

# Considerations for Collaboration I: Piloting Training Programs

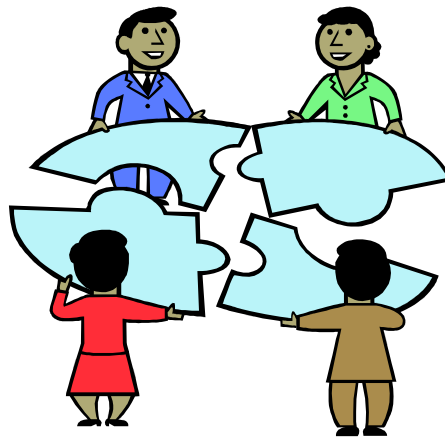
Monday, February 2<sup>nd</sup> from 3:30 to 5:00 P. M.

## Workshop Description:

The increasing complexity of our post-modern world requires sophisticated new models of thinking about providing services, conducting training programs, and developing relational systems. To respond to this need this workshop will present a process and example of a training model based on collaboration with multiple clinical pastoral cognate groups. Panel members from a variety of perspectives will reflect on the strengths and challenges of attending to multiple training programs. Participants will explore creative ways to increase collaboration in their own settings.

## Theme and Focus:

- Learn about piloting training programs and care and counseling services that honor the diversity and shared missions of multiple cognate groups
- hear about a training model
- reflect on strengths and challenges of attending to multiple training missions
- identify ways to increase collaboration



## Presented by:

Clinical pastoral training personnel from Beverly Hospital/NHS, Beverly, MA and Hebrew Rehabilitation Center, Roslindale, MA: John C. Pearson, D.Min. ACPE and AAPC; Junietta B. McCall, D.Min. AAPC; Harry E. Woodley, M.Div. AAPC; Jack Crabb, SJ, ACPE, NACC; Joan Rossi, Ph.D. ACPE; and Mary Martha Thiel, M.Div. ACPE, APC.

## Collaboration requires



Leadership, vision, motivation,  
and people to serve

process, community interest

In our case  
it requires us telling our story  
and you sharing yours.

**Come join us and let's see what happens.**

You will find  
14 Working Steps that can increase collaboration

You will find  
a process for assessing where you have been  
and where you are

You will hear  
about eight major motivators and many site specific stimulators  
for making changes that increase collaboration

You will hear about  
typical issues people face when trying to bring multiple training programs together

You will be introduced  
to a pilot model and piloting process that can help generate opportunities in your setting

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## Steps to Increased Training Program Collaboration

Working Steps	My Steps (story)
1. Reflect on the history of your clinical pastoral organization (and worksite culture)	1.
2. Describe the prevalent model of organizational interaction in your geographical area and in your ministry location	2.

For Example: Where Beverly/NHS was prior to 2007

- **CPE**                      The clinical program for over 40 years  
Growing differentiation evidenced by multiple programs
  
- **NAJC**                     Influences: Hebrew Rehab satellite CPE program ( Mary Martha) and Rabbi per diem/Jewish chaplain/CPE interns
  
- **NACC**                     Influences: Certification Coaching/verbatim (Jack)
  
- **APC**                        Influences: (Mary Martha) Consultation certification and educational credits (John)
  
- **AAPC**                     Influences: Dual certification of department director (John)
  
- **CAPPE**                    Influences: Know colleague from Nova Scotia!

Working Steps cont.

My Steps

3. List strengths, problems and circumstantial changes of your current clinical pastoral programs and collaboration efforts:	3.
a. Strengths:	a.
b. Problems (improvement needed):	b.
c. Circumstantial Changes (+/-):	c.

For Example: Beverly Hospital/NHS

Strengths	Problems ( oyster/pearl)	Changes
CPE 40 year history	In Director’s (John’s) heart – hired/call to do pastoral care and counseling  Administration is aware of this dream and job expectation	Availability of AAPC people  Community interest in developing pastoral counseling training sites
Fundraising		Hospital in good place financially and had a CPE/Lutz grant
Accredited ACPE	What to do with returning CPE students not interested in proceeding toward supervisor status?	JACHO accreditation citation – need to increase services at behavioral health site
Corporate board support	Admin. Interest in improvement, innovation and program development	Hospital open to new projects
Largest CPE program in NE		Fewer and fewer AAPC training programs in NE
CPE supervisory curriculum in place		
Quality pastoral care provided	Diversity of population and need for complex care and counseling	
Computerized documentation of services and tasks		
Integration in hospital organization and mission		
Functioning professional CPE consultation committee		

Working Steps cont:	My Steps
4. List motivators to initiate further change and to collaborate creatively.	4.

