

**MISSION STATEMENTS**  
**OF THE**  
**ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.**

(Reflections by Jasper N. Keith, Jr., Regional Meeting, March 22, 2007; also presented to RDs at their meeting in San Diego, January 26, 2011)

**Thesis: The visions of the pioneers of movements are eventually capsulated into mission statements formed by devotees and/or reduced to some specific purposes formed by the members of emerging associations. Movements become organizations or they cease; organizations survive for a time and they reform, or they cease.**

In the fall of 1967 a group of Baptists from the Bible belt, some Lutherans from the mid-west, Congregationalist and Episcopalians from the northeast, and a sprinkling of Presbyterians and Methodists congregated in the House of Delegates in St. Louis, MO and voted into being the Association for Clinical Pastoral Education, Inc. That body politic had some agreed upon Standards, had practiced joint certification between the CCT and ACPE; but we were very regional and territorial in the ways we did business and managed our finances. For the next twenty years the old guard would maintain their ways of doing things while the next generation would forge a more unified ACPE, Inc.; but even today (forty years later), the business of each region is managed with much autonomy and great variety that seems largely determined by the geography and the financial structure of each region.

The first “mission statement” and “listing of specific purposes” appeared in print on the inside cover of The ACPE Directory of Centers in 1968:

1. “The Association is a **non-sectarian organization** whose purpose is to
2. **facilitate the mission of the churches in the field of clinical pastoral**
3. **education. It has been established (October, 1967) to bring together all of**
4. **the certifying and accrediting agencies in the field of clinical pastoral**
5. **education who have either voted themselves out of existence or**
6. **relinquished their certification and accreditation process to the**
7. **Association. These agencies are: the Association of Clinical Pastoral**
8. **Educators; the Council for Clinical Training, Inc.; the Institute of**
9. **Pastoral Care, Inc.; and the Department of Institutional Chaplaincy and**
10. **Clinical Pastoral Education—Lutheran Council in the U.S.A.**

**“Non-sectarian organization”** was our way of declaring that we represented no particular “sect” and we wanted to be inclusive; but truth be told: we were mainline WASP male seminary professors and hospital chaplains.

**“Mission of the churches”** was overwhelmingly limited to the denominations of the protestant churches listed above.

The primary message in the above statement was our intent “**to bring together all the certifying and accrediting** (although we didn’t know much about accreditation) **agencies in the field of clinical pastoral education.**”

11. “The **specific purposes** of the Association are:
12. a) to promote clinical pastoral education as a part of **theological education** and of **continuing education for the ministry**;
13. b) to define and promulgate **standards** for clinical pastoral education;
14. c) to **accredit** clinical pastoral education centers and to **certify clergymen** as supervisors of clinical pastoral education;
15. d) to provide for development of **professional concerns** of supervisors of clinical pastoral education;
16. e) to provide conferences, publications and research opportunities **on behalf of the constituency**; and
17. f) to receive, maintain, administer and spend **funds for** benevolent,
18. **charitable, religious and educational purposes.**”
19. (*ACPE Directory of Centers, Charles Hall, 1968*)

**“as a part of theological education (ln.12)”...**

For almost a decade after 1967, **theological educators were leaders** in the formation of the ACPE. Five seminary professors were contributing members of “**The Committee of Twelve**” out of whose work Standards were formed, national conferences were sponsored, and the establishment of the ACPE, Inc. was proposed.

Four of the first nine **Presidents** were tenured seminary professors.

The first four **recipients of the ACPE Distinguished Service Award** were seminary professors, but only **two tenured professors have received that recognition since 1983, and both of them had served as presidents of ACPE before 1985.**

Until the present, **the major literature of the CPE movement** has been written by seminary professors.

**Establishing Standards** consumed much energy and stimulated much debate in the first twenty years. In the early 1990s the Standards Committee **became a committee of the Board of Representatives; and since that change in governance, the role and function of the Standards Committee has been that of putting into print** the decisions that are made by Certification, Accreditation and Professional Ethics Commissions. I don’t know the extent to which the Board of Reps have debated the Standards since the change of governance; but since the late 1980s, the body politic has no recourse but to receive what the Commissions require.

