



CPE POLICY

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Values: *Drive Innovation & Discovery, Respect People,
Serve our Community, Value Integrity*

Applies to: Downtown &/or Community
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Outcomes and Indicators for Level I/Level II CPE Programs

11/21/2024	Added as new required program policy for ACPE 2025 Standards
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Policy:

It is the policy to include the ACPE Outcomes and Indicators for Level I/Level II in the student handbook. There are five thematic categories with designated outcomes and indicators for Level I A/B and Level II A/B referenced below. Student achievement is assessed in relationship to these categories. Please see policy on Unit Evaluation and Student Achievement for details.

Category A: Spiritual Formation and Integration

Spiritual formation as a spiritual care provider includes the awareness and integration of one's narrative history, socio-cultural identity, and spiritual/values-based orienting systems. ACPE defines the word "spiritual" as inclusive of theistic and non-theistic/values-based orientations.

One's narrative history is at play in every care encounter. Paying attention to how one's narrative history intersects with the care receiver's story will influence the kind of care that is provided. Understanding one's narrative history helps to identify the values and beliefs that shape spiritual care. Research from the behavioral sciences will help one understand and evaluate how one's narrative history informs one's values and beliefs about spiritual care.

Socio-Cultural Identity is a lens through which we see the world. Understanding one's own socio-cultural identity and how that influences one's provision of spiritual care is crucial to providing culturally respectful care. One's socio-cultural identity will frequently intersect with the care receiver's socio-cultural identity, and it is an important element present in spiritual care encounters. In the indicators, the phrase "Social Identity", is used to refer to race, culture, social location, and all other aspects of identity.

Spiritual/Values-Based Orienting Systems provide the bedrock of spirituality. Orienting systems might include faith, religion, tradition, communities, and values. One's orienting systems influence the way that one cares for others. Understanding the impact of one's values/beliefs on others is crucial to providing spiritual care. This will also enable one to respect and honor the orienting system of others and recognize when one's orienting systems might hinder and limit the provision of spiritual care.

Fulfillment of these outcomes will lead to a healthy use of self that integrates these areas to positively impact the provision of spiritual care.

Outcome 1: Narrative History

Level IA	Level IB	Level IIA	Level IIB
IA.1 Identify formative and transformative experiences in one's narrative history and their significance to one's spiritual journey.	IB.1 Articulate how one's narrative history informs one's values and beliefs about spiritual care.	IIA.1 Use knowledge of behavioral sciences to understand how one's narrative history informs one's values and beliefs about spiritual care.	IIB.1 Evaluate one's integration of how knowledge of behavioral sciences informs one's practice of spiritual care through the lens of one's narrative history.
IA.2 Articulate awareness upon reflection of when a care encounter intersects with elements of one's narrative history.	IB.2 Demonstrate awareness in the moment of when a care encounter intersects with elements of one's narrative history.		

Outcome 2: Socio-Cultural Identity

Level IA	Level IB	Level IIA	Level IIB
IA.3 Demonstrate a knowledge of one's social identity as related to spiritual care.	IB.3 Articulate how one's social identity informs one's approach to spiritual care.	IIA.2 Demonstrate how one's social identity interacts with the care receiver's social identity.	IIB.2 Evaluate one's integration of how knowledge of social identity informs one's practice of spiritual care.
IA.4 Articulate awareness upon reflection when a care encounter intersects with elements of one's social identity.	IB.4 Demonstrate awareness in the moment when a care encounter intersects with elements of one's social identity.		

Outcome 3: Spiritual/Values-Based Orienting Systems

Level IA	Level IB	Level IIA	Level IIB
IA.5 Describe how one's values and beliefs about spiritual care are part of one's orienting systems.	IB.5 Demonstrate how one's orienting systems inform spiritual care encounters.	IIA.3 Demonstrate how one's orienting system interacts with the care receiver's orienting systems when providing spiritual care.	IIB.3 Evaluate how one's orienting system interacts with the care receiver's orienting systems when providing spiritual care.

