Thoughts from a Board Certified Chaplain/CPE Supervisor

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BIOLOGISTS ARE FOND OF TALKING ABOUT ECOSYSTEMS and then attempting to identify the unique balance of species/forces in each. In similar fashion, as a profession develops, it passes through a variety of zones or stages. Chaplaincy passing into a new zone was marked with the draft standards document published in PlainViews earlier this year and again after the subsequent revision of this document.¹

The creation of these standards prompted me to reflect on the historical development of chaplaincy and/or any profession or movement. My sociology background made me ponder several questions. Why and when do standards appear? What overt and covert purposes do they serve? What intended and unintended consequences do they produce? Thus, my initial reflections were on standards and their role and limits.

My first reaction is that I am not convinced that the professional model, which currently is in vogue in our society, is always appropriate for chaplaincy. The professional model stresses knowledge, inequality, power over, control and experts. We know some of the best pastoral care we do comes out of curiosity, equity (the human condition), empowerment and disciplined spontaneity (hunches). And God has a persistent way of choosing the most unlikely, not the expert.

Having for decades tried to explain our work as chaplains to other medical staff and laity, I know that standards and scope of practice may be extremely helpful in letting other staff know how and when to use us. However, giving in to a too rigid a job description limits the time and freedom necessary for developing a spiritual care program, which truly fits and enhances the mission of the institution it serves. My fear is that we are stepping into the trap that physicians are now so desperately trying to get out of. The institution is telling them how to practice their craft. I have long been an advocate for raising the professional standards for chaplains, but adopting others’ language and criteria without a spiritual/theological critique and modification seems potentially very dangerous.

A correlate of this first concern is that standards easily may displace the “encounter” and shift focus off the patient toward compliance. The temptation it presents us is to become rule driven rather than relationship driven at our core. Standards and regulations are meant to improve patient care and reduce abuse, but often they fail to do that or divert resources toward institutional maintenance rather than service. Further, I am not familiar with studies which compare the percentage of cost required to meet compliance requirements versus the service provided. The other end of the tension is that I would not want to “deregulate” chaplaincy and follow Wall Street into that black hole.

Considering the temptation to be rule driven gave me a flashback as well. Early in my career as a clinical pastoral education (CPE) supervisor, my evaluations attempted to describe the themes and process with which the student struggled in story format. When the Association for Clinical Pastoral Education (ACPE) Standards and Objectives came out and job pressures built to “do more with less,” I began to write evaluations based on the objectives. The final evaluation typically is longer and more disjointed. While it is easier to produce, I feel I have lost a creative edge in the process. However, the current format does give a wider purview of students and their work. This is just

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another example of trying to rebalance the tensions on entering a new ecological space and to identify losses, gains and trade-offs.

My third bias about standards is quantity. This document brings our number of standards to forty-three (these fourteen added to the twenty-nine APC competencies). Standards more than likely will require documentation in one form or another. More standards equal more time in documentation. When does documentation become a rabbit trail to chaplaincy’s self-justification rather than service to the patient? I don’t think we ever avoid this tension, but we need to be constantly aware of it when we add to or subtract from standards/outcomes or objectives.

A fourth concern is that standards tell us what to look at and to focus on. The positive side is that they may help us to focus quickly and to act efficiently. The downside is that they may blind us to other critical issues or tacitly encourage us not to look at some issues.

Standards of practice are also political. They are attempts to be seen as a peer among other professional groups and to claim (hopefully sole) possession of a turf. I remember thinking in the 1980s that if we did research we would gain credibility, and that has proven true. It also has stirred up competition over who may provide spiritual care and do spiritual research. Most research on spirituality is now being done by physicians! At the core, the issue is power. Moving from a profession whose cornerstone skills are on the more passive receptive side to a profession with more power will create additional internal tensions for chaplains and external tensions with other professions. I imagine that tension as similar to the one I experience in playing my roles as head of a department and CPE supervisor. Each role often requires a different use of power.

As a CPE supervisor, I am well aware of the energy it takes to continue to develop a curriculum to stay abreast of the changing demands being made upon our profession and hopefully encapsulated in the standards and competencies. These competencies and standards will need to be incorporated into the curriculum. What will the impact be on other aspects of the curriculum such as personal/theological reflection? This increases the tension between focusing on a student’s process and competencies themselves. If we are to take these competencies and standards seriously, do we also need to consider extending training to two years or combining clinical training with degree work, e.g., DMin, PhD? In addition, how do we handle the disjuncture or different focus, which is most clearly seen when looking at the objective or outcome standards for training in CPE and these standards and scope of practice? I see a crosswalk in our future! Will we end up teaching to the test?

For now, rather than looking at the implication of standards of practice for our future, let me focus on the standards themselves. I like them. I like the way they were organized, articulated and explicated. But when I looked at the consistencies between the scope of service and standards of practice, it felt as though there was an important disjunction. Some standards did not seem to be covered by scope of practice. For example, the focus in standards was on work with staff, not as in scope of practice where the focus was on care for staff. A scope of practice item, “building relationships with local faith communities,” was not mentioned in the standards. With more patients suffering from chronic illness and more health care being moved back to individuals, their families and faith communities, our link to the religious community as a resource for support, encouragement and practical help will be invaluable. Another example is that research is directly mentioned in scope of service, but not in standards with the exception of possible participation on an institutional review board. Are these examples of the subtle changes (dilutions/temptations) inherent in this process?

Finally, it is clear to me how the standards are written to fit into the language of institutions we serve, but there seems to be a lack of a theological center driving our sense of ourselves. Not having that makes us prey to the temptation to comply with a system or institution and in so doing, to lose the very gifts we have to offer. It is easier to comply or resist when we articulate clearly who we are, what we stand for and what we have to offer. Talking their language and
sharing their values are two totally different things. I would hate to see our “profession” (vocation) be seduced into compliance to an institutional god.

This issue of language and values also raised another very thorny issue. How does our multifaith organization find a common or agreed upon theological or value language that preserves the theological integrity of our members, and also allows a unity of purpose? If we had that language we could translate it into the culture/s around us without losing anything in the process.

1 “Standards of Practice for Professional Chaplains in Health Care Settings,” PlainViews 6, no. 2 (February 18, 2009).