Develop rapport with patients, families and staff;
- 4) Articulate an awareness of self as minister;
- 5) Articulate and demonstrate pastoral authority;
- 6) Use appropriate religious resources in providing pastoral care;
- 7) Pray with people in crisis;
- 8) Be aware of and sensitive to a variety of religious and cultural needs;
- 9) Offer spiritual care without imposing one's own religious/spiritual theology on others;
- 10) Develop awareness of interpersonal and intrapersonal issues informing pastoral visits;
- 11) Use behavioral sciences as resources for ministry;
- 12) Appreciate humanness, spirituality, theology, and education as process and development;
- 13) Reference spiritual assessment and pastoral diagnosis as resources for pastoral intervention;
- 14) Identify and distinguish pastoral concerns and theological issues;

- 15) Extrapolate from personal theology a pastoral theology that includes an understanding of humanity, relationships, and faith dynamics;
- 16) Apply a methodology for self-reflection particularly as it relates to the question, “Who am I in the doing of ministry, and how does who I am impact what I do?”
- 17) Demonstrate pastoral initiative as an introduction to pastoral authority;
- 18) Utilize the concepts of process, development, and “being” as a philosophical approach to ministry.

## **Methods**

Methods used to achieve this objective include:

- 1) Interdisciplinary opportunities including didactics, discharge planning teams, medical rounds, etc.
- 2) Learning activities in crisis intervention as well as grief and loss issues in pastoral ministry (concerning both self and others).
- 3) Applying theology to experiences.
- 4) Deriving pastoral care applications from human emotions and interpersonal relations.
- 5) Translating sacred text characters, stories, and traditions into reflections, identifying theological issues raised.
- 6) Reflection/analysis/interaction for personal dialogue.
- 7) Application of the concepts of ambiguity, paradox, and struggle as dynamics for pastoral theology.
- 8) Didactics on:
  - a. Learning method; Clinical and Experiential.
  - b. Developmental Personality Theories, DSM IV, Mental Illness
  - c. Medical Treatment and Terminology
  - d. Use of Stories
- 9) Pastoral care, using personal, biblical, narratives, etc., in connection with loss & grief.
- 10) Conversation, Theological Reflection, Spiritual Assessment
- 11) Role-playing with opportunities to receive critique and on-the-spot instruction.
- 12) Participation in Multi-disciplinary Rounds.
- 13) On-call assignments with the opportunity to respond to people in crisis.
- 14) Theological Reflections presented in written and oral format.
- 15) Worship leadership to develop pastoral authority and explore functioning in a pastoral and prophetic mode.
- 16) Readings in pastoral care and the behavioral sciences.
- 17) Supervised pastoral care visits with opportunities for immediate feedback.
- 18) Shadowing experienced pastoral care providers.
- 19) Individual supervision for integration and exploration of growing edges.
- 20) Spiritual assessment exercises including spirituality and multi-cultural verbatims.

## **Resources**

- 1) Videos such as “The Doctor”, “Dead Man Walking”, “Stand By Me”, “Imitation of Life”, “He Said, She Said”, and “The Lion King”.
- 2) Experience and data from pastoral visits and their reports.
- 3) Lectures, Grand Rounds in the hospitals and city.
- 4) Sample bibliography:



Anderson & Mitchell, All our Losses, All our Griefs  
Clinebell, Howard, Different Types of Pastoral Care  
Frank, Arthur, At the Will of the Body  
Frank, Arthur, The Wounded Storyteller  
Friedman, Dayle, Jewish Pastoral Care  
Gilligan, Carol, In a Different Voice  
Hauerwas, Stanley, God, Medicine and Suffering  
Nichols, The Lost Art of Listening  
Patton, J., From Ministry to Theology  
Pruyser, Paul, The Minister as Diagnostician  
Soelle, Dorothy, Suffering  
Weintraub, Simkha, Healing of Soul, Healing of Body  
The Journal of Pastoral Care  
Religious Texts from the major religious traditions

## **Pastoral Reflection**

### **Objective**

To develop students' understanding and ability to apply the clinical method of learning.  
To develop students' abilities to use both individual and group supervision for personal and professional growth, including the capacity to evaluate one's ministry

### **Results of Completion**

As a result of completing Level I, students will be able to use the clinical methods of learning to achieve their educational goals, and to formulate clear and specific goals for continuing pastoral formation with reference to personal strengths and weaknesses, as seen in the following:

- 1) Participate in giving feedback to peers.
- 2) Receive feedback from peers and utilize the feedback to alter a particular behavior.
- 3) Present clinical material in clear and open fashion.
- 4) Name his/her specific abilities and limitations as well as their impact on pastoral care.
- 5) Identify his/her own personality profile.
- 6) Clarify specific learning goals and articulate the methods used to facilitate learning.
- 7) Name the areas where the student will need continued work as well as areas where students are strong.
- 8) Identify the particular situations where the student has difficulty and articulate how this will be addressed in future ministry.
- 9) Articulate the skills needed in a particular ministry specialty, if selected for it.

