Critical Components in the Formation

of Clinical Pastoral Education Supervisors

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Abstract

This dissertation is based on the results from an electronic survey conducted by one researcher from among the membership of fellow certified Supervisors within the Association for Clinical Pastoral Education, Inc. (ACPE) who maintain and utilize email. The survey was taken for the purpose of determining which components in the training/formation process were most critical for participants. The study finds the top three (of ten) choices in order of importance to be "consultation with peers and other supervisors," "relationship to supervisor," and "individual psychotherapy." Other significant findings were that women tend to proceed through the process faster than men and that persons who presented their work to peers and other supervisors twice monthly or more during their training also achieved certification more than one year faster than those who presented once a month or less.

Acknowledgements

Though it is fairly standard practice to thank one's spouse, I owe a debt of gratitude for things not on the commonly stated (though no less appreciated) list, such as support, encouragement, tending the home fires in one's absence, etc. In my case, my husband Thomas Reuter went far beyond that to help me construct and administer the survey, as well as to collate and help me interpret the data. His math and computer skills are outweighed only by his patience with my extremely non-linear mind.

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Introduction – The Researcher

I am a supervisor of Clinical Pastoral Education (CPE), which means that I am a minister who has the privilege of being intimately involved in the formative educational experiences of other ministers. I have been a fully certified supervisor of CPE within the Association for Clinical Pastoral Education, Inc. (hereafter ACPE) since 2002. The CPE program of which I am the director at the Cleveland Clinic has been accredited for supervisory training since its origins more than two decades ago and was recently re-accredited through 2020. My study takes place in this context; I am deeply committed to and involved in the supervision and training of the next generation of CPE supervisors. There are two Supervisory Education Students (SESs) in our program currently. I also serve on the Certification Commission of my region of ACPE, the East Central Region, which is one of nine. I am also on the panel of readers who decide which set of theory papers will be published each year. This study surveys ACPE supervisors to find their choices for most critical components in the formation process.

Looking back at my call to ministry more than 40 years ago, my path to CPE supervision was perhaps inevitable in a way. CPE has proven to be one of the few religiously based organizations where female clergy could attain true parity with males at professional, leadership, and income levels – a concern I felt instinctively even as a child, though I would not be able to name it for many decades.

My call came early, in good Baptist fashion. I was almost 10 years old and a devout member of the First Baptist Church of Chamblee, Georgia, which no longer exists due to "white flight" inside the beltway of Atlanta. I was a regular winner of "sword drill" competitions (looking up Bible verses on command) and was well on my way to becoming crowned a "Queen" in the Girls Auxiliary, a sort of Southern Baptist version of the Girl Scouts without the camping. I knew, on the eve of my baptism, that I was called to become a preacher, but that I was also clearly not male. I was confused about why God would put such a desire in my heart, as if "He" had somehow forgotten that I was a girl. When I shared my call with parents and Sunday School teachers, they assured me that I had misheard the call to preach and lead – clearly I could only have been called to something much less authoritative – a minister of Christian Education or music, or a missionary, perhaps. Somehow I knew this was not the case.

My path, then, was a bit like the labyrinth, full of twists and turns and seeming dead ends, but somehow inexorably taking me closer and closer to a very specific spot. At times it felt too much like wandering in the wilderness, but every step of the journey was guided all along, I see now, by the Holy One. It can be no one other than God who kept the flickering candle that was my sense of calling from being blown out by the gale-force winds of an extremely conservative theological environment. When by absolute grace, I met a friend in college who shared my theological hunger, I learned of a Baptist church that would change my world. Oakhurst Baptist Church in Decatur, Georgia, was a thinking church – socially active, theologically astute and

grounded in Baptist history – with an ordained woman on staff and, more significant, regularly in the pulpit. The year was 1981. After two years of active membership, I quit my good job at the *Atlanta Journal-Constitution* and left for seminary. My journalist friends had been calling me "Rev." for years by then, since I was known to volunteer for hospice and cook for a homeless shelter on weekends instead of partying.

Upon graduating from Union Theological Seminary in Manhattan in 1986, I did not see an immediate path ahead for ministry. Thomas and I had married and had our first son during the Union years, and he was working with the poor in "Hell's Kitchen." I enrolled in CPE at a major hospital in order to see if I felt a calling to clinical ministry. As a Baptist woman from the South and a graduate of arguably the most intellectually oriented and theologically progressive seminary in existence, I knew my job prospects were slim to none, especially if we moved back South. I entered CPE to explore my options and to learn more about myself.

My first CPE experience was both wonderful and terrible. What was wonderful was the exhilaration of the work of being a chaplain and the excitement of learning how the clinical method of using case studies – as well as individual and group supervision – could be so illuminating regarding one's own inner struggles, dynamics and unresolved "issues." I found the learning incredibly stimulating, but I also felt terribly alone.

My loneliness in the process was based in part on what I now understand to have been a mismatch of my learning style and the supervisory style in that specific

program at that specific time. It would be decades before I would fully understand the variety with which CPE could be interpreted and practiced. What I realized too late to help me finish my internship in 1986 was that their theoretical base and mine were completely incompatible. They had a technique. I needed a relationship. I dropped out. Our second son was born and we moved to Atlanta.

Ten years later, almost to the day, I returned to CPE in an entirely different state, and state of mind. I was more mature, to be sure, and had co-parented two children to near-adolescence by then, which had taught me a great deal. I had also been in therapy for many years, trying to deal with the effects of depression in my family of origin and feeling the warning signs of my own struggle with that strange affliction. When I re-entered CPE in 1997, it was purely in the interest of getting the credentials so that I could become a hospice chaplain. I had read a newspaper article about the growing need for chaplains in the hospice field due to a requirement that they provide spiritual care if they wanted to qualify for Medicare and Medicaid reimbursement. I finally felt that I might actually be employable as an ordained woman. I knew I wanted clinical training and I sought out the only program in Atlanta with a hospice placement. I fully expected to grit my teeth and get through it as quickly as I could.

What happened could not have been more different from what I feared. I was met with supervisors who were eager to offer me relationship. I was affirmed and cared for and heard in the most pastoral way, but I was also given the frankest feedback I had ever heard in my life. I finally experienced what it means to hear

someone "speak the truth in love." Heretofore, I had heard "the truth" about some of my less-than-admirable qualities, but they had certainly not been spoken in love. In this very different CPE program, I was told difficult things about myself that I did not want to hear, but in such a way that I *could* hear them, and more importantly *face their implications for my ministry*. I was given the guidance to face things about myself I did not want to face, yet I could face them because they were delivered with real care for me personally, as well as with the clear intention of making me stronger rather than tearing me down. Even more importantly, this kind of guidance improved my care to others. Love brought down my defenses and I could hear the truth in a new way. I became addicted to the clinical model of ministerial formation – I went from a Saul-like hatred of CPE to a Paul-like zeal for it. I am still a tad zealous.

There are many comparisons to draw between my first CPE experience and my subsequent path to full certification as a supervisor. In 1986, at least in the program where I began, we were given no orientation, which is now recognized to be unethical to both students and patients. No training of any kind was given before we were thrown into crisis situations to try and minister. We were given the on-call pager and left alone; we were not told to call if we needed help. We answered pages to deaths and emergencies in the middle of the night with no information at all about hospital protocol. The level of irresponsibility in this method is mind-boggling and would be the basis for lawsuits today. In no other profession is a new employee or student expected to simply make it up as they go along. Years later, in a different

program, I would receive a much more thorough orientation, though one eventually has to jump into the icy waters of carrying the on-call pager alone.

Part of why the contrast is still so relevant to my study is that without the earlier CPE experience, I would not have been nearly so conscious of the difference I encountered a decade later. The theoretical base, I later learned, was rooted in the psychoanalytically-oriented branch of the family tree, which emphasized technique over relationship. The technique was, in essence, to increase the students' anxiety as much as possible. Behind this theory was a notion that greater anxiety would dredge up unfinished therapeutic business, which of course it will, and that people ministering in crisis situations need to know how to keep their cool under great pressure, which of course they do. But there were and are several flaws in this logic: for one, persons who already *have* significant anxiety, such as those who suffered abuse and/or neglect in childhood, and those who do not naturally trust authority will actually *cease to learn* under the pressure of managing the additional anxiety. In an attempt to "break through their defenses," language that is common in the psychoanalytic literature from the 1960s and 1970s, supervisors often caused more harm than good. This approach seems largely ignorant of the words of its primary god, Sigmund Freud, who said, "What is learned in fear is recalled only in fear." Much of CPE's abysmal reputation is deserved and is, I believe, rooted in this misunderstanding of the beneficial role anxiety plays in learning. Much harm has been done in CPE because of this over-reliance on and garbled use of ill-informed concepts borrowed from other professions. We in ACPE need to be more proactive

about creating our own theoretical approaches for this very distinctive profession of advanced formation for ministry.

This very need is part of why I am compelled to study the critical components of supervisory formation. I learned a great deal from my first CPE experience – mostly about what not to do – but I also developed an appreciation for the basic components of this type of learning. Among these components are the case study (also called verbatim) seminar, didactic seminars, and group supervision. Other components include writing, reflecting and giving and receiving critique about one's work and one's personal interactions, as well as one's pastoral and professional functioning.

In my first experience, in spite of its painfulness, or perhaps because of it, I learned much about what I would do differently when I was in the seat of authority and responsibility. My early experience was that the power was very much top-down and one-way. We were expected to reveal our deepest, darkest secrets and fears, while the supervisors were virtually, and sometimes literally, watching the students from behind an old two-way mirror, where they could see us but we could only see ourselves – not them. They were essentially voyeurs to our pain and fear, not companions in it. We were told we needed to trust, but at no point were the supervisors expected to *earn* our trust, let alone trust us to bring anything to the table as ministers in our own right. It was a hierarchy based on power and control, not on relationship, respect, reciprocity and responsibility.

Part of what I hoped to explore, by surveying other supervisors, was "What was most helpful in your training process? Was it the relationships, as it was for me, or was it something else – technique, curriculum, clinical placement site? What, if anything, was distinctly theological or pastoral about it?"

I believe that if we as a movement do not reclaim our theological and pastoral roots and language, we will die out completely. We offer nothing distinctive if we only borrow from the language and practices of psychology and education. Robert Dykstra (2005) in *Images of Pastoral Care* and John Patton (1993) in *Pastoral Care: An Essential Guide* offer many useful theological images for pastoral care, but we do not always use these images in CPE. My personal favorite, however, is Myron Madden's (1970) notion of "The Power to Bless." His slim volume by the same name is overtly theological and ministerial in writing about pastoral care. Though written 40 years ago, the book is still vibrant and relevant. However, his book is not specifically about CPE or supervision.

I am motivated by a profound conviction that CPE, done well, is one of the best opportunities clergy people have to learn to be in intimate and holy relationship with each other and with self and with the divine. I have found that in the context of a solid CPE program, which takes the spirit and the letter of the ACPE Standards seriously, persons can learn to "speak the truth in love" in a way previously unknown to them. I believe that nowhere else in the culture or in the ecclesiastical world is it possible to learn these skills in quite the same way.

What is (and Who Are We in) the ACPE?

This study took place not in a particular geographic location, but rather as a national survey conducted electronically of the membership of the Association for Clinical Pastoral Education, Inc. (ACPE), the organization which offers advanced graduate-level training for clergy who wish to be certified as chaplains and counselors, and which certifies the faculty, known as supervisors. ACPE is recognized as a certifying body by the U.S. Department of Education for the purposes of letting healthcare institutions claim the services provided by their training programs for Medicare and Medicaid reimbursement. This recognition is less than two decades old, however. The ACPE is much older and CPE as a movement is older still.

Most mainline denominations, pastoral counseling programs and virtually all chaplaincy positions require a minimum of one training unit of CPE (400 hours). To become a chaplain who is eligible to be Board Certified by the Association of Professional Chaplains, Inc. (www.professionalchaplains.org), one must complete a minimum of four units – or more than 1600 hours of training. To become a supervisor of CPE requires a minimum of four years of training beyond that. The Master of Divinity or its equivalent is a prerequisite. There are plus or minus 445 centers where ACPE training is currently offered and these are almost all in the continental U.S. About 90 percent of them are in some form of hospital or hospital system. Many, however, are in other institutional settings such as hospices, prisons and community ministries. (See www.acpe.edu)

ACPE is in a supervisory shortage crunch. Some centers are at risk for closing due to a dearth of supervisors. Outgoing ACPE Executive Director Teresa Snorton writes in the book *Courageous Conversations: The Teaching and Learning of Pastoral Supervision*, that "Within the ACPE, we celebrate a steady increase in the number of students enrolled in CPE programs annually, but we struggle with the increasing number of programs that are without the required certified supervisory faculty because of retirements. At the present time, the ACPE is unable to keep the rate of retirement of supervisors balanced with a parallel certification of new supervisors." (deLong, 2010, p. 120). There is some dispute among supervisors over whether the shortage is real or simply a general reluctance of supervisors, who are largely older, to relocate or, on the other hand, that the relatively small supply makes it difficult to find the right match. At any rate, there are openings that seem to remain unfilled.

At one point in the organization's history, there was a great competition to become certified as an ACPE supervisor. Though the process is still long, challenging and competitive enough in its own right, the "gatekeepers," which are the regional and national certification commissions, are well aware of the uneven ratio between supply and demand that characterizes the present era. Though many supervisors continue to work well past retirement age, the average age of those newly certified is older as well. Of the supervisors connected with centers accredited for supervisory CPE, only about half of them currently have a student in the process.

This means that only about 100 supervisors are currently engaged in training

new supervisors. This also means, since in many cases there are at least two

supervisors in a center, that somewhere far short of 100 centers are actively engaged

in training the next generation. (ACPE office, March 22, 2010, email).

There are several good histories of the CPE movement: Edward Thornton

(1970), Charles Hall (1992) and Stephen King (2007), and these will provide some of

the background for this study. All three recount that the ACPE was officially

incorporated when four organizations decided to unite. The first two were primarily

located in the Northeast (Boston and New York) and the Chicago area. The four

organizations were: The Council for Clinical Training, The Institute of Pastoral Care,

the Lutheran Advisory Council on Pastoral Care and the Southern Baptist Association

of Clinical Pastoral Education. The Southern Baptists in Louisville had the largest

number of participants of any of the four. Each of the four groups had its own history

and each had been influenced by many of the same trends in theological education,

many of them going back several decades. Each in its own way was responding to the

need for more practical training for ministers to function in the realm of human

suffering and social upheaval outside the sheltered walls of the congregation, as well

as to be taken more seriously by other professionals. Clinical training was seen as the

key to making ministry modern and relevant in a complex social context. Indeed it

may still be the best way to insure that theological education stays in dialogue with

and keeps pace with so-called secular advances. The decline of mainline

denominationalism, the concurrent rise of nondescript "new-age spirituality" and the

resurgence of uneducated "Bible-based" piety point to the divide that began in the early part of the last century.

