



Training & Resources

NOW ACCEPTING APPLICATIONS for CPE

Developing Community Based Clinical Chaplaincy as a Discipline

by Lori Whittemore

Chaplaincy today is a much different discipline than it was 50 years ago or 25 years ago, or even five years ago. Society has deinstitutionalized many services. Community-based organizations and nonprofits now provide these services. The need for a chaplain is still very much present but needs to be translated into various communities with the modern religious and spiritual landscape in mind. Homeless shelters, community health clinics, recovery centers, jails, women's abuse shelters, social action organizations, EMS companies, and corporations are all examples of organizations that would benefit from clinically trained chaplains. In addition, there is a need for chaplains in the broader world. Hospital-trained chaplains can undoubtedly step into these roles. However, there is also a need to train chaplains in community-based training programs to serve outside institutions. A community-based chaplaincy program can help translate the skills needed for community-based care. Creating non-traditional interdisciplinary teams, providing care to differing populations, and understanding pastoral care in



distinctive contexts are all pieces of a community-based program.

The College of Pastoral Supervision and Psychotherapy has the opportunity to get out in front of this proposition. Several diplomates are serving community-based programs presently. CPSP could develop infrastructure and administrative support to provide spiritual care entrepreneurs with the framework to create these training programs. CPSP could develop standards contextualized to these kinds of settings, encouraging growth in this important area of spiritual care training. Rather than worrying over getting a foothold in institutional Clinical Pastoral Education/Training programs, CPSP could forge a new path of training for people where they are, figuratively and literally. Anton Boisen read the living human documents he spent time with while residing in a mental hospital. I wonder what words he would offer

for chaplains reading the living human documents in the places that serve their client's needs 100 years later. Again, if any organization can pivot to this direction, it is certainly CPSP. We proclaim to travel light, so who would be better positioned to name and claim this important area of training and ministry.

Rev. Dr. Lori H. Whittemore is a Diplomat Supervisor of CPE. She is the director of the Clinical Pastoral Training Center of Southern Maine. Rev. Dr. Whittemore is a member of the Central Nassau, NY Chapter of CPSP.

Chaplains excluded from list of NYS Healthcare Worker Bonus Program

by Rita Bakr

As part of the 2022-2023 enacted New York State Budget, Governor Hochul and the State Legislature allocated \$1.2 billion in funding to the NYS Health Care Worker Bonus (HWB) program for the payment of bonuses for certain frontline health care workers as Part ZZ of Chapter 56 of the Laws of 2022. The HWB provision allows for the payment of bonuses to "recruit, retain, and reward health care and mental hygiene workers" meeting certain eligibility requirements. However, we have learned that Chaplains are not included on the title list and therefore are not eligible for the bonus program.

One chaplain wrote:

"My colleagues and I went to work every day and "provide[d] patient facing care provided within a patient care unit of a hospital...in support of treating and caring for patient. Chaplains were in the rooms offering spiritual care and support to the patients and were an integral part of their care. In addition, we cared for frightened and grieving families, as well as stressed and grieving health care providers and nurses. As part of the work of the clinical chaplain, we document assessments, interventions, outcomes, and plan of care in the medical record, which other care team

members use for other interventions. I was required to have a Master of Divinity to be hired and have completed four units of Clinical Pastoral Education (CPE) to improve the level of care offered to patients, families, and staff. I am asking that the titles of Chaplain and Clinical Chaplain be added to the Healthcare Worker Bonus Program. As a practitioner of spiritual care and an independent voter, I feel slighted by this oversight."

This is extremely troubling since chaplains have worked and ministered in very high-risk situations as employees of hospitals and other medical facilities during the COVID pandemic. Chaplains employed by hospitals work side by side with doctors, nurses, technicians - in crisis and emergency situations - and were often the only person in a room in full PPE when a COVID patient died.

We encourage you to contact the Governor, the Commissioner, and your representatives to have the title of chaplain included in the bonus program. Personally, we feel this a slight to the profession of healthcare chaplaincy as many of us continued our work during the pandemic at the same risk endured by doctors, nurses, counselors, custodians, dining assistants and the many other occupations included in the program.

Rev. Rita-Ann A. Bakr, CC/PC, HPC, Spiritual Leader, is the Convener of the Palisades, NJ Chapter of CPSP and volunteers on the Chapter Authorization Committee and the Chapter of Chapters.



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.



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.

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

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