

# Training Healthcare Chaplains: Yesterday, Today and Tomorrow

*Journal of Pastoral Care & Counseling*

2019, Vol. 73(4) 211–221

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DOI: 10.1177/1542305019875819

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**Abstract**

This article invites theological school educators, clinical pastoral education educators, representatives of the professional healthcare chaplaincy organizations, and social scientists to begin a shared conversation about chaplaincy education. To date, we find that theological educators, clinical educators, professional chaplains, and the healthcare organizations where they work are not operating from or educating toward a common understanding of what makes healthcare chaplains effective. Before we identify five key questions that might help us be in shared conversation and move towards educating the most effective chaplains, we briefly describe the history of education for healthcare chaplaincy. We then describe what we learned in interviews in 2018 with 21 theological and 19 clinical educators who are educating healthcare chaplains in theological schools and clinical pastoral education residency programs, year-long educational programs in hospitals and other settings that focus on preparing people for staff chaplain jobs. Their different approaches and frames inform the five questions with which we conclude.

**Keywords**

Chaplaincy education, theological schools, CPE educators

**Introduction**

“Clinical pastoral education (CPE) can’t replace theological education and theological education can’t replace CPE. They each have a different function and there ought to be some tension between them because they’re not

doing the same thing in the world. And if we could find more ways to build with one another rather than critique one another, I think it would be really helpful. But I’m not

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really sure the culture is in place to do that when everybody's afraid they're going to lose their job or lose their program or lose their funding or whatever. They don't have time to sit down and actually think about, well, what does it mean to partner with one another and to join one another in a bigger endeavor?"

Joretta Marshall, Brite Divinity School

Two-thirds of American hospitals have chaplains (Cadge, 2012; Cadge, Freese, & Christakis, 2008; Flannelly, Handzo, & Weaver, 2004). In a recent national survey, close to a quarter of the American public reported having contact with a chaplain in the past two years. More than half of those people connected with a chaplain in a healthcare setting (Cadge & Skaggs, 2019). As congregational membership continues to decline and fewer people have local religious leaders, healthcare chaplains may become the main—or only—spiritual caregivers many people have when they are injured, sick, or dying (Cadge & Skaggs, 2018).

Although many hospitals were started by religious organizations whose clergy provided spiritual care within them, chaplaincy as a distinct profession in healthcare is relatively young. Started in the 1920s out of efforts to reform Protestant theological education, healthcare chaplaincy was first institutionalized in the 1930s and 1940s, and the ways healthcare chaplains are trained, supervised, and organizationally integrated into healthcare organizations has been changing ever since (Cadge, 2019; Hall, 1992; Meier & Tabak, 2007; Myers-Shirk, 2008). Many of the chaplains working in healthcare organizations today were trained in theological schools and through CPE, and they receive continuing education through organizations of professional chaplains.<sup>1</sup>

Today's healthcare chaplains—like the theological schools and healthcare settings in which they were trained—have been challenged, continually, to adapt to changing American demographic and financial realities. Demographically, growing numbers of people in the United States claim no religious affiliation and attendance at religious services is declining (Brauer, 2017; Pew Research Center, 2018). Although most healthcare chaplains are by their training and certification requirements religiously affiliated, close to one-fifth of Americans are not religiously affiliated (Cooperman, 2015).<sup>2</sup> Changing religious demographics are also reducing theological school enrollments and leading many, especially mainline Protestant seminaries and theological schools, to close or merge with others (Meinzer, 2018; Wheeler, Ruger, & Miller, 2013).

Healthcare organizations continue to face pressure to control costs. The work of chaplaincy is not yet reimbursed by health insurance companies, making chaplains a cost to hospitals' bottom lines and potentially more vulnerable to being cut when budgets are stressed. The

evidence base shows that chaplains are cost effective and oriented to outcomes that healthcare organizations value, and this evidence base is growing (Fitchett, White, & Lyndes, 2018).

This article describes how the people educating today's healthcare chaplains are beginning to innovate in response to these challenges, by creating new certificate and degree programs and starting to re-think what chaplains need to know and be able to do to be successful in a shifting landscape. They tend to innovate within their respective structures, but with educators in theological schools focused there and clinical pastoral educators who educate students inside of healthcare organizations focused there. There have been few opportunities for these educators to reach beyond their institutions to ask, as Joretta Marshall does, "what does it mean to partner with one another and to join one another in a bigger endeavor?"

We write this article to invite theological school educators, CPE educators, representatives of the professional healthcare chaplaincy organizations, and social scientists to begin a shared conversation about "a bigger endeavor," chaplaincy education. We refer to the theological and CPE educators both as educators to emphasize they are all educating the same set of people to become chaplains. They tend to be called faculty or theological educators in the academic setting, and clinical or CPE educators in the CPE setting. At the center of our invitation is the question of how healthcare chaplains are best prepared to be effective in the settings where they work, what effectiveness means, and who measures it. In addition, we ask how we might work collaboratively to create feedback loops between the healthcare institutions where chaplains work and the educators who train them that will enable us to better connect the quality of the chaplains educators are preparing (i.e. the supply side) and the needs of the healthcare organizations (i.e. the demand side).

To date, we find that theological educators, clinical educators, professional chaplains, and the healthcare organizations where they work are not operating from or educating toward a common understanding of what makes healthcare chaplains effective. Before we identify five key questions that might help us be in conversation about this "bigger endeavor" and how it can create the most effective chaplains, we briefly describe the history of education for healthcare chaplaincy. We then describe what we learned in interviews in 2018 with 21 theological and 19 clinical educators who are educating healthcare chaplains in theological schools and CPE residency programs, year-long educational programs in hospitals and other settings that focus on preparing people for staff chaplain jobs.<sup>3</sup> Their different approaches and frames inform the five questions with which we conclude.

