

A History of “Clinical Training” and Clinical Pastoral

Education in the North Central Region

1932–2006

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For further information about CPE, consult the following books:

Hall, Charles E., *Head and Heart* (Journal of Pastoral Care Publications, 1992).

Hemenway, Joan E., *Inside the Circle* (Journal of Pastoral Care Publications, 1996).

The primary professional journal related to this field is *The Journal of Pastoral Care and Counseling*, ACPE, Decatur GA, 1948–

Parts of sections II–XIII, with some additions, were published as *A Brief History of the North Central Region of the Association for Clinical Pastoral Education, 1967–1987* and additional material added in 1996 and 2006. These publications have been supported and funded by the History and Research Committee of the NCR.

Preface

This work is a brief history of the North Central Region (NCR) as seen through the eyes of a former regional director. It is not intended to be exhaustive nor fully inclusive of the many persons and trends which have shaped CPE in those first formative twenty years. The first edition was originally written in a very short time prior to the 1987 ACPE Conference, which celebrated the organization's twentieth anniversary in Philadelphia. Its immediate purpose was to give current and future supervisors some knowledge of its past history and events and to express an appreciation for those who pioneered CPE and ACPE in the NCR. It was further revised in 1996 to make necessary corrections reported to the author.

As the author reviewed the two prior editions, he realized that one of the most significant contributions made by the NCR was through its History and Research Committee, and that this was not addressed. This 2006 edition makes amends for the earlier omissions. It also begins with a chapter about Anton Boisen and covers more personally and extensively the years from 1932 to 1967. While this makes no attempt to be a year-by-year report of the seventy-four years ending in 2006, it adds significant events which took place between 1932 and 1987.

This third edition is not an exhaustive edition of the NCR History but does include added personal experiences to make this a more interesting revision. The new section on Anton Boisen is a summary to provide the setting for the first clinical training programs in this area. Additional material was added to the early history of the pre-1967 years to convey some images of what early CPE was all about. The section on student and supervisory research is new. This unique emphasis pioneered in the region was not included in the earlier editions and was a primary reason for a new edition. This research focus has been a unique contribution both to the profession of chaplaincy and also toward the understanding of supervision. Most of those papers are available through the NCR regional office or through the NCR archives at Pitts Theology Library at Emory University in Atlanta. Additional material about the functioning of the region is also included in this edition.

Acknowledgements

Sources used for the 1987 and the 1996 editions include the following:

Association for Clinical Pastoral Education (ACPE) <i>Directory of Accredited Training Centers and Member Seminaries</i>	1968–1986
<i>Council for Clinical Training Directories</i>	1948–1966
<i>Institute of Pastoral Care Directories</i>	1965, 1966
<i>Historical and Biographical Data of Supervisors and Centers in the NCR</i>	
John McCann, Editor	1975
John Van Deuren, Editor	1987
<i>Minutes of NCR Business Meetings</i>	1967–1987
<i>NCR Director's Reports</i>	1978–1986
Anton Boisen, Robert C. Powell; The Association of Mental Health Chaplains (AMHC)	
1976	
<i>Fifty Years of Learning through Supervised Encounters with Living Human Documents</i>	
Robert C. Powell, ACPE, Decatur GA	1975
<i>Professional Education for Ministry</i>	
Edward E. Thornton, Abingdon, Nashville, TN	1970
Personal visit with George Polk	1992
Telephone calls and written responses	August 1996
O. O. Anderson, Robert Alexander, James Gibbons, Gordon Grimm, Charles Hart, Max Maguire, Edward Mahnke, David Solberg, Charles Sullivan and Mary Wilkins.	

The basic challenge of CPE is to be in ministry in an interdisciplinary setting in the context of a relatively small ecumenical group of peers within a supervisory framework. Working with the student's own educational goals for the unit, the supervisor provides the opportunity for the student to examine and reflect on the ministry experience. The evaluation process includes the student's own relationships with the clients/patients, peers, professional and nonprofessional staff members and with the supervisor.

Additional Acknowledgements to the 2006 third edition: Many of the following additional documents were read, and viewed, but few of their items were added to the text.

<i>Historical and Biographical Data of Supervisors and Centers in the NCR</i>	
John Van Deuren, Editor	2000
Materials reviewed:	
NCR Newsletters	1967–2006
Regional Director's Reports	1999–2005
NCR Board Minutes	1970–2006
NCR Annual Business Meeting Reports	1970–2006

Video tapes:

Memories of Anton T. Boisen with supervisors who knew him:
J. Lennart "Len" Cedarleaf, Emil Hartl, Wayne

Oates, and John R. Thomas
Prof. A. C. McGiffert, Jr. discussing Anton T.
Boisen with Council supervisors

October 1984

April 1986

John R. Thomas, *A 'Snap-Shot' History, 1975–2000, of the Association for Clinical Pastoral Education, Inc: A Celebration of the 75th Anniversary of CPE* (Decatur GA: ACPE, 2000).

John R. Thomas, *Chaplaincies in Wisconsin Institutions* (Sun Prairie: Wisconsin Chaplaincy Commission, 2002).

Individual supervisors contacted by e-mail and telephone and from whom responses were received included:

O. O. Anderson, Noel Brown, Clyde Burmeister, George Fitchette, Richard Gerber, James Gibbons, Gordon Hillsman, Peter Holland, Max Maguire, Alice McLaughlin, JoAnn O'Reilly, Gary Sartain, David Solberg and Margaret Skarie Thomas

The author also thanks Steve Corum, James Gibbons, Max Maguire, David Middleton, Randolph Nelson, JoAnn O'Reilly, and Gary Sartain for reading an earlier rough draft of this new edition. Many of their suggestions were helpful..

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The author's appreciation goes in large measure to Margaret R. Thomas, his wife and his former NCR secretary, who read, reread, and corrected several times the many, many new pages in this edition. He is also grateful to Sue Breckenridge, the copyeditor who put the final draft together and also prepared a hard copy for printing and the NCR webpage.

The support of the NCR Board and Mary Ann Weigel, past chair, and the entire CR History and Research Committee and its budgetary support were crucial to its completion. Committee members included: Clyde Burmeister, James Gibbons, Max Maguire, Ron Mahnke, David Middleton, and George Paterson, and as ex-officio members, Harvey Berg and John Thomas.

While many have contributed to this edition, the final text is the author's responsibility! This edition has been on a "back burner" for the past three years, but finally got on the "front burner" this spring.

I. Anton T. Boisen

Anton T. Boisen, born in 1867, originally trained as a forester and then graduated from Union Theological Seminary in New York and was ordained as a Presbyterian minister in 1911. After several assignments as a single pastor, he felt he had not been successful in the parish ministry, and during World War I he spent time in France with the Overseas Young Men's Christian Association under Chaplain Nash, who later became a bishop. In 1917, at the age of forty, Boisen had a psychotic break while doing survey work in North Dakota. He was hospitalized in the Westboro State Hospital in Massachusetts in 1920, having been diagnosed as having "dementia praecox, catatonic type, and a form of schizophrenia" (Robert C. Powell, *Anton T. Boisen, 1876–1965: Breaking an Opening in the Wall Between Religion and Medicine* [Buffalo NY: Association of Mental Health Chaplains, 1976], 8). Boisen experienced what he described as "having broken an opening in the wall which separated religion and medicine" (ibid.). He was released in 1922 and began taking courses from Richard C. Cabot, MD, in writing case histories in 1922–23 and 1923–24. He was an excellent learner. In January of 1925 William A. Bryan, MD, then superintendent of the Worcester State Hospital, employed Boisen as a chaplain. Dr. Bryan was reputed to have said, "I'd hire a horse doctor if he'd help get my patients well." Bryan supported Boisen not only in bringing seminary students to the hospital, but also as Boisen founded a hospital newspaper and organized outdoor celebrations on holidays. Dr. Bryan granted both Boisen and his students permission to attend staff meetings, review case records, and seek consultations. (Edward E. Thornton, *Professional Education for Ministry: A History of Clinical Pastoral Education* [Nashville: Abingdon Press, 1970], 67).

In the summer of 1925 Anton T. Boisen had his first group of three seminary students plus a research assistant, Helen Flanders Dunbar, at the Worcester State Hospital in Worcester MA. The program continued to grow, and in January of 1930 the Council for Clinical Training of Theological Students was incorporated.

As a result of his own experiences, Boisen's earliest books, *The Exploration of the Inner World* and *Religion in Crisis and Custom* were "built on the presupposition that pathological manifestations accompany severe stress. Whether it is an individual suffering from inner conflict, or a group suffering from economic and social deprivation . . . successful resolution of conflict is akin to creative religious experience, whereas unsuccessful resolution of the conflict is labeled mental illness in the individual and destructiveness in groups" (Thornton, 66).

II. CPE as a Life-Changing Event: A Resurrection Experience for Some

The death and resurrection motif looms large as one looks back on the motivations of those entering supervisory training over the past years, now that religious language is more fashionable in both CPE and pastoral counseling circles.

Early pragmatic motivations for those choosing to become supervisors also included a more exciting professional environment with colleagues in other disciplines rather than the “single profession” model of the pastor, and a less demanding role for one’s spouse and children, i.e., than living in a manse, often near the church. In the early days, financial rewards of both chaplaincy and supervisory positions were minimal, though they have improved in the more recent past. Very few supervisors ever began to match the salary and benefits packages of ministers of fair-sized congregations, even with comparable advanced degrees.

The early supervisors actually had to seek out CPE training, some with encouragement from their seminary faculty and denominational officials, others with no encouragement, and some with active discouragement. A few denominations, notably the Lutherans, provided scholarship help for pastors seeking to become chaplains and supervisors, but most individuals had to pay for the training on their own. There were very few stipends, outside of room and board, for clergy seeking “advanced” CPE until more recent years.

It is not altogether fair to explain CPE as only a resurrection experience. As William James observed many years ago, some persons come to faith through a maturing process while others are “the twice born,” in that their religious experience results from a crisis of faith and belief. “Life giving” and “empowering” are other ways to understand the contributions of CPE to the lives of individual clergy, seminarians, religious, and lay persons. Feelings of personal inadequacies after several years in the parish ministry as well as family crises were other motivating factors.

Now that CPE training has become a more normative part of theological education, many students are exposed to CPE for one unit, sometimes as a requirement for ordination. Even in that context it becomes a “new life” experience, sending them back to the seminary with new insights about religious faith and their own faith experience.

The clinical training groups were significant communities of believers in earlier years and engendered a commitment and a willingness to give generously of time, energy, and money to support the cause. When Council supervisors agreed to launch *The Journal of Clinical Pastoral Work* in 1948, they each contributed \$50 toward that project, and ongoing contributions of \$10 per month when most of them were earning \$3,600–4,800 per year

The role model an individual supervisor provided to the student was an equally important motivation for those seeking a role model for ministry. As one reads the experiences of current supervisors and their descriptions of the various supervisors under whom they took their CPE,

there is no single or standard role model. Some supervisors were described as “laid back” or “non-directive,” with either a psychoanalytic or Rogerian understanding of personality. Others were strongly didactic with an emphasis on theological correlation, and were quite challenging in their group seminars and individual supervisory conferences. Two students in the same group often experienced the same supervisor in different ways, depending upon their own needs at the moment.

The excitement of CPE is to be found in the “aha” experience of learning by examining one’s own experience. One example is in intrapsychic exploration as a result of completely missing the feelings of another person, whether in ministry or in a group seminar. Learning how effective a “feeling” response can be to a person in a major life-threatening illness is another “aha” experience.

What we now call “process education” harkens back to the old adage of “learning by doing.” With due respect to the internship program of medical education (as of 1987), CPE supervision has developed a methodology and practice which is quite unusual in professional education. It was exciting when the responsibility for learning was given back to the student, and when the student identified the learning goals for the unit and measured her or his progress in relation to those goals, rather than ones arbitrarily chosen by the instructor.

Most students really light up in this challenging and nurturing milieu. All of one’s relationships become objects of study, reflection, and evaluation. Group seminars become opportunities to face one’s own mode of functioning in a group setting. Valuable feedback is provided when requested by members, or, in some cases, is given without request when others are frustrated by an individual’s avoidance. It is possible in such contexts to look at one’s faith journey and see both the altruism and the narcissism, the self-negation and the self-affirmation, the profane and the reverent. It is possible to feel both the dependence and the independence which are a part of the history of most people on their journey toward interdependence.

III. CPE from 1932 to 1967

In 1925 Arthur E. Holt had accepted the head professorship in the Department of Social Ethics at the Chicago Theological Seminary on the condition that Anton T. Boisen accept a position as lecturer and research associate in the same department for three months each year. Each year from 1925 to 1930 Boisen spent the fall quarter in residence in Chicago (Thornton, 57).

In 1932 Dr. Charles A. Read, superintendent of Elgin State Hospital in Elgin IL, invited Boisen to the new position of chaplain at the hospital, and Boisen accepted. That summer clinical training began in the North Central Region with Boisen's first group of nine students. He continued the programs through 1937, usually having one or two students who remained for the full year. In 1938 the Rev. Donald Beatty came from Pittsburgh and took over as both chaplain and supervisor. Dr. Boisen had been called on a full-time basis by the Chicago Theological Seminary for teaching and writing. While there he, Professor Holt, and President A. C. McGiffert Jr. conducted one of the first interdisciplinary classes in seminary, according to McGiffert. Dr. Boisen remained there until the summer of 1942, when at the age of sixty-five he retired from the seminary and moved back to Elgin. Don Beatty finished the summer with a group of two students and then reported to the Army for active duty as a chaplain.

Dr. Boisen remained at Elgin and served as chaplain and supervisor there until 1945, when Rev. William R. "Bill" Andrew arrived to be the supervisor and the chaplain. Anton Boisen was, in effect, "kicked upstairs" with a new title as a consultant and was encouraged by the Council to visit Council centers, but the direction of the Council and its educational methods were in other hands.

Anton Boisen had accepted twelve students for the summer of 1945, a group which Bill Andrew was to supervise without having any choice of students. Professor Wayne Oates of Southern Theological Seminary in Louisville KY arrived with five students, and Professor Jesse Ziegler of Bethany Theological Seminary in Chicago also brought five of his students. For various reasons that summer was very difficult for Bill Andrew, and he was still talking about the difficulty of that unit with the two professors and their students the following year (personal conversation with Bill Andrew, summer 1946).

Dr. Boisen continued to be invested in Elgin. He continued in the chaplain's office for a while, kept his extensive library in an office for a few more years, and had his apartment. He became quite infirm in 1964 and died in 1965. A memorial service was held at Elgin and his ashes were scattered at the hospital's potters' field cemetery on October 6, 1965. His library and papers are now located in the Boisen Room in the Chicago Theological Seminary Library.

While in Chicago and Elgin he organized the Chicago Council for Clinical Training as a part of the Council for Clinical Training, Inc. He was able to enlist the support of prominent theological educators such as President McGiffert and psychiatrists such as Thomas Morton French, MD, of the Chicago Institute for Psychoanalysis.

Among the early students were many who became prominent in the clinical training field, including Wayne Hunter and Fred Kuether. James D. Nobel and Francis McPeck became prominent in the social service and human relations field. George Ernest Wright, professor of Old Testament, first at McCormick Theological Seminary and later at Harvard Divinity School was one of Boisen's students.

In the 1940s there were eight or nine clinical training centers in the North Central Region. In the late 1940s Elgin continued to be one of the key centers for the Council for Clinical Training, Inc., in the Midwest. Some of those supervisors were from the Council, such as Bill Andrew and Herman Eichorn, and other Institute supervisors included Clarence Brunninga and Charles Sullivan.

Fred Kuether came to the Illinois State Training School for Boys at St. Charles IL in early 1942 and supervised his first group of students in the summer of 1943. State employees were not paid for several months, so Fred secured a night job at a nearby aircraft manufacturing plant to feed his family. He later went to Chicago with the Church Federation of Greater Chicago to direct its chaplaincy program. Walter Ewing, J. Lennart "Len" Cedarleaf, and Henry Taxis followed Kuether at St. Charles. Kuether developed a position for a supervisor at the Cook County Hospital, and Len Cedarleaf started that program in 1945. This author followed Cedarleaf as chaplain in 1946 and had his first CPE group in the summer of 1948. This author returned to active duty as a Naval Reserve Chaplain at the end of the summer program in 1950. He was followed by Homer Jernigan, who served until 1953 when this author returned to Cook County. He moved to the University of Illinois Hospital in 1955. He encouraged Ed Dixon, then at Peoria State Hospital to move to Cook County, where he served for several years prior to moving to New Jersey. Ed was the first chaplain of color in the NCR. Other centers included Manteno State Hospital in Manteno IL, where first Don Shaw and then LeRoy Kerney continued the CPE program until Kerney moved to the Institute of Religion in Houston. The Rev. Bjorn Nielsen was the first supervisor at the North Dakota State Hospital in Jamestown, and he was followed by George Dominick and Albin Sherve.

This author's first unit of clinical training was at Elgin State Hospital with Don Beatty as supervisor. Anton Boisen had retired from Chicago Theological Seminary in 1942 and was moving back to replace Beatty as chaplain when Beatty became an Army chaplain that August.

The focus of clinical training was on writing up case histories with the primary focus not on pastoral care but on research, on the student's understanding psychotic behavior and thinking. New patients were staffed in the mornings, with the presenting psychiatrist offering a diagnosis. After the patient left the room, the discussion focused on the accuracy of the diagnosis. The few treatment options included hydrotherapy for agitated patients, electroconvulsive therapy, and insulin therapy. Patients with general paresis were treated with a high fever to arrest the progress of the condition. Recreation and religious services were other options, along with individual follow-up and case write-up, sometimes by a student chaplain. Prefrontal lobotomy was one option for classical catatonic patients. Psychotropic drugs were not developed and available until the 1950s.



Tom Klink

Norm Kerli

Carl Stromme

Len Cedarleaf

Harold Finley

John Thomas Fred Kuether Anton Boisen

Phil Schug,

Rabbi Bill Seligman Andy Andresen

CCT Summer 1943 Joint Elgin and St. Charles (Boys' School), IL Program

WALTER MASON

WALTER MASON

HILMA GREEN



1954 Summer Unit – Cook County Hospital – Chicago, IL.
 Don Houts, top row, Left, Bow Tie, Assistant Supervisor
 John Thomas bottom row, Second Left, Bow Tie, Supervisor



1968 Mendota State Hospital, Madison, WI. First group
 of Catholic Priests, John D. Allemang, standing, second from
 right, Supervisor. Standing, Fathers Mike Mack, John
 Allemang, Andy Andolson, Dick Hauser; seated, Father
 Tom Schmidt, Episcopal student Frank Boltz and Father
 Bob Wheelock.

In the second unit at the Illinois State Training School for Boys, with Fred Kuether as supervisor, the group was asked to share their feelings about their experiences teaching the boys religious education in the academic classroom. Studies of individual boys' histories were a part of the student chaplains' assignment. Feelings about the institution, staff, peers, and the supervisor were also shared and examined in group seminars. This was the beginning of a shift away from the case-history approach. Some supervisors began to enroll in group programs, especially in the Bethel Series in Maine.

