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BCCI Competency Writing Guide 2024

The following is a writing guide for the competency responses to be written by you, the Applicant, regarding the Common Competencies for Certification for Professional Chaplains. It is designed to give you a clearer understanding behind the meaning for each competency and what your committee members will be looking for when reading your responses.

As you write your responses, please keep these thoughts in mind:

- 1. The responses provide an opportunity for you to articulate the theory and practice that you have developed through your education, formation, training and experience.**
- 2. Your committee will be looking for a balance of theory and practice. What is your understanding of each of the competencies and then how do you apply it to your provision of spiritual care? Be clear in your working definition of each and then give examples to demonstrate them.**
- 3. Writing your responses is not a time to be shy about your competence. Let your committee know how you demonstrate these competencies. If you don't tell the committee, then they will determine you do not understand the competencies and/or you are not demonstrating them. Claim your strength and value as a quality spiritual care provider!**

For each of the following competencies the Applicant for certification will demonstrate the ability to:

Competency	Writing Prompts
<p>ITP1 Articulate an approach to spiritual care rooted in one's spiritual tradition and integrated with a theory of spiritual care.</p>	<p><i>You might begin with "In my work and in my tradition, spiritual care is fundamentally about..." then give your honest definition/theory/image of what you offer as a chaplain. Whatever spiritual care has come to mean to you, explicitly state/underscore where that definition comes from in your spiritual tradition and/or what in your spiritual tradition could support that definition: a story or other reference from a sacred text? a certain practice or prayer? a law or moral principle? an artwork or symbol? And to show that this isn't just abstract, give a specific example from your actual caregiving of when you came close to exemplifying this definition in your chaplaincy practice.</i></p>
<p>ITP2 Provide spiritual care that incorporates a working knowledge of an academic discipline that is not explicitly religious/ spiritual (e.g., psychology, sociology, anthropology, history).</p>	<p><i>Chaplains have a spiritual perspective on our work (as per ITP1, above), but that isn't the only perspective that we have. We need to know not just our own religion/spirituality but some broader perspective on religions/spiritualities. Some chaplains draw on person-centered psychology or psychoanalysis or cognitive-behavioral therapy or cultural anthropology or comparative religion/mythology or history of religion, etc. What idea from beyond our chaplaincy field would you say is the most useful to you in your work as a chaplain? Then think of a time when you were responding directly to something in your care recipient's spirituality. How did your knowledge of this cross-disciplinary idea change/improve the spiritual care you offered them?</i></p>
<p>ITP3 Incorporate the spiritual and emotional dimensions of human development into one's practice of care.</p>	<p><i>Humans and their feelings and spirituality change over time. To respectfully and effectively respond to those feelings and spiritualities, chaplains must know how to meet a care recipient where they are in the recipient's own process/development. Without necessarily espousing a particular developmental process as right/normal/typical, chaplains sometimes draw insights from frameworks that feature stages (e.g., Erik Erikson's, James Fowler's), frameworks with cycles (e.g., Kenneth Pargament's model of spirituality as a process), epistemological frameworks (e.g., "Women's Ways of Knowing"), or spiritual/symbolic frameworks (e.g., the Dharmachakra, Noble Eightfold Path). You might begin thinking about this competency with an example of two care recipients you served who faced somewhat similar situations/challenges/crises but at very different moments in their own lives: what model can help you articulate what that difference was between them? Teach the reader that model in your own words, using the example you started with to illustrate at least two phases/tasks/aspects of development and how your care adapted to suit each phase.</i></p>