## A Brief History

Although a good history of healthcare chaplaincy in the 19<sup>th</sup> and early 20<sup>th</sup> century needs to be written, it is generally understood that before the 1920s, most of what is today called chaplaincy or spiritual care for hospitalized patients was likely done by clergy, often retired, and nurses connected to religiously affiliated hospitals (Cadge, 2012; Meier & Tabak, 2007; Rosenberg, 1987; Stevens, 1989). After 1925, these clergy were joined by other clergy, primarily Protestant, who were newly trained in CPE. Developed in an effort to get Protestant theological students out of their classrooms and into contact with what leader Anton Boisen called “living human documents,” CPE evolved into training for healthcare chaplains but was initially an effort to improve the education of Protestant clergy (Asquith, 1992; Boisen, 1960; Myers-Shirk, 2008).

CPE programs expanded over time and with them came an increased number of CPE-educated healthcare chaplains (Hall, 1992). In his now classic 1939 address to the American Protestant Hospital Association, early chaplain Russell Dicks outlined four requirements for an effective hospital chaplain: he must be in touch with other staff caring for patients, he must have a plan for which patients to see (and collaborate with staff in making those determinations), he must report to someone in the hospital even if he is paid by an organization outside the hospital, and he must keep a written report of his visits (Dicks, 1940). Over time, CPE-trained healthcare chaplains as represented by members of the professional chaplaincy associations diversified to include women, non-Protestants, and people of color. Although today’s chaplains who are members of professional associations are more diverse than in the past, they still are more likely to be white and Protestant, thus not fully representing the demographics of the American population (Cadge, 2012; Karaban, 2019; White, Barnes, Cadge, & Fitchett, In process).

Historically and in the present, hospitals employ chaplains by choice. Although the Joint Commission, which accredits healthcare organizations, first required hospitals to address patients’ spiritual needs in 1969, it has never specified that chaplains are the individuals to provide that care (Cadge, 2012; Joint Commission on Accreditation of Healthcare Organizations, 2005) It is chaplains themselves and the professional organizations they started, rather than healthcare accrediting agencies, theological schools, or healthcare organizations, that have set the standards for chaplaincy training and certification. Today, the main professional chaplaincy organizations in the United States (the Association for Professional Chaplains, the National Association of Catholic Chaplains, and Neshama: Association of Jewish Chaplains) believe individuals are best prepared to be healthcare chaplains by being board

certified, which requires a graduate degree in theology or its equivalent, four units or 1600 hours of CPE, the endorsement of a faith group, and 2000 hours of work experience.<sup>4</sup>

Although the professional chaplaincy organizations have a common set of standards for board certification (board certified chaplain, BCC), there is no common curriculum. This is especially notable for the requirement of four units of CPE, for which there is no further specification of what must be covered in that training. Not surprisingly, as we discuss below, this has led to substantial variations in CPE programs, especially in their approach to teaching what Keith Little called the “propositional knowledge” required in professional education (Clevenger et al., 2019; Little, 2010). The majority of people who apply for BCC have completed their required CPE in what is called a year-long residency.<sup>5</sup> The disconnect between the curricula of these programs and the competencies required for BCC was evident in a study of 26 CPE residency programs, which found that whereas 38% had substantive engagement with the certification competencies, 38% only introduced them, and 23% made no mention of them at all (Fitchett, Tartaglia, Massey, Jackson-Jordon, & Derrickson, 2015).

Most board-certified healthcare chaplains have degrees from theological schools, but such institutions were historically founded to train people to lead local religious congregations. Although these schools offered classes in pastoral care, these were usually focused on situations that would be encountered in congregational leadership (e.g. marital relationships, death, grief) and not in preparation for institutional chaplaincy. This began to change around the year 2000 when a number of theological schools started degree programs focused around chaplaincy and spiritual care. Some were geared towards military chaplains whereas others developed out of an emphasis on pastoral counseling or with aims to educate people from minority religions (e.g. Buddhist, Muslim) preparing to be chaplains. Today about a quarter of theological schools in the United States have chaplaincy-focused programs, some connected to Master of Divinity degrees, others to Master of Arts degrees, and others to certificate programs. We describe this evolution in detail in a separate article. These programs were developed independently of one another with limited consensus across institutions about the skills and competencies that best prepare chaplains for their work (Cadge et al., 2019).

The fact that there are presently few to no spaces where theological educators and clinical educators engaged in training chaplains are in ongoing conversations with one another is a challenge. With the exception of the 12 theological schools that have created their own ACPE-accredited (“ACPE: The Standard for Spiritual Care & Education” previously known by the full name Association of Clinical Pastoral Educators) clinical training

centers or hosted satellite centers since 2002, there are limited formal institutional relationships between theological schools and CPE centers. Historical evidence suggests these groups used to be more closely connected to one another than they are now (Jernigan, 2002; Little, 2010). Today there are few formal relationships between CPE centers, theological schools, and the entities that certify chaplains, and how many members of the faculty in theological schools did CPE as part of their own training is unknown. Chaplaincy is different from other health professions in that it does not have a licensing body that specifies training requirements for the profession. Thus, in addition to organizational silos, there is the question of whether a common body of propositional knowledge for chaplaincy should be taught in theological schools and CPE settings. Beyond Little's important contribution (2010), several critiques of, and proposals for revisions in, chaplaincy education have recently been offered (Massey, 2014; Ragsdale, 2018; Tartaglia, 2015). In addition, building on arguments about the importance of virtue ethics and character in healthcare chaplaincy, United Kingdom chaplain Mark Newitt has suggested apprenticeship and shadowing of experienced chaplains are essential components of chaplain education (Newitt, 2016).