Category B: Awareness of Self and Others

The CPE process helps build awareness of self and others as a vehicle for greater spiritual care. Awareness includes learning about oneself and developing greater awareness of the experiences and values of others.

Self-Care is essential to deeply engage the pain of others. Being present and holding the pain and grief of others necessitates self-care to promote sustainability and resiliency in this sacred work. Research has shown that trauma-informed approaches are beneficial for realizing and addressing the needs present.

Increased self-awareness also includes the ways that one's biases affect oneself and others, demanding that we develop Justice-Seeking awareness of biases. Some of the biases are well known, like race, gender, ability, culture, etc. Others are less well known, like age and weight. Self-awareness of one's own implicit biases and systemic biases will translate into attempts to provide equitable spiritual care. Spiritual care providers will then use the resources available to them to attempt to address the implicit and systemic biases that impact spiritual care.

Finally, our work as spiritual care providers require us to engage others from a place of Intercultural and Interreligious Humility. We are multidimensional individuals living in a complex and diverse society and world, with complex histories. Our cultures, experiences and relationships shape our values and beliefs. Understanding that all humans have universal beliefs and needs can help us to see our common humanity. Intercultural and Interreligious Humility includes acknowledging one's limited vision of others, acceptance and appreciation of difference, and an openness and curiosity to new perspectives. Cultivating Intercultural and Interreligious Humility will expand one's ability to address the complexity in others' lives and needs.

Attending to Self-Care, addressing Justice-Seeking awareness of bias, and cultivating Intercultural and Interreligious Humility ensure dignity is afforded to oneself and others.

Outcome 1: Self-Care

Level IA	Level IB	Level IIA	Level IIB
IA.6 Demonstrate knowledge of the varieties of self-care and initiate the use of self-care practices.	IB.6 Articulate how one's self-care practices, including trauma informed approaches, support wellbeing in spiritual care.	IIA.4 Demonstrate how one uses self-care practices, including trauma informed approaches, for support of wellbeing, including when providing spiritual care.	IIB.4 Evaluate how one uses self-care practices, including trauma informed approaches for support of wellbeing, including when providing spiritual care.

Outcome 2: Justice-Seeking Awareness of Bias

Level IA	Level IB	Level IIA	Level IIB
IA.7 Demonstrate an awareness of implicit and systemic bias including cultural and value/belief-based prejudice and its impact on spiritual care.	IB.7 Articulate an understanding of one's implicit bias and systemic bias when providing spiritual care.	IIA.5 Demonstrate how one is addressing one's implicit bias and systemic bias when providing spiritual care as appropriate to one's context	IIB.5 Evaluate one's ability to address bias and seek justice when providing spiritual care as appropriate to one's context.

Outcome 3: Intercultural and Interreligious Humility

Level IA	Level IB	Level IIA	Level IIB
IA.8 Demonstrate respect for the orienting systems of others arising out of a sense of common humanity.	IB.8 Articulate how one uses intercultural and interreligious humility when providing spiritual care.	IIA.6 Demonstrate intercultural and interreligious humility when providing spiritual care.	IIB.6 Evaluate one's use of intercultural and interreligious humility when providing spiritual care.

Category C: Relational Dynamics

Spiritual care and education require empathy and healthy relational boundaries grounded in warmheartedness for self and others. Empathy includes caring about and taking the perspective of others' experiences, values, beliefs, and practices. Healthy relational boundaries include respect for differences in spirituality. Empathy and relational boundaries work in tandem to ensure helpful, rather than harmful, spiritual care.

Group dynamics shape spiritual care and the learning process, requiring one to learn and offer care in and among groups. Understanding theories of group dynamics will grow one's relational capacity and be a necessary component of spiritual care. This will enable one to be aware of the variety of roles that are played in groups and one's habitual roles in groups. Additionally, one will gain experience in facilitating group processes as appropriate to one's context.

Fulfilling these outcomes will help one identify and evaluate how empathy, relational boundaries and group dynamics are integral to spiritual care.

Finally, students who learn and offer care in and among groups will grow in their relational capacity and can bring this increased skill to their spiritual care. Concurrently, they will gain greater understanding about how group dynamics relate to spiritual care contexts.