<p>ITP4 Incorporate a working knowledge of at least one ethical theory appropriate to one’s professional context.</p>	<p><i>Distinct from complying with their own certifying organizations’ codes of ethics (cf. PIC7), chaplains need to be able to analyze ethical issues in their professional choices and support care recipients and colleagues in their own ethical analyses (cf. OL4). So, chaplains use a variety of ethical theories—e.g., consequentialism, biomedical ethics, virtue ethics, deontology. This variety reflects chaplains’ variety of worldviews, philosophies, and theologies but also the variety of contexts we serve: healthcare, uniformed services, education, corrections, etc. So, you might start with any ethical framework you know and care about, feel inspired and/or challenged by, then paraphrase that framework, in your own words, and tell a story of when that ethical framework helped you think through some predicament where you serve.</i></p>
<p>ITP5 Articulate a conceptual understanding of group dynamics and organizational behavior.</p>	<p><i>Chaplains provide care to individuals who are often best understood as members of groups. We also serve groups that are part of even larger institutions and organizations. Beyond your CPE group, which patterns/tendencies/dynamics have you found the most illuminating in your work with care recipients, their loved ones, non-chaplain colleagues, between departments of the institution you serve, etc. Teach the reader a particular concept in your own words and give two examples of using it: 1) to better understand an individual as a member of some group and 2) to better understand a department/unit/service as part of an organization.</i></p>
<p>ITP6 Articulate how primary research and research literature inform the profession of chaplaincy and one’s spiritual-care practice.</p>	<p><i>Chaplains have historically been some of the least scientific disciplines in our institutions, but our field’s shift to a more evidence-based and research-literate spiritual care is not only a recent development. Empiricism, case studies, publication, continuing education, etc. have been part of contemporary North American chaplaincy since its inception (e.g., in the work of the first clinical pastoral educators like Anton Boisen, Russel Dicks, and Helen Flanders Dunbar). Reflect on any kind of spiritual-care research finding that you sought to integrate into your work, cite the source, summarize it, and tell the story of what difference that discovery made to you. If you have not yet had such an experience, you might explore virtually any of John Ehman’s Article-of-the-Month selections, find something that sparks your curiosity, read his summary and the original research behind it, and try to integrate some idea/practice/tool from that research into your work. Then write a paragraph starting “One research finding that I’ve tried to integrate into my practice is…” and give your own summary of it and how you’ve tried to put it into practice.</i></p>

Competency	Writing Prompts
<p>PIC1 Identify one’s professional strengths and limitations in the provision of spiritual care.</p>	<p><i>In clinical pastoral education, we may have focused on growing edges in our personal and/or professional functioning that resulted in below-standard spiritual care. This competency is about something different—it is about professional functioning within a higher and narrower range, the range of competent professional chaplaincy. Within that range, we still have relative strengths and limitations. What part of chaplaincy work is easy and natural to you, and why do you think it comes so naturally to you? What part of chaplaincy work is harder for you, and why do you think it is a challenge for you?</i></p>
<p>PIC2 Articulate ways in which one’s feelings, values, assumptions, culture, and social location affect professional practice.</p>	<p><i>Chaplains provide care directly from human being to human being(s), so our feelings, values, assumptions, culture, and social locations influence the spiritual care we provide (for better or worse, or just as different styles). For this competency, focus on examples when you were aware of your own background and the ways in which is shaped your care. You might address each of the five aspects of this competency separately. 1) When in your chaplaincy have you felt particularly strong emotions (e.g., anger, fear, sadness, happiness, surprise, disgust) (distinct from thoughts) and how did they impact your work? 2) When in your chaplaincy have your own values come into play (e.g., your sense of right vs. wrong or good vs. bad—not necessarily the same as everyone else’s) and how did you use/manage them? 3) When in your chaplaincy have you discovered yourself making assumptions (e.g., about gender, about family, about how to demonstrate respect, about how an interaction should go) and how did you check yourself? 4) What about your caregiving do you see as most related to your own culture(s) (e.g., sports culture, church culture, Southern culture, Korean culture)? 5) What other aspects of your social location (e.g., race, ethnicity, class, gender, sexual orientation, age, disability, nationality, immigration status—or any other aspect you feel comfortable sharing) most informs you of your way of being a chaplain?</i></p>
<p>PIC3 Attend to one’s own physical, emotional, and spiritual wellbeing.</p>	<p><i>Professional chaplaincy can be very hard work. Reflect on what you do to care for and sustain yourself. You might start by reflecting on your own most crucial boundaries, practices, and relationships. Then use those to complete three sentences: “I promote my own health by...”, “I honor my own emotions by...” and “I nurture my own spiritual process by...”</i></p>

