

# ACPE NEWS

of the North Central Region

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Gary Sartain, Regional Director

Volume XLIII, Number Five

December, 2010

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## Dates to Remember

December 3, 2010	Chicago/Wisconsin sub-region continuing ed with Peter Steinke, Elmhurst Hospital, Chicago, IL
January 21-22, 2010	Iowa sub-region retreat, Perry, IA
February 2-5, 2011	REM Invitational—Richmond, VA
February 10-12, 2011	Wisconsin sub-region retreat, Oconomowoc, WI
February 17-18, 2011	NCR Certification—Chicago
April 2-6, 2011	ACPE Spring Leadership Mtgs, Salt Lake City, UT
April 6-9, 2011	ACPE 2011 Annual Meeting, Salt Lake City, UT
May 4-6, 2011	NCR Certification, Wisconsin Dells, WI
September 17-19, 2011	Minnesota continuing ed—Anderson complex, Grand Marais, MN
October 8-9, 2011	NCR Certification—Wisconsin Dells, WI
October 9-11, 2011	NCR Annual Meeting, Wisconsin Dells, WI

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Congratulations to our two new Associate Supervisors.....



We are delighted to introduce our two new Associate Supervisors, **Kim Goodman** and **Kyle Vlach**. They were certified at the ACPE Leadership Meetings in Atlanta in November. Both Kim and Kyle are part of the Allina CPE Center in the Twin Cities.



Foundation for  
Clinical Pastoral Education

The latest developments concerning the Foundation can be found in the report of the NCR representatives to the ACPE Board elsewhere in this newsletter. The Foundation has already raised over \$1,000,000.00 for the capital campaign and will succeed in raising another \$9,000,000.00 from outside sources only if we as the members of the organization show our personal commitment with our own contributions. Amount is not the key factor by any means (though the larger the donation, the better, obviously). The key is percentage of members who are donors. And our member contributions are best designated as “unrestricted” or for the annual campaign which covers the operational costs of the program.

**Please go to [www.foundationforcpe.org](http://www.foundationforcpe.org) and make a donation before the end of the year.**

## RD Ramblings.....

With both the regional annual meeting and the national ACPE Leadership meetings behind us, there is now some time to pause and reflect. We certainly find ourselves confronted with challenges from many fronts!

I was helped to put this all in perspective when I attended the annual meeting of Walker Methodist in the Twin Cities, headquarters of the City of Lakes CPE Consortium at which John Sweeney, the current owner of “The Brave New Workshop”, an improvisational theater in the Twin Cities that gave birth to Saturday Night Live, spoke, sharing how his company had made adjustments allowing it to not only survive, but also thrive, by taking what they did well and marketing it in other venues when the downturn in the economy left them with empty seats in the theater and an inability to make it financially.

Their “theory” told them that this was an “opportunity”, not an obstacle, and they branched out with what they call “Creative Outreach”. They tap into the same talent pool that have practiced, honed and perfected their skills on the Brave New Workshop stage and use them to perform a variety of services including business training, humorous keynote speeches and scripted comedy. “All because we truly believe that the principles of improvisation are, at their core, one of the greatest gifts we can pass along to help others improve their lives.” Their repeat clients are organizations like Microsoft, Best Buy, large hotel chains, etc.

This leads me to ask how we might reframe ourselves and redirect our skills to other than the traditional markets we have relied on, thereby expanding the gift that our experiential learning model that focus on the whole person brings. I think it is important in this year of reflection about governance changes that is now upon us (given the actions of our regional Board, our regional membership meeting, and the ACPE Board of representatives) to think about how any governance structures we might adopt will facilitate that. The issue is much more expansive that just alleviating our financial crunch.

I was able to attend the ACPE Leadership meetings in Atlanta in November, and spent as much time as I could (when not involved supporting our supervisory education students meeting committees) sitting in on the Board of Reps meetings. I have been making this a priority this past year because I realize (even more so, after this past meeting) that the key is communication, communication, communication; and Regional Directors can play a key role in assisting the flow both ways between the grass roots and the leadership.