By the next unit in the summer of 1946 the supervisor, Bill Andrew, utilized the group as an opportunity to explore the student chaplains' ideas and feelings about patients, staff, peers, and the supervisor. Later on, Fred Kuether identified the progress in the development of clinical pastoral education by four different questions:

- a. What can we do for the patient? church services and recreation
- b. What can we know about the patient—case history
- c. What can we say to the patient? the verbatim
- d. What can we “be” to the patient? the chaplain's presence as healing

Post World War II both psychoanalysis and Rogerian counseling became the theoretical support for a number of CPE supervisors. The basic attitude was one of acceptance by the counselor. The identification of messages into “you” and “I” messages became important tools in understanding verbal communication and in analyzing verbatims. Eliot Porter identified the counselor's attitude and responses to the counselee as follows: 1. Reassuring; 2. Judgmental (Evaluative); 3. Interpretative; 4. Questioning (Probing); 5. Reflective; and 6. Confrontive (Eliot Porter, *An Introduction to Therapeutic Counseling* [Boston: Houghton Mifflin, 1950]). Frank Farrelly and Jeff Brandsma developed another response, called Provocative. This response used subtle humor, often over-agreeing with the awfulness of the patient's description of the situation or personhood. This has proven especially helpful with depressed persons. But, if done without subtle humor it is quite Judgmental and devastating! (Frank Farrelly, and Jeff Brandsma, *Provocative Therapy*, [Fort Collins CO: Shields Press, 1974]).

As early as 1949 the Institute of Pastoral Care supervisors joined the Council for Clinical Training supervisors for one day of the latter's three day conference to discuss what they could do together. The year previously each had started its own journal. The author was at that meeting and doesn't remember that much supportive interaction among those present, but the CCT Board approved the supervisors' recommendations to create a joint committee with IPC focused on clinical pastoral training, and the two groups agreed to merge their journals in the *Journal of Pastoral Care*.

James Love became the first chaplain supervisor at Mendota State Hospital in Madison WI in 1954, followed by the author in 1962. The University of Illinois Research and Education Hospitals developed a CPB program about 1958 with Jackson Reed as the chaplain-supervisor. Henry Taxis moved from St. Charles IL to the Minneapolis area in late 1958 and thereafter developed a CPE program at the Hennepin County Home School and Juvenile Center about 1963. He was succeeded at St. Charles by James Gibbons in 1959. Walter Bell in 1949 had earlier developed a CPE center at the Mental Health Institute in Independence IA. These were all centers accredited by the Council for Clinical Training, except Elgin's, which was accredited by

the Institute of Pastoral Care, Inc., before 1961 under Clarence Brunniga, who was also a Lutheran supervisor.

Russell Dicks came from Massachusetts General Hospital to establish a chaplaincy program at Presbyterian Hospital in Chicago in 1938 and to teach at three area seminaries. He left in 1941 to become an Associate Pastor at Highland Park Methodist Church in Dallas. In 1944 he returned to Chicago at the Wesley Hospital to be the chaplain-supervisor and served again on the faculties of three area seminaries. By this time he had no active ties to any clinical training organization. Granger Westburg became chaplain at Augustana Hospital in Chicago, and after touring several training centers he set up his own clinical training program at Augustana and related to nearby seminaries. By the late 1950s Dan Sandstedt was the chaplain-supervisor, and the center was accredited by the Institute of Pastoral Care.

In 1939 Russell L. Dicks gave an address to the American Protestant Hospital Association (APHA) entitled "The Work of the Chaplain in a General Hospital." After World War II, with role of chaplains in the military well established, chaplaincy and CPE expansion took place on a large scale. New York State alone opened up its forty-some state hospitals to chaplaincy positions. Dicks focused on CPE in general hospitals. He wrote notes on the patients he visited, even writing down his prayers. This work came to the attention of Dr. Richard C. Cabot, and together they authored the book, *The Art of Ministering to the Sick* (Macmillan, 1936).

In 1946 the American Protestant Hospital Association (APHA), under the leadership of Russell Dicks, organized a chaplaincy division with nineteen clergy present. Shortly it became known as the College of Chaplains of the APHA and was subsidized by the APHA. It set increasingly higher standards for certification, at first requiring only two units of CPE, but now four units are required. Its elected leaders over the years were primarily CPE supervisors. In the early 1990s the college ceased its relationship with the APHA and became independent. In 1998 the college and the Association of Mental Health Clergy (AMHC) merged. into the Association of Professional Chaplains (APC). By 2005, the APC included some 2,000 certified chaplains, 409 retired chaplains, and some 282 pending applications.

In 1947 at a meeting of the Council for Clinical Training supervisors, the idea of the Association of Mental Health Clergy was organized. By 1968 it had established an interfaith certification process for Jewish, Protestant, and Roman Catholic chaplains. By the late 1940s Fritz Norstad took CPE at Andover Newton (an Institute-related seminary) and brought clinical training to Luther Seminary in St. Paul MN in the early 1950s. Some Council and Institute supervisors had already been certified by these two groups, but the Lutherans developed an advisory committee on chaplaincy, which then also endorsed and certified Lutheran supervisors.

In 1948 Lloyd Beebe, Elmer Laursen, and Norstad took CPE in Boston at City Hospital with John Billinsky and at Massachusetts Memorial Hospital with Leicester Potter. C. Charles Bachmann conducted Institute programs at Lutheran Hospital of Milwaukee in 1955–56. By the summer of 1959 David Belgum of Northwestern Lutheran Seminary conducted a six-week summer program at the University of Minnesota Hospital, which was accredited by the Institute of Pastoral Care. Another Institute program began at Christ Community Hospital in Oak Lawn IL with Professor Paul Swanson of the Lutheran School of Theology at Chicago. In 1961 Lloyd

Beebe moved from Boston to Minneapolis General Hospital and offered IPC programs in 1963. Edward Mahnke began supervising at the University of Minnesota Hospitals in 1960.

In the early 1950s, the Rev. Fritz Norstad, who earned an STM at Andover Newton, contributed greatly to clinical training. As Director of Chaplaincy Services for the Lutheran Welfare Society of Minnesota (which later included the Missouri Synod) he inaugurated a clinical orientation program at the Willmar State Hospital as a part of his teaching duties at Lutheran Seminary in St. Paul. Fritz then developed a Luther Seminary–Willmar State Hospital CPE program with Larry Gudmestad and Bill Currens as the supervisors. The Lutherans also called Hubert Skarie to develop a CPE center at the Fergus Falls State Hospital in Fergus Falls MN in 1954 and started the program in 1957. Most of the chaplains called to serve in state hospitals and prisons by the Lutherans were certified by the advisory committee as supervisors, and their CPE programs spread rapidly. Supervisors could be certified by the Lutheran Advisory Committee without any relationship with the other training organizations, although some supervisors held dual certification, having been Council or Institute supervisors prior to the formation of the Lutheran Advisory Committee.

One of the unique elements of the Lutheran program in Minnesota was the evolution of a “thirteenth” week after the twelve-week summer programs were over. These were held on the north shore of Lake Superior (at the Anderson cottage) for both debriefing reflection and R&R. That practice has continued, but now it includes all Twin Cities Minnesota supervisors. Fritz Norstad’s tenure as Director of Chaplaincy Services expanded both chaplaincy and CPE in Lutheran hospitals and homes, and in some state institutions as well. Elmer Laursen, Elof Nelson, William Miller, Mark Anderson, and Al Nohre supervised in Twin Cities general hospitals. Gordon Grimm pioneered a program at Hazelden, an alcoholic treatment center, Wilbur Currens was at Lutheran Social Services office in Minneapolis, and Roy Dorn was at the Minnesota State Prison in Stillwater, while Frank Mossman was at the State Hospital in Hastings MN. Lutheran supervisors also served hospitals in North Dakota: Art Johnson was at St. Luke’s in Fargo, Ed Ostroot at Trinity Hosital in Minot. In Wisconsin, Dayton Van Deusen was at Winnebago State Hospital in Winnebago, O. O. “Oz” Anderson was at Wisconsin Correctional Institution in Fox Lake, Harry Emerson was at the Wisconsin School for Boys in Wales, and Gerhard Lokensgar, through Lutheran Social Services in Milwaukee, was at Milwaukee Hospital and St. Luke’s Hospital.

Fritz Norstad shifted his interest to developing the Human Ecology Department at a new hospital, Lutheran General in Park Ridge IL. Mr. Nesseth, the administrator, and Norstad developed a chaplaincy program as a major component of the human ecology concept for the hospital, and clinical pastoral education was an integral part of the program. Larry Hoist, Herb Skarie, and Arne Jessen were the first supervisors.

Two North Central supervisors were members of the Committee of Twelve: Edward Mahnke and Fritz Norstad. The committee consisted of three representatives each from the three CPE groups: the Council for Clinical Training, the Institute of Pastoral Care, and the Lutheran Advisory Committee. The Association of Seminary Professors in the Practical Fields also sent three representatives. The Committee of Twelve developed what they called “Standards for Clinical Pastoral Education,” which were formally adopted on October 3, 1953.

With the rapid expansion of chaplaincy and CPE programs in the early and middle 1950s, CPE supervisors were able to place their graduates in general and psychiatric hospitals and other types of institutions. Denominations, among them notably the Lutherans, gave chaplaincy ministry a higher priority and provided funds for pastors seeking to become chaplains and chaplain supervisors. Part of the rapid expansion was due to the increasing awareness on the part of hospital administrators, physicians, and nurses of the several contributions which trained chaplains and CPE programs could make in the care of the sick. The formation of the College of Chaplains in 1946 and the formation of the Association of Mental Health Clergy in 1947 also were important steps toward the professionalism and identity of clergy serving in hospitals.

At the same time that general medical and surgical hospitals saw the benefits there was also a big push for state-mandated chaplaincy programs for their state psychiatric hospitals, e.g., in California, Georgia, Iowa, Kansas, Minnesota, New York, and Texas to name a few. Many of these chaplains were CPE supervisors who were able to interpret the values of CPE training to their psychiatrist-administrators.

Theological circles heard many voices telling of the values of CPE programs, early among them were Ruel Howe, first at Philadelphia Divinity School and then at the Virginia Theological Seminary in Alexandria. Professors in the new field of Pastoral Care and Counseling had received their degrees from Seward Hiltner at the Divinity School of the University of Chicago, from Paul Johnson at Boston University School of Theology, from Wayne Oates at Southern Baptist Seminary in Louisville, from Carroll Wise at Garrett-Northwestern in Evanston IL, and John Billinsky at Andover Newton Theological School in Newton Center MA. They were able writers and advocates and spoke to the church about the values of CPE for parish clergy.

The combination of the churches' concern for ministry to those in institutions, the administrators' recognition of the values of a trained ministry, the seminaries' concern to improve the preparation of their students for ministry, the emergence of books and journals and the development of the American Association of Pastoral Counselors (AAPC) produced a burgeoning clinical pastoral education movement in the 1950s and 1960s.

The theological educators and the chaplain supervisors who belonged to the four groups (the last to form was the Association of Clinical Pastoral Educators, at first primarily Southern Baptists, in the early 1960s) made many efforts to work cooperatively. These efforts culminated in the formation of the Association for Clinical Pastoral Education in 1967. Their efforts were greatly assisted by a \$100,000 grant from the W. Clement Stone Foundation in about 1963 which enabled the groups to meet together yearly and regionally more often.

In the North Central Region supervisors belonging to three of the groups—Council, Institute, and Lutherans—met each other at regional and national professional chaplains' meetings, especially at AMHC, College of Chaplains, and American Correctional Chaplains Association (ACCA) meetings. In the process they discovered that some of the supervisors in other organizations were pretty intelligent chaplains and good supervisors. The old "myths" had kept them apart for many years even though there were early discussions as far back as 1948 when Council and Institute supervisors met together. These myths included that the Council supervisors had no interest in

the seminaries, that the Institute supervisors weren't clinical enough, and that Council supervisors weren't pastoral. But the myths were found to be false as supervisors got to know each other as persons in the various professional meetings. The myths had been ways of protecting one's turf and identity.

The time was ripe for the formation of the Association for Clinical Pastoral Education. Professor Walker wrote in an earlier book on church history, "Christianity entered no empty world." So the ACPE and the North Central Region had a long history before formal organization took place.

Supervisors in this area had begun to work together on joint committees as early as 1964. The Council supervisors invited the Institute and Lutheran supervisors to attend a certification (former term was accreditation) committee in Chicago. The latter supervisors sat in the outside circle as the CCT supervisors and their candidates conducted interviews in the inner circle. After the CCT supervisors had dismissed each candidate and made their own decisions, they invited the Institute and Lutheran supervisors to comment both on the process and the decisions. Out of shared experiential learning events such as this one a feeling of trust began to develop. They realized they were all about the same business in applying the earlier standards and the continuing work of the Committee of Twelve.

"The program which Max Maguire began in 1965 led to an STM from the University of Dubuque. This was probably the first time anywhere in the United States where it was possible to obtain a degree based largely on one's participation in a CPE program" (Noel Brown, personal communication, October 17, 1996). Max at this time was supervisor located at the First Presbyterian Church in Rochester MN. Most of the students' visitations were made to Presbyterians and other patients in hospitals in Rochester.

Noel Brown noted: "It was in the fall of 1965 that supervisors from different organizations' training groups actually participated in the same review committees. I met the first mixed review committee—and from the best of my memory it was of CCT and IPC supervisors, though I could be wrong about that. I met the committee in a bedroom of the YMCA on Chicago Ave. and we all sat knee to knee in the small room. I understand that there had been mixed committees out East within the year before that, but this was the first time they had functioned here in the NCR" (Brown).

IV. The Formation of the North Central Region

Anticipating the formation of the ACPE, the North Central Region was actually organized first. At a joint conference in Atlantic City in the Fall of 1966, leaders from the Council, the Institute, and the Lutherans met as a committee around a breakfast table and proposed the following slate of officers who began functioning on January 1, 1967:

Chairman:	Orwoll O. Anderson (Lutheran)
Vice-Chair:	Charles Hart (Lutheran)
Secretary:	Dayton Van Deusen (Lutheran)
Treasurer:	Charles Goldsmith (Institute)
Chair of Certification and Accreditation Committee:	Henry Taxis (Council)
Regional Director:	John R. Thomas (Council) staff; not an officer

Dan Sandstedt, originally slated for vice-chair, moved to Pennsylvania before taking office.

As soon as the Association for Clinical Pastoral Education was formally incorporated in October of 1967, after the joint fall conference in Kansas City, the North Central Region was incorporated as of March 11, 1968. The incorporators were the above officers and Robert Alexander from the Mental Health Institute in Cherokee IA.

The first official regional meeting was held on February 23–24, at which time the regional bylaws and incorporation documents were discussed, reviewed, revised, and adopted. The above slate of officers was elected. The NCR Board of Directors met on March 11 and approved the bylaws and the incorporation papers as a Wisconsin nonprofit corporation. The initial registered agent was John R. Thomas and the address was do the Office of The Chaplain, Mendota State Hospital, 301 Troy Drive, Madison WI.

The first regional newsletter, dated March 13, contained a request to all supervisors from the regional director asking for their help in routing student applications for the summer unit. It contained a report of the March 11 regional meeting at which hard decisions were made about the regional organization, the officers, future plans, incorporation, and approval of the bylaws. It was a one-page purple ditto production to save money.

The 1967 listing of CPE centers in the North Central Region included thirty-seven centers, of which only ten were Council centers:

- Audy Home for Children, Chicago, James Gibbons
- Cook County Hospital, Chicago, Edward Dixon
- First Presbyterian Church, Rochester MN, Max R. Maguire
- Hennepin County Juvenile Center and Home School for Boys, Glen Lake MN, Henry Taxis
- Iowa State Training School for Boys, Eldora, Carl Erhart
- Mendota State Hospital, Madison WI, John R. Thomas

- North Dakota State Hospital, Jamestown, Albin Sherve (also Lutheran)
- Traverse City State Hospital, Traverse City MI, George Dominick
- University of Iowa Treatment Unit: Oakdale Hospital, Oakdale, John D. McCann
- Wisconsin School for Boys, Wales, John D. Allemang

In 1965 eleven centers were functioning under the Institute of Pastoral Care:

- Augustana Hospital, Chicago, Daniel Sandstedt (also Lutheran)
- Elgin State Hospital, Elgin IL, Charles Sullivan
- Evangelical Deaconess Hospital, Milwaukee, Charles Goldsmith
- Hennepin County General Hospital, Minneapolis, Lloyd Beebe
- Iowa Methodist Hospital, Des Moines, Russell C. Striffler
- North Dakota State Hospital, Jamestown, Ronald Erickson
- Rochester Methodist Hospital, Rochester MN, Alquinn Toews
- Swedish Covenant Hospital, Chicago, Harold Nelson
- University Hospitals, Iowa City, David Belgium
- University of Minnesota Hospitals, Minneapolis, Edward Mahnke (also Lutheran)

These centers remained constant through 1967 except that Ronald Erickson moved to Mounds-Midway Hospitals in St. Paul from the North Dakota State Hospital.

The following twenty-three centers in 1967 were related to the Lutheran Council's Division on Institutional Chaplaincy and CPE:

- Augustana Hospital, Chicago, Daniel H. Sandstedt (also IPC)
- Cook County Hospital, Chicago, Arthur F. Schroeder
- Fairview Hospital, Minneapolis, Elof G. Nelson
- Fergus Falls State Hospital, Fergus Falls MN, Herbert M. Skarie
- Hazelden, Center City MN, Gordon Grimm
- Hastings State Hospital, Hastings MN, J. Frank Mossman
- Holy Trinity Lutheran Church, Minneapolis, Vernon J. Bittner
- Lutheran Deaconess Home and Hospital, Minneapolis, A. Marlin Stene
- Lutheran Deaconess Hospital, Chicago, Harold S. Nasheim
- Lutheran General Hospital, Park Ridge IL, Lawrence E. Hoist, Arne K. Jessen, John E. Keller
- Lutheran Hospital of Milwaukee, Milwaukee, J. Hiram Hogberg (also IPC)
- Lutheran Social Services, Minneapolis, Wilbur C. Currens
- Mental Health Institute, Independence IA, Charles M. Hart
- Minnesota State Prison, Stillwater, Roy V. Dorn
- North Dakota State Hospital, Jamestown, Albin G. Sherve (also CCT)
- Rockford Memorial Hospital, Rockford IL, Frank S. Moyer
- St. Luke's Hospital, Fargo ND, Arthur W. Johnson
- South Dakota State Training School, Plankinton, Ramon L. Runkel
- Swedish Hospital, Minneapolis, Mark Anderson
- Trinity Hospital, Minot ND, Bruce E. Zelhner
- University of Minnesota Hospitals, Minneapolis, Edward J. Mahnke (also IPC)

- Winnebago State Hospital, Winnebago WI, Dayton G. Van Deusen
- Wisconsin Correctional Institution, Fox Lake, Orwoll O. Anderson

Lutheran supervisors were in the majority at the formation of NCR. The above lists indicate that several Lutheran supervisors had been certified by the Council or the Institute prior to the development of the Lutheran Advisory Committee.

V. Rapid Expansion of CPE in the NCR

As of 1967 there were thirty-seven CPE centers listed with thirty-nine supervisors, but because of some dual certifications by training groups the list totals ten from the Council (CCT), eleven from the Institute (IPC), and twenty-one from the Lutherans, for a total of forty-two. But by any method of measurement, either in the number of CPE units taken by clergy, seminarians, religious, and lay people, or the number of supervisors, or the number of centers offering CPE or the number of seminaries who became members of ACPE, the growth of this region in those first twenty years has been exciting and satisfying.