<p>PIC4 Respects the physical, emotional, cultural, and spiritual boundaries of others.</p>	<p><i>When a care recipient communicates a boundary, chaplains must respect it. When have you noticed somebody’s physical boundary (e.g., about touch, social distance, entering/exiting a space)—whether communicated explicitly or implicitly—and how did you respect it? When have you noticed somebody’s emotional boundary (e.g., not the right time to explore a certain emotion or go deeper, choosing not to be so expressive in front of family members) and how did you respect it? When have you noticed somebody’s cultural boundary (e.g., using formal titles over first names, modesty in dress) and how did you respect it? When have you noticed somebody’s spiritual boundary (e.g., religious dietary restrictions, avoidance of idolatry, norms of how remains are treated after death or other perinatal loss) and how did you respect it?</i></p>
<p>PIC5 Use appropriately one’s professional authority as a chaplain.</p>	<p><i>Who or what authorizes a chaplain to provide spiritual care? Reflect on what you believe gives you the power, the right, the permission, the blessing, the license to function as a chaplain in the institution that you have worked for. In this competency, the chaplain should display both the ways they serve their employer and the ways they challenge their employer to higher ideals. How does your authority guide you to support your institution as well as offer a prophetic voice that holds your institutions to standards beyond narrow self-interest? Give and examples of joining your employer’s mission: what empowered you to join in? Give an example of bringing in a difference/question/challenge at work: what empowered you to bring that difference?</i></p>
<p>PIC6 Advocate for the persons in one’s care.</p>	<p><i>Chaplains generally prefer to help care recipients assert their own needs. But sometimes a care recipient needs an advocate. When necessary, a chaplain needs to be willing and able to amplify the needs of our care recipients. Try to recall times when you may have relayed to staff of a family’s religious request, or spoken to family about their loved one’s wishes, or brought an employee’s concern to management, or raised awareness of an underrepresented/underserved group. Then ask yourself, in which of these examples were you advocating for the other’s needs rather than imposing your own perspective.</i></p>
<p>PIC7 Function within the APC/ NACC/NAJC Code of Ethics.</p>	<p><i>Each professional chaplain is subject to the code of ethics of their respective certifying organization. We often think of these codes negatively, i.e., as a list of “Thou shalt not’s” which only catch our attention when we or a peer seem to violate them. But a code of ethics can also be a positive resource, i.e., a guide, an affirmation. Read through the APC/NACC/NAJC Code of Ethics; identify a particular aspect of it you most strongly agree with, and briefly share what you do to proactively fulfill the letter and the spirit of that rule.</i></p>

Competency	Writing Prompts
<p>PPS1 Establish, deepen, and conclude professional spiritual care relationships with sensitivity, openness, and respect.</p>	<p><i>One way of looking at relationships is over time, with each relationship having a beginning, a middle, and (eventually) an end. Start by bringing to mind some care recipients from the past. Paint a picture of your first encounter (or first few encounters) with this care recipient: what did you say or do to demonstrate sensitivity, openness, and respect? As you think about the middle phase, how the relationship developed over time, recount any highlights that come to mind—again, with specific quotes and descriptions (vs. “I held space” or “I helped the patient explore”), how you specifically offered sensitivity, openness, and respect. Then think about the end of the relationship: again, what did you do/say that helped the relationship come to close with care.</i></p>
<p>PPS2 Provide effective spiritual support that contributes to the wellbeing of care recipients, including patients (or the relevant analogue in a non-healthcare setting), their families/friends, and staff.</p>	<p><i>The difference that professional chaplains make are best described by effective interventions and outcomes that they bring to care recipients. Chaplains have some goals and outcomes in mind, some ways of at least speculating about how effective our care encounters are. Reflect on some of your chaplaincy interventions. What difference did they make? You might then start with the sentence, “One way I hope my spiritual care giving makes a difference for my care recipients is...” Then give an example for each kind of care recipient listed, specifically describe the care you gave and speculate about how you may have made this difference for them.</i></p>
<p>PPS3 Provide spiritual care that respects diversity, relative to differences in race, culture, gender, sexual orientation, etc.</p>	<p><i>This competency invites the chaplain to compare and contrast spiritual care approaches toward at least two different care recipients from different identities and backgrounds, paying special attention to identities of race, class, gender, culture, and sexual orientation. The chaplain is not required to mention their own identity in the competency and will not be penalized for withholding that information. They simply need to articulate the contrast in approach between care recipients of different identities e.g., of a patient who is White and of a patient who is Black, of a nurse who is Filipino and of a nurse who is Irish-American, of a cis woman and of a cis man, of parent who is straight and of a parent who is gay, of a Deaf employee and of a hearing employee. Your examples don’t have to come from a single encounter, and you may reference demonstration of this competency throughout your written work as a whole. (Note that if one’s chaplaincy has not yet included an actual diversity of care recipients in any/some of these respects [e.g., one has only served in a small single context with no apparent diversity of sexual orientations], the chaplain may describe hypothetically how they would imagine caring that respects such differences...)</i></p>

