UTAH DEPARTMENT OF COMMERCE
Office of Professional Licensure Review

Sunrise Review

Spiritual Care Providers

November 2024

Prepared in response to an inquiry submitted by Representative Gay Lynn Bennion (41st House District)

Executive Summary

Sunrise Request

This report has been prepared in response to Representative Gay Lynn Bennion's request for the Office of Professional Licensure Review (OPLR) to conduct a sunrise review of spiritual care providers (SCPs). Currently, there is no state regulation of SCPs, and SCP activities are not scope-protected in Utah.

OPLR's review provides an overview of the role of SCPs in healthcare settings, evaluates the potential for consumer harm from SCPs, and the implications for access to SCP services. In conducting this review, OPLR assessed the use of SCPs in Utah and nationally, interviewed multiple stakeholders, and evaluated industry reports and academic literature.

Key Findings

Despite some regulation through federal CMS requirements, no state has adopted any occupational regulation for SCPs.

Harm: OPLR found that SCPs have the potential to cause harm. SCPs interact with patients in vulnerable conditions. Although their role is to provide patient support, SCPs have the potential to cause acute emotional and mental distress, such as by inappropriately imposing religious beliefs onto patients, thereby causing mental distress. Despite the potential for harm, OPLR found that the prevalence of harm among trained SCPs is low and could not draw conclusions about the risk of harm by untrained SCPs due to a lack of research and evidence.

Access: SCPs are required for hospice facilities and are common in large hospitals. Healthcare facilities employ SCPs from a range of backgrounds, with education and training to meet their needs. The demand for SCP services may be outpacing supply in Utah as employers currently struggle to fill positions. Mandating requirements for SCPs may further threaten this balance, as the workforce depends on SCPs with a diverse range of training and education.

Recommendations

- OPLR recommends against state licensure of SCPs due to a lack of evidence of harm from untrained SCPs, the oversight already provided by healthcare facilities and–to a lesser degree–certifying bodies, and because licensure may restrict the workforce and thus access for consumers.
- OPLR recommends evaluating the existing Utah Department of Health and Human Services (DHHS) regulation of healthcare facilities to establish guardrails against potential harm. This may include better defining patients' religious and spiritual rights and including prohibitions against proselytizing in the provider code of conduct.

Context

This report has been prepared in response to Representative Bennion's request for the Office of Professional Licensure Review (OPLR) to conduct a sunrise review of professional spiritual care provider (SCP) licensure. The requested licensing scheme would require SCPs–who are currently unlicensed–to obtain a Master of Divinity, or 72 credit hours in a similar graduate degree of comparable scope, and complete 1,600 hours of clinical pastoral education (CPE).[1]

Overview of chaplaincy and spiritual care provision

SCPs are most commonly called chaplains or pastoral care providers. They provide spiritual care in institutional, non-religious settings. The term "chaplain" may refer to both clergy serving an explicitly religious role within a specific faith, as well as trained individuals who may or may not represent a specific religious tradition to address the spiritual and religious needs of diverse populations.

This sunrise request is focused narrowly on the provision of spiritual care within healthcare[2], where the spiritual care is "not contingent on any particular belief system or integrated with any particular faith-body." [3] In this report, the terms chaplain, spiritual care providers, and pastoral care will be used synonymously to describe this "clinical" chaplaincy in a healthcare setting.[4]

It is important to note that the role of an SCP does not include advancing their own religion or imposing their beliefs or theological interpretations onto others.[5,6] The most prominent certifying bodies for chaplains all prohibit proselytizing or discriminating on any basis, as does the National VA Chaplain Service (See Appendix 1.4). SCPs "provide for the assessment and support of patient, family, staff, and facility spiritual and/or religious needs,"[7] regardless of their specific religious or spiritual traditions (See Appendix 1.1 for further information).

[1] Additional requirements include: demonstrated awareness of and competence in behavioral theory (fulfilled either by formal study, such as an undergraduate degree in behavioral science, or by competency exam or confirmed reading list) and letters of recommendation.
[2] This includes all healthcare facilities - from hospice to mental health institutions to trauma centers.
[3] John D. Cooper, MS, MDiv, BCCi
[4] This report will not cover military chaplaincy, school chaplaincy, community chaplaincy, or chaplaincy within any other context.
[5] Puchalski et. al, 2009
[6] SCPs meet the explicitly religious needs of patients by working with local clergy. If a chaplain shares the same faith tradition of a patient, and they are ordained and trained to minister, they may perform religious rites or lead services when requested. For example, LDS Chaplains who hold the Malchizedek priesthood will provide blessings and Catholic chaplains will provide those Sacraments.
[7] John D. Cooper, MS, MDiv, BCCi

History and utilization of spiritual care in healthcare systems

Chaplains have a long history of integration into healthcare systems in the U.S., with the VA first introducing chaplain services in 1865.[8] The Joint Commission on Accreditation of Healthcare Organizations, which sets industry standards, has supported the presence of spiritual care since the late 1960s, calling for medical facilities to allow patients to have access to the form of spiritual care they prefer[9,10] and requiring all accredited facilities to administer spiritual assessments for patients.[11] Hospices wishing to participate in the Centers for Medicare & Medicaid Services (CMS) programs must include a "spiritual or other counselor" as part of the interdisciplinary team and provide spiritual counseling.[12] Around 70% of hospitals[13] across the United States utilize SCPs, a number which has increased significantly over the last two decades.[14,15]

