



# TOWARD A WHITE PAPER ON CLINICAL TRAINING AND FORMATION

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# BACKGROUND

- Thirty years ago, as a chaplain resident, I learned about the **COMISS Network**, in a brief didactic offered by our CPE Supervisor, who is participating in this day's programming! My immediate response was to contemplate how our Orthodox Church in America(OCA), my Faith Tradition, could become part of this national round table? Our tradition is typically not represented at such forums, even though being part of the World Council of Churches, so as somewhat of a trailblazer in clinical chaplaincy training, this goal remained with me.
- Ten years later, in 2003, the OCA had our first formal endorsement, through an endorsement process a small group of us developed, using as a foundation, research conducted as part of my Doctor of Ministry Dissertation, of existing endorsement processes mixed with particulars of our own ecclesiastical practice. I have served in the role of Director of this office, since its formation.

## BACKGROUND CONTINUED

- Then, in 2005, The Orthodox Church in America became a formal member of the COMISS Network, as an endorsing body! I have served as the endorsing representative from the outset. The term **clinical endorser** has been valuable in terms of identifying endorsers who are themselves credentialed in the chaplaincy arena. That year the credentialing bodies cried: “**COMISS does not speak for us!**” I wondered, what had I gotten into?
- Now, 30 years later, I am serving in the role of Chair of the COMISS Network. This in itself is an incredible moment for me to contemplate, but at the same time this role is limited to two years of service. In beginning service, it quickly became clear that we can no longer continue in the manner we have been, for a variety of reasons.

# INVITATION

- In reflecting on the “present” journey of chaplaincy in standing before you 5 years ago, it may well be that this is a reality for more than the COMISS Network, and therefore the focus of this presentation will be an invitation for our clinical training credentialing bodies to contemplate potential changes, and at least attempt to point to some possible collaborative steps from the point of reference of this national round table.

## THE PROBLEM

- Chaplains seeking to provide ministry in particular caregiving settings are confronted by the reality of brand-identified CPE/CPT, and in some cases denied positions because of it. Moreover, as COMISS Network Chair, I have been queried by hospital administrators about newer member organizations, as they too try to navigate the messy field that clinical training has become. **This is not a healthy situation**, and at least from this writer's vantage point, the skirmishes played out in the marketplace have diminished pastoral/spiritual care as a member of the interdisciplinary treatment team. The one real exception here is that very recently the VA Hospital system, under the military chaplaincy context, where one's faith tradition remains explicitly valued and respected, has literally become a full member of the clinical treatment team, with treatment codes they are responsible for.

# COMPLIANCE TO STANDARDS

- Clinical training organizations rely on “compliance” to standards
- This means an individual program is either compliant or non-compliant in their practice of supervision. Little tolerance is given for creative approaches in such a model.
- A compliance approach can lead to adopting the world-view of that organization.

# INTRODUCTION TO ATS

- After running programs and leading accreditation reviews in ACPE and CPSP shops, with the fall of the mediation agreement (2012), I applied for and became the dean of one of our OCA seminaries, as the clinical training arena had become too toxic.
- This would offer the opportunity for me to interact with Association of Theological Schools (ATS Standards), and to offer a seminary-based CPE unit (Edward Thornton shared interaction between seminaries and CPE already in the 1930's).

# A MORE DIVERSE MODEL

- The ATS approach to working with diverse seminary and divinity school contexts, of a variety of faith traditions and approaches to theological education, is:
  1. to ask what parameters a particular school's approach to pastoral formation includes?
  2. Then asks how the entity demonstrates that such parameters are met.



# “*FRESH BREEZES*” IN CLINICAL TRAINING

- More recently, new entities have entered this arena. Among them the Institute for Clinical Training (under the auspices of SCA) and Clinical Pastoral Education International (CPEI). With the advent of the Chaplaincy Innovation Lab, new approaches are now being encouraged for chaplain training, with an increased focus on research.
- ACPE is re-evaluating its relationship with the Department of Education
- New leadership is emerging in present clinical training organizations

# DIALOGUE?

- With the advent of additional credentialing bodies, the primacy of interorganizational conflict in the marketplace is less prominent. As has been pointed out by others, other disciplines (e.g. Medical community) have been able to come together to agree upon *minimal thresholds* for training and credentialing. Perhaps the time has come for this community to at least engage in dialogue toward a similar vision.

# CHAPLAINCY AND PASTORAL COUNSELING FORMATION FELLOWSHIP



As the chair of the COMISS Network, I enthusiastically invite leaders of our existing credentialing bodies to gather together, through the context of this common round table, *remaining open to all!*



The goal would be to initiate engagement of one another to grow in comfort of interaction, and through this interaction to eventually re-work agreed upon standards of clinical training that could become foundational for use within a **Chaplaincy and Pastoral Counseling Formation Fellowship**.



