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A Chaplaincy Training And Support Program To Equip Pastors For Ministry In The South Ghana Conference of Seventh-day Adventist Church

Nathan Teye Odonkor
Andrews University

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ABSTRACT

A CHAPLAINCY TRAINING AND SUPPORT PROGRAM TO EQUIP PASTORS FOR MINISTRY IN THE SOUTH GHANA CONFERENCE OF THE SEVENTH-DAY ADVENTIST CHURCH

by

Nathan Teye Odonkor

Adviser: Moses Taiwo
ABSTRACT OF GRADUATE STUDENT RESEARCH

Project Document

Andrews University
Seventh-day Adventist Theological Seminary

Title: A CHAPLAINCY TRAINING AND SUPPORT PROGRAM TO EQUIP PASTORS FOR MINISTRY IN THE SOUTH GHANA CONFERENCE OF THE SEVENTH-DAY ADVENTIST CHURCH

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Date completed: December 2017

Problem

There is currently no Adventist Chaplaincy Ministries capacity development plan to clinically train pastors as chaplains in the South Ghana Conference (SGC) of the Seventh-day Adventist church. This has resulted in the absence of professional chaplains within the denomination in South Ghana.

Method

I conducted a Chaplaincy Training and Support Program (CTSP) for 15 selected trainees at the South Ghana Church Headquarters Asoredanho-Accra. The Key area of competencies was Clinical Pastoral Education. I employed qualitative method of evaluating trainees by conducting
oral and written assessments of data from trainees and ministry recipients.

Results

As a result of the CTSP, three trainees were identified as chaplains for the hospital, two for prisons, one for the police department, three for tertiary campuses and six for basic schools. The CTSP changed trainees’ mindset of who a chaplain is and they have become ambassadors and disciples of chaplaincy in the Adventist Church in Ghana.

Conclusion

The CTSP equipped pastors to be chaplains and two out of the 15 trainees have enrolled in a Master’s program in Chaplaincy at Babcock University-Nigeria, and in Guidance and Counseling at the Methodist University-Accra, respectively. The CTSP lessons learned would help fine-tune subsequent possible future chaplaincy academic/competency training at the Valley View University.
Andrews University
Seventh-day Adventist Theological Seminary

A CHAPLAINCY TRAINING AND SUPPORT PROGRAM TO EQUIP PASTORS FOR MINISTRY IN THE SOUTH GHANA CONFERENCE OF THE SEVENTH-DAY ADVENTIST CHURCH

A Project Document
Presented in Partial Fulfillment
of the Requirements for the Degree
Doctor of Ministry

by
Nathan Teye Odonkor

December 2017
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November 15, 2017
Date approved
Dedicated to Twaduapong Kwame

My siblings

My wife Mimonte Naaki

My daughter Miyante Otuko

My son Nathanson Otutey

All my parents

CTSP Cohort
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<td>Adventist Chaplaincy Ministries</td>
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<td>ACC</td>
<td>Accra City Conference</td>
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<td>ACPE</td>
<td>Association for Clinical Pastoral Education</td>
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<td>APC</td>
<td>Association of Professional Chaplains</td>
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<tr>
<td>ASDM</td>
<td>African Spiritual Diagnostic Manual</td>
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<tr>
<td>BCC</td>
<td>Board Certified Chaplain</td>
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<tr>
<td>CPE</td>
<td>Clinical Pastoral Education</td>
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<td>GNA</td>
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ACKNOWLEDGMENT

Like the Patriarch Abraham, I stepped into the Doctor of Ministry Chaplaincy Program by faith with no “know-how,” but constantly leaning on the Lord in this journey. He never failed me and I am so grateful to Him for his leading and guidance through the rough and tough times.

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while I was away from home studying at Andrews University in Berrien Springs, Michigan.

To the Highest God, I give praise, honor, and glory!
CHAPTER 1

INTRODUCTION

Description of the Ministry Content

I started my employment in the gospel ministry in 1993 at the South Ghana Conference (SGC) of the Seventh-day Adventist church. It was established in 1894, organized in 1933 and further reorganized in 1987. Currently, SGC territory covers both Greater Accra and the Volta region. On the south, it is boarded by the Gulf of Guinea from Aflao (Ghana/Togo border) to the border between the Greater Accra and Central and on the East by Eastern Region of Ghana. The headquarters is situated at 18 Hansonic Road, New Abossey Okai, Dansoman-Accra. The SGC has a total of 218 Churches, 371 companies and 108 branch Sabbath schools and a membership of 72,072 with 66 Pastors, 42 staff and 101 Literature Evangelists.

I have served as a district pastor in five districts and as a local church pastor in three churches. I was ordained into the gospel ministry on May 8, 1999, and have served and grown from my experiences in the Ghana Armed Forces as a civilian chaplain and at Data Link University College as a campus chaplain and Director of Student’s Affairs. Later on, I was appointed as the Ministerial Secretary and the Family Ministries Director as well as the Director of Chaplaincy for the SGC of the Seventh-day Adventist Church. My current office while completing this project is the executive secretary. Similarly, I serve as a volunteer chaplain of Korlebu Teaching Hospital as well as the chaplain for GNAAS.

In addition, as executive secretary, I presently supervise the work of 41 pastors involved in ministry including the Adventist Chaplaincy Ministries (prisons, hospital, and campuses) in
the city of Accra. I train, direct, and conduct counseling for all the pastors and chaplains of SGC.

Four years of service as Director of Chaplaincy at SGC has taught me that, a major problem for Adventist church’s ministry in Ghana is a lack of clinically trained chaplains. A call from Valley View University to SGC for professional chaplains to replace licensed and intern pastors could not be fulfilled. Pastors could not return chaplaincy endorsement application forms. The challenge, in Ghana, is that the clergy have not been given the necessary training in pastoral care to serve as chaplains. Therefore, this calls for formation of chaplains, chaplaincy educational support programs and reorganization of the Adventist Chaplaincy Ministries to accomplish the required task.

**Statement of the Problem**

There are two problems in this study: my own need for clinical supervisory training and the pastor’s need for clinical training. In Ghana, the assumption exists that once a pastor has received theological training, he is qualified to serve as a chaplain. Some church members also think that once pastors have received a license to visit the hospital and the prisons, they automatically become chaplains although they are not clinically trained as chaplains. In 2014, my observational evidence as Adventist Chaplaincy Ministries Director for the SGC indicates that, there is a lack of Adventist clinically trained chaplains in the various chaplaincy settings (i.e. campus, hospital, military and prisons). The church leaders have neglected the training of chaplains, and as a result, the Adventist church is not represented among the chaplains in various settings except the military. Because these pastors have not been clinically trained to be competent to handle pastoral care issues, this study will explore ways to provide support for
pastors to be trained clinically and to serve as appointed chaplains in the prisons, hospital, police, and on campuses.

**Statement of the Task**

The task of this project is to develop, implement, and evaluate a CTSP to clinically train pastors to handle pastoral care issues (crises) and to serve as chaplains in schools, hospitals, campuses, military and prisons.

**Delimitations**

The training and support program will develop pastoral care competency only among 15 pastors of the SGC who indicate an interest in chaplaincy ministries although more than that can participate. By January 2015 the program will be launched and it will run through to 2016, when the next triennial session (church delegates and workers meeting) of SGC takes place.

**Description of the Project Process**

In order to develop a CTSP for pastors to be trained as chaplains, I reflected on Ellen White’s teachings including the spiritual aspect when ministering to the sick by investigating biblical themes in Luke on Christ’s method of ministry and use His methods, as portrayed in Isaiah 61:1. I did a current literature review that focused on chaplaincy support training programs and literature that described the most effective ways to train pastors. The review adapted the programs and literature to fit the needs of the SGC pastors.

I held the CTSP at the SGC Headquarters Asoredanho-Accra by focusing on 15 selected pastors, though others (30) trainees participated. I was the main facilitator with some guest facilitators in guidance and counseling and military chaplaincy/Director Adventist Chaplaincy Ministries (ACM) Southern Ghana Union. The scope of practice for supporting chaplains focused on campus, hospital, police and prison chaplaincy. I held a workshop on pastoral counseling issues
(relational and counseling strategies for effective ministries). Seminars on competency standards for chaplains such as possession of required skills, CPE, and continuous quality improvement were conducted. The best practices for chaplains were used and an evaluation of a chaplain’s practice took place.

The 15-member cohort met once per week for nine months. At this meeting, I debriefed with each member of the group for guidance and counsel. The first part of the month was didactic, presentations and the second was for presentation of case study reviews from participants.

The didactic included the following: standards of practice for developing chaplains: documentation of care, ethical practice, respect for diversity, chaplain as a leader, and care for the organization.

I limited the evaluation interviews to the 15 selected pastors. The effectiveness of the program was evaluated qualitatively by conducting formal and informal assessments of data gathered by pastors from the interviews of ministry recipients. They offered case study reports of their ministry to persons in the hospital, on campuses, and in prisons to determine personal suitability for ministry in a specialized setting. I reported on the progress of the CTSP to the President of SGC and the Director of Chaplaincy Southern Ghana Union Conference for further support programming for pastors. The program was implemented January 30, 2015 and the project document continued after this date but the evaluation phases were finished by 2017.

Organization of the Chapters

Chapter 1 of this project is the introduction, description of the ministry context, statement of the problem, statement of the task, delimitations of the project, description of the project process, and definition of terms
Chapter 2 deals with the theological reflection. I reviewed the biblical position and Ellen White’s teaching on the spiritual aspect of chaplaincy when ministering to the sick. I focused on Jesus’ model of care, mingling with all people, desiring the good of people, showing sympathy and empathy, comforting the sorrowing and the bereaved, binding up the broken-hearted, reasoning with the ignorant, counseling the inexperienced, proclaiming liberty to the captives, and winning the confidence of ministry recipients.

Chapter 3 is the literature review which focuses on the work of the chaplain, the need for, theology, history, and practice of chaplaincy ministries, equipping members and empowering the profession, standards of practice for professional chaplains, and pastoral care training.

Chapter 4 contains the description of the initiative, inclusion criteria, CTSP cohort, course schedule, learning components, assignment types, practicum/case reports and self-evaluation.

Chapter 5 explains the implementation of the initiative. It focused on the outcome of CTSP intervention success and failure. It also explains the implementation strategy used.

Chapter 6 focuses finally on the evaluation and learnings, evaluation method, evaluation results, analysis of results and my transformation as a ministry professional.
CHAPTER 2

A THEOLOGICAL FOUNDATION FOR EQUIPPING
PASTORS AS CHAPLAINS

Introduction

This chapter deals with the theological reflection. I reviewed the biblical position and Ellen White’s teaching on the spiritual component of chaplaincy when ministering. I focused on Jesus’ model of care, mingling with all people, desiring the good of people, showing sympathy and empathy, comforting the sorrowing and the bereaved, binding up the broken-hearted, reasoning with the ignorant, counseling the inexperienced, proclaiming liberty to the captives, and winning the confidence of ministry recipients.