### **Methods**

Methods used to achieve this objective include:

- 1) Meyer-Briggs personality inventory (Kiersey Temperament sorter).

- 2) Goal-setting seminar.
- 3) Clinical presentations of verbatims, role-playing, Grand Rounds.
- 4) Pastoral visits in which student is observed delivering pastoral care by a supervisor and/or peers.
- 5) Written evaluation on the specifics of how goals were addressed and future plans for continued work.
- 6) During the initial week of the unit, identifying to peers and supervisors the goals to be addressed; during mid-term these will be addressed together with the group for evaluation and clarification of further goals.
- 7) Demonstration, in IPR and verbatim seminars, an awareness of personal strengths and weaknesses as they affect pastoral and personal relationships.
- 8) Present a formulated plan for how student will seek consultation in professional life.
- 9) Identification of family history and patterns.

### **Resources**

- 1) Meyer-Briggs materials (excerpted from Please Understand Me)
- 2) A sample bibliography:

Arnold, William, The Person of the Pastor (chap 4)  
 Fowler, James, Stages of Faith  
 Hands and Fehr, Spiritual Wholeness for Clergy  
 Switzer, David, Pastoral Emergencies (chapters 1 & 2)

## **Ethics Competence**

### **Objective**

To develop students' ethical competence by developing awareness of ethical issues, by providing a technical language and basic philosophical ideas concerning ethical issues, and by practice in applying ethical thinking in ministry.

### **Results of Completion**

As a result of completing Level I, students will be able a) to explain what makes a Medical Ethics Issue, b) to analyze How Medical Ethics Decisions Are Made, c) to analyze various ethical theories used in facing moral dilemmas in medicine, d) to recognize their drawbacks, and to e) put ethical theory into practice.

### **Methods**

Methods used to achieve this objective include:

- 1) Didactics
  - a) Resolving Medical Ethical Issues
  - b) From Theory to Practice
  - c) From Dilemma to Decision
- 2) VA-mandated courses on ethics
- 3) Supervision

- 4) IPR
- 5) Verbatim seminars that focus on the method of making ethical decisions in ministry
- 6) Input and feedback from peers, supervisors and colleagues on ethical issues as they arise in practice
- 7) Role playing with opportunities to receive critique and instruction

## **Resources**

A sample bibliography:

Bleich, J. David, Jewish Bioethics; Introduction; “The A Priori Component of Bioethics”  
 Carter, Lucy, Office of Public Policy and Ethics, “A Discussion Of Major Ethical Theories” Institute for Molecular Bioscience, University of Queensland, Australia  
 Matthews, Lori, “My Body, My Property” Hastings Center Report, 28 (1986)  
 Noggle, Robert, “Patterns of Moral Arguments: A Short Introduction to Moral Reasoning”  
 Pope John Paul II, “Address to the Participants to the International Congress “Life Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas”  
 Shulman, Nisson, “Jewish Answers To Medical Ethics Questions”  
 Integrated Ethics Program Material

## **Knowledge of Veteran Issues**

### **Objective**

To develop students’ understanding of military experience and how it impacts the Veteran in the crucial area of spirituality, and to help students develop ways to minister to a wide spectrum of Veterans and their needs.

### **Results of Completion**

As a result of completing Level I, students will be able to understand key themes and concerns in the lives of Veterans, including the following:

- 1) Identify concerns of women Veterans.
- 2) Identify concerns of minority Veterans
- 3) Identify concerns of WWI Veterans.
- 4) Identify concerns of WWII Veterans.
- 5) Identify concerns of Korean Veterans.
- 6) Identify concerns of Vietnam Veterans.
- 7) Identify concerns of Gulf War Veterans.
- 8) Identify concerns of returning Veterans from Iraq and Afghanistan.
- 9) Identify concerns of Veterans experiencing PTSD.
- 10) Identify concerns of Veterans experiencing sexual trauma.
- 11) Identify concerns of Veterans experiencing TBI.
- 12) Identify concerns of Veterans experiencing readjustment issues.
- 13) Identify concerns of Veterans experiencing homelessness.
- 14) Understand the military culture and its impact on Veterans and their families.