Outcome 1: Empathy

Level IA	Level IB	Level IIA	Level IIB
IA.9 Demonstrate knowledge of and initiate use of empathy in spiritual care contexts.	IB.9 Articulate how one uses empathy when providing spiritual care.	IIA.7 Demonstrate one's use of empathy when providing spiritual care.	IIB.7 Evaluate one's use of empathy when providing spiritual care.

Outcome 2: Relational Boundaries

Level IA	Level IB	Level IIA	Level IIB
IA.10 Demonstrate knowledge of and initiate use of healthy relational boundaries in spiritual care contexts.	IB.10 Articulate how one uses healthy relational boundaries in spiritual care contexts.	IIA.8 Demonstrate healthy relational boundaries in spiritual care contexts	IIB.8 Evaluate one's ability to maintain healthy relational boundaries in spiritual care contexts

Outcome 3: Group Dynamics

Level IA	Level IB	Level IIA	Level IIB
IA.11 Demonstrate an understanding of group dynamics as it relates to	IB.11 Identify group dynamics theories as they relate to providing spiritual	IIA.9 Demonstrate one's ability to describe and explore	IIB.9 Evaluate one's ability to facilitate and

spiritual care encounters and the learning process.	care and one's learning process.	roles in group dynamics.	function within group processes.
		IIA.10 Demonstrate one's ability to facilitate group processes as appropriate to one's context.	

Category D: Spiritual Care Interventions

Spiritual care providers inhabit a role that necessitates specialized knowledge and skills to address spiritual care needs. Understanding one's role and the power and authority embedded within it are essential to providing spiritual care interventions. Learning practical communication styles and skills are necessary to develop spiritual care relationships. One way of addressing the spiritual care needs of care receivers is to utilize cultural, religious, and spiritual resources that support wellbeing.

Spiritual Assessments provide the framework for guiding appropriate spiritual care interventions. Spiritual Assessments, which are distinct from spiritual histories or spiritual screenings, are tools that empower the spiritual care provider to determine the greatest needs and resources that are present. They will support greater collaboration with the larger team through a shared meaning and understanding of spiritual care plans. In many contexts, this integration and collaboration are achieved through documentation. While not every context utilizes documentation, learning about documentation enables integrated care and teamwork that is required in a variety of settings.

The specialized role, knowledge and skills involved in these interventions enable spiritual care providers to provide uniquely helpful care. Successful integration of these interventions and resources equips spiritual care providers with the skills to address the spiritual wellbeing of those in their care.

CPE guides students through the formational and experiential learning process and the interventions necessary to address spiritual distress. Spiritual care includes understanding one's role and the power and authority embedded within it. As students develop spiritual care relationships, they will explore their formational development and learn the practical communication styles and skills necessary for effective spiritual care. One way of addressing the spiritual care needs of care seekers is to utilize cultural, religious, and spiritual resources that are congruent with their values and beliefs.

Outcome 1: Develop Spiritual Care Relationships

Level IA	Level IB	Level IIA	Level IIB
IA.12 Demonstrate the ability to represent one's role and function when initiating spiritual care relationships.	IB.12 Articulate an understanding of power dynamics and one's authority when providing spiritual care.	IIA.11 Demonstrate flexible communication styles and skills, including trauma informed approaches, that develop spiritual care relationships using one's authority.	IIB.10 Evaluate one's use of communication styles and skills, including trauma informed approaches.
IA.13 Demonstrate an understanding and initiate use of communication styles and skills in spiritual care relationships.	IB.13 Articulate how one's communication styles and skills, including trauma informed approaches, develop spiritual care relationships.		

Outcome 2: Use of Cultural, Religious, and Spiritual Resources

Level IA	Level IB	Level IIA	Level IIB
IA.14 Demonstrate an understanding and initiate the use of spiritual resources that address spiritual wellbeing.	IB.14 Articulate how one uses spiritual resources when providing spiritual care.	IIA.12 Demonstrate one's ability to use spiritual resources in addressing spiritual and organizational well-being.	IIB.11 Evaluate one's use of spiritual resources in addressing spiritual and organizational well-being.

