The Standards of the College of Pastoral Supervision and Psychotherapy

Adopted by the Governing Council
March 20, 2022

Approved by the Executive Chapter February 18, 2022
The College of Pastoral Supervision and Psychotherapy, Inc. (CPSP) offers its programs in Clinical Pastoral Education/Training (CPE/T), pastoral psychotherapy, pastoral supervision, and psychotherapy supervision as a unique form of ministry and education. Respect for the trainee’s person and their personal growth, professional development, and unique integration of the personal and professional functioning is central to the CPSP mission.

The Standards of the College of Pastoral Supervision and Psychotherapy (hereinafter referred to as The Standards) provide guidance to chapters and other CPSP structures as they do their work of accrediting programs, certifying and recertifying persons, and upholding ethical standards. They ensure consistency in practice and application to ensure the quality and effectiveness of CPSP-accredited training programs and proficiency of certified members.

The Standards should be read and applied in the light of the CPSP Covenant and By-laws, which they seek to implement; where The Standards fail to address specific individual circumstances, the spirit of The Covenant, informed by conversations with consultants, will govern.

In case of differences of interpretation, the English text will be authoritative.

The Standards Committee is the proponent for ongoing, systematic review of The Standards, in collaboration with the Standing Committees (By-laws, 7.04(f)). Recommendations for changes are reviewed at least annually by the Governing Council, following suitable opportunity for review and comment.

The Covenant
of the
College of Pastoral Supervision
and Psychotherapy

We, the CPSP members, see ourselves as spiritual pilgrims seeking a truly collegial professional community. Our calling and commitments are, therefore, first and last theological. We covenant to address one another and to be addressed by one another in a profound theological sense. We commit to being mutually responsible to one another for our professional work and direction.

Matters that are typically dealt with in other certifying bodies by centralized governance will be dealt with primarily in chapters. Thus, we organize ourselves in such a way that we each participate in a relatively small group called a chapter consisting of approximately a dozen colleagues. Teaching or counseling programs directed by CPSP Diplomates are the primary responsibility of the chapter.

We commit ourselves to a galaxy of shared values that are as deeply held, as they are difficult to communicate. “Recovery of soul” is a metaphor that points toward these values. We place a premium on the significance of the relationships among ourselves. We value personal authority and creativity. We believe we should make a space for one another and stand ready to midwife one another in our respective spiritual journeys. Because we believe that life is best lived by grace, we believe it essential to guard against becoming invasive, aggressive, or predatory toward each other. We believe that persons are always more important than institutions, and even the institution of CPSP itself must be carefully monitored lest it take on an idolatrous character.

We intend to travel light, to own no property, to accumulate no wealth, and to create no bureaucracy. We, as a community, are invested in offering a living experience that reflects human life and faith within a milieu of supportive and challenging fellow pilgrims.

The College of Pastoral Supervision and Psychotherapy
CPSP.org
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ACCREDITATION

100. Accreditation

Accreditation is an essential function of the covenant community, the means by which we ensure the accountability and quality of training programs, and communicate their effectiveness to the public. Accreditation of training programs is the primary purpose of CPSP.

Accordingly, preaccreditation reflects the judgment that the resourcing of a training program justifies a reasonable expectation of a program’s effectiveness in supporting the personal and professional development described elsewhere in these Standards. Full accreditation, then, validates the existence of the organizational, training, material, and environmental resources required to accomplish the objectives of the training program, and the effectiveness of training.

100.1 Programs that are affiliated with clinical or service institutions such as hospitals, hospices, or other large organizations (“institutional programs”), or independent, community-based programs of Clinical Pastoral Education/Training or pastoral psychotherapy are immediately preaccredited upon the chapter’s action to grant preaccreditation (Accreditation Manual, §720).

100.2 Programs directed by a certified CPSP diplomate may seek accreditation according to the procedures and timeline published by the Accreditation Oversight Committee (Accreditation Manual, §730).

100.3 The Accreditation Commission (Accreditation Manual, §500) confers full accreditation, or reaccreditation, on its own evaluation and upon referral of the Accreditation Oversight Committee.

110. The Accredited Program

An accredited training program may be established wherever access to appropriate structures for Clinical Pastoral Education/Training or pastoral psychotherapy training exist, including but not limited to public and private hospitals and mental health centers, parishes and congregations, counseling and psychotherapy centers, state and federal health and welfare institutions, drug rehabilitation centers, hospice centers, nursing home facilities, and urban inner-city programs. The accredited program provides a specific description of its
administrative structure and lines of authority within the setting, and its compliance with all CPSP Standards.

120. **Accreditation Process for Training Programs**

The *Accreditation Manual* provides authoritative guidance concerning every aspect of the accreditation life cycle.
TRAINING

200. Clinical Pastoral Education/Training

Clinical Pastoral Education/Training provides formative experience through learning pastoral practice in a clinical setting under supervision. This concept (following the model established by Anton T. Boisen) uses the case study method in theological inquiry — a study of “living human documents.” For over ninety years, CPE/T has developed and evolved in concert with the disciplines of medicine, the behavioral and social sciences, and theology.

Accredited programs in clinical pastoral education/training shall implement admission to training, program content and structure, and objectives for training in accordance with The Standards.

210. Program Standards for Clinical Pastoral Education/Training

Program standards for CPE/T include the following:

210.1 The curriculum will provide for no less than 400 hours of supervised learning for a unit of CPE/T comprising a minimum of 100 hours of supervised clinical group and individual training and a minimum of 300 hours of supervised clinical experience. At least 200 hours of supervised learning is required for a half unit of CPE/T.

210.2 The actual practice of ministry to an appropriate variety of persons.

210.3 Pastoral supervision by a CPSP Diplomate in Pastoral Supervision or by a supervisor-in-training who is under general supervision of a CPSP Diplomate in Pastoral Supervision (Training Supervisor, or Training Supervisor Candidate, §450).

210.4 Detailed reporting and evaluation of the practice of ministry.

210.5 Participation of trainees in a peer group, ensuring that a peer group shall be composed of no fewer than three and no more than eight persons in training, to allow for a variety of creative, interpersonal relationships that facilitate growth and learning.

210.6 Didactic instruction to enable the trainee to understand the particular needs of persons receiving ministry and the variety of ways of helping those persons. Material is utilized from all sources and disciplines...
that assist the trainees’ integration of theological understanding and knowledge of behavioral sciences with personal and pastoral functioning.

