Clinical Pastoral Education Down Under: Supervision within Clinical Pastoral Education Programs in Victoria, Australia

David Glenister and Harry Aveling

Introduction

The Association for Supervised and Clinical Pastoral Education in Victoria, Australia, developed an in-depth survey to assess the current state of Clinical Pastoral Education (CPE), the data from which comprises this article. In Victoria, CPE is the main educational pathway for working in the spiritual care sector, which is in process of being formally recognised as an allied health profession by the Victorian Department of Health. This will be a welcome advance, fulfilling the World Health Organization's understanding of holistic healthcare and addressing Australia's evolving faith population, which is increasingly more multicultural and secular.[1] This article will also inform our partners in spiritual care education—the Spiritual Health Association, which develops policies, guidelines and research and provides consultation and provision of organizational resources, and Spiritual Care Australia, the professional association for organizations and individual practitioners in spiritual care services.[2]

Reflective Practice: Formation and Supervision in Ministry
ISSN 2325-2847 (print)* ISSN 2325-2855 (online)

Methodology

We used an anonymous online survey to collect quantitative data related to educational syllabuses and supervisory strategies in individual and group CPE contexts. The questionnaire was designed by Emil Neven and Stephen Ames. These questions led to open-ended qualitative questions about the experience of CPE supervision from the perspective of both supervisees and supervisors. The questions for supervisors concerned their self-rated awareness, knowledge, skill, and confidence in relation to their clinical education role and whether they believed their supervision contributed to actual outcomes in the supervisees' clinical placements. Supervisees were asked four additional questions related to the effectiveness of this supervision, both in individual and in small group situations; how they learn in and respond to supervision; whether they had experienced emotional fragility; and if and how CPE contributed to their clinical role in providing outcomes for clients.

A relatively small number responded to the survey (anecdotal evidence indicates the time required was a barrier): thirteen current supervisors out of more than thirty-four, and thirty-three former supervisees out of about sixty invitees. However, we believe the number is adequate for our purpose, and the extensive reflective responses provide significant qualitative data.

The CPE Experience

Action and Reflection in CPE

The standards of the Association for Supervised and Clinical Pastoral Education in Victoria describe the two dimensions of CPE as "action" and "reflection" within "the actual provision of pastoral care [by the supervisee] within a recognized pastoral setting."[3] The action component is external and objectively amenable to assessment. The reflection component, described as an interior "exploration of the pastoral encounter; the dynamics present, and the theological and spiritual dimensions," is less so. The survey questions juxtaposed external and internal questions, so we have organized this article accordingly.

Supervision in CPE

The initial survey questions asked supervisors and supervisees to define what they considered to be the distinctive nature of CPE practices.

Supervisors on the Distinctive Nature of CPE

Ten supervisors considered that the CPE strategies were distinct from those of other 'talking professions' (such as psychology and social work). They emphasized the enabling of reflective practice by modelling, "bringing your whole self," to help supervisees to care for clients out of "their lived experience." Several emphasized that spirituality and "spiritual covenants" were at the center of the training process, unlike other professions.

Their aim seemed to focus on inculcating change and integration in supervisees and on using a kind of benevolent free-floating attitude in facilitating this. However, when asked to illustrate their style by creating an imaginary dialogue, in order to "stand in the shoes of the supervisee and imagine how one's style(s) may help or hinder," only five supervisors presented actual dialogues. All five dialogues showcased reflective, nonprescriptive supervisory stances, allowing the supervisees to find their own answers to difficulties in their work with clients.

Supervisors on the Active Dimension of Supervision

All thirteen supervisors emphasized the quality of the supervisory relationship as being at the core of supervision. They described themselves as being "facilitative," "authoritative and direct," "being with," creating self-awareness, and "providing a hospitable space & relationship of trust" where "issues can be explored without fear."

Several portrayed the supervisory role as being innately creative—for example, as a dance instructor who adapts to what arises with a "variety of dance steps." Others highlighted the moral qualities required in the role, including "humility & vulnerability" and "high regard" for the other.