Although there are challenges to creating a conversation among all the stakeholders in healthcare chaplaincy education, there have also been important efforts at innovation. Supported by a 4-year grant from the John Templeton Foundation, for example, the Transforming Chaplaincy Project emerged in 2015 arguing that healthcare chaplaincy should be evidence based and providing resources and funding to enable healthcare chaplains to improve their knowledge of research in their field.<sup>6</sup> The Spiritual Care Association was launched in 2016 out of the Healthcare Chaplaincy Network arguing for a different approach to preparing healthcare chaplains for their work.<sup>7</sup> Alternative models for chaplain education have also included 2-year clinical residencies (Tartaglia, 2015). There are several approaches to these second years, sometimes called fellowships. In some cases, they are part of additional units of CPE with a specialized clinical focus. There are approximately 20 such fellowships focusing on palliative care and mental health care in CPE programs in Veterans Affairs (VA) hospitals. The VA has also begun to include chaplains in interdisciplinary fellowships, including substance abuse and medical rehabilitation (Earl et al., 2019). Other chaplaincy fellowships that did not include formal CPE credit have included a combination of didactic education, research, and clinical practice in a specialized area (e.g. oncology, trauma).

There are many ideas and innovative educational efforts taking place around healthcare chaplaincy. There is limited coordination of these efforts, however, and no venue nationally through which the people involved in them are engaged in ongoing conversation about their goals and

challenges. Before we outline the five questions that might begin that conversation, we consider what we learned as we listened to theological educators teaching in chaplaincy degree and certificate programs and CPE educators teaching residents reflect on their approaches and goals.

## Research Methods

This article is based on two sets of interviews. The first were conducted with faculty at 20 theological schools that offer specific chaplaincy education through Master of Divinity or Master of Arts degrees. These 20 schools were drawn from a sample we gathered of 319 institutions offering graduate level theological training—across religious traditions—intended to prepare people for work as religious professionals.<sup>8</sup> We selected these 20 to include variation across religious tradition, geography, and the length and history of their chaplaincy training program. A trained interviewer conducted semi-structured interviews with faculty members who established, administer, and/or teach in these programs, asking about their history, goals, and approach. Interviews lasted 1 to 2 hours, were recorded and transcribed, and were mostly conducted by telephone. We combine data from interviews with materials from the course catalogues of these institutions and other sources whenever possible to paint a fuller picture of these efforts. Additional details about these interviews and descriptions of the programs and landscape for chaplaincy education in theological schools is described in a separate article (Cadge et al., 2019).

The second set of interviews was conducted with 19 CPE educators at 19 different ACPE-accredited centers across the country.<sup>9</sup> We drew these 19 sites from 86 centers that had recently completed the reaccreditation and associated self-study process through the ACPE Accreditation Commission. This approach enabled us to study programs with recently updated curricula. Our purposive sample was created to reflect diversity in geographic locations and CPE settings. It included programs in hospital systems, academic medical centers, VA hospitals, counseling centers, hospices, a military medical center, and a community-based program. Of the sites included in the study, 15 had CPE residency programs and four were sites where CPE is offered without a residency component. At each site in our sample, we interviewed the educator who administers the CPE program. All interviews were conducted by a trained researcher and followed the same semi-structured interview guide as used with the theological educators. Interviews lasted between 1 and 2 hours and were audio recorded and transcribed. Additional findings from these interviews are described in a separate article (Clevenger et al., 2019).

Our research team analyzed the data inductively following the principles of grounded theory and worked

collaboratively using Atlas.ti software to develop a set of analytic codes (Strauss & Corbin, 2008). We wrote this paper to explore how these professionals see and understand their own contributions to educating chaplains and the contributions of the other group to that education and where there might be points for further collaboration in this education. This study was approved by the Institutional Review Board at Brandeis University and participants provided signed consent and/or verbal consent on the audio recordings both for participation in the study and to be quoted. Where participants requested that part or all of their interview remain confidential, this was honored.

### Looking Across the Silos

Faculty who teach in chaplaincy-specific programs in theological schools describe three broad areas when asked to think about what students in these programs learn for their work as chaplains. First, they want students to be able to work in multi-faith environments. At evangelical schools this takes the form of teaching students to listen and build relationships without necessarily talking about the chaplain's faith perspective. "What we do in our classroom is I make a distinction between being able to minister effectively in a pluralistic ministry environment and adopting a pluralistic theology," William Payne of Ashland Theological Seminary explained. "If you're an evangelical, hold firmly to your evangelical faith and still be a successful chaplain if you're able to develop a theology that helps you minister in a pluralistic setting . . . without compromising your own faith identity." At interfaith schools these concerns were more muted and the emphasis was on being able to engage with people across a range of religious and spiritual backgrounds including those with mixed backgrounds or who do not have any faith affiliation.

Second, theological educators aim to teach students in chaplaincy programs how to think and reflect theologically and use that perspective to address suffering. The world religions contain enormous wisdom, educators emphasized, for facing human suffering. Their task is to help students see how to engage these ideas and practices with individuals in the midst of suffering. Duane Bidwell at Claremont School of Theology called this a "resource for care." He aims to help students clarify "the theological foundations and commitments of their own theology of care and how to embody their theology in action." It is this foundation, Carrie Doehring at Iliff School of Theology explained, that makes the work of chaplains distinct from other healthcare professionals.

Third, as they do this, theological educators aim to engage students around questions of personal identity and authority. Students must grapple with their own faith and come into a sense of themselves as religious and spiritual leaders. This is expressed as a process, a path, and a journey by both CPE educators and theological educators.

Although educators identify their work as training chaplains, they insist the chaplain's "being" is not reduced to the chaplain's "doing." Many insist there is another dimension to the education, which is captured in the language of formation, identity, and authority.

Some faculty members emphasized chaplains' professional identities and the power they have in terms of what other people look to them to do. Laurie Garrett-Cobbina at San Francisco Theological Seminary spoke about the transference and associations that attach to chaplains as soon as they introduce themselves as such: when the chaplain enters the room, she said, the patient responds out of whatever it is that the sacred or the holy represents to them. Other faculty used metaphors about proximity to describe the chaplain's special identity and authority, describing the chaplain as the one who "comes alongside" or is good at "accompaniment." Embedded in these conversations were educators' perspectives about chaplains' personal identities. Duane Bidwell emphasized how important it is for students, as chaplains, "to know where they stand in relation to other religious traditions and where their boundaries are in terms of engaging those traditions." Dave Scheider at Seminary of the Southwest similarly emphasized the importance and difficulty of identity and authority saying it is "one of the hardest things for many of us . . . how to be differentiated and have strong pastoral authority . . . and to value that we are different, that's why the system needs and wants us."