210.7 A curriculum that enables trainees to meet the objectives of CPE/T, utilizes the unique resources of the center, and takes into account the trainees’ interests, gifts, learning and growth needs and areas of specialization, if applicable.

210.8 An individual learning contract that relates individual objectives to CPE/T program objectives (§230).

210.9 A final written evaluation of the experience, both by the trainee and by the CPE/T supervisor.

220. Admission to Clinical Pastoral Education/Training

An applicant’s suitability for admission to any CPSP program of CPE/T is a matter of judgment by the accredited program in accordance with its non-discriminatory admission policies. Requirements for admission to CPE/T include but are not limited to the following:

220.1 A completed application.

220.2 An admission interview with a qualified interviewer for persons for an initial unit of CPE/T to determine readiness for clinical learning.

220.3 A thorough review of the requirements (Certification Manual) for candidates who may aspire to certification by CPSP in clinical chaplaincy/pastoral counseling.

220.4 Fulfillment of any prerequisites that might be required by a center for a particular program.

230. Objectives of Clinical Pastoral Education/Training

The goal of Clinical Pastoral Education/Training is to enable the trainee to achieve high levels of competence in the art and science of clinical pastoral care and counseling. Specific objectives include the following:

230.1 Development of the uniqueness of the trainee’s person as a gift through which the trainee is able to offer a pastoral relationship to persons in crisis who might present a variety of theological and cultural perspectives.
230.2 Development of a professional identity as a chaplain/pastoral counselor through the integration of theory, theology, and the practice of pastoral care.

230.3 Development of conceptual competence in personality and psychosocial development; group and systems theory; the resource of religious symbols and values; and the psychology of the religious experience.

240. **Competencies of Pastoral Clinicians**

The following competencies evidence successful engagement with the learning methodology and achievement of the objectives of Clinical Pastoral Education/Training:

240.1 Demonstrated ability to make use of the clinical process and the clinical method of learning. This includes the formulation of clinical data, the ability to receive and utilize feedback and consultation, and to make creative use of supervision.

240.2 Development of the self as a work in progress, and understanding of the self as the principal tool in pastoral care and counseling. This includes the ability to reflect and interpret one’s own life story both psychologically and theologically.

240.3 Demonstrated ability to establish a pastoral bond with persons and groups in various life situations and crisis circumstances.

240.4 Demonstration of basic care and counseling, including listening, empathy, reflection, analysis of problems, conflict resolution, theological reflection and the demonstration of a critical eye so as to examine and evaluate human behavior and religious symbols for their meaning and significance.

240.5 Demonstrated ability to make a pastoral diagnosis with special reference to the nature and quality of religious values.

240.6 Demonstrated ability to provide a critical analysis of one’s own religious tradition.

240.7 Demonstrated understanding of the dynamics of group behavior and the variety of group experiences, and effective utilization of the support, confrontation and clarification of the peer group for the integration of personal attributes and pastoral functioning.
240.8 Demonstrated ability to communicate and engage in ministry with persons across cultural boundaries.

240.9 Demonstrated ability to utilize individual supervision for personal and professional growth, and for developing the capacity to evaluate one’s ministry.

240.10 Demonstrated ability to work as a pastoral member on an interdisciplinary team.

240.11 Demonstrated ability to make effective use of the behavioral sciences in pastoral ministry.

240.12 Demonstration of increasing leadership ability and personal authority.

240.13 Demonstrated familiarity with the basic literature of the field: clinical, behavioral, and theological.
300. Pastoral Psychotherapy Training

The term “psychotherapy” is utilized by persons who function at a most advanced level in one of the mental health fields: psychiatry, psychology, social work, pastoral counseling, professional counseling, marriage and family counseling, or nursing. The term literally means “the cure of souls,” and has been the purview of religious work since antiquity. Psychotherapy has experienced great advances since the emergence of psychoanalytic thinking originally promoted by Freud.

All forms of psychotherapy have been significantly impacted by the psychoanalytic revolution of psychology.

The minister who practices pastoral psychotherapy must demonstrate mastery of the insights and principles of both theology and the behavioral disciplines, and more specifically, the contributions of psychology. The pastoral psychotherapist serves as a treatment resource for persons who are troubled or disabled and as a guide and counselor to persons seeking greater wholeness and self-awareness. The training and certification of a pastoral psychotherapist prepares and authorizes the minister to function at this most advanced proficiency level of ministry.

Accredited training programs in pastoral psychotherapy shall implement admission to training, program content and structure, and objectives for the various levels of training in accordance with The Standards.

310. Program Standards for Pastoral Psychotherapy Training

Program standards for pastoral psychotherapy training include the following:

310.1 No less than 400 hours of supervised learning for a unit of pastoral psychotherapy training.

310.2 The actual practice of ministry to an appropriate variety of persons.

310.3 Clinical supervision by a CPSP Diplomate in Pastoral Psychotherapy or by a Pastoral Psychotherapist who is under general supervision of a CPSP Diplomate in Pastoral Psychotherapy.

310.4 Detailed reporting and evaluation of the trainee’s clinical practice.

310.5 Participation by trainees in a peer group numbering at least three, and no more than eight), to provide for experiential learning about group processes and behavior.

310.6 Didactic instruction on marriage and family systems, social and cultural diversity, post-modern and constructivist therapies, pastoral
diagnosis, abnormal behavior, and addictions, thus enabling the trainee to understand the particular needs of persons and the variety of ways of helping them.

310.7 A curriculum that enables trainees to meet the objectives of pastoral psychotherapy training, utilizes the unique resources of the center, and takes into account the trainees’ interests, gifts, learning and growth needs and areas of specialization, if applicable.

310.8 An individual learning contract that relates individual objectives to pastoral psychotherapy training objectives (§330).

310.9 A final written evaluation of the experience both by the trainee and by the clinical supervisor.

320. Admission to Pastoral Psychotherapy Training

Admission to training in pastoral psychotherapy is based upon a face-to-face interview, which results in the endorsement of a CPSP chapter that the candidate has the vocational, academic, and inner resources to become a pastoral psychotherapist. Admission also has the following formal requirements:

320.1 Master of Divinity, or master’s or doctoral level degree (or equivalent) in theology, counseling, or related disciplines from an accredited college, university, or seminary or equivalent course of study particular to the candidate’s faith tradition.