To consider the impact of the formation of ACPE on the North Central Region, for example, one must remember that the total size of the Council for Clinical Training, Inc. (CCT), in 1967 was no larger than the NCR as it came together that same year. This was due to the large number of Lutheran supervisors who were added to the Council and Institute supervisors. The challenge to the new North Central Region to merge the several strains of background and training among the supervisors was great. Because of our geography this region had no supervisors related to the Association of Clinical Pastoral Educators; they were primarily although not exclusively Southern Baptist supervisors.

In April of 1967, the *NCR News* (vol. 1, no. 3) shows that 178 students had been accepted for the summer programs. The growth in the number of CPE Units provided can be seen in table 1.

The big upsurge in the number of winter units from 1973 on reflected the fact that many more centers offered extended units. These units were geared to parish clergy and were usually completed in February or March, while the spring units ended in April or May.

The number of accredited centers offering programs increased from thirty-seven in 1967 to seventy-three in the summer of 1985. While some centers were very stable, other centers were less so. Each year, one or more centers ceased to function or were in the process of accreditation. The loss of accreditation was usually due to the supervisor's move to another center with no replacement sought by the institution. Budgetary pressures were given in a few situations as the reason for the center's dropping its accreditation.

As of 1987 the largest percentage of NCR centers were to be found in general medical and surgical hospitals, while a decreasing number were in psychiatric hospitals. The latter decreased from twelve in 1969 to only six in the 1986–87 directory. Penal, correctional and juvenile institutions saw an even greater decline, with only two listed in the 1986–87 directory.

During the twenty years from 1967 to 1987 there were several centers based in local parishes, including several in the Twin Cities, three in Wisconsin, and one in Chicago. Among the parishes and the supervisors directing these programs were Homer Bain at Trinity Methodist Church in Chicago; Vern Bittner at Holy Triune Lutheran Church in Minneapolis; Harry Hinrichs at Grace Lutheran Church in Green Bay WI; Harley Meyer at both Whitnal Park Lutheran Church in Hales Corners WI and Adoration Lutheran Church in Greenfield WI;

Table 1. The First Twenty Years of CPE in the NCR

Year	Winter	Spring	Summer	Fall	TOTAL
1968	62	78	233	50	425
1969	98	93	307	77	555
1970	104	127	309	83	623
1971	115	120	335	111	681
1972	108	183.5	300	141	732.5
1973	143	173	303	143.5	762.5
1974	138.5	223	335	173.5	870
1975	183.5	272	321	179	955.5
1976	198.5	247.5	348.5	175.5	970
1977	145.5	293.5	372.5	191	1,002.5
1978	175	286	354.5	185	1,000.5
1979	203.5	341	349.5	164.5	1,058.5
1980	219	284	384.5	191.5	1,079
1981	222	375.5	414	206.5	1,218
1982	244	329.5	394	177	1,206
1983	260	296	397	164	1,117
1984	223.5	319.5	367.5	173	1,083.5
1985	204.5	279.5	344.5	117.5	946
1986	226.5	297	352	113	1,008.5

Table 2. Figures for 1987 to 1994

	1987	1988	1989	1990	1991	1991	1993	1994
Centers	64	62	58	57	57	57	57	59
Units*	1,079.5	1,006.5	959.5	959	1,077	1,056	1,142.5	1,045
Supervisors: Total	133	134	132	138	130	131	137	139
Attached			92	94	90	91	93	93
Unattached			31	25	31	31	34	34
Inactive			9	9	8	9	10	12
Seminaries	19	19	20	22	22	22	21	21
Clinical Members	181	166	152	138	118	109	101	84
Student Members	155	122	87	94	120	114	115	89
Individual Members	109	74	59	48	53	56	54	57

* Number of student units per previous year are adjusted each year as delinquent reports are received in the regional office.

Constance Nadeau at College of St. Thomas in St. Paul; and William Smith at both Bethlehem Lutheran Church in Minneapolis and Wilder Clinic-Parish in St. Paul, but few of these parish programs lasted more than a few year. In 1987 only one program was still going, In addition, there was one experimental hospital-seminary-parish program with Christ Hospital, Lutheran School of Theology at Chicago and Ridge Lutheran Church in the early and middle 1970s.

Other innovative programs have included one at Lakeland Mental Health Center in Fergus Falls MN, led by Curtis Rotto; several Lutheran Social Services area office programs, including O. O. Anderson in Eau Claire WI, Thomas L. H. Coffin in Milwaukee, Harvey Berg in Waukesha WI, Wilbur Currens in Minneapolis; Robert Dueda in Willmar MN; Robert Bergeson in St. Paul and Ronald Hinrichs in Rapid City SD; and the Human Development Center in Duluth MN under Daniel Bergeland. Another unique program was the Center for Community Organization and Area Development in Sioux Falls SD under Larry Murtagh. Constance Nadeau and the College of St. Thomas in St. Paul developed a program where the ministry was focused in local parishes

During these twenty years Roman Catholic institutions have developed accredited training programs in the NCR, among them:

- Alexian Brothers Medical Center, Elk Grove IL, John Rankin, Ed Outlaw, Vernon Kuehn, and James Gullickson
- Franciscan Sisters, Wheaton IL, Dean Williams
- Presentation Sisters Hospitals: McKennan, Sioux Falls SD, Aberdeen SD, St. Joseph's, Mitchell SD, Holy Rosary, Miles City MT, G. W. "Hank" Ekeberg, Peter Holland and Sister Mary Gerrior, OP
- Mercy Medical Center, Des Moines IA, Sister Janet Ryan
- Mercy Medical Center, Dubuque IA, Michael Mack, Sister Ann Duhaime and Kenneth Mitchell
- St. Joseph's Hospital, St. Paul, Ward Knights
- St. Joseph Hospital, Milwaukee, Richard O'Donnell and Arnaldo Pangrazi
- St. Mary's Medical Center, Green Bay WI, John Van Deuren
- St. Therese Hospital, Waukegan IL, as a part of the Hospital Chaplaincy Service, George Franke

The above list is not exhaustive of the innovative programs of the NCR but does help explain why the accreditation committee has been most active. In addition to the site visits to the centers requesting "provisional" (now "candidacy") accreditations status, NCR was one of the regions to quickly implement the seven-year accreditation review process when it became a part of the ACPE standards.

The growth of CPE in this six-state region (Northern Illinois, Iowa, Minnesota, North and South Dakota, and Wisconsin) was due to the initiative of both churches, institutions, ecumenical organizations and also to the efforts of the supervisors. The NCR regional directors (John Thomas, 1967–1979 and James Anderson, 1979–1987) visited prospective centers and interpreted the benefits of both chaplaincy and the CPE programs. Individual supervisors, especially in the metropolitan areas of Chicago and the Twin Cities, frequently served as

consultants to hospitals. As the larger centers were active in providing supervisory CPE, the number of qualified applicants for the developing centers matched the needs of the institutions.

The quality of supervision and high standards for supervision have been a part of the centers providing supervisory training and of the certification committee of the region. The 1968 regional conference at the Ramada Inn in Madison, focused on certification and on certification committee interviews. Four demonstration workshops, including mock committee reviews of a candidate in each one, gave the supervisors and seminary representatives an opportunity to experience a committee review. One of the reviews was videotaped and used at a national ACPE conference. A paper was presented by Dr. Edmund Smits of Luther Theological Seminary in St. Paul, with responses by Mark Anderson and James Gibbons. Following this, workshops were presented on each of the four areas of interest: CPE I and II, Basic; Part-time CPE; Orientation programs and clergy seminars; CPE III Advanced and CPE IV, Assistantship and acting. By 1996 only two categories remained, CPE and Supervisory Training.

The 1969 directory lists 61 supervisors and forty-nine centers. The 1986–87 directory lists 104 supervisors in sixty-three centers, with four centers presently without supervisors. Those figures reveal that in 1987 two centers listed five or more supervisors, eight had three supervisors, and a number of centers now had two supervisors.

The author remembers a discussion back in 1958–59 as to whether or not it was ethical for supervisors to take so many CPE students into advanced training (CPE III) when there were simply no openings for them at that time. Imagine his lack of vision! This does not mean that all persons who take a year of CPE have automatically been able to locate positions in the chaplaincy market of the 1980s, 1990s, or 2000s.

Sixteen supervisors who were not listed on the “unattached” or “inactive” roster of 1987 are now retired. Ten of them have been granted “supervisor emeritus” status and received their certificates at the 1987 fall conference in Philadelphia: Robert Alexander, John Allemang, Lloyd Beebe, Thomas L. H. Collin, Harold K. Emerson, John Karl Rankin, Russell Striffler, Charles Sullivan, Henry Taxis, and John Thomas. Ralph Boyer, Wilbur Currens, Charles Hart, Walter Pitt, Dayton Van Deusen, and the late Carroll A. Wise had been granted this status in earlier years, as were J. Lennart Cedarleaf and Arthur Rost.

Contributing greatly to regional stability over the first twenty years were the sixteen supervisors who were listed in the 1967 directory and were still active in NCR CPE centers in 1987. They represented 26 percent of the original group of NCR supervisors, or 16 percent of the total number of supervisors active twenty years later. If one looks at the first thirteen years, and adds the ten supervisors who retired between 1980 and 1987, that figure rises to 26 or 43 percent. Experience and longevity added greatly to the progress of the NCR.

Six of that original group of supervisors have since died. They and others who died since then are recognized in chapter XVII, “In Memoriam.” As of 1987, nearly one-half of the NCR centers active at the time of ACPE formation were still functioning. This stability in training centers (and supervisors) has been an important part in the maintenance of good CPE programs and a strong region.

VI. Organizational Leadership

The organizational leadership for this region is vested in the bands of the NCR Board, which consists of the chair, vice-chair, secretary, treasurer, and two members-at-large. This board meets annually shortly after the first of the year to consider reports of the regional committees, finalize plans for the annual regional meeting, and take up any concerns of the supervisors and the seminary representatives. Normally one of the members-at-large has been a seminary representative.

Oz Anderson served as the chair for the first four years, 1967–71, followed by Charles Goldsmith for four years, 1971–74, who was succeeded by Max Maguire. Max also served four years, 1975–78, and was followed by Vern Flesner, who served two years, 1979–80. Jim Gibbons followed, serving from 1981–84. Gordon Grimm served from 1985–88, followed by Jim Corrigan, 1989–92, and Clyde Burmeister, 1993–1995, and Delon Brown-Daniels was the chair from 1996 to 1998. (See Appendix I for later chairs.)

Continuity in leadership as well as in supervisors and centers has been another red thread mark of stability in regional affairs. In the first twenty years, only six persons served as regional chairs. In addition to the elected officers who have served with singular faithfulness, the NCR has elected to its board as members-at-large in most years a seminary representative and a woman. The first treasurer, Chad Goldsmith, served four years and got the region off to a good start. He secured Tom and Mary Langenberg as the bookkeeper/accountants, and they continue to provide the treasury service for us, even though they have moved from Waukesha to Overland Park KS.

The board was responsible for many developments in the initial twenty years. It approved the regional director's plan for a handbook for supervisors, originally developed by regional director John Whitesel of the East Central Region. This has been revised yearly to reflect changes in national standards, procedures and reporting forms, and regional changes. This contributed to the region's reputation as "being well organized."

In contrast to some other regions, supervisors were accustomed to sending their student fees directly to the Council's central office and paying regional expenses from national funds, or from similar practices from Institute and Lutheran practices. In 1967 all regions benefited by a decision of the Council for Clinical Training's executive committee. This author was the CCT secretary at that time, and strongly urged that each region receive a \$1,000 grant from its treasury balance to assist regions with their start-up costs rather than turn the total CCT balance to ACPE. That motion was passed!

It was not difficult to convince most NCR supervisors to establish a regional fee per student unit to go to the regional treasury from which regional operational expenses would be paid. Separate fees were established for accreditation and certification review. Somewhat later, the region increased the regional fee, with a portion of that increase credited to each of the sub-regional units (areas) for area continuing education. The region adopted a recommended student unit fee,

which was not mandatory. All of the fees have been raised since the beginning. The fee began at \$25 per student unit, rose to \$75 per unit by 1987, to \$85 per unit in 1996, and is \$110 in 2006. Because the supervisors were willing to budget funds for regional committees, each committee could meet once a year in addition to the meeting at the annual regional conference. This practice allowed participants more time together and thus released the creative spirits of the supervisors and the seminary representatives on the committees. The History and Research Committee, for example, requested and received a yearly budget line of \$5,000 to be awarded to a research project approved by the committee. In addition, a sum of \$1,000 was budgeted to be awarded as research prizes of the year for student research stimulating students in the residency program to develop beginning research skills. This also included a prize for the research center of the year.

In addition, the region funded the 1975 *Historical and Biographical Data of Supervisors and Centers in the North Central Region*, edited by John D. McCann. Those data were revised in a 1987 and a 2002 version, both edited by John Van Deuren. Videotapes were made of early NCR Council, Institute, and Lutheran supervisors to preserve some of the history while those making it were still alive and with good memories. Photo directories of regional supervisors were published in 1994 and 1995.

The certification and accreditation committees were given funds in addition to meeting expenses to pay consultants to observe some of the certification reviews, for major studies in specific areas, and for needed surveys.

Each of the major committees provided recommendations for the regional business meetings. As the regional director reported this practice to other regional directors and to the executive director, funds were then similarly provided by the ACPE committees and committees of other regions. This also marked the beginning of more effective committee functioning by the ACPE committees, most of which had only met at the time of the ACPE annual conference.

Very early on the region relied on budgeted funds for seminary visitation programs to interpret CPE to students and to interview students for summer units. Not only did the region pay the travel and local expenses of supervisors to the annual regional conference, but it also paid for a representative from each seminary to attend at regional expense. It was not uncommon to have over half of the seminary representatives attend the regional meeting, thanks to this practice. It also facilitated communication and cooperation between the seminary representatives and the supervisors, an essential element for the region.

The region in 1973 began consideration of a plan for a joint meeting with the Pacific region. This led to considerable discussion as to the wisdom of extra expense for such a meeting in the Pacific region.

Regional unity was seriously challenged at the April 6–9 meeting that year, and after heated discussion, the plan was adopted on a 41–21 vote. A partial subsidy was given to those who went to the joint meeting at Lake Tahoe. Dr. William Oglesby Jr., professor at Union Theological Seminary in Richmond VA, and ACPE president that year, gave some stirring addresses correlating scripture and psychology. He also led a communion service in the casino (not in operation during the meeting) where the meetings were held.

The fiftieth anniversary of the first CPE unit at Worcester State Hospital in 1925 was celebrated in Minneapolis in 1975. North Central supervisors and seminary representatives played an important part in this celebration. To facilitate regional and interregional community building, Jim Anderson arranged for each region to have its own separate hospitality suite. Robert C. Powell presented “Fifty Years of Learning through Supervised Encounters with Living Human Documents,” with Edward Thornton and Robert Preston as respondents. Professor William Ogelsby, ACPE President-Elect, addressed the Presidential Luncheon on the topic: “Heritage and Commitments: CPE in the Second Half Century.” Professor Ross Snyder of Chicago Theological Seminary led us with a process seminar called “Symbols/Process/Meaning”; and Peggy Way and Merton Strommen challenged participants with their presentations.

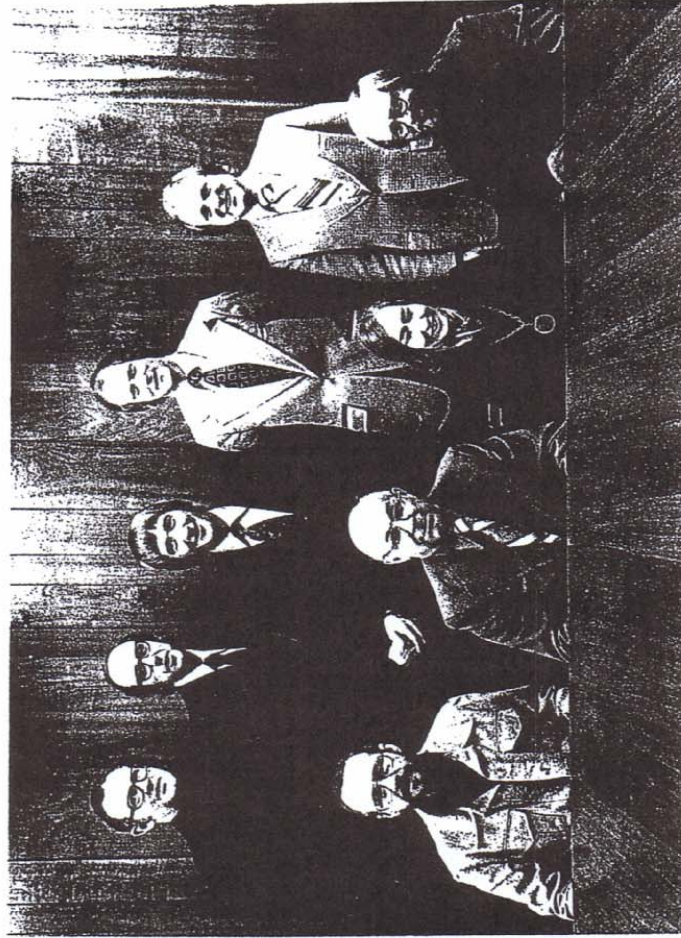
The display of historical material exhibited at the conference included an Orgone Accumulator by Wilhelm Reich which was brought by Supervisor Albin Sherve of the Jamestown State Hospital. Reich’s book *Character Analysis* (New York: Orgone Press, 1949) was used as a reference work by Council for Clinical Training supervisors in the 1940s. The Orgone Accumulator was determined to be an illegal device by the federal government. Unfortunately, for history’s sake, on the return trip to Jamestown, the device fell off the top of Al’s car and was destroyed it when it hit the ground.

In 1976 the executive committee of ACPE recommended the addition of an associate executive director to the New York staff with an accompanying budget increase. In some of the regions, and especially in the Minnesota area of NCR, strong opposition developed. Mark Anderson led this effort, aided by Max Maguire and others. The NCR board held a special meeting on October 6 to consider organizational philosophy (in particular, the increasing reliance on central office professional staff) and the process issue (especially the lack of regional input before such a major step was taken). At the 1976 fall meeting of the House of Delegates in Detroit, the recommendation was defeated. A motion to create a special study committee of nine people (one from each region selected by the region) was passed. The regions contributed \$1,000 each to fund the one year study, and Mark Anderson was the NCR member on that committee. Their report recommended that a special study committee meet over a three year period and bring its report to the 1980 meeting in New Orleans. James Gibbons was our NCR member on that committee, and his keen insights and thoughtful comments added greatly to its work and final report.

In 1976 the region was asked to vote \$1,000 to fund a feasibility study to establish the *Journal on Supervision in Ministry*. The motion lost but the committee was authorized to expend its own funds. A general agreement that the region would fund a deficit of up to \$500, to be shared with the Central Region of American Association of Pastoral Counselors, who would jointly sponsor the journal, was made and passed in succeeding years. David Myler of the Department of Chaplaincy Services at the University of Chicago Medical Center was its first editor-in-chief. George Fitchett and AAPC members have continued publication up to the present without needing financial assistance.

