



The Standard for Spiritual Care & Education

Policy to Ensure the Wellness and Fitness of Educators and Students ¹ February 17, 2021

A. Introductory statement

1. ACPE seeks to ensure that all educators maintain capacity and self-awareness of any limitations in order to provide clinical pastoral education free from impairment or other conditions that could put members, students or other persons at risk.
2. Educators and students need to be educated about the nature, extent, and manifestations of impairment. This process should occur in workplaces, schools and in continuing education venues.
3. This policy is designed to compassionately ensure that impaired educators and students get the help they need while also ensuring that the public is protected from practitioners whose judgment and job performance are impacted by an impairment.
4. It is the policy of ACPE to only disclose impairment allegations or findings to individuals identified within this policy unless required by law or to protect members of the public.

The Professional Ethics Commission (PEC) of the ACPE encourages and, in certain circumstances requires, notifications about clinical pastoral education educators and students when concerns arise related to impairment. In accord with the Standards and Manuals of the ACPE, impairment is one of the grounds for both voluntary and mandatory notifications in specific circumstances. This document describes how the PEC deals with impaired practitioners, and claims relating thereto.

B. What is impairment?

This policy defines impairment as follows:

impairment, means that in the opinion of the PEC an educator or student has a physical or mental disability, deficit, condition or disorder (including substance abuse or dependence) that he or she is unable or unwilling to safely and reliably treat or control with reasonable accommodations and that detrimentally affects or is likely to detrimentally affect:

1. For an ACPE certified educator, certified educator candidate or supervisory education student, the person's capacity to practice the profession; or
2. For a student, the student's capacity to undertake clinical training as part of the approved program of study in which the student is enrolled.

As part of the ACPE Certification process, *educators must display self-awareness and reflection in spiritual care practice*. Impairment is therefore also defined as a reluctance or inability on the part of an

¹ (Formerly known as "Policy on Impaired Educators and Students," 2019)

educator or student to acknowledge personal limitations which may result in a lack of awareness of areas where functioning might be impeded, resulting in a risk to self or those served.

C. Notification about impairment

Anyone can make a notification about a CPE educator, candidate or CPE student whom they believe may be impaired or suffer from impairment issues. (“notification”). Typically, notifications about impairment are made by colleagues, employers, statutory bodies and by the practitioners themselves. The PEC encourages educators, candidates or students suffering from impairment issues to self-report to the PEC. Unless required by law or for the protection of others, the PEC will maintain the confidentiality and privacy standards set forth in this policy and will not report impaired persons for civil, criminal and administrative liability when said individuals make a notification in good faith. Notification must be made with the ACPE Director of Communities of Practice (“DCP”). Notice must be in writing and provide sufficient information with regard to the nature of the alleged incidents relating to the impairment, including dates and circumstances giving rise to the impairment concerns. The notice shall be no more than five pages in length and shall be made in accordance with any forms created by the ACPE for this purpose. The person making the notification may request that his or her name not be revealed to the individual who is the subject of the notification, which request shall be considered and not unreasonably denied by the PEC. The person making the notification must be willing to communicate with members of the PEC reviewing the alleged impairment with regard to the circumstances giving rise to the notification. Upon notification of a possible impairment, DCP will notify the Chair of the PEC and the preliminary assessment process, as set forth herein, will be initiated by the PEC.

D. Grounds for voluntary notifications related to impairment:

A voluntary notification can be made if:

- 1 an educator, candidate or student has, or may have, an impairment
- 2 an educator, candidate or student can attribute substandard employment or CPE-related responsibilities to an impairment.

E. Grounds for mandatory notifications related to impairment: notifiable conduct (educators)

For CPE educators with an impairment or a possible impairment, notification must be made by any educator who has knowledge or reason to believe that another educator has:

- 1 Practiced their profession while intoxicated by alcohol or drugs²; or
- 2 Placed the public at risk of substantial harm in the educator’s practice of the profession because the practitioner has an impairment.

CPE educators (whether in training or fully certified) must notify the DCP if, in the course of practicing their profession, they form a reasonable belief that another educator has behaved in a way that constitutes notifiable conduct.

Employers of CPE educators shall notify the DCP if they reasonably believe that the educator has behaved in a way that constitutes notifiable conduct.

² For purpose of this section, “intoxication” shall be defined as the state in which a person's normal capacity to act or reason is inhibited by alcohol or drugs or as otherwise defined by applicable state or federal law.

F. Grounds for mandatory notifications related to impairment (CPE students)

All CPE educators must make a notification if they form a reasonable belief that a student enrolled in an accredited CPE program or a student for whom they have arranged clinical training has an impairment that in the course of the student's clinical pastoral education program may place the public at a substantial risk of harm.