For Example: **Motivators** for change/collaboration at Beverly/NHS

- Service needs
- Community interest
- Vision (heart, call, dream)
- A Benefit focused organization
- Leadership
- Administrative need and support
- Current participation in multiple pastoral organizations
- Availability of money and resources

Working Steps cont:	My Steps
5. Use assessment of history, strengths, problems and changes to identify directions for increased collaboration and future changes	
6. Develop organizational chart/picture of how you are changing re: programs and collaboration.	

For Example:

2007-2008 At Beverly Hospital/NHS the decision was made to bring in leadership to develop Pastoral Counseling Training Program

Picture of new department training structures:

- **\*CPE**
  - NAJC
  - NACC
  - APC
- \*AAPC**

Working Steps:	My Steps
7. Observe program changes and note challenges to collaboration	7.

For Example: With introduction of AAPC training program at Beverly/NHS we noticed these issues:

- AAPC leadership had mandate to build training program
- Power sharing issues arose early
- Professional bias in behavioral health was against pastoral counseling as therapy
- There was a steep learning curve for everyone
- Culture of pastoral counseling in MA not as positive as in NH
- Sharing of space was major irritant
- AAPC people had numerous units of CPE but not other way round
- New need for clearer differentiation of pastoral care and counseling
- Introduction of privileging of individuals for complex counseling
- Concerns about hierarchical implications of levels of AAPC intern/residents versus entry CPE interns
- Fears/frustrations about losing priority in department – turf issues
- Concerns about clinical placements of students
- AAPC cultural bias against brief therapies evident at national convention
- Professional organizational biases in general
- Experiences of being overwhelmed - as in – one more thing!
- Divided loyalty
- Typical forming and storming stages of building new relationships

Working Steps:

My Steps

8. Recognize accomplishments and make new list of motivators to increase collaboration.	8.
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For Example: One year motivational assessment/review to increase collaboration at Beverly/NHS

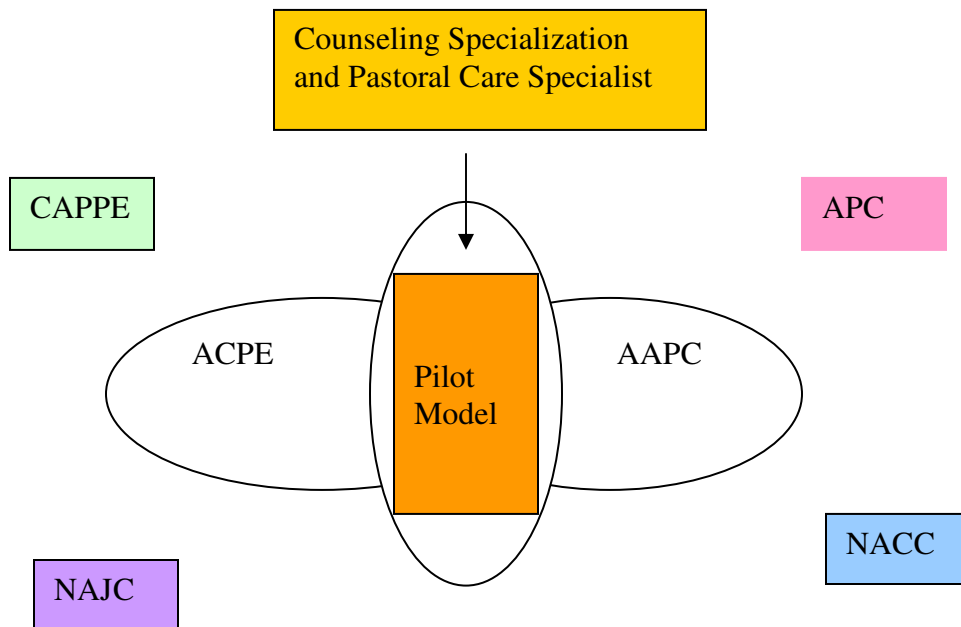
- Have handbook for AAPC training program now
- Desire to be accredited as an AAPC service center and training program
- Pastoral Care Department budget is strong and supported administratively
- Site and service development for pastoral counseling is going well
- Have new Evelyn Lily Lutz Foundation grant for pastoral counseling
- Have statistics of counseling services provided for one year
- Have positive feedback re benefit of counseling services for past year
- Department of Pastoral Care and Professional Consultation Committee meetings more integrated
- Survey of community clergy indicated 86 % desire for training in pastoral counseling and pastoral care specialist programs
- Current CPE students want more CPE options

