WHAT IS CLINICAL PASTORAL EDUCATION (CPE)?

3 Basic Premises of the CPE Learning Process

1. The trainee is an integral part of the learning curriculum plan. 2. The trainee is responsible for the learning. 3. The learning curriculum becomes relevant because it is based on the needs and objectives expressed by the trainee.



— Ministering to people in crisis is crucial and it includes a high personal risk.

Knowing yourself is crucial.

Anyone who takes the CPE program should take time to get to know themselves.

- By encountering the pain of others we always run the risk of feeling our personal pain. We must be careful not to be tempted to face our personal problems using the circumstances of our patients.

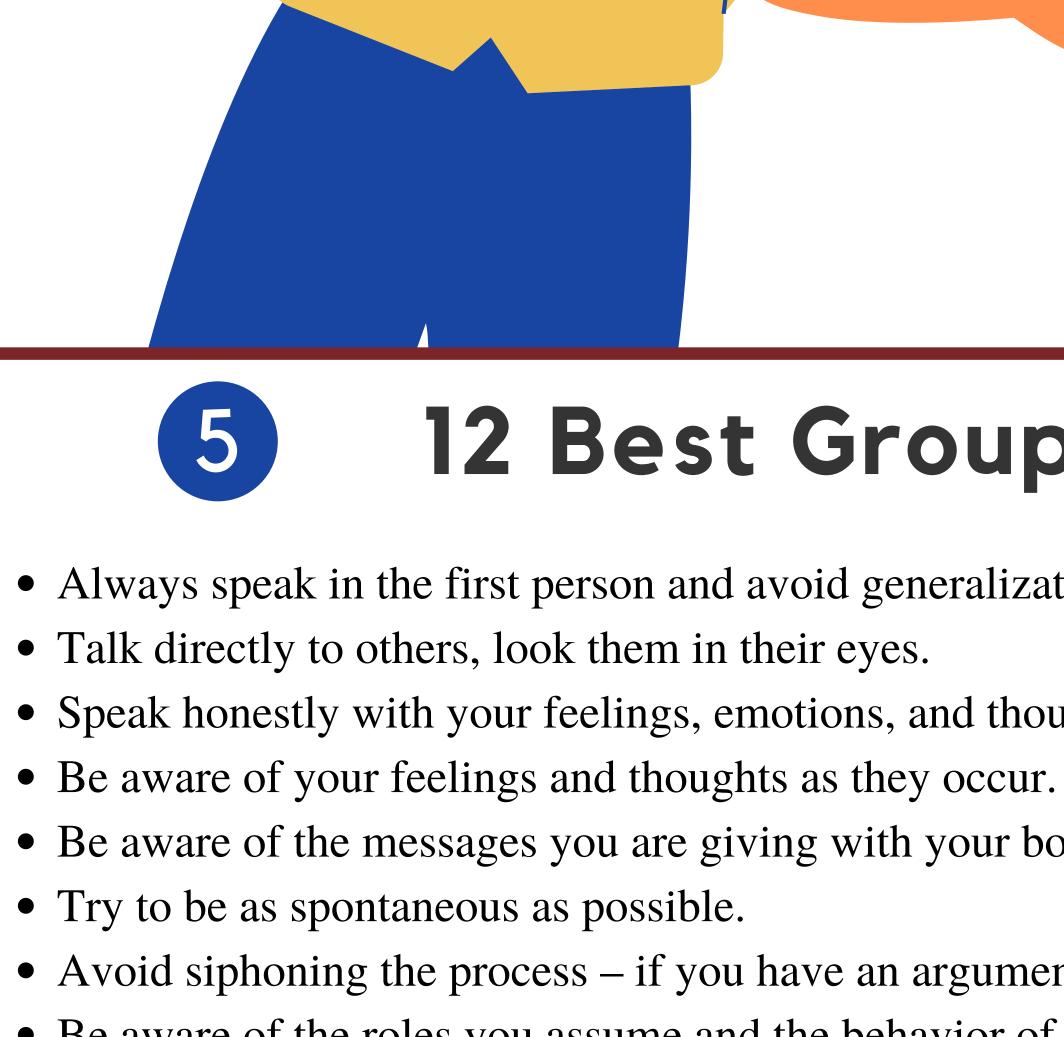


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Using the clinical method of action, reflection, and integration.





- Avoid siphoning the process if you have an argument with someone in the group don't try to fix them outside the group. • Be aware of the roles you assume and the behavior of others in relation to those roles.
- Listen actively, remember that only seven percent of communication is verbal and 41 percent is non-verbal. • Commit yourself to having a genuine encounter with the other people in the group.

Clinical Pastoral Education (CPE) was initially conceived around 1920 by Dr. Richard C. Cabot as a method of learning pastoral practice in the clinical environment under supervision. Reverend Anton Boisen developed the concept by adding a case study with the methodology of theological research, or what he called: The Human Document.

As clinical pastoral education developed, its leaders expanded the learning method to include and integrate pastoral practice with knowledge of medicine, psychology and other human behavior sciences.

Today, many educators emphasize the importance of the pastoral relationship formed through the integration of personal history, behavioral theories and spiritual development. This is the work of clinical pastoral education, facilitating such integration through the clinical method of action, reflection and integration.



1. The Clinical Method of Learning – Reflection Model. The participant encounters people in a pastoral context. The presenter assumes a pastoral role. This meeting gives rise to internal reflection on personal and pastoral identity, as well as the use of ministerial tools and ministerial gifts that have been given to us. This reflection should lead us to the integration of experiences with the aim of producing more significant ministerial meetings that in turn lead us to greater growth.

2. Trainee-centered learning – The trainee learns what he or she needs from experiences that are meaningful, the curriculum as an experience emerges from the experiences the trainee brings to learn.

3. Learning within a sacred space – Meetings with the learning group are a protected space that requires vulnerability and commitment to confidentiality of all members. This is a time when every distraction must be overlooked in such a way that all attention is focused on learning.

12 Best Group Interaction Techniques

• Always speak in the first person and avoid generalizations.

- Speak honestly with your feelings, emotions, and thoughts.
- Be aware of the messages you are giving with your body and the nonverbal messages you communicate.
- Wait and respect the periods of silence in the group.
- Recognize that the vulnerability comes from risk-taking, you won't be able to get much if you invest little in the process.

Let's start at the beginning.

The Learning Methods