320.2 Fulfill the study requirements of sixty (60) semester hours or its equivalent in the core mental health and pastoral counseling disciplines. The academic credit must be supported by accredited colleges, universities, and programs of study. Equivalency credit can be given for consultation and subsequent examination by a CPSP-approved consultant. For equivalency, 15 contact hours will equal one semester hour.

320.3 Full-time pastoral experience.

320.4 Demonstrated personal maturity.

320.5 Completion of two units of Clinical Pastoral Education/Training or 800 hours of equivalent clinical training.

320.6 Acceptance into a program accredited by CPSP to offer training in pastoral psychotherapy.
330. **Objectives of Pastoral Psychotherapy Training**

The goal of Pastoral Psychotherapy training is to enable the trainee to achieve high levels of competence in the art and science of Pastoral Psychotherapy so as to be able to function independently as a psychotherapist and pastor. Specific objectives include the following:

330.1 Development of the uniqueness of the trainee’s person as a gift through which the trainee is able to offer an in-depth psychotherapeutic relationship for changing, sustaining and healing those in need.

330.2 The integration of the theory, theology, and practice of pastoral psychotherapy into a coherent sense of identity as a pastoral psychotherapist.

330.3 Achieving mastery of theory in the following conceptual areas: personality and psychosocial development; intensive psychotherapy and counseling; psychopathology and diagnosis; group psychotherapy and dynamics; marriage and family counseling, and the psychology of religious experience.

330.4 Development of a methodology of differential diagnosis to the practice of pastoral psychotherapy.

330.5 Development of an understanding of the dynamics of religious experiences and the implications for pastoral psychotherapy.

330.6 Development of the ability to relate the contributions of various disciplines to the psychotherapy task and to make appropriate use of professional collaboration.

340. **Competencies for Pastoral Psychotherapists**

340.1 Clinical competence, as evidenced by:

340.1.1 Ability to offer an in-depth psychotherapeutic relationship for changing, sustaining and healing those in need.

340.1.2 Effective application of differential diagnosis to the practice of pastoral psychotherapy.

340.2 Pastoral competence, as evidenced by:

340.2.1 Demonstrated ability to synthesize and evaluate critically diverse conceptual frameworks in pastoral theology and the
behavioral and social sciences as these relate to pastoral functioning.

340.2.2 Demonstrated ability to synthesize and evaluate the contributions of various disciplines to the psychotherapy task; make appropriate use of professional collaboration.

340.3 Conceptual competence, as evidenced by:

340.3.1 Development, integration, and articulation of a consistent theory, theology, and practice of pastoral psychotherapy, to include, as a minimum: personality and psychosocial development; intensive psychotherapy and counseling; psychopathology and diagnosis; group psychotherapy and dynamics; marriage and family counseling; group relations, and the psychology of religious experience.

340.3.2 Ability to articulate and demonstrate integration of personal and professional strengths and weaknesses with one’s identity and function as a pastoral psychotherapist in all areas of pastoral and professional competence.

340.4 Ethical competence, as evidenced by:

340.4.1 Ability to synthesize and evaluate critically ethical perspectives that emerge in clinical practice.

340.4.2 Consistent organization of personal and professional functioning according to the principles of *The CPSP Code of Professional Ethics*. 
400. Supervisory Training – Diplomate in Pastoral Supervision and Training Supervisor

Diplomates in Pastoral Supervision have integrated the disciplines of theology and the social/behavioral sciences, both personally and in clinical practice, and are specialists in supervising programs of Clinical Pastoral Education/Training.

A supervisor-in-training learns the art of clinical pastoral supervision in a setting and with a curriculum prescribed by the Training Supervisor/Training Supervisor Candidate that enables the following:

400.1 Establishment of a unique, valued, respected, intensive mentoring relationship with a Training Supervisor (or Training Supervisor Candidate), who will model and support the personal and professional integration of the candidate.

400.2 Mastery of theories related to supervision, using conceptual models from theology, social and behavioral sciences, and education.

400.3 Practice of supervision under general direction of a Diplomate in Pastoral Supervision authorized to conduct training.

400.4 Demonstration of the integration of theory and practice of supervision into one’s personal and pastoral identity, and development of his or her identity as clinical supervisor.

400.5 Ongoing consultation with other CPSP diplomates, supervisors-in-training, adjunct faculty and the trainee’s chapter.

400.5.1 Before offering any CPSP training, the supervisor-in-training shall participate in a consortium/peer group of supervisors-in-training, under the direction of their training supervisor(s), that meets regularly for the purposes of collaboration, sharing learning, mutual support, and setting and maintaining high standards of Clinical Pastoral Education/Training.

400.5.2 Each consortium/peer group shall gather together, face-to-face, along with their training supervisor(s), where it is geographically possible as often as is reasonable.

400.5.3 Peer group meetings shall be scheduled preceding each National Clinical Training Seminar (NCTS) and the Plenary when possible.
410. Admission to Supervisory Training

The essential prerequisite for supervisory training is clinical competence. Therefore, the candidate’s record of pastoral, professional, and clinical experience must demonstrate their potential to learn the art and science of clinical pastoral supervision.

410.1 In order to enter training as supervisor-in-training:

410.1.1 The candidate shall establish a consultation with a qualified chapter to determine readiness to enter into a program of supervisory training.

410.1.2 The chapter may approve, may disapprove, or may recommend actions to the candidate to address concerns identified during the consultation.

410.1.3 The candidate shall provide documented evidence of the following:

410.1.3.1 Master of Divinity or masters or doctoral level degree (or equivalent) in theology, counseling, or related disciplines from an accredited college, university, or seminary, or equivalent course of study.