Education and training levels vary widely between SCPs, a consequence of the extensive number of chaplain certifying bodies, differing requirements between facilities, and a long history of utilizing lay clergy to provide spiritual care services. Certification through a few of the most prominent and recognized certifying bodies, such as the Association of Professional Chaplains (APC), requires a master's degree, 1,600 hours of clinical pastoral education (CPE), 2,000 hours of post-CPE experience, and a lengthy application process. Other certifying bodies require only religious endorsement and a 40-hour course[16] (See Appendix 1.2).

Despite some existing regulation of pastoral care in hospice facilities through CMS requirements, no state has adopted any occupational regulation for SCPs. In general, individual facilities set their own requirements.

In Utah, hospices must offer pastoral care services through a 'qualified staff person' to achieve licensure through the Department of Health and Human Services (DHHS).[17] However, hospice and skilled nursing facilities tend to only require ecclesiastical endorsement with some degree of religious education and/or chaplaincy experience.[18] In contrast, larger trauma centers in Utah

[8] U.S. Department of Veterans Affairs Chaplain Handout
[9] Korzecki, 2023
[10] The Joint Commission
[11] Hodge, 2006
[12] 42 CFR § 418.64
[13] It can also be assumed that the vast majority of hospice facilities utilize pastoral care services as well, due to CMS guidelines.
[14] Weiner, 2017
[15] Handzo et. al, 2017
[16] I.F.O.C. Credentialed Chaplain Application
[17] R432-750. Hospice Rule. A 'qualified staff person' likely refers to a pastoral care provider, which is defined as "an individual who has experience in pastoral duties and is capable of providing for hospice patient and patient family spiritual needs, and is an individual who: (a) has received a degree from an accredited theological school; (b) by ordination or by ecclesiastical endorsement from the individual's denomination, has been approved to function in a pastoral capacity; or (c) has received certification in Clinical Pastoral Education that meets the requirements for the College of Chaplains".
[18] OPLR interview series

tend to require that SCPs have at least 800 hours of CPE, with many requiring professional certification (See Appendix 1.3).

SCP presence in hospitals has clear benefits. Religion and spirituality can act as coping mechanisms, providing comfort and meaning in times of crisis.[19] For many, "religious and spiritual beliefs are critical to the meaning of life."[20] SCPs tend to the spiritual health of patients and their families, thereby helping them navigate death, trauma, and life-altering change.[21] Research suggests that patient satisfaction in hospital care is higher for those who met with a chaplain as compared to those who did not,[22] while unmet spiritual needs are correlated with worse patient outcomes and satisfaction.[23,24] Physicians, nurses, and other clinical and non-clinical staff within hospitals find spiritual care to be fundamental to healthcare and value the services SCPs provide to the interdisciplinary team.[25,26,27] Survey evidence shows that the majority of those who interact with SCPs, even among those who did not seek out spiritual care, find the experience positive and at least moderately valuable.[28]

Findings: Consumer Harm

To understand whether spiritual care services provided by potentially untrained or undertrained SCPs increased the risk of harm for patients, OPLR 1) gathered qualitative data from interviews with stakeholders and 2) reviewed literature and studies regarding spiritual care.

General consumer safety

SCPs provide care in a one-on-one counseling context with vulnerable patients, a similar arrangement to other licensed practitioners such as mental health counselors and physicians. Even highly trained and licensed practitioners can take advantage of, abuse, or cross ethical boundaries with a patient. However, SCPs are employees of healthcare facilities and do not work as independent practitioners, thus ensuring general oversight in all circumstances. Additionally, their practice does not include higher-risk activities, such as diagnosis or establishing treatment plans.

[19] There is even some evidence that religion and spirituality, used as positive coping mechanisms, may improve the quality of life and health outcomes for chronically ill patients. See: Pilger et al, 2016.
[20] Johnston, 2021
[21] See Best et. al, 2023 for insight into how chaplains believe spirituality plays a vital role in healthcare.
[22] Marin et. al, 2015
[23] Pearce, et al, 2011
[24] Astrow et. al, 2018
[25] Austin et. al, 2017
[26] Bone et. al, 2018
[27] Fitchett et. al, 2009
[28] Cadge and Lawton, 2023. See also: Muehlhausen, et. al, 2021.

Spiritual harm

Interviews with SCPs and their employers, and a review of literature and certifying bodies' ethical codes, suggest that SCPs have the potential to cause acute emotional and mental distress, for example, by imposing contrary religious beliefs onto patients (See Appendix 2). SCPs serve individuals during their most vulnerable moments, helping patients and their families through traumatic incidents, severe crises, and death. Patients may even view SCPs as their conduit to a higher power, imbuing the SCP's words and interactions with the weight of the divine.[29] Forcing or mishandling specific religious beliefs may cause distress if those beliefs are incongruent with a patient's religious/cultural background, identity, experiences, or mental capacity (See Appendix 2).