**There was no process and no procedures for accreditation in the early years of ACPE.** In 1974 Jim Gibbons, chair of the ACPE certification and accreditation committee, asked Al Anderson to schedule the certification sub-committees, and he asked Jap Keith to organize the accreditation reviews. There was an established way of doing certification, but no accreditation reviews had ever been done. So, I took seriously the responsibility Jim had asked me to assume.

**When I mailed the first accreditation face sheet and self-study questionnaire for centers to prepare in advance of the committee reviews in 1975, Chuck Hall all but exploded, demanding to know “who had given me the authority to set policy for the ACPE.” Out of the heated phone calls that followed, Chuck and I became good friends, and the ACPE had the beginning of a self-study guideline and an accreditation procedure.** Chuck and I spent many hours writing documents and meeting committees in Washington D.C. so that the **ACPE became the accrediting agency for programs of clinical pastoral education.** Marvin Taylor, Staff of the Association of Theological Schools, was our major consultant; and, until now, our accrediting procedures are quite similar to those of ATA.

**“Clergymen”—a true representation of who we were in those days.**

**“Professional” concerns, development, and organization is how we were imagining ourselves, not only in relations to other medical professions, but also, the “professional model for the clergy” was the model being promoted in seminary education.**

And, for the ACPE, a “profession” had some form of credentialing of its product for the welfare of the consumer public, held annual conferences, published research, and issued at least quarterly journals.

The statement about **“funds”** reflected our 501-c3 tax exempt status with IRS, but the funds we’ve received barely covered the operating costs of the ACPE Office and staff.

In 1984 upon my recommendation, the General Assembly established the ACPE Endowment Fund with the intention of raising enough capital that there would be annual income available for “special mission projects.” There was little donated to that Endowment Fund, but the market was profitable; and within a decade or so, we had the projected corpus of \$500,000 from which income has been utilized by ACPE for its expanding operational expenses and for whatever grandiose concerns or pipe dreams a given Board of Representatives might imagine in order to enhance the worldwide influence of the ACPE.

One year later, in 1969, Charles Hall edited the mission statement printed on the inside cover of the next ACPE Directory of Centers:

20. “The Association for Clinical Pastoral Education is **the standard-setting,**
21. **certifying, and accrediting agency** in the **field of clinical pastoral**
22. **education. The Association certifies supervisors and accredits centers**
23. **and clusters to offer programs of clinical pastoral education. CPE**
24. **programs are offered as part of theological degree and graduate degree**
25. **programs, as continuing education for the ministry, as training for**
26. **chaplaincy and pastoral counseling, and as training for certification as**
27. **supervisor of clinical education. CPE is offered in part-time units and in**
28. **full-time units of a quarter (11 or 12 weeks) or several quarters, and in**
29. **units of one year. Theological schools give academic credit for clinical**

30. **pastoral education according to their individual credit systems.”** (*ACPE Directory, Charles Hall, 1969*)

**“The” standard-setting, certifying, and accrediting agency in the field...** is a huge claim after two years of existence; but it was a true claim since we were the only one in existence.

**“Programs offered as ... for (ln. 25-28)”... That’s quite an expansion of a consumer public within a twelve month period. But, note: there was no unanimity about “academic credit” because ACPE couldn’t dictate what schools of theology would do regarding credits or payments for services rendered.**

The next mission/purpose statement appeared in The ACPE Directory of Centers from 1970-84; and, in my opinion, it omitted a major component of our work:

1. **“The Association for Clinical Pastoral Education certifies supervisors of**
2. **clinical pastoral education and accredits CPE centers and clusters.**
3. **“Clinical pastoral education centers and clusters provide CPE as a part**
4. **of theological degree and graduate degree programs and as continuing**
5. **education for the ministry. CPE may be used as preparation for parish**
6. **ministry, chaplaincy, teaching, counseling, and certification as CPE**
7. **supervisor. Theological schools give academic credit for clinical pastoral**
8. **education according to their individual credit systems.”** (*ACPE Directory, Charles Hall, 1970-84*)

Three years after inception, **“standards-setting”** is deleted! And yet, this was a vital period in the establishing of standards.