The Local Arrangements Committee of the Fiftieth Anniversary Celebration, Minneapolis, MN
October 1975

GRIMM MILLER M. ANDERSON J. ANDERSON MAGUIRE



KNIGHTS TAYLOR MARTHA MAGUIRE NOBLE

Creative Workshops Now Solicited For Conference

Clinical Pastoral Education has been a process movement, full of imagination and creativity that could not predict the future but would surely mold it. The Program Planning Committee wishes to include the possibilities of these dynamics in the 50th Anniversary Conference and invites all readers to consider the possibility of making a program presentation.

This is what you need to do. Consider themes, fantasies, innovations, programs and the boundaries of the creative fringes of "The Future of Clinical Learning." If your proposal is selected it will be featured as one of 16 workshops to be presented twice on Saturday, Oct. 18. A fifty dollar honorarium will be paid for two presentations. You may submit your ideas in the following way:

(1) Write a process statement about your proposal. Include an introductory paragraph, an outline of your paper or project, and a summary statement about why this project would be beneficial for the 50th Anniversary program.

(2) Send your proposal before July 25 to Chaplain Gordon Grimm, Box 284, Center City, Minnesota 55012.



The Executive Committee of the Conference Planning Committee: from left, Henry Taxis, Jim Anderson, Mark Anderson, Allen Nohre.



At right the entire Conference Planning Committee at work.

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Also at the 1977 meeting this author, as regional director, was elected by the house of delegates to be its president, and took office as president in January 1980. John also participated in all of the special study committee meetings, through its 1980 report in New Orleans and its 1981 report at Estes Park CO.

NCR had contributed to the leadership of ACPE prior to these dates. Thomas L. H. Cohn was the first secretary of ACPE and Joseph Hornacek followed him. Oz Anderson served as a member-at-large on the early ACPE executive committee.

Gay and lesbian supervisors requested program space at the ACPE Conference but were denied. The NCR had a different response to their request. The minutes of the fall NCR Regional Meeting at Estes Park CO record the following: “Dave Myler presented a concern around the Gay and Lesbian supervisors. Dave gave us some history on their seeking to have a workshop on the supervision of Gay and Lesbian students. He asked the North Central Region’s support in having the program committee for the 1982 conference reconsider their request to present such a workshop. Motion was made and the North Central Region will go on record as supporting the request to the Program Committee to include a workshop on Supervision of Gay and Lesbian Students. The Motion was seconded and passed. There were no dissenting votes.”

As a follow-up of that motion, the gay and lesbian supervisors in the NCR formed a caucus which met also at ACPE Annual Conferences until the early 1990s, when it became one of the several networks of ACPE. NCR supervisors were active at the national as well as the regional level.

Max Maguire was elected president-elect in 1985, when the president-elect was elected by popular ballot of all ACPE members. Maguire became president for two years in 1988 and received the symbol of that office, the Pappy Boisen presidential cane. He also received a gavel that the author presented to ACPE in 1987 for the use of the AMHC president during his term. The wood for this gavel came from the chapel door of the Worcester State Hospital. This author received the gavel from John Smith, the chaplain-supervisor for many years at the Worcester State Hospital and also the first president of AMHC, when the author was president of the AMHC in 1968–69.

Mark Anderson, chair of the ACPE Standards Committee, rendered outstanding service developing a process and procedures whereby proposed changes in the national standards would be identified as to the source and the rationale for changes and circulated to the entire membership prior to any consideration by the General Assembly, which succeeded the House of Delegates as the governing body.

Our NCR History and Research Committee recommended the establishment of a Book of Living Memorials (now labeled “The Book of Remembrance”) to the ACPE History Committee, which approved it and recommended it to the General Assembly, and was implemented in time for our twentieth anniversary celebration in Philadelphia in the fall of 1987.

The ACPE created a Distinguished Service Award in 1980, and it was given to Dr. Seward Hiltner at the International Hotel in New Orleans that first year. Dr. Carroll A. Wise received the

second DSA at the 1981 Fall Conference at the YMCA of the Rockies, Estes Park CO. Dr. Wise was Dr. Boisen's successor at Worcester State Hospital. Dr. Wise moved to a pastoral counseling position in Toledo and then became minister of counseling at the Hennepin Avenue Methodist Church in Minneapolis. He was called to Garrett Seminary in Evanston IL in 1947 as Professor of Pastoral Care. Carroll also developed a combined PhD program in pastoral counseling with courses at both Garrett and Northwestern University, on whose campus Garrett is located; the degrees were awarded by Northwestern. Carroll recommended CPE highly to the regular students and required it for his masters' and doctoral level graduate students. CPE supervisors were very pleased with Carroll's active support of CPE.

After Jim Anderson's untimely death in 1987, Gordon Grimm, board chair, also served as interim regional director and Alice McLaughlin continued to serve as board secretary. In 1988 Oz Anderson was selected as regional director, and the position was set at half-time. He served to May 1997.

The above paragraphs do not fully reflect the many, many contributions of so many individual supervisors and seminary representatives to the life of this region and to the ACPE, but contain only a limited number of selected highlights.

VII. Roman Catholic ACPE Supervisors and Seminaries

At the time of the formation of the North Central Region, John D. Allemang, a diocesan priest from the Archdiocese of Milwaukee, had been supervised by James Gibbons, and was certified by the Council in the fall of 1967 as ACPE was being formed; he had a program at Wisconsin School for Boys at Wales. Frank Garvey, a Roman Catholic parish priest from Kandiyohi MN, was the Roman Catholic chaplain at Willmar State Hospital and was an acting supervisor with the Institute of Pastoral Care in 1967. He was certified by the ACPE in 1968. There had been a friendly rivalry between the Council and the Institute as to which group would be the first to certify a Roman Catholic priest as a supervisor.

Don Shmauz, a Roman Catholic diocesan priest from Milwaukee, took a unit each from John Allemang and Harry Emerson at Wales and then two units with the author at Mendota, and he did his supervisory training unit at Mendota. Shmauz was the first Roman Catholic priest in ACPE to go through the ACPE training process and became certified in 1969. Shmauz succeeded Allemang at Wales when Allemang moved to Mendota State Hospital in 1968. The first jointly supervised Protestant–Roman Catholic unit was conducted at Wales in 1966 with Allemang and Emerson conducting joint seminars, and joint supervision was continued at Mendota in 1969 with Allemang and the author. Allemang conducted the group of Roman Catholic students at Mendota in the summer of 1968.

In the late 1960s Roman Catholic seminaries held a field education conference and invited ACPE to send some representatives to the meeting in Washington DC. The region voted the funds to send Allemang and Shmauz to this consultation. Out of this consultation came a new interest in CPE on the part of several Roman Catholic seminaries.

The North Central Region cannot claim the record as having the first Roman Catholic priest in CPE, as that accomplishment belongs to the Southwest Region, where Gerald Walcutt at the San Antonio State Hospital accepted a priest from Minnesota for chaplaincy training. Our region, however, took the lead in having the first Roman Catholic supervisors and early on sought Roman Catholic priests and seminary students for CPE. The region also invited several Roman Catholic seminaries to become members of ACPE, and the region and they accepted.

Roman Catholic seminary representatives contributed significantly to the life of the North Central Region, including Joseph Hornacek and John Van Deuren of St. Francis Seminary in Milwaukee; Cletus Wessels, George Doherty, John Taylor, Merrill Meltz and Michael Mack of Aquinas Institute of Dubuque IA; and George Kane of St. Mary of the Lake Seminary in Mundelein IL. Later Pat Jocz of Sacred Heart Theological Seminary in Hales Corners WI, became quite active. Dean Otto Bucher of Sacred Heart has been quite active in the region and now is a member-at-large on the ACPE Board of Representatives as a representative of the theological seminaries.

Part of the increase in student enrollment in the early 1970s was due to the number of Roman Catholic sisters who entered the CPE experience in preparation for more pastoral ministries. A

number of them enrolled in the year-long programs. Many were teachers and some were nurses who wanted a more personal type of religious ministry. They took readily to the CPE type of education and gradually moved into active pastoral ministry, first as chaplains in Roman Catholic hospitals and then in other hospitals and institutions. A number of them reported that in CPE they had experienced a new understanding of community, even though they had been living in communities for years. They contributed greatly to group seminars and pastoral ministry.

VIII. Seminary Relationships

As early as 1964 the Council for Clinical Training offered seminary memberships. In this region Garrett and Seabury-Western in Evanston were active members and Bethany Biblical Seminary in Chicago and Evangelical Theological Seminary in Naperville IL were associate members.

The Institute of Pastoral Care incorporators in 1944 included representatives of Andover-Newton, Boston, Episcopal, and Harvard divinity schools. The Institute centers have maintained their seminary relationships.

We have already mentioned the Lutheran Seminaries in the Twin Cities, Luther and Northwestern, now merged into Luther Seminary. Also Lutheran Seminary in Maywood IL (Charles Sullivan), Augustana Seminary in Rock Island IL (Paul Swanson), and Wartburg Seminary in Dubuque IA (William Hulme) were also actively involved with the CPE programs in our region. By 1969 seventeen seminaries were members of ACPE. Five years later the number had grown to twenty-four seminaries, seven of which were Roman Catholic.

The NCR actively cultivated both Protestant and Roman Catholic seminaries. The region appropriated funds so that supervisors could visit seminary campuses for CPE days and both interview prospective students and hold discussions with faculty members. One faculty person from each seminary was invited to attend the annual regional meeting and the region paid his or her expenses. Seminary representatives have been elected to serve on regional committees, including certification, for their contributions and for dialogue. The goal has been to have one professor on each regional committee. In recent years a new committee has been added, the Seminary Relations Committee.

The NCR has been blessed by the active participation of many professors (primarily in the fields of Pastoral Care and Counseling, and Field or Contextual Education) in the committees and annual meetings and on its Board of Directors. The relationship between the supervisors and the seminaries has been crucial to the regional development and success.

Among the seminaries holding CPE days on their campuses were Aquinas, Dubuque, and Wartburg in Dubuque IA, St. Francis and Nashotah House in the Milwaukee area, and Bethel, Luther, Northwestern, and United in the Twin Cities. This practice resulted in some debate about the NCR budget at regional meetings. A few supervisors felt the seminaries ought to be paying for these services, and a compromise was reached whereby the NCR paid for the travel and the seminaries provided local hospitality and dictation for the admission interview reports. This has continued at a reduced level in recent years.

In the larger metropolitan areas like Chicago and the Twin Cities, with their heavy concentration of seminaries, some supervisors were swamped by seminary students requesting admission interviews. Some centers began charging fees for the interviews, but gave a credit if the student was accepted at that center.

While the core of original centers and supervisors has been crucial to regional stability, the presence and active support of a number of seminary representatives have been equally valuable. At the risk of slighting some persons, the following professors have made major contributions by their presence at regional meetings, their participation in committee life and their recommendations of CPE to their students (in addition to the Roman Catholic representatives mentioned earlier):

- Bethany Theological Seminary, Oak Brook IL, Byron Royer
- Bethel Theological Seminary, St. Paul, Douglas Dahlquist and Nels Friberg
- Chicago Theological Seminary, Chicago, Philip Anderson
- Dubuque Theological Seminary, Dubuque IA, Calvin Snucker and Kenneth Mitchell
- Garrett-Evangelical Seminary, Evanston IL, Carroll Wise, Wayne Clymer, John Hinkle, Clinton McNair, and Emily Haight
- Luther Theological Seminary, St. Paul, William Hulme, Melvin Kimble, Bruce Westphal, and Randy Nelson
- Lutheran School of Theology at Chicago, Paul Swanson
- McCormick Theological Seminary, Chicago, John Stettner
- Meadville/Lombard Theological School, Chicago, Peter Baldwin
- Nashotah House, Nashotah WI, Urban T. Holmes and Richard Greatwood
- North Park Theological Seminary, Chicago, Earl Dahlstrom and Byron Royer
- Northern Baptist Theological Seminary, Chicago, Noble Butler
- Seabury-Western Theological Seminary, Evanston IL, Thomas Edmunds and Robert Carlson
- United Theological Seminary of the Twin Cities, New Brighton MN, Christ Meadows, Clyde Steckel, and Karen Smith Sellers
- Wartburg Theological Seminary, Dubuque IA, William Hulme, Don Groskreutz, and Herbert Anderson

Several served as committee chairs (Paul Swanson, History and Research, and Randy Nelson, Seminary Relations), as authors of special reports (Chris Meadows, “The Meadows Report on Certification”), and as speakers at regional and national meetings (Herb Anderson).

Their primary contributions included encouraging students to take CPE, hosting CPE days at seminaries and being the persons CPE students could consult with after their training. They served as colleagues in the process of theological education!

IX. Supervisors of Color

While a few black pastors had taken CPE in the late 1940s and early '50s in the Chicago area, there were no black supervisors in what is now the NCR until 1951 when Edward P. Dixon, a Baptist minister, became the Protestant chaplain-supervisor at the Peoria State Hospital in Peoria IL.

Dixon moved to Cook County Hospital in Chicago in 1955, where he became the new church federation chaplain and where he remained until the mid-1960s. After living in one of the high-rise apartments on the Near South Side of Chicago, Ed and Pat Dixon purchased a home on the South Side in a residential neighborhood where no black person had ever lived before. There were threats against them, a bullet went through their front picture window, and they got anonymous telephone calls the same day their unlisted telephone was installed. A *Chicago Tribune* photo shows Ed with a pistol strapped around his waist while doing yard work. A police squad car patrolled their street for several days afterwards.

Henry Taxis, and John and Marguerite Thomas came to make a “welcome” visit, Dixon met them at the front door. Marguerite impulsively opened her arms and gave him a kiss. Dixon reacted, “My God, Marguerite, do you want to get us both shot?”

Dixon participated in area and regional meetings, and was active in civil rights causes but was finally relieved to move to Teaneck NJ in 1968, where he continued his supervisory activity at the Bergen Pines County Hospital in Paramus NJ until shortly before his death 1977.

Three years later, in 1971, Merrel Booker moved to the region from Detroit. Booker had been certified by the Council for Clinical Training in the late 1940s in Washington DC. At the time he was serving as the church federation chaplain at City Hospital in Detroit, but he wanted to get back into supervision after a lapse of some twenty years. He met with an NCR committee and was approved for an assistantship at Mendota State Hospital for the summer of 1971. After completing that step, he was certified as an acting supervisor.

Shortly after Booker’s return to Detroit, he responded to an invitation from Garrett Theological Seminary and the Community Hospital in Evanston IL (a small historically African American hospital) to come as an adjunct professor in pastoral care and CPE supervisor at the hospital. He also supervised students at Provident Hospital on the South Side and taught regularly at Garrett from 1973 to 1976. The joint program was accredited as a Garrett Theological Seminary–Community Hospital–Provident Hospital program but lapsed after he retired in 1976. Thanda Ngcobo was one of Booker’s students at the Chicago Theological Seminary in 1974.

In 1975 Eugene Robinson moved to Chicago as an acting supervisor and was the chaplain-counselor at the Depot-Family Counseling Center on the South Side and conducted CPE programs there until 1982. The center was in cooperation with the First Unitarian Church, but the program lapsed when Robinson moved back to Atlanta.

Later Thanda Ngcobo took supervisory training at Abbott-Northwestern Hospitals, Minneapolis, in 1977–78, was certified in 1985, and served at the University of Chicago Hospitals.

In the 1980s, George Polk moved to Bethany Hospital in Chicago, and the Evangelical Hospital System from St. Elizabeths Hospital in Washington DC, so the NCR then had two black supervisors, Ngcobo and Polk. They have both been active on regional and national committees. Polk, the first black person to be nominated for the position of president of ACPE, received 37 percent of the votes cast in the 1983 election. Ngcobo served on the International Committee of ACPE.

William Baldrige, whose heritage is part Native American, came to the NCR as an acting supervisor from the South Central Region. He became the chaplain-supervisor at the Clarinda Mental Health Institute in Clarinda IA in 1979. He was certified as a full supervisor in October 1981 at the fall conference in Estes Park CO. From 1982 to 1984 he served as a chaplain and a CPE supervisor at the Iowa Methodist Medical Center in Des Moines. Baldrige moved to the Hennepin County Court Services in Minnetonka MN in 1984. That program had been established and run by Henry Taxis for twenty-four years. Those present at the September 19, 1987, memorial service for James Anderson will never forget Baldrige's participation in that service. He smoked his Indian pipe as a part of a reverent ceremony:

Nobukazu Tanaka, who took his college and seminary education in Japan, moved to the Illinois Pastoral Training Institute in Normal as an acting supervisor from the South Central Region, where he was on the staff of the Prairie View Mental Health Center in Newton KS. He served at the Brokaw and Mennonite Hospitals in Bloomington IL. He also was facilitated the integration of Japanese personnel who moved to Bloomington, where a new auto plant has been located.

In 1992 the NCR was fortunate and blessed to have the following African American supervisors active:

- George Polk at Bethany Hospital, Chicago
- Delois Brown-Daniels at Northwestern Hospital, Chicago
- Gale Kennebrew at Good Samaritan Hospital, Downers Grove IL
- Thanda Ngcobo at University of Chicago Hospitals, Chicago
- Margaret Neal at St. Joseph's Hospital, Milwaukee WI

Of the approximately twenty-five African American CPE Supervisors in the nation in 1992, the NCR had 20 percent. We were blessed!

The NCR, while not exclusively WASP because of its active Roman Catholic contingent, has not had much success in developing supervisors from minority backgrounds. In more recent years NCR has supported Racial Ethnic Minority (REM) events, holding two national events in Chicago with the participation of NCR supervisors, and provides scholarships for CPE students to attend both regional and national REM events.

X. Women Supervisors

One of Anton Boisen's four students in his first program at Worcester State Hospital in the summer of 1925 was Helen Flanders Dunbar, who was working on her BD at Union Theological Seminary and her PhD at Columbia University in New York. Dunbar was an important influence in Boisen's life. She pioneered the concept of psychosomatic medicine and wrote the first book with that title. In addition, an early Worcester State Hospital clinical training photo shows several women, one of whom was an occupational therapy student.

Louise Long, the first woman supervisor in the Council for Clinical Training, received her early training at Elgin State Hospital in Elgin IL in 1945–46. Long had been a director of religious education and was working at Garrett Seminary in Evanston IL when she became involved in clinical training. She took further training at centers in the East and was certified in about 1950. She became chaplain-supervisor at the Little Rock State Hospital in Little Rock AR for a few years before moving to Modesto State Hospital in Modesto CA.

The first woman at Mendota State Hospital, Leila Foster, arrived in 1963 and was a PhD student from Garrett. The next applicants didn't come until six years later. The 1969 ACPE Directory lists only two women, Helen Terkelsen and Florence Lewis, both certified by the Institute of Pastoral Care.

Women came late to CPE, however, because there were so relatively few of them in theological seminaries, to say nothing of the very few in parish ministries. The first woman supervisor in NCR was Mary Wilkins, who took her earlier training at the Medical College of Virginia Hospital in Richmond. She then spent two years with James Gibbons and Bernard Pennington at Rush–Presbyterian–St. Luke's Hospital and received her acting supervisor status in 1973 at the end of her program there.

Wilkins supervised at Chicago's Swedish Covenant Hospital from 1973 to 1977, and in the meantime received her full certification in 1975. In the 1979–1980 ACPE directory the following women were supervising in the NCR (in addition to Mary Wilkins): Marion Kanaly, Susan Kline, Thanda Ngcobo, Sister Ann Duhaime, Sister Janet Ryan, Anne Baltzell, Sister Constance Nadeau, and Sister Mary Ann Weigel. The next year's list also included Shirley Herman. The 1982–83 directory also included Nancy Ditsch and Alice McLaughlin, and women have been certified each year since then.