The book of Luke and the teachings of Ellen White were examined to inform or contribute to the development of key components of effective pastoral care for chaplains. I discussed the ministry of Jesus in a theological context and showed the importance of a care-focused ministry for chaplains. This chapter is also contextualized to reflect my personal background in ministry as a chaplain in Ghana. As White (1905) expressed,

There is need of coming close to the people by personal effort. If less time were given to sermonizing, and more time were spent in personal ministry, greater results would be seen. The poor are to be relieved, the sick cared for, the sorrowing and the bereaved comforted, the ignorant instructed, the inexperienced counseled. We are to weep with those that weep, and rejoice with those that rejoice. Accompanied by the power of persuasion, the power of prayer, the power of the love of God, this work will not, cannot, be without fruit. God often reaches hearts through our efforts to relieve physical suffering. (pp. 143-144)

These key elements—caring for the poor, sick, grief stricken, bereaved, broken-hearted, ignorant, and inexperienced—show that the Jesus in the gospels, particularly Luke, was focused
on caring first for a person’s immediate needs. Sermonizing is good, but much is accomplished by engaging others personally and privately. This is Christ’s method of reaching people, and it begets true success. These concepts form the structure of this chapter.

The chapter concludes with the thesis that Jesus was touched by humanity because He himself was human. The book of Luke and Ellen White Writings serve as a rubric for forming and informing the Biblical and theological development of chaplaincy ministry.

**Jesus’ Model of Care**

The first and major hermeneutical key for this project is the humanity of Jesus and how He approached His care ministry on earth. The second key is the shepherd care principle for chaplains and the third key is Jesus’ example of self-care in resting and nurturing of self.

**The Humanity of Jesus**

**Jesus’ Simplistic Life Acts as One Important Model of Care for Chaplains**

296). He was celebrated by angels (Luke 2:13-15). “God was manifested in the flesh (1 Tim 3:16).

The natural birth of Jesus informs the incarnational ministry of Jesus. Jesus’ birth reveals the nature of a chaplain’s unsophisticated way of life and care ministry. Jesus accepted our humanity with it weaknesses. The above evidence motivates the following care ideals.

**Chaplaincy Care Ideals**

The first is that a chaplain must admit vulnerability to sin, but not be intentional about sinning. Jesus took the form of humankind, yet was without sin (1 Pet 2:22, 2 Cor 5:21, Heb 4:15). His way of life is a fundamental, theological claim for the chaplain’s formation and work.

The second ideal is that the chaplain is a human being with all kinds of emotions, but, like Jesus, must operate with a compassionate and caring attitude. Jesus felt compassion (Luke 7:13); he felt touched (Luke 8:46). He experienced feelings of sadness (Isa 53:3); groaned and wept (Luke 19:41, John 11:33, 35); became hungry for food (Luke 4:2), thirsty (John 19:28), weary (John 4:5), and tired (Luke 8:23). He was made like his brethren in all things so that he could become merciful (Heb 2:17). Like anyone else, chaplains are not to ignore their own needs in order to solely satisfy the felt needs of others.

**Shepherd Care**

The second hermeneutical key of care is “shepherd care,” which reveals that reaching humanity requires sacrifice, service, and selflessness. Chaplains are to care for people as Christ cared for His sheep (humanity). Jesus cared for His flock and assured them not to fear (Luke 12:32).

Luke presents the necessity of visiting a family following childbirth and at death. This model of care during the birth of Jesus was exemplified by the shepherds when they visited Jesus
(Luke 2:8-20). Jesus visited and comforted the bereaved widow at Nain (Luke 6:17-7:23) when Lazarus died (John 11:19). In the Ghanaian milieu, visits following the birth of a child and death of a persons are also essential. This may not always be true in the Western world, but in Africa it is crucial and a rite of passage that is always celebrated.

Chaplains play a significant role in helping others express their joy and satisfaction to God for the gift of children. For the Ghanaian, the child born is for the community, much like Jesus belongs to the world. The Ghanaian concept holds that it takes an entire village to raise a child. Caring is the responsibility of all. As a Seventh-day Adventist Church minister living and working in Ghana, I have come to acknowledge that the best way of ministry is through God’s dealings with humanity as individuals, through the care of our fellow humans, and by celebrating the moments that promote love and communality.

For the Ghanaian, human beings are of intrinsic value: *Nipa nyina ye nyame mma, obi nye asase ba.* Meaning, “All men are God’s offspring. No one is a child of the earth.” They are preferred above gold: *Onipa ne asem: mefre sika a, sika nnye so; mefre ntama a, ntama nnye so; onipa ne asem.* Meaning, “You might have all the gold in the world and the best stocked wardrobe, but if you were to appeal to these in the hour of need they would not respond; only a human being will.”

Chaplains are humans who care for other humans. They value people as made in the image of God and are to offer any assistance needed: to weep with those who weep and rejoice with those that rejoice; and provide any other emotional support for the healing of others. Chaplains affirm the value of human beings through their joy and celebrations among family, friends, and other significant persons. Jesus’ birth should remind chaplains that they are not to “play God” in their caregiving role. Although he was God, he humbled himself by being born in
a stable and into a sinful environment. Chaplains imitate Jesus’s humility because it is a place of power instead of pomposity.

**Jesus’ Model of Growth**

Luke presents Christ’s humanity by emphasizing His physical growth and physique, which can be contrasted to a chaplain’s development in ministry. This is Jesus’ first model of growth. Luke 2:40 and 52 are specific verses that confirm the physique of Jesus at a tender age. Jesus, as a little child, grew and became strong, being filled with wisdom, and the grace of God was upon Him (Luke 2:40). “He increased in wisdom and in stature and had favor with God and man” (Luke 2:52). Academic, professional, and spiritual growth—are key development areas for a chaplain’s functioning but are by themselves inadequate. Physically, a chaplain must care for his or her body so as to receive strength for theoretical knowledge and soundness.

White (1898) indicated that the education received by other Jewish boys did not heed God’s voice speaking to the heart. In their educational pursuit, the laws of God, were masked, and they turned away from God, the ultimate Source of wisdom. White described that, under the training of the Rabbis, the powers of the youth were repressed as they sought for superior education, which hindered their development, cramped and narrowed their minds (p. 70), but for Jesus he did not receive instruction in the synagogue schools. His mother was His first human teacher. He obtained from God sources; for God was His instructor (p. 71). He received from the scriptures and he learned how to live. All this widened His scope to face life physically and spiritually and to help others to cope.

For a chaplain to obtain a good theological foundation, knowledge of chaplaincy theory alone is not the best or sufficient for engagement and practice. A good chaplain must always connect with the Scriptures. At the feet of Jesus and the words are enormous theological
reflections and skills for handling and working with people. Supervisors are like mothers who help in the formation of chaplains. Chaplains are reminded to develop their intellectual capacity from the Scripture and the Holy Spirit, who is the counselor and the one who is able to discern minds.

Christ’s knowledge is practical and not merely theoretical. The African maxim, like Proverbs 22:6, expresses a similar point: “Train a child the way he should go and make sure you also go the same way.” This variation in the African maxim is in the second part, which puts responsibility on the trainer to continue to show and be the right example. Likely, Mary followed the teaching instructed by God in the Old Testament, “Teach them to your children, talking about them when you sit at home and when you walk along the road, when you lie down and when you get up” (Deut 11:29). Clinical Pastoral Education (CPE) supervisors play a significant role in the formation of chaplains.

The Bible must be the standard of the chaplain’s education and must not be ignored for anything. Proverbs 3:5 says, “Trust in the Lord with all your heart and lean not in your own understanding. In all your ways acknowledge him and he will direct your path.” Human ideologies cannot be trusted if they are not founded on God. Identifying complete dependence on God in spiritual, academic, and physical development are excellent requirements of the chaplain.

The physique of Jesus is like any other person and that makes Him one of us—a chaplain. This growth model suggests that chaplains, if they are to follow Jesus’ example and to fulfill institutional requirements such as military, police, fire service and prison, must be fit physically in order to minister. The formation and growth of the chaplain must also produce God’s favor and human approval. If Jesus grew physically and spiritually in gaining wisdom and God’s favor (Luke 2:52), then Chaplains must have favor with God and the community as caregivers.
Jesus’ Model of Humility

Humility is also a core value for chaplains. Jesus is the epitome of humility and an example for any true chaplain. In Luke 2:1, Luke creates a backdrop against the Roman Empire. He shows that the Son of God will be moved around by the power of the Roman Empire. Luke creates an interface between “two kingdoms,” the Kingdom of God and the kingdom of Rome. In Luke 2:7, the debate is over who has more power—Jesus, born in a manger with swaddling clothes—or Caesar Augustus, placed in the palace, with royal clothes. Where do kings reign—a palace or a manger? How does Jesus rule in a manger? Luke portrays the kingdom of Christ in powerful ways. He invites us to see how the Son of God reigns in such a helpless position; that the Jesus born in a crib and in self-effacement is obviously powerful because of his humility.

A crib is a place of humility and it rules over the palace, a place of pride. Born in a crib is a disgrace, shame, poverty and lack to the world. The crib symbolizes humility and power in God. Jesus identified with common things to show humility as a powerful ingredient of service.

Salvation is for all people, the rich and the downtrodden, and for everyone that dwells on the earth, every nation, kindred, tribe tongue and people (Rev 14:6). Being humble allows one to be saved and healed. This does not mean the exclusion of the rich who are humbled from salvation. The humble rich would be saved over the proud poor.

There is power in humility. Christ remained in such a humble position so people might learn to serve one another better. Events prior to Jesus' public ministry (Luke 2:41-4:13) suggest the humility and servanthood of Jesus as a paradigm for chaplains who follow the example of Jesus. The paradigm of the kingdom of Jesus is measured against the kingdom of the devil. It is about the pomp power symbols versus poor outcasts. The chaplain’s place is to always have the feeling of “I am a loser” when serving, because it is the place of learning, success, and real
power. The poor, outcast position is the position of power and that is where every chaplain and servant of the Lord should be.

Chaplains heal spiritually and psychosocially. The Greek word σώζω sozo for save also means to heal. The following scriptures show the use of sozo: “They also who saw it told them by what means he who was possessed of the demons was healed” (Luke 8:36); “And he said to her, Daughter, be of good comfort: your faith has healed you; go in peace” (Luke 8:48). Chaplains care enough to save those they serve.

Chaplains should not focus on membership increase of a denomination, but the quality of care which leads to lasting relationship with Jesus. Feldbush, Willsey, and Kwon (2012, pp. vii-xiv) note that the care ministry of Jesus did not focus on the increase of the membership of an organized religious institution, but on making the world a better place to live and to prepare for eternal life.

The task of the chaplain must remain people-oriented. Chaplains reach people where they are at, with the intention of helping them be in harmony with life, including the hereafter. Chaplains must care for and model Christ’s method of service to meet holistic human needs through the exercise of humility, service, and sacrifice.

Model of Understanding Human Pain

For a chaplain to understand human trauma and pain is crucial to their service to others. White (1898/2002, p. 74) accounts for human frailty and pain. She says, “Jesus knew by experience the cares and hardship of people and he could comfort and encourage all humble workers.”