## Methods

Methods used to achieve this objective include:

- 1) Verbatim/ Feedback
- 2) Veteran biography/Case studies
- 3) Didactics on military experience
- 4) V-Tel/ Telephone Conferences
- 5) Role Playing Veteran Concerns
- 6) Veteran Interviews
- 7) Retreat for Returning Veterans: “Discovering or Rediscovering your Spirituality”

## Resources

A sample bibliography:

Courage After Fire, Ulysses Press, 2006  
Recovering From the War: A Guide for All Veterans, Family Members, Friends  
and Therapists, Department of Defense  
<http://deploymenthealthlibrary.fhp.osd.mil/home.jsp>  
Patience Press 1999  
Military One Source [www.militaryonesource.com](http://www.militaryonesource.com)  
National Center for Veterans Analysis and Statistics. Department of Veteran  
Affairs [www.va.gov](http://www.va.gov)  
Veterans and Families Coming Home  
[www.veteransandfamilies.org/page/page1325329.htm](http://www.veteransandfamilies.org/page/page1325329.htm)

## Outcomes for CPE Level II

As students become more familiar with the CPE methodology and how to use it to their best learning advantage, they will continue to grow in the objectives of CPE at ever-deepening levels. Students move to Level II when they have adequately met the outcomes for Level I. The methodologies of CPE and their own personal learning contract will assist them in meeting the learning outcomes for Level II CPE. There are three competency areas in CPE Level II:

- 1) Pastoral Formation
- 2) Pastoral Competence
- 3) Pastoral Reflection

Ethics Competence and Knowledge of Veteran Issues are only provided in CPE Level I. Students at CPE Level II are assumed to have demonstrated Level I competence for both a) ethics competence and b) knowledge of Veteran issues.

# **Pastoral Formation**

## **Objective**

To articulate an understanding of the pastoral role that is congruent with their personal values, basic assumptions and personhood.

## **Results of Completion**

As a result of completing Level II, students will be able to:

- 1) Claim pastoral identity in relation to one's own authority, power and limits;
- 2) Claim individuality, naming strengths and weaknesses, as a person in pastoral ministry;
- 3) Claim how values and attitudes influence one's personhood in pastoral ministry;
- 4) Be in charge of one's own learning;
- 5) Articulate and demonstrate a personal ethic, including integrity, in pastoral functioning;
- 6) Claim competencies with confidence; and
- 7) Be self-differentiated with others.

## **Methods**

Methods used to achieve this objective include:

- 1) Patient care assignments and on-call rotation that provide encounters to study and practice one's personal process and self-awareness in ministry.
- 2) Continuous review and assessment of learning agreement.
- 3) Active self-assessment with - and feedback from - supervisor, peers and selected interdisciplinary staff.
- 4) Review of strengths and weaknesses, personal ethics exercises and write-ups.
- 5) Self-awareness group sessions and exercises.
- 6) Self-disclosure and feedback in IPR, clinical seminars.
- 7) Evaluation and feedback in mid-unit and final evaluation write-ups and sessions.
- 8) Articulation of the increasing complexity of one's identity.
- 9) Ongoing revision of autobiography and family of origin material.
- 10) Motivation for Ministry reflection paper.
- 11) Additional clinical formats for ministry reporting

## **Resources**

- 1) Spiritual direction, 12 step recovery program.
- 2) Individual or group therapy.
- 3) Therapist, spiritual director, support and/or recovery group
- 4) Designated consultants or faculty with special ministry expertise.
- 5) Outside self-care and well-being activities.
- 6) Sample bibliography:

Frank, Arthur, The Wounded Storyteller

Friedman, Edwin, Generation to Generation

Nouwen, Henri, The Wounded Healer

# Pastoral Competence

## Objective

To 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; to demonstrate a range of pastoral skills, including listening/attending, empathic reflection, conflict resolution and confrontation, crisis management, and appropriate use of religious and spiritual resources; to assess the strengths and needs of those served, grounded in theology and using an understanding of the behavioral sciences; to manage ministry and administrative function in terms of accountability, productivity, self-direction, and clear, accurate professional communication; and to 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, responsible boundaries.