G. Initial Review

The ACPE Professional Ethics Commission takes all notifications seriously. Within 30 days after notification is received of a possible impairment, a Review Panel shall be convened by the PEC Chair to review the notice of possible impairment. This panel shall consist of the following ACPE members or designees: the Chair Elect or Chair of the PEC, the Chair Elect or Chair of the Professional Wellbeing Committee, ("Wellbeing Committee") a member of the Psychotherapy Commission and the Ethics Consultant. This panel shall determine if the notice of impairment articulates a sufficient basis to refer the case to the PEC for a preliminary assessment. If the Review Panel determines that there is not a sufficient basis for referral to the PEC, it may dismiss the case or refer the case to the Wellbeing Committee for further action as determined by the Wellbeing Committee.

H. Preliminary assessment

Within 30 days after the review panel refers a case to the PEC, the PEC Chair shall notify the educator or student who has been identified in the notice and provide a copy of any documents related to the notice, with redactions as appropriate, including a copy of this policy. Within 60 days after the review panel refers a case to the PEC, the PEC Chair shall appoint the Chair-Elect or a member of the Wellbeing Committee and four members of the PEC to serve on a Subcommittee ("Subcommittee") to manage the process set forth herein and to make a determination whether the educator or student is impaired. Efforts shall be made to appoint Subcommittee members who have experience and training in mental health or substance abuse issues and who match the demographic, racial and religious/spiritual traditions of the person subject to the notice of possible impairment.

The PEC Chair is a voting member and shall preside over said Subcommittee meetings. Two members of this Subcommittee ("Interviewers") shall be appointed by the PEC Chair as non-voting members of the Subcommittee to conduct a preliminary assessment. Efforts will be made to appoint at least one interviewer who is a member of the Wellbeing Committee or who has experience and training in mental health or substance abuse issues. As part of the preliminary assessment, the interviewers shall receive copies of all documents relating to the allegations against the educator or student and shall:

- Interview the educator or student alleged to suffer from an impairment;
- Interview the individual or individuals notifying the PEC of the possible impairment and any other persons deemed to have relevant information regarding the incidents giving rise to the notice; and
- Review any documentation the PEC interviewers determine is relevant to the incidents prompting the impairment notification.

If there are insufficient PEC members who are available to serve as interviewers, the PEC Chair may select ACPE members to serve as interviewers who are not on the PEC but have training or experience in the ACPE/APC or Ethics Codes and Procedures.

I. After the preliminary assessment

Within 60 days after their appointment, the PEC interviewers shall report their findings from the preliminary assessment to the Subcommittee. The Subcommittee shall convene within 30 days after receiving the interviewer's findings. If, after receiving this report, the Subcommittee determines that an educator or student is or may be impaired, it may:

1. Require the educator or student to undergo a health assessment. (see below in section "J") The purpose of the health assessment is for the PEC to obtain independent expert advice about the educator's or student's health and its potential impact on the educator's practice or the student's clinical pastoral education program. The PEC shall consider this expert advice when determining if further action needs to be taken.
2. Determine that no further action is necessary based on either:
 - o a lack of evidence supporting the alleged incidents of impairment, or that
 - o a determination that the impairment does not pose a risk to the educator, student or others and sufficient steps have been taken to address the impairment;
3. After consultation with the Certification Commission Chair, immediately suspend or revoke the certification of an educator or student, impose conditions, or accept the voluntary suspension of the impaired person from a program for a period of 45 days. Any suspension or revocation of certification for a period longer than 45 days shall require a majority vote of the Professional Ethics Commission pursuant to current governance standards and voting rules.

The PEC Chair shall report its determinations to the educator or student within 30 days after receipt of the preliminary assessment, along with a copy of the appeals process set forth herein.

J. Health Assessment

1. The health assessment shall be conducted by an experienced and appropriately qualified independent medical practitioner or psychologist. The PEC shall pay for the assessment and the assessor shall report all findings directly to the PEC Chair or to the ACPE Executive Director. The educator or student shall sign a release allowing the assessor to share the findings of the assessment with the PEC and appropriate ACPE Staff. The PEC shall not disclose the assessment to others except as follows:
 - a. For the purposes of implementing a condition of an educator's or student's practice;
 - b. For purposes of referral to another commission or committee within ACPE for reviewing or addressing matters related to the educator or student where the findings of the assessment are pertinent or,
 - c. Protecting members of the public.
2. The educator or student who was assessed shall be given a copy of the report within 10 days after it has been received by the PEC Chair unless the report contains information that may be prejudicial to the educator's or student's health or wellbeing. In this instance, the report shall be given to a medical practitioner or psychologist nominated by the educator or student. The educator or student may respond to the report in writing to the PEC within 20 days after receiving a copy of the report.
3. The PEC Subcommittee may require the educator or student who was assessed to discuss the report and ways of dealing with any adverse findings with the PEC interviewers. The PEC interviewers shall share any information received during this interview with the PEC Subcommittee.
4. The PEC Subcommittee shall consider the educator's or student's responses, as set forth in this section, before undertaking any actions as set forth in section J.