Jesus suffered pain like a sheep to the slaughter, like a lamb dumb before his shearer. In his humiliation, his judgment was taken away (Acts 8:32-33). He who was God's Son was of the
seed of David according to the flesh (Rom 1:3). Christ experienced pain during His ministry on earth; He suffered from hunger, thirst, and humiliation all for humanity. The traumatic moments of Jesus’ death on the cross are enough examples for the chaplain’s cross and suffering too. For Christ is able to sympathize with our weaknesses, because he was tempted as we are (Heb 4:15). “Insights gained from psychology into the dynamic intrapsychological processes in people’s lives can assist pastors to be present in others’ lives in such a way that they can serve as a living reminder of Jesus” (Nouwen [1969] 2000, pp. 246-250). Caregivers and ministers must be vulnerable to function beyond their professional role and give of themselves to real people with weaknesses, wounds, and sufferings. In other words, true chaplains heal others from their own healed wounds and trauma.

**Jesus’ Model of Identity**

The chaplain’s identity must be rooted in Christ. Luke's account is arranged and narrated in a way that attempts to express Jesus' significant identity, by connecting Jesus with the first man, Adam, to God, and to God’s children (Luke 3:23-38, 1 John 3:2). There is strong support for the expression “the Son of Man.” Stewart (n.d.) concludes that no other character calls Jesus by this name except Jesus Himself (last paragraph). Brown (1989, pp. 57-72) states, “the Son of Man is not found in any written non-canonical source. Yet Jesus referred to such.” It was Christ’s purpose to create in Himself one new humanity (Eph 2:15).

**Towards an African Justification of Identity Model**

This identity concept that Christ is one with humanity is strongly bought by African theologians. Although Christ is not from the bloodline of Africans, by his birth and death he is related. These African maxims affirm the concept: all human beings are the children of God;
none is the child of the earth (Gyekye, 1996, p. 36) and Odomankoma bor owuo na owuo kum no—the Creator created death, but he became a victim of death. Pobee (1979, p. 97) affirms Christ as human and God. The heart of Christianity in Ghana is the identity of Christ as human.

Prominent Ghanaian theologians have written in favor of Christ, but the opinions have not been unanimous. Sawyer (1968) who is sympathetic to traditional African initiation, says that Christ differs from their ancestors because He now lives (p. 93). Despite the debate, other Ghanaian theologians still maintain that Christ is an ancestor. Pobee (1979) advocates by saying, “Our approach would be to look at Jesus as the Great and Greatest Ancestor as in Akan language Nana invested with the power and authority to judge the deeds of men, rewarding the good, punishing the evil.” Yet, “He is superior to the other ancestors by virtue of being closest to God and as God” (p. 94).

Nyamiti (1984) explains, “If Christ is the Brother Ancestor, then God the Father is also our Ancestor, our parent ancestor” (pp. 63-65). Dickson (1984) also confirms:

Christ was the perfect victim; by his death he merits, to use an African image, to be looked upon as an Ancestor, the greatest of ancestors, who never ceases to be one of the ‘living-dead,’ because there always will be people alive who knew him, whose lives were irreversibly affected by his life and work … The physical cross … becomes the symbol of Christ’s being the ever living. (pp. 197-198)

Martey (1993) confirms:

Jesus Christ could then be seen by both oppressed African women and men as Liberator and Ancestor . . . As an ancestor, Christ is still part of the human family… He protects, guards and guides us. It is from Jesus the Christ that we, the whole tribes of God—we Christians—have taken our name. (p. 85)

Bediako (1995) sums up his thoughts on the issue when he argues, “Christ, by virtue of his Incarnation, death, resurrection and ascension into the realm of spirit-power, can rightly be designated, as an ancestor, indeed Supreme Ancestor” (p. 217).
It is suggestive to say that the genealogy of Jesus includes all sorts of people in one bloodline to Adam, to whom all the families of the earth belong. However, the conclusion is that Jesus is human by all standards. This concept resonates well in applying pastoral care to an interfaith environment.

**Mingling With All People**

Like Jesus, the chaplain should be an excellent socializer. The Savior mingled with people (White, 1905, p. 143). He opened networks and “webnets” by mingling. Chaplains must be receptive and come close to meet the needs of the vulnerable, neglected, and sick, taking note of boundaries in the exercise of duties. No matter the temperament, a chaplain must not be antisocial. Being interactive and touchable is not to meet the chaplain’s emotional needs, but to meet the needs of his or her a client/patient. Jesus connected with the outcasts and sinners—He touched a leper and healed him instantly (Luke 5:12). Jesus then visited Levi, the publican, and sat with him and his colleagues at a party because they needed wholeness (Luke 5:29-31).

Mingling with an outcast does not create a compromise of sin. The lessons of care drawn here for chaplains and caregivers is to be approachable and touchable.

For Jesus Christ, there is no distinction between classes. White (1900) was explicit in her lessons on distinctions:

No distinction on account of nationality, race, or caste, is recognized by God. He is the Maker of all mankind. All men are of one family by creation, and all are one through redemption. Christ came to demolish every wall of partition, to throw open every compartment of the temple, that every soul may have free access to God … in Christ … all are brought nigh by His precious blood. (p. 386)

Discrimination and isolation was never an attitude of Jesus, nor should it be of a caregiver. The mission of the chaplain is to be where the ministry recipients are without bias.
Chaplains should be great “minglers” despite religion, denomination, or background. Serrao (2010) identifies unique women, the ones generally thought of as “foreign” or “bad,” in Jesus’ family tree and invites readers to consider Jesus’ relatives and mingling strategies, as recorded in Matthew 1:1-17. Tamar, the disguised prostitute who fathered Perez and Zerah by Judah (Gen 38); Rahab, Salomon’s wife who was also identified as a prostitute and a Gentile in Jericho, who gave hospitality to the twelve spies (Josh 2 & 6); and Ruth, a widow and a Moabite, who became the wife of Boaz and daughter-in-law of Rahab; Bathsheba, Uriah’s wife (Matt 1:6), who committed adultery with David (2 Sam 11-12)—they are all connected to Jesus’ birth.

What is conventional sometimes can cloud our thoughts and stop our good actions. Conventional wisdom stipulated that the lepers stay away, but Jesus touched and healed them anyway (Luke 17:12-16; Matt 8:1-4). This teaches chaplains to stop discriminating and rejecting, and to mingle with all people. The variety of people with whom Jesus was connected reveals His embrace of all. “There is neither Jew nor Greek, neither slave nor free, nor is there male and female, for you are all one in Christ Jesus” (Gal 3:20). White (1900) concluded:

The publicans and the harlots, . . . however wretched they may be as specimens of humanity that men spurn and turn aside from, are not too low, too wretched, for the notice and love of God. Christ longs to have careworn, weary, oppressed human beings come to Him. He longs to give them the light and joy and peace that are to be found nowhere else. The worst sinners are the objects of His deep, earnest pity and love. He sends His Holy Spirit to yearn over them with tenderness, seeking to draw them to Himself. (p. 225.3)

A chaplain must feel accepted and willing to mingle before helping others who feel rejected as outcasts. Chaplains must be aware of these barriers so as to care in ways that will not separate them from the client/patient or ministry recipient. The chaplain stands in this position to exemplify Jesus’ method of care. When chaplains and caregivers meet those, who are careworn and oppressed, who know not which way to turn to find relief, they should “put their hearts into the work of helping them and not to rob them of their humaneness. It is not God’s purpose to
neglect the interest and welfare of the less fortunate” (White, 2016, p. 247). As chaplains, there is no good hiding from those who we think may influence us negatively.

**Mingling With and Caring for Women**


The issue of how women are treated is still a challenge today. Christ cared for women to demonstrate His attitude toward them. Today, there is a quite number of Adventist female pastors who are working as chaplains and employing Christ’s method of true success as expressed by White (1905 p. 143). Luke’s Jesus heals several women and shows special care for widows. Luke’s Jesus raises the widow’s only son from the dead (Luke 7:11-17). Jesus restored women’s capacities for full lives.

Spending time in God’s presence is a chaplain’s strength. Mary “sat at the Lord’s feet and listened to his teaching” (Luke 10:39). Martha, on the other hand, “was distracted with much serving” (Luke 10:40). What this implies is that chaplains mingling with others and serving them is necessary, but chaplains can be busy—so busy that they neglect to spend time at the feet of Jesus. Jesus’ response to Martha when she complained was, “Mary has chosen the good portion,
which will not be taken away from her” (vv. 41-42). Caring for self spiritually is a daily thing. For effective service, chaplains need to choose the better option—to be always in the presence of God. Chaplains are to care for the needs of others, yet not neglect devotion, worship, prayer, and the reading of the Bible. Dybdahl (2015) in his lecture notes underscores that the core of the chaplain is worship: “Remember that worship is for them (those you serve) as well as for you.”

**Mingling With Compassion**

Jesus demonstrated great compassion and love when He mingled with people. Luke 7:1-17 shares Jesus’ attention to a Centurion’s slave who was sick, and the widow of Nain, whose only son died; Jesus felt compassion for all of these people. The Greek word for compassion used in the New Testament is *splagchnizomai*, which means, “To be moved from the bowels.” Bowels in Jewish thought is the seat of emotions, love, and pity (Wellman, 2015). This compassion was demonstrated through words, feelings, and actions. The Lukan account above shows how Jesus entered into the sufferings of another person and responded in an act of mercy.

As a window of compassion, White (1952, p. 242.3) recommended ways of dealing with the poor and neglected without robbing them of their humanness. Kind words, pleasant looks, a comforting demeanor is charm in the relationships of people. These values of Ellen White are care values. The trademark of chaplains should be to restore, uplift, and influence. The poor, sick, and oppressed will be attracted to the chaplain who offers help with these values.

In Acts 4:32, a book connected to Luke, the members of the Early Church experienced overwhelming love for each other (Acts 4:32), but it was short lived. Here we see that God’s people released all their “objects of desire,” their possessions, for the benefit of the church. There were no more adversary relationships. The church was full of babies. They became like Jesus in the manger. The church was free from needy people. The church experienced huge amounts of
love and compassion. The model of Luke is to give up worldly objects of desire so the Holy Spirit can provide fullness and the freshness desired. Chaplains give up their comfort of mega churches and all their luxury to be with few and be the church to them and the churchless.

Caring for others through prayer, fasting, and proclamation of liberty to the captives is also the work of a chaplain. Isaiah confirms, “If you spend yourselves on behalf of the hungry and satisfy the needs of the oppressed, then your light will rise in the darkness, and your night will become like the noonday” (Isa 58:10). Chaplains are to be like Christ—they are to show mercy to others whenever the opportunity is before them, and to seek out opportunities to do good and to serve others. Chaplains are to “go and do likewise” as demonstrated by the good Samaritan (Luke 10:37) This is what it means to “love your neighbor as yourself” (v. 27).