## Results of Completion

As a result of completing Level II, students will be able to do the following:

- 1) Articulate an operative theory of human development, including issues of gender, sexuality, faith and culture, integrated with behavioral science and theology.
- 2) Articulate a pastoral theology in dialogue with one's pastoral practice.
- 3) Articulate models of spiritual assessment and care in pastoral practice, based upon the strengths and needs of those served.
- 4) Articulate a theology of suffering, transformation and healing.
- 5) Articulate elements necessary to be a reflective practitioner.
- 6) Articulate an understanding of crisis intervention and stress management.
- 7) Articulate an understanding of diversity issues in pastoral practice.
- 8) Convey an empathic presence, constructive use of boundaries and truth telling.
- 9) Relate with a repertoire of pastoral interventions using knowledge and skills.
- 10) Carry out effective spiritual assessment and use of religious resources.
- 11) Use oneself as a primary tool for ministry, choosing when and how to use personal stories and how to allow the stories of others to be the resource for understanding.
- 12) Utilize constructive confrontation in pastoral care and staff relationships.
- 13) Work with the patients, families and staff in facilitating ethical discussions and decision making, i.e., at the end of life.
- 14) Utilize oneself in ministry to a diverse population in a manner that is non-possessive, emotionally available (including the positive use of power and appropriate self-disclosure), and characterized by friendliness and spontaneity.
- 15) Be a reflective pastoral practitioner.
- 16) Negotiate and compromise.
- 17) Understand and conduct pastoral research.
- 18) Know one's gifts and limitations in ministering to persons based upon religion, race, culture, language, gender, age, sexual preference, physical and emotional limitations.
- 19) Implement, practice and revise a philosophy and methodology of ministry and ministry specialty.

20) Name one's gifts, strengths and limitations.

## **Methods**

Methods used to achieve this objective include:

- 1) A learning activity that studies human development integral to one's pastoral practice, including knowledge for Joint Commission age specific competencies.
- 2) A pastoral theology paper or other learning activity that integrates one's beliefs about human suffering, development, transformation and healing, and implications for ministry practice.
- 3) An operative construct for spiritual assessment and care.
- 4) Articulation of the elements necessary to be a reflective practitioner.
- 5) Articulation of an operative understanding for ministry of crisis intervention, stress management and cultural diversity competence.
- 6) Identification of conceptual issues necessary for one's pastoral formation, as in learning agreement or covenant.
- 7) Learning activity that integrates the study of scripture, sacred texts and literature, including novels and poetry, with one's conceptualization of ministry.
- 8) Articulation of a construct for ethical decision-making.
- 9) Articulation of valid theories and methods of ministry.
- 10) Articulation of a philosophy and methodology of ministry specialty.
- 11) Learning activities in human development, crisis intervention, stress management, spiritual assessment, Critical Incident Stress Debriefing, cultural diversity competence.
- 12) Learning activities in small group theories and dynamics.
- 13) Diverse patient care assignments and on-call rotation that provide encounters to study and practice one's personal process and self-awareness in ministry.
- 14) Learning activities in self-assessment with and feedback from supervisor, peers and selected interdisciplinary staff.
- 15) Assessment review in verbatims, critical incident reports, and case studies.
- 16) Learning activities that define personal strengths and weaknesses as well as individual professional ethics.
- 17) Learning activities to observe and incorporate the pastoral styles of supervisor and other chaplains.
- 18) Use of videotaping and review; video clinic.
- 19) Use of consultation and feedback from professional staff.
- 20) Role playing seminars and patient interview conferences.
- 21) Qualitative or quantitative research project activities.
- 22) "Chavruta" – textual theological reflection activity.
- 23) Learning activity of writing a resume and job interview including role playing.

## **Resources**

- 1) Ministry specialty consultants and literature.
- 2) VA NYHHS and hospital consultants and speakers.
- 3) Monthly VA NYHHS Grand Rounds
- 4) Innovative institutions and models of ministry, i.e., hospices.

5) Videotapes of interviews and lectures by noted leaders in pastoral care and education field.

6) Sample bibliography:

Appiah, K. Anthony and Amy Gutmann, *Color Consciousness: The Political Morality of Race*

Augburger, David. *Counseling Across Cultures*

Belenky, *Women's Way of Knowing*

Berzoff, Flanagan & Hertz; *Inside Out, Outside In -- Psychodynamic Clinical Theory and Practice in Contemporary Multicultural Contexts*