I came away feeling very positive about what I observed. The ACPE Board took the feedback from the regions seriously and slowed the process for governance revision. And they handled the other items on a very heavy and difficult agenda with a passion and commitment for our organization that was very obvious. They deserve our respect and our support.

But the best way to give that support is for us to be educated about what is coming down the pike at our leadership (whether national, regional or sub-regional) and to share our wisdom and insight about those issues with them before they come to the decision-making table. Too often, I am afraid, we have simply left them to their own resources—partly because the demands are so great for many of us in our own “shops” that it’s hard to find time to divert attention elsewhere.

And then we are left reacting to decisions that have been made that we don’t agree with, sometimes in ways that are not as helpful as they might be; and sometimes requiring all of us to spend more time undoing what has been done than it would have taken to be on top of it in the first place. All of us need to hear an urgent call to mutual accountability if we are going to make the adjustments necessary to allow our organization and movement to continue to gift our own communities and the global community to the best of our ability.

This office is committed to making every effort to see that you receive relevant national and regional information in a timely fashion. All of us need to commit to taking time to read, digest it, and respond in constructive ways.

## Highlights from the ACPE Board meeting in Atlanta, November 3 – 6

Respectfully submitted by NCR representatives **Tim Thorstenson** and **Mark Tabbut**

**The spirit of the NCR motion to delay consideration of governance changes guided the board's thorough discussion, and a motion to in fact slow the process was finally adopted.** A workgroup will consider all regional feedback, refine the proposal for the spring board meeting, present a draft once again to the 2011 fall regional meetings for input and feedback, and a final proposal will be put in front of the membership at the spring 2012 annual conference.



We continue to face budget challenges and a decrease in revenue. ACPE does not have enough money to support two full in-person board meetings in 2011. After considerable debate, it was decided to fund a full board meeting in Salt Lake next April and then ask the membership (at the business meeting of the annual conference) to consider suspending the by-laws so that each region could be represented by just one person for the fall meeting and for the spring 2012 meeting, effectively reducing expenses by nearly half. A motion to ask the regions to fund the second representative or to withdraw funds from the ACPE Endowment to cover expenses was narrowly defeated.

Recognizing the high expense of maintaining a separate office and executive director for the Foundation (FCPE), the position of FCPE ED was eliminated, and the office is being moved from San Antonio back to the ACPE office in Decatur. The Capital Campaign, to raise \$11 million for a new building in Decatur, is proceeding, and over \$1 million has already been raised. The Annual Campaign, to support the expenses of the actual fund-raising, is also proceeding, and all members are requested and highly encouraged to contribute. The board recognized that the membership has been slow to embrace the vision of the new headquarters, and thus building momentum for these campaigns has also been slow. Again, after considerable thought and discussion, the board passed a motion to also ask the FCPE to take on the challenge of raising a separate \$1 million to fund future community-based CPE programs. This emphasis on our mission – which generated significant passion at the board – is intended to complement our Capital campaign and its emphasis on our vision.



The board met at length, in a historic conversation, with the leaders of the REM network. In a heartfelt and honest dialogue, REM stated their desire to continue their annual invitational conference, choosing not to support the board's request to hold one ACPE annual conference which would have been hosted and planned by REM every other year. Troubling reports of racism in ACPE were shared and consciousness was raised about the significant challenges we are facing regarding racial, ethnic and cultural differences.

**In a unanimous vote, the board granted full reciprocity to the Norwegian CPE organization, allowing for an exchange of supervisors, should such opportunities arise.** *Editor's note: Edith Finsaadal was present at the meeting for the discussion and vote. The full motion and Edith's subsequent note to the regional office are printed on the next page.*

The Norwegian reciprocity agreement that formalizes and extends the relationship our Region has had with Norwegian CPE for many years was made possible by the hard work of Kristi Mosvold, Bergliot Hauglid and others on the Norwegian end and by Edith Finsaadal and Dr. Trygve Skarsten in the U.S. The latter translated the Norwegian Standards, Code of Ethics and related materials from Norwegian to English for the application process. A big thank you to those named and any not named who played a key role in this process!!!