Charles Hall (1992), in *Head and Heart: The Story of the Clinical Pastoral Education Movement*, defined the movement as an "attempt to integrate the messages of the head and the heart." The first Executive Director of the newly formed ACPE writes that

> CPE developed out of dissatisfaction with the intellectual assumptions of systematic theology separated from religious experience and dissatisfaction with ministry based on that separation. The clinical method of studying theology in CPE gradually evolved …. It included dialogue which was at times intrapsychic (within persons) and at times interpersonal (between persons). It was dialogue which arose out of ministry to troubled persons and sought to understand what the persons were experiencing in order that the resources of religion, of Christian theology, might help those persons. Christian theology was brought to the troubled person not as an intellectual concept, but in an incarnational or *relational* manner (Hall, 1992, page xv, emphasis mine).

In the early days of the movement, physicians were often among the strongest advocates of solid theological training. Hall points out, "John Dewey was the first to start stressing the experiential philosophy of education in the early part of this century. Some of the first to apply it to theological students were clergymen Elwood

Worcester and Samuel McComb and three physicians: Isador Cariot, James Jackson

Putman, and Richard Cabot." (Hall, 1992, p. 3).

Crucial to the Council for Clinical Training, Richard Clarke Cabot is the

physician who remains most widely recognized for starting the movement to train

ministers with a clinical model much like that used for medical students. He was a

Unitarian layman and physician, a professor of medicine at Harvard, and a founder of

medical social work. He published *A Plea for a Clinical Year in the Course of*

Theological Study in 1925 and was the first to use the term "growing edge" for the

jagged and irregular edge of tissue which is healing or growing. (Hall, 1992, p. 7).

This phrase is common parlance in CPE for referring to where a student is not yet

proficient. It can be a euphemism for "weakness," though it is impossible to know if

it was intended that way by Cabot.

The "mother" of the movement is widely recognized as Helen Flanders

Dunbar, a Yale-trained physician with theological education from Union Theological

Seminary (NYC) and a Ph.D. in philosophy from Columbia University. She published

under the name "Flanders Dunbar," as did many women who used male or gender-

ambiguous pen names in order to insure having their works published and read. She

was "convinced that clergy with formal theological training and with clinical training

contributed to healing and health… Her holistic understanding of body and spirit

helped shape CPE." (Hall, 1992, p. 17).

The other three tributaries to ACPE were the "New England" group known as

the Institute for Pastoral Care, the Lutherans, and the Southern Baptists, led primarily

by seminary professor Wayne Oates. The "southern school" seems to have placed the most emphasis on being pastoral and was often the group which had to overcome the most obstacles to be included in the whole. Though they were by far the largest group at the time of unification, they were the last to be admitted to the ACPE. Some speculate that their more pastoral style was devalued as less clinically and intellectually rigorous, though this is decidedly untrue. Oates was among the few CPE Supervisors of his day to insist upon a Ph.D. as a concurrent project and he insisted throughout his career that ACPE would separate the training process from a doctoral degree program at its own peril. Indeed it is this researcher's experience that the "best and brightest" of the younger theologians are reluctant to believe that five years of intense, full-time, post-graduate clinical work without a doctorate at the end is worth their time. The relatively unknown and unimpressive title "Supervisor" does not hold much allure for those with a desire to be taken seriously as theologians and educators.

Other turbulence existed among the four tributaries that ultimately flowed into the river of ACPE. Some maintained a focus on psychodynamic insights, some insisted upon being embedded in psychiatric facilities, some held that case studies were useless. Hall writes that Carroll Wise, another founder of the movement, taught at Garrett-Evangelical Theological Seminary, and

> contributed much to shaping the Clinical Pastoral Education Movement as a
> search for clinical theology. He was convinced that understanding emotions
> and unconscious conflicts was necessary, but he also wanted intellectual
> understanding. His early acceptance of Freudian dynamic psychology may

have contributed to what many felt was *an extreme faith in psychoanalysis on the part of some clinical training supervisors, sometimes taking the place of theology for them.* On the other hand, Wise was the supervisor of Russell Dicks and Rollin Fairbanks, who became leaders in the New England group that stressed a pastoral approach and a conceptual emphasis in learning pastoral skills" (Hall, 1992, p. 21 - emphasis mine).

According to Hall (1992), "If a single event were to be designated as the point in time when clinical pastoral education became a movement, it would be the first National Conference on Clinical Training, held June 6 and 7, 1944, at the Western Theological Seminary in Pittsburgh, Pa." He writes that there were 50 participants, more than half of whom were representatives of theological schools. "The theme symbolized the fact that clinical training was recognized by an important segment of theological education." (p. 50).

Hall (1992) states of the eventual union of the four separate organizations, "It took over two decades to develop a unity of spirit in the CPE Movement." He states further that "all aspects of the CPE Movement were represented in the ACPE. Each individual supervisor, whether from the Institute, the Council, the Lutheran group, or the Southern Baptist Association, was a unique individual representing his or her own theological perspective and using her or his own unique personhood in the supervision of students." (p. 155).

A short recounting of this history sets the context for this study because ACPE is still a fluid and complex organization with many recognizable traits from various

antecedent streams. Many of the training processes have had academic roots and models, and others have come much more from an oral tradition. One can see traces of the different streams in how individual supervisors and centers approach the art of CPE supervisory formation. There remains great variety, which can be seen as one of the organization's strengths.

Understanding the training process

In order to understand the data revealed in the survey, it will be helpful for the reader to know what the process of becoming an ACPE supervisor actually involves. Many people assume that it is a course of study much like an academic track, wherein one does the reading and writing, turns in the appropriate materials and passes certain oral exams. Unique to this profession is the series of voting committees, typically made up of three to five ACPE supervisors who have the power to certify the applicant at each stage of the process, based on an extensive interview. There are no board exams or content-based tests, though three theory papers are required. Theory papers were not required in the early years. In fact, at one point in earliest days, a clergy man (there were no ordained women yet) could be certified as a supervisor with as little as three months of training. At one point in the history of theory paper writing, candidates sent their papers off to be anonymously read and evaluated for passing or failure. The writer, again mostly men in those days, was never given access to the persons critiquing his work. The process now is much more explicit and

is no longer anonymous. Writers now have clearer guidelines for writing the papers and have access to their readers.

What is the timeline for supervisory training?

When someone decides to embark on supervisory training, s/he must begin with at least four units of CPE (at least two of which need to be at Level II, a more advanced evaluation). Most candidates for supervisory training, though not all, have completed at least four units, usually in the form of a year-long residency. Many, if not most, of them will have completed an "initial" unit as prerequisite to the residency year. Many of the programs which require it for admission to a residency year, such as the Cleveland Clinic's, do so because the initial unit is often the one in which the student has the biggest adjustment period for learning in a new way.

When one enters supervisory training, one needs to understand that s/he is committing to at least four years of full-time training and very likely more. Until recently, most persons who would pursue supervisory training had to complete another residency year before being considered for becoming a Supervisory Education Student (SES, formerly called SIT for Supervisor in Training). This has begun to shift as the actual certification process has become more formalized. Many programs, such as the Cleveland Clinic's, treat the first year of supervisory training as a discernment year for both the SES and the supervisors because placing them in a second-year residency would have a very different focus and set of goals, such as specialization in a certain area of chaplaincy – a distinct vocational path.

Since not all CPE centers are accredited for the training of supervisors and not all which are accredited for such actually do it, there are relatively few training opportunities for those who wish to train to become supervisors. Not all of the centers which do offer supervisory training are equipped with enough supervisory staff or local peer-group opportunities to make for a reasonably timely progression. This creates even more urgency for those centers which are equipped to offer a well-rounded training environment to do so.

The training process involves continued growth in clinical competency as a chaplain/pastoral caregiver, as well as the development and articulation of a personal theoretical perspective. This theoretical perspective must be demonstrated in the writing and passing of three graduate-level theory papers in the areas of education, personality development, and theology. The process also involves passing three voting committees. Each of the three voting committees, which occur between one and two years apart, consists of five ACPE supervisors each wherein the student is examined orally for 60-90 minutes after submitting extensive documentation and case work. A majority (about 70 percent) does not make it through the process without having their papers or their requests for the next level of certification turned down at least once (see Appendix E). Part of this is due to the nature of the committee appearance and part of this is perhaps due to the uneven and evolving nature of the preparation.

The shortest time frame for someone to advance from start of training to Associate, which allows one to practice without direct supervision, to Supervisor, the

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full licensure, is about four years. The longest process, before new Standards forbade infinite attempts, was close to 12 years. Average is about six years. For some, the hardest part of the process is the writing of theory papers, which must be extremely condensed. Each of the three papers must be no more than five single-spaced pages not including end notes yet show mastery of relevant theories and "critical purchase" of the material and one's own theories. For most, however, it is the anxiety created by appearing before a Certification Commission committee that tends to expose the most areas for growth and further integration.

What does it take to become an ACPE Supervisor?

This question is deliberately separate from the above category describing what a supervisor is and how much training is required because the "what it takes" portion of the question is a bit more difficult to quantify and is a separate issue from the "critical components." This section is relevant because of the uniqueness of the formation process. The most important thing that it "takes" to become an ACPE Supervisor is a sense of calling and a willingness to put one's fate, to a large degree, in the hands of a jury of peers. This process, more than any other this researcher knows of, asks for an ability to listen to and digest feedback and to adjust accordingly, even in the typically high anxiety of the moment. It takes a high degree of self-awareness, a willingness to continually examine one's past, one's formative influences, one's own prejudices and attitudes and one's methods. The person who feels that certification is a kind of end-point to their struggle is likely to become

isolated and uncreative in his/her practice. The process of becoming certified takes fortitude, faith and flexibility. The flexibility is in being able to have clear principles and theories from which to work, but to be able to switch gears quickly when one's favorite approaches are not working. One needs fortitude because the process is long and hard, but the work of actually supervising real people is even harder, so that one must always keep learning. Faith is required for "trusting the process" as well as one's own call and ability to do this particular work.

People come into CPE as adults with deeply held convictions, deep prejudices and entrenched behaviors which can make relationship difficult. Most have never been forced to look at their less-than-flattering aspects so closely. Often they have been in parish ministry or some other form of ministry and therefore think they have very little to learn about ministry in a clinical setting. However, CPE forces them, in a way that neither seminary nor even therapy can, to look closely at themselves and take a sober assessment of their personal weaknesses as well as strengths. People with chronically low self esteem and/or a rigid personality which cannot bear critique struggle the most and may not achieve certification. It also takes someone with enough sense of self to be secure and able reasonably, rather than merely reactively, to disagree – even with a room full of people one is trying to be accepted by. There is a delicate balance between being sure of one's self and being too rigid to learn or grow, mainly by receiving unflattering feedback or assessments of one's abilities or knowledge that are less positive than one's own. Furthermore, there must be evidence of more than lip-service agreement that a conflicting viewpoint may have merit.

Why would anyone go this route when it does not yield a doctorate?

Most people who have committed to the process of becoming ACPE supervisors say they could not imagine themselves doing anything else. Many say that CPE in one way or another changed their lives. Some even use the language of "salvation" and do not exaggerate – so liberating was and is the experience of being in this kind of authentic ministry. However, in the early days of the movement, some CPE programs were linked directly to doctoral degrees – the Ph.D. at Southern Seminary in Louisville under Wayne Oates, and the D.Min. at Andover Newton. Oates was known for advocating that the process stay connected to a terminal degree in order to maintain its legitimacy among other professions and to maintain its intellectual quality. There is a contingent within ACPE who believe that re-uniting the certification process to a terminal degree will be necessary for attracting the most gifted among young clergy. This researcher is squarely among the latter.

What are the different committees?

The first committee an SES will meet is the committee for a Consultation on Readiness. This committee is a non-voting committee but is extremely important for assessing the SES's particular strengths and challenges. This consultation is as important for the training supervisor as for the SES because it gives the supervisor a chance to consult with several peers about the choice s/he has made for a trainee. The trainee (SES) submits several papers describing his or her personal history and motivation for training, as well as clinical case studies from his/her ministry. The SES

must prove graduation from an accredited seminary as well as ordination and endorsement for training from a recognized denominational body. All these materials are sent to the committee several weeks in advance of the committee interview, which normally occurs at a fall or spring regional meeting. The SES meets with the committee for an hour. The training supervisor is allowed to be a silent observer of the process in the room, sitting behind the SES but not speaking and not able to make eye contact with the student. This allows the training supervisor to observe first-hand how the SES engages the committee, reacts to challenges and maintains his or her sense of direction with the interview. This committee, though it casts no vote, does write a report with recommendations for the student, usually with encouragement to continue and with specific areas of reading and study that seem deficient in the SES's materials or verbal responses. If the committee report is silent on the subject of "continuing in the process," this is often taken as a tacit suggestion that the SES not do so. Since the committee does not vote, its decisions are not binding. Few supervisors discourage the SES from continuing at this point even when a committee tacitly does discourage it by not explicitly encouraging "continuing in the process" in their report. However, supervisors and SESs ignore the advice of this committee at their own peril because some astute committee member or members at a later date will pick up on the earlier committee's implied reservations and pursue the thread.

After the Readiness Consultation committee has met, it is generally assumed that supervisory training has officially begun. During this stage of training the SES is not allowed to supervise students and is a participant/observer with student groups.

The degree to which the work load is divided is dependent upon the training supervisor. The Standards can be interpreted along a spectrum, but the bottom line is that an SES before Candidacy cannot supervise any student activities alone or write evaluations alone.

Usually at the next available regional meeting, or at least within the year under normal circumstances, the SES will make a request to meet another committee in order to request the status of Candidate. This time, the committee does vote and the student, if granted candidacy, can begin to supervise students without the training supervisor physically in the room at all times as primary supervisor. At this point the SES can begin to plan and conduct the supervision of groups, but must remain in close supervision. Also at the point of being granted Candidacy status, the "clock starts ticking" and the SES has two years within which to write and pass the theory papers, successfully plan and supervise at least two solo units of CPE and prepare to meet another committee for Associate status. If they are not prepared to meet the committee within the two-year time frame, they must ask for an extension, which also requires extensive paperwork and an appearance before a committee. This extension can be granted for one or two years. At the Associate level, the person may now be referred to as a CPE Supervisor and no longer is required to be in weekly supervision, but must still prepare to meet a final voting committee within two years or apply for an extension.