Compassion, although it is a noun, connotes concern and action for what is felt. Scheffler (1993) emphasizes Lukan universalism of communis opinion as a positive attitude towards the poor and suffering in Luke’s gospel: economic, social, political, physical, psychological, and spiritual suffering (p. 13). Chaplains, like Jesus, should express genuine compassion and act appropriately in all human sufferings.

**Compassion and Attention for People With Diverse Ailments**

The caregiver is seen as a representative of someone who can help during psychosocial and spiritual illnesses. In Ghana, illnesses of various kinds are always brought to the pastoral caregiver because of the Bible stories of healing. Luke reported on all ailments, including fever (Luke 4:38-39), which was cured by Jesus. Jesus paid attention to small illnesses as well as larger, more complicated ailments. He laid His hands on and healed each one who brought various kinds of sickness to Him. Demons also came out from many, shouting, “You are the Son of God” (Luke 4:40). People who are physically, psychosocially and spiritually ill will always
need a chaplain. “God often reaches hearts through our efforts to relieve physical suffering” (White, 1905, pp. 143-144).

**Action in Compassion**

Chaplains act compassionately without being judgmental in their services. Action in compassion is to “hold space.” Plett (2016) describes “hold space” to mean walking alongside another person in whatever journey they are on without judging them or making them feel inadequate, trying to fix them, or trying to impact the outcome. To hold space for other people means to open our hearts, offer unconditional support, and let go of judgment and control. Compassion is similar to empathy. Offering compassion is a time for giving support for people to grow, transform, grieve, repent, forgive, and receive salvation. Chaplains need to give support, unconditional love, and gentle guidance that is needed, even when they make mistakes.

**Desiring the Good of People**

Desiring the good of others is a selfless, caring attitude demonstrated by chaplains towards their ministry recipients. Christ is the embodiment of everything good and through him chaplains can be good. The following areas expressed above show how Jesus desired the good of others and met the needs of people. Luke affirmed the goodness of Jesus. When He was congratulated by a certain ruler for being good, Jesus was quick to reject this goodness from a human perspective and attribute it to God (Luke 18:18-19). Luke’s idea of Jesus’ goodness is that all the impossibilities of humans are achieved only in God. Desire for the good of others is a selfless attitude that concerns itself for others.

Christ’s method of being good is a worthy disciple method for chaplains. Desiring the good of others (White, 1905, p. 143) is a “golden rule” which is a fundamental chaplaincy mindset, an ideology that thinks of others first (Luke 6:27, 35).
Various faith groups emphasize the need to desire the good of others. For Christians, “All things whatsoever you would that men should do to you, do also to them; for this is the law and the prophets” (Matt 7:1). Confucianism also says, “Do not do to others what you would not like yourself. Then there will be no resentment against you, either in the family or in the state” (Analects 12:2). Buddhism states, “Hurt not others in ways that you yourself would find hurtful” (Udana-Varga 5,1). Hinduism holds, “This is the sum of duty; do naught onto others what you would not have them do unto you” (Mahabharata 5, 1517). Islam also believes, “No one of you is a believer until he desires for his brother that which he desires for himself” (Sunnah). Judaism carries out this same philosophy: “What is hateful to you, do not do to your fellowman. This is the entire Law; all the rest is commentary” (Talmud, Shabbat 3id). Taoism says, “Regard your neighbor’s gain as your gain, and your neighbor’s loss as your own loss” (Tai Shang Kan Yin P’ien). The Golden rule of desiring the good of others is an ethic by which all chaplains should live by.

According to the *American Legion Chaplains Handbook* (2015), the chaplain candidate must meet desiring the good of others as a qualification. A chaplain has a responsibility to all and cannot be selective in his or her service. To achieve this value, Chaplains are to be knowledgeable and have listening, questioning, and answering skills. Desiring the good of others is a non-judgmental approach and shows respect for institutional protocol as well.

Feldbush, Willsey, and Kwon (2012) believe that spiritual and religious intervention are both role-based and skill-based and that the interventionist must be both trained and skilled in their work (p. 62). The chaplain can be successful in showing goodness only through divine help and training.
Showing Empathy

Empathy is a critical tool for chaplains. Empathy is a way of looking or imagining oneself in another person’s shoes. It is important to note that, in contrast, sympathy is merely feeling pity or sorrow for someone else’s circumstances.

There are significant action verbs which are used in expressing empathy, such as being aware, sensitive, and feelings are ways to understand the thoughts and experiences of the traumatized. Family International (2016) defines empathy as “Identifying oneself with another person’s feelings, experiences, and emotions, particularly in regards to misfortune; compassion, sympathy, and understanding.” Leigh (2016) figuratively also defines empathy as “putting yourself in the shoes of another person.” Doing so will give tremendous insight into what that person is experiencing. The genuine question to ask when empathizing is, “What must it be like to experience what the other person is going through right now?”

The Lukan perception of empathy is to accept an invitation to be with and to eat with the undesirables. Jesus responded to an invitation by a Pharisee: “He went into the Pharisee’s house, and sat down to meat” (Luke 7:36-50). Matthew, John, Peter, and Paul also expressed similar thoughts on empathy, such as doing things as we would have others do unto us (Matt 7:12); loving one another (John 15:12), having the same mind, being pitiful, courteous, demonstrating compassion to somebody (1 Pet 3:8), having kindness, being tenderhearted, offering forgiveness and, as expressed in Ephesians 4:32, rejoicing with people and weeping with others (Rom 12:15); speaking words that edify (Eph 4:29), humility in esteeming others better than ourselves (Phil 2:3), having bowels of mercy, kindness, humbleness of mind, meekness, longsuffering (Col 3:12). These are all acts of empathy.
Leigh (2016) offers some practical ways of empathizing which are applied to caregivers and chaplains in the following steps:

1. **Incorporate Empathy.** As a chaplain or caregiver, incorporate empathy into the daily lives of people.

2. **Recognize the presence of strong feelings in others.** These feelings must never be ignored. The chaplain needs to have empathy at all times.

3. **Imagine how the person might be feeling.** Take a few seconds to think about a feeling word or phrase, such as “anxious” or “upset.”

4. **Acknowledge the situation of the ministry recipient and respond accordingly.** Whatever word or phrase the person uses, do not use the same word or phrase. For example, if the person states they are very tense, you do not want to say, “It sounds like you are very tense.” The person may think you are mocking them.

5. **Accept the feelings of the client, patient, or ministry recipient.** Think of a synonym for the word “tense,” such as “stressed out” or “anxious.”

6. **State your perception of the person's feeling.** Reflect back with a feeling word or phrase. Once you have found the word you think fits best, incorporate it to a sentence.

7. **Respect the person's effort to cope.** Journey with the person who needs empathy because most people are trying to deal with whatever issue they are faced with at that time. Give encouragement and emphasize that, as a caregiver, you know they are working through the issues.
Comforting the Sorrowing and Bereaved

There are ways of reaching and touching lives other than preaching the Word; it is comforting the sorrowing and bereaved. Jesus comforts us so we can comfort others (2 Cor 1:3-4). “Every soul is as fully known to Jesus as if he were the only one for whom the Savior died. The distress of every one touches His heart. The cry for aid reaches His ear” (White, 1898, p. 480). Comforting the bereaved should not be limited to words, but deeds and presence.

Comforting is an act. Therefore, another way to comfort the sorrowing is through pastoral or grief counseling. Berinyuu (1989) defines a pastoral counselor in Africa as a “shepherding divine who carefully guides a sheep through a soft muddy spot” (p. 12). Pastoral counseling provides the platform for counselees to heal and to cope by identifying the problem and discovering resources. Schipani and Bueckert (2009) explain:

Spiritual care is a response to the spiritual needs of another, involving caring gestures such as a reassuring presence in the time of loss, a gentle touch in a time of pain, a prayer in the time of need, a listening ear in the time of confusion, the validation of another’s emotions or cry of distress, or the celebration of meaning. (p. 113)

The job of a chaplain is not to fix the problem, but to help the ministry recipient navigate and find practical, meaningful options that mitigate the problem. Lukan counseling is depicted in Luke 18:22-24. Jesus allowed the rich young ruler to grieve. Chaplains comfort the sufferers by allowing them to grieve. Dittes (1999) describes presenting problem as a “cover story” (p. 137). Kubler Ross (1969) presents the stages of grief as DABDA (Denial, Anger, Bargaining, Depression, Acceptance), to use as a helpful tool for the grieving.

Binding up the Broken-Hearted

Chaplains are to minister to people who are crushed by sorrow, grief, or disappointment. What becomes of the broken-hearted? (Isaiah 61:2; Luke 4:18). Luke seems to add something
which is not in the Isaiah 61:2—sight to the blind. Luke also omits “bind the broken hearted.
However, both Isaiah and Luke are clear about the healing work of Jesus.

Luke 4:18 speaks of “setting at liberty those who are bruised.” My understanding, from a pastoral caregiver’s perspective, is that the chaplain has been set aside or anointed to preach good tidings; contrary to the American belief that a chaplain is the bearer of bad news. Chaplains bring hope and assurance through their words and presence.

Those whose hearts are broken by overwhelming sorrow because of illness, loneliness, remorse, sin, or calamity from any other event is in need of a chaplain’s attention and presence. Chaplains represent Christ and are to be acquainted with the grief of people, as Christ was. “Christ not only bore our grief, but carried our sorrows” (Isa 53:10). Daily, chaplains are bombarded with worrying issues of grief and sorrow from ministry recipients and they are to be burden bearers who endure by listening and helping.

**Reasoning With the Ignorant**

Chaplains engage the other person to talk, help clarify issues, and carry a better understanding of what may have been misunderstood in their life. Luke reflects these positive behaviors of Jesus through his entire gospel. Reasoning with people, from known to the unknown, is crucial in the helping ministry. Reasoning with the ignorant requires tactfulness and respect. Human beings are not blank pages. They are knowledgeable about something before they encounter the chaplain, whether for religious, academic, economic, or social knowledge; they are not new pages for anyone, including the chaplain. This ideology of ignoring the client’s worldview is a Western missionary perception. This ideological approach which considers “everything pre-Christian in Africa as either harmful or at best valueless, and to consider the African once converted from paganism as sort of tabula rasa on which a wholly new religious
psychology was somehow to be imprinted” (Hasting, 1967, p. 61) is a misjudgment and has not helped many, including Ghanaians.

Bediako (1992) confirms this Western viewpoint inherited by Africans by stating that virtually every African writer of modern times has responded in one form or the other to this *European Afrikaanschauung* (Curtin, 1964, p. 480). To consider the African as a bare field for planting new religious ideas has led to confusion in those that the chaplains and ministers serve.

The ignorant are to be approached respectfully. In speaking of Christ, White (1892, p. 12) noted, “He was never rude, never needlessly spoke a severe word, never gave needless pain to a sensitive soul.” Jesus spoke in love and not in harshness “His life was one of self-denial and thoughtful care for others. Every soul was precious in His eyes.” He exercised the greatest tact in His relationship with people. His words were not traumatizing. He rebuked with tears in His eyes. He had a positive regard towards people because they were precious in His sight.

