# Why Take Your CPE with ClinicalChaplaincy.org?

*Clinical formation for 21st-century chaplaincy*

**Rooted in the "living human document." Informed by today's science of mind and emotion. Designed for the work chaplains actually do *now*.**

## The Question Is Not Only Where You Train

Many programs can provide the supervised clinical hours and educational structure associated with Clinical Pastoral Education (CPE). The more important question is what kind of chaplain the program is designed to form.

ClinicalChaplaincy.org prepares chaplains to listen deeply, think clinically, use themselves responsibly, understand the systems in which care occurs, and continue learning long after a CPE unit ends. We preserve the action-reflection method at the heart of CPE while bringing its clinical and intellectual resources fully into the present. This is rare.

## A Century-Old Method, Brought Fully into the Present

Clinical Pastoral Education began with Anton T. Boisen's conviction that suffering persons are "living human documents" and that those who minister to them learn by attending carefully to actual human encounters. Its roots were clinical, psychodynamic and interdisciplinary.

Some contemporary CPE programs still work from a largely 20th-century conceptual repertoire, as though advances in our understanding of emotion, memory, trauma, relationship and systems have little to contribute to spiritual care. We believe the historic method should be preserved—and its clinical resources should keep developing. That's why our training is recognized as being at the very cutting edge of chaplaincy.

Our curriculum brings the Boisenian and psychodynamic tradition into sustained dialogue with affective neuroscience, neuropsychoanalysis, relational theory, cultural interpretation, semiotics, Group Relations and systems thinking. Trainees are not expected to become experts in these disciplines. They learn to use what helps them notice more, understand more and care more effectively.

## Case Material Drives the Learning

This is not a listen-and-learn survey course in which theories are presented in a fixed hierarchy and later applied to people. The work begins with actual clinical encounters. Trainees bring accounts of those encounters—their questions, uncertainties and their own emotional participation—into supervision and peer review.

Concepts enter the curriculum because the case requires them. The test of every theory is practical: Does it change what the chaplain notices in the next encounter, how the chaplain uses the self, what the chaplain does or refrains from doing, and how openly the work can be brought for review?

## Meaning, Affect, Relationship and System

ClinicalChaplaincy.org teaches trainees to approach every encounter through four inseparable dimensions:

- **Meaning:** How is this person making sense of illness, loss, change, hope, guilt, mortality or the sacred?
- **Affect:** What is being felt, defended against, repeated, remembered or communicated without words?
- **Relationship:** What is happening between the patient and chaplain, among loved ones, and within the interdisciplinary team?
- **System:** How are role, task, authority, boundaries, culture and institutional pressures shaping the encounter?

This fourfold lens helps trainees move beyond generic presence and well-intended conversation toward disciplined, responsive clinical care.

## Contemporary Science in the Service of Care

Chaplains work every day with feeling, memory, attachment, expectation, grief, fear, anger, shame, longing and hope. Contemporary affective neuroscience and neuropsychoanalysis offer powerful ways to understand these experiences without reducing spiritual life to brain activity.

Trainees learn how primary emotional systems, implicit affective memory, prediction and surprise, patterns of relationship, and embodied experience can illuminate what occurs in a spiritual-care encounter. These resources deepen empathy and clinical judgment; they do not replace the patient's own language, culture, faith or meaning.

## Supervision That Develops the Person of the Chaplain

The chaplain's principal clinical instrument is the chaplain's own person. Effective formation therefore requires more than techniques. It requires the capacity to recognize one's assumptions, emotional responses, relational patterns, authority, limits and impact on others.

Individual supervision, group supervision, case consultation, reflective writing and a small peer cohort create a demanding but humane environment in which trainees can become more open, accountable and clinically useful. Cohorts ordinarily include only three to eight trainees, allowing the group itself to become a significant instrument of learning.

## Training That Does Not Lock You into One Certification Pathway

ClinicalChaplaincy.org provides CPE through the College of Pastoral Supervision and Psychotherapy (CPSP), our parent organization, under the authority of its Nautilus Pacific Chapter. Our 12- or 24-week units support CPSP certification and, for otherwise qualified candidates, are recognized by the Board of Chaplaincy Certification Inc. (BCCI) and the National Association of Catholic Chaplains (NACC).

That gives qualified trainees three meaningful options. Some may pursue CPSP certification. Others who satisfy BCCI's or NACC's separate requirements may apply their eligible units toward certification through those organizations. Completing CPE does not itself confer certification, but your clinical training need not confine you to a single professional pathway.

## A Record of Professional Success

No responsible CPE program can guarantee employment. Hiring decisions belong to employers, and professional certification belongs to certifying organizations.

Prospective trainees should nevertheless know the record behind this program. Chaplains who received their CPE under Dr. David Roth—and chaplains subsequently trained by supervisors he prepared—have repeatedly secured highly competitive positions in hospitals, hospices, healthcare systems and other professional settings. Graduates have gone on to manage spiritual-care departments, provide leadership within major healthcare organizations and become CPE supervisors who train other chaplains.

That record does not promise the same outcome for every trainee. It does demonstrate decades of experience preparing chaplains whose clinical competence has been recognized by demanding employers.

## The Book and the Program Share a Clinical Language

David Roth's book *Clinical Chaplaincy: Principles & Practice* articulates the clinical vision that informs this program. Rooted in Boisen's living human document, the book integrates psychodynamic practice with contemporary work in affect, relationship, culture and system.

The book is not a substitute for supervision, clinical placement or peer-group learning. It gives trainees a common language and a portable clinical framework they can continue using after their units are completed.

Read or purchase Clinical Chaplaincy: Principles & Practice

## Serious Training Made Workable

Each CPE unit includes at least 400 hours: approximately 300 hours of supervised clinical work and 100 hours of education and supervision. Trainees serve at an approved local clinical placement while participating in synchronous online cohort learning, case consultation, individual and group supervision, didactics and reflective practice.

Regular units are approximately 12 weeks; extended units cover the same educational and clinical requirements over approximately 24 weeks. This structure makes rigorous formation available to trainees whose geography, employment or family responsibilities would otherwise put high-quality CPE beyond reach.

## Who Should Consider This Program?

ClinicalChaplaincy.org may be a particularly good fit if you:

- Want preparation for professional chaplaincy rather than a collection of isolated ministry techniques.
- Value the psychodynamic roots of CPE and want to see them carried forward rather than merely repeated.
- Want contemporary perspectives on affect, memory, relationship, culture and systems translated into usable clinical practice.
- Are willing to examine your own participation in the clinical field and bring your work honestly for review.
- Need a distance-learning cohort while completing serious, approved clinical work where you live.
- Want recognized units that may support CPSP certification and, for otherwise qualified candidates, BCCI or NACC certification.

## Begin with the Pathway Available to You

You do not need to have your entire career settled before beginning. We will help you distinguish what is required to enter CPE, what a particular employer may expect, which certification pathway may be available, and what additional formation you may eventually need.

The chaplains we train help those in need to find meaning and purpose in the midst of their crisis, distress, loss, grief or perplexity. If you want CPE that prepares you to listen deeply, think clinically, use yourself responsibly, and meet the realities of 21st-century chaplaincy, we invite you to take the next step.

Review the ClinicalChaplaincy.org CPE program

Program format, schedule, unit structure and current accreditation status.

Review admissions and tuition information

Admission process, current fees and enrollment information.

Start the CPE application

Apply for a regular or extended ClinicalChaplaincy.org CPE unit.