The process, therefore, requires a total of four committees – only the first of which does not actually vote. The theory papers, which are all told about the length of

a master's thesis, must be passed before the second voting committee for Associate. The final voting committee, wherein the Associate label is dropped, confers upon the supervisor full certification to practice CPE without further requirements other than those for ongoing professional development and endorsement, such as continuing education and periodic, non-voting peer review, as well as adherence to the Code of Ethics. Revocation of supervisory status is extremely rare.

What are some comparable professional models of training?

There is no profession which uses the voting peer committee in the same way that ACPE uses it. Even professional counselors and therapists do not give the peer review process as much weight. This seems to be a unique quality that may elongate the process but also democratizes it. In the past, the Association of Pastoral Counselors used a similar process but dropped it after being successfully sued for discrimination. This set in motion an intense period of self-study and self-correction within ACPE which has no doubt improved the objectivity and professionalism of the process.

Chapter Two – Hypothesis and Literature Review

Hypothesis

The question this study seeks to answer is: "What are the critical components, according to its membership, in the formation process of becoming certified as full supervisors within the ACPE?"

No survey of ACPE supervisors regarding their supervisory process has ever been conducted. In fact, there is very little research on the subject of supervisory education. Two dissertations – a Doctorate in Ministry in 1991 by the Rev. James Harper and a Ph.D. in 2008 by the Rev. Judith Ragsdale – have been written. Harper studied the elements of an effective training curriculum and Ragsdale studied the qualities of the most effective training supervisors, as selected by the most qualified peers. However, to date no one has polled the total body of actual practitioners for their assessments of the various training components.

There are no published books specifically on the subject of formation of new ACPE supervisors from its own ranks. Douglas Steere's *The Supervision of Pastoral Care* and William DeLong's *Courageous Conversations: The Teaching and Learning of Supervision* come the closest. These books, while specifically about supervision, are each a compilation of a variety of authors' thoughts on the subject and are also not specifically about the *supervision of supervisors,* but rather about the supervision of persons becoming counselors and chaplains.

This profession has historically borrowed most of its wisdom and language from the psychoanalytic, psychotherapeutic, pastoral care, psychological and

educational literature. King (2007) points out the CPE has always "been criticized as having neglected the theological and ecclesiastical roots of ministry" (introduction). By not having as rich a language from our own theological tradition for what we do, we may have cheated ourselves out of a distinctive professional identity, as well as denying ourselves our own best resource – faith in something bigger than ourselves. We have not yet found our distinctive voice, which is deeply ironic given that one of the first goals of CPE is to help participants identify their "*pastoral* identity and authority" (ACPE Standards and Manuals 2010, emphasis mine). We have forfeited our own theological and scriptural birthright for a secular "mess of pottage."

It could be argued that CPE is more indebted to Freud (a secular Jew) than to any theologian, reformer, preacher or priest for its lineage. The person most agreed-upon as the movement's founder was a brilliant minister, Anton Boisen, whose own suffering from mental illness and the incumbent, inadequate spiritual care he received while hospitalized was the basis of his motivation to train other ministers with a clinical approach that would yield greater sophistication and effectiveness. But his writings are largely out of print and are not the basis of most CPE curricula. His story is well told by Robert Leas (2009). An interesting side note is that Henri Nouwen, author of *The Wounded Healer* – a virtual Bible for spiritual caregivers – wrote his doctoral dissertation (unpublished) on Boisen and was rumored to have considered CPE supervisory training himself.

In the area of pastoral care and counseling, the most vocal advocate for research has been Larry VandeCreek, author of *A Research Primer for Pastoral Care and Counseling*. In the preface, he writes,

Empirical research is unnecessary unless we want to know more about ourselves in a concrete way. . . . The primary reason for producing a scientific literature comparable to that of our peer professionals is, quite simply, to discover whether we are helping our clientele and patients, but also to determine whether *some of our efforts are more helpful than others*, whether religious interventions of one style or another are helpful or hurtful. The truth is that we do not know whether we heal or hurt, at least we do not know as clearly as we could or in ways which are meaningful or convincing to our scientific contemporaries….As a profession we are living off the *discoveries and insights of other professions.* Since Anton Boisen's contribution to clinical healthcare ministry during the 1920s, we have made observations, and developed theories as well as clinical styles of ministry for chaplaincy and pastoral counseling, but little more. We have been unable to put the capstone in place. That is, we have not built an empirical research tradition which tests our observations and theories. Our theory-building has been admirable, but we simply do not know if these theories work" (p. 2, emphases mine. Note: Vandecreek is content specialist for this study).

ACPE also began publishing the "Theory Papers" of supervisory candidates in 1981, so that there are dozens of these in print. One person's papers were (and are)

chosen each year for publication in the professional journal "Reflective Practice:

Formation and Supervision in Ministry," formerly known as the "Journal of

Supervision and Training in Ministry," (JSTM). However, these were and continue to

be, by definition, written by amateurs – persons who are still in the process of

becoming certified to practice. Therefore, even the organization's own published

theories have not been revisited in any scholarly fashion.

Because the profession and the movement behind the profession has a very

limited body of its own work, this study seeks to provide substantive clues as to best

practices in order to advance the training of new leaders.

Literature Review

As mentioned above, all candidates for certification must pass three theory

papers for certification. One set per year is selected for publication. This researcher's

theory papers (judged and passed in 2000) were later selected as theory papers of the

year and published in 2003 (in the JSTM). This researcher's theories of personality,

theology and education all emphasized mutuality and reciprocity at a time when the

traditional view of the CPE supervisory relationship was much more hierarchical,

especially in the areas of "projection" or "transference." The commonly held belief

within most CPE supervisory circles for decades was that "transference" went in only

one direction – from student to supervisor – and that "counter-transference" from

supervisor to student was somewhat rare and a result of the supervisors' ineptitude or

lack of self-awareness or self-control. At any rate the popularly held belief at the time

was that it was something to be avoided at all costs. This researcher argued (Greene, 2003) that "counter-transference" was a false notion, inseparable from "transference" and that the relationship itself had to be examined more closely. Greene's influences were Brazilian educator Paulo Freire (2000), whose revolutionary liberationist views on a more mutual theory of education were still not widely taught in most theological schools. Greene was influenced by the Relational Cultural Theory approach coming out of The Stone Center of Wellesley College, including Jean Baker Miller (1997), among others, and Ellen Langer's (1997) research in education showing the importance of choice in how much a student would retain.

Though the literature written by ACPE's own practitioners is sparse, there are a few key works from other professions which have proven relevant for those embarked on the supervisory training process. *The Supervisory Relationship: A Contemporary Psychodynamic Approach* by Mary Gail Frawley-O'Dea and Joan Sarnat (2001), while written by therapists about the training and supervision of therapists, is uncannily relevant to the issues arising in ACPE supervisory training. The authors examine the similar shift in paradigms for clinical supervision of psychoanalysts and psychotherapists, from a linear view to a more cyclical and even reciprocal one, in contradistinction from a more chronological or "stages" approach, for instance. Among many other things which parallel CPE supervision, the authors discuss the classic "teach or treat" debate within their profession when training new therapists or analysts (Hall, 1992, p. 77). In CPE circles, there exists a similar tension

in our certification process about when to stop supervising/teaching, or even offering

care, and simply evaluate whether to grant or deny the request for certification.

More recently, the book from the pastoral theology world that most speaks to

the topic is Pamela Cooper-White's *Shared Wisdom: Use of Self in Pastoral Care and

Counseling*, which examines what she terms "inter-subjectivity." Published in 2004,

this book describes supervision in an explicitly religious context, which is relevant to

this study. Her book gives a thorough overview of the history of pastoral care and

counseling. A professor of pastoral care at Columbia Theological Seminary in

Decatur, Ga., Cooper-White has completed two doctoral degrees on these subjects.

Even so, she does not address the training of new supervisors or, in her case,

professors of pastoral care and counseling.

Surprisingly, even in the discipline of psychotherapy, CPE's closest relative

and main source of theoretical foundations, the literature for the supervision of

supervisors is sparse. Sarnat and Frawley-O'Dea (2001) write in their introduction:

> All psychoanalysts and psycho-dynamically oriented clinicians, as well as
>
> most other mental health practitioners, spend many hours learning the practice
>
> of psychotherapy *by discussing their clinical work with supervisors.* Yet
>
> despite the centrality of supervision in the training of psychotherapists and
>
> psychoanalysts, there is a *relative paucity of literature on the subject*. There
>
> are, to our knowledge, six comprehensive, originally authored books and one
>
> edited book on psychodynamic supervision written from a traditional ego
>
> psychological, *or at least decidedly nonrelational* perspectives. All are

excellent treatments of the supervisory process but they do not fully address the needs of psychodynamically oriented clinicians who subscribe to contemporary relational theories of the structure of mind, health, pathology and treatment" (p. 1, emphases mine).

Cooper-White's *Shared Wisdom*, while enormously helpful because it is written from "within the ranks" of the theologically credentialed, is limited by its focus on the subject of pastoral care and counseling. It is aimed largely at those who will serve in the church and in the counseling dyad, rather than those in chaplaincy and other clinical settings. The biggest difference is that in CPE supervision, the task is not simply caring and healing, but also teaching and, more difficult, evaluating outcomes constructively. However, it is nonetheless helpful insofar as it relates to the subject of counter-transference as an impediment to good care of others. She gives a history of the concept which carefully documents the streams that originate at the headwaters of the River Freud. A classic before Cooper-White was *Ministry After Freud* by Allison Stokes (1985), which is several decades old but still helpful for perspective.

Cooper-White (2004) explores the notion of counter-transference and revisits it in light of relational theories. Though she did not originate the idea of "inter-subjectivity," she uses it to good effect in the exploration of healing relationships. She uses case studies to illustrate how a minister's or pastoral counselor's self-awareness and self-care are essential to insuring the responsible and beneficial treatment of others. She writes in the introduction that she will use the term "countertransference"

to refer to "the sum total of thoughts, feelings, fantasies, impulses, and bodily sensations, conscious and unconscious, that may arise in the pastoral caregiver in relation to any person who has come for help." She goes on to state that this is a "departure from classical psychoanalytical definitions of countertransference, in which many generations of pastoral caregivers were trained" (p. 5) This is also true for CPE supervision.

The classical definition of countertransference has referred mainly to "unconscious distortions in the helper's perception due to unresolved internal issues usually rooted in early childhood." From a classical point of view, she writes, "the work of a caregiver around counter-transference is to analyze and thereby neutralize any neurotic 'baggage' that might hinder the work of therapy or care." She goes on to explain that a newer view, called a "totalist" view, tends to incorporate the classical view with newer, more relational insights rather than replacing the old view entirely. CPE supervisors do become the objects of much transference for their students, but this is only a part of the total relationship and, for many, not the part with the most lasting impact.

Cooper-White's history is thorough and does not need to be repeated here. Her main goal in writing, clearly, is to explore the space between the "helper and helpee" as a dynamic, fluid and liminal space rather than a one-way street of help given and help received. In this sense her work parallels this researcher's earlier theories as well, which were based on the notion of what she could only call "mutuality-but-not-equality" at the time of her writing in 1999 and 2000. A more

elegant description would be "asymmetrical reciprocity" for use in the context of adult education and pastoral formation among persons of widely varying traditions and levels of ministerial experience prior to CPE.

As for the "dissenting voice," this was also challenging. Though there is much generalized angst in the CPE world about "boundaries" and intimacy between supervisors and supervisees, there is nothing published to date. Two good books on boundaries – one from the social work field and one from the ministry – nevertheless deal mainly with the violation of sexual boundaries. They tend to focus on the sexual exploitation of the emotional dependency and trust that can develop on the part of counselees. Marilyn Peterson's *At Personal Risk: Boundary Violations in Professional-Client Relationships* and Katherine Ragsdale's *Boundary Wars: Intimacy and Distance in Healing Relationships* are excellent texts for making the case that those with supervisory responsibility should exercise extreme caution when physical attraction from either side of the counseling dyad enters the picture.

These texts are useful cautions within the topic of intimacy in these types of relationships. However, they deal so exclusively with sexual impropriety that they do not shed much light on the subject of emotional intimacy between trainee and trainer. Though there are certainly concerns over the misuse of power, nothing useful has been written so far that is specific to this study's subject.

Chapter Three –Methodology

Questionnaire Design

Working with Dr. Larry VandeCreek, content specialist for this study and
nationally recognized researcher in pastoral care, this researcher designed a
questionnaire to capture demographic information, factual details about the
certification process (dates, number of committee appearances), as well as opinions
about key elements in the formation process. To facilitate data analysis, most
questions were either numeric or forced choice (radio buttons). Most questions
allowed for respondents to add clarifying information in a text box. Questions were
kept to a minimum so that the survey could be completed in under 15 minutes.

The survey was translated into in SurveyMonkey.com and then sent to several
colleagues for a "test run." Based upon feedback from these colleagues, questions
were edited, answer options either expanded or made clearer. After this first edit, the
survey was sent out to a larger sample of ACPE colleagues, most of whom were
within the East Central Region of ACPE. After incorporating their feedback, the
survey was ready to be sent to ACPE supervisors.

Administration of the Survey

Source of database names and survey instrument.

According to the Association of Clinical Pastoral Education (ACPE)
headquarters, there are over 825 active and retired supervisors in the United States.
The ACPE office maintains a database with contact information for 809 of these
individuals. After considering the various options available to carry out a survey

(USPS mail, telephone), an online program, SurveyMonkey.com ©, was selected as the survey instrument. SurveyMonkey allows collection of both quantitative and qualitative data. Furthermore, this program allowed tracking of those who had responded and could re-send requests only to those who had not completed the survey, thereby increasing the total response rate.

ACPE provided an email list of 809 individuals, consisting of most of the active and retired ACPE supervisors. The email invitation to participate in the survey was sent out on March 6, 2011. Fifty emails "bounced" back – indicating they were no longer actively being used.

Texts for the three email invitations:

Sent March 6, 2011

Dear ACPE colleague,

As Director of CPE at the Cleveland Clinic and a D.Min. candidate at Ecumenical Theological Seminary in Detroit, I need your help.

I am conducting a research project on supervisory training. I would be so grateful if you would take about 15 minutes of your time to complete this survey. There are about 30 items, with only one that may be a little confusing (a forced-choice ranking of the importance of the various components of your own supervisory training process.)

My area of interest is "How do we best contribute to the formation of the next generation of ACPE supervisors." Your experiences in this matter are of the utmost significance.

I and two people unrelated to ACPE (my husband, who is a mathematician, and a chaplain, who is a research assistant) are the only ones who will see your answers. Your identity will be completely unknown to anyone else unless you give me permission to contact you later.

If you choose to participate, I believe that your feedback will help not only my personal interests but also the future of ACPE as we collectively seek best

practices for the formation of the next generation of supervisors.

Here is a link to the survey:
https://www.surveymonkey.com/s.aspx

I cannot thank you enough,

Amy

PS: If choose to exit before finishing, your responses will not be saved. You can return at another time and start the survey again.

