Adult Education and Clinical Pastoral Education: An Introductory Bibliography
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The College of Pastoral Supervision and Psychotherapy is a breakaway group from the Association for Clinical Pastoral Education. CPSP was officially formed in 1990. This document describes the standards by which the CPSP accredits programs of clinical pastoral education, and programs in pastoral psychotherapy. Also included are the standards for clinical chaplaincy and the certification of chaplains, diplomats in supervision, and pastoral counselors. This document describes how the organization is governed and the code of professional ethics. The document describes the educational objectives by which supervisors will be measured in the certification process. This document gives insight into how the organization is run and allows outsiders to compare the certification procedures of different pastoral care organizations.


George Fitchett is the director of Research and Spiritual Assessment, Department of Religion, Health and Human Values, Rush-Presbyterian-St. Luke’s Medical Center in Chicago. George Gray is Program Associate, Health Programs, Professional Assessment Services Division, American College of Testing, Iowa City, Iowa. This is one of the first articles to quantitatively measure the outcomes of level I and level II CPE. The authors studied 39 students who had taken a year long residency from 1984-1991. They gave the students a pre and post test called the Clinical Ministry Assessment Profile (CMAP). This instrument took several years to develop and was a joint effort between the ACPE and the Association of Theological Schools (ATS). This article demonstrates the outcomes of CPE can be measured. Seventy-eight of the eighty items showed positive changes in students’ attitudes and behavior as a result of their educational experience. This article also studied the reliability of the CMAP instrument itself. Overall, the CMAP instrument is judged to be an effective tool. This article suggests that other types of CPE programs could be measured as well. In particular it would be interesting to adapt the CMAP to measure the outcomes of Supervisory CPE education.


Chuck Hall is the first executive director of the ACPE. He is a CPE Supervisor and served as the executive director for fourteen years. He is the first to write a history of the Association since its founding in 1967. As a historical analysis of the organization the book is filled with factual data concerning the four pastoral education groups that came together to form ACPE in 1967. The book covers the beginning of the organization until the mid 1980s. This book is an important look inside the culture and relationships of the early organization. Of particular interest is the discussion about the certification process of the early movement. The book chronicles how the certification process has changed over the years to accommodate women, cultural diversity, and to focus more on professionalism and competency. The book has a limited appeal to audiences outside of ACPE, but until this year, it has been the only published history of ACPE.


Peter Hawkins is the Chairman of the Bath Consultancy Group. He writes and lectures in the field of organizational learning and culture and strategic change. Robin Shohet is a psychotherapist and runs supervisor training courses through the Centre for Staff Team Development in the UK. This book was first published in 1989. The second edition is an important update that includes information previously omitted, such as transcultural supervision. The strength of this book is the practical diagrams and assessment tools that are included. The text is based on the authors’ experience in supervision and a careful analysis and application of research. This book may appeal to a broad audience. It will have appeal to psychotherapists, drug and alcohol counselors, clergy, social workers, and anyone working in mental health or penal institutions.


Stephen King, the Manager of Pastoral Care at the Seattle Cancer Care Alliance in Seattle, Washington has written the most recent historical analysis of the clinical pastoral education movement to date. King begins by placing the history of the
Association for Clinical Pastoral Education in the context of educational reform under John Dewey. He argues that theological education was reformed along with other professions, with an emphasis on practical or ‘field’ education. In this context, he examines the people who are considered the founders of clinical pastoral education. This discussion focuses on many of the personalities, emotions, and passions that have shaped the movement. Some of these values and beliefs still shape the organization today. After the discussion of personalities, he describes the historical events that led to the formation of the Association for Clinical Pastoral Education. This is a tedious section that may only appeal to insiders. One of the limitations of this book is that it may appeal to a limited readership, namely those associated with ACPE.

The next section discusses the intra-organizational process of ACPE. This section has tremendous relevance to the subject of certification. The author gives a complete overview of how the education, training, and certification process has evolved since the beginning of the organization in 1967. Important themes that arise out of this section are the debate over the need for a unified curriculum in the certification process and the need to distinguish clinical pastoral supervision from psychotherapy. Also explored in this section are informal research studies that shed light on the certification process as it has evolved over forty years.


Litzinger is a clinical pastoral education supervisor at Wake Forest University Baptist Medical Center. This article is the product of a workshop she gave at a Summit on Supervisory education sponsored by the North Central region of ACPE. Because her training center has a successful track record in producing CPE Supervisors, she was asked to reflect on the best practices of her particular training program. In this article she outlines three very clear and practical elements of the program and her rationale for what makes them a ‘best practice.’ She acknowledges that all of the elements may not be transferable to other programs, but her framework encourages others to think about what may become a best practice for their particular program.