410.1.3.2 Completion of a minimum of four (4) units of CPE/T or 1,600 hours of equivalent clinical training.

410.1.3.3 Certification as Clinical Chaplain/Pastoral Counselor.

410.1.3.4 Significant full-time pastoral experience.

410.1.3.5 Personal maturity and a record of professional competence.

410.1.3.6 Acceptance for training by a Diplomate in Pastoral Supervision who is qualified as a training supervisor or training supervisor candidate (in consultation with their training supervisor) (§460), and subsequent endorsement by the diplomate’s chapter.
420. Objectives of Supervisory Training

The objectives of supervisory training are to develop the uniqueness of the trainee’s persona, to develop the trainee’s capacity to mentor trainees, and to develop the trainee’s capacity for relationship in the Clinical Pastoral Education/Training environment. Specific objectives include the following:

420.1 Attaining competence as a clinical pastoral supervisor:
   420.1.1 Establishing relationships with trainees.
   420.1.2 Developing appropriate curricula.
   420.1.3 Learning to present one’s own unique personality and history as an instrument to facilitate the trainee’s growth, learning, and emergence as a clinician.
   420.1.4 Evidencing significant learning and ability in applying knowledge of group relations from a psychodynamic perspective, in a supervisory role.

420.2 Demonstrating competence in using conceptual models from theory and practice of clinical pastoral supervision. The candidate shall demonstrate knowledge of the literature relating to the field of clinical pastoral supervision.

420.3 Demonstrating competence in individual supervision that includes:
   420.3.1 The ability to supervise the trainee’s pastoral work, giving attention to unique patterns of personal and professional development, facilitating movement toward personal and pastoral identity.
   420.3.2 Demonstrating sensitivity to the trainee’s psychological development, individual learning patterns, and religious history.
   420.3.3 Demonstrating competence in the process of defining and evaluating the trainee’s pastoral and personal strengths and challenges.

430. Competencies of CPE/T Supervisors

430.1 Clinical competence, as evidenced by:
   430.1.1 Ability to establish effective supervisory relationships with trainees, taking into account their personal psychological
development, individual learning patterns, and diverse religious histories.

430.1.2 Ability to evaluate trainees’ pastoral work, and provide consultation.

430.2 Pastoral competence, as evidenced by:

430.2.1 Demonstrated ability to synthesize and evaluate critically diverse conceptual frameworks in pastoral theology and the behavioral and social sciences as these relate to pastoral functioning.

430.2.2 Demonstrated ability to analyze and evaluate critically pastoral care and counseling competence.

430.3 Conceptual competence, as evidenced by:

430.3.2 Demonstrated ability to conduct a program of Clinical Pastoral Education/Training.

430.3.3 Familiarity with and ability to utilize group relations theory in practice.

430.4 Supervisory competence, as evidenced by:

430.4.1 Demonstrated integration of one’s unique history, theory, and theology with one’s practice of clinical pastoral supervision.

430.4.2 Demonstrated ability to choose methods of individual and group supervision appropriate to specific individuals and groups.

430.4.3 Demonstrated ability to evaluate trainees’ pastoral and personal strengths and challenges.

430.5 Administrative/leadership competence, as evidenced by:

430.5.1 Demonstrated ability to plan and administer a program of Clinical Pastoral Education/Training.

430.6 Ethical competence, as evidenced by:

430.6.1 Ability to synthesize and evaluate critically ethical perspectives that emerge in clinical practice and in supervision.

430.6.2 Consistent characterization of the principles of The CPSP Code of Professional Ethics in personal and professional functioning.
450. Training Supervisor

Supervisory training may be conducted only by Diplomates in Pastoral Supervision in good standing who have fulfilled the requirements of §450–480 and have been authorized as a training supervisor, or are in process as a training supervisor candidate.

In order to be authorized as Training Supervisor, Training Supervisor Candidates complete an additional program of mentoring and qualification following significant experience as a diplomate.

460. Admission to Training as Training Supervisor Candidate

In order to enter training as Training Supervisor Candidate,

460.1 The candidate shall establish a consultation with an experienced training supervisor to review their readiness, and establish a mentoring relationship with either that or another qualified training supervisor.

460.2 The candidate, in collaboration with the training supervisor, shall seek authorization from the training supervisor’s chapter, providing satisfactory evidence of the supervisor’s experience as a Diplomate Supervisor.

460.2.1 On chapter approval, the training supervisor and new Training Supervisor Candidate may begin training.

470. Competencies of Training Supervisors

Additional competencies required of Training Supervisors include the following:

470.1 Clinical competence, as evidenced by effective evaluation of trainees’ supervisory work, and providing consultation.

470.2 Conceptual competence, as evidenced by successful conduct of a program leading to trainees’ certification as Diplomate in Pastoral Supervision.
470.3 Administrative/leadership competence, as evidenced by effective planning and administration of a program leading to trainees’ certification as Diplomate in Pastoral Supervision.

480. **Requirements for Authorization as Training Supervisor**

On the completion of required training and on the recommendation of the candidate’s Training Supervisor, the candidate shall provide evidence of having planned, administered, and evaluated a program leading to the qualification of no less than three candidates as Diplomates in Pastoral Supervision.
500. Psychotherapy Supervisory Training

Psychotherapy supervisors are specialists in supervising programs of pastoral psychotherapy who have integrated the disciplines of theology and the social/behavioral sciences, both personally and in clinical practice. The candidate in pastoral psychotherapy supervision will pursue mastery of this art and science, as follows:

500.1 Establishment of a unique, valued, respected, intensive mentoring relationship with a CPSP Diplomate in Pastoral Psychotherapy or Psychotherapy Supervisor Candidate who will support the modeling and personal and professional integration of the candidate.

500.2 Mastery of theories related to supervision using conceptual models from theology, the social and behavioral sciences, and education.

500.3 Practice of supervision under the supervision of a CPSP Diplomate in Pastoral Psychotherapy, or equivalent.

500.4 Demonstration of the integration of theory and practice of supervision into one’s personal and pastoral identity, and development of his or her identity as an educator.

500.5 Ongoing consultation with other CPSP diplomates, consultants, adjunct faculty and the trainee’s chapter.

510. Admission to Psychotherapy Supervisory Training

Requirements for admission to psychotherapy supervisory training are designed for qualified persons with demonstrated pastoral, professional and clinical experience to learn the art of pastoral psychotherapy supervision. Admission to supervisory training is contingent upon a face-to-face interview, which results in the conviction by a chapter that a given candidate has the resources to become a pastoral psychotherapy supervisor. Admission also requires the following:

510.1 Certification as a pastoral psychotherapist. (§300)

510.2 Significant full-time pastoral experience.

510.3 Personal maturity and a record of professional competence.

510.4 Acceptance for psychotherapy supervisory training by a Diplomate in Pastoral Psychotherapy, and subsequent endorsement by the diplomate’s chapter.
520. **Objectives of Psychotherapy Supervisory Training**

The goal of psychotherapy supervisory training is to develop the uniqueness of the trainee’s persona, to be a mentor to trainees, and to learn to live and work in the dynamic and in-depth relationship milieu that characterizes pastoral psychotherapy training. Specific objectives include the following:

- **520.1** Attaining competence as a pastoral psychotherapy supervisor:
  - 520.1.1 Establishing relationships with trainees.
  - 520.1.2 Developing appropriate curricula.
  - 520.1.3 Learning to present one’s own unique personality and history as an instrument to facilitate the trainee’s growth, learning and professional development.