**“And preparing persons for chaplaincy and pastoral counseling”** are now stated as more permissible; i.e., **“cpe may be used...”**.

The political reality was that the American Association of Pastoral Counselors, formed in 1963, was, by 1970, accrediting training centers that were providing seminars and supervision in conjunction with seminary degree programs in pastoral counseling. And, the ACPE was trying to hold on to a consumer public, many of whom were going after degrees in pastoral counseling rather than certification as CPE Supervisors. Also, the College of Chaplains and other associations of practitioners were offering memberships to hospital, prison, industry and mental health chaplains. The ACPE was providing education, certifying completion of units of education that would qualify chaplains for “practitioner” membership in other associations. We needed “Basic” and “Advanced” students, and we couldn’t afford to offend nor appear to be in competition with the other associations.

Beyond the political reality confronting us, however, was **the more serious issue of our own ambivalence about our own identity and mission. We couldn’t decide if we were “educators” or “chaplains/counselors.”**

**Our credentialing process identified us as “educators.”**

**Our paychecks declared we were chaplain/counselors.**

**I remember many debates, but the time allotted allows only the telling of two. The first was my debate with Pat Prest, who was the Director of VIP Care. Pat's position was that ACPE should align with the service providers of the Health Care Professionals.** My position was for alignment with endorsing agencies and theological education. The House of Delegates voted for theological education; but over the years, Pat's position has prevailed.

**The second debate was with Lin Barnett and the Special Study Committee about who should comprise the membership of the ACPE; and more particularly, the Clinical Member category.** My argument was that a professional organization (guild society) should not be an alumni association. Furthermore, from my perspective, the promoting of the Clinical Member category was predominantly financially motivated, would create a second classed membership that would be taxed but not represented in the governance nor serviced by the mission of ACPE.

**The shorthand version of the debate was** that I was advocating an

**“Association of Clinical Pastoral Educators”**

while the Special Study Committee wanted

**“The Association for Clinical Pastoral Education.”**

**There's a world of difference in those prepositions “of” and “for.”**

I've always wanted and have been an advocate for clarity of mission that invites a particularity of membership. Others are intent on including anyone who might be “interested in, friendly toward or would advocate for CPE” if, of course, those applicants would pay a “membership fee” to demonstrate their interest.

Needless to say, the House voted for expansion and potential increase in income. For years thereafter, the general public thought Clinical Member was a certification status, and the ACPE had more than a few debates over whether or not we should certify “Chaplains,” “Chaplain Specialties,” in addition to “CPE Supervisors.” But, even if we had the expertise to do such certifications, any certification other than CPE Supervisor would put us in an offensive competition with other “cognate” groups.

[Note my Presidential Address in Section 3 that was given in November 1983 in Portland, ME. It addresses these issues in this period of transition and development of the ACPE, Inc.]

**When the Clinical Member category was established,** the House ruled that fifteen percent of the income from that category of membership would be shared with the regions. (That action was rescinded in 2005. The reason given was that the income from clinical members would offset the increasing costs of the Board of Representatives. Now, all of the proceeds from the CM category remain in the ACPE operating budget, and increased costs for the Board is paid by the regions if the regions insist on having both of their elected representatives attend a Board meeting.)

Back then, when the debate was over and the majority had ruled, this RD set about to recruit student and clinical members. We created the “Student Registration Fee” that is paid at the beginning of each unit. You send me names and addresses; and I invite students into membership. The result was that the SER had the largest number of Clinical Members; and we elected and paid expenses of our CM Task Force representatives to attend ACPE meetings. But in spite of all our efforts to involve CMs in the continuing education and organization of the SERegion, we did not serve well our clinical members, and they have not participated in our annual meetings. They choose to attend and participate in those association that certifies and provides continuing education for their particular practice of ministry; and rightly so.