Best practice number one is to develop a map of the supervisory education process. Included in the article are figures that clearly explain the ‘grid’ that is the map for her educational program. The grid lays out the timeline as well as the five competency dimensions to be developed at each stage of the program. Best practice number two is to have a time-limited, three year contract with the learner. As she emphasizes, this contract helps sets motivational boundaries for the learner and helps prevent the institution from taking advantage of student labor. Best practice number three is to have regularly scheduled, structured, educational seminars. She expands on the curriculum the students use in her center. These best practices seem intuitive, but she supports her assertions with outside evidence from other professionals in the field of supervision. The article is well-written, clear, and makes a significant contribution to the field of clinical pastoral education.


This article proposes seven steps for constructing a competency model. The article focuses on competency in mental health professions. The authors are all psychologists and professors of psychology. The article begins with clear definitions for ‘competency’ ‘knowledge’, ‘skill’, and ‘ability’. The definitions are especially helpful to adult educators who may not be experienced with the language surrounding competency concepts. The importance of this article is that it provides the foundation for adult educators to begin to teach or evaluate competency. While the authors are connected with mental health professions, the competency model can apply to other professions that are concerned about competency.

After a brief discussion about the legal implications of competency, the article addresses the seven stages for developing a competency model. The seven stages are practically oriented and intended for an audience looking for guidance in how to establish a competency model. The intended audience is probably psychologists and those who are interested in the competency of mental health workers. While the process is described in a clear and complete manner, the authors acknowledge that it still needs to be evaluated with further research. They also acknowledge that any competency model is going to be costly and require an extended amount of time to implement. One of the strengths of this article is the discussion about how to develop behavioral examples for the stated competencies.


Sharan Merriam is professor of adult education at the University of Georgia. Ralph Brockett is professor of adult education at the University of Tennessee, Knoxville. This chapter comes from their book which is designed to be used in an introductory course in adult education. The chapter focuses on the debate over the professionalization of adult education. They set out to answer the question, “does professionalization make a difference?” Of major concern is to capture the large diversity that exists in adult education. Not all people working in adult education consider themselves to be professionals. Some adult educators see the need for professionalization but do not want to create an elitist institution that excludes some of its most
important members. Merriam and Brockett suggest the two groups within adult education can function on parallel levels without being hierarchical. This is a balanced discussion between those who seek excellence through standards, and certification and those who seek the freedom of creativity and the possibilities those multiple, diverse, voices bring to adult education. The chapter addresses the debate in a fair and balanced way. The information covered in this chapter will be useful information for every organization involved in the education of adults.


This article gives a history of the competency movement in professional psychology. It begins by defining competency. This is a helpful starting point because it clarifies the subject and allows professional psychologists to communicate more clearly among themselves and with the public. The article is written by leading psychologists who are closely tied to the history of the American Psychological Association. Other professions can benefit from these definitions as they seek to refine their own understanding of competency. The article follows a chronological timeline of historical events and meetings that begin in the middle of the twentieth century and continue to the present day.

The authors suggest that the emphasis on competency dates back to the Boulder Conference of 1950. The article divides professional psychology into subcategories that include: doctoral education, internships, residency training, post doctoral training, and specialty training. The authors discuss competency in each of these areas as well as how it relates to credentialing, board certification, and mutual recognition between international agencies. This is a very detailed and lengthy discussion. Some of the material is so detailed and specific it may only have meaning to readers closely associated with the APA.

In 2002, the APA Ethics Code was revised to grant competency its own section. The two items state that a psychologist will function within the boundaries of his or her area of competence and that he or she will make an ongoing effort to maintain competence. This one revision elevated competence from a high ideal to a necessity for licensure.

The article discusses the connection between accreditation and certification. In 1990 the Committee on Accreditation in the United States moved to an outcomes based model which is consistent with a competency based approach to accreditation. Curriculum also had to change in order to ensure that learners were able to meet the outcomes expected of them during the certification process.


Loren Townsend is an approved supervisor with the AAMFT, and a Professor of Pastoral Care and Counseling at Louisville Presbyterian Theological Seminary. This chapter is from a book that focuses on the changes in the field of pastoral care and counseling since the publication of the Dictionary of Pastoral Care and Counseling in 1990. Dr. Townsend focuses on the changes that have taken place in educational and supervisory practice of clinical ministry. He begins the chapter with some definitions and then a brief history of clinical pastoral education. He then describes the major changes clinical training went through in the 1990's because of the reorganization of the healthcare system. Many programs were closed and pastoral educators had to rethink how, when, and where they would educate for ministry. Out of this ferment, came new efforts to lobby regulatory bodies to see pastoral counseling as a legitimate member of the healthcare team. At the same time, pastoral care providers are growing in their efforts to align themselves with science and conduct research that supports their presence on the medical team. The chapter ends with the future trajectories of pastoral care and education. CPE programs are rethinking new ways of providing educational programs within the context of major healthcare institutions. Some themes he lifts up are multiculturalism, corporate culture, research, outcome based education, and the liability associated with supervision. This article provides a literature review of the two most important journals in supervisory education and pastoral care since 1990. The author provides an excellent synthesis of the literature and the historical events during this time.