Braun, Pietsch, Blanchette; *Cultural Issues in End of Life Decision Making*

Carter, Thompson; *Racial Identity Theory*

Carter, Thompson; *The Influence of Race and Racial Identity in Psychotherapy*

Driver, T.; *Liberating Rites: Understanding the Transformative Power of Ritual*

Felton, Carroll M., Jr., *The Care of Souls in the Black Church*

Fitchette, George, *Assessing Spiritual Needs*

Fowler, James, *Stages of Faith*

Glaz and Moessner, *Women in Travail and Transition*

Harris, James H. *Pastoral Theology – A Black Church Perspective*

McBride, James. *The Color of Water*

McCall, Emmanuel L. *Black Church Life Styles*

Morrison, Toni. *The Bluest Eye*

Nelson, James, *Embodiment*

Oden, *Pastoral Theology*

Oglesby, *Biblical Themes in Pastoral Care*

Pruyser, Paul, *The Minister as Diagnostician*

Ramirez, Manuel; *Multicultural Psychotherapy*

Remen, Naomi, *Kitchen Table Wisdom*

Smith, Archie. *Navigating the Deep River*

Soelle, *Suffering*

Stone, Howard, *Theological Context for Pastoral Caregiving*

Thurman, Howard; *Disciplines of the Spirit Manana -- A Christian Theology from a Hispanic Perspective*

Thistlethwaite & Engel; *Lift Every Voice -- Constructing Christian Theologies from the Underside*

Tricket, Wafts and Birman, *Human Diversity*

Van Beek, Aart M. *Cross-Cultural Counseling*

Vandecreek, Larry, *Pastoral Care Research*

Wimberly, Ann Streaty. *Soul Stories*

Wimberly, Edward P. *African-American Pastoral Care*

Wimberly, Edward P. *Moving From Shame to Self-Worth*

Wimberly, Edward P. *Using Scripture in Pastor Counseling*



## **Pastoral Reflection**

### **Objective**

To establish collaboration and dialogue with peers, authorities and other professionals, in order to demonstrate self-supervision through realistic self-evaluation of pastoral functioning and self-awareness regarding understanding and the ability to apply the clinical method of learning.

### **Results of Completion**

As a result of completing Level II, students will be able to do the following:

- 1) Integrate oneself into the system with pastoral authority.
- 2) Establish and sustain interdisciplinary relationships and team participation.
- 3) Maintain and develop collegial peer relationships, giving and receiving feedback about pastoral functioning.
- 4) Establish and maintain a collegial relationship with the supervisor, claiming one's giftedness.
- 5) Identify models of leadership and collaboration and how they are operative in one's pastoral practice.
- 6) Exhibit constructive confrontation, support and clarification in relationships with others.
- 7) Understand and utilize conflict resolution methods.
- 8) Demonstrate competency in cross-cultural and religious pastoral practice.
- 9) Manage ministry with accountability, productivity, self-direction, clear and accurate clinical communication and documentation.
- 10) Carry out one's own schedule by planning activities, completing assignments and providing collaborative pastoral care.
- 11) Function on clinical assignments with chaplain colleagues so that the best use of time and the best care of the patients is considered.
- 12) Supervise oneself.
- 13) Use professional multi-disciplinary consultation.
- 14) Integrate oneself as a reflective pastoral practitioner in units and systems of care.
- 15) Shape a professional development strategy, including job searches, continuing education needs and certification.
- 16) Utilize one's gifts, strengths and limitations in ministry.
- 17) Demonstrate pastoral leadership and sensitivity in public settings, including worship, special events and meetings.
- 18) Carry out personal self-care and spiritual care plan that compliments pastoral practice.

### **Methods**

Methods used to achieve this objective include:

- 1) Patient care assignments and on-call rotation that provide encounters to study and practice one's personal process and self-awareness in ministry.
- 2) Learning agreement or contract with supervisor and peers; continuous review and assessment of learning.

- 3) Active interpersonal assessment with and feedback from supervisor, peers and selected interdisciplinary staff.
- 4) Interpersonal assessment in verbatims, critical incident reports, case studies.
- 5) Continuous feedback, both critique and affirmation, about personality styles and relatedness.
- 6) Didactics with resource persons from other fields regarding teamwork and interpersonal communication.
- 7) Participation in interdisciplinary rounds, team meetings and patient conferences.
- 8) Pastoral care and counseling with staff.
- 9) Pastoral ministry to small groups
- 10) Presenting didactic and discussion seminars.
- 11) Learning activities to initiate consultation and to make and follow up on referrals with other professionals in hospital and community.
- 12) Learning activities to utilize different approaches in conflict resolution.
- 13) Structured reflection on one's own cultural context in cross-cultural relationships.
- 14) IPR handouts and exercises such as Johari Window and Tinker Toy Exercise.
- 15) Patient care assignments and on-call rotation that provide encounters to study and practice one's personal process and self-awareness in ministry.
- 16) Active self-assessment with and feedback from supervisor, peers and selected interdisciplinary staff.
- 17) Development of routine methods for reporting and processing one's pastoral ministry including charting and preparing departmental reports.
- 18) Participation in multi-disciplinary patient rounds and conferences, hospital taskforces and committees.
- 19) Learning activities in organizational culture and social systems assessment.
- 20) A professional development strategy.
- 21) Learning activities in worship services and special sacred events suitable to context and diversity.
- 22) Public occasions to speak about the relevance and meaning of one's pastoral ministry.
- 23) Pastoral care to and collegiality with staff in varied settings.
- 24) Learning activity for developing a definition of one's ministry management style.
- 25) Learning activity to identify the stewardship of administration and to carry out departmental administrative responsibilities.
- 26) Learning activities which develop and complete a ministry specialty.
- 27) Consultation in preparation of and application for chaplaincy certification.
- 28) Learning activities to practice interviewing and committee appearances.
- 29) Learning activities that identify ongoing self-care, spiritual care, self-evaluation and self-supervision methods.
- 30) An exercise to envision an "ideal ministry position."
- 31) Learning activity to solicit and utilize consumer feedback.
- 32) Learning activity to develop and conduct a special project, program or workshop.
- 33) Utilization of Profession Advisory Conference (PAC) resources for one's learning.
- 34) Evaluation activity to review one's ministry specialty practice.