Four described their own self-presentation as "modelling" good pastoral care. For example, one works

> in the here and now to help the supervisee appreciate who they are and their contribution and impact in the immediacy of the situation. . . . My pastoral style is 'being with' the other which a supervisee once described as 'professional friendship'—modelling both strength and clarity of identity and willingness to be acted upon; modelling the safe space in telling my own story also as discerned.

Supervisees on the Active Dimension of Supervision

Overall, the responses from supervisees to the various styles of supervision were very positive. Most supervisees indicated that they "meshed" with the process and that it helped them integrate. For example, one responded that the supervision went very well: "I had completed theological studies first & the CPE process offered imaginative theological reflection that built upon and opened up some of the more academic methods of theology." On the other hand, eight of the respondents indicated some ambivalence. One suggested the pedagogy of CPE was "too quick and anxiety producing" and said they only absorbed it "post action," while another suggested feedback from their peer group wasn't always delivered in a "professional manner". One wrote that they found the "training style" at their centre to be "cruel"; another complained of "button pushing."

Almost a third of the responses were very negative. Ten of the thirty-three, probably including most of the eight mentioned in the previous paragraph, suggested there was often ambiguity and inconsistency in supervisory practices which led to conflicting expectations of performance and behavior and evaluation processes. Others suggested their peer group was the most influential factor in creating positive or negative experiences, i.e. "I felt personally more engaged," but were also shocked at the "bullying behaviour of some students (and some supervisors)". And, according to one, the "psychological experience sometimes was against my spiritual experience." One respondent accused their supervisors of "cruelty" and stated that they had experienced "trauma."

The Reflective Dimension of CPE

Supervisors on Reflective Practice

Eleven supervisors affirmed they had encouraged reflective practice. For example: "A lot. Each participant has so much to offer each of their peers and that is to be encouraged, particularly noticeable when participants come from different faith traditions."

Others were more cautious:

> A little . . . we have been using [the New Zealand supervisor) John McAlpine's paper "Yes, but don't bring your God with you," helping students to see how their experience of living, human documents shapes and informs theology.

Only three supervisors affirmed they encourage theological reflection as a way to reflect on the helpfulness, or not, of care. For example: "[W]hen I feel that the main issue has been missed and therefore the theological reflection seems a bit 'off' the mark I will invite another reflection."

Supervisees on Reflective Practice

Nine of the supervisee cohort unequivocally affirmed the importance of spiritual/theological reflection. Fourteen agreed with its importance but showed some ambiguity in their follow-on comments. The others either answered "no" (meaning that spiritual/theological reflection was not important) or were unsure. Therefore, twenty-two of the thirty-three supervisees seemed unclear about or were unable to fully grasp the breadth of the topic.

Some responses were very positive. For example:

[S]upervisors explained, described and encouraged theological reflection in many different ways, which were very illuminating, inspiring and educative. The use of imagery, words, music and varied sources was encouraged and the discussions were guided and added to by the supervisors, a very strong learning experience. Theological reflection was also encouraged in one-on-one supervision.

Negative outcomes for supervisees included an awareness of vulnerability, shown by their indicating they sometimes lacked adequate knowledge. Completely negative responses suggested occasional lack of group cohesion: "[A]t times people would be quite protective of any reflection or critique . . . as it's quite personal." Another addressed lack of cohesion in a personally revealing way: "Spiritually mature students gave wonderful feedback . . . feedback by less spiritually mature students was ignored by the group after we realized they were not there to learn." Some took the view that "the group was not up for critique, making inconsistencies difficult to address." One responded with a single resonant word: "frustrating."

The Emotional Ups and Downs of CPE

Several survey questions concerned the importance of emotional involvement in the whole formative experience of CPE. Supervisees bring their developing sense of self to CPE, and sometimes that sense of self is confronted and/or challenged and a person may even experience a sense of

rejection. Many responses from supervisees suggested the positive or negative group dynamics was essential in their experience of CPE and impacted their well-being and clinical performance. Several attributed their emotional fragility to a lack of emotional sensitivity or complacency in supervisors.

Emotional Processes from the Supervisor's Perspective

The survey asked supervisors about their general interview process and whether they felt confident in being able to recognise 'cracks' in a supervisee which might be detrimental to the whole group and also about their interest in creating a cohesive, 'safe' group.

