

**THE IDEAL INTERVENTION PAPER:  
A Protocol for the Consolidation of CPE Learning and  
A Precursor of Spiritual Care Best Practices**

**A Protocol for the Consolidation of CPE Learning**

You, the CPE student, can consolidate your learning through a second round of verbatim study. How? First, select one of your verbatims previously presented to your peer group. Then, prepare an Ideal Intervention Paper (IIP) in light of insightful comments and suggestions made by those peers and supervisor(s).

Write the IIP in such a way that you or another chaplain could make a more effective intervention with patients or families with similar characteristics and spiritual needs. This means that though you will certainly apply the learnings gained from peer and supervisory feedback in writing the IIP, the IIP document itself will focus on the spiritual care situation, not on your learning issues. In other words, the IIP is to be about an ideal response to a particular spiritual care situation, with your personal issues out of the spotlight for probably the only time in your CPE experience!

The IIP should be prepared as a Word document suitable for forwarding as an e-mail attachment, and should include the following elements.

1. A summary description of the original situation: the reason for the visit; the context, including the physical aspects, the persons involved; psychosocial, racial, cultural and religious dynamics; the sights, sounds, and smells; and any other identifying data typical of CPE verbatim records of spiritual care.
2. The central spiritual care issue identifier or identifiers, such as *preparing to die*. If at all possible, try to limit yourself to only one central issue identifier.
3. A brief summary of the original intervention, to include expressed and perceived needs of the patient or family member, spiritual assessment, the she-saids and I-saids, and the explicit and implicit results of the interaction.
4. A brief summary of what would be in your opinion what should or could have been, given the insights you gained from the presentation of the original verbatim to the peer group. This is the ideal or desired intervention, to include the same elements as set forth in 3., written so that another spiritual caregiver could attempt this ideal intervention in a similar situation. Again, your personal issues are not to be interjected here.

**A Precursor of Spiritual Care Best Practices**

Toward more effective ministry, clinical pastoral care has recently joined with medicine and its ancillary disciplines in attention to best practices. The Association of Professional Chaplains has asked that descriptions of members' best work be sent to its Commission on Quality in Pastoral Services. The American Association of Pastoral Counselors' Wesley L. Brun has called pastoral counselor colleagues to help integrate successful interventions into the DSM IV diagnostic category description, "Religious or Spiritual Problem." The ACPE contribution is that your IIP will be considered for inclusion in a database. Once a significant number of these IIPs has been assembled, patterns can be identified, common approaches in similar situations can be recognized, and categories of best practices will emerge. This inductive method guards against imposing models on data and against a reductionism that disrespects the ineffable divine mystery involved in spiritual care.

**IIP Presentation to the Peer Group (Optional)**

Your supervisor may choose to ask for the presentation of IIPs in the peer group. If so, you may opt to incorporate any further insights gained from this presentation before forwarding the IIP to Father Henry G. Heffernan at [hheffernan@gonzaga.org](mailto:hheffernan@gonzaga.org) as an e-mail attachment.

### **The ACPE Research Network Website**

Convener John Ehman cordially invites you to visit the ACPE Research Network website at [www.acperesearch.net](http://www.acperesearch.net) for more background information on the IIP project and for current clinical spiritual care and ACPE research news.

### **Conclusion**

The ethical imperative and professional challenge is to join in these timely efforts to learn at a deeper level, to contribute to the cause of eliciting spiritual care best practices, and most importantly, to better serve the spiritual needs of patients and family members. Your IIP will contribute significantly in these vital ways.

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