This link is uniquely tied to this survey and your email address. Please do not forward this message.

Thanks for your participation!

Please note: If you do not wish to receive further emails from us, please click the link below, and you will be automatically removed from our mailing list.
https://www.surveymonkey.com/optout.aspx

Sent March 13, 2011

Dear Rev. [LastName],

As a fellow ACPE supervisor, I am asking you for a special favor. I have not yet received a response to the survey invitation I sent to you last week.

I'm asking again because your participation will greatly increase the validity of our results. It will only take 10 - 15 minutes to answer a few questions.

I will be sharing the results of my research with all the ACPE supervisors who participate. I am confidant that this project will have significance beyond my personal interests in the formation of new supervisors.

To participate in this national survey of ACPE supervisors, please click on this link:
https://www.surveymonkey.com/s.aspx

Thanks so much,

Amy

Rev. Amy Greene
Director of CPE
Cleveland Clinic
Cleveland, OH

Please Note:
---This link is uniquely tied to this survey and your email address. Please do not forward this message.

---If you do not wish to receive further emails from me, please click the link below, and you will be automatically removed from our mailing list.
https://www.surveymonkey.com/optout.aspx

Again, thanks for your participation!

Sent March 20, 2011

Dear Rev. [LastName],

I promise not to bother you again, but if you have not yet completed my survey about the CPE supervisory training experience, it is not too late.

Some folks have assumed that if they are retired or are not supervising Supervisory Education Students that their input will not be as valuable. THIS COULD NOT BE FURTHER FROM THE TRUTH.

I am looking mainly at the formation experience itself, so by virtue of making it through the process, YOU are someone I want to hear from.

We have gotten a very good response so far, but a handful more will reduce the margin of error to a negligible size, making the study all the more valuable for all of us concerned about the future of CPE.

To participate in this national survey of ACPE supervisors, please click on this link:
https://www.surveymonkey.com/s.aspx

Thanks again for your time.

Amy

_____

Rev. Amy Greene
Director of CPE
Cleveland Clinic
Cleveland, OH

Please Note:
---This link is uniquely tied to this survey and your email address. Please do
not forward this message.

---If you do not wish to receive further emails from me, please click the link
below, and you will be automatically removed from our mailing list.
https://www.surveymonkey.com/optout.aspx

Again, thanks for your participation!

Response rates.

Two hundred and sixteen individuals responded to the March 6, 2011

invitation (Table 1). On March 13, 2011, a second invitation was sent to those who

had not yet responded (534 individuals), and a further 183 individuals took the

survey. A final email was sent on March 20, 2011, with 82 additional individuals

responding.

Table 1

Dates and Response Rate of Email Invitations to Participate in CPE Survey

Date	# of emails sent out	# of responses	Response rate	% of Total responses
March 6	759	216	28.5%	45.1%
March 13	534	183	34.3%	38.2%
March 20	340	82	23.5%	16.7%
Totals :		481	59.2%	

Out of 759 invitations, 481 (63.4%) individuals at least partially completed the survey. A total of 449 (59.2%) individuals answered every question on the survey.

These 449 respondents represent 55.5% of 809 active and retired supervisors on file with the ACPE. Only two individuals seemed not to realize that they could simply opt out of the survey and avoid receiving repeated attempts; they sent angry messages to the researcher. Many more people sent messages expressing gratitude for the "reminder" or for the opportunity to participate because they were interested in the research itself.

Key Variables: Gender and Date of Certification

Two key variables emerged: gender and date of certification. ACPE has evolved from a primarily male-led organization to one that now boasts male / female parity in number of supervisors, leaders, students, etc. In reviewing the data, one question that emerged was whether or not there were measurable differences in the responses associated with gender. Where there were significant gender differences, they are discussed in the next chapter.

A key year in the history of ACPE is 1990: this represents the first year that an equal number of women (10) and men (10) were certified. Much of the subsequent data analysis will compare the responses of individuals certified before 1990 and those who were certified in 1990 and later years. Where there were generational differences, these are also described in the next chapter.

Comparing sample to population.

After compiling survey results, demographic and regional data were solicited from the ACPE national office to explore how representative the sample of survey respondents was compared to the population of retired and active supervisors. ACPE was able to provide quantifiable data on 798 supervisors. For the purposes of this study, three variables were compared: gender, certification dates, and region. Furthermore, a table of gender and certification date was cross-tabulated to get a more accurate comparison.

A review of the data shows that the ratio of women to men in the sample is slightly greater than that of the population, as is the ratio of those certified before 1990 and those certified after 1989 (Table 2). In part, these slight shifts may be due to a number of retirees, who are mostly male, and mostly certified before 1990, not participating at the same rate as other subgroups.

A comparison of the regions shows that the sample is representative of the regional distribution.

Table 2

Comparison of Population to Survey Respondents

Gender	Population	Respondents	Difference
Male	68%	63.7%	4.5%
Female	32%	36.3%	-4.5%

Certification date			
Pre 1990	50.6%	45.5%	5.0%
1990+	49.4%	54.5%	-5.0%

Gender by certification date			
Certified pre-1990 male	43.5%	38.0%	5.4%
Certified pre-1990 female	7.1%	7.5%	-0.4%
Certified 1990+ male	24.8%	25.8%	-1.0%
Certified 1990+ female	24.7%	28.7%	-4.0%

Region			
Eastern	12.7%	12.0%	0.7%
East Central	10.2%	11.3%	-1.1%
MidAtlantic	13.7%	15.3%	-1.6%
NorthCentral	16.3%	13.2%	3.1%
NorthEast	5.3%	5.7%	-0.4%
Pacific	10.2%	8.2%	2.0%
SouthCentral	6.5%	7.8%	-1.3%
SouthEast	14.4%	15.5%	-1.1%
SouthWest	10.6%	10.9%	-0.3%

Note: Difference column represents variance between population vs. survey respondents for each subcategory.
(For respondents, *n = 481*; for Population, *n = 798*)

Survey Structure

The survey consists of 27 questions, grouped into five major categories (Table 3, Appendix A).

Table 3

Survey Categories and Data Types

Categories of Data	Data Types
Demographic information	Year of birth; gender; race, nationality or ethnicity
Practice-related information	Year of certification; current status: retired, active, etc; region, type of CPE center; center size – number of staff; number of SESs or SITs supervised.
Certification Process	Year of training; theory paper process; Number of committee appearances; types of curriculum;
Relationship to ACPE	Participation in regional / national meetings
Formation experience	Use of peers in process; relationship with supervisor; components critical to training;

Note. Responses to 24 out of 27 questions are quantifiable (multiple choice or numeric format).

Respondents were presented with opportunities to clarify responses in text boxes which were added to the end of several questions ("additional comments" option). Three of 27 questions were open-ended. Respondents were asked 1) to state their race, nationality or ethnicity in their own terms rather than from a multiple choice; 2) to describe their relationship with their supervisor in theological terms, and 3) to add additional feedback on their formation process that may not have been elicited in the survey questions.

Chapter Four – Findings and Analysis

Findings - Summary of Data

Demographic information.

Gender, age and year of certification.

Of the 478 respondents to the survey, over 60% are ages 60 years and older.

As many respondents are under 60 as are over 65 years of age: 40%. The average age

of all respondents is 62 years. See Figure 1.

Distribution of Respondents by Age
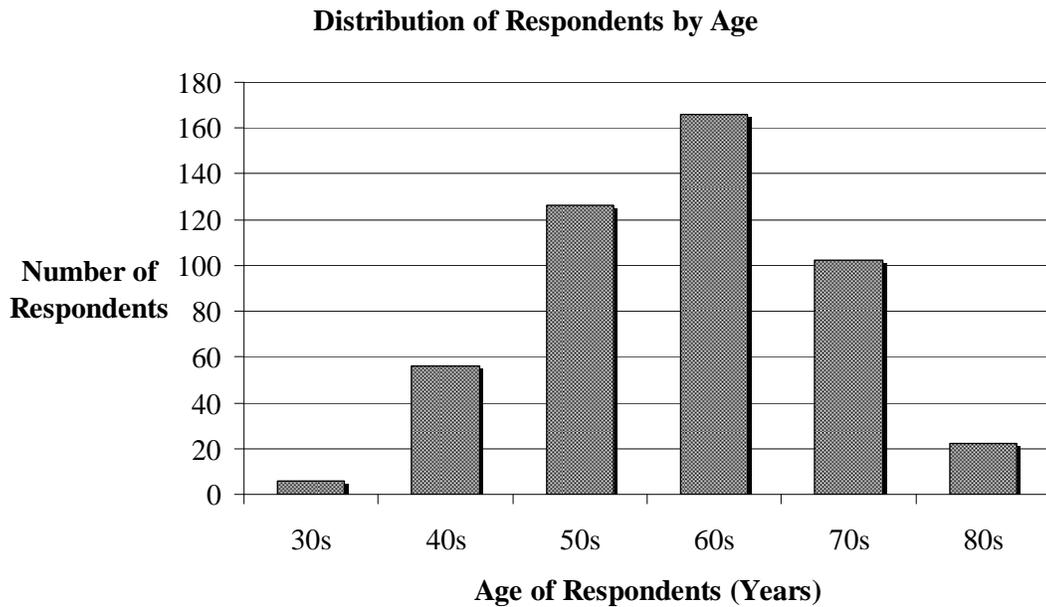
Figure 1: Ages of Respondents Grouped by Decade

Almost 60% of male respondents were certified before 1990, while only 21%

of women respondents were certified before 1990. Since 1990 the ratio of men to

women has been 47% to 53%, a dramatic shift from the pre-1990 ratio of 84% men to

16% women. The average age of both women and men in the 1990-and-later

certified cohort is the same: 55.9 years. See Table 4.

Table 4

Average Age of Respondents by Certification Period (before / after 1990) and by Gender

	Men		Women		All respondents	
	#	Average age (Yrs)	#	Average age (Yrs)	Total	Average age (Yrs)
Certified pre 1990	183	70.7	36	64.9	219	69.7
Certified 1990-and-later	124	55.9	138	55.9	262	55.9
Totals:	307	64.7	174	57.7	481	62.4

N=481

Race and ethnicity.

The response field to "Ethnicity and race" allowed respondents to self-report in a text box. Data were compiled and revealed that a large majority (86%) of respondents classified themselves as falling into the commonly accepted category of "Euro-American" also known as "white" or "Caucasian." See Table 5. Self-described African Americans represent 6.5% of the respondents.

Table 5
Distribution of Ethnicity / Race Data as Self-described by Respondents

n=481	Male	Female	Totals	%
African American	17	14	31	6.5%
Asian	6	6	12	2.5%
Hispanics	5	0	5	1.0%
Euro American	267	147	414	86.4%
Other (African, multi-racial, Native American, biracial)	10	7	17	3.5%
TOTALS:	305	174	479	

Practice-related information.

Year of certification.

The "Year of Certification" data correlated with the "Year of Birth" data showed some interesting trends. The average age of the respondents at time of certification has increased steadily in the past 40 years, at a rate exceeding 8% per decade. See Table 6.

Table 6
Age of Respondents at Certification by Decade of Certification

Decade of Certification	Number of persons certified	Average Age at Certification	Increase (%) per decade
1950s	2	25.5	Insufficient Data
1960s	24	33.8	Insufficient Data
1970s	69	36.7	9%
1980s	119	39.6	8%
1990s	107	43.6	10%
2000s	153	46.7	7%

n=481

At the current trend, average age at certification will be 59 years by 2030. See figure 2.

45

**Average Age of Respondents
at Time of their Full Certification**
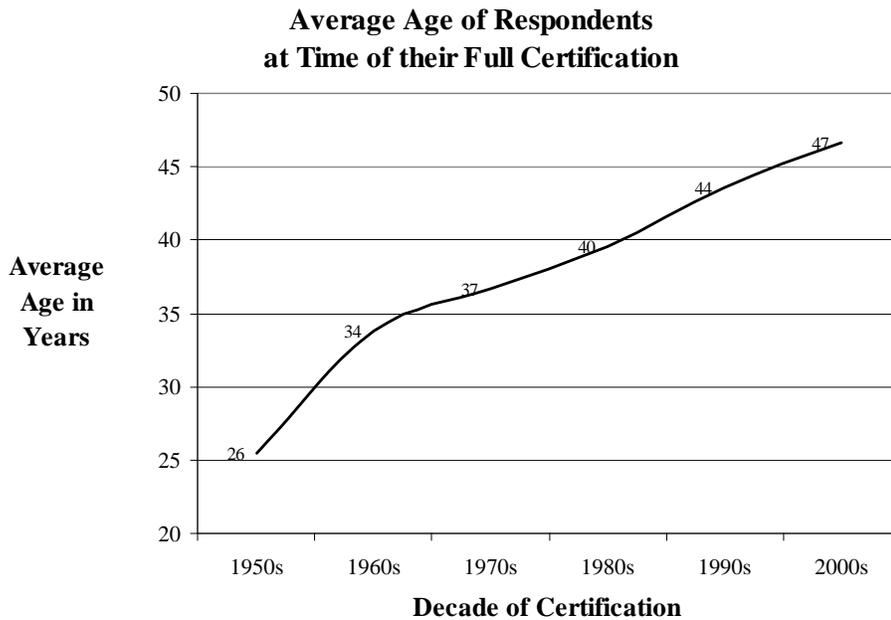
Figure 2: Average age of respondents at time of certification

The data also show the increasing parity between men and women being certified, both in terms of number and age. See Figure 3 and Table 7.

Ratio of Men and Women by Decade of Certification
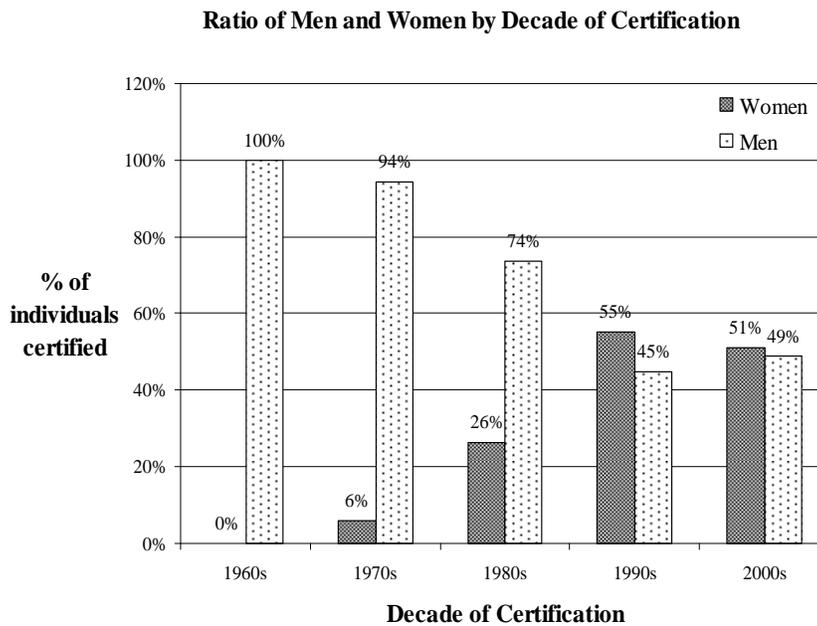
*Figure 3.*Ratio of Men and Women being certified from 1960s to 2000s.