Eleven of the thirteen supervisors gave examples of cracks they discerned in interviews with actual and also potential supervisees. These cracks included: "reactivities [*sic*] to certain issues; limited insight about the human condition; incapacity to reflect on theirs or others' experience."

Strategies used if and when emotional frailty arises during a course indicated the role of pastorally supportive supervision. Five emphasised the importance of working with the supervisee in the "here and now." For example:

Integrating this into the here and now—allowing supervisee to start with themselves so they can appreciate the parallel process. What questions does their behaviour raise, what insights do they gain about themselves, their story, their values? What is precious about this learning? In appreciating their own journey can they then begin to have empathy for the other?

One supervisor evoked the complexity involved: "We are wearing at least 2 hats in this situation." These "hats" included pastorally supporting the supervisee as well as educating them, referring to the person's goals for the unit, their sense of vocation or "call," and, paraphrasing Keats's *negative capability*, inspiring them to be living their own questions and "lifting these out of their journal writing & conference evaluations."

Supervisees' Perspectives on Emotional Processes

Eighteen respondents expressed satisfaction with the supervisory support provided. For example: "I was fragile at times but felt beautifully cared for and felt from that position I came to important understandings, experiences that changed my capacity to be with others in a positive way." And,

similarly: "There were confronting times due to the nature of engaging with patients. But the program always offered good support."

Nevertheless, twenty-seven out of the thirty-three respondents affirmed they had experienced emotional fragility. Six respondents indicated, to a greater or lesser degree, they didn't feel fully supported, ranging from "didn't always feel I could share the struggle" to "I was going through a marriage breakdown at the time . . . did not receive sufficient support from my supervisor, but rather flippancy as to my emotional state, i.e. 'so I see you haven't killed yourself yet.'"

Others also voiced difficulty with the supervisory relationship and 'supervising up':

> [The] focus was more on what I had done "wrong" than all the good things that I did "right". . . . [M]y shame became a greater issue. I am an experienced educator & told my supervisor that educationally the clarification should have been articulated within the group & then elaborated on more individually after that.

Others cited the peer group as a more influential factor in focusing attention on the other members' failures in order to cope:

> I loathe the exposure & scrutiny of learning through the group dynamics when it gets out of control and focuses on the 'wrong' way—and gives little credit for the great things that are still done for patients.

These responses indicate that supervisors do not always recognise the commonplace nature of emotional fragility in participants undertaking CPE. The power differential is a salient dimension of supervisees' experience but was not fully acknowledged in responses from supervisors.

Supervisors on the Creation of a Safe Group Space

Twelve of the thirteen supervisor responses expressed confidence in being able to create a safe group space for supervisees as a way of guarding against emotional stress. Some responded at length to this possibility, emphasizing the role of both cohorts, supervisors and supervisors, in creating a safe space:

> First, I debunk the notion that the group can be a guaranteed safe place, but we can establish a covenant early on that will provide a baseline of expected values, and I keep the group mindful of that covenant, especially during times that could be perceived as other than safe. I model risk, playfulness, emotional expression, personal sharing from early on to help

> establish norms of vulnerability and trust. I praise those who take risks to reinforce those norms as well.

One took issue with the concept of a 'safe' space: "I join the group in my honest sharing of my experience (sometimes as a means of modelling) but do not want the group to be so safe that individuals will not be honest."

One supervisor argued against the idea of any group 'covenant':

> I do this more on an ad hoc basis within the group. On an individual level I empower and enlighten the supervisee to understand their place in making the group safe . . . to realize that they are able to contribute to ensuring a 'safe space'. E.g. S was concerned that there was no group covenant. I brought the fresh understanding that she may bring this covenant in her approach in the way she brings herself to the group i.e. the learning that a pre-arranged group covenant does not ensure a safe group space and may in fact be detrimental to the creation of a safe space. Rather it is the understanding of what it means to bring oneself in the here and now. This is the situation in the pastoral encounter. So how can she create that safe space and see herself as the agent to do this?