Perhaps the cry: “COMISS does not speak for us” was prophetic in 2005, as it would be up to participating organizations to create and oversee this fellowship

## 1950'S AND 1960'S

- **This invitation is not new.** Edward Thornton's presentation on *Professional Education for Ministry*, chronicles a Committee of Twelve, representing existing credentialing bodies, toward the creation of a Federation.
- Seminary professors, chaplain trainers, faith tradition representatives, and pastoral psychotherapists were all part of that dialogue, yet it was difficult to see how to include them all.
- The journey from the Committee of Twelve to a Federation failed in large part due to disagreement on a set of standards...

Thornton, Edward, *Professional Education for Ministry: A History of Clinical Pastoral Education*, Abingdon Press, Nashville, 1970.

# LANGUAGE STILL APPROPRIATE TODAY

- “What was distinctive about the education offered in clinical settings was not the setting itself or the novelty of the experience the student received; not even the teaching methods employed. The **essential service of the new profession of clinical pastoral educators was believed to be the nurture of authentic persons free to invest themselves caringly and wisely in the lives of others.**
- The goal could not be achieved unless the supervisor were himself (sic) in process toward authenticity. To utilize the supervisory methods of the field effectively, the supervisor must be the recipient of the disciplines he employed.
- The **best guarantee** of a student’s becoming free for effective functioning in ministry, however, was the ***supervisor’s own maturity and interpersonal competence.***” (p. 140) Anton Boisen called this Co-operative Inquiry (see Dr. Powell’s Address at the 8<sup>th</sup> Asian-Pacific Congress), as both benefitted from these interactions.

# STANDARDS DIVERSITY IS POSSIBLE!

- Returning to the *ATS Model* may be a key factor today: Replace clinical training for theological education:
  - 2. Theological education prioritizes student learning and formation. Graduate theological education demonstrates sound pedagogy and appropriate student learning outcomes in the context of a cohesive curriculum, and sees **formation, even transformation, as central to students' educational experience and to their vocational calling.**
  - 9. Theological education demonstrates careful institutional planning and evaluation. **Graduate theological education builds from a clear sense of purpose, is undertaken through intentional processes of planning, is enacted through careful instructional and organizational design, and is evaluated in light of the mission and context of each school.**

<https://www.ats.edu/files/galleries/self-study-handbook.pdf> p. 6

Accessed Dec. 14, 2024

# IMAGINE WITH ME

- This is similar to an approach used by the **American Medical Association** and other similar bodies. Each body within this fellowship can continue to approach training in unique ways, and demonstrate how they are meeting minimal, agreed-upon thresholds.
- Further, bodies such as APC, NACC, NAJC, and others who certify, and our endorsers, should be part of this conversation. The endorsing table has on previous occasions sought to be a place for such conversation in the midst of conflict among credentialing bodies. Theological schools can also be invested in creative programs, approached through a familiar ATS model!
- Pastoral psychotherapy can develop more fully on its own through dialogue with theological schools, endorsers, and other credentialing bodies.
- Faith Traditions, such as the Methodist Church and Seventh Day Adventists, have been working to develop clinical training. They could draw from and contribute to this table!

# GIANT STEP FORWARD IN TIME

- The result of such an effort would be a tremendous step forward for our movement, with special emphasis on those who are serving in chaplaincy roles and pastoral counseling roles. No longer would one's training "brand" be a deciding factor for positions, and our chaplaincy formation discipline could once again grow to be a **more honored member** of the interdisciplinary treatment team in healthcare through this fellowship approach. Other arenas could be more aggressively approached as well.
- Just as once there was a *Committee of Twelve* to represent the bodies eventually combining to form ACPE, a fellowship leadership committee could be formed, through the COMISS Network's common round table, to continue overseeing the shared work of chaplaincy formation and other related communities, and deal with any concerns arising either in member organizations, or between them.



# BEYOND A MICROCOSMIC WORLDVIEW

- As one of too few practitioners with a vantage point *beyond the context of a singular credentialing body*, it is plainly evident that those credentialed by one body, tend to hold and defend the “*world view*” of that body. This is further enhanced by the majority of our current credentialing bodies having a “compliance approach” to standards, leaving only two options with respect to accreditation: compliance, or non-compliance, not to mention concerns around “agency”.
- The above approach would allow an important dimension of reflection not currently embraced by any of our credentialing bodies, reflection from beyond that particular body! This is closer to the approach taken by ATS, and I believe would strengthen our overall chaplaincy and pastoral counseling formation approach. Furthermore, our overall movement would be strengthened by the concept of unity in diversity!