Outcome 3: Use of Spiritual Assessments and Care Plans

Level IA	Level IB	Level IIA	Level IIB
IA.15 Demonstrate an understanding of the difference between spiritual assessments and spiritual histories/screens.	IB.15 Articulate how one uses spiritual assessments when one provides spiritual care.	IIA.13 Demonstrate how one's interventions address the assessed spiritual needs/strengths.	IIB.12 Evaluate one's use of assessments, interventions, and plans of care when one provides spiritual care.

Outcome 4: Documentation

Level IA	Level IB	Level IIA	Level IIB
IA.16 Demonstrate an understanding of the role of documentation in the provision of spiritual care.	IB.16 Articulate how one uses documentation when providing spiritual care, as appropriate to one's context.	IIA.14 Demonstrate the ability to document when one provides spiritual care as appropriate to one's context.	IIB.13 Evaluate one's ability to document as appropriate to one

Category E: Professional Development

Success in the formational and reflective process of CPE requires an engagement with one's own learning process and what it means to be a professional in spiritual care. Professional Development in the CPE process includes engaging the Clinical Method of Learning, abiding by Ethical Practice and Professionalism, growing through Consultation and Feedback, investing in Teamwork and Collaboration, and becoming Research literate.

One of the hallmarks of learning within CPE is through the method of action, reflection, new action, which defines the clinical method of learning. In CPE, the "action" of providing spiritual care is "reflected" upon in the educational time, which in turn leads to an improved "new action" when continuing to provide spiritual care.

Ethical practice and professionalism serve to create a safe and relational environment to learn and provide spiritual care. Adherence to these values and principles will protect both the spiritual care provider and receiver. Honesty, integrity, personal responsibility, and boundaries are all part of ethical practice and professionalism. Additionally, spiritual care providers have an important role to play within ethics and ethical practice. Recognizing ethical issues and knowledge of ethical theories/principles will enable spiritual care providers to honor the dignity of all involved.

Consultation and Feedback are essential elements of the learning process. In CPE, learning happens through engagement with others. Regularly initiating consultation will support and improve the provision of spiritual care. Investing in the learning process necessitates offering and receiving respectful, appropriate, and timely feedback to ensure the continued development for one's own growth and that of others.

Spiritual care can be most effective when it is part of a larger care team, as appropriate to one's context. Our collaboration with others ensures holistic care for care receivers. Making referrals to other professionals allows spiritual care to remain in our area of expertise, while still providing the necessary care for those in need. Expanding the circle of concern may include spiritual care and resources for fellow team members.

There is an emerging recognition of the importance of research for the development of the profession of spiritual care. Initially, a basic awareness of the importance and relevance of research in our field of spiritual care is grounding for beginners to this vocation. Developing research literacy means reading research, knowing where to find it, being able to understand what the research is indicating, recognizing major limitations, and then integrating helpful findings into one's spiritual care. Doing so will lead to improved spiritual care, greater professionalism, and bringing in diverse voices that can inform our practice. Research literacy

enables interaction with the interdisciplinary team with an increased capacity to take in data to support their practice. Research literacy supports one's ability to become a lifelong learner.

Outcome 1: Clinical Method of Learning

Level IA	Level IB	Level IIA	Level IIB
IA.17 Demonstrate an awareness and initiate use of the clinical method of learning (action-reflection-new action).	IB.17 Articulate how the clinical method of learning shapes one's provision of spiritual care.	IIA.15 Demonstrate one's ability to use the clinical method of learning collaboratively and creatively.	IIB.14 Evaluate one's ability to use the clinical method of learning when one provides spiritual care and personal/professional growth.
		IIA.16 Demonstrate knowledge of the history of clinical pastoral education.	