The choosing of which association to belong with and support was not only an issue for students and alumni of the ACPE, **it was also an issue with seminary professors.** And the choices they made not only reduced our membership but also drained our leadership. Most of the “pastoral theology professors” offered courses in pastoral care and counseling as well as pastoral theology. They had been influenced by the psychology of Sigmund Freud, and many of them taught the non-directive, client-centered techniques of Carl Rogers. With the formation of the AAPC, graduate degrees in pastoral counseling were created; and thereafter, the seminary professors aligned with, attended meetings of, served on standing committees of, and were certified by AAPC. To my knowledge there was only one seminary that offered a D.Min. degree in Supervision in the 1980s and 1990s; and that degree hasn’t been offered since I left CTS. No seminary professor has held an office nor served on an ACPE Commission since 1985; and their participation on the Board of Reps and in the network has had minimal impact on either ACPE or seminaries.

The “mission” statement of the ACPE, Inc. was replaced in the 1985 *ACPE Directory* by a section entitled “**What is CPE?**” I suspect the intent of the new Executive Director (Duane Parker) and the ACPE Office Administrator (Helen Patton) was to provide answers to applicants’ questions/concerns in the hope of reducing the number of telephone calls. By then, there were 369 accredited CPE Centers and 6 clusters and 800 certified active supervisors serving 5,917 students.

In the first paragraph addressing “*What is CPE?*” Dr. Richard C. Cabot and the Reverend Anton Boisen were acknowledged as the “visionaries” of the CPE movement. The next two paragraphs provide the following description of a unit of CPE in answer to the question, “*What is CPE?*”

1. “CPE is theological and professional education for ministry. In CPE,
2. theological students, ordained clergy, members of religious orders, and
3. qualified laypeople minister to people in crisis situations while being
4. supervised. Out of intense involvement with supervisors, other students,
5. people in crisis, and other professionals CPE students are challenged to
6. improve the quality of their pastoral relationships. Through pastoral
7. practice, written case studies and verbatims, individual supervision,
8. seminar participation, and relevant reading students are encouraged to
9. develop genuine caring pastoral relationships. Through viewing

10. complicated life situations from different viewpoints, students are able to
11. **gain new insights and understandings about the human situation.**
12. Theological reflection is important in CPE as pastoral people seek ways
13. to **integrate theology with life experience.**
14. **“Essential elements in CPE include an accredited CPE center ready to**
15. **receive students, certified CPE supervisor(s) to provide pastoral**
16. **supervision, a small group of peers engaged in a common learning**
17. **experience, providing pastoral care to people in crisis, detailed reporting**
18. **of pastoral practice, a specific time period, and an individual learning**
19. **contract.”**

Our **“professional education for ministry”** now included “theological students, ordained clergy, members of religious order, and qualified laypeople.” Some Sisters of the Roman Catholic Church and some Jewish Rabbis were now in CPE, and the qualified laypeople were largely “parish nurses” or devoted church women.

The emphasis was now on **“the quality of interpersonal relationships.”**

In some centers there was some attempt to integrate “incarnational” theology with life experiences, but there was little interest in the construction of pastoral theology and not much energy devoted to identity formation for any “pastoral” office of any faith group.

**“Essential elements”** as set forth by Parker in lines 14-19 had become the established Standards.

In another section the question of *“Who may enroll in CPE Programs?”* is addressed, and directions are given as to how one makes application for a unit of CPE.

A **Glossary** provides definitions of “accredited center,” “ACPE,” “candidacy centers,” “CPE cluster,” “CPE Supervisor,” “Emeritus Supervisor,” “Inactive Supervisor,” “Member Seminaries” and “Unattached Supervisor.”

The closest thing to a mission statement is tucked away in the **Forward** of this edition of The ACPE Directory of Centers:

20. “The ACPE mission is ‘to **foster experienced-based theological education**
21. **which combines the practice of pastoral care with qualified supervision**
22. **and peer group reflection, and which is grounded in a person-centered**
23. **approach to religious ministry.**’(taken from the Special Study Committee
24. **Report, 1978-80)”**

*(The ACPE Directory, 1985-86, Duane Parker)*

“Incarnational” theology had now become **“experienced-based theological education”** that is “grounded in **a person-centered approach to religious ministry.**”

This was Duane’s way of being inclusive; i.e., human experience-based theology rather than Christian, and religious instead of “pastoral” ministry. Our consumer public had become the world religions, the international community; anyone, from anywhere, who wanted to enhance interpersonal, caring relationships, and gain insights and understandings about the human situation.