Working Steps:

My Steps

9. Establish improvement plan and pilot training model based on increased collaboration	9.
10. Re-design organizational chart/picture of programs and collaboration process	10.

For Example: Year 2 plan to pilot joint CPE and AAPC program: **Pilot Model**



Working Steps:

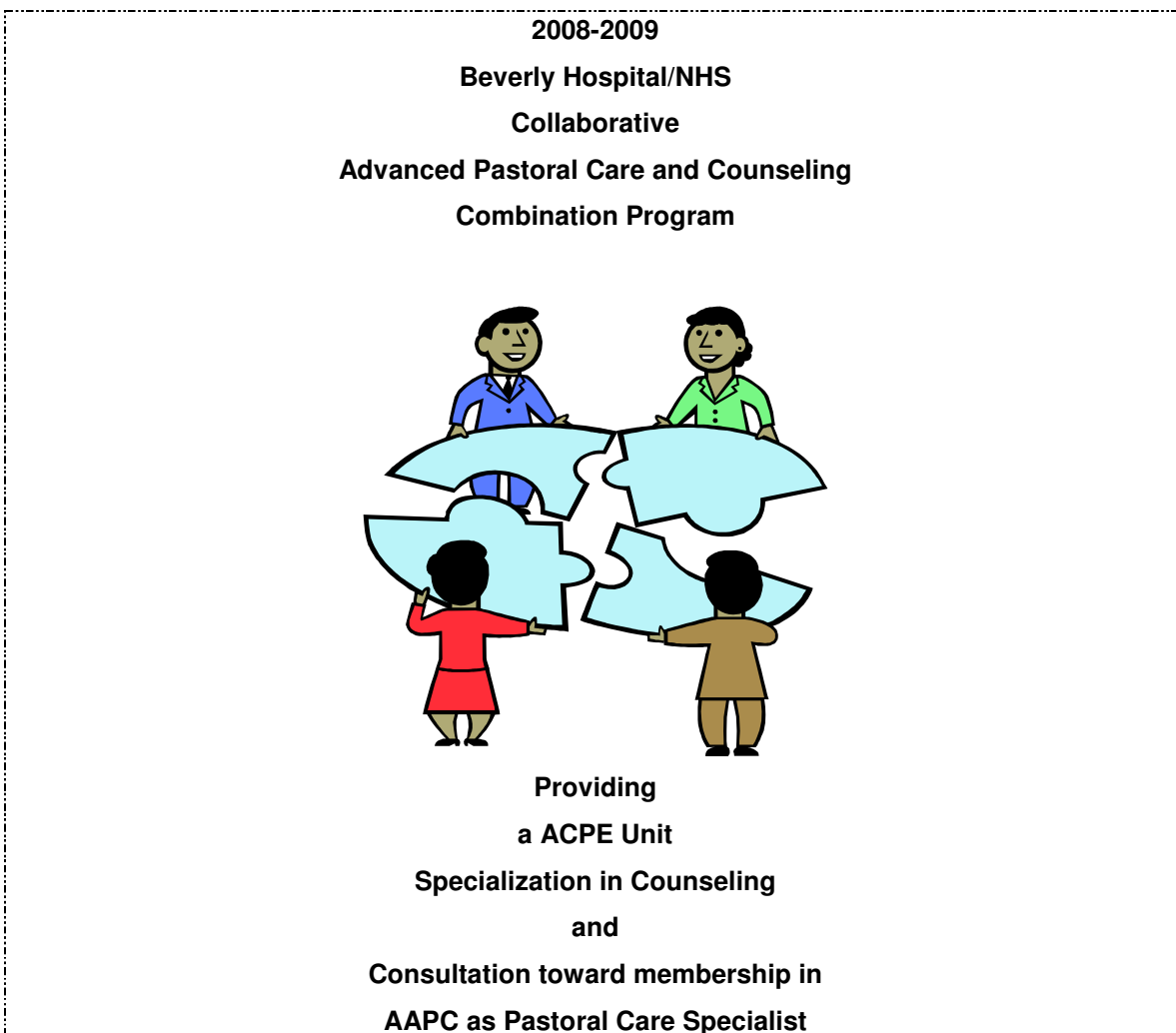
My Steps

11. Establish pilot objectives	11.
12. Describe new collaborative project: what it looks like?	12.

**Our pilot objective** was:

To develop a collaborative training program based on service needs, training needs and resources, and organizational standards, that benefits community, Beverly Hospital/NHS, clergy, students, patients and families and to evaluate said program.

The Beverly/NHS Combo collaboration programs introduction and schedule looked like this:



## **Introduction to Combination Program**

**2008-9**

This year Beverly Hospital/NHS is presenting a collaborative program focusing on advanced pastoral care and brief counseling.

Participants have been selected who have demonstrated readiness for one unit of Clinical Pastoral Education with a specialization in pastoral counseling and/or advanced pastoral care education in the AAPC Pastoral Care Specialist Program.

The standards for each program have been maintained as have the leadership requirements and affiliations.

The design of the program is purposefully collaborative with intentional focus on similar and as well as unique needs of each program.

While this combination program is intended to be a joint program there will be individuals in the Pastoral Care Specialist program who are not participating in the Clinical Pastoral Education Component.

### **Combination Program Schedule**

**Thursday**

**8:00 CPE Verbatim**

**10:00 CPE IPR**

**11:30 Lunch**

**12:00 Joint Didactic**

**1:00 Joint Didactic**

**2:00 AAPC Case Consultation**

**Working Steps:****My Steps**

13. Describe ways collaboration occurred	13.
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**Collaboration** occurred in our model through:

Placement/service site considerations

Selection of participants

Curriculum development

Scheduling

Didactics

Workshop proposal and development

Selection of guest lecturers

Counseling and consultation competency development

Attention to specific organizational outcomes

Consultations

Marketing processes

Work with Professional Consultation Committee