<p>PPS4 Triage and manage crises in the practice of spiritual care.</p>	<p><i>You might think about one of your busiest recent shifts. Start with a snapshot in time from that shift, a snapshot of any moment when you had multiple tasks on your list. List the various demands you were facing, and if that list is longer than three, focus just on the three highest-priority needs: how did you determine those were the highest priority, and how did you determine between those three which were priority 1, which was 2, and which was 3? Then briefly describe how you handled each of those demands on your list. Lastly, looking back now on how you prioritized and how things ended up, do you wish you would have prioritized them any differently? There is no right or wrong answer, but chaplains must honestly assess the outcomes of our crisis management, so that we continually improve the quality of our triage.</i></p>
<p>PPS5 Provide spiritual care to persons experiencing loss and grief.</p>	<p><i>You might begin by recalling a recent spiritual-care encounter with someone whose loved one had passed away: How did you care for that person? What did you say and do? And what did you purposefully <u>not</u> say and do, and why not? Maybe in the same encounter, or in a different encounter, think of a time you helped someone deal with a loss that didn't involve dying per se—maybe the death of a dream/hope, the loss of a job, the grief of a breakup, for examples. Similarly, paint a picture of what you did and said, and what you didn't do and didn't say, to give them your support as a chaplain.</i></p>
<p>PPS6 Provide religious/spiritual resources that are appropriate to given care recipients, their spiritualities/religions, their contexts, and their goals.</p>	<p><i>This competency is about those times when the chaplain provides a relatively tangible resource: a text, an object, a reading, a sacrament, a prayer, a song, a guided meditation, an icon, etc. Think about a time when you offered something similarly concrete to a care recipient and it was very well received. It was probably so well received because it was appropriate, because it met the three criteria of this competency: it fit well (enough) with their spirituality (i.e., is probably wasn't religiously offensive to them), their circumstances (i.e., it probably wasn't tone-deaf to their situation or even generic), and their hopes/intentions/aims (i.e., they probably felt like what you offered helped them toward their own goals in some way). Describe their spirituality/religion, their context, and their goals—then how the prayer/text/practice/object/artwork you provided fit with those.</i></p>

<p>PPS7 Develop, coordinate, and facilitate public/semi-public liturgy/rituals appropriate to a range of settings and needs.</p>	<p><i>Though today’s chaplains do most of our work beyond chapels, being able to lead a chapel service or ceremony is still core to what our care recipients expect from us, rightfully. You might start by thinking about three levels at which you may have experienced leading rituals: One is a big level, beyond where you work/service as a chaplain: in a church, synagogue, mosque, sangha, etc.; that’s not what this competency is about. Another is a small level, the bedside or with an individual care recipient or their family/friends; that’s not what this competency is about either. This competency is about a mid-size level, within the institution in which you work/serve as a chaplain but includes more than just one care recipient and their family/friends. Think about a chapel service for the whole institution, or a weekly meditation session for the staff of a given area, or an annual memorial service in a conference room, etc. Describe two different examples of your liturgical leadership at that mid-size level. Make sure to include how you planned each, how you spread word about it (directly or indirectly), and what you did during the actual ritual.</i></p>
<p>PPS8 Facilitate care recipients’ own theological/spiritual/philosophical reflection.</p>	<p><i>Chaplains don’t (only) impart theological reflections. We facilitate others’ <u>own</u> theological reflections. Theological reflection has many definitions and methods. This competency’s version is that chaplains help people make connections between their own lived experience (e.g., their illness, their work, their relationships) and their own spirituality (e.g., beliefs about the beyond, the content of their prayers, moral obligations to their communities). Sometimes a care recipient’s lived experience changes/influences/reinforces/sparks/ shatters their spirituality. Sometimes a care recipient’s spirituality colors/shapes/enriches/energizes/complicates their lived experience. Pick whichever of these directions makes more sense to you, intuitively. Give an example of when you experienced that a care recipient seemed to discover something in that direction. Describe what you said and did to prompt or otherwise support them in that exploration, being careful to include what you did to honor that this reflection was their own.</i></p>
<p>PPS9 Facilitate group processes in the provision of spiritual care.</p>	<p><i>Chaplains must often embrace moments of group facilitation that help us provide good spiritual care. We set rules for spirituality groups, ask intentional questions during family meetings, help someone feel heard during rounds, etc. You might start by reflecting on a time when you felt especially useful as a chaplain in a group gathering like those mentioned here and above as examples. What did you do and say that seemed to help?</i></p>