Supervisees on the Creation of a Safe Space

The question of how safe supervisees felt in the supervisory relationship provoked some thoughtful responses from supervisees. Fourteen were unequivocally affirmative. For example: "I have never felt as safe in a group as I did in my CPE group and I think the genuine care provided by our supervisors was a big part of this."

The rest were either negative, unsure, or ambivalent. For example:

> Yes and no. Because my supervisors held integrity to not 'rescuing' and gently asking the questions that needed to be addressed, some people reacted well to this and others did not. My first group thrived with the vulnerability we were able to create through not being afraid to explore hard questions. Other groups had some people that were not in a place to hear criticism, which translated to stilted group interaction.

Significantly, twenty respondents explored or questioned "roles" in the CPE group experience, i.e. is it the supervisors' or supervisees' role to determine the safe group space? The response was: "This was regulated by the group, not the supervisor."

These responses from supervisees call into question the idea that it is solely the role of the supervisor to enable a 'safe' group space They also

show how important it is to convey the meaning of a "safe space" and to reduce role ambiguity/conflict for the supervisee.

Outcomes of CPE Supervision

Supervisors' Perspectives on Outcomes

Supervision may be considered successful if supervisees adopt what they have learned as part of their future pastoral identity. Supervisors were asked about the trickledown effect of supervision: *Do you consider that CPE supervision (including individual and group) contributed to your supervisees offering more effective care?*

Eleven of the thirteen supervisors were confident that their supervision helped their supervisees to achieve good outcomes for their clients. Four described their own "modelling" of good pastoral care.

Four referred to their focus on the CPE action/reflection process. For example*:*

> The model of care I teach (and use with them in their own learning and formation) has built-in accountability. The model sets them up to succeed, and each positive experience motivates them to remain invested in further positive interventions.

Some supervisors who responded "very likely" to the question about CPE supervision contributing to supervisees' offering more effective care did not answer the second part of the question to support their claim. So, although supervisors expect supervisees to refer to clinical evidence for their claims, a number of the supervisors did not model this themselves, possibly reflecting inconsistency in the quality of supervisory training across CPE centers.

Seven respondents were clear that recognition of possible harms is a useful tactic in supervision. For example:

> [A]n older woman lamented that she had not given enough over the course of her life, and that God was not happy with her. The student listened and listened, ended the visit with a benign prayer and thought she had done a pretty good job. Upon reflection, she realized she did little to offer the patient an opportunity to experience her value, and that in listening as she did, she actually left the patient more convinced that she was unworthy of love because she had not given enough (even though the patient had devoted her entire life to the service of others).

Another respondent emphasised the CPE credo 'trust the process' and wrote that the participant/supervisee will learn about unhelpful care as a matter of course:

They usually get the danger of applying the wrong response to the form of spiritual distress (e.g. offering affirmation & comfort to someone who is focused on their own needs at the cost of hurting others). Most students naturally seem to experience remorse when they realize they "missed" the person in front of them, & that seems to motivate them to be more intentional about their interactions in subsequent visits. [Participants] grasp the power they have and learn to use it more responsibly.

Supervisees' Perspectives on Outcomes

Supervisees were asked a similar question about the contribution of supervision to their future practice. Two thirds were positive and one third chose Unsure or No, a significant number. Of the Yes respondents, many emphasized again the quality of the supervisory relationship as the core of successful CPE. Nineteen responses were relatively brief; although some indicated understanding and insight, most did not offer a clear, reflective example to support the confidence they had in the benefit of supervision.

An example of a very affirming response is this:

> Absolutely. This was the means by which we could see things from the perspectives of others and unpack assumptions, prejudices etc. and gain a more objective perspective. CPE supervision enabled us to learn from supervisors who were experienced in the field of pastoral care.

Some responses emphasized the personal growth that occurred in CPE as indirectly influencing their care:

> I learnt how to be more natural, to be myself, to use my sense of humour, to be inclusive, to be less biased, to understand that everyone has a story and how their life has shaped them.