I think this description of CPE is representative not only of Duane Parker (his practice as a CPE Supervisor, his global vision for the ACPE, Inc., his expanding and inclusive intentions for the ACPE, Inc., and his faith development within the Wesleyan tradition); but also, it is a good summary of the intentions of the members of the committee that selected Duane to be the Executive Director, three (of the five) of whom would be the next elected presidents of the ACPE (Jim Gebhart, Max Maguire, and Kathy Turner).

This description is also reflective of what was happening within the national arena. These were the years of budget cutbacks, closing of CPE programs in state and federal mental health facilities, enhanced pharmacology resulting in the reducing of hospital populations and returning the deeply troubled to the streets of the inner cities, replacing of individual psychotherapies for the mentally ill with a family systems approach for persons living with biological/organic brain disorders and/or within dysfunctional families. Advocacies for social justice, liberation movements, widening the horizons, expansion of human rights and civil laws and inclusion of a variety of faith groups eventuated in new images of ministry that pushed us beyond “professionalism.” Because ours is “A Public Ministry in a Global Village,” Donald Messer (president of The Iliff School of Theology) suggested five images in *Contemporary Images of Christian Ministry (1989)*: 1) Wounded Healers in a Community of the Compassionate, 2) Servant Leaders in a Servant Church, 3) Political Mystics in a Prophetic Community, 4) Enslaved Liberators of the Rainbow Church, 5) Practical Theologians in a Post-Denominational Church. Messer perceived the organizing principle for these contemporary images to be none other than “practical theologians.” In many ways, Messer described what was fermenting within the ACPE, Inc.

Joan Hemenway was **the first woman** to serve as a Regional Director of the ACPE, Inc. (Eastern Region, 1983-92), and her successor was Denise Haines (1993-97). Carol McAninch-Pritz, from the Northeast, served as an RD in 1993. Deborah Whisnand, from the Southwest in 1996-2005, Agnes Barry from the Mid-Atlantic (2000-06), and Jo Clare Wilson and Nancy Andersen from the Eastern in 2005-2007 have also served as RDs. The first woman to receive the ACPE Distinguished Service Award was Helen Terkelsen in 1989, and the other women to be so honored were Agnes Barry (1999), Joan Hemenway (2000) and Mary M. Wilkins (2006). Two women have been given the Helen Flanders Dunbar Award: Helen Patton and Arabella Young. The first woman president of the ACPE was Kathy Turner (1992-93); and others have been Jo Clare Wilson (1998-99) and Joan Hemenway (2006). To date no person of color has served as an RD; but Urias Beverly served as president in 1994-95. Two African American men have been given the DSA: Henry Brooks (1995) and Cameron Byrd (2002). The only Jewish Rabbi to serve as an RD was James Jeffrey from the Eastern in 1998-99.

In 1980 there were 800 CPE Supervisors but only 9 were **people of color** and none of them were female. The ACPE created and funded a Task Force to 1) increase the number of racial/ethnic persons in CPE and 2) to assist the CPE movement to improve the quality of education for ministry through including racial/ethnic/minorities in programs of CPE. The first reception of the Task Force for the Recruitment and Development of

Racial/Ethnic Minorities held at an ACPE Conference was in Indianapolis on November 11, 1982. I was invited to bring greetings by the Chairperson, Cameron Byrd. By March 1985, when I, as the President of ACPE, met with the Task Force in Boston, their membership had increased to eleven, including three women. At the 1985 meeting of the ACPE General Assembly that I moderated, the REM Task Force was extended for another four years. A day of the 1986 ACPE Conference in Atlanta was devoted to "Crisis of Oppression" with that program being located at the Martin Luther King, Jr. Center. As chair of that conference, it was my privilege to offer the gathering prayer around the Memorial pool site. On May 8, 1987 as a consultant to the REMTF, I worded the motion that Dalton Downs moved, Benson Thomas seconded. The motion was unanimously approved for the "REMTF to recommend to the Board of Representatives that the membership of the Board of Representatives be increased to include clinical members, denominational representatives and racial and ethnic persons." Cecilia Williams was appointed as the first REM Representative to serve on the ACPE Board of Representatives at the General Assembly meeting in Philadelphia on November 7, 1987.