### ACPE Board of Representatives Fall 2010 Meeting

#### **Motion: Recognition of reciprocity status with Norwegian Clinical Pastoral Education (NCPE)**

*Whereas* Clinical Pastoral Education has been offered continuously in Norway since 1970 and has served to educate well over 2000 persons in the art of spiritual care; and

*Whereas* Norwegian Clinical Pastoral Education (NCPE), in partnership with its sponsoring organizations (the Norwegian School of Theology and the Norwegian Association of Clergy), has engaged ACPE in ongoing conversation about reciprocity and has demonstrated due diligence in articulating its mission, ethical values, philosophy, methodology, and practices; and

*Whereas* it is evident that ACPE and NCPE share a common sense of purpose, mission, and values, and that it would be to the mutual benefit of both organizations to pursue a reciprocal relationship;

**MOVE that the Board of Directors of the Association for Clinical Pastoral Education formally recognize NCPE as an organization with whom ACPE enjoys a mutually reciprocal relationship, including the recognition of ACPE Level I and II CPE units as equivalent in credit to NCPE 501-3 units; access for NCPE Supervisory students to ACPE supervisory educational programs (as negotiated with individual ACPE accredited centers) and for ACPE Supervisory Education Students with language proficiency to have similar access with NCPE centers; recognition of ACPE or NCPE Supervisor status for purposes of guest supervision; and facilitation of processes by which NCPE Supervisors and ACPE Associate or Certified Supervisors may seek certification status in the reciprocal organization per its policies and procedures.**

By such vote the ACPE Board authorizes and directs its President, Executive Director and/or Associate Director, and/or other persons whom those parties designate, to negotiate and enter into those agreements and covenants deemed necessary and appropriate in order to expedite the will of the ACPE Board in this matter.

Motion made by Peter Yuichi Clark; seconded by Miriam Needham; and approved by unanimous vote of the ACPE Board of Directors on November 6, 2010.



**Edith Finsaadal & Peter Yuichi Clark**  
at the ACPE Board meeting

#### **Edith's subsequent note:**

Dear Gary,

It was good seeing you in Atlanta and having you right there to celebrate the reciprocity accomplishment. The Norwegians in N are very happy too.

Dr. Trygve Skarsten who I asked to help me with the translation of the N clergy code of ethics is the one who first encouraged me to take CPE when I came here as a seminarian from the university of Oslo in 1978. He knew that CPE was not much developed in N at that time and suggested that taking that here might be beneficial for me and my future ministry. I had bumped into him at the airport in southern Norway and learned that he was my father's second cousin in 1976 when I was in the process of applying for scholarships to study theology in the USA or England. I told him about my plans. He looked at me and said: Why don't you come to Trinity Lutheran Seminary in

Columbus, OH. I applied, was accepted, did a unit of classes, and then 3 units of CPE. Trygve was professor of Church History at Trinity; he had previously been assistant professor of Church history at Yale university divinity school. In the early 1950's he was a Fulbright student in N at the Norwegian School of Theology and also at the Faculty of Theology, University of Oslo. His parents both came from N and he knows N, church, culture and university life there well. I therefore felt he would be the natural person for me to ask in terms of translating the N code of ethics for clergy. It somehow felt very meaningful considering our history since I came as a student here and did my first CPE thirty-one years ago, that the two of us would work together with the N CPE people to help the reciprocity happen. He was happy and excited to help. I called him and told him the result of the N application. He was glad too.

## **Update on Late Student Unit Reporting**

### **Karrie Oertli, Chair, ACPE Accreditation Commission**

The Accreditation Commission took action on eighty-eight (88) centers that had reported student units late at its meeting November 4-6, 2010 in Atlanta.

During meetings in 2009, the Accreditation Commission was made aware that a good number of centers had not reported student units, some for many months after the end of units. Beginning in November, 2009, the Accreditation Commission allowed a time period in which centers could submit student unit reports without receiving a notation. All centers reporting late student unit reports between that meeting and as of midnight, May 31, 2010 did not receive a notation for late reporting. As of June 1, 2010, the Accreditation Commission began collecting information about centers that had not reported during the six-month moratorium. Between June 1, 2010 and the Accreditation Commission's November meeting, centers had reported many additional individual late student unit reports.