Unhelpful or Harmful Spiritual Care

The possibility of unhelpful or even harmful spiritual care is crucial to the evaluation of the success and personal value of CPE. The credo of healthcare, including that of the talking professions, is 'do no harm'; this can

be confronting, and the question provoked considerable thought and emotional energy from both cohorts.

Supervisors on Positive and Negative Emotional Outcomes

Supervisors were asked whether their supervision could actually hinder good enough care at times, causing the supervisee and their client to receive an unsatisfactory outcome. Five supervisors were unequivocally sure their supervision never hindered: "This has not been my experience." And: "Unlikely. The dynamic challenge vs. encouragement in the early days—not wanting to diminish/damage sense of self but to affirm."

Nevertheless, most responses indicated the issue does arise, though with a caveat that unhelpful care is more common than harmful care as "it's a continuum" and the purpose of CPE is to improve the quality of pastoral care.

Supervisees on Positive and Negative Outcomes

Overall, supervisees often did not fully grasp the issue of unhelpful or even harmful spiritual care. This lack would seem to convey the significance and complexity of the issue and the need for attendance to it, which has implications for prevention of complaints and may offer insight into understanding the development of the quality of supervisory relationships.

Many of the respondents did not grasp of the idea of 'benefit' of pastoral care for themselves and their clients. One even queried the actual term "benefit": "I don't believe I've ever thought or used the term 'benefit'. It is more about relationship, presence and listening. A creativity, connection and mutuality, support."

Other responses were less salutary and pointed to some disaffection with possible further stages of the process. For example: "The style was inappropriate for my learning style and it was my learning style rather than its delivery style that influenced my care for my clients." And: "No. Everyone brings their own style into the interaction with clients."

Some cited specific blockages to this transfer occurring: "My supervisor's style was flippant, unsympathetic and had, from what I could tell, hardened with experience. He/She was there to do a job and move on. I was prepared, meanwhile, to give clients my utmost patience and humanity." And: "There was no teaching—no teaching was available."

Some supervisees used the issue of unhelpful or harmful criticism to voice their emotional fragility and their disaffection with their CPE context as a whole: "Yes it was difficult as I felt I was damned if I did and in the same position if I didn't but I felt it important to stand up for myself."

And:

> When members of the group were experiencing emotional hardship, there was little sympathy or understanding shown by the supervisors, who seemed more interested in managing the time/schedule. One member had to leave the course because of the lack of compassion she received following a traumatic CPE experience.

A response criticising not only their supervisory support and praxis but also CPE methodology and the curriculum itself is worth quoting in full:

> This is the problem with CPE by asking the wrong question "past issues emerging," pointing the finger at the student like something was wrong with them rather than look at the professional standards of the supervisors and how they manage group work. If I behaved in a professional environment like some of the students and supervisors had I would be performance managed. The CPE framework for students and supervisors should be modernized to incorporate professional conduct and the standards by which feedback is delivered: Gentle and thought-provoking, people respond to feedback when it is delivered in a caring way. Simply don't demoralize a human being because you think you know better. The whole intent on preparing the student for patient care and ministry is lost in this process. The essence of spiritual care is experiencing it during supervision, group work and study. This sets the scene for the work. CPE guidelines and standards should be reviewed each year. Student feedback should be obtained after every unit. This is what Universities do and by this feedback they implement changes to their services and education improves.

Conclusions, broader implications

1. A majority of the supervisors in the study felt confident that their style of supervision contributed to good outcomes for their supervisees' clients and that their style of supervision did not hinder their supervisees' from offering effective care to their clients or cause them to offer unhelpful or even harmful care. The responses of supervisees, while often affirming

in the majority, were also revealing of the complexity of the matter, such as the challenge of grasping the benefit and harm in their spiritual/pastoral care. Articulation of this understanding is poorer in responses offered by supervisees—not always clear or entirely lacking. This is consistent with relatively recent research into the trickle-down effect of bad, inadequate, or even harmful supervision and its relationship to the power differential.[4]

2. The quality of the supervisory relationship, including the supervisors' styles of supervision, is central to both individual and group work. A further theme emphasized throughout this paper is the crucial value of fostering good peer group relationships.