In 1988 the first REM Invitational was held at the Howard Divinity School, Washington, DC on February 11-13. I was a consultant in the planning of that gathering along with Benson Thomas (then living in Petersburg, VA), and Gene Robinson was the SERegion Representative. The fourth REM Invitational was located at the Interdenominational Theological Center in Atlanta on February 7-9, 1991, and it was hosted by the SERegion REM Committee chaired by Calvin Banks.

During most of the Executive Director tenure of Duane Parker, there were concerted efforts at collaboration with other cognate groups and denominational/faith group endorsing agencies in the hope of fostering mission and ministry in specialized settings. Prior to and during my term as president I consulted with NACC about standards and accreditation procedures in the hope that reciprocity could be experienced within dually accredited centers and units of CPE from both agencies could be honored. Duane and I met with the leaders of NACC and the faith groups endorsing agencies in New Orleans in 1984. The inauguration of the Congress on Ministry in Specialized Settings (COMISS) was celebrated at a gathering of the major pastoral care, counseling, education and chaplaincy associations at **Dialogue 88** held in Minneapolis, October 30-November 4, 1988. The themes for each day's events are illustrative of the vision and hopes: Stories that Bring Us Together, Stories that Make Us Different, Stories that Make Us Unique, Stories that Tie Us to the Human Family, and Stories that Tie Us to Future Ministries.

Presidents Max Maguire, Julian Byrd and Kathy Turner were supportive of Duane's collaborative efforts with COMISS. The next gathering of all the cognate groups was at **Dialogue '94** when Julian Byrd, the 12<sup>th</sup> president of ACPE was then the president of COMISS, and Urias Beverly was the 14<sup>th</sup> president of ACPE. The theme was "Shaping Pastoral Care for the 21<sup>st</sup> Century." Duane left the office of Executive Director soon after Dialogue '94. At his farewell reception, among other things I said in celebration of his ministry among us, I said this about his leadership: "You knew what all good prophets know: the old known world is always coming to an end! For the God of Hope and Liberation and Justice has promised more to come than yet is, always and ever. You

continually pointed us to that caring community that is not yet, but is coming into being in spite of our reluctance to give up what has already been given to us.”

A major point of difference about which Duane and I conflicted was **the governance** of the ACPE. He, and many of the presidents during his tenure, were Methodists; and they were more comfortable with a “Bishop’s Cabinet” form of polity than I. I prefer a representative democracy with more representation from the people of the land in the court of decision making. As a Presbyterian I also mistrust concentrated power in a few hands. And, for better or worse, in the decade between 1985 and 1995, the decision making body of the ACPE, Inc. was reduced from over 50 to 26, and then to 22 people. The last meeting of the General Assembly was on November 23, 1991.

Thereafter, there has been an annual member meeting during ACPE Conferences at which the members nominate candidates for President-Elect, elect officers for Secretary and Treasurer, approve the budget, and amend By-Laws. But the management of the ACPE is entrusted to two representatives from each region and the four elected officers and up to four members at large if the RANC presents those persons for election. Because of the turnover of regional representatives, there hasn’t been enough continuity of regional leadership. Therefore, the most informed voices on the Board were those of the Presidents and the Executive Directors. That form of polity works best when the Presidents and the Executive Directors are in agreement about the mission, purposes and direction of the ACPE, Inc. And, it works best when each of them are trusted by both the representatives on the Board and the general membership. From my perspective there are not enough checks and balances in this board-of-director-management of a professional society of certified educators. But then, my perspective about governance demonstrates my particular understanding of the mission and purposes of the ACPE, Inc.; i.e., a society of professional educators of a very specialized program of education (certification of a supervisor of clinical pastoral education).