The ACPE standards permitted those commissioned in a religious vocation to be certified as supervisors, provided they met the other requirements, including theological education. It was not surprising, therefore, that a number of Roman Catholic sisters who enrolled in CPE programs went on to become fully certified as supervisors.

Although supervisors prided themselves on collegiality, there was some unconscious sexism at work in some CPE centers and supervisors. The transition from an essentially all-male fraternity of supervisors in the 1950s and 1960s to a group that was 10 percent women in the 1970s was a rapid shift which paralleled the developments in theological education and ministry.

The number of women in CPE represented 28 percent of the total units in 1976, 270 units out of a total of 970. In 1977 there was a 4 percent increase, 331 units out of a total of 1038, and an increase of 61 units.

Women have taken an increasing active role in regional governance. Mary Wilkins was the first woman to serve on the certification committee, and later, when she became chair of that committee, served on the national committee. The region also benefited from women seminary representatives: the Rev. Peggy Way of Chicago Theological Seminary, Helen Horstmann of Dubuque, and Pat Jocz of Sacred Heart School of Theology. Jocz visited CPE centers where her students were enrolled on a regular basis and was active on committees while at the seminary. The NCR made it a point very early, whenever possible, to have a woman on each certification subcommittee when a woman was being interviewed. Women have been active in the Collegiality Task Force of ACPE and in sponsoring women's caucuses prior to regional and national meetings to empower them and to raise the consciousness of male supervisors about the subtle ways in which male chauvinism is at work.

It took a while for ACPE and the NCR to fully appreciate the gifts which women supervisors brought and bring to CPE. More recently JoAnn O'Reilly served as co-chair of the 1987 Quad-regional Conference in Tucson, and in 2006 is the current chair of the regional board. Sister Janet Ryan gave good leadership to the conference committee.

XI. Regional Meetings

The annual regional meeting in the spring and the regional business meeting at the ACPE fall conference are the two times during the year that supervisors have face-to-face encounters and the opportunity to develop trust and appreciation for one another.

The professional dimensions of the annual regional meeting have been balanced by social activities. In the early years of the NCR, supervisors looked forward to these opportunities to get better acquainted with people they met in training groups and to learn more about other traditions. It was, and still continues to be, an excellent opportunity to share professional and personal concerns about ministry and supervision.

Both prior to and after the formation of ACPE, clergy who chose to serve in health and correctional institutions were often considered by some in the church to have “left the ministry.” At a seminary fifth class reunion in 1949 the writer was asked a similar question by a classmate, a parish pastor! Even today the ministers who serve in the chaplaincy do not have the ready place in the denomination or faith group as the parish pastor.

This helps explain why chaplain-supervisors felt a special comradeship with their colleagues in CPE supervision. At the regional meetings and in the regional committee meetings supervisors experienced a community through trust and acceptance of each other. In the early days of the Council, for example, some CCT supervisors referred to their meetings as the “Fellowship of the Sinners.”

The people who were ministering to the “outcasts” of society faced unusual personal and professional challenges. Institutions for the psychiatric patients and the socially deviant (criminals) were built out in the country, for the most part away from the cities. Living quarters were furnished on some hospital grounds, further isolating the chaplain and his family. Some chaplains also questioned some of the rigid norms of their denominations. The CPE meetings, therefore became the opportunity for some supervisors to visit a metropolitan city and escape the provincialism of the small towns in which they lived.

The annual regional conference, therefore, included opportunities for sharing informally, first at the Ramada Inn’s Tarzan’s Hut in Madison, and at other places in other motels. The swimming pools and the whirlpools were popular after the professional presentations and the business meetings. Much ministry took place in between the formal settings. Supervisors-in-training who had been turned down or who were anxious about meeting the C&A committees were listened to by their training supervisors or by the members of the committee they had met.

Individuals’ denominational and faith group labels were seldom known or inquired about as supervisors got together. Outside of the military chaplaincy (beginning in World War II), CPE was one place where clergy and seminarians of differing religious traditions could assemble and share experiences as persons and as persons in ministry. Although overlooked by historians, CPE has made one of the greatest contributions to ecumenism in the past forty years. Seminary

students met students of other traditions as members of the same CPE group and began to experience each other as colleagues in ministry. For the most part they carried these relationships to their later parish assignments..

CPE supervisors did not form perfect communities in their CPE programs and regional meetings, but they dealt relatively honestly with their own feelings and those of their students. This modeled “examining one’s own relationships and experiences in ministry.” One student expressed his summer experience at Mendota in these words: “There ought to be a sign over the front gate: Students are really welcome here!”

Supervisors experienced “tough love” and were also generally willing to share that quality of love with their peers and their students. “Provocative Therapy” was a presentation at one regional conference by Frank Farley, MSW, which struck a responsive chord with many supervisors.

Sixty-one men attended the first regional meeting after the formation of ACPE, held February 23–24, 1968, at the Ramada Inn in Madison, including nine seminary representatives and fifty-two supervisors. The professional content of that meeting was referred to earlier. The attendance at this meeting equaled the size of the Council for Clinical Training at the time of the formation of ACPE. Looking back, it was quite a task for supervisors from three different organizations to come together so quickly in a new group.

Each annual meeting elected officers, chairs, and committee members as well as representatives to the House of Delegates and its committees as required. There is not time in this brief history to review twenty regional meetings, nor the many competent individuals who served as its officers, committee chairs, and members.

Early regional meetings were held in motels and hotels. Later, the Yahara Center in Madison became a favorite place for the meetings, with the supervisors from the Twin Cities area and beyond arriving by special bus! Since the Yahara Center ceased operations, the Chula Vista Resort at Wisconsin Dells has become a somewhat central regional meeting place.

XII. Area Meetings

Very early in NCR history, appointments to regional committees took into consideration the unwritten rule that each area of the region be represented on each committee. This enabled and encouraged supervisors to work together. Even before the ACPE was formed, as far back as 1942 supervisors and students got together for midsummer meetings at Elgin State Hospital and later at Manteno State Hospital, Mendota State Hospital, and so forth. Students would make presentations, listen to non-CPE speakers, socialize, and discover that their own center was a good place to be. After ACPE began, the need for more formal organization was apparent, especially with the advent of area continuing education funds being made available through the regional budget. Each area accumulated funds depending upon the number of students in each area. An allotment of \$10 per student unit initially totaled about \$10,000 per year, but now the region budgets \$15,000 to enable smaller areas to provide quality continuing education.

The NCR areas were Northern Illinois, Iowa, Wisconsin, Minnesota, and the Dakotas. It is hard to underestimate the importance of area gatherings in leading to better understandings among the supervisors of differing traditions, both before and after the formation of the ACPE. Some areas limited participation in area meetings to supervisors, some held two meetings a year, including seminary representatives in one meeting, and some areas included clinical and even general members as a way of involving larger numbers of clergy and pastoral care workers. Some of these meetings were jointly held with state chaplains' conferences, with the area meeting as a part of the larger meeting.

The system of area meetings and area representation on committees has also enabled more participation in the community, professional, and organizational life of the region.

In 1966, at a joint regional meeting in Atlantic City, it was clear that the four groups would merge at the 1967 meeting in Kansas City. At breakfast at the meeting in Atlantic City, representative supervisors from the Council, the Institute, and the Lutherans proposed a slate of officers to begin functioning on January 1, 1967. The primary issue confronting the supervisors in the new region was how to work together when the three organizations had so many differing organizational styles.

With this head start, the North Central Region was incorporated as a Wisconsin non-stock corporation on March 11, 1967, several months before the ACPE was incorporated in October of 1967. As secretary of the Council for Clinical Training, the author, along with others, pushed the Council executive committee to grant each region a \$1,000 grant as a start-up gift instead of giving the entire CCT balance to ACPE. This enabled regions to have immediate funds for start-up costs rather than starting out in debt.

XIII. Research Studies and Regional Support

The author first published the *NCR News* on ditto paper, produced by wife Marguerite and son Doug. With increased funding it became a mimeographed sheet. After the author's marriage to Margaret Skarie in December of 1973, Charles Goldsmith thought it was silly for the RD to spend his time actually producing the *NCR News* and felt that the RD deserved a part-time secretary to take care of that and other tasks. The Board and Margaret approved, so early in 1974 Margaret began to provide part-time secretarial service. Margaret soon learned one surprising fact. Through her late husband, Herb, she had learned about accountability in CPE, but she soon learned that some supervisors lacked that discipline when it came time to sending news items or filing necessary reports with the RD.

The region had agreed to fund its regional and committee expenses through a per-student, per-unit fee set annually and paid by each center. In the early years each year saw more units paid than had been budgeted. Although the region budgeted for annual deficits, surpluses were a regular occurrence. In the early years the RD was ex-officio on nearly all of the regional committees. He proposed and the Board approved budgeting that included:

1. Regional meeting costs for both supervisors and one representative from each member seminary to be included in the regional budget, making it easier for centers farther from the meeting site and with fewer students to attend regional meetings.
2. Committee meeting costs as a part of the regional budget. With surpluses this enabled committees to have a meeting each year in addition to meetings at the regional meeting.

Committees would often have good ideas which required additional funds. The RD always encouraged committees to put those requests into the next year's budget. To their surprise, the Board and the region often supported these extra requests.

As RD, the author took these successes to the annual regional directors' meeting, and soon other regions and the ACPE itself budgeted for one additional committee for its committees. (Until 1991 when a reversal of governance took place.) This additional yearly meeting enabled our regional committees to become leaders in Standards, Accreditation, Certification and History, and Research. NCR supervisors became chairs of many of those national committees over the years.

The NCR started out with a combined History and Research Committee. Through the NCR Board's History Committee support, the ACPE Board created a "Book of Remembrance for Deceased Supervisors." The History Committee's recommendation to create an ACPE Distinguished Service Award became a reality in 1980. The NCR History and Research Committee, with Art Bickel as chair, established a Student Research Awards Program on April 24, 1975, so far as we now know the first and only such program in the ACPE. This enabled residents in CPE to undertake research. Many of those residents became supervisors, and some even became researchers in their own right, as seen by reading the following list of student research studies by CPE residents. The NCR History and Research Committee's recommendations, along with the College of Chaplains leadership, led to the formation of the

first interorganizational collaboration since ACPE was formed. The Joint Council on Research was organized in 1971 and began its yearly publication of *Research Abstracts in Pastoral Care, Counseling, and Education*.

In addition, the H&R Committee budgeted about \$3,000 per year for research studies by supervisors. Each applicant presented a research proposal, indicating the thesis, course of study, and the need for funds. No funds could be requested to pay for the salary time of the supervisor investigator. The H&R Committee became more than a “yes” or “no” award committee

The Board and the Region supported these budget requests and the Research section reviewed grant applications and made yearly grants. They also provided assistance for supervisors’ proposals which were not clear in their research goals or in their methodology. On one or two occasions, the NCR supported outside research studies by other organizations with a yearly grant when NCR supervisors were involved in the research study, for example, the College of Chaplains’ study “The Value of Chaplains to Patients.” (See below.)

XIV. List of Student Research Studies by Year

- n.d. "Why Me." Margaret Sheffield and Betty Castallani.
- 1976 "A Survey of How Hospitalized Patients Assign Blame or Responsibility for Their Illness in Conversations with Staff Chaplains." University of Chicago Medical Center, Chicago: Glen Gungel, Katherine Irwin, Sidney McGuire and Daniel Perrine. Supervisor: James Gibbons. Research Consultant: Moira Kuhl.
- "A Descriptive Study of the Aspect of Self Teaching in Verbatim Materials." Methodist Hospital, St. Louis Park MN: Philip Peitz, Marty Halvorson. Supervisor: Walter W. Pitt.
- "The Influence of Parental Alcoholism on Episcopal Seminarians: Implications for Pastoral Care and Supervision." Swedish Covenant Hospital, Chicago. Supervisor: Harold Nelson.
- 1977 "Do Religious Resources Help Patients Face Cancer." University of Chicago Medical Center, Chicago: Soongook Choi, Ronald Geikow, Robert Hansen, Krysten Latham, Patricia Munch, Janet Ryan. Supervisor: David Myler. Research Consultant: Moira Kuhl.
- "Psycho-Social Factors Influencing Personal/Pastoral Identity Development in CPE Students." Rush–Presbyterian–St. Luke’s Medical Center, Chicago: Nancy Platt. Supervisors: Bernard Pennington, Robert Jais, Larry Ulrich.
- 1978 "Rape Protocol Investigation and Assessment." University of Chicago Medical Center, Chicago: James Creighton, Sheron Hughes-Tremper, Albert Peterson-Deal, Ann Margaret Troy, John Vander Zee. Supervisor: David Myler. Consultant: Moira Kuhl.
- 1979 "Acute Grief Behavior: A Pilot Study." Rush–Presbyterian–St. Luke’s Medical Center, Chicago: Linda Bronersky, Doralee Grinder, Mary Lou Halter, John Katonah. Supervisors: Bernard Pennington, Larry Ulrich, Robert Jais, George Fitchett.
- 1980 "No Cart Decision-Making: A Comparison of Methods and Effects?" University of Chicago Medical School, Chicago: Sharon Fischer, Diane Moadush, Clayton Pitzer, Scott Honer and Susanne Brown. Supervisor: James L. Gibbons. Research Consultant: Moira Kuhl.
- 1981 "An Investigation of the Factors That Enter Into the Decision about Care for the Terminal Patient: Acute versus Palliative" University of Chicago Medical Center, Chicago: Ronald Greene, Margaret Hohman, Maureen Lyunch, Curtis White, Marguerite Zarlek, Supervisor: James L. Gibbons.
- (?) "A Turning Point: An Evaluation of CPE By Residents and Quarter Students." Health Care Evaluation Division, Parkside Management Services Corp., Park Ridge IL: Emil Posavac, PhD, Arthur Bickel, Robert Leas, and David Middleton.
- 1982 "Patient Responses to Various Formats and Contents of Closed-Circuit Religious TV Programming." University of Chicago Medical Center, Chicago: David Borglum, Claire Doyle, Loren Gary, Patricia Guilbeault, and Robert Rediehs. Supervisor: James L. Gibbons.

- “Unresolved Grief and Bulimia.” Children’s Memorial Hospital, Chicago: Laura Delaplain. Supervisor: Lyonel W. Gilmer, William Scrivener.
- “Wholistic Emergency Room Project.” Good Samaritan Hospital, Downers Grove IL: William M. Peterson. Supervisor: Dean Williams.
- 1983 “The Relationship of Patients’ Concept of the ‘Will of God’ and Their Medical Compliance.” University of Chicago Medical Center, Chicago: Abel Amago, Klaus Burckhardt, Tersita Perez, and Leslie Reimer. Supervisor: James L. Gibbons.
- 1984 “Patients’ Sexuality and Intimacy Needs in the Hospital.” University of Chicago Medical Center, Chicago: Cheryl L. Downey, Craig MacColl, Daniel Gridley, Elizabeth Loomis, and Frances M. Mehan. Supervisor: James L. Gibbons.
- 1985 “CoView/Clinical Pastoral Education Study: Authority and Gender in Face-to-Face Interaction.” University of Minnesota Hospitals, Minneapolis: JoAnn O’Reilly and James Ayers, PhD.. Supervisor: Ken Siess.
- “Meaning Systems of Physicians and Patients: A Comparison of How Physicians and Patients Look at Illness and Healing.” University of Chicago Medical Center, Chicago: William R. Beers, Joannetta Bruene, Joann Crowley, Robert Keller Gwenn Perry, Phyllis Toback, and John Waters. Supervisor: James L. Gibbons.
- 1986 “A Survey Relating Health Care Workers’ Knowledge, Experience, Values & Attitudes about Aids to Their Care of Aids Patients.” University of Chicago Medical Center, Chicago: Patricia Balskus, Patrick B. Herson, and Laurie Skau. Contributors: Grace Chen, Donald Niswanter, and Charles Weiser. Supervisor: James L. Gibbons.
- 1987 “The Crack in the Ontological Egg: A Study of Changes Consequent to Illness and Hospitalization.” Christ Hospital and Medical Center, Oak Lawn IL: Marvin Lee Foltz, P. V. Chandy, Julie Ruth Harley, and Gail Sherin
- 1988 “The Correlation of Submissive/Dominance Factors and the Patient’s Perception of Wholeness.” University of Minnesota Hospitals, Minneapolis: Linda Campbell Manning, Bob Flory, and Jeremiah Olson. Supervisor: Ken Siess.
- “Spiritual Needs Assessment Project.” Alexian Brothers Medical Center, Elk Grove Village IL: Gerald P. Balle Crouse. Consultants: James Gullickson, Vernon E. Kuehn, Terrance P. McGuire, and James M. Sinacore.
- 1989 “The Wounded Healer: The Influence of Life’s Wounds on Pastoral Care.” University of Minnesota Hospitals, Minneapolis: Peggy Thompson, Richards Nissen, Briand McCaffrey, and Caryl E. Boehnert, PhD, Dept. of Psychiatry. Supervisor, Kenneth Siess.
- 1990 “Quality Pastoral Care: A Descriptive Analysis of Pastoral Services in a Multi-Institutional Health Care Setting.” HealthEast Hospital, St. Paul: Mark F. Bents. Supervisor: F. Larry Shostrom, PhD.

The Student Research Award Project ended in 1988, but there were papers after that.

XV. List of NCR-Aided Supervisors and a Few Faculty Research Studies

Although not financially supported by the NCR, a few supervisors, especially Carl Nighswonger, in the region were also in the forefront of the research on pastoral ministry to terminally ill patients. On November 14, 1970, he addressed the ACPE Conference in Boston with a talk called “Ministry to Dying.” The next spring, on March 17, 1971, at a research breakfast meeting of the College of Chaplains Nighswonger presented “Research on Death and Dying,” which recounted his experiences at the University of Chicago. Many present were vitally interested, and chaplains and CPE supervisors agreed to forward reports of their clinical experiences with terminally ill patients to Nighswonger. He was to combine them for publication. After his untimely death in 1972, unfortunately, the clinical material sent to him was never located.

Nighswonger and Herman Cook at the University of Chicago worked with Elisabeth Kübler-Ross in locating terminally ill patients whom she could interview. She conducted teaching seminars for professionals, including chaplains, which included her actual interviews with terminally ill patients. In 1969 she popularized the heretofore taboo subject of death with the publication of *On Death and Dying* (New York: Macmillan). Herman also reported to this author that the chaplains would then have to visit the patients interviewed and “help them deal with the issues which Dr. Kübler-Ross had raised with them.”

Kübler-Ross built on earlier work by Beatrix Cobb at the M. D. Anderson Hospital in Houston. Cobb identified the four stages a person may go through in the process of dying—denial, anger, bargaining, and acceptance—first developed by Dr. Eric Lindeman, who interviewed family members and survivors of the Coconut Grove fire in Boston. Kübler-Ross, in cooperation with chaplains Herman Cook and Carl Nighswonger, identified a fifth stage in the process of dying, depression, which they placed between bargaining and acceptance. Nighswonger had prior to his death had identified in some patients a sixth stage, which may follow acceptance: celebration. (see John Rea Thomas, *Manual for Navy Hospital Chaplains*, NAVPERS 15995, U.S. Navy Publication, 1973, p. 56 [report of personal conversations with Herman Cook at Mendota State Hospital in the Winter of 1967, after he had worked at the U. of Chicago]).

