



## **AED Archdeacon and Deacon Directors' Conference**

### **Notes OpenSpace – “Alternative CPE “ 02/27/16 (Version 2)**

Traditional CPE as a requirement for ordination places an undue burden on those in the diaconal formation process when there is no CPE center geographically within reasonable commuting distance, or when, even if a center is nearby, the program does not have flexible hours for teaching and group process for those employed full-time.

The expectations for clinical hours, group and individual supervision, didactic teaching, and written reports and reflections need to be clearly delineated in a learning contract that is realistic, given the other demands on an aspirant's time. In many cases these learning contracts, of necessity, will be highly individually tailored given the unique learning needs of the aspirant.

The supervisor of the overall clinical learning experience should be someone that is known and trusted by the diocese, who has had perhaps four units of CPE and may be a chaplain or other pastoral practitioner who demonstrates strong relational skills and pastoral maturity.

A variety of clinical settings, beyond those in healthcare, could provide rich and legitimate environments for diaconal learning which challenge students to move out of their comfort zones. One bishop sums up the goal for clinical learning as providing the experience of “meeting deep pain and suffering when one can do nothing about it”.

Because students may have pre-conceived ideas about what clinical training is about, this may pose some difficulty around their own choosing of an appropriate placement. Also, often, there may be a tendency to stick with what they already know, or with which they have had experience. Some guidance may be needed in finding a placement that will stretch them.

Self-reflection and interpersonal group process remain core components of any clinical learning experience. One learns to identify her/his triggers and how to cope and adjust accordingly, including how this self-knowledge may shape one's focus for future diaconal ministry. This is closely related to developing one's own self-care strategies.

The clinical experience is meant to be an opportunity for integrating theory and practice toward the achievement of diaconal competencies. Documentation of pivotal clinical learning experiences (verbatim, pastoral reflection papers, self-evaluations etc.) and the process of achieving those learning goals would be documented, for example, in a portfolio.

Clinical training is but the beginning of developing a reflective process to be employed in life-long learning and on-going personal and professional formation.

If there is a placement in an agency, a competent and experienced on-site supervisor, or mentor, within that agency is essential for a quality learning experience. The challenge may be how to identify a competent person who understands the mentoring role as educational. Over time, familiarity with agencies and those



who work in them may assist a diocese in developing a list of potential on-site mentors. There must be collaboration between the on-site mentor and the overall supervisor of the pastoral care training program.

Also, as in field placements, it would be important that the placement administration understands that this the placement is an educational experience of practical immersion in human services and opportunities to interpret the needs, hopes and concerns of the world, not as a means of getting cheap help for office tasks.

Whatever the placement, including parish placements, an introduction to basic listening skills and practicing pastoral presence should be provided as an orientation or introductory step before the placement assignment begins.

We became aware, as a result of our discussions, that an evolutionary step was being taken in conceptualizing diaconal pastoral care training that would be uniquely suited to the needs and realities of deacons in the here and now, and, indeed, for the foreseeable future. This Pastoral Care Training, as it is emerging and taking shape, has its own integrity and authenticity. Pastoral Care Training (PCT) would no longer be an “alternative” to CPE, but would stand by itself as the flexible, diverse, creative and robust new standard for diaconal pastoral formation.

Respectfully submitted,  
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