Development of intern service referral processes

Adaptation and use of documentation processes

**Working Steps****My Steps**

14. Brainstorm ways to increase future collaboration	14.
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**Suggestions:**

Learn about certification and training in 6 or more organizations

Be open to hire and welcome people from other organizations

Practice an attitude of hospitality and openness

Use mutual objectives, outcomes and shared content to foster collaboration

Consider use of a clinical pastoral competency continuum portfolio

Hold joint meetings to listen, share and work on programs together

Engage in collaborative writing, didactic development, workshops to share and pool learning

Go to educational programs in multiple organizations

Hold interdisciplinary case (verbatim, consultation) groups

Consider how to engage an organization (not whether or not to engage one)

## Collaboration Considerations I: Working Steps Worksheet

<p>1. Reflect on the history of your clinical pastoral organization (and worksite culture)</p>	<p>1.</p>
<p>2. Describe the prevalent model of organizational interaction in your geographical area and in your ministry location</p>	<p>2.</p>

3. List strengths, problems and circumstantial changes of your current clinical pastoral programs and collaboration efforts:	3.
a. Strengths	
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c. Circumstantial changes (+/-)	

<p>4. List motivators to initiate further change and to collaborate creatively.</p>	<p>4.</p>
<p>5. Use assessment of history, strengths, problems and changes to identify directions for increased collaboration and future changes</p>	<p>5.</p>

<p>6. Develop organizational chart/picture of how you are changing re: programs and collaboration.</p>	<p>6.</p>
<p>7. Observe programs changes and note challenges to collaboration</p>	<p>7.</p>

<p>8. Recognize accomplishments and make new list of motivators to increase collaboration.</p>	<p>8.</p>
<p>9. Establish improvement plan and pilot training model based on increased collaboration</p>	<p>9.</p>

10. Re-design organizational chart/picture of programs and collaboration process	10.
11. Establish pilot objectives	11.
12. Describe new collaborative project: what it looks like?	12.

<p>13. Describe ways collaboration occurred</p>	<p>13.</p>
<p>14. Brainstorm ways to increase future collaboration</p>	<p>14.</p>