- 1978(?) “Theological Committee Reflections.” William N. Nelson, Northern Baptist Theological Seminary, Lombard IL, and Robert Carlson, Seabury-Western Theological Seminary, Evanston IL.
- 1978 “Research Report on Spiritual Formation.” Spiritual Formation Questionnaire, NCR. “A Comparative Evaluation of Change in Basic CPE Students in Different Types of Clinical Settings As Measured by the Adjective Check List and the Experience Scale.” John R. Thomas, MA, Leonard I. Stein, MD, and Marjorie Klein, PhD. Later published in *Journal of Pastoral Care* 36, 3 (1982): 181–93.
- 1981 “Research As a Curricular Component in CPE.” James L. Gibbons and David C. Myler, Jr. University of Chicago Medical Center.

- 1987 “The Place, the Pace and the Space of Pastoral Care in the Home Health Caring Setting.” Valerie DeMarinis, funded while she was at United Theological Seminary of the Twin Cities, originally presented at a regional ACPE gathering in Tucson.
- 1988 “The Spirituality of the U.S. Pastoral Clinician.” Memorial Medical Center, Ashland WI. Supervisor: Gordon Hillsman. Research Consultants: Patricia Shifford, PhD, and Clifford Hirsch, PhD.
 “Clinical Member Survey.” Clinical Member Task Force, NCR.
- 1989 “Spirituality and Healing.” David H. Solberg and Carol Solberg, Gerontologist. North Dakota State Hospital, Jamestown.
- 1990 “Spirituality and Healing.” David Solberg and Carol Solberg, Gerontologist. HealthEast Hospital, St. Paul. (This project was replicated from the 1989 study at North Dakota State Hospital.)
 “Supplier-Inducted Demand for Pastoral Care Services in the General Hospital: A Natural Experiment.” John Gartner, John Lyons, David B. Larson, John Serkland and Mark Peyrot. Northwestern University Hospital, Chicago. *Journal of Pastoral Care* 44, 3: 266ff.
- 1991 “The Value of Hospital Chaplains: Patient Perspectives.” James Gibbons, Larry VandeCreek, Arne Jessen and John Thomas. *Journal of Pastoral Care* 65, 2: 117–25. (This study by the CCRC was partially funded by the NCR H&R Committee.) The study was also published by Larry VandeCreek as “Patient and Family Perspectives of Hospital Chaplains” in *Hospital and Health Services Administration* 36, 3 (1991).
- 1992 “Judicatory Survey NCR, Development Committee.” Shirley Belko and Dale Stuepfert. Hennepin County Medical Center, Minneapolis.
 “Three Studies of CPE Student Outcome, Performance and Satisfaction.” George Fitchett, DMin, and George T. Gray, EdD.
 “Gay and Lesbian Students’ Experience of Clinical Pastoral Education.” George Fitchett, DMin, James Corrigan, MA, David C. Myler Jr., MDiv (UCLA Medical Center) and Kristen Peachey, MDiv (Christ Hospital).
 “Assessment Profile.” George Fitchett and George T. Gray. *Journal of Supervision and Ministry* 15:3–22
- 1997 “Pastoral Care, CPE and Home Health Care.” Michelle Oberwise Lacock and Janice Steck, RN, presented at the NCR 1997 Regional Meeting.
- 1999 “Examining the Role of Religion in Living with Diabetes: A Pilot Study.” George Fitchett, DMin, Judy A. Davis, MS, MPH, RN, and Laretta Quinn, PhD. University of Illinois.
 “Survey of Senior Supervisors.” John R. Thomas.” *A ‘Snap-Shot’ History, 1975–2000, of the Association for Clinical Pastoral Education, Inc.: A Celebration of the 75th Anniversary of CPE*, pp. 90–93.
 “Assessing the Shape: Putting the Pieces Together.” Financial Planning, NCR Regional Board.

- 2000 “A Practical Assessment Tool for Helping Evaluate Student Readiness for ACPE CPE.” Supervisors: Peter Holland and Dr. Vic Lehman. Avera Health CPE Program, Sioux Falls SD. (This was a product of the Dakotas sub-region.)
Working copy of “A Practical Assessment Tool for Helping Evaluate Student Readiness for ACPE CPE.” (A current research project of the Dakota sub-region.)
- 2001 “Intimate Sexual Contact in the CPE Supervisor-Student Relationship.” George Fitchett and Marilyn Johnson. *Journal of Supervision and Ministry* 21:90–112
- 2004 “Religious Struggle: Prevalence, Correlates and Mental Health Risks in Diabetic, Congestive Heart Failure and Oncology Patients.” George Fitchett, Murphy, PE, J. Kim, J. L. Gibbons, J. R. Cameron, and J. A. Davis. *International Journal of Psychiatry in Medicine* 34, 20:179–196
- 2006 “Supervisory Theories and Practices: Are We Supervising in Accordance with Biblical Justice in the Formation of Ministers for Today’s World?” Barbara Sheehan, SP, Executive Director/ACPE Supervisor, Urban CPE Consortium, Inc. Chicago. Research consultants and assistants: Homer Ashby, PhD, McCormick Theological Seminary, Chicago, and Robert O’Gorman, PhD, Professor of Pastoral Studies and Director of Field Communications Institute of Pastoral Studies, Loyola University, Chicago.

XVI. Trends in CPE

CPE has always focused on the ministry provided by its students, whether they were ordained, seminarians, members of religious orders or lay. Chaplains prided themselves on their ability to minister to those in crisis, even those of no religious background. More recently a larger number of those they serve in the U.S. have been non-Christians, for example, Muslims, Wiccans, Buddhists, Hindus, and those with no religious identification.

Originally in early CPE programs in psychiatric hospitals, the religious implications were focused on the last two weeks of the program. This was not true, however, for students in general hospitals.

In an unscientific survey made by the author in 1999, forty-four senior supervisors responded to a question as to whether they had been aware of any changes in the religious/spiritual aspects of their supervision with students in recent years (Thomas, *A 'Snap-Shot' History*, 90–93). These are figures for ACPE, but one can assume that the figures are about the same for supervisors in the NCR. Sixty percent indicated they were aware of changes they had made. Sixteen percent reported that students were less critical and more conservative. Nine percent were more aware of ecumenical concerns while only 7 percent were unaware of any changes. Thirty-three percent were second-career students, and there were increases in the numbers of international, Roman Catholic, and gay and lesbian students. The number of women students have been increasing. In 1988 there were 58 percent male and 42 percent women, while in 1996 there were 51 percent men and nearly 49 percent women. Of the nearly one thousand lay students in 1996, 75 percent were women!

The military and VA services show an increase in the number of non-Christian students. It also applies to those in institutions served by CPE programs. Increasing sensitivity to diversity is necessary in CPE programs these days. Supervisors and students do not force their own religious beliefs on others, and generally share their own faith when specifically asked by a patient.

The spiritual needs of the individual are still the focus of the visit, but each person defines spiritual in his or her own way, which may or may not include overtly religious symbols and practices.

Barbara Sheehan, OP, has developed a unique inner-city CPE program. It combines the efforts of at least five theological seminaries and at least twelve inner city–based programs. It is a unique partnership CPE program of service and learning with the poor and marginalized.

Its Tree of Life consists of a board, which includes a representative of each of the seventeen seminaries and inner-city programs; its personnel committee, which employs the executive director/CPE supervisor; and an education committee. The twelve urban CPE ministry sites include:

- AIDS Pastoral Care Network
- Bethany Methodist Retirement and Hospital Communities

- Chicago UpTown Ministry
- Community Renewal Society
- Faith-in-Place
- HealthCare Consortium of Illinois
- Interfaith House
- Interfaith Workers' Justice of Chicago
- Lawrence Hall Youth Services
- Sojourner Truth House
- South Shore School of Entrepreneurship

The Night Ministry reaches out to those on the Chicago street in order to lend a receptive ear to homeless adults of the nighttime communities. They provide, through the Health OutReach Van, a hospitable presence and care (personal, health, snacks), and the Open-Door Shelter provides shelter and safety for homeless youth.

The Mission: To offer CPE in an urban context so as to prepare leaders who have the capacity to provide compassionate care and to participate in the transformation of systems.

Core Values: Transformation that is personal, transpersonal, and institutional; use of action-reflection-action model; rooted in faith.

XVII. In Memoriam

We honor the following NCR supervisors in the order of their deaths:

Carl Nighswonger was the single most influential clergy person in relating new understanding of the dying process to the work of the clergy and the chaplains. His work with his student Herman Cook and Elisabeth Kübler-Ross on the stages of death and dying at the University of Chicago Hospitals revolutionized attitudes toward terminally ill patients. Nighswonger was in great demand over all the U.S. to interpret to clergy and related professional groups the importance of listening to the dying patients and allowing them to share their own feelings about their dying. His own tragic death was due to a heart attack on May 13, 1972, a few days before an appointment with a cardiologist.

Herbert Skarie was one of the very early Lutheran supervisors recruited by Fritz Norstad. Skarie served as a paratrooper in World War II and survived even after being critically wounded on D-Day, June 6, 1944, during the Allies' landing at Normandy. Skarie entered college in 1950 and graduated from Luther Seminary in 1954, and then he was immediately called to be the Lutheran chaplain and supervisor at Fergus Falls State Hospital in Fergus Falls MN. He remained there for sixteen years, except for two years, 1964–66, when he was at the Lutheran General Hospital in Park Ridge IL to develop the chaplaincy's new psychiatric service. Failing health forced him to resign hospital duties, but he continued part-time with Lutheran Social Services as a counseling pastor in Moorhead MN for another year until complications from diabetes, blindness, and kidney failure led to his hospitalization in 1972. He died on December 14 of that year. Many of the non-Council, non-Institute certified Lutheran supervisors had at least one unit of training with Skarie, and several received their supervisory training with him at Fergus Falls.

Skarie pioneered the "extended" unit long before it became recognized as a part of ACPE standards. Sensing the frustrations and urgent needs of pastors in western Minnesota for training in pastoral skills and personal development, Herb responded with a program which enabled them to remain in their parishes and spend two days a week at the hospital. A footnote to the Skarie contributions: his widow, Margaret, being accustomed to typing his verbatims during his own student CPE days, became the secretary for the regional office shortly after her marriage to the NCR regional director, John Thomas on December 15, 1973. She continued to operate the regional office efficiently until Thomas resigned as regional director in September of 1979.

Armen Jorjorian, while not included as one of the seven NCR supervisors, had been a supervisor in Texas when he returned to the region to become dean of his alma mater, Seabury-Western Theological Seminary in Evanston IL, in the fall of 1972. Jorjorian had a distinguished career as director of the Pastoral Care Department at St. Luke's Hospital in Houston for over eighteen years. Armen had chaired both the CCT and the ACPE certification committees and provided supervisory training for a number of prominent CPE supervisors. NCR supervisors were pleased to attend his inauguration as dean and to take part in the festivities attending this event on the campus of Northwestern University in Evanston. All too soon, however, they were

called back to Evanston at the time of death, December 30, 1973, when he was felled by a massive coronary attack at the age of fifty-four.

Bernard Pennington came to Chicago's Presbyterian–St Luke's Hospital from Philadelphia in 1968 and developed an outstanding CPE program at the West Side Medical Center of Chicago. It was one of the major supervisory training programs in the NCR from the 1969 to 1978. Pennington and Jim Gibbons teamed up very effectively to provide supervisory training for many who are now CPE supervisors. Bernie developed cancer and, after battling for several years, died on May 24, 1982.

G. Waldemar "Hank" Ekeberg pioneered the only CPE program in the region at a juvenile girls' correctional school, beginning in 1970. He remained there until 1976 when he was called to Sioux Falls SD. He began the CPE program for the Presentation Sisters Hospital System and remained there for several years, conducting CPE and other pastoral programs in their several hospitals in the Dakotas and even in Montana. He then became the Protestant chaplain and CPE supervisor with Don Shmauz at Mendota Mental Health Institute in Madison. They conducted joint programs until Ekeberg's untimely death in an auto accident on October 5, 1982, while he and his wife, Carolyn, were returning from the 1983 fall conference in Portland ME.

Harold Nasheim, a retired supervisor from Lutheran General Hospital, suffered a coronary thrombosis and died less than one month later, November 3, 1982, at the age of sixty-eight. Nasheim was one of Herb Skarie's first students and was in Fritz Norstad's first residency group at Lutheran General Hospital in Park Ridge IL in 1959, along with Larry Holst and Jim Wylie. He served as chaplain at Deaconess Hospital in Chicago, before moving to Lutheran General, where he served as chaplain and supervisor until his retirement in 1980.

Don Zieinba, a Jesuit priest, pioneered the development of an ACPE program at Foster G. McGaw Hospital of Loyola University of Chicago at Maywood IL in 1974, and he remained there through 1981. He was completing his doctoral program at Emory University in Atlanta at the time of his death on March 29, 1986, at the age of forty-nine. He was preparing for a new career in CPE in the NCR. He had served as a missionary teacher and parish assistant for his order in Zambia from 1964 to 1967. Zieinba came to the NCR from the East Central region.

John D. McCann pioneered the development of a chaplaincy and CPE program at the University of Iowa Treatment Unit at Oakdale IA, an alcoholism treatment center, in 1966. He was a Presbyterian cleric who entered the chaplaincy as a second career. Because of ill health, he ceased supervision in 1972, but continued to be active in regional affairs, including editing the *Historical and Biographical Data of Supervisors and Centers in the North Central Region*, 1975. John was hospitalized in April of 1986 and died on May 5, 1986, in Iowa City. He, along with other supervisors, was to have received the NCR Award of Distinguished Service at the April 20–22nd NCR Annual Meeting at the Yahara Center in Madison.

J. Hiram Hogberg was another long-time Lutheran chaplain and was the CPE supervisor at Lutheran Hospital of Milwaukee for many, many years. He was certified by the Institute of Pastoral Care and served as a chaplain and supervisor in Milwaukee from 1963 until 1977. After he resigned, he returned to his native state of Washington and served as a staff counselor for

Lutheran Family and Child Services of Spokane. In 1980 he served as an assisting supervisor at Deaconess Hospital and as interim pastor of the Bethlehem Lutheran Church. He died suddenly of a heart attack on January 19, 1981, at the age of sixty-three.

James D. Anderson, regional director from September 1, 1979, through September 12, 1987, was only the second person to serve as regional director. As editor of the *NCR News*, Anderson brightened up its pages and was the communicator for NCR.

Anderson became acquainted with CPE while serving as an Associate Pastor at First Presbyterian Church in Rochester MN; the Presbyterian Hospital Ministry CPE Program (led by Max Maguire and later Frank Brown) was based at the church. After CPE in Kansas he took supervisory training with Aldine Anderson in Omaha before coming to the Hennepin County General Hospital in Minnesota as the second chaplain and CPE supervisor with Lloyd Beebe.

After serving there for six years, Jim Anderson moved to the Metropolitan Medical Center in Minneapolis to become Mark Anderson's colleague in chaplaincy and CPE from 1977 to 1987. A creative supervisor, Jim Anderson conducted the first CPE program for Native American seminary students and was also a leader in inter-organizational relationships. He served as treasurer of the Joint Council for Research in Pastoral Care and Counseling and was the general chair of Dialogue '88 to be held October 31 to November 4, 1988, in Minneapolis. His death while jogging on September 12, 1987, came as a shock not only to his family, but also to the entire NCR and the ACPE community and to the other organizations who were jointly sponsoring Dialogue '88. Anderson's wife, Corrine, was serving as the regional office secretary for those eight years. He served as an advocate for CPE and as a consultant to hospitals considering such programs. Just before his death he had completed a successful mission to Meriter Hospital in Madison. Just a few weeks before his death he had enjoyed attending the 1987 Third Annual Conference on Pastoral Care and Counseling in Melbourne, Australia. His death was a grievous loss.

Deaths between 1987 and 1996, in Order of Death

- John D. Allemang, retired, Mendota Mental Health Institute, Madison WI. First Roman Catholic supervisor certified by the Council for Clinical Training (1967).
- Merrel Booker, retired, Garrett-Evangelical Theological Seminary and Community Hospital, both Evanston IL, and Provident Hospital, Chicago. First African American supervisor certified by the CCT (ca. 1950). Baptist.
- Robert Crumpler, Illinois Pastoral Institute, Bloomington. Presbyterian (USA).
- Merton Fish, University of Minnesota Hospital and Clinic, Minneapolis. ELCA.
- Larry Gudmestad, retired, Director of Chaplaincy Services of Lutheran Social Services of Minnesota, Minneapolis. ELCA.
- William Nissi, Evangelical Hospital System, Oak Lawn IL. UCC.
- Wallace Peterson, Fairview CPE Center, Minneapolis. ELCA.
- Fritz Norstad, Retired, Pioneer Lutheran Social Services Chaplain, Minnesota, one of the three Lutherans on the Committee of Twelve and Lutheran Advisory Committee/Council, Lutheran General Hospital, Chicago.

- Armend Nordgren, retired, Lutheran General Hospital, Park Ridge IL. ELCA.
- Dayton Van Deusen, retired, Winnebago Mental Health Institute, Winnebago WI. ELCA.
- Carroll A. Wise, retired, Dr. Boisen's successor at Worcester State Hospital, Worcester MA, Past President of CCT, and Professor, Garrett-Evangelical Seminary, Evanston IL. United Methodist.

XVIII. The North Central Region's Book of Remembrance

Supervisors Who Did Some or All of Their Supervision in the North Central Region of ACPE, Inc.

Anderson, James "Jim" Albin	1936–1987
Andrew, William R.	1917–1989
Bickel, Arthur "Art" Otto	1927–2004
Booker, Merrell	1909–1985
Boyer, Ralph R.	1928–1996
Cedarleaf, John "Len" Lennart	1915–1993
Collin, Thomas "Tom" Hillard	1920–1999
Comnick, Russell "Russ"	1928–2000
Crumpler, Robert "Bob" Pridgen	1939–1995
Currens, Wilbur "Bill" Clair	1914–2003
Dixon, Edward "Ed" P.	1922–1997
Ekeberg, G. Waldemar "Hank"	1922–1983
Fish, Merton "Mert" Glen	1940–1995
Gudmestad, Lawrence "Larry" Maynar	1916–1986
Hackett, Earl Alan	1940–2003
Hart, Susan "Sukey," OP	1939–2006
Hogberg, John Hiram "Hi"	1918–1981
Jorjorian, Armen Diran	1919–1973
Kerney, LeRoy George	1923–1989
LaFontaine, Ralph E.	1920–2003
Love, James "Jim" R.	1892–1984
McCann, John David	1917–1986
Mahnke, Edward "Ed" John	1919–2002
Murtagh, Lawrence "Larry" J.	1927–2005
Nasheim, Harold S.	1915–1983
Nighswonger, Carl A.	1932–1972
Nisi, Frederick "Bill"	1935–1995
Norstad, Fredric "Fritz" Martin	1912–1994
Otto, Robert "Bob" E.	1921–1998
Peterson, Wallace "Wally" Bedford, Jr.	1944–1980
Pennington, Bernard "Bernie" R.	1934–1982
Phillips, Charles D., Sr.	1930–2001

Sandstedt, Daniel “Dan” H.	1916–1987
Schumucker, Frederick T.	1930–2006
Sherve, Albin “Al” G.	1920–2000
Skarie, Herbert “Herb” M.	1918–1972
Taxis, Henry W.	1920–1991
Toews, Alquinn “Al” L.	1927–1988
Van Deusen, Dayton “Van” G.	1914–1991
Westberg, Granger	1913–1999
Wise, Carroll Alanzo	1903–1985
Ziemba, Donald, Jr., SJ	1937–1986

Clinical Members

Kovarik, James, OS Cam.	1939–2005
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XIX. Regional Director's Reflections

John R. Thomas, 1966–1979

I became the first regional director of the NCR through a change of CCT duties. I had been chair of the CCT accreditation and certification committee, and the suggestion was made by the then-regional chair that we exchange roles. By 1966 it was obvious that a new organization was emerging. At the 1966 conference in Atlantic City NJ, some of us, Council, Institute and Lutheran supervisors in what was then the CCT North Central Region gathered for breakfast. We had already worked together in joint certification committee meetings in Chicago in the fall of 1965 by interviewing candidates in each others' presence and reaching the same conclusions about the candidates. We had each already learned, despite our different training backgrounds and earlier prejudices, that the Council, the Institute and the Lutheran supervisors were also competent supervisors.