Presence, traditionally part of the way chaplains describe their identities and authority, was also mentioned by several theological educators as part of what they are trying to teach (Adams, 2018; Cadge, 2018; Cash, 2004; Jacobsen & Jacobsen, 2012; Sullivan, 2014). In the words of Victor Gabriel (University of the West), "The chaplain brings the perspective of presence instead of doing . . . But we try to say, step back, ok? There is this thing called ministry of presence. From that, the ministry of presence, I lead them to discover their own, not mine, but their own pastoral authority." Michael Langston of Columbia Biblical talks about chaplains as "bearers of the presence of God." For some faculty members, presence was fundamental to the chaplain's identity whereas for others it was just a starting point. Joretta Marshall of Brite called presence the bare minimum, "So, when I think about it, I appreciate the kind of whole theology of presence . . . I think it's important, and way overdone . . . And when I teach [students], what I want them to think about is not just 'Am I showing up?' That's like 101, show up. And be a presence. But who do you think and what do you think you're doing when you enter that room?"

As the theological educators spoke, many mentioned CPE as a place where students do work around formation, practicing and reflecting on themselves through work with people in difficult situations. Therese Lysaught at Loyola University Chicago stated directly that students

“get most of their theory part with us and most of their skill part with CPE.” Other educators describe and rely on CPE as a place for “reflexivity, of self-reflection” and a place to “shape your pastoral identity” (Victor Gabriel, Judith Schwanz at Nazarene Theological Seminary). Jan McCormack at Denver Seminary talked about CPE as a place where students, “practice, reflect, practice, reflect,” and Elaine Yuen at Naropa University spoke about this specifically connected to work around pastoral care. Some theological educators also emphasized CPE as a place that students learn about pluralism, engaging deeply with those who are different from them, some for the first time.

When we listened to CPE educators we heard them describing their role in helping students learn practical, on-the-ground skills and sometimes wishing the students came with better personal and academic preparation. “All seminaries need to get more practical than theoretical,” Robert McGeeney of the Cleveland Clinic stated. When the conversation turned to the practical skills they think students need to be better prepared for CPE, educators emphasize listening skills and insights from psychology, human development, and the behavioral sciences. “I’m regularly frustrated with the listening skills that people arrive with,” explained Beth Newton Watson at Indiana University Health when she was interviewed. A few others mentioned students who had not taken pastoral care classes, pointing out how important these sorts of classes are for the work that takes place in CPE in relationships with other people. Bruce Messinger with Cone Health/Alamance Regional Medical Center highlighted both issues, “what I find that most chaplains who have gone to seminary and have read and all this, what they really seem to lack is an ability to work with their emotions or any other person’s emotions. That’s a really huge area. I also find that chaplains don’t know much about reflective listening. They for the most part [also] enter with only a marginal knowledge of the behavioral sciences.” Several CPE educators talked about the need (or opportunity?) to better bridge the education students receive in seminary or divinity school and CPE as a way to connect the intellectual and the practical or emotional. “I’d say we don’t have a bridge,” another educator explained, “between the academic and the congregation . . . there needs to be more cohesiveness between the practice and the theory.”

CPE educators also reported that divinity schools appear to prepare students in broader ways that often make them better prepared for CPE than seminaries. According to some CPE educators we interviewed, compared to university divinity schools, seminaries, especially for conservative denominations, produce graduates who are less familiar with and less equipped to engage with people of other faith traditions or other types of diversity. “I get students from three or four seminaries,” Wade Rowatt of St. Matthews Pastoral Counseling Center

explained, “they are usually very disciplined in their prayer lives and they bring the strengths of calling. However, they tend to lack the awareness of their own limitations and an awareness of diversity.” Several educators also emphasized the need for more preparation in pastoral theology with one educator saying, “seminaries have been under pressure to do more with less . . . what’s gotten shortchanged is pastoral theology” (Mark Tabbut, Rush University Medical Center). A quarter of the educators spoke of experience with students trained in online or distance-learning settings who faced additional educational challenges. In the words of Robert McGeeney at the Cleveland Clinic, “the weaknesses that I see are the people who are learning from home on the computer don’t know how to relate very well to people.”

Just as the theological school programs that prepare people for chaplaincy vary, so do CPE centers and what CPE educators emphasize as they train students to become chaplains. All programs emphasize developing relational and counseling skills but vary in the emphasis CPE educators placed on didactics or specific bodies of knowledge (Clevenger et al., 2019). Traditionally, CPE emphasized developing self-awareness and interpersonal skills through an action-reflection approach to education. In interviews with CPE educators, we asked how much they focus on what Little calls “propositional knowledge” and what CPE educators call didactics in their work with CPE residents in training to become chaplains. We found substantial variation. Some educators argue that the skills and foundational knowledge chaplains need are inseparable whereas others believe it is more important for chaplains to learn relational skills than master particular areas of content. Although a few participants aligned themselves with one of these two approaches, most educators expressed views somewhere along the continuum between a strong and weak commitment to didactics. Some educators described a shift in thinking over time as they broadened their focus from the personal formation of individual students to teaching residents how to effectively provide care for patients and staff (Clevenger et al., 2019).

When we asked CPE educators about the most important substantive topics they cover in their didactic curriculum, they generated a long list that we describe in another article (Clevenger et al., 2019). Despite this diverse range, responses clustered around several areas. More than a quarter of participants prioritized topics related to death and dying, mental health, and diversity, whereas just over 20% focused on addiction, conflict, geriatrics, enneagram, ethics, and personality development. The area almost all respondents addressed through didactics and in other parts of their curriculum was diversity. Depending on the center this could include religious diversity (including care for those without traditional religious affiliations), racial/ethnic diversity, and diversity in sexual orientation and gender identity. Other commonly mentioned topics included ethics and trauma.