Ghunney, (cited in Wicks & Estadt, 1993, p. 83), also Lartey (2006, pp. 42-43) support the need to consider other people when we deal with them because of their traditions. It is time for us all to listen to and learn from the “least of these.” For the African client, primal concepts or baggage are the core beliefs which they have carried since childhood which need to be explored. Bediako (2004) offers an authentic reason for this engagement of the African past before introducing new ones:

Up to now, our churches have tended to avoid the question and have presented the Gospel as though it was concerned with an entirely different compartment of life, unrelated to traditional religious piety. As a result, many people are uncertain about how the Jesus of the Church’s preaching saves them from the terrors and fears that they experience in their traditional worldview. (pp. 22-23)

For Bediako, as a result of dichotomy between social and spiritual, many people are uncertain about the power of Jesus to save them from the terrors and fears that they experience in
their world. Jesus is as present in their social as well as their spiritual issues. It is very important to encourage Africans to delve into the depths of their worldview, sacred traditions, and cultures for the elements of an African theology and a unique Christian identity.

Djokoto (2005) also recommends that as mental health counseling continues to cross political and cultural borders in the 21st century, values and religious beliefs in the client's native country cannot be ignored. It is also important to consider the religious diversity within a culture, cultural diversity within a religion, and individual differences in degrees of adherence to cultural values and religious beliefs.

White (1999a) agrees: “Let those who are in training for the ministry never forget that the preparation of the heart is of all the most important. No amount of mental culture or theological training can take the place of this” (p. 94). Chaplaincy caring theology from a Christ-centered perspective is moving people from what they know to what they do not know. Known to the unknown is a helpful strategy of engaging persons of a new relationship. White (1999a, pp. 119-120) delineates four areas for the chaplain’s attention and carefulness in dealing with other Christians:

1. Give them evidence that you are a Christian.
2. Speak to them on points of doctrine on which you can agree.
3. Dwell on practical godliness.
4. Gain their confidence and there will be time enough for doctrines.

The entire book of Luke has helped to discover a Jesus who enters the client’s subjective world in order to help.
Counseling the Inexperienced

Counseling the inexperienced should be informal and relational. In Ghana, many turn to their pastors and chaplains for counseling because of their immediate and direct accessibility. The Lukan view of Christ’s approach of counseling is relational. He was interrupted by people who needed time throughout his ministry. Another way of reaching out to others with the gospel, other than evangelizing, is relieving their suffering through prayer, coaching, and counseling. Lartey (2006) explains that the focus of African healing and counseling is the relationship between and among persons whose intrinsic worth is to be found through the network of spiritual and familial relationships within which they are embedded (p. 63).

Chaplains are a guide to the troubled and the traumatized. White (1905) was specific about counseling the inexperienced, a method of Christ that can bring true success (p. 144). The only way one may succeed in counseling situations in Ghana is to contextualize and graft what had been learned from America in the Ghanaian culture (Wicks & Estadt, 1993, p. 82) and make it workable.

Proclaiming Liberty to the Captives

The chaplain is the helper and voice for the outcast and the captives. Luke announced Christ’s mission as a reign of teaching, healing, and exorcisms of unclean spirits. Luke allows readers to see the forces that stand opposed to humanity which brings sin, pain, and pressure to humans. Luke pointed out that Jesus’ experience shows that powerful encounters with evil forces are real and persistent. This experience of Jesus is also real for the chaplain. Evil forces exist.

White (1905) affirmed that it was Christ’s mission to bring to men complete restoration, health, peace, and perfection of character. Christ did give help in all varied circumstances and none who came to Him went away un-helped (pp. 17-18). “Through all humanity’s trials there is
a never-failing Helper (White, 1898, p. 483). Just like Jesus Christ brought salvation and wholeness to many, chaplains are to help to bring relief to sufferers.

Luke focused on Christ’s ministry to the unfortunate, outcasts, and the least of these and reported on implemented strategies. The first strategy for the chaplain is to build a strong relationship with Jesus. “All we like sheep have gone astray” (Isa 53:6). Jesus understands our weakness and respects our confidentiality (Heb 4:14-15). A chaplain’s need of Christ is the beginning of a rock-solid relationship with Him. The second strategy for a chaplain’s success in soul handling is to depend completely on God. The Jesus represented in the book of Luke depended on the Holy Spirit for His work and fame (Luke 4:1, 14-18). All strategies of ministry as chaplains, if not fortified in the Spirit, will become useless and unsuccessful. The third strategy is self-knowledge and courage. Hulme (1970) elaborates further that it takes more than knowledge to become effective as a spiritual counselor; it also takes self-knowledge and courage to enter into the emotional pain of counselees (p. 11). The self-awareness of the chaplain should be done in the flesh and in the Spirit.

Jesus endured to the cross (Luke 24:33-46). Chaplains must have a staying power in the ministry if they are to be advocates. They are called to be genuine, compassionate advocates, like their Master, Jesus Christ.

**Winning Confidence and Evangelizing**

Chaplains are in the best position of care in all chaplaincy settings to win the confidence of ministry recipients and point them to Jesus Christ as the way to salvation and liberty. White posits, “It is not the abundance of your meetings that God accepts. It is not the numerous prayers, but the right doing, doing the right thing and at the right time. It is to be less self-caring and more benevolent” (White, 1905, p. 23). However, Schipani and Bueckert (2009) are of the opinion that
chaplains may sometimes introduce their own religious beliefs (pp. 257-258). “There is a place for explicitly witnessing to one’s faith or convictions, but it is when care seekers have control of their own environment, and can respond or engage with freedom and integrity” (p. 70). God often reaches hearts through the chaplain’s effort to relieve physical and spiritual suffering. For the chaplain, the action of Jesus should speak louder than the words of Jesus.

Omane (1998) limits the function of the chaplain to evangelism by making reference to White (1946) when she says, “Evangelism is the very heart of Christianity for those who are called to herald God’s last warning to the doomed world” (p. 5). Omane holds that no one is excluded from preaching the gospel, especially chaplains. Any group of professions must preach the gospel to all nations, peoples, and tongues. Omane is suggesting evangelism by the chaplain and to all whom the chaplain serves. The position of Omane would be unethical according to the standards Association of Professional Chaplains. The gospel is not only preached by talking but by living the gospel.

Seventh-day Adventists, as a church in Ghana, focus too much on one aspect of evangelism—public evangelism and small group evangelism so as to increase church membership as opposed to caring for others. Tobias Edlund, a guest evangelist from Southern Adventist University reported after a Sharehim national evangelism in Ghana. “It is a deception to think that I went there (to inspire the church to work for God). They have inspired me. The whole church is working as a body that is bringing people to Jesus. When the whole church goes out to do evangelism, there will be growth.” Also, Jack Robinson a pastor of Trenton English Seventh-day Adventist Church, New Jersey, also commented on public evangelism “Our lay leaders and pastors need to experience the thrill of evangelism that has been lost for so long in
the States. I return to my church with blessings abundant and the joy of seeing over 200 souls won for the kingdom” (ShareHim, 2001).

Public evangelism as oppose to caring and leading people to accept Jesus as their Lord and Savior. There is not enough on the other successful method of Jesus’ evangelism espoused by White (1905, pp. 143-144) wining confidence and asking to follow Jesus. Compassionate evangelism is missing. Perhaps it is the focus on the end-time message of Revelation 14:6-12 and its interpretation that is stopping employing Christ’s method of evangelism for individuals and the community benefit in Ghana. White (2014) said, “There is much to be done for suffering humanity, and sanitariums should be established for healing, restoring and educating ... We are to labor both for the health of the body and the saving of the soul” (para. 10). Chaplains need to affirm similarities; Christ sought access to people by the pathways of their most familiar associations.

Although evangelism is the key work of the clergyman, including the chaplain, there are several ways of evangelism which are often overlooked. Today, no proselytizing is often a rule in doing ministry as chaplains. There are other chaplaincy evangelistic strategies recommended by White (1905) that need the attention of the clergy chaplain, especially dealing with interfaith groups and not the chaplain’s faith group. She termed it “ministering to needs” (p. 143). In a 2016 camp meeting material for Ghana, Onongha (2010) refers to this ministry as “helps”: Hospitality, Engagement, Love, Prayer, and Service (pp. 55-56). I also referred to it as an intentional and reflective act of theology outside the gates of the church (p. 46). The entire work of a chaplain is to help meet needs of the other person. Per the eschatological parable in Matthew 25:31-46, the kingdom of God belongs to whoever helps care for and meet the needs of the least
of these on earth. In other words, anyone who assists another person, they are a member of Christ’s family and inherit the kingdom of God.

Towards Theological Principles for Applied Chaplaincy Formation

In this chapter, I used the gospel of Luke to discuss Christ being human and how, during His time on earth, He cared for His fellow human beings. I, then, applied the principles meaningfully to the 21st century chaplain. As shared in this chapter, the methods Jesus employed in caring for people, especially the injured and disenfranchised, are still valid today. The personal involvement, touch, communication, and interaction of Jesus and how He met the needs of others are all relevant strategies of care that are still necessary for chaplains today. I recommend, in training pastors as chaplains, that this kind of caring should be included in the curriculum of study. A true reflection of the impact of these theological ideologies will be challenged and an actual outcome will be made available after the chaplaincy training program is successfully implemented.

In pursuit of helping people to have meaning in their life and be connected to God, chaplains are to be aware of the other’s vulnerability and not to take advantage of that vulnerability and impose on them their personal beliefs. The core of a chaplain’s formation is an intentional practice of theology, which is a caregiving ministry in the community for individuals to believe in Jesus Christ, the greatest caregiver.
CHAPTER 3

LITERATURE REVIEW: THE DEVELOPMENT OF PASTORS AS CHAPLAINS

Introduction

Studying for my Doctor of Ministry in chaplaincy in America has given me the understanding that people in America as well as Ghana are confused about the work of the chaplain. It is assumed that the work of a pastor is the same as a chaplain. People I meet often ask me, “What am I doing back in Ghana?” My answer always is, “I am a pastor.” Their follow-up question is, “What are you studying here, then?” and my answer is, “I am studying to become a chaplain.” Then the question that is most often asked of me—“What is the difference between a chaplain and a pastor?” This is a very legitimate question and one that needs to be answered for many people both in America and especially in Ghana.

The understanding and the impression that people have about the chaplain’s work is what this chapter answers. It is important to note that while there is an increasing amount of published literature and research on chaplaincy in the West, particularly America on campus, military, prisons, hospital, etc., unfortunately very little research has been substantiated concerning chaplaincy in Ghana.

Given the void of empirical studies in chaplaincy training program in Ghana, I chose to look at presented papers at various chaplaincy functions and the employment requirement of chaplains for various institutions as a way to address the lack of academic work on chaplains in Ghana. The major literature reviewed here are from America.
Kumm-Hanson (2016), Hubbard (2015) and North (1988) describe the chaplaincy institutions as incarnational, that is, encountering God in the flesh, never removed from humanity, (present to people God-with-skin) institutional chaplaincies which fits into the “total institution,” Goffman (1961) concept (p. 10). In his abstract North (1988) concludes that as a result of his study seminary students became aware of a new validity and viability in chaplaincy ministries as career ministries, as expressions of the gospel mandate to “gospelize.”