Reporting of student units has always been a requirement for ACPE accredited member centers. It is through unit reports that students' units are certified and are registered in the national office. Late reporting of student units has financial, ethical, and practical impact to ACPE, Inc. This non-reporting of student units impacts our students negatively, since they cannot get a transcript of their unit until the national office receives the reports. It also impacts fees to the national office, fees to regional offices, and centers' good standings with their accreditation.

The Accreditation Commission discussed root causes and remedies and is in the midst of a continuing study on this matter. The Accreditation Commission did decide that centers may not use student dysfunction such as failure to pay tuition or failure to sign evaluations as excuses not to file student unit reports. The Accreditation Commission is clear that if a student has not met the requirements of the unit, that student's unit would not be reported as certified. Internal center issues such as these are expected to be resolved at the center level in order for the center to meet its financial, ethical, and practical obligations as an accredited member of ACPE, Inc. Thus, the Accreditation Commission assigned notations to the eighty-eight (88) centers that reported late units. To have the notation removed, centers will submit copies of all unit report within 45 days of the end of unit for units completed between Nov 5, 2010 and August 31, 2011 by Sept 1, 2011 to the regional accreditation chair or her/his designee. The regional accreditation chairs will bring recommendations for removal of notations to the Accreditation Commission at its Spring meeting. These centers will receive information from the national office regarding the process for removal of the notation.

The Accreditation Commission expects centers to work closely with regional accreditation chairs when issues arise that might impact the completion of evaluations and unit reports. By collaborating, supervisors and regional accreditation chairs can find solutions to problems and continue to serve our students with integrity. For example, one supervisor recently experienced a death of a close loved one. This supervisor discussed the situation with the regional chair, used the process outlined in Standard 308.8.1, and worked through the provision of late evaluations and a late unit report through that process. As such, the center did not receive a notation for 300.1 or 308.8.1, because the supervisor used the Standards and current processes to collaborate and cooperate in the midst of an unavoidable matter.

The Accreditation Commission encourages you to write evaluations and report student units within 45 calendar days of the close of the unit. **If you have questions or comments regarding these late student unit reports, please contact your regional accreditation chair. If you have thoughts about the reporting process and would like to offer feedback to the Accreditation Commission prior to its next meeting in April, 2011, please send it to [Karrie.Oertli@integrisok.com](mailto:Karrie.Oertli@integrisok.com) not later than March 15, 2011.**

## News & Notes of the Region.....

Well known NCR spouse, **Margaret Thomas**, who accompanied her late husband, John, to many of our NCR gatherings, died on November 2nd. Margaret had long-standing CPE connections, because her first husband was Herb Skarie. (John and Margaret married after each lost their first spouse to death.)



The following is excerpted from her obituary:

Margaret R. Skarie (Christopherson) Thomas, age 86 of Madison, Wisconsin and most recently of Minneapolis, Minnesota died peacefully at home on November 2, 2010 after a five-year pulmonary illness. Beloved wife, mother, grandmother, great-grandmother and friend who blessed and uplifted a great many people she encountered in her life. Preceded in death by first husband, Reverend Herbert M. Skarie and second husband, Reverend John R. Thomas; brother, Carl and sister, Lauretta. Survived by brother, Paul Christopherson; seven children, Mary (Robert Shaw), William, Richard (Elizabeth Dorn), Elizabeth (Jerry Greenfield) and Christine (Craig Kneeland) Skarie and Dr. John and Douglas (Carol Zazubek) Thomas; nine grandchildren, Delaney Nguyen- Xuan, Andrey and Maribeth Skarie, Tenzing Shaw, Tyrone Greenfield, Benjamin Gerhardt, Kennedy Thomas, Diana Sarmiento and Fahim Chandurwala; two great-grandchildren, Nathalie and Caroline Nguyen- Xuan and many cherished nieces, nephews and cousins.