## What are We Educating for Now and in the Future?

To think about a “bigger endeavor” and suggest a set of questions that theological and CPE educators might think about collaboratively to accomplish it, in the interviews we asked each group about the challenges and opportunities for healthcare chaplains looking forward. One theme that emerged was whether there is a common core of theory and evidence that supports the “bigger endeavor.” Several CPE educators noted the lack of standardization in chaplaincy education and the broader changing religious and healthcare contexts that impact the work. “I do think one of the challenges for the future is figuring out the appropriate curriculum for healthcare chaplaincy,” Roy Myers with the United States Army CPE System Center explained. A few CPE educators thought much of the theory currently being taught was outdated. Related to this was the issue of what the priorities for chaplaincy education are or should be. In the words of Linda Wilkerson at Parkland Health and Hospital System, “we have a huge number of standards and objectives . . . There’s only so much you can teach in a year. It may behoove us to sit down and ask ourselves what are the priorities instead of always trying to do everything and be everything to everyone . . . I feel like one of the things we do is we try to cover too much ground instead of deciding here’s what, the world that we live in today is critical for us to be able to bring to the people and institutions that we serve.”

The theological and CPE educators we interviewed agreed on the importance of three things. First was the importance of teaching students to work in diverse settings with people who are similar to and different from them. Second was that as chaplains, their students will work daily with people who are suffering and that insights from spiritual and religious traditions and the behavioral sciences are vital to inform their work. Third, they agreed on the value of self-awareness and reflection; they teach such skills in a range of ways.

In addition to agreeing on these three broad themes, the CPE educators had different opinions about how the skills they teach map to the work of healthcare chaplains and what skills and competencies healthcare chaplains need to be effective in their work today. In our interviews, many of the CPE educators described the work of chaplains largely in the same terms Cadge (2012) found in her ethnographic study—wholeness, healing and hope for patients, family members and staff. “We’re an essential part” of the healthcare team Anke Flohr, Pacific Health Ministry, explained, “we work together to provide the best care possible . . . to have you not only treat the body, one part, but have you look at the whole person, body, mind and spirit.” Wade Rowatt with St. Matthews similarly emphasized the attention chaplains bring using

the words “whole personhood. Wholeness . . . We are to walk along and sustain.” Healing is often part of the walk, as Misti Johnson-Arce (VITAS Health Care, Hospice, Broward/Palm Beach System Center) explained, “we just find something that gives them joy in life, and meaning, and purpose. Usually families and relationships are pretty easy to get people to talk about. And then, if there’s a lot of pain there, we have the opportunity to invite people to begin working on the healing process.” Some interviewees spoke about what to call chaplains and their work, calling them “contemplative caregivers” and “listening resource people” for all, including staff.

Despite the shift over the last 20 years to a more evidence-based, outcome-oriented approach to chaplaincy, there was limited evidence of this shift in our interviews. There have not been strong feedback loops to bring the growing empirical evidence base for chaplaincy into the curricula in CPE training sites, or theological schools, or to engage with the pedagogical assumptions it may challenge (Ragsdale, 2018). CPE educators’ attention was mostly on the supply side—on how to train chaplains—rather than on the demand side, which would provide information about what individuals and organizations need in and from chaplains and what makes chaplains effective in those settings. Also largely absent from interviewees’ descriptions of chaplains’ work was discussion of how chaplains and their healthcare colleagues know if they are accomplishing their goals with patients, family members, and staff, and how these goals relate to the values and success of the institutions within which they work. An exception was one of the theological educators who emphasized the need for greater connections with outcomes explaining, “I wish, at least at our place, that there was an even tighter correlation between specific competencies that are informed by chaplains in the field . . . a greater alliance between constituents . . . I think a curriculum more reflective of those alliances, specifically the formation of program learning outcomes, behavioral performance objectives” (Oliver McMahon, Pentecostal Theological Seminary). In the midst of these challenges, Mark Tabbut at Rush said, “we certainly need to bolster our content and things that we teach chaplains. No argument there. But I don’t want to lose the genius of CPE, which is helping students integrate that personal and professional competency.”

Educators from both groups agreed that theological education is an essential part of training for chaplains. Knowledge of religious traditions (historical study and analysis of sacred texts), formational work around developing one’s personal, interpersonal, and religious identity, cultivating appreciation for religious diversity, and developing leadership skills were components of formal theological education that both groups recognized as important ingredients to the work of spiritual care. Several theological educators asked important questions about the role of

theological education and whether there might be space for more creative synergies and approaches for chaplains in training. For example, Carrie Doehring at Iliff asked, "if we buy 100% into an evidence-based approach to spiritual care, where does that put graduate theological education?" Her question points to concerns from theological educators that evidence-based models reduce dimensions of theological education to a set of outcomes determined by healthcare professionals. The stakes, as she intimates, are whether such education and training can take place outside of theological institutions altogether. Doehring responds to her own question by arguing that spiritual care is important and distinct from behavioral health care or healthcare in general. She emphasized the need to teach students to "think critically about religious sources of authority, religious experiences, sacred texts," and noted that "in the midst of suffering when people are raising profound questions about suffering, they need someone that's going to help them think theologically." The threat of evidence-based approaches to existing models of theological education is, at best, prompting theological educators to articulate the distinct elements of theological training. Terms such as "theological reflection" and "formation," although core to theological discourse, do not register outside of those settings. When care is taken to translate these terms, they point to more recognizable practices of engaging with questions of meaning and existence, evidenced in wisdom traditions.