Whereas, Princeton University (2015) Policy Statement -Recognition of campus chaplaincy advocates for strengthening faith represented communities by serving their pastoral needs, Adventist are thinking of church growth. Garliva (2009) affirms this when he says “chaplaincy fulfils a vital role in the mission of our educational institutions because of its significant contribution to church growth” (p. 26). Chaplaincy is not primarily about populating churches. It is not a competition for membership by Christian denominations and religious organizations but if someone wants to attend church chaplains do not refuse them.

North (1988) applies this concept of “total institution to all chaplaincy institutions,” which was espoused earlier by Hutcheson (1975) as homes for the aged, orphaned, physically disabled. It was expanded to include healthcare institutions, mental hospitals, prisons, prisoners of war (POW) camps, and concentration camps; military bases, barracks, ships,boarding schools, and work camps, abbeys, monasteries, convents, and religious orders (pp. 4-11). However, North differed in his mission to them. The mission for this total institution differs from the Adventist mission of evangelizing to grow the church. Kumm-Hanson (2016) says that being incarnational as a chaplain is like “walking into a room and meeting another person where they are” (para. 1). Being an incarnational chaplain is to be a reflection of God in flesh to those who are suffering. Dunlop (2017) concludes, “Being there is enough in terms of the ministry of
chaplains.” However, the theology of “being there” needs to be “not only dialogue within context, but also to be prophetic. Chaplaincy is about professionalism that aims to diagnose and meet the spiritual needs of people. In this chapter, I traced the work of the chaplain, history and practice of chaplaincy ministries so as to make a distinction between a traditional chaplain and a professional chaplain.

The literature investigated suggests that training programs will prepare trainees to (a) be effective chaplains in the Ghanaian context; (b) minister in their own clinical context; (c) provide spiritual care in a non-Adventist context.

The History and Practice of Chaplaincy Ministries

In this literature review, the following works were surveyed: Pastoral Care in Historical Perspective (Clebsch & Jaekle, 1967); History of pastoral care in America: From salvation to self-realization (Holifield, 1983); Ethics and Spiritual Care: A Guide for Pastors, Chaplains and Spiritual Directors (Lebacqz & Driskill, 2000); The Work of the Chaplain (Paget & McCormack, 2006); and Outside the gates (Crick, 2011).

Development of chaplaincy, from the time when it was discovered by Martin of Tours until now, has advanced significantly. Holifield, a professor of American church history at Candler School of Theology, sees some continuity in the way pastoral care has been conceptualized in America from the 17th century through the 20th century.

Today, the 21st century chaplaincy concept is quite different. The idea that a person is a pastor does not automatically warrant that same person to be a chaplain. Lebacqz and Driskill (2000) touch on the ethical obligations of chaplains, whether they abuse and neglect spiritual care or are simply incompetent.
Additionally, in the West, the Association of Professional Chaplains (2015), has developed standards of practice for chaplains. These standards are operational in a number of chaplaincy institutions and are soon to be met by Africans, particularly in Ghana.

Fourth Century Chaplaincy

The history of chaplaincy is unique. Sulpicius Severus (c. 360-425), Monceaux and Watt (1928) and Clugnet (1910), claim Martin of Tours as a legend of fourth century chaplaincy. Agbiji and Landman (2014), Paget and McCormack (2006) and Crick (2011) give insight into chaplaincy origins, development, and how each function outside of a church setting.

The authors comment on St. Martin’s generosity and compassion towards a beggar who was terribly cold. This demonstrates a connection between St. Martin’s act of compassion and the biblical foundation of chaplaincy, which points to God as the ultimate Chaplain, as indicated in the Garden of Eden when God clothed Adam and Eve’s nakedness (Gen 3). Today, care has been extended psychosocially. This traditional paradigm shift is inferred through James 2:15-16 as an example of giving food and clothing.

Just like the Good Samaritan, St. Martin demonstrated humility and care as esteemed values for the profession. Swenson (2004) and Figley (2007) give great insight for chaplains. They stress how these values must be shared appropriately with self-care.

Additionally, the building where St. Martin’s cloak was preserved as a precious relic is known as the capella, from which we derive the word chapel and cappa—cloak. The chapel today, has generated a lot of arguments on the Association of Professional Chaplains Facebook (2016) platform. The question asked was, “Is the word chapel too exclusive to Christianity?” And if it is not called a chapel, “What would it be called, to embrace and accommodate other religions or no religion?” Some of their arguments define chapel as an interfaith and spiritual
center, a sacred space, a contemplation center, prayer room, sanctuary, and worship space. The struggle to embrace all faiths, but also no faith has given this discussion a pluralistic approach to chaplaincy.

**The Work of a Chaplain**

The work of a Chaplain is considered as a relevant and vital part of religious representation. During the Dark Ages, when the undeniable downshift in society’s progress occurred (Dark Ages Study Guide, 2016), chaplains were present. The period of Enlightenment *(Stanford Encyclopedia of Philosophy, 2010)* saw ordained clergy men as clerics.

Crick (2011), a 21st century chaplain, identifies one major problem of Christians who ought to be championing chaplaincy. He referred to them, as becoming an exclusive “gated community,” with access limited to those who will rise to Christian standards, ideologies and practices (p. xiii). Contrary to this, the daily work of a chaplain is intimately bound up with people of faith and those of no faith and how they are feeling.

Paget and McCormack’s (2006) delineates the modern chaplaincy ministry work. Today, chaplains work with people in multi-religious settings, disaster or first-response settings, military bases, at home and abroad, hospitals and hospice care, blue and white-collar workplaces, correctional facilities or prisons, crisis intervention services, law-enforcement agencies, high schools, and college or university campuses.

**The Twenty-first Century Chaplain**

The 21st century chaplain is a professional chaplain and pastoral caregiver. All chaplains are pastors, though not all pastors are called to be chaplains. “Just as medical doctors require graduate school and licensing before they can practice medicine, pastors require professional
training and credentialing” (Adventist Chaplaincy Ministries General Conference, 2016) before they can function and be called chaplains.

Today, a chaplain’s work is measured and remunerated based on performance. Crick (2011) recognizes that ministry is not just measured by what we do, but by why and how much we are willing to suffer with and for another human being in the midst of a crisis (p. xiii). VandeCreek, Lyons, and Devries (1995) utilize a 43-item patient satisfaction scale of chaplain ministries. They measured the chaplain’s professionalism in the areas of competence, communication skills, empathy, attentiveness, and sensitivity. VandeCreek and Lyon (1997) again revised the scale to 40 items that focus on four aspects of a chaplain’s ministry and their patients’ attitudes about chaplains:

1. “Supportive ministry,” which provides comfort and reassurance to patients
2. A ministry that “helps patients cope”
3. “Acceptance of the chaplain’s ministry,” which mainly reflects negative attitudes about chaplains
4. “Ministry to the patient’s private concern”

The chaplain is the pastor for the unchurched and for all people. The work of the chaplain previously focused on proselytizing, but it does no longer maintains that focus. North (1988) acknowledged a growing concern that is worrying the chaplains (seed planters) of the Seventh-day Adventist church who are seen as second-class ministers because they do not achieve a substantial number of baptisms or none at all as compared with pastors (baptizers) in the mainstream churches (pp. 48-50). I agree with North (1988, p. 50) that, it should not sound as though chaplains never win souls or are not evangelistically enthusiastic.
The chaplain ministers outside the gates of the church by engaging in many rituals, including baptism. Every day is a witnessing moment and public relations moment for the chaplain to prepare people for baptism. The chaplain’s work is pre-evangelical in nature and compensates the pastor’s work. The chaplain prepares a person for the pastor to baptize (not that he cannot baptize). Generally, professional chaplains provide spiritual care (VandeCreek & Burton, 2001, p. 1).

Another area of concern, admitted by Homotowu (2004), is in the role of a chaplain not to merely give advice, but to establish a therapeutic relationship with clients by the use of appropriate strategies, techniques, and psychological theories (pp. 1-2). The chaplain listens for hidden conflicts, unspoken desires, unspeakable fears, and faint hopes and communicates acceptance and nonjudgmental care in response to all self-disclosures of persons. The chaplain also listens to people's life stories as they connect their lives to God through the remembering process called theological reflection.

Professional chaplaincy has also added greater role diversity and a broader spectrum of accountability. Three models of chaplaincy work adopted by the 21st century chaplains are Priest, Prophet and Wise-Counselor. As a priest, the chaplain is a spiritual catalyst who is ready to ignite a person’s connection with a higher power. The chaplain also does the work of reconciliation by calling people as Prophet back to God and to mediate differences among themselves. The chaplain as Wise-Counselor empowers and assists people to be free and take responsibilities for their own actions. The wise-counselor chaplain accepts the disenfranchised to grow from and through their pain.
Chaplaincy Association Standards

Most professional bodies also have their standards for accountability purposes. There are legal issues that surround the care of the chaplain. Roebig (2003) states, “The key responsibility of chaplains is to ensure that they give the highest possible standard service” (p. 7). There are Common Standards and Competencies for Certification for all chaplains. Loewy and Loewy (2007) assert that chaplains should be subject to a standard of “strict confidentiality” approaching the secrecy of the confessional. In their standard bioethics text, Tom Beauchamp and James Childress (2009) place confidentiality under the umbrella of privacy. Privacy refers to a person’s control over when, where, and how much to share himself or herself with others. They say optimal biopsychosocial-spiritual documentation by chaplains not only benefit patients one at a time but, over time, indirectly benefits future.

These are some existing associations in the West, which holds chaplains in check for competencies, respect for all races, creeds, genders, religions, and maintenance of standards. The ACPE, APC, Canadian Association for Pastoral Practice and Canadian Association for Pastoral Practice and Education (CAPPE/ACPEP), International Association of Christian Chaplains (IACC), National Association of Catholic Chaplains (NACC), National Association of Jewish Chaplains (NAJC), American Association of Pastoral Counselors (AAPC) and College of Pastoral Supervision and Psychotherapy (CPSP). An agreement among the above organizations certify clergy or others to organizations to abide by and use a common standards and competencies to define the profession. These associations offer an interactive resource where chaplains can find everything from how to become a member to current articles and research on pastoral care research.

Ghana is yet to form such an association. Clinical Pastoral Education is at the formative
stages. Currently, the Catholic CPE institution at Kofridua admits that, “In Ghana the program has not been accredited yet and Master’s degree for students does not apply” (Benson, 2015). Chaplains like Amoateng-Boahen (2015, Chapter 1, last para.) has proposed the establishment of CPE center in Kumasi Asante Region of Ghana. Rosina Ampah, a member of Anglican Diocese of Cape Coast and one of the few CPE-trained personnel, is also a Training Supervisor of College of Pastoral Supervision and Psychotherapy, Inc. at the New Brunswick, New York chapter. The chapter has an Accredited Training CPE Center at Cape Coast in the Central Region of Ghana. In my training with Orville Browne, Chapter Accreditation Committee Chair in the College of Pastoral Supervision and Psychotherapy, Inc. Clinical Pastoral Training Centre of Toronto, North York, and Ontario, Canada, I am also equipped to open a center in Accra as an Adventist in Ghana for the community.