Table 7

Average Age of Respondents by Decade of Certification and Gender

n=481	Women			Men		
	Avg. age at Certification	Number certified	%	Avg. age at Certification	Number certified	%
1950s	n/a	0	0%	25.5	2	100%
1960s	n/a	0	0%	33.8	24	100%
1970s	35.0	4	6%	36.8	65	94%
1980s	39.3	31	26%	39.9	88	74%
1990s	43.5	59	55%	43.7	48	45%
2000s	46.6	78	51%	46.8	75	49%

The average age of both men and women certified in the past 10 years is about 46 years (Table 7).

Time in training process.

A comparison of number of years that men and women state that they were in

the training process reveals significant gender differences (Table 8):

Table 8

Length of Time in Training Process for Women and Men By Start Age

Age Range at Training Start	Training Time (in years)		Differential	
	Female	Male	Years	%
20 – 29	5.6	8.0	2.4	43%
30 – 34	5.8	5.9	0.1	2%
35 – 39	5.2	5.5	0.3	6%
40 – 44	4.6	6.8	2.1	45%
45 – 49	4.7	5.8	1.0	22%
50+	5.4	6.4	1.0	19%

Note. Data are for respondents who were certified 1990 and later. (N = 260)

Table 8 shows that men who entered the training process in their 20s took an average of 2.4 years (43%) longer than women. Men and women who entered the process in their thirties spent about the same number of years before becoming certified. Respondents who entered the training at age 40 and greater differed significantly by gender (Figure 4). Men in their early 40s took an average of 45% more time (2.1 years) to get through the process.

**Average Time in Certification Process
for Men and Women Compared to Age**
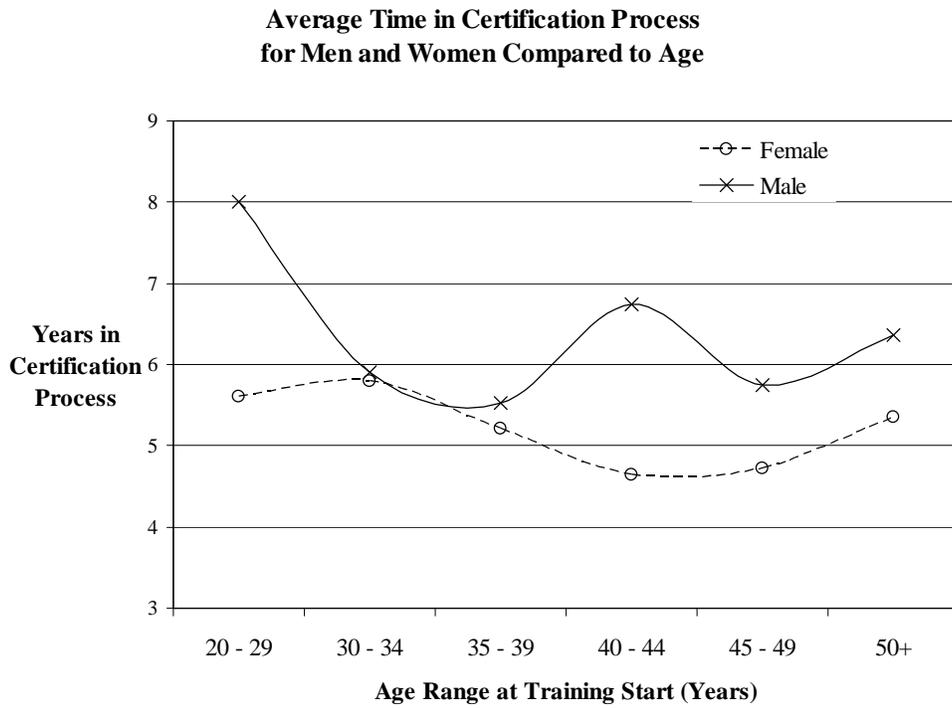
Figure 4 Average Time in Certification Process for Men and Women compared to Age

Current status of respondents.

Table 9

Current Status of Respondents Answer Options	Women	Men	Total Responses	Percent
Supervising Levels I and/or II students but no SESs (Supervisory Education Students)	84	89	173	36.0%
Supervising SESs (whether or not also supervising Levels I/II)	66	87	153	31.9%
Retired, but supervising Level I and/or II students	2	21	23	4.8%
Retired, but supervising SESs (whether or not also supervising I/II)	2	15	17	3.5%
Retired, not supervising any students	12	77	89	18.5%
Other (please specify)	8	14	22	4.6%

Note: Other includes "unemployed", "Rector of church", "active as psychotherapist", "administrator of center", "disabled", "taking a break", "consulting with SES", etc. N=477

Of the respondents, 91% of the women supervisors and 84% of the men supervisors are currently supervising students (Table 9).

Regional distribution and center type.

Respondents represented all nine regions of the national organization consistent with the distribution of the population (Table 2). Table 10 outlines the distribution of the types of centers where respondents either currently practice or last practiced.

Table 10

Type of CPE Center where Respondents practice(d)

Type of Center	Response Percent	Response Count
Hospital – teaching / university based	41.0%	196
Hospital – urban	23.6%	113
Hospital – suburban	11.1%	53
Hospice	1.9%	9
Correctional Facility	0.0%	0
Other Setting*	22.4%	107

Note. *"Other" types of CPE centers include parish and community based
counseling centers, long-term care facilities, military bases, mental health
facilities, etc. N=478*

Over 75% of respondent choose one of the three "hospital" choices as their

CPE center setting. An additional 53 respondents in the "Other" category are

practicing CPE in some sort of hospital setting (rural, multi-state, VA, mental health,

army base, etc.). All together, over 87% of respondents work in a medical facility.

Number of supervisors at centers.

Almost one-third of respondents (32.8%) reported being the only supervisor in

their center. Another third of respondents reported working with one other

supervisor. The remaining third reported working with two or more other

supervisors.

Number of supervisors trained:

To gather data about the experience level of the respondents, a question was added to find out how many SESs (formerly known as Supervisors in Training, or SITs) the participants had supervised. Unfortunately, the response rate for this question was very low: only 63 (13%) answered the question. There is insufficient data to draw any conclusions.

Certification process.

Years of training.

An analysis of all respondents' self-report (cross-tabulated by gender) on how many years they were in the supervisory training process generates the following table:

Table 11
Number of Years in Training Process by Gender for All Respondents

Number of Years in Training Process	Gender		Response Percent	Response Count
	Women	Men		
3 years	38 (28%)	96 (78%)	28.2%	134
4 years	29 (38%)	47 (62%)	16.0%	76
5 years	45 (45%)	54 (54%)	20.8%	99
6 years	31 (41%)	44 (59%)	15.8%	75
7 years	11 (31%)	25 (69%)	7.6%	36
8 years	9*	12	4.4%	21
9 years	3*	10	2.7%	13
10 years	3*	7	2.1%	10
more than 10	3*	9	2.5%	12
Totals:	172	304		476

Note. * Insufficient data.

The data seem to suggest that men move through the process at a faster rate than women overall. However, an examination of the responses of supervisors certified in the 1990s and 2000s reveals a different pattern. See Table 12.

Table 12

Number of Years in Training Process by Gender for Respondents Certified 1990-and-later

	Women	% of Women	Male	% of Men
3 years	26	19%	12	10%
4 years	21	15%	16	13%
5 years	36	26%	30	24%
6 years	26	19%	23	19%
7 years	11	8%	16	13%
8 years	8	6%	7	6%
9 years	3	2%	8	7%
10 years	3	2%	7	6%
more than 10	3	2%	4	3%
Totals:	137		123	

The data show that women certified 1990-and-beyond moved toward full certification at a faster rate than their male peers: 60% of current women supervisors completed the process in five years or less, compared to 47% of men completing in the same time period.

Number of committee appearances.

Looking at the 1990-and-later data (Table 13), women reported that they met with committees less often than men did, passing after the first appearance at a significantly higher rate at both the Candidacy and the Associate levels.

Table 13

Number of Times Respondents Certified 1990-and-later Met with Candidacy Committee

# of appearances	Women	% of women	Men	% of men
Once	112	82%	84	68%
Twice	21	15%	34	28%
Thrice	4	3%	5	4%
Totals:	137		123	

82% of women reported passing after their first appearance, while 68% of men reported doing so. Alternately stated, women were more than 20% more likely to pass the candidacy committee after one appearance.

At the Associate (Acting Supervisor) committee level, two-thirds of the women passed after their first appearance, compared to half of the men passing their first committee appearance (Table 14). Women were 30% more likely than men to pass the Associate Committee at their first appearance. On average, men required 1.57 committee appearances before passing at the Associate Level, while women required an average of 1.32 committee appearances, a difference of 16%.

Table 14

Number of Times Respondents Certified 1990-and-later Met with Associate Committee

# of appearances	Women	% of women	Men	% of men
Once	89	65%	62	50%
Twice	44	32%	53	43%
Thrice	4	3%	7	6%
Four or more	0	0%	1	1%
Totals:	137	53%	123	47%

The total number of committee appearances (Candidate, Associate and Full) for current supervisors who completed their training since 1990 is summarized in Table 15. The average number of total committee appearances for Supervisors certified 1990-and-later is 4.08. Eighty percent of current supervisors passed either with no denials (31%) or with only one denial (49%) of a request, meaning that the majority were denied only one time.

Table 15

Total Number of Times SES Certified 1990-and-later Met Committees for Full Certification

Number of Committee Appearances	Number of Individuals	%
3	80	31%
4	101	49%
5	59	23%
6	14	5%
7	6	2%
Totals:	260	

At the initial Full Supervisor request appearance, men and women achieved parity, with 71% of women and 68% of men passing after their first appearance. See Figure 5.

Passing Rate of Men and Women after First Committee Appearance
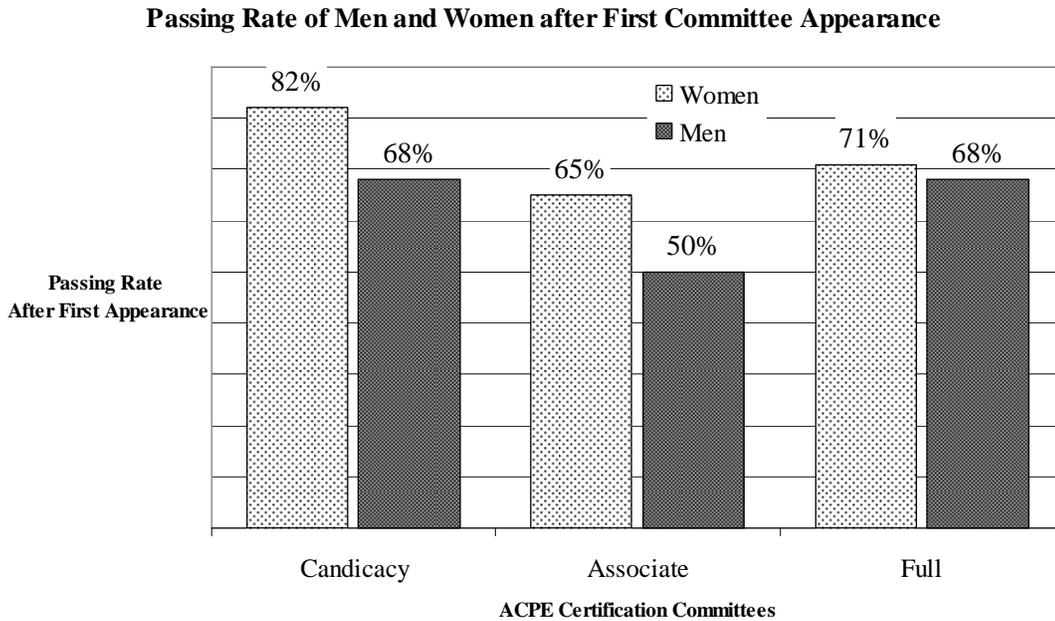
Figure 5: Rate at which men and women pass a committee after their first attempt. Respondents are those who were certified 1990-and-beyond.

Curriculum.

The role of curriculum is a topic of current debate within the organization, especially as it relates to the Standards and Accreditation. This survey requested information about whether written curricula had been part of the participants' training process, and then followed up with questions about the use of the curriculum.

The responses from 259 individuals certified since 1990 showed that 60% (155) stated that they were not given a "written curriculum." Of the 102 (40%) who received a written curriculum, half stated that their curriculum was "detailed (several

pages long with specific assignments)", and the other half stated that their curriculum was "general (1-2 pages with topics and suggested readings)."

The role of the detailed curriculum was further explored with a second follow-up question: "If you had a detailed curriculum, how closely did you follow it?" Twenty-eight respondents (55%) reported that they followed it "somewhat closely", while 17 (33%) followed it "very closely." The remainder 12% followed it loosely.

This suggests that only 17 (6%) out of the 262 individuals certified since 1990 had a written curriculum that they "followed very closely." An additional 28 or 10.6% followed a curriculum "somewhat closely." For those certified before 1990, only 18% had any written curriculum. Out of that number, the majority said the curriculum was "suggested reading." Only 4% had a "detailed curriculum, followed closely."

Relationship to ACPE.

Participation in regional meetings.

Three questions explored the respondents' level of participation in ACPE at both regional and national level. The first two questions asked respondent how many regional and national meetings they attended in the past five years. The third question delved into membership in local and regional committees.

Looking at the entire sample (men and women, pre and post 1990), over two-thirds of respondents stated that they attend four or more regional meetings in the last four years. See Table 16. About one out of thirteen respondents stated that they did not attend any regional meetings in the past five years.

Table 16

Number of Times Respondents Attended Regional Meeting in the Past 5 Years

Answer Options	Response Percent	Response Count
0	7.7%	36
1-3	25.3%	119
4-6	38.3%	180
7-10	28.7%	135
Total Responses:		470

For respondents certified before 1990, a different picture emerges: the number of non-attendees doubles, to one out of 6 (15.2%). See Table 17. Women of that generation are more likely to attend regional meetings: 68% of the respondents attended at least four meetings in the past five years, as compared to only 52% of men. Whereas almost one out of five men chose not to attend any meetings, all women reported attending at least one meeting in the past five years. Much of this differential may be attributed to the fact that the women were still below official retirement age. The average age of men certified pre-1990 is 70.7 years, while the average age of the women is 64.9 years.