- **520.2** Attaining competence in pastoral psychotherapy supervision.

- **520.3** Attaining competence in individual supervision which includes:
  - 520.3.1 The ability to supervise the trainee’s pastoral psychotherapy work, giving attention to unique patterns of personal and professional development; facilitating movement toward personal and pastoral identity.
  - 520.3.2 Demonstrating sensitivity to the trainee’s psychological development, individual learning patterns, and diverse religious histories.
  - 520.3.3 Developing competence in the process of defining and evaluating the trainee’s pastoral and personal resources.

530. **Competencies of Pastoral Psychotherapy Supervisors**

- **530.1** Demonstrated pastoral competence

- **530.2** Demonstrated pastoral care and counseling competence as evidenced by certification as a pastoral psychotherapist by CPSP or another cognate group, or by meeting the criteria for pastoral psychotherapist certification in these Standards.

- **530.3** Demonstrated conceptual competence
530.4 Demonstrated fulfillment of the objectives of Psychotherapy Supervisory Training (§ 520).

530.5 Familiarity with and an ability to utilize group relations theory in practice.

530.6 An understanding of how one’s person is integrated with professional identity and function as a pastoral psychotherapy supervisor.

530.7 Demonstrated ability to choose methods of individual and group supervision appropriate to specific individuals and groups.

530.8 Demonstrated ability to plan and administer a program of pastoral psychotherapy training.

530.9 Familiarity with diverse conceptual frameworks in pastoral theology and the behavioral sciences as these relate to pastoral functioning.

530.10 Professional competence.

530.11 Demonstrated achievement in at least three of the following areas: academic (doctoral-level degree), research, publication, leadership in CPSP, contribution to faith group and/or community, or contribution to another mental health discipline.

530.12 Recommendation for certification by the candidate’s primary training supervisor and the sponsoring chapter.

530.13 Evidence of having completed a personal, psychodynamic-oriented psychotherapeutic investigation by a psychotherapist recognized and accepted by the candidate’s training supervisor. This investigation shall be of no less than twelve months and its efficacy shall be measured by the candidate’s subsequent ability to articulate and demonstrate integration of personal and professional strengths and weaknesses, personal integrity and pastoral identity, and emotional maturity.

530.14 Ability to synthesize and evaluate critically ethical perspectives that emerge in clinical practice and in supervision; consistent characterization of the principles of The CPSP Code of Professional Ethics in personal and professional functioning.

540. (Not used – placeholder)
550. Qualification of Diplomates in Pastoral Psychotherapy to Function as Training Supervisors

550.1 All diplomates in pastoral psychotherapy conducting or proposing to conduct supervisory training (training supervisors) must provide satisfactory evidence of having fulfilled the following:

550.1.1 Evidence of current state licensure or certificate to supervise, OR be approved by a cognate group to supervise in specific mental health disciplines, OR receive fifty (50) hours supervision of supervision.

550.1.2 Evidence of having completed a minimum of 30 contact hours of graduate-level coursework in clinical supervision.

550.1.3 Evidence of having provided at least 150 hours of pastoral counseling supervision.

550.2 A diplomate commencing supervisory training must have approval of the diplomate’s chapter.

550.3 Chapters with fewer than four (4) diplomate members shall consult with a sponsoring chapter prior to approving a training supervisor, and document this consultation in their annual report.

550.4 Training supervisors must work in concert with other training supervisors in a consortium approved by the Certification Committee. The nature and extent of the consortium will be reviewed and approved by the Certification Committee. The consortium will provide peer support for the training supervisor as well as opportunities for peer review for pastoral psychotherapy supervisor trainees.
CERTIFICATION

600. Certification

Standards for certification include standards that are common to all CPSP certifications as well as standards that are unique to each level of certification. Some of the requirements are objective. Other requirements are matters of subjective judgment regarding a candidate’s level of functioning. In general, it should be clearly understood that (1) the certification process always emphasizes a candidate’s ability to demonstrate the kind of profound personal and professional competence essential for clinical work in interpersonal relationships; (2) the completion of formal requirements is always seen in relation to such a demonstrated ability to function; and (3) certification is always a matter of judgment of one’s professional peers who are delegated representatives of CPSP.

610. Common Certifications

CPSP offers certification to qualified individuals in the following areas: Diplomate in Pastoral Supervision, Diplomate in Pastoral Psychotherapy, Pastoral Psychotherapist, Clinical Chaplain/Pastoral Counselor, Associate Clinical Chaplain/Pastoral Counselor, Hospice and Palliative Care, Substance Use and Addiction, and Clinically Trained Minister.

Accordingly, the judgment of one’s peers being exercised through group decisions of progressively more inclusive bodies, certifications by CPSP are properly deemed “Board Certifications.” Certified members approved for renewal of their certifications may prepend “Board Certified” to their CPSP certification(s).

620. Certification Process for Individuals

The CPSP Certification Manual provides authoritative guidance concerning every aspect of the certification life cycle.
700. Certification as Clinical Chaplain/Pastoral Counselor

Certification as Clinical Chaplain/Pastoral Counselor represents mastery of basic, broad-spectrum pastoral counseling; it does not signify competence to offer psychotherapy, but rather competence to offer supportive and crisis-oriented pastoral counseling, informed by in-depth clinical and cognitive understandings of the principles found in psychodynamic psychotherapy.

The Clinical Chaplain/Pastoral Counselor is equipped to distinguish the boundaries, authority, role and task that correspond to these respective roles. The chaplain role is defined by its context in the institution – religious, healthcare, military or civic – in which it is found; the pastoral counselor role is specific to a ministry setting, within a faith community.

Those seeking this certification commit to developing their skills and wisdom through continuing education and ongoing clinical review of their work as pastoral care specialists.