Institutional Chaplaincy Work

In Ghana, most chaplains are not trained in chaplaincy specialized fields and therefore cannot assume and pretend to be specialists. Crick (2011) notes that chaplaincy is a specialized field of pastoral ministry and a distinct ministry of the church (p. xiii). Blasu (2011) groups chaplaincy in Ghana into five major constructs for statistical attention.

The core chaplaincy duties suggested by respondents of Blasu (2011) research included: (a) ensuring practical Christianity, spirituality and moral responsibility; (b) giving pastoral care and psycho-social health support; (c) providing administrative and supervisory coordination of religious and socio-cultural groups and programs on campus; (d) mediating for peaceful and harmonious institutional atmosphere; and (e) providing academic and career guidance and upgrading approach to educational chaplaincy through research. The professional training of chaplains cannot be overemphasized. Homotowu (2004) affirms that chaplains require some
pastoral training in discerning psycho-spiritual problems and other cultural demonic issues that affect their clients (p. 1).

Chaplains need to ensure that they have adequate training (not just from a Bible College) for the work they are doing. Roebig (2003) is of the opinion that, at times, practical skills will be more important than biblical knowledge (p. 9). Theological knowledge alone does not necessarily make one a chaplain. “Chaplaincy is more than spiritualizing personal, real-world events; it is making room for those real–world events to be experienced, processed and “owned” under the careful guidance of the chaplain (Crick, 2011 p. xiii).

Defining and Advocating for Spiritual Care

Spiritual care is a serious and special service offered by chaplains. Adapting Pargament's work, VandeCreek (2010) defines spiritual care as giving professional attention to the subjective spiritual and religious worlds of patients, worlds comprised of perceptions, assumptions, feelings, and beliefs concerning the relationship of the sacred to their illness, hospitalization, and recovery or possible death. He concludes that, scientifically, there are four advocacy-related questions that are helpful in funding chaplaincy programs. They are:

1. How do hospital decision makers and chaplains perceive the experience of hospitalization?
2. Does a need for spiritual care exists; is it relevant?
3. Who can best provide spiritual care?
4. Are chaplain visits helpful?
The practice of chaplains must be scientific. The proposed specific accreditation pathways and careful training of chaplains to integrate traditional religious practices with modern spiritual perspectives and they are crucial to this study.

**Healthcare Chaplains in Ghana**

Patients have the fundamental right to considerate care, which safeguards their personal dignity and respects their cultural, psychosocial, and spiritual needs. Espousing the relevancy of chaplains in a hospital setting, Rev. Canon Quarshie Quarcoo, a Parish Priest of Saint Monica's Anglican Church in Ghana, said that healthcare chaplains are there to provide help and support to a diverse grouping of people (Ghana News Agency, 2015).

As patients become the center of care and take a more active role in planning what treatment they receive, there is increasing evidence that they rely on their spiritual and religious beliefs to help them cope (Koenig, 1998) and want their religious and spiritual values taken into account in planning their treatment (Astrow, Wexler, Texeira, He, & Sulmasy, 2007).

Presently (21st century), healthcare chaplains are located both inside and outside the hospital setting. For continuity, chaplains within the hospital walls are assigned to particular floors as generalists. In this age of medical specialization, chaplains have learned to specialize as well which includes emergency care, psychology, oncology, pediatrics, geriatrics, intensive care, obstetrics, neonatal, reconstructive and cosmetic surgery, burn medicine, and infectious diseases. As the name implies, healthcare chaplains can work in any context in which health is the primary focus. This may include large and small general and acute hospitals, mental health hospitals, hospices, community care, including general medical practice (GP) surgeries, etc. Healthcare chaplains are available to those of all faiths.
Training and placement options for hospital chaplains are unique. The requirements are extensive education and experience, and denominational endorsement. In Ghana, most laity and pastors who hold permits to visit patients claim to be chaplains. However, hospice, eldercare, and other outside—hospital walls chaplaincies are not yet as structured and regulated in Ghana, except the license granted to both laity and the clergy to visit patients of Korlebu Teaching Hospital.

**Chaplaincy Education and Training**

The various settings of chaplaincy have unique training skills that are given to individuals of that specific setting. Pastoral training has drawn increasingly on professional, psychological and therapeutic models. The following authors encapsulate the essence of psychological model: Benyei, 1998; Bowen, 1978; Davis, 2008; Friedman, 1985; Friedman, 2007; Giesbrecht & Sevcik, 2000; Howe, 1998; Lebacqz & Driskill, 2000 and Richardson 1996, 2004. Paget and McCormack (2006) also outline the variety of courses and training for each chaplaincy setting in their book.

Chaplaincy is a specialized field of study. For example, the education for police chaplaincy entails specialized training in suicide intervention, criminal justice system, restorative justice issues, diversity in police institutions, victimology, substance abuse counseling and, conflict resolution. Also, this is evidenced by the skills required to be a police chaplain. In addition to theological training, a police chaplain requires skills in areas such as survival, first aid, Cardiopulmonary Resuscitation (CPR), officer injury and victim assistance, death and injury notifications, traffic direction and stops, suicide and hostage intervention, domestic violence, grief recovery, anger management, judicial systems, counseling, and conflict resolution.
Understanding Other Religions

The duties of a chaplain are to render spiritual guidance to ministry recipients. In order to become a successful chaplain, one must have an understanding of a variety of different religions. Ceballos (2015) acknowledges that although belief systems differ, still chaplains must coexist (p. 2). Mutual respect must exist between chaplains and all ministry recipients, whether Christians or of no faith. Taiwo, (2015, p. 7), and Browne (2015, p. 14) confirm that pluralism is a way of seeking understanding with another, outside one’s faith, beliefs, or worldviews, such as in the public sectors or pluralistic environment where the gospel is daily witnessed in word and actions to attain and maintain intercultural competencies.

Engelhardt (2003) opines,

The professionalization of chaplaincy involves a relocation of the chaplain’s ministry from an identity and goals directed beyond the horizon of the finite and defined within the social context of a particular religion, to goals set within the therapeutic horizon. (p. 150)

Taiwo (2015) acknowledges the problem that in the pluralistic world (variety of different religions) it is so easy to isolate others who do not look and think like us or who completely differ from our views (p. 6). However, the risk in working with interfaith and non-Christians is the temptation of “watering down” one’s own faith as a chaplain. I agree with Paget and McCormack (2006) when they say that if the chaplains do not receive a theological education from their faith, they are likely to become one who believes anything and everything they encounter (p. 119). However, knowing and understanding other religions is helpful in meeting ministry recipient’s needs. A chaplain who is open to different philosophies and religious beliefs is capable of helping most people make meaning of their experiences and challenges.
The call to be a chaplain transcends denomination. Chaplaincy is a profession that considers other religions and meanings; it is about the transcendent and what positive things are being done in the lives of people.

**Equipping Members and Empowering the Profession**

The training of a chaplain equips them to be relevant in all settings to the ministry recipient. Working with people in pain is the work of the chaplain. Great resources such as Seamands’ (1999) *Healing for damaged emotions*, Wright’s (2003) *Crisis counseling: Helping people in crisis and stress and the new guide to crisis and trauma counseling: A practical guide for ministers, counselors and lay counselors*, and Smith’s (2015) *Healing life’s hurt through theophostic prayer* are useful books that equip the chaplain as a caregiver.

Chaplaincy ministry is more than a job. Gary Councell (2010), the former General Conference Director of Chaplaincy, disclosed that chaplains are the only face of the church to a host of people during times of crisis in their lives and need to be equipped.

Paget and McCormack (2006) are of the opinion that theology must be in context with religious affiliation because chaplains must be confident in what they believe. Chaplains are first and foremost fully trained clergy representing their own faith group in a chaplaincy setting and are qualified to perform the sacraments or ordinances as well as religious services and roles required of one’s faith group (p. 119).

**Didactic Proficiency of a Chaplain**

Acquisition of a degree is the basis of proficiency in chaplaincy. Paget and McCormack (2006) and Patil and Tetlock (2014) state, “Many institutions and organizations will not view you as a suitable potential chaplain until you have earned at least a Bachelor's Degree” (Part 1
and 2). A degree in theology is the basic and necessary degree for being a chaplain. A Master of Divinity degree, which actually prepares one for ministry, is a plus. The two things that make a pastor a chaplain is obtaining a Master of Divinity degree (MDiv) and also participating in CPE. The student is to have 30 hours of volunteer experience and this should be recommended by a chaplain overseeing the spiritual ministries.

**Practical Courses**

For the chaplain to be competent it requires self-development. White (1923) stressed the need of self-development for efficiency and life:

> True education is the preparation of the physical, mental, and moral powers for the performance of every duty; it is the training of body, mind, and soul for divine service. This is the education that will endure unto eternal life. Of every Christian, the Lord requires growth in efficiency and capability in every line. (p. 331)

If caregivers need to help others in their brokenness and be able to do the greatest good, every faculty endowed should be cultivated to the highest degree of competency. There are other areas of practical theological specialization apart from the specific requirements of where the chaplain desires to work. Paget and McCormack (2006) note a number of these areas, such as the military, hospitals, churches, and prisons. Practical specialization in areas of church/synagogue chaplaincy, hospital chaplaincy, hospice or palliative care, corrections, military, police, fire, or first responder, civic organization, or a private chaplain with one’s own office and healing practice are needed for specialization. Other courses such as a focus on biblical counseling or pastoral care will give one the right tools to become a chaplain.

**Clinical Pastoral Education**

Just as medical and nursing students specialize in some areas of their profession, chaplains do specialize in areas. Block (2012) confirms that CPE is the formation of a pastoral
identity through learning and competence across a number of theoretical and behavioral areas. She says “out of an intense involvement with persons in need, and the feedback from peers and teachers, students develop new awareness of themselves as persons and of the needs of those to whom they minister” (p. 4).

The pastor needs to complete a residency in order to work in some chaplaincy facilities. CPE is a method of theological education through practical training in pastoral care skills, concepts and ministry. Some hospitals and other facilities require that chaplains complete a residency before permanently coming on board as a chaplain. Patil et al. (2014) note that residencies are completed under the supervision of a senior chaplain and may last one to two years.

Once the residency has been completed to the organization's satisfaction, the candidate can become a chaplain. In order to achieve these units of CPE one must look into CPE centers at the type of facility where one wants to work, so one will gain experience working with that particular population. The CPE program is divided into units. One unit typically takes about 3 months to complete. Some certification programs require that students complete up to four units. For example, in order for one to qualify to be a supervisor of CPE, Florida Hospital Clinical Pastoral Education Services (2014) note that a student should have completed MDiv level equivalent studies, as a minimum, at an appropriately accredited graduate level academic institution. The implication is that CPE is a requirement for all chaplains.

