
# A COVENANT FOR A HIGHER CALLING

## Challenge for Pastoral Psychotherapy

by James (Jim) W. Pruett, Ph.D., DMin, LPC/S, LCMHC/S, LCPT, CFBPPC

The College of Pastoral Supervision and Psychotherapy (CPSP) offers pilgrims in a community of chapters to live out their calling with mutual responsibility for teaching and counseling programs. With the intent to recover the soul, they are to foster personal authority, creativity, and grace, as well as remove all sorts of idolatry while delivering care. Its written covenant even cautions members to remember their higher calling and not to make CPSP an idol, a purpose to be remembered.

For almost 100 years, pastoral psychotherapy has been one of the six major pillars of the psychotherapy movement leading to the establishment of these cognate groups: (1) 1844 American Association of Psychiatry; (2) 1892 American Psychological Association; (3) 1925 Boisen Training Program Worcester State Hospital (1963 American Association of Pastoral Counselors, 1967 ACPE, 1990 CPSP); (4) 1930 Cabot, father of medical social work training seminarians in group process,1952 National Association of Social Workers; (5) 1942 American Association of Marriage Counselors (Now American Association for Marriage and Family Therapy: (6) 1952 American Professional and Guidance Association, 1979 American Counseling Association,1982 National Board of Certified Counselors. Pastoral psychotherapists sometimes held credentials solely in pastoral psychotherapy or multiple cognate groups. When AAMFC was formed to address marital needs, more than 60% of its certified members were clergy.

The American Association of Pastoral Counselors (AAPC) was the flagship for pastoral psychotherapy from 1963 until its consolidation with ACPE in 2019 to offer the "spiritually integrated psychotherapist" credential for former AAPC Diplomates and Fellows and state-licensed therapists who graduated from the new Spiritually Integrated Psychotherapy Program (SIP). SIP Faculty Members were former AAPC Diplomates and Fellows who trained in the depth core curriculum (now divided into Levels 1 and 2). Graduates could participate in Community of Practice (CoP) groups, analogous to CPSP chapters, presenting cases for theological and spiritual integration and self-formation with NBCC CEs.

AAPC maintained the term "counselor" when its Fellow and Diplomate standards required completion of psychotherapy mastery and resisted changing its name to the American Association of Pastoral Psychotherapists despite constant recommendations from key leaders. CPSP later used AAPC's Fellow standards for its Psychotherapy Diplomate standards and rightly selected the term "psychotherapist" and mandated at least 100 hours of personal

psychotherapy. AAPC's standard was that the candidate must have demonstrated the ability to protect the client from one's personal issues. AAPC hereby seemingly discounted the veracity of its requirements that were lived out in its own demanding committee interview process.

AAPC's consolidation with ACPE seems due to a process outlined above as well as the following factors, which can inform other cognate groups about the current context. First, AAPC historically was a regionally based system with prime loyalty to the larger system.

AAPC lived by its regions and atrophied proportionally. The strongest and biggest was the Southeast Region, with the most members and money. Unlike AAMFT and NBCC, which saw change and moved from the regional model to state divisions with specificity linked to emerging state licenses, AAPC hung desperately to its regions. AAPC would not assist states trying to develop chapters, the thing the regions would suffer. States did try to help one another. AAPC had yet to plan to address obvious changes with licensure. Second, AAPC graduate and post-degree training programs declined and typically did not prepare graduates for state licensure, leaving graduates angry and exiting those programs or transitioning to those secular programs linked to state licensure. Third, some pastoral psychotherapists were ambivalent about licensure on theological grounds, and still, others were ambivalent about endorsement. AAPC appeared ambivalent on both fronts and took no stand. Fourth, AAPC membership aged and research AAPC would not be solvent long-range. AAPC reduced staff, sold its office, and finally, AAPC could not fund its Executive Director.

Inevitably AAPC leaders met with ACPE, and with the consolidation, some former AAPC leaders became leaders in the ACPE structure. ACPE's office in Decatur, Georgia, is located in AAPC's former largest, wealthiest Southeast Region. For over four years, this Region had been formulating what is now the core of the Spiritually Integrated Psychotherapy (SIP) Training Program. SIP is being taught in some graduate programs and translated into Korean.