3. The responses from supervisees point to the complexities and inconsistencies of the power differential within CPE methodology, praxis, and differing contexts. This was not expressed to the same degree in responses from supervisors, consistent with the findings of other international research that "in general the supervisees seemed more aware of and articulate about the power differential."[5] Similarly to another recent US study into pastoral supervision, which comprised both survey and focus groups, we "listened to our students," with similar results in terms of confirmation and contradictions.[6] This contrasting input meets one of the objectives of this study, which was to inform best practice.

4. Understanding the meaning of and the creation of a potential safe group space seemed a considerable variable across responses, leading to negative experiences in CPE and an "unsafe feeling in experiential groups."[7] Inconsistency exists across Victorian CPE centres in the determination of a safe group space, the understanding of group formation, and the use of group relational learning techniques, such as a 'group covenant' to enable open, reflective dialogue; the sharing of lived, learning experience; and sensitivity to the intercultural nature of all relationships in group supervision.

5. Furthermore, responses from supervisors indicate some inconsistency in understanding the supervisor's role in working with emotional fragility in supervisees. Just over half of the supervisors mentioned referral to an external professional, and just under half understood their role as helping the supervisee integrate their emotional fragility as integral to their role as supervisor. As McNamara et al. advise, "The onus to engender change does not rest with the supervisee (thus employing supervisee protective stance), rather it rests with the system, those who have power and capabilities to spearhead change, including supervisors themselves."[8]

6. The responses from supervisees to the question of emotional fragility revealed the commonplace nature of emotional fragility and vulnerability in supervisees undertaking CPE. The responses that indicated a clash of cultures were significant, citing discordance between the methodology and praxis of CPE with the supervisee's own spiritual tradition's worldview and praxis. This would seem a growing edge in Victorian CPE (as well as in other states of Australia), given its predominantly Christian background and current interfaith evolution, and should be an important theme in the formation and education of supervisors.

Limitations of the Study

As this was an anonymous free-choice survey, not all Victorian CPE centres are necessarily represented. There may be inadequate variation in responses from supervisors.

The supervisory level of the participant was not identified unless volunteered (Level 1 Clinical Pastoral Supervisor; Level 2 Clinical Pastoral Educator; Level 3 Clinical Pastoral Consultant), so representation from all levels may not be included.

The promotion and process of dissemination of the survey was inadequate, and some supervisors expressed concern and confusion as to process, confidentiality, and reason for the survey.

Survey Monkey was not readily conducive to the qualitative/reflective style of response required as the survey could not be closed after it was opened; it needed to be left open and completed in one sitting. Therefore, the survey did not entirely encourage reflective responses.

NOTES

1 David Glenister and Martin Prewer, "Capturing Religious Identity during Hospital Admission: A Valid Practice in Our Increasingly Secular Society? *Australian Health Review* (2016), http//dx.doi.org.10.1071/AH16139.

2 For more information, see the Spiritual Health Association website at https://spiritualhealth.org.au and the Spiritual Care Australia website at https://www.spiritualcareaustralia.org.au.

3 Association for Supervised and Clinical Pastoral Education in Victoria, *Standards for Clinical Pastoral Education*, 2021, https://www.asacpev.org.au/standards.html.

4 See Michael V. Ellis et al., "Narratives of Harmful Clinical Supervision: Introduction to the Special Issue," *Clinical Supervisor* 36, no. 1 (2017): 4-19.

5 Jack De Stefano, Heidi Hutman, and Nicola Gazzola, "Putting On the Face: A Qualitative Study of Power Dynamics in Clinical Supervision," *Clinical Supervisor* 36, no. 2 (2017): 225.

6 Matthew Floding et al., "Excellence in Supervision: Listening to Our Students," *Reflective Practice: Formation and Supervision in Ministry* 40 (2020): 194–205

7 Marsha Cutting, *Characterisations of Positive and Negative Supervisory Experiences in Clinical Pastoral Education: A Qualitative Study* (PhD diss., University at Albany, State University of New York, 2003) ii.

8 Mackenzie L. McNamara et al., "Narratives of Harmful Clinical Supervision: Synthesis and Recommendations," *Clinical Supervisor* 36, no. 1 (2017): 138.