Jurgen Schwing at The Chaplaincy Institute emphasized the centrality of spiritual formation—as part of the education for chaplains—which he argues comes from a combination of CPE and theological education, "I'm really concerned about talk about not needing spiritual formation or even a Master's degree in religion to certify chaplains" because of the value of "spiritual formation, of understanding their own spirituality and their pastoral authority as someone who carries the power of their tradition or the power of being the mediator of the transcendent reality in a skillful way." Finally, several theological educators reflected on the relationship between clinical and pastoral knowledge and skills. Duane Bidwell at Claremont said, "one of the questions that we ask in my guild is, are we forming clinicians who have theological awareness, or are we forming pastoral theologians with clinical skills? I'm really committed to forming pastoral theologians with clinical skills, yet the pressure is to form clinicians who have theological knowledge." Joretta Marshall at Brite raised a similar issue saying, "we were never quite sure whether we were counselors who had a little bit of theological training or theologians who brought a richness to the clinical room through our theological understandings."

Other themes emerged in the interviews. Although there is no systematic evidence that chaplaincy positions are being eliminated, and some anecdotal evidence they are

increasing, some of the theological and clinical educators pointed to uncertainties and costs in healthcare organizations that might lead hospitals to decrease chaplaincy positions. "I don't think hospitals are going to be the place where a lot of our chaplains are," Dave Scheider at Seminary of the Southwest explained. "The business model is dominating in the hospital and so anybody they can cut . . . I see healthcare chaplains in big hospitals continuing to decrease." Carrie Buckner at Alta-Bates Summit Medical Center said, "the focus on finance in healthcare reform, which is all great because it's all about passing down the affordability to the patients. I get that. But it puts us at tremendous risk." And Linda Wilkerson at Parkland spoke of turning her own listening skills on the institution saying, "we really have to listen to our sites . . . about what they're needing from us. And we have to figure out what's going on in those centers and those areas where we have the skills and education to meet the need. I think if we don't . . . we're going to lose our footing . . . because the money is tight." A number of the interviewees spoke of low wages and limited jobs for graduates, raised questions about how changing religious demographics might affect them, and emphasized the centrality of multi-faith approaches in their training and approach to the work.

Finally, several people observed the range of contexts where chaplains work and emphasized training that takes those contexts into consideration. Jan McCormack at Denver, who trains chaplains for the military and healthcare, sees chaplaincy expanding in the future and regularly encourages broader thinking about where chaplains can serve. "It's not just health care . . . We have to think broader and we have to train students for something broader than this." From his description of a course he teaches, Michael Langston (Columbia Biblical) is clearly thinking more broadly. "So we go through military, then I go to corporate chaplaincy, healthcare, public safety, disaster relief, institutional, recreational, community chaplaincy. And so they get a feel, the students get a feel for what's available to them. And I'll tell you. The areas that I find where my chaplains are basically finding jobs, of course military and healthcare, corporate chaplaincy, sports chaplaincy, institutional, which is prisons, and I'm finding leverage, or not leverage but movement in community chaplaincy and recreational chaplaincy. Recreation, cruise ships and travel agencies and things like that. You wouldn't think that there, that those organizations want chaplaincy. Cruise ships are screaming for chaplains." William Payne at Ashland encourages chaplaincy to develop a model with different standards and training based on where chaplains will work. "I think the prison program still needs to have board certification for prison chaplains. I think the military program needs to have board certification for military chaplains."

## Conclusion and Looking Forward

We believe, in light of all that we heard in the interviews, it is time for a collaborative conversation about the “bigger endeavor,” rethinking education for healthcare (and all?) chaplains. The Henry Luce Foundation recently funded one step in that project, “Educating Effective Chaplains” that will bring theological and CPE educators into conversation over 3 years at Boston University’s School of Theology.<sup>10</sup> Further efforts will be needed to advance this conversation among *all* the key stakeholders including representatives of the professional chaplaincy organizations and the healthcare organizations where chaplains work. As we look for support for this broader conversation we encourage theological and clinical educators to seek one another out in national meetings, in the regions where they work, or in other ways and start to listen and talk together about reimagining chaplaincy education. To move this conversation forward we propose the following five questions:

1. What are the competencies needed for effective spiritual care in healthcare, both basic and specialty spiritual care, and what knowledge, skill, and formations are needed to gain them?
2. What is the best setting and sequence for educating people in these ways?
3. What are the best ways to evaluate whether someone has these competencies? When, how, and who should carry out that evaluation?
4. How can educators helping to prepare chaplains (supply) best connect and partner with the institutions who hire chaplains (demand) to create the institutional relationships required for chaplains to do their best work and continually adapt to change?
5. Who should be part of the conversation to answer the preceding questions and how do we bring that group together and support its work?

We encourage educators to be self-aware in these conversations focusing both on the students they are training and the organizations where these students will work. We also encourage educators to partner with chaplaincy researchers to understand what we know empirically about these questions and to advance further research about them. The research base is young, like the profession, and can best grow and strengthen the field in collaboration. We also encourage educators to remember the ultimate outcome of chaplains’ work, which for healthcare chaplains, in our view, is to provide spiritual care and accompaniment for patients, family members and staff.

Although chaplains partner with the medical community to reduce and alleviate suffering for those they serve, they also bring alternative frameworks for interpreting and

addressing suffering that may challenge medical aims. Articulating the distinctiveness of “spiritual care” in the midst of the broader care community is a continuous challenge for chaplains and one, perhaps, best articulated in conversation with educators in theological schools and healthcare organizations.<sup>11</sup> Although the chaplain is the vehicle for this work, we encourage conversations to stay focused on patient- and family-centered outcomes rather than theological school- or educator-centered outcomes. The bigger endeavor, we believe, requires chaplains, theological and clinical educators, and researchers partnering to create the best training for chaplains who care for patients, family members, and staff in vulnerable moments. This requires insights from spiritual and religious traditions, the best research, and a large dose of humility—the patients, family members and staff being cared for deserve no less from their chaplains.

## Declaration of Conflicting Interests

The author declares that there is no conflict of interest.

## Funding

Preparation of this manuscript, and the interviews on which it is based, were supported by the grant “Assessing and Reimagining Chaplaincy Education: The Case of Healthcare” from the Henry Luce Foundation.