Margaret's Memorial Service was held Friday, November 26, at St. Peder's Evangelical Lutheran Church, 4600 E 42nd St, Minneapolis. Memorials preferred to Disabled American Veterans-[www.dav.org](http://www.dav.org); Faustman Laboratory (diabetes research)-[www.faustmanlab.org](http://www.faustmanlab.org); or Heifer International-[www.heifer.org](http://www.heifer.org). Notes of condolence can be sent to the family c/o Richard Skarie, 3712 48th Ave. S., Minneapolis, MN 55406-2917.

Retired Supervisor, Jim Tonneson was able to attend the memorial service and he sent the following note to the Regional office afterwards:

"I am so glad I went. The sons and daughters were there. There was about 45 minutes over sharing following the luncheon where people spontaneously shared memories of Margaret. She had her listening skills down to an absolute science. Every single grandchild thought they were her favorite. She was absolutely superb at attending and listening and entering into their world and games.

Retired Supervisor, Curt Rotto was also able to attend, and he shared a neat story of gardening with Herb and Margaret for 12 years on Jewett Lake (when they were in Fergus Falls). Curt also told the story of how Margaret and John got very friendly with each other in the back of Curt's Suburban at the Kansas City ACPE convention when they went exploring for a day. This last story is a classic which I have heard many times.

For me, Margaret was one of my greatest cheerleaders in my chaplaincy work at Fergus Falls Regional Treatment Center. She was always( that word "always" was used numerous times in describing her) very interested in how I was doing and what was happening at Fergus Falls State Hospital. Just think!! She was a part of ACPE throughout the Herb Skarie's career as well as many years of John Thomas's later life."

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**Alfred Merwald** reports that he is progressing well after his surgery for a cancer in his throat. He reports that "the surgeon thinks I am 'clean'. He will do a re-section on my neck and take out some lymph-nodes to see if there was any spreading of the CA. He thinks not, and if this is accurate, I will be finished with treatment." Alfred also notes that many of us may have the wrong email address for him. It is **amerwald@macneal.com** (not .org).

Retired Supervisor, **Jack Kouth**, is an Elvis Tribute Singer. He is also a member of the Donate Life Nebraska Board of Directors and a longtime advocate for organ, eye, and tissue donation. In 1990, his 22 year old son, Tim, was a multiple organ donor. He recently did two "gigs" at Health Fairs that Blue Cross/Blue Shield held for its employees in Omaha. The theme was "Rock Your Health Care" and it involved standing for 4 hours at each fair and singing "a cappella" most of the 25 Elvis songs that he does. Jack sent an email out telling about the experience in the hopes of getting more people onboard. He wrote:

**Each state has a Donate Life website. You can register as an Organ and Tissue Donor at those sites and at the Department of Motor Vehicles when you renew your Driver's License. You have the power to save lives! One Organ Donor can save the lives of up to 8 people and a Tissue Donor can improve the quality of life for 50 (or more) people.**

Jack's email invited people to go to the Donate Life Nebraska website ([www.donatelifenebraska.com](http://www.donatelifenebraska.com)), where one could see pictures of the event and also read his son's story. The picture to the right was downloaded from the site.

*Editor's Note: Coming back to the Region and ACPE from Canada in 1993 after 20 years in Canada, I did not know about Tim. Because many of you may be in the same boat, I have printed the story on the next page.*



### ***A matter of choice in life and death***

When our 22-year-old son Tim learned that he had a brain aneurysm, he had no choice but to have an operation to repair the weakened wall of the artery. Without surgery, his excruciating headaches would continue and a rupture of the artery would bring instant death. The operation corrected that problem, but hours later Tim had an adverse reaction to the trauma of surgery. His brain tissue swelled severely and the doctors could not control this.

We had no choice when we were told that Tim would not survive. We kept vigil through the night and hoped and prayed, but we were powerless to do anything to change the situation. Tim was dying and we could not prevent this. By morning Tim was brain dead.