## Resources

- 1) Individual and group therapy.
- 2) Participation in faith groups and cross cultural conferences and organizations, including Racial Ethnic Multicultural Network (REM).
- 3) VA NYHHS and hospital consultants and speakers.
- 4) VA NYHHS Gathering and Lunch.
- 5) Outside retreats and conferences.
- 6) VA NYHHS and departmental chaplaincy staff and administration.
- 7) Hospital management personnel and resources.
- 8) Didactic via telephone conference with the National Chaplain Center of the Department of Veterans Affairs about VA job application process and qualification requirements. This includes information on how to prepare VA paperwork, including the equivalent of a resume.
- 9) Professional certification associations.
- 10) Health and well-being activities and resources.
- 11) Unit based and hospital department rounds, meetings and presentations.
- 12) PAC members.
- 13) A sample bibliography:

Davis, The Chaplain as Administrator

Frick and Spears, On Becoming a Servant Leader

Gilligan, In a Different Voice

Greenleaf, Robert K., Servant Leadership

Mueller and Kell, Coping With Conflict

Ormont, Group Experience

Palmer, Parker, To Know as We are Known

Schon, The Reflective Practitioner

Yalom, The Theory and Practice of Group Psychotherapy

# Educational Components and Resources

**C**PE programs use a structured system of components such as the learning contract, individual supervision, verbatim conferences, interpersonal relations groups, didactics and various service areas in which clinical pastoral learning can occur. This section describes some of the components employed at the VA NYHHS CPE center.

## Learning Contract

The learning contract is developed during the initial weeks of each program in the context of individual supervision with the supervisor. This contract consists of realistic, obtainable goals, which address the student's learning issues in ministry. The learning contract identifies how these goals are to be addressed, as well as how the student will know when he or she has reached the goals. This contract remains flexible throughout the unit as the student's learning needs progress or change.

## Individual Supervision

Individual supervision is an hourly meeting once a week between the student and the supervisor for the summer unit and residency unit. For the extended unit, supervision is bi-monthly. The primary foci of these sessions are the student's learning issues as identified in the learning contract, and the student's concerns or questions about the CPE process itself. What the student shares with the supervisor during this session is confidential, unless the student and the supervisor agree to continue to discuss their conversation in one of the small groups for the benefit of the student or one of the student's peers. The student's weekly reflection report is the written instrument that serves as a springboard for the conversation during individual supervision.

It is the supervisor's role to assist the student in identifying learning issues in the context of the student's ministry. This is done with a sense of curiosity, support and challenge in a way that allows the student to begin to develop the ability and motivation for the exploration of pastoral identity issues and self-awareness issues. In addition, the supervisor approaches this hour with a flexibility that allows the student the freedom to use the hour for pertinent personal issues if these issues are hindering the learning process or are part of the learning process itself.

## Group Verbatim Conferences

Verbatim conferences meet according to the specific program schedule. The verbatim serves as the written document of a pastoral visit that is presented within the context of

the conference. A student may also present a critical incident report or case study instead of a verbatim if he or she so desires. Two students present their written work each session, with each student presenting approximately six to eight times during a program of CPE. These conferences assist each student in beginning to use peer feedback and group supervision in the development of pastoral identity and increasing one's self-awareness. In addition, the identification of growing edges in ministry and developing an ability to consult with his/her peers are valuable goals for the verbatim conferences throughout the unit of CPE. These group meetings are the core of group supervision in CPE.