Table 17

Number of Times Respondents Certified pre-1990 Attended Regional Meeting in the Past 5 Years

	Women			Men			All Respondents	
	Count	%		Count	Percent		Count	Percent
0	0	0%		32	18%		32	15.2%
1-3	11	31%		52	30%		63	29.9%
4-6	13	37%		65	37%		78	37.0%
7-10	11	31%		27	15%		38	18.0%
Totals:	35			176			211	

The 1990 and later generations of both men and women show much closer parity in regards to regional meeting participation (Table 18). Only 1% and 2% of men and women, respectively, did not attend any meetings, while 78% and 76% of men and women attended at least four regional meetings in the past five years.

Table 18

Number of Times Those Certified 1990-and-later Attended Regional Meeting in the Past 5 Years

	Women			Men			All Respondents	
Meetings Attended	Count	%		Count	Percent		Count	Percent
0	3	2%		1	1%		4	2%
1-3	30	22%		26	21%		56	22%
4-6	50	37%		52	42%		102	39%
7-10	53	39%		44	36%		97	38%
Totals:	136			123			259	

Participation in national meetings.

Participation in National Meetings does not meet the level of that in Regional Meetings: more than double the number of respondents reported not attending any national meetings, as compared to not attending any regional meetings. Fewer than half of the respondents reported attending three or more national meetings. See Table 19. This may have more to do with budgetary restraints than with desire or interest. This point would require further study in order to draw conclusions.

Table 19

Number of National Conferences Attended in the Previous Five Years

Answer Options	Response Percent	Response Count
0	17.9%	84
1-2	33.6%	158
3-4	26.4%	124
5	22.1%	104
Total Responses:		470

As with attendance at regional meetings, there are patterns along gender and generational lines: of the 35 women certified before 1990, only one did not attend any national meetings, while a plurality of men (35%) did not attend any of these meetings. As with regional meeting attendance patterns, the gender difference may be attributable to the average age difference of men and women.

For men and women certified 1990 and afterwards, attendance rates at the national meetings did not share the same level of congruence as attendance at regional meetings. Women were more likely than men not to have attended any

meetings in the past five years (10% vs. 7%). Men were slightly (11%) more likely

than women to have attended at least three out of the past five meetings: 60% vs. 54%

(Table 20).

Table 20
Number of Times Those Certified 1990-and-later Attended Regional Meeting in Past
Five Years

Meetings Attended	Women			Men			All Respondents	
	Count	%		Count	Percent		Count	Percent
0	14	10%		7	6%		21	8%
1-2	48	35%		42	34%		90	35%
3-4	40	29%		49	40%		89	34%
5	34	25%		25	20%		59	23%
Totals:	136			123			259	

Service on national or regional committees.

In response to "Did you serve on regional or national committees? If so,

briefly describe your involvement," 436 participants responded to this question and

46 skipped this question. Of the 436, 428 described national or regional committee

involvement. Responses to this open question included all the ACPE commissions at

the regional and national level, planning teams, ACPE board, etc. Eight respondents

said they did not serve on any committees in the past five years, while 46 did not

answer, suggesting that they did not participate at that level. In summary, almost

89% of respondents stated that they served on at least one committee at the regional

or national level.

Formation experience.

Presenting to peers.

A key component of the training process involves meeting with, and getting critical feedback from, peers and other supervisors. Two questions explored this aspect of the CPE formation process. Data from the first question: "How strongly did your training supervisors stress the importance of presenting your work regularly to peers and other supervisors for critique?" are found in Table 21.

Table 21

Responses to Whether Supervisor Encouraged or Required Presentation to Peers

Answer Options	Response Percent	Response Count
Required	59.0%	278
strongly encouraged	22.5%	106
somewhat encouraged	12.5%	59
Not a priority	5.9%	28

Note. An analysis of gender and generational differences reveals little statistical differences from the population as whole. (N = 471)

Eighty-one percent of respondents stated that their supervisors either required or strongly encouraged regular presentation to peers and other supervisors.

As a follow up question, respondents were asked how often they presented their work to peers and other supervisors for critique. As shown in Table 22, well over half of the respondents stated that they presented their work at least bi-weekly. Almost 90% reported presenting their work at least every three months.

Table 22

How Often Respondents Presented Their Work To Peers And Other Supervisors For Critique

Answer Options	Response Percent	Response Count
Weekly	35.2%	166
Bi-weekly	24.2%	114
Monthly	29.9%	141
Quarterly	3.8%	18
Rarely	6.8%	32

Note. An analysis of gender and generational differences reveals no significant differences from the population as whole. (N = 471)

An interesting piece of data emerged when one correlates the number of presentations SES made in their process against the time needed to complete the certification process (Figure 5). SES candidates who presented their "work to peers and other supervisors for critique" monthly or less often needed an additional year to achieve their goal of becoming a full supervisor. This represents an additional 18% of training time, as compared to SES who met weekly or bi-weekly to present their work.
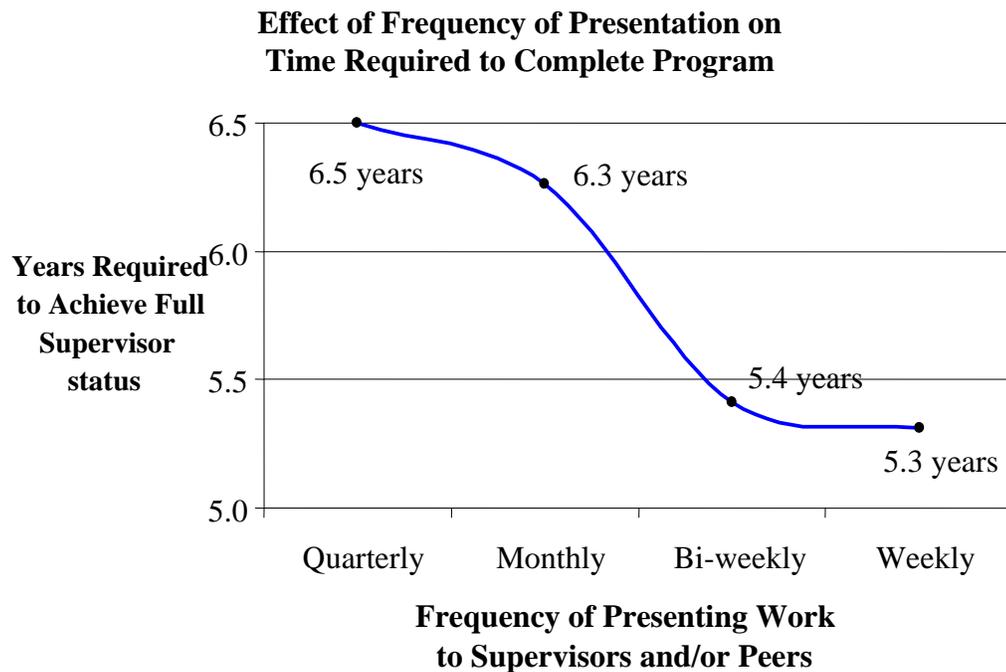
**Effect of Frequency of Presentation on
Time Required to Complete Program**

Years Required to Achieve Full Supervisor status

6.5

6.5 years   6.3 years

6.0

5.5   5.4 years

5.3 years

5.0

Quarterly   Monthly   Bi-weekly   Weekly

**Frequency of Presenting Work
to Supervisors and/or Peers**

Figure 6: The impact of frequency of presentation of work on time needed to complete training process.

This finding held across gender lines: a closer look at the presentation practices of men and women certified since 1990 revealed that men and women presented their work at the same "rate." About 60% of both men and women presented their work to peers and other supervisors at least bi-weekly.

Relationship with supervisor.

An open ended question was posed to the respondents: "Call to mind the ACPE Supervisor who influenced your desire / decision to become a supervisor. Describe your relationship with him/her in theological terms." The person "call(ed) to mind" did not have to be the supervisor of record. A follow-up question probed

whether the primary supervisor was actually the one most influential in the formation

process.

Analysis of the data revealed distinct differences between women and men.

See Table 23.

Table 23

Was the Most Influential Supervisor Also the One With Whom Respondent had the Most Units?

	Women		Men		All Respondents	
	Count	% of Women	Count	% of Men	Count	% of All Respondents
Yes	66	39%	148	49%	214	46%
No	105	61%	151	51%	256	54%
Totals:	171		299		470	

Note. These "yes/no" ratios (women ~40/60 and men ~50/50) hold true whether

respondents were certified before or after 1990.

Men were 25% more likely to identify their most influential supervisor as the

one with whom they had the most units. Three out of five women stated that the most

influential supervisor in their training process was someone other than the one with

whom they had the most units. These "yes/no" ratios (women 40/60 and men 50/50)

hold true whether respondents were certified before or after 1990.

Ranking components of formation.

The certification process is a multi-year effort, involving numerous components, broadly defined, which respondents were asked to rank in order of importance to their certification process.

Answer choices included:

- Consultation groups (with peers and other supervisors)
- Individual psychotherapy
- Clinical placement
- Theory paper writing process
- Relationship to supervisor
- Involvement in regional and/or national CPE meetings
- Curriculum
- Freedom to practice on your own
- Being denied a request (C-commission or theory papers)
- Having multiple training supervisors

The question "forced" a response, meaning that each number (1 – 10) could only be used once, and all blanks required an entry before the respondent could proceed.

The instructions read: "Rank the individual components of your own supervisory training process (from most to least important) as you believe each contributed to your successful certification. NOTE: each number (1-10) can only be used once. If you try to give two items the same rank, your earlier response will 'disappear'. It is a bit tricky, but important to this research project, so I especially appreciate your time on this question." Despite the time required to complete this question, 94% of respondents completed the question by successfully ranking all 10 items (Table 24).

Table 24

Components of Certification Process Ranked in Order of Importance by Respondents

<u>Rank of Importance</u>
1 = most important, 8-10 = least important or not-applicable

Answer Options	1	2	3	4	5	6	7	8	9	10
Consultation groups	130 29%	109 53%	62 67%	39	24	15	13	18	18	24 13%*
Individual psychotherapy	49 11%	94 32%	60 45%	54	41	23	36	40	29	26 21%*
Clinical placement	16 4%	22 8%	32 15%	47	46	58	51	71	61	48 40%*
Theory paper writing process	10 2%	35 10%	37 18%	67	69	75	61	37	40	21 22%*
Relationship to supervisor	156 35%	61 48%	80 66%	35	26	30	18	17	17	12 10%*
Multiple training supervisors	24 5%	48 16%	51 27%	57	47	57	42	35	45	46 28%*
Curriculum	10 2%	13 5%	23 10%	40	56	69	78	72	53	38 36%*
Freedom to practice on your own	29 6%	32 13%	57 26%	64	70	47	57	54	27	15 21%*
Being denied a request	16 4%	20 8%	27 14%	24	35	30	40	47	72	141 58%*
Involvement in ACPE meetings	12 3%	18 7%	23 12%	25	38	48	56	61	90	81 51%*

Note. Percentages in the first 3 columns are cumulative: the percentage in column 3 represents the percent of respondents selecting this answer option (component) as one of their top three choices (1st, 2nd , or 3rd).

*Percentages in column 10 are the percentage of respondents who selected a components as one of the three "bottom" choices (8, 9, or 10).

The data (Table 24), when interpreted strictly through the ranking system, reveal that "relationship to supervisor" gains the top spot. However, if the data are looked at more cumulatively (i.e. the item garnering the most votes in the top third of the combined rankings), then "consultation groups with peers and other supervisors" edges ahead to garner 67% of the total. Ultimately, it is a virtual tie between these two items. Almost half of respondents (47%) included "Individual psychotherapy" as one of the top three components (Figure 7).

Percentage of Respondents Selecting A Component As One Of Their Top Three Choices
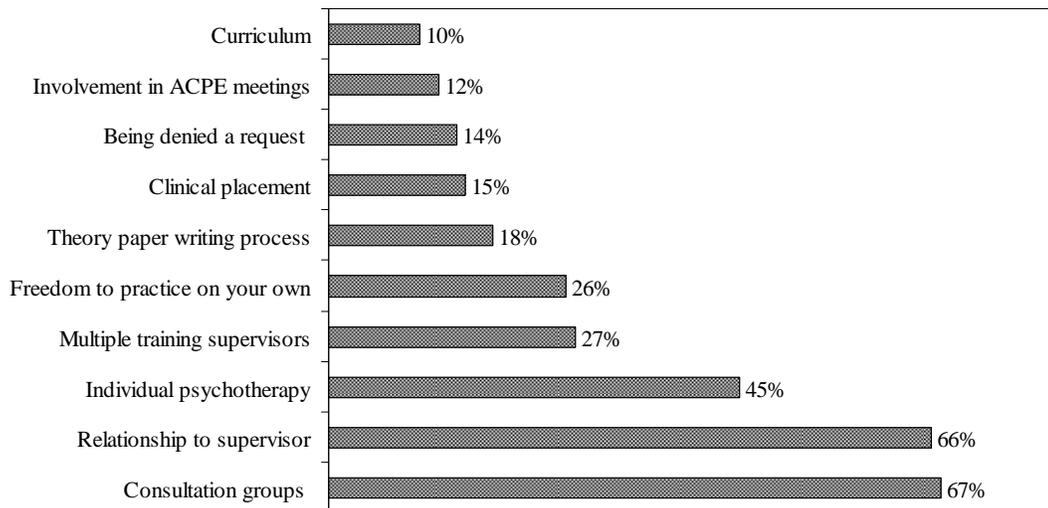
Figure 7 Ranking of components critical to certification process

On the other end of the scale, the bottom ranked components, rated least important or not applicable, include "Being denied a request" (58%), "Involvement in regional and/or national ACPE" (51%), and "Clinical Placement" (40%). When the items are ranked cumulatively, however, curriculum "sinks" to the last place (again, perhaps because of the N/A factor, rather than from a true lack of relevance).

A parsing of the data relating to components along gender and generational lines reveals remarkable consistency. For all groups (men and women; pre 1990 and post 1990) the top three components which contributed to successful certification are "Consultation groups", "Relationship to Supervisor" and "Individual psychotherapy". The first two choices (supervisor and consultation groups) were in the top three picks for about 61-68% of all subgroups, while the latter component (therapy) was in the top three for 43 – 46% of all subgroups (Figure 5).

Description of Relationship with Supervisor in Theological Terms

There were many responses to the question, "Call to mind the ACPE Supervisor who influenced your desire / decision to become a supervisor. Describe your relationship with him / her in theological terms."