# REDEMPTION IN CLINICAL TRAINING

- As one having deeply experienced the direct effects of marketplace skirmishes between credentialing bodies, it would be a most meaningful, perhaps even redemptive step if all our credentialing bodies could come together and build relationship toward shared work in time.
- This will take much time and energy on all our parts, and yet the benefits of such a commitment are at present immeasurable in terms of repairing the image of the chaplain in caregiving arenas, tarnished by the fighting that has gone on for far too long, and pastoral counselors that are seeking appropriate next steps in a multidisciplinary context.
- Perhaps such a reset button can offer an important opportunity to take clinical training formation to higher levels, certainly with research, **but without losing the critical emphasis on relationship.** Imagine the impact of this for those serving in chaplaincy roles!

# CLINICAL TRAINING FELLOWSHIP

- Moreover, in the COMISS Network precisely not speaking for any of the credentialing bodies, it can simply be a “forum” (pardon the pun), for such dialogue to occur!
- Imagine if one day we had a fellowship of a sort where clinical training is concerned, to continue navigating, together, as our caregiving contexts continue to change and develop, discerning *minimal thresholds* that could be agreed upon by all. Each credentialing body could then **approach clinical training in its own idiosyncratic fashion**, as long as those minimal thresholds were met, and could demonstrate how they are achieved (again using the ATS model of standards for theological institutions). Any interorganizational concerns could be worked through by the fellowship committee, not altogether different than the mediation table once in place between ACPE and CPSP.
- The difference between other approaches and this one is in fact the reality of a **common roundtable, open to all!**
- It is critical that this model is likewise being proposed in this “open forum” where all can receive and reflect upon it together!**

## A LIVE EXAMPLE OF THIS MODEL

- Now, as you are all contemplating what such a reality might look like, I would like to close with a *real example* of this very approach.
- This is related to the pastoral psychotherapy community, first recently referenced by Dr. James Pruett at our 2023 Forum. After the demise of the American Association of Pastoral Counselors (AAPC) that was once a member of the COMISS Network, ACPE took responsibility to house and further develop the pastoral psychotherapy discipline. CPSP also, in have a certification category for Diplomate in Pastoral Psychotherapy, became the home for some, focusing more on continuing education.
- In the meanwhile, in 2023, several pastoral psychotherapists noted the growing movement toward reciprocity among licensed counselors across state lines. They also realized that those credentialed under AAPC would soon be aging out.

# PASTORAL PSYCHOTHERAPY DIALOGUE

- Additionally, with several states having created licensing for pastoral psychotherapists, the question was raised whether enough momentum could be created around this discipline toward a similar reciprocity, thereby ensuring the continuation of this discipline of **pastoral psychotherapy**, and perhaps uncover some future steps. This is spurred on by the recent compacts developing across state lines in similar disciplines.
- As the chair of COMISS Network, I invited Dr. Pruett and Dr. Robert Cooke, then chair of NC Fee Based Counseling community, to begin just such a dialogue at our national roundtable, where this conversation could **freely unfold** and include **diverse conversation partners**.
- We have now been meeting in earnest for well over a year. It has been meaningful indeed to be part of this group of about a dozen representatives of diverse dimensions of the pastoral psychotherapy arena to meet and explore in what ways they may be able to advance the cause of this discipline creatively!

# HEAR ABOUT THIS DIALOGUE DIRECTLY

- The Rev. Robert Cooke, D.Min., is here with us today!
- I am sharing my presentation time with him to relate to you directly about this dialogue that is unfolding.
- Welcome Robert!



# PURPOSE STATEMENT

The participants in the Pastoral Psychotherapy Roundtable gather monthly to:

- Dialogue with those who carry out the ministry of psychotherapy and those who support it;
- Promote the practice of Pastoral Psychotherapy and offer support for Pastoral Psychotherapists across the US and other countries;
- Provide a forum for discussion of laws, best practices, ethical codes and matters related to Pastoral Psychotherapy;
- Consider universal standards for education and examinations for Pastoral Psychotherapy licensure;
- Work towards establishing reciprocity/ compacts among states;
- Foster establishment of Pastoral Psychotherapy licensure in additional locales;
- And promote dialog among a variety of cultures and faith traditions.

# SOME INITIATIVES UNDER CONSIDERATION

- Linking in pastoral psychotherapists with other existing state licenses for a track to state pastoral psychotherapists, and the expansion of the movement into other states integrating in reciprocity among states (such as the counseling compact).
- Formulation of several graduate educational programs into a consortium (1 or more) that would enable practitioners to obtain multiple licenses linked with LPC, LMFT etc. while matriculating.



QUESTIONS, THANK YOU