Whatever else may have prompted the short term directorship of **Russell Davis** (1995-1999), some of the fault lies with this form of governance. I believe it would have been extremely difficult for anyone to follow Duane Parker as the Executive Director of ACPE. He was much beloved by the office staff, and had endeared himself as the “pastor” of the entire membership. Additionally, Duane had entrusted the running of the ACPE Office to his assistant, Helen Patton, and she was very efficient in the overall management of personnel and most astute in attending to the details. After Duane left the office of Executive Director, Helen was made the Administrator of the ACPE. When Russell was made the Executive Director, he inherited the Administrator of the Office.

Bill Baugh, one of the presidents while Russell was ED, said that “probably the best thing that Russell did was all the tedious work on the Department of Education application for our being continued as the accrediting agency for programs of CPE.” The approval of the ACPE, Inc. as the accrediting agency for programs of clinical pastoral education was renewed by the U.S. Department of Education in the fall of 1999. My perspective is that Russell wanted to move the association into cybernetic technology. He saw possibilities for the expansion of CPE and chaplaincy through federal grants, Medicare pass-through

money for medical (allied health) education, and future health care legislation. He wanted to employ the services of lobbyists “on the Hill,” and he probably wanted to be an advocate “within the Halls” himself. He hooked his wagon to the standards being formed for ‘spiritual care’ by JCAHO, and to the collaborative efforts with the College of Chaplains and COMISS. To say it another way, Russell envisioned the biggest picture possible with the largest outcomes possible for the ACPE, Inc., but he couldn’t entrust the details of the day to day operations of the ACPE to Helen’s administration, and he didn’t have the support of the office staff. Helen left the Office in August, 1997. Russell resigned from the office of Executive Director in 1999, and the Board of Reps made Stu Plummer the Interim Director. Helen Patton also served as a consultant to the administration for three months in 1999.

Russell Davis, Bill Baugh(15<sup>th</sup> President), and Jo Clare Wilson(16<sup>th</sup> President) initiated an increased collaboration of the cognate groups. Bill referred to it as the “initiative of the five presidents (i.e., the presidents of ACPE, AAPC, NACC, AMHC and the COC). In November, 1999 the Collaborative Steering Committee (CSC) presented three models of collaboration to the ACPE Board of Representatives, and the Board voted for a “model of affiliation based on professionalism as opposed to models based on tasks or functions.” In 2000 a Strategic Planning Committee of the ACPE, the officers, commission chairs and invited others convened for the purpose of defining the mission statement and priorities of the ACPE that they had been gleaned from the membership at the regional meetings.

It was serendipitous that Teresa Snorton began her tenure as Executive Director (February 14, 2000) when James Stapleford became president of ACPE in 2000. In the interim with Stu Plummer, Jo Clare Wilson had served as the 16<sup>th</sup> President. Teresa and Jim had served previously as CPE Supervisors on the Emory University Hospital staff, and they had led, along with Phil Summerlin, a strategic plan study for the Southeast Region. Both Teresa and Jim had management skills, and both were trusted by the membership. It was no surprise when a new **Mission Statement** followed by a new **Vision Statement** appeared in *The ACPE Directory, 2000-2001*. It had been adopted by the Board of Representatives on May 2, 2000.

#### MISSION STATEMENT

1. The Association for Clinical Pastoral Education, Inc. is a professional
2. association committed to advancing experience-based theological
3. education for seminarians, clergy and lay persons of diverse cultures,
4. ethnic groups and faith traditions. We establish standards, certify
5. supervisors and accredit programs and centers in varied settings. ACPE
6. programs promote the integration of personal history, faith tradition and
7. the behavioral sciences in the practice of spiritual care.

“professional association”

“advancing experienced-based theological education”

In the first decade of the 21<sup>st</sup> century, I suggest **we are engaged in experienced-based, relational, perhaps even clinical education**, but we'd be hard pressed to prove that we are about **“theological education” or “pastoral” education**.

From a content analysis of the objectives/outcomes of CPE programs as stated in our present Standards, one can conclude that we are engaged predominantly in **“spiritual care skill development” befitting the mission of the health care industry and satisfying the accreditation standards of JACHO**. We might claim we are doing **“clergy education”** in those Standards which address the use of self, managing ministry with other disciplines, and positively using power, collaborating with others, etc. But we'd be hard pressed to claim we are engaged in **“theological education” or the formation of “practical/pastoral theologians.”**

Nevertheless, seminarians in the throes of minister-identity-formation, still comprise 30% of the consumers of units of CPE even though only 25% of those students are taking a unit because it is required by a seminary for a degree program.