Fifth, folks do not ask, "What can I, as a servant leader offer?" but rather, "What have you done for me lately!" And when money gets tight, and they are older and need CEs to keep their license(s), they decide to pay their license bill first and money where they get their best CEs.

What does this all say to our current context? Here are my summary thoughts:

1. Let's be for something working together with our colleagues across the board in the cognate groups for the higher calling as servant leaders.
2. What can we do better than separately?
3. Licensure is a reality and the advent of the counseling compact and the license.
4. Reciprocity recognition, as well as inclusion of LPCs and LMFT on Medicare and
5. The Medicaid panel must be a gift from God!
6. See if COMISS might be a roundtable with endorsers and providers such as us to
7. Work together to help call out the next generation of the called and help us get out of our silos to work together in harmony because there is more work than all of us can do!
8. Pray the Divine we know will help us get out of our own way to be the Covenant with each other and our other colleagues for integrity.
9. Realize that we have about a five-year timeline.
10. Empower our CPSP Continuing Education Committee to do its job.
11. Develop a think tank of these states that license/certify pastoral psychotherapists.
12. And others: Arkansas, Kentucky, Maine, New Hampshire, North Carolina, and Tennessee

And their allied state divisions to develop a plan for establishing state licensure for pastoral psychotherapists nationally with its own compact.

---

Writer's Context:
Current CPSP Convener CPSP Chapter of Diplomates CPSP Governing Council; Former Chapter Convener; Former CPSP Training Seminar Presenter
Recent COMISS Plenary Presenter: "Ministry at the Grass Roots of Pastoral Psychotherapy Post AAPC"
Former Chair of AAPC Membership Division
Former Chair of AAPC Certification Committee
AAPC Action Council; 2005 AAPC Leadership Award
1992 Therapist of the Year
SE Region AAPC Certification Committee and Executive Committee Founder AAPC Training Program
Co-Founder COAMFTE Post Degree Program
Co-Founder COAMFTE Graduate Program
SCAMFT Executive Committee
Multiple licenses in SC, NC, TN, GA
AAPC and COAMFTE site visitor
Writer of multiple chapters and articles; National and international presenter

Internal politics, innuendoes, and power struggles
of chaplain organizations trickle down and make
our work as clinically trained pastoral chaplains harder,
as we are putting our hearts and souls into attending
to those in crisis, only to find our cognitive group acting
in ways that defeat their mission,
under cover of doing "business as usual."


## Program History

International Chaplain Foundation was incorporated in 2016. Founders Rev. Andrew Harriott and Rev. Dr. Elaine Barry, realized their co-interest in community chaplaincy and their commitment to non-institutionalized training. Born out of outreach in a community program, Project FIND, a program providing services and support to seniors of low and moderate-income and homeless seniors in a non-institutionalized setting, they realized there was a need for clinical chaplaincy and pastoral counseling in the community. Utilizing technology and innovative resources, ICF, Inc. was one of the first CPSP online training centers.

## Program Objectives

The Clinical Pastoral Training program utilizes the action-reflection-action learning process, which is central to CPE/T in several ways. One of the basic tenets of CPE/T is that trainees are involved in hands-on and direct pastoral care experiences with patients, families and caregivers. The trainees reflect and act on their experiential encounters. The trainees, wherever their visits are, are involved with persons from diverse social, economic, religious, and ethnic backgrounds. Reflection on these experiences will form the basis for individual learning.

## Our Mission

The CPE/T program provides spiritual and religious resources and professional support for patients, families, caregivers, and staff. By focusing on the psycho-spiritual aspects of the persons in the CPE/T program, pastoral counselors/chaplains are encouraged to commitment to provide person-centered care and services.

The CPE/T program is committed to the following core values; namely: Respect, Compassion, Justice, Excellence, and Stewardship.

LinkedIn: @international-chaplain-foundation-inc
Facebook: https://bit.ly/icfinc