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## Notes

1. We use the term “theological school” throughout this article to refer to seminaries, theological schools, rabbinical schools, and other accredited educational institutions that provide graduate-level education around religion and spirituality.
2. Observing this decline in the United Kingdom context, chaplain Christopher Swift wrote, “one of the questions facing chaplaincy is that if faith-specific forms of belief are in decline, should chaplaincy continue to be faith-based and denominationally delineated? Just as chaplaincy bodies and individual chaplains describe their role as those able to meet increasing levels of non-religious spiritual needs, the question arises as to why the vast majority of these chaplains are required to be religiously authorised. As time goes on, I suspect that this will become a growing question and one ever more difficult to answer with credibility” (Swift, 2014; p. 178). We think Swift’s observation points to the need for United States professional chaplaincy organizations to have a robust conversation about faith group endorsement and whether it is needed for professional chaplains.
3. As part of the broader project on which this article is based, we interviewed the executive directors of a range of national chaplaincy organizations. Here we focus on the ACPE-accredited CPE educators because they continue to provide the majority of clinical training in the United States.

4. <http://bcciprofessionalchaplains.org/content.asp?pl=25&contentid=25>
5. The four required units of CPE do not have to be a year-long CPE residency program but 80% of people applying for board certification in 2017 with the Board of Chaplaincy Certification, Incorporated had completed such a program (George Fitchett, unpublished).
6. <https://www.transformchaplaincy.org/>
7. <https://spiritualcareassociation.org/>
8. We compiled this sample by first searching the websites of Association of Theological Schools (ATS) member schools for any type of chaplaincy education program. Then we performed similar searches of the websites of schools accredited by Transnational Association of Christian Colleges and Schools and the Association of Advanced Rabbinical and Talmudic Schools. We also searched the directories of the regional higher education accreditation agencies (the Higher Learning Commission, the Middle States Commission on Higher Education Accreditation, the New England Commission of Higher Education, the Southern Association of Colleges and Schools Commission on Colleges and Schools, and the Western Association of Colleges and Schools College and University Commission) for other institutions that offered graduate-level degree programs for religious leaders, and performed a similar search of those institutions' websites. This yielded a list of academic chaplaincy programs that, although may not be comprehensive, is more comprehensive than any previous list. Because so many schools had chaplaincy programs, it was necessary to select a sample to focus on in this study. A large majority of the schools with chaplaincy programs were Protestant seminaries and divinity schools, so for the sample we chose schools that advertised two or more types of chaplaincy program (for example, both a Master's degree in chaplaincy and a chaplaincy track within an Master of Divinity program), and tried to select roughly equal numbers of mainline and evangelical institutions. We then oversampled schools affiliated with all other religious traditions (Jewish, Muslim, Buddhist, Roman Catholic, and interreligious schools), including all those we could find that offered a chaplaincy program. A few schools were later eliminated from the study either because they chose not to participate in the study, because they were not currently offering a chaplaincy program even though it may have appeared so from their institutional websites, or because after multiple attempts by telephone and email we were unable to reach anyone at the school.
9. We focus on ACPE-accredited CPE centers and educators because they continue to provide the majority of clinical training for healthcare chaplaincy in the United States. Further, ACPE is the only specialty accrediting body recognized specifically for the oversight of CPE.
10. <http://chaplaincyinnovation.org/projects/educating-effective-chaplains>
11. One example of contributions to healthcare chaplaincy is Carrie Doehring's collaborative work with psychologists around the role of religion and spirituality within medical settings (Doehring et al., 2009). Pastoral, practical, and constructive theologians have contributed to chaplaincy scholarship through writing and research in the areas of interfaith education and leadership, cultural competency and diversity,

and pastoral care and counseling. The Society for Pastoral Theology has been a guild home for this scholarship. One of the most notable collaborations on educating chaplains is focused on military chaplaincy and is supported by The Soul Repair Center at Brite Divinity School. The center has fostered scholarship on topics such as post-traumatic stress disorder, moral injury, and sexual assault within the military, which are not exclusive to military settings. See the writings of scholars such as Rita Nakashima Brock, Larry S. Graham, Kristen Leslie, Zachary Moon, Nancy Ramsay, Shelly Rambo, and Ed Waggoner. The challenge for chaplaincy education and research more broadly is to feature scholarship that expands beyond the Christian tradition (Bidwell, 2015). There have not, to our knowledge, been writing and research collaborations between theological educators and CPE supervisors.

## References

- Adams, K. (2018). Defining and Operationalizing Chaplain Presence: A Review. *Journal of Religion and Health*, December (18).
- Asquith, G. H. J. (1992). *Vision from a Little Known Country: A Boisen Reader*. Decatur: Journal of Pastoral Care Publications.
- Bidwell, D. (2015). Religious Diversity and Public Pastoral Theology: Is it Time for a Comparative Theological Paradigm? *Journal of Pastoral Theology*, 25(3), 135–150.
- Boisen, A. T. (1960). *Out of the depths: An Autobiographical Study of Mental Disorders and Religious Experience*. New York: Harper.
- Brauer, S. G. (2017). How Many Congregations Are There? Updating a Survey-Based Estimate. *Journal for the Scientific Study of Religion*, 56(2), 438–448.
- Cadge, W. (2012). *Paging God: Religion in the Halls of Medicine*. Chicago: University of Chicago Press.
- Cadge, W. (2018). God on the Fly? The Professional Mandates of Airport Chaplains. *Sociology of Religion*, 78(4), 437–455.
- Cadge, W. (2019). Healthcare Chaplaincy as a Companion Profession: Historical Developments. *Journal of Health Care Chaplaincy*, 25, 45–60.
- Cadge, W., Freese, J., & Christakis, N. (2008). Hospital Chaplaincy in the United States: A National Overview. *Southern Medical Journal*, 101(6), 626–630.
- Cadge, W., & Skaggs, M. (2018). Chaplaincy? Spiritual Care? Innovation? A Case Statement. *Working Paper, Department of Sociology, Brandeis University*.
- Cadge, W., & Skaggs, M. (2019). *Contact with Chaplains*. Working Paper, Department of Sociology, Brandeis University.
- Cadge, W., Stroud, E., Palmer, P., Fitchett, G., Haythorn, T., & Clevenger, C. (2019). *Training Chaplains and Spiritual Caregivers? The Emergence and Growth of Chaplaincy Programs in Theological Education*, under review.
- Cash, L. C. H. (2004). *A Table in the Presence*. Nashville: W. Publishing Group.
- Clevenger, C., Cadge, W., Stroud, I. E., Palmer, P. K., Haythorn, T., & Fitchett, G. (2019). *Education for Professional Chaplaincy in the U.S.: Mapping Current Practices in Clinical Pastoral Education (CPE)*, under review.
- Cooperman, A. (2015). *America's Changing Religious Landscape: Christians Decline Sharply as Share of Population; Unaffiliated and Other Faiths Continue to Grow*. Washington DC: Pew Research Center.