Additionally, of the 243 members of the Association of Theological Schools, only 112 (46%) are Seminary Members of the ACPE, Inc.

**“Of diverse cultures, ethnic groups and faith traditions” is a further expansion** of who our consumer public has become. When the first REM task force was appointed, it was comprised of African American men and one Hispanic man. Today, there are many African American and some Hispanic women, a few Jewish rabbis, both male and female; Roman Catholic priests and commissioned lay persons, some Muslims, Buddhists, and Christians from denominations unknown to me.

In the past 35 years much time, energy and money has been expended by ACPE to keep in touch with **faith group endorsing agencies**. We've stayed in collaboration with other professional groups that also train and certify chaplains and pastoral counselors. Since the mid 1980s the ACPE has been trying **to create some umbrella structure** of these various credentialing and endorsing agencies from our first collaborative endeavors with the cognate groups comprising COMISS to the latest of a number of conglomerate proposals of federation. We've held conferences at the same time and place. We now have “common Standards” and anticipate “joint ethical decisions” from ACPE and AAPC Ethics Commissions.

In the spring of 2001 the Collaborative Steering Committee was recommending a **federation** of the ACPE, NACC and APC. I strongly opposed the federation as it was being proposed, and I made my case before the Regional Directors and the Administrative Board of the SERACPE. The Administrative Board of the SERACPE was sympathetic with my position, and instructed me to write a position paper and circulate it as widely as possible within the membership of the ACPE. The federation was not approved by the ACPE Board at its meeting in Vail, CO in 2001. Interest in collaboration among the cognates continues, and another gathering of the cognate groups is scheduled for the winter of 2009.

I rejoiced when **“establish standards” was inserted once again in our mission.**

**“Integration of personal history, faith tradition, and the behavioral sciences”** is a shorthand version of Parker’s previous description of the “outcomes” of CPE. **But note, for the first time ever, the practice of “pastoral” care has been supplanted by the “practice of spiritual care.”**

## VISION STATEMENT

8. As the Association for Clinical Pastoral Education, Inc., we will be
9. distinguished as the **premier provider** of clinical pastoral education and
10. recognized by the United States Department of Education:
11. Encouraging **creative response to the changing context** of spiritual
12. care in the communities we serve;
13. **Modeling professional competence, integrity and high ethical standards;**
14. **Sustaining a welcoming organizational culture** in which members are
15. encouraged to learn and grow;
16. **Embracing diversity, collaboration, and accountability** on a national and
17. international level;
18. **Prophetically advocating** for excellence in pastoral **education** and the
19. **practice** of spiritual care.

**“Premier provider”** is the most we can claim in 2007, because we aren’t the only provider of clinical pastoral education in these United States anymore.

We are, however, **the only accrediting agency listed on the Federal Registry as recognized by the U.S. Department of Education.**

Observing the **“changing contexts of spiritual care (In11),”** we then acknowledge the changing context with ACPE and state that we will **“sustain a welcoming organizational culture by embracing diversity, collaboration, and accountability on a national and international level** (rather grandiose, but being attempted anyway), and **by prophetically advocating** for excellence in **pastoral** education and the practice of **spiritual** care.”

**Prophetically advocating?** To whom? With schools of theology and/or faith group endorsing agencies for “pastoral” education?

Or, with the health care industry and federal funding agencies, foundations and other possible sources of revenue for “spiritual” care?

Thus far we’ve kept “pastoral” and “education” connected, but there are those who are ready to be done with that language. Is it possible that someday this association will be called **“The Association for Spiritual Care Relationships?”** If that ever happens, it’ll be because “clinical” and “pastoral” and “education” will have vanished from both our mission and our vision.

**Vision, mission, purposes, outcomes are to be reformed, and ever reforming, as leaders come among us and leave their marks in the sands for a decade or two.**