So at our breakfast meeting we proposed a slate of officers who could begin functioning on January 1, 1967.

Chair:	Orwoll O. Anderson , Fox Lake Correctional Institution, Fox Lake WI (Lutheran)
Vice Chair:	Charles Hart, Mental Health Institute, Independence IA (Lutheran)
Secretary:	Dayton Van Deusen, Winnebago State Hospital, Winnebago WI (Lutheran)
Treasurer:	Charles Goldsmith, Evangelical Deaconess Hospital, Milwaukee (Institute)
Chair of Accreditation and Certification Committee:	Henry Taxis, Hennepin Home School and Juvenile Center, Minnetonka MN (Council)
Regional Director:	John R. Thomas, (staff) Mendota State Hospital, Madison (Council)

The immediate task was to create one organization from the forty-five centers, of which ten were Council, eleven were Institute, and twenty-three were Lutheran, and of the latter only three had any dual certification with the Institute or the Council. There was a willing spirit, and the Board made wise decisions. One of the first was to support the region by the number of students per each center per year at a flat fee. This, plus the initial Council gift of \$1,000 per region enabled the NCR to be fiscally sound from the very beginning. A second decision was to include seminary representatives' participation in regional meetings on the same basis as supervisors. This provided good initial interaction and support at regional meetings. Melding three different ways of reporting on students, handling finances, and relating to theological seminaries was a big order. Interestingly, of the forty-five institutions having CPE centers in the NCR in 1967, the

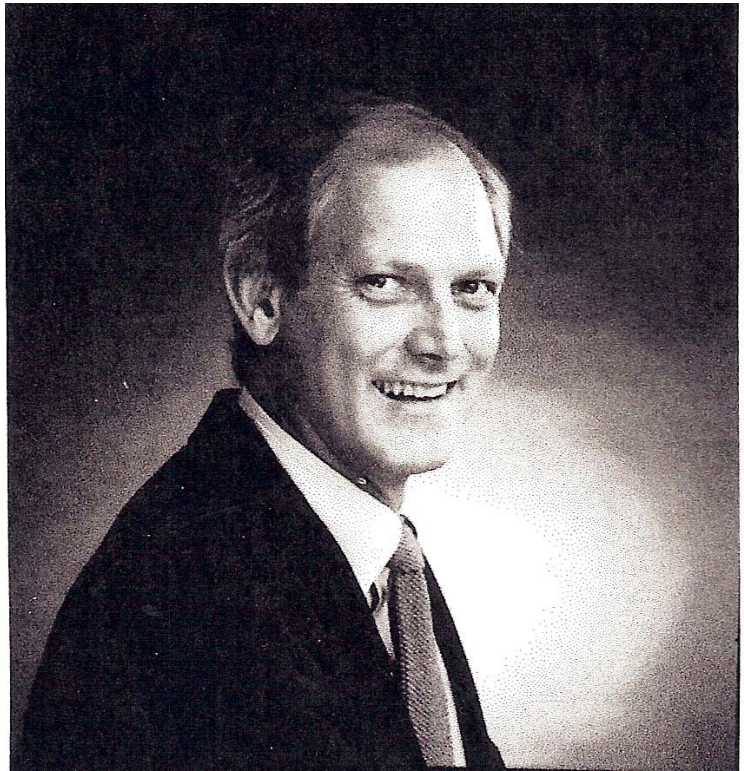
leadership came from supervisors in the correctional and psychiatric settings, and only one was in a general hospital.

The above officers plus Robert Alexander, Mental Health Institute in Cherokee IA became the incorporators on March 11, 1968, with me as the registered agent.

As regional director for nearly thirteen years, I not only participated in the board meetings but also served ex-officio on most committees except certification and accreditation. I expanded the idea of a regional directory for supervisors and kept the office fairly well organized. One of the tasks I enjoyed doing was to consult with institutions considering setting up CPE programs. I had part in the development of at least three new centers, while local supervisors provided the impetus for the other new centers in the NCR. I encouraged committees to request funds from the Board for special projects and gave them support. I participated actively in the yearly regional directors' meeting. At those meetings I was able to use the NCR experience as a challenge to other regions. Many of our practices were adopted by other regions. I enjoyed being regional director and had hoped to continue on as regional director after I was retired from Mendota Mental Health Institute in 1980. In 1979, however, when asked if I wished to be nominated for president of ACPE, the committee stipulated that I would have to give up my position as regional director. This meant I had to resign prior to being nominated and elected.

James Anderson, 1979–1987

Jim's peculiar rather than particular contribution to CPE was the application of his "Hospitality Theology" to leadership. As he stated, "it may have been when I was chair of the fiftieth-anniversary meeting of the ACPE in Minneapolis in 1975. We designed the conference around 'hospitality suites' (one for each region and we have had them ever since). I'm pretty well organized as a regional director, yet my administrative style is hospitality first—pay attention to the human condition—and we get the job done. I hope that care, graciousness eclipse the legal, perfunctory and repetitive aspects of the job."



Jim Anderson brought to his supervision a broad background of experience in pastoral psychotherapy. He was a process educator who loved the complexity of dynamic experience and the simplicity of common shared learning. He described his theology as "Eating and Drinking" Theology, or "hospitality theology," technically aligned with the "process thinking of Whitehead, Cobb, Lohnian, Mailand and Lee."

O. O. “Oz” Anderson, 1988–1997

From the time of Jim Anderson’s death in the fall of 1987 until our regional meeting at Yahara in Madison in April of 1988 the region had been in grief over his sudden and untimely death, and confusion about how we would replace Jim. That was a very busy and active regional meeting, because in addition to our usual business we were making plans to host the historic Dialogue’88 in Minneapolis, and we were struggling with various proposals about how to proceed with our RD position.

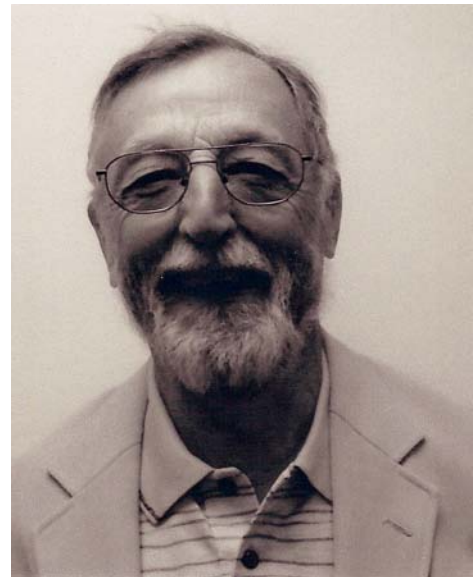
As we reviewed Jim’s activity as our regional director we realized that although he was hired on the basis of one day per week he actually spent much more time than that on our behalf. Jim loved the job and willingly contributed much of his own time to the work, as had John Thomas before him.

As we discussed the matter it became clear that our expectations for our regional director required more than one day per week. Therefore, the region decided to find a way to fund a half-time position. Once the budget was set, a job description was developed and the position was advertised. I interviewed with the board that summer, was offered the position, and began creating that half-time position.

I was very fortunate because my employer, Lutheran Social Services of Wisconsin, accommodated my request to reduce my hours to a half-time basis, doing my extended CPE as well as some other educational and pastoral functions. This arrangement provided the flexibility to be available to the region and to continue with my primary responsibilities to LSS. It was also convenient to use my LSS office as the regional office, and to employ my secretary, Jean Rasmussen, for the time needed on regional business.

I had interviewed for the position with considerable trepidation. John Thomas had established the position in our region and had done a remarkable job of organization and communication, both with the region and with ACPE as a whole. He was succeeded by Jim Anderson, who was loved and admired for his creativity and warm hospitality. Those were two leaders who had set a high standard for the position. I knew I had neither John’s organizational skills nor Jim’s creativity. But when I reviewed the job description I decided that while it was a big challenge, it was not overwhelming. The job description listed four areas of expectation: administrative, networking, collaboration and consultation, advocacy and marketing. The half-time position would permit time for attention to all of these areas.

As I look back on those years warm and positive memories dominate. In my first annual report I wrote: “So far the job has been mostly fun. The CPE community, regionally and nationally, is peopled with some marvelous folk. This is no surprise to me, since it’s one of the reasons I got into supervision 30 years ago and have stayed with it every since.” My greatest satisfaction in



my eight years in this position were the intimate and pastoral relationships I enjoyed with our members. The half-time position gave me the time to visit centers and seminaries on a regular basis, participate in sub-regional gatherings, meet with committees when appropriate, and to be available to our members.

The region claimed some significant accomplishment during my tenure as RD:.

- Two national gatherings of COMISS members were held in our region: Dialog '88 in Minneapolis and Dialog '94 in Milwaukee. The idea for D'88 came from Jim Anderson and others in the NCR and, as hosts, our members took the lead in planning and shepherding the event. D'94 was not quite as big a gathering, but again our members took the lead as planners and hosts.
- Peer Review. For years the ACPE had been talking about the need for some kind of peer review but it never seemed to happen. A few brave souls volunteered to open themselves in a fishbowl setting, one of our committees put some structure and accountability to the program, and by 1990 it was an integral part of our regional life. Thirty peer reviews were reported that year and the tone of the reports was consistently positive. So successful was the program that several other regions borrowed our format. And peer review continues to this day.
- In response to requests by seminaries and centers, we developed an annual listing of centers with their financial policies (tuition charges, stipends, etc.), unit beginning dates, residency data, and all other pertinent information.
- We published two pictorial directories of our membership, the last one in 1995. It was a daunting undertaking, and the quality of the pictures varied greatly. Members were invited to send in their favorite pictures of themselves, or come to the annual meeting where photographic service was provided. Although not everyone submitted a picture, over 150 of our supervisors, seminary representatives, candidates, and committee and board members were included. It helped us to identify one another and perhaps get to know each other better.
- Tri-regional meeting in Albuquerque in 1990. This was the third multiregional conference the NCR had participated in. Although those who attended gave positive reviews, the NCR has participated in no further multiregional conferences. Apparently the benefits do not justify the costs.
- In March of 1995 we decided to try what we called a "Committee Convocation," where the board and all committees met at the same time in the same place. This resulted in some cost savings, promoted dialogue between committees, and provided an opportunity for the kind of hospitality and camaraderie for which our region is so well known.
- For a decade we had held our annual meetings at the Yahara Center in Madison WI. Yahara was centrally located and provided an excellent facility for our needs. But eventually it changed its program and was no longer available for our conference, so it was necessary to find a new location. Fortunately the beautiful Chula Vista resort at Wisconsin Dells worked with us to meet our budgetary restraints, and in 1992 we held our annual conference there, and we have met there ever since. The accommodations are excellent and they always seem to enjoy our presence.
- Perhaps our great accomplishment was replacing the "Boisen" fun run with the golf tournament at our annual conferences. The fun run had honored the winners and the losers. What made the golf tournament special was that we honored the most mediocre.

As was noted at the banquet “only the mediocre person is always at his best.” What joy and inspiration that gives to all of us!

For the most part the RD experience was fun and rewarding, but it did have its frustrations, challenges, and disappointments. One of the great ongoing disappointments was the shortage of supervisors. Several times centers closed because of their unsuccessful attempts to recruit a supervisor. This was especially true in rural areas. During those years we were not certifying enough new supervisors to replace those who were retiring.

One of the reasons for the shortage was the increasingly difficult and lengthy certification process. The more we studied it and the more we resolved to simplify and shorten the process, the more rigorous and prolonged it seemed to become. This was a major frustration for me, both because centers were not able to get supervisors, and also because good candidates were becoming discouraged and giving up.

In my first annual report to the region I listed a number of challenges and questions I had encountered during my first months on the job. Several of them remained challenges and frustrations as long I was RD. Quoting from that report:

- What future do clinical members have in the NCR? In ACPE? Are their needs being met? Is the organization utilizing this resource?
- After citing the absence of seminary reps on our committees, I noted, “While CPE seems to enjoy a better reputation with theological faculties than a decade or two ago, we are not incorporating them into the fabric of our organization, and may be missing a valuable input.”
- “We still don’t do a very good job of promoting ourselves and selling our services. Is that inevitably a function of who we are, or can we do a more effective job?”
- “Students and the health care industry have been, and continue to be, the primary financial support of CPE. Congregations, seminaries, and denominations are also primary beneficiaries. Is there some way to get them to pay for what they are getting?”

One of the concerns I kept harping on was “the institutional work pressures in the health care industry are relentless and perhaps abusive.” In another report I wrote: “I continue to be concerned that some of us, particularly department and program administrators, tend to teach a balanced life better than we model or practice.”

My list of joys and satisfactions far exceed my list of frustrations. As noted earlier, my greatest joy came from my association and interaction with my colleagues in the region and in ACPE. Some of the most important were:

- Writing the monthly newsletter. I always felt like it was my personal communication with everyone in the region.
- Meeting with sub-regional groups. I admired the fun they were having together and the care they showed for each other.
- Our annual regional conference. It was a lot of work planning for it, but the reward came in the camaraderie celebration we experienced every year.
- The Committee Convocation at the Edgewater Hotel in Madison and the special board dinners we had in their festive dining room.

- The connection with the ACPE as it was experienced especially at the annual conference, the regional director consultation, and REM conferences.
- The wonderful relationships I enjoyed with the regional chairs I worked with so closely. Beginning with Gordy Grim and followed by Jim Corrigan, Clyde Burmeister, and Dee Brown-Daniels, I could not have asked for better working partners.

I could have saved several pages of paper by just quoting the last paragraph of my final annual report to the region in 1996: “After eight years as your Regional Director, I still enjoy my associations with the people of ACPE, regionally and nationally. I still believe that in Jean Rasmussen we are blessed with an exceptional secretary. I’m still very concerned about the shortage of supervisors and the Certification process which doesn’t alleviate the situation. I’m convinced that a half-time regional director makes sense for the health of the North Central Region. I am still impressed by the dedication, competence, and energy of our members, but concerned that many of us do not practice good self care. I am confident that the ACPE is alive and well and that the opportunities before us are greater than ever.

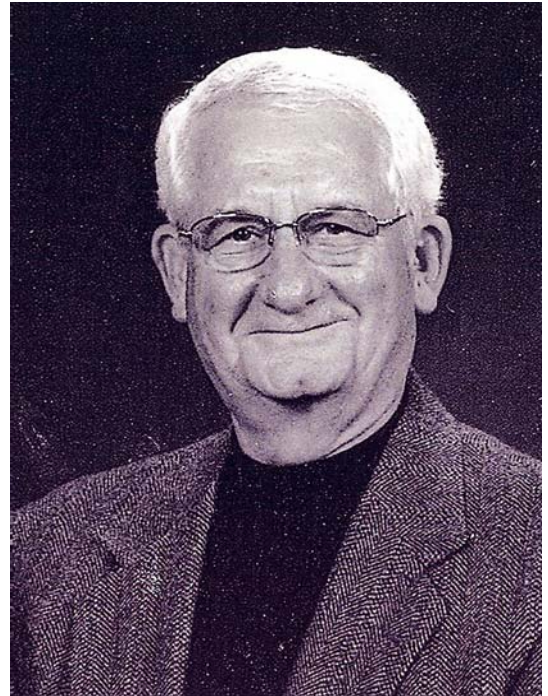
“I have served the North Central Region faithfully in this position for eight years, have enjoyed this ministry, and have appreciate the encouragement and affirmation of all of you good people. But the time has come for me to move into the next chapter of my life, and for the region to move on into the 21st century under new leadership.”

Clyde J. Burmeister, 1967–2000

The events, various job openings, people on the move, officers, and numbers of student units supervised, are part of the newsletters printed during my time as regional director. In addition, regional meeting minutes and other important information sent to CPE centers, supervisors, students, and seminary representatives, were also part of the newsletter.

There were a number of changes and transitions during the three and a half years I was regional director.

First, the NCR office was in our home, and my wife, Patricia, was the office manager. Computers, e-mail, and fax machines were beginning to be part of an institution's mode of operation. Our home office had a computer and fax machine in addition to the usual office equipment. Business needs and correspondence was done mostly through the United States Post Office or with telephone calls. In the spring of 1997 a significant number of ACPE centers were without computer systems or at least without online capabilities.



However, the technology and availability developed rapidly and by the last year of my role as regional director, it was apparent that the regional office needed to be brought into the twenty-first century to a greater extent. I felt that I had neither the expertise nor interest to do all that was necessary to increase our capabilities. We needed a website and webmaster, online newsletters, a new way of doing business and taking advantage of the rapid transfer of knowledge and information.

It was an amazing period of transition, and the rapidity of changes were overwhelming. The world became much smaller, people much more reachable, information a few typed query lines away, and communicating with individuals changed forever.

During my time as RD there were other indications of changes. Many of our supervisors were nearing retirement age, and it was an unknown whether there would be replacement supervisors available or whether the CPE centers would close after the supervisors retired.

Certification: Some things never changed. People voiced their opinions that the certification process took too long and that the process was too subjective and not consistent. Theory papers were required, but the complaint was that no two readers were the same and feedback by the readers was not rapid enough. I believe all these factors were true.

However, there were other changes. Fewer CPE centers were willing to conduct CPE supervisory training because of the time commitment, costs, and other demands within their institutions. Supervisory stipends were reduced because centers became more intentional, evaluating where their dollars had the greatest return. Students became less willing to risk leaving a paying job and living on a stipend with no declared end or guarantee that they would be certified at the end of the process.

This forced new and creative ways for students to receive supervisory training. Contracts were written between supervisory training centers and students who planned to stay in their institutions and really take CPE supervisory training part-time. Although creative, I believe this has been part of the reason that certification has been prolonged for some individuals. Even with modern ways of communication, on site, person-to-person communication is more desirable in supervision.

During the three and a half years I was RD, more students entered the field with diverse cultural and religious backgrounds. Centers have had to deal with these changes and have done a good job.

Accreditation: Accreditation became a more friendly process, and this was well received by the centers. The attitude of Accreditation's intentions was to be helpful and supportive during the process instead of "seek and find" or trying to find fault.

Accreditation went to the five- and ten-year reviews. The first step in the accreditation process was less laborious and allowed centers to start training at a faster pace.