K. Actions the PEC Subcommittee can take after health assessment

The PEC Subcommittee shall make one of the following actions or determinations within 45 days after the receipt of the health assessment. These actions include:

1. a decision to take no further action;
2. issuing a warning to the CPE educator, which warning shall be kept in the educator's file at the national ACPE headquarters;
3. In the case of an educator, referral to the Certification Commission for a Competency Review. The Certification Commission shall report its findings and determinations back to the PEC when completed;
4. Require the educator or student to submit to the PEC Subcommittee an action plan which may include:
 - o A time-specific plan for the educator or student to address the areas of concern, which may involve active and consistent participation in a recovery program, psychotherapy, or other intervention approved by the PEC Subcommittee;
 - o Monitoring by a designated third party, who shall be approved by the PEC Subcommittee. The educator or student shall sign all necessary releases to allow any designated third party to disclose all pertinent information to the PEC.
 - o Any other conditions on the educator consistent with ACPE Standards.
5. The PEC may suspend the certification requirement that an educator supervise students if the educator is undergoing an approved action plan as set forth herein.
6. Immediate suspension, if in the opinion of the PEC such action is necessary to protect the health and safety of the public.
7. Prior to issuing its disposition, the PEC may consult with the individual conducting the health assessment or other qualified mental health professional for guidance and advice concerning any proposed disposition with regard to the educator or student.

L. Appeal of PEC decision

If the PEC's determination results in a restriction or condition of practice placed on an educator or student, the educator or student may appeal this determination provided it is made to the PEC Chair within 30 days from the date of the action taken by the PEC. The appeal must be in writing of no more than 5 pages. Such written statement shall identify the basis of the appeal and shall include any supporting documents and the names and contact information of any witnesses with information relevant to the appeal. Warnings or referrals to the Certification Commission for a Competency Review issued to an educator or student by the PEC are not subject to appeal.

The PEC findings or dispositions shall remain in effect during the appeal process. The PEC Chair shall appoint two appeal interviewers who were not selected as Subcommittee members in the initial determination and shall review the appeal documents and shall conduct a summary review of the appeal. If there are insufficient PEC members who are available to serve as interviewers, the PEC Chair may select ACPE members who are not members of the PEC but have training or experience in the ACPE/APC or Ethics Codes and Procedures. Said review, including the basis of the appeal, shall be guided by but is not required to strictly comply with the process set forth in Article XII and Article XV of the ACPE Professional Ethics Manual.

After concluding their summary review, the interviewers shall report their findings to the PEC and the educator or student appealing the PEC decision. The PEC may affirm, modify or dismiss its initial findings or dispositions after reviewing the interviewers report. The action of the PEC following any appeal process shall be final and binding.

M. Support for the impaired educator or student

CPE educators and students who have been notified of a possible impairment can find their dealings with the PEC to be very stressful. Educators and students are often concerned that their certification, religious endorsement, professional reputation and livelihood may be at risk. They also fear that their private health information will be made public.

The PEC operates under the provisions of the ACPE Standards. Because of this, interactions with the PEC can seem formal and bureaucratic. While some of this cannot be avoided, PEC members and the ACPE Executive Director will work with the educators and students to explain the various processes and requirements. Educators and students can expect that their dealings with the PEC and the ACPE Executive Director will be professional, confidential, respectful and polite.

Educators and students who have been notified to the PEC are encouraged to seek assistance and support. This may include support from treating practitioners, doctors' health services, professional indemnity insurers or other legal advisors.

N. Cooperation requirement.

All educators and students are obligated to cooperate with this impairment process and policy and shall provide documents or other information requested by the PEC or the PEC interviewers. Refusal or failure to comply with any requirement of this policy at any point shall grounds for dismissal from ACPE.

Notes

- The use of "educator" is meant to include any person engaged in the practice of clinical pastoral education as an educator at any level of certification (i.e., student, candidate or certified educator). The use of "student" refers to any Level 1 or 2 student participating in a CPE program.
- Time restrictions or requirements identified herein may be reasonably extended or modified by the PEC Chair as may be necessary due to scheduling or other factors.
- The ACPE Executive Director will maintain a list of respected clinicians, agencies and services for referral should they be needed.

*Adapted from Medical Board of Australia
March 2015*