## **Group Interpersonal Relations (IPR)**

This group meets according to the specific program schedule. The group is comprised of the students in the unit and the CPE supervisors. The IPR group functions as a place for students to find support from each other as they begin to explore what it means to be a minister in the clinical setting. Included in this arena is a developing ability from students in confronting each other with honest feedback concerning personal characteristics. This is done with respect and care in order for students to develop a greater self-awareness. The learning that occurs during these times is often the heart and soul of a successful unit of CPE.

## **Didactics**

The didactic seminars are held according to the specific program schedule or whole day workshops. They include invited speakers (or adjunct faculty) who present theoretical material. The topics range in scope from pastoral theology to pain management. Presenters vary from chaplains and ministers to nurses, physicians, administrators, social workers, and psychologists. The didactics serve as classroom sessions for students to gather theoretical materials and begin to conceptualize their role and function. In addition, some didactics are part of the on-line mandatory training for the VA NYHHS CPE Program. Books and pertinent journal articles are offered to the student within this context.

In addition to these regularly scheduled didactics, the VA NYHHS, other VISN 2 South facilities, surrounding institutions, regional ACPE conferences, as well as other local CPE programs offer a wide variety of seminars and continuing education opportunities for students in this center. Daily schedules of students are rearranged if need be to take advantage of these opportunities during each unit.

## **Clinical Areas**

Each student is assigned a clinical area in a unit that serves as the student's place of ministry. These clinical areas serve as the student's congregation in the sense that each student is responsible for providing spiritual care to patients, family and loved ones, and to staff members when necessary. The student's responsibilities include functioning within the existing interdisciplinary team treatment structure of each unit. This requires a

developing ability to be colleagues with nurses, physicians, social workers, and clinical psychologists. In addition, the student is expected to begin to write pertinent chaplain notes into the electronic medical chart that serves as the permanent medical record of each patient. The supervisors will instruct students during the program orientation regarding medical charting and how to best work within the interdisciplinary treatment team. Each student is encouraged to be patient with being successfully integrated into the team, since it takes time and experience.

## **Reading and Library Resources**

Time for reflection and study are necessary components in the business of the CPE experience. Students are encouraged to utilize the VA NYHHS New York Campus library. This library can obtain practically any volume in print through a nationwide interlibrary loan system. We are fortunate to have this unique resource at our fingertips.

# Spiritual Care: Role, Function and Responsibilities

**S**tudents are assigned clinical areas throughout the healthcare system based upon their interests and abilities. All students are expected to learn how to function as chaplains who are responsible for the delivery of spiritual care to patients, family members, and to staff members when that is required. The chaplain's role includes spiritual oversight and emotional support of patients under his/her care. Students will be acquiring the necessary skills and self-confidence needed to be effective while involved in CPE. In the VA system, the chaplain's role requires each student to function as an interfaith chaplain.

Although each student in CPE has his or her own faith tradition, effective spiritual care involves assisting patients to find meaning and its expression within their own spiritual framework. A large part of the learning inherent in CPE includes an emerging ability on the student's part to minister across all spiritual lines and to adapt to VA NYHHS.

All CPE students are required to handle themselves as professionals and interdisciplinary team members in their clinical areas. This includes keeping spiritual care conversations confidential while respecting the privacy of patients and their families. Students are also expected to carry themselves as trustworthy individuals throughout the VA, being cognizant of whom they represent as chaplains.

Within the interdisciplinary team structure CPE students are encouraged to attend team meetings, make notes in the medical charts, make referrals, and respond to all chaplains consults on their respective units. Lastly, students are encouraged to remember that their role is focused on service and education.

Specifically, students are involved in service in that there is an expectation that spiritual care is delivered every day that the student is in the healthcare system. Nevertheless, students are also involved in an intense educational experience that requires time for reflection, supervision, and the necessary reading and writing. In this respect, the student's role is by design, service-oriented as well as an educational experience. All students are reminded that they are not in CPE to set visitation records nor are they here to meet every patient need. The student will be required to balance the expectations of service and education in this program on a daily basis. CPE Supervisors are available for consultation to students as they attempt to develop a successful balance.