Frequency of harm

Despite the potential for SCPs to cause harm, complaint data from major certifying bodies, qualitative interviews, and surveys on this topic suggest it is rare among trained SCPs.[30,31] Only one spiritual care director that OPLR interviewed mentioned an SCP engaging in harmful behavior,[32] and it was addressed promptly.[33]

Stakeholders did report that the frequency of issues among volunteer, untrained SCPs was higher than trained SCPs but explained that consumer harm was rarely severe.[34] OPLR was unable to find research comparing patient outcomes of certified, trained SCPs with untrained SCPs. There is currently too little data, beyond isolated anecdotal reports, to draw conclusions about the potential for harm caused by untrained or under-trained chaplains. Overall, OPLR cannot conclude that Utah's SCP workforce, consisting of trained and untrained SCPs, is causing severe, frequent, or permanent harm.

Findings: Access

In Utah, the demand for spiritual care is likely greater than the supply of SCPs. The sunrise review applicant estimated there are likely over a few hundred chaplains working in Utah, with local training programs graduating approximately 25 students annually. These numbers appear insufficient. The twenty largest hospitals within Utah all employ SCPs, as do all hospice facilities.[35] Spiritual care departments in hospital and hospice facilities alike described great

[29] OPLR interview series
[30] See Cadge and Lawton, 2023 : A survey of individuals who had recently interacted with chaplains revealed that only 7% of respondents indicated that chaplains were "more harmful than helpful".
[31] OPLR interview series: Two major chaplain certifying organizations explained that they have had very few substantiated complaints within the last few years.
[32] This issue specifically involved boundaries.
[33] OPLR interview series
[34] OPLR interview series
[35] There are likely many other facilities that utilize SCPs as well. Data on SCP hiring requirements for Utah hospitals is available upon request.

difficulty in recruiting and employing SCPs, forcing one healthcare facility to lower their requirements for employment of an SCP.[36]

Recommendation

OPLR finds insufficient justification to warrant state licensure of SCPs due to: a lack of conclusive evidence about the likelihood of harm, existing oversight of SCPs through facilities and certifying bodies, and concerns about whether the state has enough SCPs to meet demand.

Given the potential for harm by SCPs, it is reasonable to assume that the education and training provided through CPE and postgraduate theological education, as suggested by this sunrise licensing application, ameliorates this risk. However, as noted above, there is currently insufficient evidence that SCPs pose a large risk to the public or that un-certified SCPs[37] pose a substantially greater risk than those with a master's degree and 1,600 hours of CPE. To illustrate, spiritual and pastoral care managers from multiple healthcare facilities noted that they have competent, safe, trained SCPs who have not obtained the highest degree of certification.[38] Despite not requiring near the same level of education or training for their SCPs as hospitals, the spiritual care department within one of Utah's most prominent hospice providers explained that, in the last 8 years, they have only had one complaint against a chaplain–and that was from fellow staff, not patients or their families.[39]

SCPs work under multiple forms of oversight, largely negating the need for additional state oversight at the individual level. SCPs work on interdisciplinary teams, typically under a spiritual/pastoral care division. Employers, which are all state-licensed healthcare facilities, have full discretion to discipline and dismiss SCPs for unethical or unsafe behavior, with the ability to report the offending SCP to their certifying body as appropriate.[40] Employers also have the flexibility to set hiring requirements for SCPs to match the complexity of their institution and meet the needs of their patients. For example, some of the larger hospital systems in Utah have limited the scope of a volunteer SCP's role, while others have chosen not to utilize them at all.[41]

Finally, instituting state licensure may disrupt access to spiritual care services in Utah's healthcare facilities, as the current workforce may decrease significantly with any mandatory requirements. For example, licensure may impact hospice facilities, which are required to provide pastoral care, but do not typically employ SCPs educated or trained to the same level

[36] Changed from board certification to *seeking* board certification (i.e. has the CPE and is working on the Master's degree, or has the Master's degree and is finishing their CPE hours).
[37] Uncertified refers to not meeting the standards of APC certification (master's degree, 1600 hours of CPE, etc.).
[38] OPLR interview series
[39] OPLR interview series
[40] See Table 1
[41] OPLR interview series

as large tertiary medical facilities.[42] Requiring SCPs to have extensive education and training may potentially raise the standard of spiritual care, but requiring all SCPs to meet that standard may lead to significant unmet spiritual care.[43]

Alternative options

Below are some alternatives suggested for consideration. However, OPLR does not recommend any of these options at this time, except for Option 1 under Facility Licensing.