<p>PPS10 Make and use spiritual assessments to inform chaplain interventions and contribute to interdisciplinary plans of care.</p>	<p><i>Chaplains make assessments. By “assessments,” we don’t necessarily mean judgments/evaluations; we mean rigorous descriptions/determinations about the people we care for. We gather evidence—by listening to them carefully, asking questions, observing their nonverbal communication, etc.—to figure out what their main spiritual concern may be, and/or what spiritual problems they feel like they’ve had before, and/or their resources or needs in terms of one of our field’s many spiritual-assessment models/tools/frameworks. You might start with a time when you told a non-chaplain about some aspect of a care recipient’s spiritual concern, history, needs, or resources. You probably did so because it was something important. Tell the story of what you did and said that helped you discover that something, what made you think it was important, how it changed/influenced the care you then gave, and what you said to the colleague about it.</i></p>
<p>PPS11 Document one’s spiritual care accurately, cautiously, and usefully and in the appropriate records.</p>	<p><i>You might start by paraphrasing, inventing, or redacting and copying a note you would have sent a colleague about a care recipient. Then elaborate on how you decided to write what you wrote and what you intentionally decided not to write. Be mindful of HIPAA and other privacy and confidentiality norms.</i></p>

Competency	Writing Prompts
<p>OL1 Promote the integration of spiritual care into the life and service of the institution in which one functions.</p>	<p><i>You might start by sharing the mission of the institution you serve and how you relate to it. Once you have a sense of its mission, you might complete this sentence: “If the head of the institution I work for were to ask me how what I do as a chaplain helps this institution achieve its mission, the best answer I could give is....” Then you might reflect on what you have done to promote the standing of chaplaincy in your institution, not just for your own benefit or even those whom you then provide care to, but also for the benefit of future generations.</i></p>
<p>OL2 Establish and maintain professional and interdisciplinary relationships.</p>	<p><i>As you think about your own sustainability and development as a chaplain, who would you say are the two most important chaplain peers for you to stay close with (i.e., <u>intradisciplinary</u> relationships: relationships within our discipline)? What do you do to stay close with them? And what did you do to help each of those relationships get started? Similarly with non-chaplain peers (i.e., <u>interdisciplinary</u> relationships: relationships between different disciplines): who would you say are the two whom you most value professionally? What credit can you take for starting/building those relationships? And what do you do to strengthen/sustain those relationships?</i></p>
<p>OL3 Understand and function within the chaplain’s institutional culture and systems, including utilizing business best practices appropriate to one’s role in the organization.</p>	<p><i>Chaplains aren’t necessarily passionate about business administration, but we work in organizations and can’t do what we are passionate about if we’re not able to at least recognize some aspects of their cultures, navigate their business functions, and do the business parts of our own jobs well. And as you think about your own particular institution, what would you imagine is perhaps its most distinctive characteristic against other similar institutions (e.g., what makes your hospital different from (at least some) other hospitals, your school different from (at least some) other schools?) Each organization also has internal systems that help it run (e.g., accounting, communication, security, branding, risk-management, human resources, timekeeping, infection-control, etc.) Which of these kinds of systems do you most immediately see your own involvement with? Share a concrete example of how you comply/interact/cooperate with that system (rather than avoid/ignore/defy it) and demonstrate best practices. You might also describe aspects of your own administrative best practices that support your work.</i></p>

<p>OL4 Advocate for and facilitate ethical decision-making in one’s workplace.</p>	<p><i>Chaplains don’t push our own ethics on others, but we do push others to make decisions ethically. We push by advocacy and facilitation, by reminding others to consider their own ethics and by helping them do so. You might start by identifying some of the times when you as a chaplain have witnessed something at work that really disturbed your conscience, something that felt wrong and you intervened, maybe by just asking that they stop and think ethically about this first. That’s one way of getting at what the first half of this competency is about. The second half of this competency doesn’t have to be from the same example/situation as the first half. Maybe in some other situation, it was somebody else who spoke up, or an ethical decision-making process was already happening (e.g., you got called into a “goals of care” discussion), and your role became to support that process. What did you say or do to help the people involved to make their own ethical decision?</i></p>
<p>OL5 Foster a collaborative relationship with community clergy and faith group leaders.</p>	<p><i>Chaplains function as liaisons between their institutions and religious/spiritual institutions in the wider community. In some chaplaincy settings, these kinds of partnerships are basic, vital, and essential; without them, we wouldn’t be able to serve many of our care recipients well. In other chaplaincy settings, these collaborations are more like “icing on the cake,” a chance to round out, supplement, and complement already robust in-house resources. Wherever you are on that spectrum, give an example of your best work in this area: describe exactly what you did to foster a connection between your institution and the outside world.</i></p>