Fewer than five respondents objected to the notion that it was a supervisory relationship that inspired them to enter the process themselves (several inferred it even though it was not the researcher's claim – it was merely the subject of the study). A text box was included in the otherwise mostly quantitative survey form yielding more than 28 printed pages of answers. In the interest of space (and because this was not the primary focus of the study), the answers were condensed and compiled into three categories: words and phrases that were used one time, twice or thrice (2/3) or multiple (m) times, meaning four or more.

Table 25

Theological, Religious and Scriptural Terms used to describe relationship with key supervisor

Terms used multiple (4+) times

- Incarnation
- Brother in ministry
- One who walked alongside me, Road to Emmaus companion
- Paraclete, Advocate
- Seed planter
- One who blessed
- Forgiving
- Healer
- Priest
- Pastor
- Like Jacob and the angel (blessing and struggle)
- Truth teller, spoke the "truth in love"
- Covenant maker
- Midwife
- Liberator
- Inspirer
- Father of the prodigal, good father

- Prophet
- Shepherd
- Guide
- Like Paul and Timothy
- Anointer
- Law and grace
- Discerner of gifts, caller forth of gifts
- Fellow pilgrim/traveler
- Moses, led me through the wilderness
- Healer
- Sage
- Witness
- One who offered radical acceptance
- Disturber of the peace
- Spiritual friend
- Spiritual encourager
- Mentor, teacher
- Rabbi
- Listener

Terms used 2 -3 times

- Like Elijah and Elisha – passing the mantle (2/3)
- Benevolent dictator (2/3)
- Servant leader (2/3)

- Transcendent and immanent (2/3)
- Mother (2/3)
- One who tarried (2/3)
- Non-anxious presence (2/3)

Terms used 1 time:

- Believer in me – "This is my beloved daughter"
- Someone whose "Christ within illuminated my Christ within" (Augustine)
- Like Naomi and Ruth

- Like Luke and Cleopas
- "Could see into my heart as God does"
- Manna in the wilderness, bread for the journey
- Recognized me as co-creator with

- A Jethro type of character
- "A quiet mid-wife coaching type presence"
- Merciful
- Playful
- Voice in the wilderness
- Not one individual – REM* as "mountain of transfiguration experience" (referring to the *Racial Ethnic Multicultural* network of ACPE, Inc.
- Cloud of witnesses
- Like Jesus and the Gerasene demoniac
- Like Jesus inviting Peter to walk on the water
- Mirror

- God
- "One who aided my conversion"
- Fellow disciple
- Buddha
- Like disciple Thomas – able to doubt but remain in relationship
- Sanctuary
- Celebrant
- Mystic
- Someone who asked for forgiveness
- Self-defined heretic
- Angels walking with me
- Refuge and strength
- Barnabas, an encourager
- Co-creator
- Yearning, urging, not controlling
- Called me to my "Mary" side when I was being "Martha"

Analysis: The Significance Of The Findings

The data indicate some interesting details about the membership, as well as possible trends within the organization and, finally, clear choices from among a majority of the membership regarding the "critical components" in their own training (formation) processes. It should be noted that the possibility exists for a "skewed" sample – in other words, those who chose to answer the survey may well be more "relational" by nature or more invested in the organization's future, as evidenced by the fact that 89% of all respondents said they had served on some national or regional committee (see page 61).

Most important components of training process.

Perhaps the most compelling findings of the study were the results of the ten-by-ten ranking system for "most important components of the training process."

Top three.

The top three choices were "relationship to supervisor," "consultation with peers and other supervisors," and "individual psychotherapy." The data suggest that relationship is at the heart of the top three choices for the majority of the membership. This is a significant finding because there are many other elements in the process and the debate among the membership about where to focus energy is alive and well.

Because CPE as a style of learning depends so heavily on the feedback model, it should come as no surprise that the top three items involve work that is not done in isolation. It cannot be overstated, however, that the lack of evidence for the more solitary aspects of training, such as those suggested by a more detailed curriculum, simply could not be tested due to their absence.

The data also suggest that it is almost equally as likely that the "most influential" person or persons in an individual's supervisory training process will be someone other than their primary SES supervisor. This seems to argue for an organization-wide need to broaden the parameters, geographic and otherwise, whereby SESs can pursue the supervision they need. Opportunities include group learning at the new headquarters building in Decatur, Ga., through teleconferencing, more regional workshops and conferences specifically devoted to supervisory training, and Seminars on Supervision at regional meetings, just to name a few. Those

who take more frequent opportunities for consulting with others are undeniably successful sooner in the process. Persons who do not avail themselves of multiple sources of feedback, or conversely, who rely too heavily on one supervisor's direction and feedback, are clearly doing themselves a disservice.

The third item, "individual psychotherapy," is – as mentioned above – not a requirement of the process and is not mentioned in the Standards at all. It was added as a possible choice based on the researcher's experience and informal polling of colleagues regarding their processes. Though therapy is generally viewed as a uniquely personal choice, the data show clearly that the overwhelming majority of those successfully certified see it as pivotal to their success. Those who wish to be successful in the process would do well to utilize this resource, especially given how often personality and entrenched behavioral issues lead to difficulty with committees.

Bottom three.

The "bottom three" choices from among the components were "being denied a request," "involvement in ACPE meetings," and "clinical placement."

Data on attendance at ACPE meetings are significantly in the "bottom three" because they seem to suggest that there is no correlation between greater conference attendance and certification. They may also merely be a reflection of the *relative* unimportance of this kind of participation *during the actual process of becoming certified*, which is often when members can least afford the time and expense of attending if their centers do not or cannot support them. Data are inconclusive. This

question might yield more meaningful results among supervisors if the question was more focused on their ongoing practice post-certification than on their formation.

The third item in the "least important" spectrum is "being denied a request." Though this is obviously a significant (and for some, a turning-point) experience, the data seem to suggest that supervisors do not feel appreciative of it. The data could also be skewed by the number of people for whom it was not applicable (around 30%) and for whom it was an annoyance but not a seminal event.

Middle four.

The middle four choices were "theory paper writing process," "freedom to practice solo," "having multiple training supervisors" and "curriculum." The data suggest that all of these items of are relatively "medium" importance.

The fact that curriculum sank to last place in the cumulative totals may suggest that there was not enough data to analyze. However, it may also suggest that a detailed curriculum may actually be perceived by most as less important or desirable due to the highly individualized nature of this particular form of adult higher education. In other words, ACPE supervisors are expected to be proficient in some theory, but to also develop their own. This results in the need for an unusually individualized learning process, much like a doctoral degree but requiring far less content-oriented or academic evidence of proficiency. The survey did not address one way or the other whether or not a more robust curriculum would have been desired.

Correlation between frequency of consultation and faster movement through formation process.

One of the most interesting findings in the data is the clear correlation between frequency of consultation with peers and other supervisors and expediency of the process. The evidence clearly shows that those who were encouraged or required to present at least twice monthly were able to become fully certified more than one full year faster than those who presented less frequently. Obviously, this cannot be considered the only variable, but it does emerge as statistically significant. Not surprisingly, then, is the high rank of "consultation" (first or second choice, depending on the parsing of the numbers) as most critical component for the majority.

Age of newly certified growing.

Another detail that emerged was that the age of the newly certified has increased steadily over the past 40 years. This suggests that younger people are not entering training in as great numbers as mid-life individuals. It also seems to indicate that there are more supervisors entering the profession who will have spent a greater percentage of their overall CPE career in training than their predecessors did (assuming, as we may, that most of their predecessors practiced for several decades).

If the trend toward the increasing age of the newly certified continues, this raises the question of the cost-benefit, at least in terms of time invested by the organization as a whole. In other words, does it behoove the organization to invest in a lengthy process for a student who may end up functioning professionally for fewer years than s/he was a trainee? From the student's viewpoint, the ratio of years-in-

training vs. years-in-practice for older candidates may raise the appeal of other, less-structured movements which also certify practitioners of CPE, which is a generic term not owned or copyrighted by the ACPE. The data certainly suggest that, if the organization remains on its current trajectory, the average age of the newly certified by the year 2030 will be near 60 years. Whether or not this suggests that more newly certified supervisors will be close to retirement when they get started, assuming the average age of retirement lengthens from the current age of 65 years, remains to be seen. If the average age of those entering seminary swings back toward the center, perhaps so will the age of those inclined to enter supervisory training.

The data seem to suggest that a smaller number of persons are entering training in the earlier stages of their careers. This could possibly suggest a need for the organization to become more pro-active about recruitment among the younger generations who show potential for becoming supervisors. However, there is much debate about whether everyone who does well as a student of CPE, or even as a chaplain or pastoral counselor, will also then make a good supervisor. In other words, not everyone who can become a professional in any field can necessarily teach others to do so.

Tiny minority had a detailed curriculum that was followed closely.

Only six percent of those certified post 1990 had a curriculum they "followed closely," and only four percent of those certified before 1990 had one. More than half of those certified post-1990 had no written curriculum at all. Though the most recent Standards (2010) state that an accredited program of ACPE training must include a

written curriculum, this is interpreted with a high degree of variety. Questions about curricula in the survey were intended to yield data which might indicate a correlation between written curricula and more successful (i.e. shorter and with fewer attempts) certification processes. However, since such a small percentage of the population indicated curriculum as an element at all, the data are inconclusive. As stated elsewhere, if persons did not have a written curriculum at all and therefore gave that category an 8, 9 or 10 (as in "least important" or "not applicable") on the 10-point scale, then the results may not necessarily show that curriculum *per se* was less important. It simply cannot be known whether or not such a tool would have been considered more or less critical. This issue cannot be studied unless and until there is more widespread and more standardized use of curricula over a sufficient length of time for any trends to emerge. Even then, it will be difficult to isolate the role of curriculum, but it is nevertheless worth the effort. Logic would suggest that better preparation, at least in the realms of theory and praxis, might well result in higher success rates at proving proficiency.

Number of women growing.

One of the more interesting details that emerged from the study was that the shift from an almost exclusively male organization in its early years to one which is currently about forty percent female reached its "tipping point" in 1990 when the same number of men and women (10 each) were certified as full supervisors. This is probably a reflection of the growing number of women entering seminaries in the 1980s and 1990s. In 1983, there was only one seminary (UTS in New York) which

had more female students than male. (This researcher did a story for the *Atlanta Journal-Constitution* that year on women in seminaries.) Now there are several with equal numbers of men and women, or with more women. Whether the ratio will continue to shift and eventually reflect a female majority remains to be seen. One possible reason for the relatively high percentage of women in ACPE is that many women found greater opportunity for parity with men in leadership and compensation within chaplaincy and other institutional ministries than within congregational life.

Men in their 20s and 40s take longer in process.

An interesting trend showed up in the comparison of "length of process" between men and women. When divided by age, men and women seemed to get through the process at about the same rate if they were in their 30s during the process. However, men in their 20s and 40s took significantly longer than women in the same age groups. With so few individuals in training in their 20s from which to sample, there is probably more to be learned by comparing the divergent rates between the genders when in their 30s compared to when they are in their 40s. It is not exactly clear what the data suggest. They could suggest that the two sexes have more similarities in their 30s – that they are more likely to have chosen CPE as their primarily ministry path out of seminary, are more likely to have more flexible divisions of labor surrounding childbearing and rearing which might postpone career plans, or are more alike in other ways not immediately evident.

The difference between the genders once they reach their 40s is significant, but the meaning is not obvious. The data could point to a bias against men over 40

among certification committee members. They could also, for instance, indicate a trend of more men than women over 40 leaving congregational ministry and having more adjustments to make to a different form of pastoral work and education. Data could suggest that perhaps women in that age group actually do try harder – that they exhibit a greater investment in a career process that may have been delayed or postponed due to child-bearing, rearing or other family responsibilities. Another possible interpretation is that women may be, because of socialization, more inclined to ask for help, feedback, and differing opinions about their work. Women over 40 may also experience a kind of reverse discrimination whereby certification committees "go easier" on them during the examination process. There are many possibilities.

Post 1990, women pass committees at a faster rate.

The findings in this category were interesting because the numbers of women certified prior to 1990 was such a small sample of the overall that a comparison would not have been statistically significant. Also, persons certified in the 1950s and 1960s were almost exclusively male and were often certified as supervisors after as little as three months of supervisory training (see Hall, introduction) which also significantly skewed the sample. A comparison of the length of process between the genders, once the numbers began to equal out, shows that women tended to get through the certification committee appearances in fewer attempts. The possibilities for what these data suggest are similar to those listed above in the category regarding men in their 20s and 40s.

The majority were only denied one request during their process.

This small finding might prove encouraging to those considering the training process who have been deterred by woeful tales of the difficulty of the committee process and of being denied a request for advancement. Though fewer than 31% of participants were never denied a request at any level, it is nonetheless striking that over 49% were only denied once. Though "being denied a request" was given a low rating by the majority (this would of course include those for whom the question did not apply), it is impossible to measure how much impact these denials had upon the candidate's ability to seek out and respond to feedback. Since the committees have voting power, their feedback is not merely "suggestive," a fact that can take some persons longer to realize than others.

More women than men chose someone other than primary supervisor as most influential in the process.

This item in the data is interesting because when asked directly if the primary supervisor was the most influential to their process, women answered "no," at a much greater rate than men. However, this same discrepancy is not necessarily borne out by gender in the forced-choice ranking. What it may suggest is that some women interpreted the category "relationship to supervisor" to, by definition, include the one to whom they felt the most indebted for their process. This is impossible to deduce from the data. Another possibility is that the data suggest women had a harder time with their primary supervisors. It might also suggest that women (by nature or by socialization or by some combination of the two) tended to seek a variety of sources

of instruction and inspiration during their processes and that men were actually more inclined to depend on their immediate supervisor.

Many and varied responses to "describe relationship to supervisor in theological terms."

The open-ended question (with a text box which could receive up to 250 words) yielded a wide array of phrases and images (see pages 69-70). This suggests that ACPE supervisors do have a connection to theological and pastoral images and language for their practices. Though almost all were explicitly Judeo-Christian, some were more universal. This could suggest an interest within the membership to maintain the theological and spiritual roots of the movement.

Chapter Five – Reflections and Suggestions

As the well known and variously attributed aphorism states, "Not everything that counts can be counted and not everything that can be counted, counts." It is this truth that acts as a qualifier to any quantitative study. However, certainly *some* things that count *can* be counted. This chapter will address some of the areas for further study that are raised by the data in this dissertation.

We Are Not Getting Any Younger

To a supervisor who is devoted to the training and formation of the next generation of supervisors with the ACPE, one of the most compelling findings of the study is the rising age of the newly certified. It seems worth our while as an organization to at least *consider* the relative cost-benefit of encouraging persons to enter a training process which may well end up lasting longer than their actual career in the field. Another point of study would be whether or not those newly certified older supervisors are more or less willing to drastically change geographic locations upon completing their certification. If a shortage of supervisors does in fact prove to be an issue, how much will "willingness to move" be among the items a potential supervisory student, or center considering a person for training, should consider?