Equipped by training to utilize their own selves to offer and establish significant pastoral counseling relationships, clinical chaplains/pastoral counselors will find, in chapter life, a context in which they will be able to recognize the strengths and limits of their experience. Their practice of pastoral care must always be informed by and held accountable to a dynamic and integrative theology.

Candidates, in consultation with their chapter, may request a formal certification consultation to determine their readiness to present themselves and their work for certification as a Clinical Chaplain/Pastoral Counselor.

710. Competencies of Clinical Chaplain / Pastoral Counselor

710.1 Clinical competence, as evidenced by:

710.1.1 Ability to screen, assess, and diagnose the needs of persons and groups from a clinical/pastoral/spiritual perspective.

710.1.2 Ability to relate effectively to diverse persons and groups in their crisis, distress, loss, grief, or perplexity.

710.2 Theological competence, as evidenced by:

710.2.1 Demonstrated ability to reflect deeply on core themes in the theology and ethos of one’s own belief system.

710.2.1.1 [For Associate Clinical Chaplain/Pastoral Counselor] Demonstrated ability to apply and analyze core
themes in the theology and ethos of this belief system, with reference to pastoral care.

710.2.1.2 [For Clinical Chaplain/Pastoral Counselor] Demonstrated ability to synthesize and evaluate critically core themes in the theology and ethos of this belief system, with reference to pastoral care. Completion of a masters or doctoral level degree (or equivalent) in theology, religion, counseling, or a behavioral or social science discipline from an accredited college, university, or seminary, or equivalent course of study particular to the candidate’s faith tradition may satisfy this requirement.

710.2.2 Ability to analyze the nature and quality of religious symbols and spiritual values from a wide variety of theological and cultural perspectives; ability to create, organize, perform or provide for public and private worship, devotional or spiritual practices in a variety of settings and for the unique needs of persons of varying faith traditions, outlooks and philosophical beliefs.

710.3 Conceptual competence, as evidenced by:

710.3.1 Completion of four-year degree.

710.3.2 Development, integration, and articulation of a consistent theory and practice of clinical pastoral care, incorporating insights from the behavioral and social sciences; familiarity with a bibliography that informs and supports one’s clinical practice. Ordinarily, achievement of suitable competence (proficiency) may require training, as follows:

710.3.2.1 [For Associate Clinical Chaplain/Pastoral Counselor] A minimum of 2 units of CPE/T or 800 hours of equivalent clinical training, or

710.3.2.2 [For Clinical Chaplain/Pastoral Counselor] A minimum of 4 units of CPE/T or 1,600 hours of equivalent clinical training.

710.4 Ethical competence, as evidenced by:

710.4.1 Ability to articulate and apply consistently in personal and professional functioning the principles of The CPSP Code of Professional Ethics.”

710.4.2 Demonstrate an effective understanding of ethical theories and the ability to apply those theories in a professional setting.
800. Certification as Pastoral Psychotherapist

The term “psychotherapy” is utilized by persons who function at a most advanced level in one of the mental health fields: psychiatry, psychology, social work, pastoral counseling, professional counseling, marriage and family counseling, or nursing.

The pastoral psychotherapist serves as a treatment resource for persons who are troubled or disabled and as a guide and counselor to persons seeking greater wholeness and self-awareness. The training and certification of a pastoral psychotherapist prepares and authorizes the minister to function at this most advanced proficiency level of ministry.

810. Requirements for Certification as Pastoral Psychotherapist

On the completion of required training and on the recommendation of the candidate’s primary trainer, provide evidence of:

810.1 Having completed a minimum of 1,650 hours of pastoral psychotherapy practice with a minimum of 250 hours of clinical supervision, preferably with two or more CPSP diplomates in pastoral psychotherapy.

810.2 Having completed a personal, psychodynamically oriented psychotherapeutic investigation by a psychotherapist recognized and accepted by the candidate’s trainer. This investigation shall be of no less than twelve months and its efficacy shall be measured by the candidate’s subsequent ability to articulate and demonstrate integration of personal and professional strengths and weaknesses, personal integrity and pastoral identity, and emotional maturity.
900. Subspecialty Certifications

Recognizing the development of specialized areas, or subspecialties, within clinical chaplaincy, CPSP certifies members’ qualification for service in the following clinical subspecialties.

910. Hospice and Palliative Care

910.1 Competencies in Hospice and Palliative Care Subspecialty

The candidate for certification must provide evidence for having competence in the theory and practice of pastoral care in hospice and/or palliative care settings, as follows:

910.1.1 Demonstrated understanding of the nature, scope, and process of care delivery within the subspecialty of hospice and palliative care.

910.1.2 Demonstrated understanding of the process for identifying clients for whom pastoral care with regard to hospice and palliative care is appropriate.

910.1.3 Demonstrated understanding of rights and responsibilities of hospice and palliative care client and family.

910.1.4 Demonstrated understanding of and participation in the team process for involving clients and family in decision making, including exploring treatment options, making end of life decisions, completing advance directives, and the role of surrogate decision makers.

910.1.5 Demonstrated ability to facilitate communication between members of the care team and the client/family, especially during client/family conferences.

910.1.6 Demonstrated understanding of and ability to assess the client’s and family’s values and beliefs, and religious, spiritual, and cultural practices, along with the ability to incorporate these into the care plan.

910.1.7 Demonstrated understanding of and participation in the interdisciplinary care team, including ongoing evaluation of the care plan, integration of pastoral care into it, along with adapting the care plan to the changes in the spiritual, cultural, pastoral, and religious needs of the client and family.
910.1.8 Demonstrated ability to facilitate the participation of the client’s and family’s faith group.

910.1.9 Demonstrated understanding of and the ability to facilitate the bereavement support and follow-up process, along with the knowledge of appropriate referral resources.

910.1.10 Demonstrated basic, minimum understanding of the dying process, along with symptom and pain management goals and methods.

910.1.11 Demonstrated understanding of the psychological, social, and emotional aspects of the disease process, the dying process, and the process of coping with pain, along with the ability to integrate these concepts into the plan of care as it relates to providing pastoral care.

910.1.12 Demonstrated understanding of information keeping procedures including privacy and security of health information, completeness and accuracy of record keeping, and continuity of information across the palliative care or hospice team.