Voluntary certification

Voluntary state certification, protecting a title for those demonstrating certain qualifications, is an alternative approach, although not one that OPLR recommends. State certification would not impede access to care and could provide a signal of competence to guide employment decisions. The current landscape of many certifying bodies with differing certification requirements, ethical standards, and complaint investigation processes may prove confusing for healthcare facilities with underdeveloped spiritual care departments. However, there is insufficient evidence that state certification would meaningfully improve safety given that employers already assess and hire SCPs based on existing private accreditation and training programs–the same programs on which voluntary state certification would rest.[44,45]

Facility licensing

Rather than regulating individual SCPs, guardrails could be added to the existing licensure of healthcare facilities to bolster the safety of spiritual care. This approach may reduce harm from potential spiritual abuse without unduly affecting access. Of the two options below, Option 1 offers a lower administrative burden for facilities. OPLR doesn't recommend option 2 at this time as it is not supported by current evidence.

- **Option 1:** Add to the existing DHHS rule governing provider codes of conduct (see R380-80-6) to explicitly disallow proselytizing and, similar to the VA,[46] add a provision in rule affirming a client's right to practice their religion freely. This would clarify the expectations of spiritual care staff and ensure that SCPs are accountable for engaging in potentially harmful conduct.

[42] OPLR interview series: The complexity of the SCP role differs between large trauma centers and these facilities, and the two likely do not necessitate the same degree of clinical training.
[43] One director of a large spiritual care department likened the chaplaincy workforce to the teaching workforce, explaining that "In the current marketplace, there is a place for non-certified chaplains. It's similar to substitute teachers; it would be great if all of them had a teaching degree, but it isn't practical for everyone to have that training. The current system isn't perfect, but it works well enough".
[44] It is unlikely that smaller hospitals or hospices, which currently operate with SCPs who would not meet the standards for state certification, would begin to require state certification simply because it exists.
[45] Voluntary certification could be considered in the future if the certification market becomes dominated by organizations attempting to promote unsafe or unethical practices for SCPs for the purpose of clearly differentiating SCPs following an ethical code of conduct.
[46] See Appendix 1.4

- **Option 2**: Require facilities licensed by DHHS offering spiritual or pastoral care services to employ or contract with at least one “trained” chaplain to oversee untrained or volunteer chaplains, thereby potentially reducing the risk of harm. Georgia has a provision similar to this in the rule governing their hospice licensing, mandating that SCPs[47] must be a part of an interdisciplinary team, and those providers must have an ecclesiastical endorsement and one unit of CPE.[48] This option seems most applicable if evidence demonstrates that untrained chaplains cause patient harm that could otherwise be avoided with oversight by trained chaplains. The current evidence doesn’t support these conclusions.

[47] Called “clergy”
[48] GAC 111-8-37 Rule and Regulations for Hospice

Appendix

Contents

1. Context

1.1 Role and scope of a Spiritual Care Provider (SCP)

The following section was prepared by John D. Cooper, MS, MDiv, BCCi, for the sunrise application:

Professional Spiritual Care assesses and supports the spiritual and/or religious needs of patients, families, staff, and facilities in an evidence-based practice that integrates behavioral theory, therapeutic presence work, philosophy, connection with religious community resources, and occasional advocacy for human dignity in health care.

- Spirituality is defined as a patient's sense of meaning, purpose, and connection to something larger than themselves.
- Religion is defined as a series of beliefs, rituals, and community connection that may or may not be integrated with a patient's spirituality.

Professional Spiritual Care is not contingent on any particular belief system or integrated with any particular faith body; it is an integrative, multi-faith, mental-health-connected profession.

Spiritual Care services include:

- Help patients, families, staff, and facilities identify, assess, and fulfill spiritual needs
- Plan resources to help meet the spiritual and religious needs of patients, staff, and facility
- Explore and support concerns, beliefs, or emotions related to death, dying, and the after-life
- Help address internal existential conflicts and/or crises of belief, help people navigate the cognitive dissonance of ambiguous grief and loss related to life events
- Support patients and staff as they seek their own connections to sources of meaning and purpose
- Offer spiritual support for patients, families, and staff in existential or spiritual crisis
- Educate staff in basic religious literacy, how belief may impact patient care, interfaith relations, and multi-faith or multi-cultural sensitivity in healthcare
- Provide a non-anxious, non-judgmental, calm, supportive presence to patients, families and staff
- Bear witness to the depth, meaning, intensity, and story of the modern patient experience
- Sustain the presence of the sacred and holy in caring for human beings, always
- Provide prayer, meditation, rituals, and/or other spiritual resources as requested by patients, families, staff, and facilities, especially in circumstances where ritual observances may be preventing the delivery of healthcare in a timely manner or may change the dynamics of care planning (for example; when a patient and family requires a prayer or ritual prior to withdrawing life support or entering into a medical procedure)

- Help to ensure that the religious and spiritual needs of patients, families, and staff are honored, assessed, and responded to in healthcare with sensitivity and multi-faith respect, including but not limited to providing direct care when possible and making referrals to other religious resources when not possible, maintaining an on-site multifaith chapel, relationships with appropriate community clergy, arranging for spiritual services or religious rituals as needed, facilitating memorial services as requested, and maintaining other spiritual and religious resources that patients, families and staff may require.