To Recruit or Not To Recruit, That is the Question

Another issue that needs further study is whether and how centers and supervisors should actively recruit young, gifted clergy persons to consider CPE as a career path. There are conflicting opinions within the organization over this issue. There are many supervisors who were encouraged to consider training because their

own supervisors "called forth their gifts" or suggested that they try it, as hinted at in the "theological terms" question in this study. There may be some who were "recruited" and regret it, or at least wonder if they would have chosen it themselves without prompting. There may be some who have tried recruitment and had it fail. There may be others (such as this researcher) who believe that a recruit who later discerns it is not his or her path does not render the attempt unworthy of the effort, but rather proves the case for a "discernment year," as is spelled out in the Cleveland Clinic's SES curriculum.

We Can Speak Our Own Language

One of the most exciting items to come out of the study, at least for this researcher, was the number and variety of answers to the question, "Describe your relationship to your supervisor in theological terms." Because I feel strongly that we have often relied too heavily on other professions – predominantly medicine, psychology, psycho-analysis, education and more recently even business – for our theory, language and models for praxis, it is exciting to see that a large number of supervisors still think about their work in theological, religious and/or scriptural terms and categories. Further study of this topic might help water our theological and spiritual root system and help the profession begin to more boldly claim its unique spot among the other professions.

Women Get Through Faster But We Don't Know Why

The data also clearly showed that women get through committees faster than men, but offers no information about why that might be. As stated earlier, this could

be based on committee biases against men and in favor of women, or for and against certain behaviors or characteristics in men and in women. Oral history certainly provides many tales suggesting that more assertive men tended to fare better in committee appearances than more reticent men. Likewise, further study would be needed to answer the question of *which* women get through faster. Perhaps women in general are more inclined to adapt their beliefs and behaviors to the feedback of others – whether by nature or socialization or other factors. Perhaps men in general, again due to socializing influences (at least in the Euro-American dominated values systems) toward greater "autonomy," have a harder time asking for help. These questions would be challenging to study but likely well worth the effort.

How Do You Get Through Faster? Practice, Practice, Practice

Related to the issue of correlation between frequency of consultation and speed of process is the question of how to improve the success rate of committee appearances (fewer than 30% passed every single request – committees and theory papers – on the first try) without watering down the important "gate-keeping" function of the certification process. Though the organization seems to be moving toward a much more fair and objective process, there is still a long way to go. Those who supervise SESs could and should do a lot more toward putting our own students "through the paces" before the race day and making sure they are testing themselves with others as often as possible before the "big event" of committee appearances.

Would Better Curricula Help?

Many supervisors, especially those engaged in supervisory training, are concerned with improving curricula in order to better prepare candidates as well as to meet our own internal Standards and the requirements of the U.S. Department of Education. Certainly, there is a wide variety of interpretation among centers about what accounts for an adequate curriculum. Accreditation teams are increasingly given the task of assessing and approving of these, in all their variety. Some discussion has occurred of standardizing a supervisory curriculum, but nothing official has emerged as of yet.

Where Are Our Own Theorists?

An item which did not emerge from the study but did intrigue this researcher was the paucity of literature for *supervision of supervisors*. A treasure trove of that information could be as close as having selected supervisors revisit their own theories and write about what they have learned from putting their theories into practice for at least a decade. Since there are roughly 20 supervisors whose theory papers were deemed sufficiently strong enough to publish and who have subsequently been supervising for 10 years or more, perhaps some of these supervisors would be willing to write reflective commentary on their (our) theories – what has changed, what has remained the same, what has strengthened and what has been abandoned completely. This would no doubt yield a wealth of promising literature for the field.

Related to the above idea of having published theorists revisit and critique their earlier work is the idea of working harder as an organization to link the ACPE

supervisory process back to a doctoral degree. Just such a process has begun at the Ecumenical Theological Seminary in Detroit (where anyone who is an ACPE Candidate or "above" may enroll in a two-year rather than three-year D.Min. track). There may be others. Since most supervisors agree that their work load and process of becoming fully certified were of the same magnitude as a doctorate, it would behoove the organization to look closely at making this alliance work with seminaries which are open to it.

Relationships are Key

Finally, I must confess my biggest bias going into this project – that relationships are the most critical components in the formation of ACPE supervisors. Because I was so afraid of my inability to be completely unbiased in the gathering of data, I decided upon a quantitative study which would be more likely to yield a fair and accurate set of data. While it could be argued that those who answered the survey, far more than half the membership, were somehow more inherently "relational" to begin with – answering out of a sense of community or interest in the future of the organization, for instance – it is nevertheless a more than reliable sample by any standard.

As a relational theorist, I am pleased with the outcome of this study – that the "top three" critical components, even including one which is not officially a part of the process, were those involving relationships. Obviously there is so much more to learn, but we can safely deduce that the ways in which we support and challenge each other and the quality of the relationships we form are absolutely critical to our future.

How well we continue to maintain our relationships as peers within the supervisory community is critical as well. Our attention to the health of these relationships will minimize undue negative subterfuge in the workings of committees and commissions. Our students will be less likely to pay unjust tolls from any unresolved relational matters among us.

It really should not surprise us that relationships are key. Of all professionals, we should know this instinctively and experientially. In many other fields – such as medicine, education and even business – the growing body of wisdom is that relationships are key in these professions as well. We have probably always known that people learn, grow, create and function at a higher level when relationships – past and present – are taken seriously. But sometimes we forget our own best wisdom.

We who are part of the movement, mission and ministry of Clinical Pastoral Education ought to feel proud of our heritage and also of our unique expertise in the use of relationship for learning. We in the ACPE have a unique set of skills for teaching people how to "speak the truth in love," or at least to give honest assessment that is not laden with personal "baggage." We should know right well how to work with a wide range of cultural, religious and other viewpoints. We are, or at least should be, the experts. We need to claim our expertise and make sure that we continue to hone it, as well as to offer our skills more widely to other professions as they discover the need to deepen their relational skills, especially when they impact adult education and professional teamwork and feedback cycles.

I believe that we need to take more risks. We seem to live in an age of fear and mistrust. Even noble and just efforts to be sensitive to diversity can get labeled as mere "political correctness" and get shunted to the bottom of the heap of priorities. Such sarcastic language gives those who prefer not to be bothered with the hard work of real understanding a way out of the struggle. We become so preoccupied with lawsuits, formal complaints or simply garden-variety negative comments that we do not risk real emotional intimacy with our students or with each other. I think this is a mistake. As a Christian, I believe Jesus's example of healing shows us that people were able to be transformed when they went all the way to the edges of their boundaries to meet the other – not ignoring the boundaries, or gratuitously overstepping them, but not stopping too far shy of them to make an impact either.

I believe that better relationships are the only hope for our profession and for our world. We humans generally don't change our prejudices and negative stereotypes of others unless and until we encounter *the other* as a person to whom we want to *relate* better – then we become willing to learn something new about how to think, talk, act, listen. Usually this new learning costs us something and is not a purely intellectual effort. It requires commitment and practice and, sometimes, a supportive environment. It requires a willingness to fail, to try again, to ask for forgiveness and another chance. Sometimes learning to do it cannot happen without excellent leadership in a carefully controlled environment. This is why the formation of Supervisors according to the highest standards is more urgent than ever. Therefore,

it is to all those who take up the challenge of helping to form the next generation of

ACPE supervisors that I finally dedicate this work.

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Appendix A – The Survey Instrument

(on the pages that follow are the contents of the questionnaire
as they appeared in the original SurveyMonkey.com format)

1. Welcome and Introduction

Dear ACPE colleague,

As Director of CPE at the Cleveland Clinic and a D.Min. candidate at Ecumenical Theological Seminary in Detroit, I need your help.

I am conducting a research project on supervisory training. I would be so grateful if you would take about 15 minutes of your time to complete this survey. There are about 30 items, with only one that may be a little confusing (a forced-choice ranking of the importance of the various components of your own supervisory training process.)

My area of interest is "How do we best contribute to the formation of the next generation of ACPE supervisors." Your experiences in this matter are of the utmost significance.

I and two people unrelated to ACPE (my husband, who is a mathematician, and a chaplain, who is a research assistant) are the only ones who will see your answers. Your identity will be completely unknown to anyone else unless you give me permission to contact you later.

If you choose to participate, I believe that your feedback will help not only my personal interests but also the future of ACPE as we collectively seek best practices for the formation of the next generation of supervisors.

Thank you,

Amy

If choose to exit before finishing, your responses will not be saved. You can return at another time and start the survey again.

2. Some basic info -

1. In what year were you born?

2. What is your gender?

◯ female   ◯ male

3. What is your race, nationality or ethnicity?

4.

What year (yyyy) were you fully certified as an ACPE Supervisor?

5. Which describes your current status?

◯ Supervising Levels I and/or II students but no SESs (Supervisory Education Students)

◯ Supervising SESs (whether or not also supervising Levels I/II)

◯ Retired, but supervising Level I and/or II students

◯ Retired, but supervising SESs (whether or not also supervising I/II)

◯ Retired, not supervising any students

◯ Other (please specify)

[   ]

3. Center Info

1. In which region of ACPE do you currently practice (or did you last practice before retiring)?

◯ South West   ◯ Eastern   ◯ South Central

◯ South East   ◯ North Eastern   ◯ North Central

◯ Mid Atlantic   ◯ East Central   ◯ Pacific

2. In which type of CPE center do you currently or did you last practice?

◯ Hospital – teaching / university based   ◯ Hospice

◯ Hospital – urban   ◯ Correctional Facility

◯ Hospital – suburban

◯ Other Setting (give brief description):

[   ]

3. How many supervisors were/are on staff in the center where you most recently practiced? (Include self)

◯ One (I am the only supervisor in my center)   ◯ Four

◯ Two   ◯ Five or more

◯ Three

4. Years of training and Theory papers

1. How many years (total, not consecutive) were you in the supervisory training process when you became fully certified? Do not include internship, residency, Level I and II, etc.

- ( ) 3 years
- ( ) 4 years
- ( ) 5 years
- ( ) 6 years
- ( ) 7 years
- ( ) 8 years
- ( ) 9 years
- ( ) 10 years
- ( ) more than 10

2. Did you have to submit theory papers in a process separate from the meeting of a certification commission?

- ( ) Yes, I had to submit theory papers to a set of readers
- ( ) No, my theory papers were part of my C-committee meeting
- ( ) N/A (no theory papers were required of me)

Any additional comments?

[ ]

5. Theory paper followup

1. If you had to submit theory papers separately from the C-commission meeting, did your papers pass the first time?

- ( ) Yes
- ( ) No

6. Certification process

1. How many times did you meet a committee for Candidacy or its equivalent?

- ( ) Once
- ( ) Twice
- ( ) Thrice

Any additional comments?

[ ]

2. How many times did you meet a committee to request Associate or Acting Supervisor certification?

- ( ) Once
- ( ) Twice
- ( ) Thrice
- ( ) Four or more

Any additional comments?

[ ]

3. How many times did you meet a committee to request Full Supervisor status?

○ Once   ○ Twice   ○ Thrice

Any additional comments?

[text box]

7. Curriculum A

1. When you were in supervisory training, were you given a written curriculum?

○ Yes   ○ No

8. Curriculum Follow Up

1. Describe the supervisory curriculum you were given

○ detailed (several pages long with specific assignments)

○ general (1-2 pages with topics and suggested readings)

○ verbal and/or informally suggested reading

9. Detailed Curriculum Follow up

1. If you had a detailed curriculum, how closely did you follow it?

○ very closely   ○ somewhat closely   ○ somewhat loosely   ○ very loosely

10. Supervisors Q2

1. How many Supervisory Education Students (or Supervisors in Training) have you directly supervised?

○ 0   ○ 5
○ 1   ○ 6
○ 2   ○ 7
○ 3   ○ 8
○ 4   ○ 9 or more

Any additional comments?

[text box]

2. Of the students you directly supervised, how many have are now full supervisors?

- ○ 0
- ○ 1
- ○ 2
- ○ 3
- ○ 4

- ○ 5
- ○ 6
- ○ 7
- ○ 8
- ○ 9 or more

11. Presenting to peers:

1. How strongly did your training supervisors stress the importance of presenting your work regularly to peers and other supervisors for critique?

- ○ required
- ○ strongly encouraged

- ○ somewhat encouraged
- ○ not a priority

2. How often did you present your work to peers and other supervisors for critique?

- ○ weekly
- ○ bi-weekly
- ○ monthly
- ○ quarterly
- ○ rarely

12. Supervisor Relationship

1. Call to mind the ACPE Supervisor who influenced your desire / decision to become a supervisor.

Describe your relationship with him/her in theological terms:

2. Was the person you described above the person with whom you had the most units?

- ○ yes
- ○ no

13. Relationhip to ACPE

1. In the last 5 years, how many regional meetings have you attended?

- ○ 0
- ○ 1-3
- ○ 4-6
- ○ 7-10

2. In the last 5 years (2006 - 2010), how many national conferences have you attended?

- ○ 0
- ○ 1-2
- ○ 3-4
- ○ 5

3. Did you serve on regional or national committees? If so, briefly describe your involvement:

14. Components

1. Rank the individual components of your own supervisory training process (from most to least important) as you believe each contributed to your successful certification. NOTE: each number (1-10) can only be used once. If you try to give two items the same rank, your earlier response will "disappear". It is a bit tricky, but important to this research project, so I especially appreciate your time on this question.

1 = most important
8-10 = least important or not-applicable

	1	2	3	4	5	6	7	8	9	10
Consultation groups (with peers and other supervisors)	○	○	○	○	○	○	○	○	○	○
Individual psychotherapy	○	○	○	○	○	○	○	○	○	○
Clinical placement	○	○	○	○	○	○	○	○	○	○
Theory paper writing process	○	○	○	○	○	○	○	○	○	○
Relationship to supervisor	○	○	○	○	○	○	○	○	○	○
Having multiple training supervisors	○	○	○	○	○	○	○	○	○	○
Curriculum	○	○	○	○	○	○	○	○	○	○
freedom to practice on your own	○	○	○	○	○	○	○	○	○	○
being denied a request (C-commission or theory papers)	○	○	○	○	○	○	○	○	○	○
Involvement in regional and/or national ACPE meetings	○	○	○	○	○	○	○	○	○	○

15. Other components

1. Was there an item that was not on the list above which you would have included as significant for your formation as an ACPE Supervisor?

2. If you are willing to be interviewed for any follow-up studies which may result from this survey, please include your name and preferred contact information.

Thank you again for helping me with this important research project.

Rev. Amy Greene