## Clinical Areas Available for Chaplaincy Training

Because VA NYHHS specializes in both inpatient and outpatient care, it provides this center with a variety of clinical settings for CPE students. Our staff chaplains

are assigned throughout the HCS and serve as liaisons to students in their spiritual care. The following medical units are available for student placement:

### **Brooklyn Campus**

Inpatient Areas

15E- Psych Ward (Detox Unit)

15W – Inpatient Substance Abuse Rehabilitation Program

11W - Medical/Surgical/ Palliative Care

11E - CCU/MICU/SICU

12E – Medical/Surgical (They open this ward depending upon need)

8W – Medical/Surgical/Palliative Care

Emergency Room- Ground Floor

Outpatient Areas

7 West: GYN, Women’s Clinic

Acupuncture: 1st Floor

Dermatology, 1st Floor

Palliative Care Coordinator 8W

Phototherapy, 1st Floor

POD A: Rheumatology/ Endocrine

POD B: Surgical Specialty Clinics

POD C: Pulmonary/ Infectious Disease

POD E: Geriatrics, 1st Floor

POD F: Cardiology, 1st Floor

1st Floor – OPC bldg: Eye/ENT

### **Manhattan Campus**

Inpatient Areas

4 West: SURG

8 North: REHAB

10 North: MED

11 West: MICU/CCU

13 North: MED

17 North: PSYCH

17 South: PSYCH

SICU/PACU: SURG



Outpatient Areas  
2<sup>nd</sup> Floor Eye Clinic  
2<sup>nd</sup> Floor HBPC  
5 North: Dialysis  
5 South: Urology  
5 West: Surgical Outpatient  
6<sup>th</sup> Floor: Pain Clinic  
6<sup>th</sup> Floor: Telehealth  
8 West: Dermatology Clinic  
10 South: Ambulatory Surgery  
12 West: Cath Lab/EPS  
Diagnostic Center  
ENT CLINIC  
ER  
GI Clinic  
HOPTEL/PRE-BED  
Interventional Radiology  
OIF/OEF Returning Veteran Coordinator  
OR  
Primary Care

### **St. Albans Campus**

Inpatient Areas  
A4  
A5  
B2/C2  
C1/B3  
C3  
Domiciliary  
Outpatient Areas, Outpatient Clinics, Rotunda

### **Community-Based Outpatient Clinics**

Chapel Street Veterans Healthcare Center  
40 Flatbush Ave. Extension, 8th FL., Brooklyn, NY 11201  
Phone: 718-439-4300

Opiate Replacement Treatment Program (ORTP), Brooklyn Campus  
800 Poly Place, Brooklyn, NY 11229, Phone: 718-836-6600 X 3599

Harlem Community Clinic  
55 West 125th Street, New York, NY 10027, Phone: 646-273-8125

Opiate Replacement Treatment Program (ORTP), Manhattan Campus  
2<sup>nd</sup> Floor Clinical Extension

Queens Community Clinic

41-03 Queens Blvd., Sunnyside, NY 11104, Phone: 718-741-4800

Staten Island Community Clinic

1150 South Ave, 3rd Floor – Suite 301, Staten Island, NY 10314

Phone: 718-761-2973

# Evaluations

**E**valuations are part of the process of education. For the student, the evaluation is

a tool in his or her continued development, a point of reflection in the educational journey. For the center, the exit and program evaluations are part of the its ongoing assessment as it strives to be a center of excellence for CPE learning.

## Final Evaluations

Both the supervisor and the student are required to write a final evaluation at the completion of each CPE unit. These evaluations are together meant to reflect the student's learning during the unit. Evaluations are maintained at the center as part of the student learning during the unit. Evaluations are maintained at the center as part of the student records. FERPA guidelines for privacy and student records are provided to each student.

### Supervisor's Evaluation

The supervisor's evaluation is completed within 45 days of the end of the unit. At this center students have their final evaluation in hand as they finish their programs. Each student may attach a written response to the supervisor's evaluation if he or she wishes to do so. The supervisor's evaluation reflects his professional judgment about the student's work, abilities, strengths, and growing edges.

### Student's Self-Evaluation

The student's self-evaluation serves as the student's permanent record and assessment of his/her experience at this center. The supervisor's evaluation is shared only with the student, while the student's self-evaluation is shared within the context of the CPE peer group in order for students to maximize their learning opportunities. The evaluation process is also designed to bring closure to the learning process in CPE.

## Exit Interviews and Program Evaluations

### Exit Interviews

At the conclusion of each program of CPE, students in this center are invited to participate in a group exit interview conducted by members of the Professional Advisory Committee (PAC). The purpose of the exit interview is to continue to implement quality control measures to the program evaluation process of this center. The CPE supervisor is not a part of the exit interviews in order for students to be able to speak openly and honestly about all components of the CPE program. The interview findings and a

written synopsis of each exit interview is recorded and discussed with the CPE supervisor at a subsequent meeting of the PAC.

### **Program Evaluation**

Students are asked to evaluate the program in their final evaluation of each unit. Exit interviews are conducted by members of the Pastoral Advisory Committee as a way of ongoing evaluation of the CPE programs.