920. Substance Use and Addiction

920.1 Competencies in Substance Use and Addiction Subspecialty

The candidate for certification must provide evidence for having competence in the theory and practice of pastoral care in substance use and addiction settings, as follows:

920.1.1 Demonstrated understanding of the nature, scope, and process of care delivery within the subspecialty of substance use and addiction.

920.1.2 Demonstrated understanding of the process for identifying clients for whom pastoral care with regard to substance use and addiction is appropriate.

920.1.3 Demonstrated understanding of the rights and responsibilities of the substance use and addiction client and family.

920.1.4 Demonstrated understanding of and participation in the team process for involving clients and families in decision making, including exploring treatment options, crisis management, cultural...
awareness, and an understanding of ethics/issues in addiction services.

920.1.5 Demonstrated ability to facilitate communication between members of the care team and the client/family, especially during client/family conferences.

920.1.6 Demonstrated understanding of and ability to assess the client’s and family’s values and beliefs, and religious, spiritual, and cultural practices, along with the ability to incorporate these into the care plan.

920.1.7 Demonstrated understanding of and participation in the interdisciplinary care team, including ongoing evaluation of the care plan, integration of pastoral care into it, along with adapting the care plan to the changes in the spiritual, cultural, pastoral, ethical, and religious needs of the client and family.

920.1.8 Demonstrated ability to facilitate the participation of the client’s and family’s faith group.

920.1.9 Demonstrated understanding of and the ability to facilitate the recovery support and follow-up process, along with the knowledge of appropriate referral resources.

920.1.10 Demonstrated understanding of substance use and addiction treatment processes, along with symptom and mental health management goals and methods.

920.1.11 Demonstrated understanding of care of the psychological, social, ethical, and emotional aspects of chemical dependency and addiction, and the process of coping with withdrawal and treatment, along with the ability to integrate these concepts into the care plan as it relates to providing pastoral care.

920.1.12 Demonstrated understanding of information-keeping procedures including privacy and security of health information, completeness and accuracy of record keeping, and continuity of information across the care team while respecting the inherent worth and dignity of every client.

920.1.13 Demonstrated value of and plan for self-care.
1000. Standards for Clinically Trained Ministers

Clinically Trained Minister is a category of ordained clergy who have received basic clinical training in addition to their theological education and who, in their pastoral work, integrate the insights of clinical training into their pastoral care, counseling, and assessment of parishioners or congregants.

The trainee in clinically trained ministry will pursue mastery of this art and science in a setting and with a curriculum to enable the following:

1000.1 Establish a unique, valued, respected and intensive relationship with a CPSP Diplomate or supervisor-in-training who will supervise and support the modeling and the personal and professional integration of the candidate.

1000.2 Complete a supervised clinical internship as a clinically trained minister, which normally will be one unit of CPE/T.

1000.3 Receive didactic instruction to enable the trainee to understand the particular needs of persons receiving ministry and the variety of ways of helping such persons.

1010. Admission to Clinically Trained Minister Training

An applicant’s suitability for admission to clinically trained minister training is a matter of judgment by the accredited program in accordance with its admissions policies. Core requirements for admission to training are outlined in §220.

1020. Competencies of Clinically Trained Ministers

1020.1 Clinical competence, as evidenced by:

1020.1.1 Demonstrated ability to make a basic clinical/pastoral/spiritual assessment with special reference to understanding the nature and quality of religious symbols and spiritual values.

1020.1.2 Demonstrated ability to relate with personal and professional proficiency to persons in crisis who may represent a variety of theological and cultural perspectives.

1020.2 Conceptual competence, as evidenced by:

1020.2.1 Demonstrated knowledge of the core bibliography, including but not limited to: crisis intervention theory and practice; grief and loss; interdisciplinary and interfaith patient care; spiritual diagnosis; group and family systems theory and behavior; gender
issues in pastoral care; and ethical issues and boundaries in pastoral care.

1020.3 Evidence of high ethical commitment, including absolute respect for the worth and rights of persons and an understanding and assent to The CPSP Code of Professional Ethics.
CHAPTERS

1100. Standards for CPSP Chapters

CPSP members organize themselves in such a way that each participates in a small group called a chapter consisting of six to twelve colleagues.

The essential spirit of CPSP is to know others and to be known by others. Full accountability for both professional practice and personal conduct is assured. Members monitor the professional competence of all activities, provide consultation whenever needed, and assess certification and membership requirements.

Chapters meet and function according to The Standards, in accordance with the By-Laws. They regularly meet (an average of at least 2 hours per member per year) and function as a chapter in a manner that is congruent with and for the purposes expressed in the CPSP Covenant, and not as a joint, combined, or multiple organizational membership group.

Chapters that lack the number of certified members (at any level) required to certify or to review members for recertification shall establish a relation with another chapter for consulting, mentoring, and certification or recertification. This sponsoring relationship shall be renewed annually by agreement of both chapters, in consultation with the General Secretary and/or the Chapter Authorization Committee.

Chapters will function freely, creatively and with autonomy while being subject to the authority of the Governing Council.

1110. Membership in Chapters

1110.1 Chapter membership shall consist of no fewer than six (6) and no more than twelve (12) persons. Requests for exception to the minimum number requirement must be submitted to the General Secretary in writing, and may be approved, at her/his sole discretion.

1110.2 A chapter must have at least four members certified at (or above) any certification level in order to recommend members at that level for annual recertification.

1110.3 Chapters may admit other pastoral persons (“Other Members”) into their membership as the chapter sees fit.

1110.4 In chapters with fewer than four members at a given level of certification, the certified person(s) shall request a consultation with a
sponsoring chapter, with the approval of the Certification Committee. This consultation must be documented in the chapter’s Annual Report.

1110.5 Persons in training will be accountable to their clinical supervisor’s chapter; trainees shall not be members of the chapter of which their trainer/supervisor is a member.

1110.6 Chapter names shall be identifiable as a point on a map of a region or state, which may not be deemed by some as offensive or discriminatory.

1120. Duties of Chapters

Each chapter will function in response to the needs for ministry and training of the community. Chapters have the following duties and obligations:

1120.1 To select a convener to oversee the scheduling of chapter meetings, coordination and general operation of the chapter, including accreditation program reviews, and communication with the regional representative and the executive Chapter.