A week prior to going into the hospital, Tim told me that he needed to sign the organ donor consent on his driver's license. Tim fully expected to recover from surgery and continue his studies at UNO. He expected to ski, cycle, sail his boat, grow his flowers, pursue his photography and continue on the chase crew of his hot-air balloon team. He told his co-workers at J.C. Penney's that he would be back to work, although he really wasn't fond of his job in ladies' shoes. Of all the interests and passion that Tim had for life, the most important thing to him was helping others. So he knew he had to sign as an organ donor, just in case.

This was the choice Tim had. It was the choice he made. His mother, his older brother and sister, his younger brother and I had a choice also. As we sat in the ICU waiting room, we talked about Tim's wish to be a donor and we chose to honor that wish. It was terribly painful to lose our loving son and brother. But it helped us to know that Tim saved the lives of three other people and improved the quality of life for several more through the gift of his heart, lungs, kidneys and corneas.

There are times in our lives when we have options and choices. There also are those times when we have no choice or control over our circumstances and lives. We are all going to die. We have no choice in this matter. The choice we do have is to tell our family and loved ones what we wish and do not wish to be done for us if we are unable to speak for ourselves. And we can choose to be organ and tissue donors, enroll on the donor registry and tell our family of this choice.

These are not easy choices for us to make. None of us likes to think about our mortality – our dying. Our religious faith reminds us “from dust we came and to dust we shall return.” We cannot prevent this. But we can preserve part of our physical being by donating our organs and tissue. Parts of us can physically live on in the bodies and lives of those to whom we give the precious gift of life – the gift of our organs and tissues. There is no greater love than this. There is no better, no more important choice we can make as stewards of the bodies and lives that God has given us. For the thousands of men, women and children who are waiting for organ and tissue transplants, this is A Matter Of Life And Death. We have the power to save lives. The Choice Is Ours.

Tim’s Dad, The Reverend William John Kouth

Newly certified Associate Supervisor, **Kyle Vlach** has moved from St. Francis Regional Medical Center, Shakopee, MN to Abbot Northwestern Hospital in Minneapolis (both part of the Allina CPE Center); and **Mark Mallinger** has moved from the Fairview CPE Center to St. Francis.

**Mary Ann Weigel’s** last day at Mayo Clinic prior to retirement is December 12th. Check the NCR website Job Opportunities tab (upper right part of main page) for the Mayo advertisement for the replacement for her position.

Retired Supervisor, **Frank Brown** and his wife, Dee, have moved to a senior’s village in North Mankato, MN. Although the move was only four blocks, it was a big one: “No more cutting grass or plowing snow! And no more meal preparation! We love it here!”

Retired Supervisor, **Curt Rotto**, advises that the last CAT scan for his wife, Ann, showed her to be cancer free, allowing them to return to Destin, FL for the winter from their primary residence in Fergus Falls. Ann was treated surgically and with chemo for a stage II ovarian cancer.

I excerpted the following from an email **Amy Snedeker** sent out on Thanksgiving, which updates us (and indeed gives cause for thanks) on the state of her health, after her extended battle with cancer over the past several years: “I look back at this time last year and wonder at how much less dazed and ‘beat up’ I feel this year, having enjoyed a year of wonderful health. That experience of serious illness is a funny thing. By no means has it been ‘in my face’ as it was in ‘08 and ‘09, and yet it never goes away. I guess that’s a good thing, if it keeps me humble (well, as humble as I am capable of!) and grateful. Hopefully, it helps me not only feel both, but live into both daily.” (Good advice for all of us!!!!)

**Kristin Rice**, a Supervisory Candidate at Gundersen Lutheran in LaCrosse, WI, has announced that she is discontinuing her process—at least for the time being. We will miss you! Meanwhile, **Sarah Sainsbury**, a Supervisory Candidate in the Advocate System, has just learned that her theory papers have passed!

Congratulations to **Northwestern Memorial Hospital, Chicago**—granted Continued Accredited Membership after a 10 year review and **Gundersen Lutheran, La Crosse, WI**; **Alexian Brothers Health System, Elk Grove Village, IL**; and **CPE Ministry Program, Green Bay, WI**—granted Continued Accredited membership after 5 year reviews. For a full report of action by the Accreditation Commission in November, visit the Accreditation page on the ACPE website.