- Dicks, R. L. (1940). Standards for the Work of the Chaplain in a General Hospital. *American Protestant Hospital Association Bulletin*, 4(7), 1–4.
- Doehring, C., Clarke, A., Pargament, K., Hayes, A., Hammer, D., Nickolas, M., & Hughes, P. (2009). Perceiving Sacredness in Life: Correlates and Predictors. *Archive for the Psychology of Religion*, 31(1), 551–573.
- Earl, B. S. W., Klee, A., Cooke, J. D., & Edens, E. L. (2019). Beyond the 12 steps: Integrating chaplaincy services into Veteran Affairs substance use specialty care. *Substance Abuse*, Jun 17:1–9(17), 1–9.
- Fitchett, G., Tartaglia, A., Massey, K., Jackson-Jordon, B., & Derrickson, P. E. (2015). Education for Professional Chaplains: Should Certification Competencies Shape Curriculum. *Journal of Health Care Chaplaincy*, 21, 151–164.
- Fitchett, G., White, K. B., & Lyndes, K. (2018). *Evidence-Based Healthcare Chaplaincy: A Research Reader*. Philadelphia: Jessica Kingsley Publishers.
- Flannelly, K. J., Handzo, G. F., & Weaver, A. J. (2004). Factors Affecting Healthcare Chaplaincy and the Provision of Pastoral Care in the United States. *The Journal of Pastoral Care and Counseling*, 58(1–2), 127–130.
- Hall, C. (1992). *Head and Heart: The Story of the Clinical Pastoral Education Movement*. Decatur: Journal of Pastoral Care Publications.
- Jacobsen, D., & Jacobsen, R. H. (2012). *No Longer Invisible: Religion in University Education*. New York: Oxford University Press.
- Jernigan, H. L. (2002). Clinical Pastoral Education: Reflections on the Past and Future of a Movement. *Journal of Pastoral Care & Counseling*, 56(4), 377–392.
- Joint Commission on Accreditation of Healthcare Organizations (2005). Evaluating your spiritual assessment process. *The Source*, 3, 6–7.
- Karaban, R. A. (2019). *Body and Soul: The Continuing Story of the Clinical Pastoral Education Movement 1992–2017*. Morrisville, NC: Lulu Publishing Services.
- Little, N. K. (2010). Clinical Pastoral Education as Professional Training: Some Entrance, Curriculum and Assessment Implications. *Journal of Pastoral Care and Counseling*, 64(3), 1–8.
- Massey, K. (2014). Surfing Through a Sea Change: The Coming Transformation of Chaplain Education. *Reflective Practice: Formation and Supervision in Ministry*, 34, 144–164.
- Meier, L., & Tabak, R. P. (2007). Hospitals. In M. Berenbaum & F. Skolnik (Eds.), *Encyclopaedia Judaica* (Vol. 9, pp. 562–565). Detroit: Macmillan.
- Meinzer, C. (2018). Master's enrollment: A changing landscape. *The American Theological Schools: The Commission on Accrediting*, April, Available at: <https://www.ats.edu/uploads/resources/publications-presentations/colloquy-online/master's-enrollment-in-ats-member-schools.pdf>.
- Myers-Shirk, S. E. (2008). *Helping the Good Shepherd: Pastoral Counselors in a Psychotherapeutic Culture 1925–1975*. Baltimore: Johns Hopkins University Press.
- Newitt, M. (2016). Healthcare Chaplains Among the Virtues. *Practical Theology*, 9(1), 16–28.
- Pew Research Center. (August 1, 2018). *Why Americans Go (and Don't Go) to Religious Services*, Available at: <https://www.pew-forum.org/2018/08/01/why-americans-go-to-religious-services/>
- Ragsdale, J. R. (2018). Transforming Chaplaincy Requires Transforming Clinical Pastoral Education. *Journal of Pastoral Care & Counseling*, 72(1), 58–62.
- Rosenberg, C. E. (1987). *The Care of Strangers: The Rise of America's Hospital System*. New York: Basic Books.
- Stevens, R. (1989). *In Sickness and in Wealth: American Hospitals in the Twentieth Century*. Baltimore: The Johns Hopkins University Press.
- Strauss, J., & Corbin, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks: Sage Publications.
- Sullivan, W. F. (2014). *A Ministry of Presence: Chaplaincy, Spiritual Care and the Law*. Chicago: University of Chicago Press.
- Swift, C. (2014). *Hospital Chaplaincy in the Twenty-First Century, 2nd Edition*. Surrey England: Ashgate Publishing Ltd.
- Tartaglia, A. (2015). Reflections on the development and future of chaplaincy education. *Reflective Practice: Formation and Supervision in Ministry*, 35, 116–133.
- Wheeler, B. G., Ruger, A. T., & Miller, S. L. (2013). Theological Student Enrollment: A Special Report from the Auburn Center for the Study of Theological Education. *Auburn Studies*, 16, 1–24.
- White, K. B., Barnes, M., Cadge, W., & Fitchett, G. (In process). Mapping Chaplaincy Diversity: A Baseline Description, under review.

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