As Spiritual Care professionals, Spiritual Care Professionals, often called “Chaplains" or “Board-Certified Chaplains,” are an integral part of a healthcare team and can help staff understand when belief, faith, or spirituality is having an impact on patient care. Spiritual Care Professionals may also help patients advocate for their sense of worth and well-being, requesting more clear information and/or access to types of care. Spiritual Care professionals serve in all segments of healthcare and collaborate with all disciplines that work as part of a healthcare team, including in mental health facilities and behavioral care.

Spiritual Care Professionals are expected to be well acquainted with religious and spiritual resources in the community surrounding their healthcare organization and provide for faith literacy and sensitivity in healthcare systems to help patients, families, and staff connect with local resources for worship, ritual, support, and spirituality. At all times, Spiritual Care Professionals maintain professionalism within the scope of their practice and sustain HIPPA protocols.

Spiritual assessment methods

SCPs often use spiritual assessment tools to determine the spiritual needs of patients, as well as their unique relationship to religion and spirituality. A few tools to gauge patients’ spiritual histories include FACT[49], FICA[50], and HOPE[51]. Other tools are used to better understand patients’ positive and negative religious coping methods, such as the RCOPE and Brief RCOPE,[52] while the RSS helps measure different dimensions of religious and spiritual struggle.[53] Some may use these tools alone or incorporate them into a model of spiritual assessment. The 7x7 model, developed by George Fitchett, “employs a functional approach to spiritual assessment,” providing a method of holistic and spiritual assessment.[54]

[49] Our Lady of Grace Catholic Church
[50] Ibid.
[51] Ibid.
[52] Pargament et. al., 2011
[53] Exline et. al., 2014
[54] Our Lady of Grace Catholic Church

1.2 Chaplain certifying organizations

Table 1. Prominent Chaplain Organizations					
Organization	**Code of Ethics**	**Established complaint process**	**Theologically specific**	**Does the ethical code prohibit proselytizing?**	**# of Members/ Certified individuals**
Association of Professional Chaplains (APC)	Yes	Yes	No	Yes	5,195[55]
College of Pastoral Supervision and Psychotherapy (CPSP)	Yes	Yes	No	Yes	Unsure
Spiritual Care Association (SCA)	Yes	Yes	No	Yes	Over 2,000[56]
World Spiritual Health Organization (WSHO)	No, they have an "honor code."	No	Yes; Christian	No	Over 400[57]
Association of Certified Christian Chaplains (ACCC)	Yes	Yes	Yes; Christian	Yes	Unsure
National Association of Catholic Chaplains (NACC)	Yes	Yes[58]	Yes; Catholic	Yes[59]	Unsure
Neshama: Association of Jewish Chaplains (NAJC)	Yes	Yes[60]	Yes; Jewish	Unclear	Unsure
International Fellowship of Chaplains (I.F.O.C)	No	No	Yes; Christian	No	Over 2,000[61]

[55] APC Membership information - 85% of the members are: Retired Certified, Certified or are in the process of seeking their certification with Board of Chaplaincy Certification Inc (BCCI), an affiliate of APC.
[56] OPLR interview series
[57] WSHO
[58] They have affirmed the APC's Principles for Processing Ethical Complaints
[59] The NACC code of ethics contains the provision: "Demonstrate respect for the cultural and religious values of those they serve and refrain from imposing their own values and beliefs on those served".
[60] NAJC Code of Ethics
[61] IFOC

Table 2. Common Industry SCP Certifications		
Certification Type	**Accrediting Body**	**Requirements**
Board Certified Chaplain (BCC)	Board of Chaplaincy Certification Inc (BCCI), an affiliate of the Association of Professional Chaplains (APC)	● Bachelor's from a university accredited by a member of the CHEA ● 72 graduate semester hours[62] ● Faith group endorsement or recognition[63] ● 4 units, or 1,600 hours of CPE from an ACPE-accredited training program or through the NACC or CASC ● 2,000 hours of work or volunteer experience as a chaplain following the completion of CPE units ● Demonstration of 29 Professional Chaplain Competencies
Associate Certified Chaplain	Board of Chaplaincy Certification Inc (BCCi), an affiliate of the Association of Professional Chaplains (APC)	● Bachelor's from a university accredited by a member of the CHEA ● 48 graduate semester hours[64] ● Faith group endorsement or recognition[65] ● 2 units, or 800 hours of CPE from an ACPE-accredited training program or through the NACC or CASC ● 2,000 hours of work or volunteer experience as a chaplain following the completion of CPE units ● Demonstration of 29 Professional Chaplain Competencies
Clinical Chaplain/Pastoral Counselor	The College of Pastoral Supervision and Psychotherapy (CPSP)	● Completion of a master's 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 ● A minimum of 4 units of CPE or 1,600 hours of equivalent clinical training ● A comprehensive theory paper of sufficient length to demonstrate the integration of personal, professional, and clinical competencies[66], addressing the theory and theology of pastoral care and counseling ● Documented accountability to the candidate's faith community, or endorsement (according to the faith group's regular practice), as pastoral clinician
Board Certified Chaplain	Spiritual Care Association (SCA)	● Official documentation of completion of a master's degree of at least 30 credits from a CHEA-accredited (or international equivalent) institution in a content area relevant to chaplaincy ● At least 3 credits, within their masters or beyond, in at least three of the following areas: a) quality improvement; b) research; c) spiritual assessment, care planning, and documentation; d) cultural competency/inclusion; e) end of life; f) grief/bereavement; g) ethics; h) religious faith systems; i)