Outcome 2: Ethical Practice and Professionalism

Level IA	Level IB	Level IIA	Level IIB
IA.18 Demonstrate an awareness of and adherence to mandatory reporting requirements and professional codes of ethics relevant to one's context.	IB.18 Demonstrate ability to recognize ethical issues in one's context and seek consultation.	IIA. 17 Demonstrate knowledge of ethical principles/theories used in spiritual care contexts.	IIB.15 Demonstrate integration of ethical decision-making in one's context.
IA.19 Demonstrate through one's behavior the attributes of integrity and honesty in one's spiritual care practice and learning process.	IB.19 Demonstrate knowledge of and adherence to attributes of personal and organizational responsibility and professional boundaries in the practice of spiritual care and the learning process.		
IA.20 Represent and conduct oneself in a manner			

that is appropriate to the context.			
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Outcome 3: Consultation and Feedback

Level IA	Level IB	Level IIA	Level IIB
IA.21 Demonstrate knowledge of the role of consultation in the learning process of spiritual care.	IB.20 Initiate consultation when faced with challenges in the spiritual care context.		IIB.16 Develop long term plan for seeking consultation to address areas of current and anticipated challenges.
IA.22 Demonstrate awareness of one's ability to receive and engage feedback related to one's learning process of spiritual care.	IB.21 Engage and integrate feedback in one's learning process and when providing spiritual care.	IIA.18 Evaluate one's ability to integrate feedback in one's learning process and when providing spiritual care.	
IA.23 Demonstrate awareness of one's ability to offer feedback related to the learning process of spiritual care.	IB.22 Demonstrate the ability to offer appropriate and timely feedback to peers and others.	IIA.19 Evaluate one's ability to offer appropriate and timely feedback to peers and others.	

Outcome 4: Teamwork and Collaboration

Level IA	Level IB	Level IIA	Level IIB
IA.24 Demonstrate an understanding of how spiritual care interacts with and is part of the larger care team.	IB.23 Articulate one's ability to engage with the larger care team, including making referrals, when one provides spiritual care.	IIA.20 Demonstrate one's ability to function as part of the larger care team while maintaining one's role as a spiritual care provider.	IIB.17 Evaluate one's ability to be a spiritual care presence with and for the larger care team.

Outcome 5: Research Based Care

Level IA	Level IB	Level IIA	Level IIB
IA.25 Demonstrate an awareness of how research is relevant to spiritual care.	IB.24 Articulate how one's readings of research is relevant to one's provision of spiritual care.	IIA.21 Demonstrate one's ability to access and understand the main points of a research article and any major limitations.	IIB.18 Integrate relevant research into one's practice of spiritual care.

Brief Definitions of Terms Used in the Revised Outcomes

Communication Styles and Skills – Different ways of communicating. This includes verbal and nonverbal forms of communication. Examples include listening/attending, empathic reflection, confrontation, conflict resolution, Motivational Interviewing, and many others.

Implicit Bias – Unintentional attitude (either positive or negative) by an individual toward a specific racial, social, cultural, or spiritual group.

Intercultural and Interreligious Humility – Cultivation of respect and dignity in relation to others with different cultures or spiritual beliefs, values, and practices.

Justice-Seeking Awareness of Bias – An awareness of bias with the goal to seek justice considering the bias.

Mandatory Reporting – Laws that require people to report concerns of harm; varies by state and religious organizations.

Narrative History – One's life history, relationships, significant, and formative events that have influenced one's values and perspectives in one's life.

Relational Boundaries – Balancing of interpersonal connection and autonomy within one's role.

Socio-Cultural Identity – Aspects of one's identity that relate to one's culture and social identity, like, gender, race, ability, and other aspects of social location.

Spiritual Resources – Spiritual Care interventions that access internal and external resources, like sacraments, rituals, prayer, Scriptural reading, meditation, breathing exercises, etc.

Spiritual/Values-Based Orienting System – A framework that includes beliefs, practices, and coping based on one's spiritual or religious tradition or values.

Systemic Bias – Legal, organized, structured, spoken and unspoken rules or practices that lead to cumulative and chronic negative outcomes against a specific group by a system or institution.

Trauma-Informed – An approach that considers trauma and the potential for re-traumatization.