The same situations that forced students seeking supervisory training to be creative, also forced Accreditation to look at how to include, under the umbrella of the accredited training center, the institutions where the students worked.

It also became popular to conduct more CPE off-site. It meant bringing the supervisor to the students and using the accreditation of some center for that purpose. Many times the supervisor would be someone retired from a full time position.

The Accreditation Committee was flexible and helpful. This new way of training helped our region maintain the number of student units conducted, in the years that I was RD.

Standards: I would say that during the years of being RD, that standards were less complicated, less wordy, and efforts were being made to change them less often. However, the U.S. Government Department of Education was requiring ACPE to define a measurable outcome standard of its educational efforts in order to continue Medicare reimbursement to the Pastoral Care Departments.

Outcomes I and II are now part of our standards, presently define outcomes, and meet the requirements of the U.S. Department of Education.

Ethics: A great effort was made by the National Office of ACPE and the National Ethics

Committee to inform supervisors, centers, and students, concerning ethical issues. A lawyer who had been hired continued to help define these issues and the areas of unethical practices.

The Ethics Committee still dealt with sexual boundaries and inappropriate use of power, but questions of students' materials and how they were used and distributed became an issue.

In the North Central Region, the regional director was sometimes called upon to mediate situations.

The National Office of ACPE trained mediators from each region, (who generally were supervisors), to deal with issues within their regions. Hopefully this would eliminate the process of coming before the National Ethics Committee.

History and Research: The North Central Region continued to help fund research projects by various centers, students, and supervisors. The region was also active, not to forget the past. During this time Pat catalogued much of the material that was part of the regional office. John Thomas and Marlin Stene came to the RD's office for a day and reviewed materials, tapes, and books. These materials of importance were boxed up and sent to the NCR Archives at Pitts Theology Library, Emory University in Atlanta. The H&R Committee continued to gather information about our regional history so it would not be forgotten.

Conclusion: It was an honor to be chosen regional director of the North Central Region. Pat and I were blessed by its members and enjoyed the contacts we had with each person. When I attended meetings outside our region, it was a privilege to represent you, and I felt proud of the respect others had for our region.

Gary Sartain, 2000–

It is hard for me to fathom that it has been six years now that I have served as regional director for the North Central Region. The time has flown by.

I had been a finalist for the ACPE executive director's position in 2000. Simultaneous to the ACPE board of representatives' announcement they had (wisely) chosen Teresa Snorton over me, Clyde Burmeister announced his desire to transition out of the position of NCR regional director in the near future. I was encouraged by numerous persons in the region to apply for the position and will always remember the words of former ACPE executive director Duane Parker who advised that, from his observation, the position of regional director for the North Central Region of ACPE was the "best job in the organization." Perhaps that explains why the time has gone so quickly.



Significant items during my tenure to date include the following:

- The extensive use of e-mail communication, conference-call technology, and the development of a regional website to share information, which has revolutionized the way we conduct regional business.
- Modification and enhancement of the regional newsletter.
- The consolidation of the previously separate functions of regional director, secretary, and treasurer into one position, and the conversion of the bookkeeping system to QuickBooks, which has streamlined and optimized the region/center/supervisor interface. Coinciding with this were revisions of the region's financial policy and governance manual.
- An increased focus on continuing education and peer review for supervisors, highlighted by a revised sub-region funding formula that resulted in a 50 percent increase in the educational funds made available to supervisors in the region, and the development of the Bob Otto and Mary Wilkins funds, which are used to enhance our educational programs at our annual meetings.
- An extended focus on strategic planning that has led to the development of mission, vision, and values statements for the region that will guide us into the future.
- The hosting of two national conferences: ACPE 2003 and REM 2004.

While the overall number of sites doing CPE in the North Central Region and the number of student-units completed per year has remained fairly constant, there have been several significant (and somewhat disconcerting) demographic changes:

- All remaining mental health care programs in the region have ceased to function. Closed centers include Mendota Mental Health in Wisconsin; Jamestown State Hospital in North Dakota; Glenwood State Hospital and Cherokee Mental Health Institute in Iowa; and Fergus Falls Regional Treatment Center in Minnesota.

- The closing of the programs in the three major trauma centers in Minneapolis–St. Paul: Hennepin County Medical Center, North Memorial Hospital, and Regions (formerly Ramsey).
- The closing of two of the three hospital-based programs in North Dakota: Trinity in Minot and Meritcare in Fargo.

These have been offset by some exciting additions, including the innovative Ecumenical Institute that grew out of the Cherokee Mental Health program in Iowa; the restructuring of the ACTS Urban CPE program in the Urban CPE Consortium, and the addition of a hospice program (Vitas) in the Chicago area; and the development of a parish-based program in Fargo, and the development of a corrections-based program through the Greater Minneapolis Council of Churches in Minneapolis.

While we have talked for a long time about the “graying nature” of our organization, the implications of our not producing enough new supervisors to offset retirements or expanding interest in CPE is now being felt. For the first time we are facing extended vacancies in centers where a supervisor has left or retired; and we have new programs that would like to begin, but who can’t find a person to take on the task. Several of the programs that have closed would not have done so if we could have placed a supervisor with them with any expedience.

We do seem to be experiencing a nominal increase in the number of supervisory education students, and our regional training clusters seem to be strengthening, the fact remains that many of the people in the pipeline are being trained as replacements for their own centers, not as persons who will be free to fill pending vacancies elsewhere. In my days as a pilot we used to talk about “getting behind the power curve,” which was getting an airplane into a situation in which no amount of application of power could reverse the situation—you were going to crash. I feel that if ACPE does not do something quickly regarding our supervisory pool, we will be behind the power curve and will not be able to reverse the downward trend.

Finally, any overview of my years as regional director would be incomplete if I did not recognize and celebrate the wonderful leadership that our members have provided both within the region and on the national level. We currently have several people serving on a certification task force that will hopefully lead the organization in making the sweeping changes that will be necessary to keep us ahead of the power curve, and had a regional member, Jim Gibbons, elected as ACPE president.

XX. Working Document: NCR Mission, Vision, and Core Values

The North Central Region — ACPE

Mission Statement

We prepare students to become compassionate professionals and leaders in ministry through experience-based process education.

Mission Objectives

- We will empower our students to serve and lead in professional ministry, advocate for peace and justice, and bring life and healing to our wounded world.
- We will empower our centers and supervisors to engender transformative theological education and embody prophetic leadership and integrated spiritual care.
- We will partner with our institutions, seminaries and faith communities in carrying out our mission.

Vision

Our students will become ministers who lead with integrity, empower authentically, and teach transformationally.

Core Values

Transformative Learning

Care of the Soul

Personal and Professional Integration

Ethical Practice

Adopted October 25, 2005

XXI. Conclusions

Supervisors and seminary representatives have a right to be proud of the impact CPE has had in this area of the country, both on the ministry of formation, the self-understanding, and the practice of ministry for those involved. The clergy, seminarians, religious, and laypersons alike have been its primary beneficiaries. We also believe that the parishes, the seminaries, and the denominations and faith groups have benefited. We are grateful for the institutional administrators and their staffs who have made this rich educational experience possible and available. We pray that the patients and clients of the institutions where we have ministered have been well served in the process.

In addition to each center's primary function of conducting CPE programs and chaplaincy coverage, the work and the energy of regional committees and the board has been done "out of the box," i.e., by the individual supervisors and seminary representatives on their own personal time. Every supervisor and seminary representative through these years of 1967 to 2006 has made important contributions to NCR activity.

The author is grateful for their individual contributions to this educational organization. Space is not available to list all of those who have contributed over the past thirty-nine years. The author especially salutes all those who have given up days off and evening hours to initiate and implement the work of the regional board and the various regional committees. Very few of the many involved have been adequately and publicly thanked at regional meetings. They have, however, had the satisfaction of making a difference in our understanding and practice of CPE and of improving the region's organizational functioning. When the author thinks of the countless thousands of hours people have given to CPE in the NCR and of those who have chaired or served on national ACPE committees, he realizes how indebted we are. They have had the satisfaction of making a difference. Some few of us have been given public honors which represented the work of many over the years. So, thank you, all.

It has been the author's purpose to emphasize the many ways in which regional suggestions and practices have also been of value to the wider CPE movement in other regions and to ACPE itself.

Patients in health care institutions today are both sicker and their stays briefer. The hospitals of today are more like the emergency and intensive care units of hospitals of twenty years ago. There is a much heavier demand on the chaplains in contemporary CPE programs to provide immediate pastoral care consultation and counseling, which reduces the time for education.

These needs have left less time for the staff relationships and education which are essential for a well-rounded CPE program. New concerns about charting and privacy have affected CPE programs. The use of pastoral assessments has become a new focus for chaplains, students, and supervisors. CPE programs are heavily dependent on the chaplaincy services within the health care institutions. The success of local CPE programs depends greatly on the support of the administrators of the institutions.

Overall there is more recognition that the meanings and values of individuals and any spiritual group identifications have an important place in the lives of those who are institutionalized even briefly. Also the time available for ministry is greatly reduced, putting more pressure on all staff members, including chaplains. While the number of CPE programs has increased in general hospitals and hospices in recent years, there has been a sharp reduction in the number of CPE programs in retirement centers, and in psychiatric and correctional institutions. However the total number of chaplains in those institutions has increased. Part of that increase has been because chaplains command lower salaries than supervisors. The APC certification for chaplains require the completion of only one full year of CPE. CPE supervisors, on the other hand, have at least three years of additional education prior to their full certification. The other difference lies in the extra institutional energy and costs involved in educational programs. Some supervisors make a point that CPE residency salaries are only 50 percent of chaplaincy salaries, while 50 percent of each resident's time is devoted to providing patient care.

Because of the graying of supervisors, there are now about 360 retired supervisors who receive the *ACPE Retired Supervisor Network's Newsletter*. As of this writing, there are vacant positions in NCR CPE centers which need to be filled!

Appendix I. NCR Leadership, Award-Winners, Student Units, and Financial History

List of Regional Chairs

David Middleton	1998–2001
Beth Burbank	2002–2003
Tim Thorstenson	2004–2005
Sullivan, Kate	2005 (only 3 months)
JoAnn O'Reilly	2005–

NCR Supervisors providing future leadership as Presidents of ACPE

J. Lennart Cedarleaf	1978–1979
John R. Thomas	1980–1981
Max Maguire	1988–1989
George Polk	nominated, not elected
William Baugh	1996–1997
James Stapleford	2000–2001
James Gibbons	2002–2003
William Scrivner	President-Elect 2007

NCR Supervisors and former NCR Supervisors who have received the ACPE's Distinguished Service Award

Professor Carroll A. Wise	1981
J. Lennart Cedarleaf	1986
Fritz Norstad	1987
John R. Thomas	1988
Edward J. Mahnke	1989
Max Magurie	1994
William Nisi (posthumous)	1996
James Gibbons	1997
Mary Wilkens	2006

Recipients of the NCR's Distinguished Service Award

George Polk	1994
Larry Murtaugh and Robert Baylor	1997
John Thomas and Mary Wilkens	1998
Herbert Anderson and Homer Ashby	1999
Clyde Burmeister and Randolph Nelson	2000
Harvey Berg	2001
Philip Olson	2002
Ken Seiss	2004
David Middleton	2005
Eugene Leffingwell	2006

Current Administrative Board

		<i>Term ends</i>
Chairperson	JoAnn O'Reilly – IL	2008
Chairperson-Elect	Roger Ring – MN	2008
Secretary	Barbara Sheehan – IL	2007
Treasurer	Beth Burbank - IL	2009
Member at Large	Allen Dundek – MN	2009
Member at Large	Randy Nelson – MN	2007
Member at Large	Bill DeLong - IL	2008

Approximate number of student units in NCR centers

1997	1,199
1998	1,095
1999	1,076
2000	1,090
2001	1,105
2002	1,156
2003	1,150
2004	1,110
2005	1,089

Financial Status

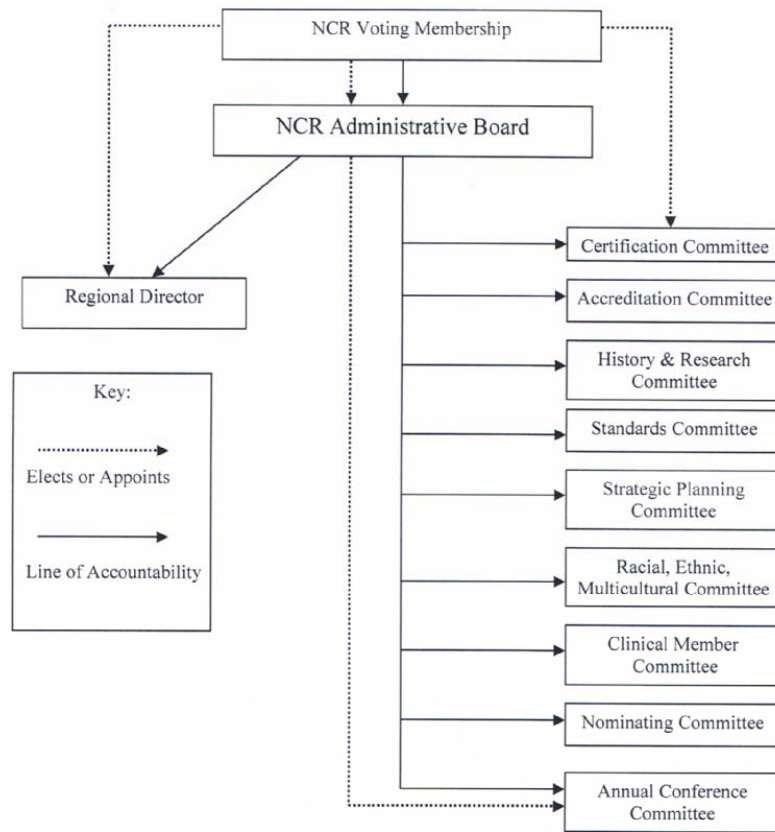
The North Central Region, like the other eight regions, began with a CCT gift of \$1,000.00 in 1967. The supervisors' willingness to pay to the region a fee for each unit of CPE their centers provided enabled the region to maintain itself on a "pay as you go" basis from the very beginning. Careful treasurers enabled the region, with board approval, to develop a reserve account to protect against a sudden drop in student units. The region began in 1967 with 37 centers and twenty years later there were 73, a 100 percent increase. Those centers provided student units which gradually increased more than 100 percent from 425 in 1968 to approximately 1,000 in 1977. Since then the number of units has averaged approximately 1,000 per year, with small fluctuations up and down depending upon the year.

In the meantime, regional activity, including services provided by the regional director, increased at a steady pace over the years, including secretarial services for the regional director and funds to pay the regional accountant. What was a half-day regional director's position became a day per week by the late 1970s. The increase of time and separate committee meetings in addition to the regional meetings enabled RDs to do more work but at a higher cost. From the beginning, the NCR treated seminary representatives on the same basis as supervisors, providing them with full expenses for their attendance at both the regional meeting and any committee meetings they attended.

So, while the income from student units was increasing and the per unit fee was increasing, so also were regional expenses rising. Thanks to careful management and lack of deficit financing, while deficits usually marked the budget for the following year, in practically every year a surplus was added to the reserves. The region was also able to respond to ACPE requests for loans and grants related to the purchase of the ACPE office in Decatur GA and replenishment of same, and also to ACPE financial campaign requests for grants. By 1994 a projected budget deficit of \$12,000 had become an actual surplus of \$15,000. In 1996 the surplus was \$16,700, by 1999 the NCR \$140,000 in its reserves, and by March 2001 its reserves had reached \$166,106.37. Some of those reserves are in two lecture funds, one a gift from the late Robert Otto and the other in honor of Mary Wilkens. In 2005 the total revenue was \$164,177 and expenses were \$146,955, for a gain of \$17,222. The total NCR reserves as of December 31, 2005, were approximately \$200,000 at current market value. The previously separate functions of regional director, secretary, and treasurer have been combined into one two-thirds time position. Conversion of the bookkeeping system to QuickBooks has streamlined and optimized the interface among region, center, and supervisor.

Current reserves are in excess of the two-thirds of the annual budget required by the region's financial policy, and the NCR administrative board is currently looking into that. Because the region has used the interest generated by the reserves as annual income in striking its budgets, reducing the reserves has budget implications.

Appendix II. NCR Governance Structure



North Central Region—ACPE Governance Structure

Effective after 2002 Governance Manual Revision

Appendix III. About the Author

John Rea Thomas, a graduate of Carroll College, McCormick Theological Seminary, and Northwestern University, was ordained by the Presbytery of Madison in September of 1944 in the faith that he would graduate from seminary, which he did in November 3, 1944, was married to Marguerite June Rades the next day, and left for duty as a Naval Reserve chaplain on November 30. After stateside duty with the Ninth Marine Air Wing in June 1946, he became chaplain at Chicago's Cook County Hospital in September. He became certified as a supervisor by the Council for Clinical Training in 1948. He conducted CPE programs at Cook County Hospital from 1948 to 1950 and 1953 to 1955. He served again on active duty during the Korean War from 1950 to 1953, fifteen months of which was as Squadron Chaplain for Destroyer Squadron Seven in the Pacific. Son John Rades was born in 1952 and Douglas Ray was born in 1954.

After two years as Church Federation Chaplain in the West Side Medical Center in Chicago at the University of Illinois Research and Education Hospital, the Thomases moved to Austin TX, where John served as chaplain supervisor at Austin State Hospital and chaplain coordinator for the Board of Texas State Hospitals and Special Schools. He also was the part-time instructor in pastoral care at the Austin Presbyterian Theological Seminary from 1957 to 1962.

The family moved to John's new position as chaplain supervisor at Mendota State Hospital in Madison in 1962. In addition, he served as moderator and part-time stated supply at the First Presbyterian Church in nearby Waunakee from 1963 to 1967. He continued his ministry at Mendota, where he served until 1980 except for two years away as the first Director of Pastoral Care at the University of Wisconsin Hospitals in Madison. In addition he became the part-time regional director of the NCR in 1967, serving until his election as president of ACPE in 1979. Marguerite died in 1972 and he married Margaret Christopherson Skarie in December of 1973. Together they have seven children, seven grandchildren, and two great-granddaughters.

In 1968 he was elected president of the Association of Mental Health Chaplains. In the 1970s he helped to found the Joint Council on Research in Pastoral Care and Counseling and was its first president. He provided leadership as the four clinical training groups merged into the Association of Clinical Pastoral Education.

In 1981, after his retirement from Mendota in 1980, he became a part-time assistant pastor at Christ Presbyterian Church in Madison until 2002. He also served during those same years as the part-time interim executive of the College of Chaplains from 1986 to 1987, commuting from Madison. In 1984 he helped organize and became the first president of the Pastoral Care Network for Social Responsibility.

He has received many awards from professional associations, is currently Historian for the Association of Professional Chaplains, and has published articles in the *Journal of Pastoral Care and Counseling*. He is the author of *A 'Snap-Shot' History, 1975–2000, of the Association for Clinical Pastoral Education, Inc: A Celebration of the 75th Anniversary of CPE*, published in

2000, *Chaplaincies in Wisconsin Institutions*, in 2002, a chapter in *A Journey in God's Grace: A Sesquicentennial History of Christ Presbyterian Church*, in 2001, and co-author with Mark LaRocca-Pitts of *Compassion, Commitment & Consistence: The Rise of Professional Chaplaincy*, in 2006.