[62] Must include a minimum 30 credit hour Master's degree in Theology, Philosophy, or Psychology, plus one year (24 semester hours) of study in 3 of the 4 chaplaincy competence subject areas: History of a religious or philosophical tradition, Spiritual Practices or Practical Ministry, Sacred Texts or Foundational Documents, World Religions.
[63] Faith groups must be recognized by the Department of Defense (Armed Forces Chaplains Board) or previously reviewed and approved by the BCCI.
[64] Must include 24 semester hours of study in 3 of the 4 chaplaincy competence subject areas: History of a religious or philosophical tradition, Spiritual Practices or Practical Ministry, Sacred Texts or Foundational Documents, World Religions.
[65] Faith groups must be recognized by the Department of Defense (Armed Forces Chaplains Board) or previously reviewed and approved by the BCCI.
[66] Competencies detailed in the CPSP Certification Manual.

		communication; or j) basic pathophysiology. ● At least 800 hours of clinical training in spiritual/pastoral care, such as CPE; accepts ICPT training ● 2,000 hours of work as a chaplain since completion of clinical training ● Demonstration of competency through a standardized patient exam (simulated patient encounter) and a standardized online knowledge test
Board Certified Professional Clinical Chaplain	World Spiritual Health Organization (WSHO)	● Master's Degree or higher ● Five quarters of CPE or four quarters of CPE plus equivalency of 500 post-CPE supervised clinical hours (CPE through programs accredited by the WHSO)[67]
Credentialed Chaplain[68]	International Fellowship of Chaplains (I.F.O.C)	● Completion of a 40-hour course ● Recommendation from a pastor
Advanced Credentialed Chaplain[69]	International Fellowship of Chaplains (I.F.O.C)	● 28 contact hours (CH) in a Crisis Intervention program by the ICISF ● 14 CH in Advanced Crisis Intervention /Strategic Planning ● I.F.O.C. Advanced Chaplain Course ● Manna University Certified Advanced Chaplaincy class ● 50 hours of Chaplain experience with a written review of competencies from a direct supervisor

APC and Organizational Partners

Additionally, the APC recognizes the following certifications from the following certifying bodies, as their requirements are very similar:

- National Association of Catholic Chaplains (NACC) supervisor, associate supervisor, and board-certified chaplain
- Neshama: Association of Jewish Chaplains (NAJC) as a board-certified chaplain
- National Association of Veterans Affairs Chaplains (NAVAC) as a board-certified chaplain

1.3 Assessment of SCPs in Utah

Data on OPLR's assessment of SCP job openings, patient capacity, and SCP hiring requirements by Utah hospital is available upon request.

[67] For more information on the WSHO's CPE program, refer to https://wshochaplaincy.org/cpe-descrip.
[68] IFOC Chaplain Credential Application
[69] IFOC Advanced Chaplain Application

1.4 National VA Chaplain Service

The requirements to work as a full-time or part-time SCP for the VA are similar to those for board certification through the APC, and include:

- US Citizenship
- A Master of Divinity degree or degree of equal qualification and religious education
- An ecclesiastical endorsement from an approved ecclesiastical endorsing organization
- Completion of at least four units of Clinical Pastoral Education in a program accredited by the Association for Clinical Pastoral Education or the Institute for Clinical Pastoral Training
- Met any appropriate requirements for specialized chaplaincy service, such as mental health or substance abuse counseling

The VA's chaplaincy program also expressly prohibits SCPs from proselytizing[70], and protects a patient's right to worship, "The opportunity for religious worship shall be made available to each patient who desires such opportunity. No patient will be coerced into engaging in any religious activities against his or her desires."[71]

2. Findings: Consumer Harm

2.1 Overview of Spiritual Harm

Religion and spirituality serve as a source of comfort and meaning to many undergoing traumatic events and crises. However, people can and do experience spiritual harm, which has been defined as "the mistreatment of a person who is in need of help, support, or greater spiritual empowerment, with the result of weakening, undermining, or decreasing that person's spiritual empowerment," [72] and may be caused by religious abuse and/or spiritual trauma (R/S).[73,74] Spiritual harm and R/S trauma may originate from various experiences, from direct abuse suffered at the hands of a religious leader to having one's religious or spiritual tradition disrespected or invalidated.

[70] VHA DIRECTIVE 1111 Spiritual Care
[71] 38 CFR § 17.33 - Patients' rights
[72] Johnson and VanVonderen, 1991
[73] Religious trauma is defined as, "a spectrum of conditions resulting from a traumatic experience perceived by the survivor to be caused by religious practices, religious communities, religious teachings, symbols, and/or the divine being to the extent that the survivors ability to participate in religious life" (Panchuk, 2018).
[74] Spiritual abuse is defined as "Control or oppression in a spiritual context in which the abuse includes elements of exploitation, manipulation, decision making censorship, enforced conformity, expectations of obedience, misuse of scripture with the intent of behavioral control, manipulation, isolation from others, and the illusion that the abuser holds a divine position" (Oakley and Kinmond, 2013).