1120.2 To provide support, guidance, full accountability, and consultation for its members.

1120.2.1 Advise and consent on a member’s entry into pastoral psychotherapy training (§320), or supervisory training (§400.5, 410), psychotherapy supervisory training (§500.5, 510), or undertaking to function as a training supervisor (§410.1) or supervisor of psychotherapy training (§540.2, 540.3).

1120.2.2 Advise and consent on a supervisor-in-training commencing training under a diplomate member of the chapter approved as training supervisor (§400.5) or a candidate for psychotherapy supervisory training commencing training under a diplomate member of the chapter approved to conduct training (§510.4).

1120.2.3 Oversight of training programs conducted by chapter members (both diplomates and supervisors-in-training) is the primary responsibility of the chapter. This includes authorizing the establishment of a training program, oversight of the self-study, participation in the program review, and ongoing supervision.

1120.2.4 Conduct certification consultations for chapter members, provided chapter authorization (§1130) is current, or consultants participate as required.
1120.3 To provide timely consultation to trainees functioning under their auspices.

1120.4 To submit an Annual Chapter Report, as required.

1120.5 To work to resolve any grievances that are filed and, if unresolved, will refer those grievances to the Governing Council.

1120.6 To foster participation of all members in CPSP activities, including Plenary and National Clinical Training seminars.

1120.7 To communicate needs and concerns to their Chapter of Diplomates and Chapter of Chapters representatives.

1120.8 To sponsor at least one member (preferably its convener) to attend the annual Plenary and regional NCTS gatherings.

1120.9 Sponsoring chapters shall provide consultation, mentoring, and certification consultations for the sponsored chapter, by annual agreement.

1130. Reauthorization of Chapters

Each chapter will be reauthorized annually to perform the duties of a chapter by the Governing Council, on the recommendation of the Chapter Authorization Committee, based on the following:

1130.1 Submission of a Chapter Annual Report that attests to the following:

   1130.1.1 Participation in the governance, through the Regional Cluster of Chapters.

   1130.1.2 Documented recertification review of all certified members.

   1130.1.3 Consultation with an outside consultant within three (3) years, or as needed.

   1130.1.4 Effective oversight of training programs, to include conduct of Program Review(s), as required, for training program accreditation.

   1130.1.5 Report on chapter meetings.

   1130.1.6 Chapter support for members’ professional development.

   1130.1.7 Members’ participation and/or leadership in CPSP-wide events.
1130.1.8 Self-assessment of chapter life.
1130.1.9 Plans for continuing professional development.

1130.2 Chapters may be recommended for reauthorization either unconditionally, or with conditions.

1130.3 Sponsored chapters will submit reports as required by the Chapter Authorization Committee, but may not conduct certification consultations for their members or annual recertification, except as provided above. Any recommendations for recertification shall be reviewed in consultation with the sponsoring chapter.
ADDENDA

1200. Glossary

The By-Laws of The College of Pastoral Supervision and Psychotherapy (adopted November 14, 2014), Article I, provide the correct usage and authoritative interpretation of terms distinctive to this organization. Additional terms, used in these Standards, follow.

1210. Added Terms, Training Relationships

CPSP Diplomates are persons who have demonstrated that they function at advanced levels of expertise as a Supervisor of Clinical Pastoral Education/Training or Pastoral Psychotherapy training, or both, and who have been duly examined, initially certified, and annually recertified for these functions by CPSP in accordance with CPSP Standards. Distinctions, based on training, experience, fulfillment of added requirements, and successful reviews are made for the following:

1210.1 Training Supervisor Candidate (TSC) designation is reserved for experienced supervisors who have commenced the process (§400–410) to become a training supervisor, but have not yet been approved.

1210.2 Psychotherapy Supervisor Candidate (PSC) designation is reserved for certified pastoral psychotherapists (§500–510), or diplomates who have not been approved to supervise programs in pastoral psychotherapy, who are qualifying (§540.1–540.5) to offer training in pastoral psychotherapy.

1210.3 Supervisor-in-Training (SIT) designation is reserved for certified clinical chaplains who have been approved to undertake supervisory training (§410).

1220. Added Terms, Subspecialty Certifications

1220.1 CPSP Clinical Fellow in Palliative Care or CPSP Clinical Fellow in Hospice and Palliative Care (FHPC) designations are reserved for certified clinical chaplains who are certified, in addition, in the subspecialty of hospice and palliative care.

1220.2 CPSP Associate Clinical Fellow in Palliative Care or CPSP Associate Clinical Fellow in Hospice and Palliative Care designations are reserved for certified clinical chaplains or associate clinical chaplains
who are certified, in addition, in the subspecialty of hospice and palliative care.

1220.3 CPSP Clinical Fellow in Substance Abuse and Addiction (FSAA) designations are reserved for certified clinical chaplains who are certified, in addition, in the subspecialty of substance abuse and addiction.

1300. Review of Standards

The Standards Committee is the proponent for ongoing, systematic review of The Standards, in collaboration with the Standing Committees (By-laws, 7.04(f)).

The Standards Committee reviews the annual reports submitted by both training programs and chapters (§1120.4) to assess whether accreditation standards are adequate to evaluate the quality of training provided; the Standards Committee invites feedback from the Certification Committee concerning their assessment of the state of training, as evidenced by candidates appearing for certification during the previous year.

1310. Procedures

The Standards Committee conducts its review according to an annual cycle.

1310.1 Following the Fall meeting of Governing Council, the Committee joins the Standing Committees in reviewing the contents of their annual report procedures, and offers consultation on revisions that would improve their documents’ fitness for the purpose of fulfilling the requirements of this chapter.

1310.2 In December, the Standards Committee reviews the requirements for data sharing with the Standing Committees.

1310.3 In January, the Standards Committee receives reports from the Standing Committees for review. Following review, the Committee shares opportunities for improvement with the committee(s) concerned.

1310.4 Issues that might eventuate in revisions to CPSP standards are reported to Governing Council for their consideration (March).

1310.5 Following Governing Council (April–May), the Standards Committee drafts language to effect Governing Council guidance, referring the text to the Executive Chapter for review.
1310.6 With Executive Chapter concurrence, proposed changes are published on the CPSP website (CPSP.org); publication is announced, in addition, by an e-mail to the membership, inviting member response.

1310.7 The Standards Committee reviews all comments (August), incorporating changes, as appropriate.

1310.8 Final text of proposed changes is reported to members of the Governing Council for consideration at least 30 days in advance of their Fall meeting.