2.2 Impact of spiritual harm

Research on the subject of spiritual harm suggests that R/S trauma "directly impacts mental and physical well-being leading to increased symptoms of depression, distress, mistrust, and internal conflict".[75] One study found that a majority of those with R/S trauma "endorsed a mental health diagnosis they believe was connected to R/S trauma…with participants endorsing symptoms of depression, anxiety, and trauma-related symptoms".[76] R/S abuse at the hand of religious leaders may be experienced more severely, as "the shared experience of betrayal, stigma, confusion, and trauma may have magnified meaning as a result of the religious or sacred character of the abuser." [77]

Studies indicate that vulnerable populations may be at greater risk of experiencing R/S and its deleterious impact. There is evidence of the detrimental effects of *negative* religious experiences on sexual minorities.[78,79] Other studies indicate that uneducated clergy have been found to cause additional harm to domestic violence survivors and those who have lost a loved one to suicide when they are unable to properly navigate those traumas.[80,81]

Spiritual harm can be severe in certain instances. One SCP OPLR interviewed shared his first-hand experience witnessing intense emotional harm from an untrained SCP. That SCP was treating a patient dying of brain cancer who was convinced he would "burn in hell for eternity" and had lost the cognitive ability to change that belief. The untrained SCP, a parish minister, had previously counseled this patient and told him "not to fear because fear is of Satan", offering scriptural evidence for this interpretation. Fear is a common symptom of advanced cognitive decline and cannot be treated psychologically, as can anxiety. The patient, trusting the religious authority of the SCP, then believed that he would be 'with Satan' as he couldn't overcome his fear. Although well-intentioned, the SCP caused acute emotional distress by imposing his theological interpretation of scripture onto a patient in an inappropriate context.

2.3 SCPs, proselytizing, and spiritual harm

Imposing an SCP's own beliefs or refusing to respect or acknowledge a patient's religious or spiritual tradition may cause spiritual harm, furthering patient distress and impacting their well-being. One researcher found that psychological damage may occur when "religious texts, values, or roles are distorted in a manner that justifies or glorifies an accusation, insult, or

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[75] Johnston, 2021
[76] Ellis et. al., 2022
[77] Johnston, 2021
[78] See: Dahl and Galliher, 2010, which found negative religious experiences impacted mental health outcomes more strongly than positive religious experiences for sexual minority youth.
See also: Sowe et. al., 2017.
[79] See: Simmons, 2017
[80] Duncan, 2003. This dissertation found that "only those clergy who had acquired additional education on top of their basic ministerial training, were found to be adequately prepared"
[81] Flarity, 1992

violent act," thus impacting one's mental and emotional state.[82] If a patient is led to believe that the circumstances of their health are justified or that their life and religious experiences will lead to poor outcomes after death due to their SCP's interpretation of religious texts or values, that will likely result in harm. SCPs provide an important and necessary service within healthcare by facilitating the spiritual health of a patient as part of their care and proselytizing cuts directly against that directive.

3. Clinical Pastoral Education (CPE)

3.1 What is CPE?

Clinical Pastoral Education is "pastoral education in a clinical setting," an interfaith professional education program (typically taught in consecutive 400-hour units) that brings theologians and ministers into "supervised encounters with persons in crisis".[83,84]

The following section was prepared by John D. Cooper, MS, MDiv, BCCi, for the sunrise application:

CPE "involves cultivating non-anxious presence, learning about one's own emotional "activation" or "trigger" points that may cause one to disconnect emotionally from patients or other recipients of care, the study of behavioral theory, integration of evidence-based spiritual practice, the study of the impact of belief and perspective on mental wellbeing, the study of crisis-intervention, training to offer a non-anxious presence during emergent events, basic interfaith religious literacy, and study of comparative religious belief, as well as clinical encounter training, individual mentoring/supervision, and peer to peer feedback on competencies."

3.2 Who provides CPE?

The foremost associations involved in providing CPE are the Association of Clinical Pastoral Education (ACPE) and the Institute for Clinical Pastoral Training (ICPT).[85] The ACPE is an accrediting organization for CPE centers, and board certification through the APC and its affiliate organizations requires CPE from ACPE centers. The ICPT is a CPE provider associated with the SCA, that offers a fully hybrid approach to CPE provision.

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[82] Simonic et. al., 2013
[83] Frederick Health, What is Clinical Pastoral Education?
[84] ACPE Frequently Asked Questions
[85] These are not the only two; CPSP also accredits CPE programs according to their accreditation standards, and there are smaller CPE providers. The WSHO, for example, provides CPE specific to their organization.

ACPE-accredited CPE centers typically offer 4 total units/levels (1a, 1b, 2a, and 2b), where each unit is 400 hours and consists of both didactic education and supervised clinical training. Each level/unit must prepare students to demonstrate competencies in the following five categories: 1) Spiritual Formation and Integration, 2) Awareness of Self and Identity, 3) Relational Dynamics, 4) Spiritual Care Interventions, and 5) Professional Development. The levels build consecutively; the first unit, 1a, provides students with a basic understanding and awareness of the role of a spiritual care provider, whereas the last unit, 2b, requires students to evaluate the implementation and efficacy of their spiritual care provision. To illustrate, the four levels within category 4, where students learn "Use of Spiritual Assessments and Care Plans"[86], are as follows:

- In **level 1a**, students will "demonstrate an understanding of the difference between spiritual assessments and spiritual histories/screens"
- In **level 1b**, students will "articulate how one uses spiritual assessments when one provides spiritual care"
- In **level 2**a, students will "demonstrate how one's interventions address the assessed spiritual needs/strengths"
- In **level 2b**, students will "evaluate one's use of assessments, interventions, and plans of care when one provides spiritual care"

The ICPT CPE program contains 4 discrete units, with each unit consisting of 100 hours of didactic lectures[87] and 300 hours of supervised clinical training.[88] The units are to be taken consecutively and include the following courses:[89]

- **Unit 1**: Cultural Competence, Inclusion, and Vulnerable Populations; Living with Heartbreak: Grief, Loss, and Bereavement
- **Unit 2**: Powerful Communication Techniques (effective listening, nonverbal communication, group communication, conflict resolution); Values, Obligations, and Rights: Health Care Ethics (medical decision making & Spiritual Care at the end of life)
- **Unit 3**: Supporting interdisciplinary teams/staff care; Advance Directives and Planning
- **Unit 4**: HIPAA; Spiritual Assessment and Documentation

[86] ACPE 2025 Accreditation Manual
[87] May be provided live or through interactive distance learning.
[88] ICPT, What is CPE? Supervised clinical training may occur at their current place of ministry or any number of settings, including but not limited to: hospitals, hospice houses, corporate settings, prison systems, skilled nursing facilities, nursing homes, assisted living facilities, and community organizations.
[89] ICPT Official Student Handbook

3.3 Connection between education and harm

Receiving the education and training provided through CPE may ameliorate some of the risk of causing harm. CPE and postgraduate theological education help train SCPs to clinically assess patients' relationship to religion and spirituality, assist those undergoing severe trauma and crisis, prioritize and validate the beliefs of a patient (even if they are in conflict with one's own faith), and avoid transference of one's religious belief onto a patient. CPE provides the tools for SCPs to cater spiritual care to the individual patient and their religious and spiritual background and avoid harmful behaviors (such as unwelcome proselytizing during a crisis), which may reduce the likelihood of causing spiritual harm.

Although stakeholders affirmed that CPE increases the quality of spiritual care,[90] there is little evidence suggesting that SCPs without CPE are currently causing enough material harm to necessitate mandating CPE requirements via state regulation.

[90] OPLR interview series

4. Stakeholder Outreach

Table 3. Stakeholder Engagement Summary	
Utah State Government	
Utah House of Representatives	**Rep. Gay Lynn Bennion**
Utah Department of Health and Human Services	**Shannon Thoman-Black**, Director of the Division of Licensing and Background Checks
Industry Stakeholders	
Association of Professional Chaplains (APC)	**Patricia Appelhans**, CEO **Kyle Christiansen**, Membership & Marketing Manager **Rev. Stacy Auld MDiv BCC,** Executive Committee Member and System Director of Spiritual Care and Values Integration at Houston Methodist **Rev. Debra Slade MDiv BCC**, Director and Senior Director of Spiritual Care and Clinical Pastoral Education at Nuvance Health
Spiritual Care Association (SCA)	**Rev. Eric J. Hall, DTh, APBCC**, President & CEO **Rev. George Handzo, APBCC, CSSBB**, Director, Health Services Research & Quality
Episcopal Community Services (ECS)	**Karen Peña**, Executive Director **Rev. Nancy Cormack-Hughes**, DIrector of Spiritual Care **Rev. Dr. Mariclea Chollet**, Director of Education and CPE
University of Utah	**Amy Horyna, MSW, LCSW, OSW-C,** Manager, Patient and Family Support, Social Work / Spiritual Care / Child Life / Resource Coordinators **John Cooper, MS, MDiv, BCCi,** Chaplain
Intermountain	**Dominic Moore, MD FAAP FAAHPM**, Senior Medical Director, Hospice and Palliative Care, Supporting Medical Ethics and Chaplaincy Intermountain Health, Canyons Region Division Chief, Pediatric Palliative Care; Associate Professor, Department of Pediatrics; Associate Program Director, Hospice and Palliative Medicine Fellowship University of Utah School of Medicine **Tyler Montgomery**, Director of Spiritual Care Intermountain Hospital Canyons
Community Nursing Services Home Health and Hospice	**Liza Johnson, RN, MBA**, Vice President of Clinical Services

	Jaimi Ostergar, MBA, Vice President of Operations **Roy Olson**, Chaplain BCC, Bereavement Program Manager
Subject Matter Experts	
	Rev. Karen Hutt, BCCi, MDiv

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