The Adventist Chaplain

Notes from Councell (2010) confirm that Adventist chaplains are specially trained ministers inside “closed” institutional settings where the church might not otherwise be present.
Chaplains are an extension of the church—the instruments of the church caring for people as Christ cared—preaching, teaching, healing, and counseling inside the using agency.

The Adventist chaplain relatively touches the untouched, actively engage in the evangelistic process of planting, nurturing and reaping. They possess special gifts and training that is offered to be utilized for churches and conferences. They earn the Church’s credibility and are a positive public image. They save the denomination millions of tithe funds annually, chaplains do not leave the ministry they are in touch with people outside the church.

The Adventist chaplain’s attitude of care in Ghana has to progress from sharing a cloak to a multifaceted spiritual-care and nurturing of people such as contemporary approaches of scriptural instruction, didactic, interpretation, prayer, meditation, spiritual direction, presence, listening and reflection, assessing need, offering counsel, providing spiritual care and being a servant leader (Paget & McCormack, 2006, p. 18).

**Chaplaincy Certification and Membership**

A chaplain is a pastor who has graduated as a chaplain and not the reverse. A chaplain must get chaplaincy certification in order to work as a chaplain. Depending on where the pastor wants to work, the pastor may be required to obtain certification from an organization recognized by the Association of Professional Chaplains. There are many national chaplain organizations that each has slightly different standards for certifying chaplains in the United States. In the United States, the Adventist Church is working with Association of Professional Chaplains and the Association of CPE. The pastor by default may belong to or get certification as part of obtaining a Master of Divinity program in an Adventist school. The pastor must choose the association that best matches the pastor’s beliefs and work ambitions. In general, the pastor needs to pass a written test to meet the following requirements to receive certification:
Ordination as a minister (or the equivalent in one’s faith group), endorsement from one’s faith group, a graduate degree in theology (or a related subject) and four units of CPE completed (Association of Professional Chaplains, 2016).

It is important to become a member of a professional chaplain organization for accountability purposes. In Ghana, there is no professional body of chaplains that oversees the work of chaplains but in the United States, the largest group for professional chaplains is the Association of Professional Chaplains, which accepts members from many different religious backgrounds. There exist a number of other chaplaincy organizations, and they all have their own requirements for membership. Becoming a member of one of these organizations is a great way to network with other chaplains and gain access to job opportunities as they arise.

**Ordination and Endorsement**

One way to be equipped for ministry as a chaplain is to be ordained and endorsed by a religious organization. Most denomination’s application package for endorsement of chaplains requires ordination as a prerequisite for chaplaincy. For example, the Ghana Army requires that chaplains be a clergy person in their denomination and must obtain recommendations from their denomination before their application can be accepted for short listing and interview. Currently there are three uniformed Army personnel who are recognized chaplains of GAF but non-clinically trained. These chaplains although known to the church are yet to be endorsed by Adventist Chaplaincy Ministries.

Chaplains have dual roles to their agency and denomination; without endorsement, they have no status or job relationships with the Church. Chaplains must be sustained and be accountable by submitting reports, having continuing education, training conferences and
periodic renewal of credentials by the endorsing agencies. The agencies must also provide support and professional update training to chaplains.

**Chaplaincy in Ghana**

The switch by Western chaplains from merely meeting needs to meeting psychosocial and spiritual needs of recipients is not practiced by most Ghanaian chaplains. George Arthur, chaplain for the Ghana Police Depot, at a CPE graduation ceremony in Koforidua in 2005, stressed the need for the appointment of more chaplains into the security services. He has also urged the Ministry of Health to include the study of CPE in the training curriculum for its personnel to enhance their human relations in their health care delivery and to offer pastoral care for the personnel and their families to enable them to bear with their emotional and psychological needs. He urged chaplains of the various hospitals and educational institutions to unite to seek a National Accreditation Board for chaplains, to strengthen and expand effective pastoral care services to all sections of the society (Modern Ghana GNA, 2005).

The traditional method of touching lives as described in Matthew 25:31-46 is still practiced today. Whereas chaplaincy leaders in Ghana continue to focus on gathering of material and financial resources to meet needs of the suffering (those hungry, thirsty, prisoners, patients in hospital beds, the naked and strangers without sleeping places), the West is strategizing to build the knowledge base in dealing and evaluating psychosocial care given by chaplains. Moreover, the Seventh-day Adventist Church in Africa affirms its commitment to endorse only qualified clergy in chaplaincy ministries, to meet the world’s standard.

Chaplaincy literature continued to focus on an effort to differentiate the role of chaplains from another clergy. The conclusion is that not all pastors are chaplains. Chaplaincy is a calling. For pastors to fulfill their calling and to serve as ministers outside the gates of the church in ways
that cannot be entered easily by the pastor or the church they need make these clear distinctions. A pastor focuses on church internal issues and evangelism but the chaplain focus is on external institutions which are outside the gates of the church without proselytizing.

Pastors are parochial in perspective. They serve their religious faith and focus on their doctrines, but chaplains are open and religiously pluralistic in outlook. They are incredibly diverse in belief, and serve others from all backgrounds to grow more deeply in their own faith and not of the chaplain’s faith. Pastors are primarily pastoral to parishes in a district. They are limited to their district in terms of functions. Especially from Adventist perspective pastors cannot cross boundaries into the territories of another pastor except the Conference President. This is not so for the Chaplain. The chaplain work in specialized ministry but serves people across boundaries.

The pastor’s emphasis is on evangelism whereas the chaplain’s focus is on secular environment. The details of each of the chaplains' work are slightly different depending on the faith community that they serve. Most chaplains offer one-on-one pastoral/spiritual counseling and opportunities to engage in exploring in the faith tradition they represent in the pluralistic environment. However, they are not there primarily to do evangelism. Proselytizing is not part of the program but progress and journeying along the path of the ministry recipient is what chaplains do.

Pastors are accountable to the conference for which they work for, but chaplains have dual accountability towards institutions they work for as well as the religious organization they belong to. The work of the chaplain is therefore systemic and functional. Pastors receive their calling to serve and they are employed by the organization to serve but chaplains do also receive a calling but serve in ministries outside the organization they represent. They are the repairers of
the bridge between the church and the secular world. They function as representatives of their churches but not in the interest of their own church. The chaplain’s interest is in the diverse people they serve. The emphasis is relational. They serve all in the organization that employed them without losing their own faith.

Pastors receive credentials from their denominations. Chaplains receive credentials from the church in addition to their professional certification, license and endorsement. Paget and McCormack (2006) and Patil et al. (2014) affirm that in addition to ordination, a pastor’s faith group must endorse the chaplain, stating that the chaplain has ecclesiastical qualifications to adequately represent the faith group or denomination and be a competent chaplain. For the Seventh-day Adventist church Ghana, the ACM in the divisions are the endorsing bodies. For example, the West Central African Division of the Seventh-day Adventist ACM is the endorsing body whiles the Union approves the ordination of the clergy. Pastors are hired and paid by the conference but most chaplains are hired and paid by the institutions they serve.

Chaplains receive training as practitioners and counselors. They are trained and equipped to lead, edify and prepare individuals in the various stages of their journey. In the West, chaplains are trained to teach, encourage, advocate, and guide towards spiritual life in a pluralistic and non-religious context.

Chaplaincy is not demonstrated in the same mode today. The self-denial act of Bishop Martins in cutting and giving out half of his cloak is an act regarded as symbol of great love and penitence (Confraternity of Penitents, 2011), but chaplaincy today goes beyond meeting physical needs. The trend in Ghana is that chaplains are not certified to handle and to give psychosocial and spiritual care. Like medical doctors, clinical training is helpful and increases the competence
of the chaplain. Chaplains gain experience by meeting clients who are psychosocially, culturally and spiritually ill. CPE is a standard of practice for all professional chaplains.

Taiwo (2015) admits that chaplains, like Christ, are to adapt to a non-Christian environment or culture in order to be relevant and meaningful to the people they reach (p. 5). In light of the Ghanaian experience, chaplaincy has to be adopted to fit the Ghanaian culture and practice. According to Browne (2015), trainees of CPE have reported meeting clients who are cultural and spiritual “strangers.” For him, “Both culture and faith involve the ways people make sense of their world in relationship to their shared belief, values and behaviors and that these experiences highlight the importance of competence for chaplains in intercultural relationships” (p. 11).

For the Ghanaian, Christ is viewed in multicultural context. Therefore, chaplains ministering to Africans must understand their worldview and be empowered and educated to know how to meet the needs of the African in appropriate ways. They must respect other faith traditions and those with no faith at all. The environment of ministry should be devoid of prejudice, disunity and chaos. Like Jesus, a chaplain should be ready to serve in a pluralistic environment without bias.

**Western Chaplaincy Implications in the African World**

Is the original core practice of chaplaincy being maintained or has a modification of chaplaincy taken the core focus of care of the needy from chaplaincy practice? What are the advantages and disadvantages of this growth in the chaplaincy ministries of the West? Is there progress in the chaplaincy formation of the West which is beneficial to chaplaincy practice in Ghana? Is Ghana prepared to progress by merging practice or sticking to old and traditional ways of chaplaincy ministries?
A history of the concept of care by chaplains resonates with this proverb, “When you follow in the path of your father, you learn to walk like him” (Ashanti proverb). “Wisdom is like a baobab tree; no one individual can embrace it” (Akan proverb). These two maxims of the people of Ghana suggest that it is important to walk in the steps of the one you can identify with and to imitate that person. Like the baobab tree, no individual can embrace knowledge only from ancestors. Other sources of knowledge help equip a student of chaplaincy. Ghanaian chaplains need to have a grip on other chaplaincy ministries and their competencies in order to perform effectively and eliminate the confusion of the work of the pastor and chaplain. It is important to progress from the traditional to the professional chaplaincy.

“Until lions write their own history, the tale of the hunt will always glorify the hunter” (African proverb). The origins of the practice of chaplaincy are necessary for the Ghanaian learning to be a chaplain. A clear understanding of chaplaincy beginnings, its developments, and its amalgamation in the Ghanaian Seventh-day Adventist context will be useful for the ministry recipient and for those who are called to do the work of a chaplain.

Will chaplains today say I have helped in dealing with emotional and psychosocial needs of my clients and I have done my part diligently as a chaplain? Will professional chaplaincy thrive without consideration for traditional chaplaincy? St. Martin of Tours’ model of chaplaincy and concept of aiding the needy need to be considered while working in Ghana. Paget and McCormack (2006) observe that chaplaincy today continues to guard the sacred and to share the cape out of compassion. I espouse the clinical ways of pastoral care and counseling needs to be considered, as well as meeting the physical needs of people.
The Gap

The review of the literature reveals many significant gaps in the research which would bear future study. Observational studies and the current literature reviewed indicates that the work of the chaplain is being performed by the Ghanaian clergy or pastors who are not trained chaplains. Research on the prevalence of chaplains in Ghana across settings, competency and the level of training required, the knowledge of differences in practice and abilities between Chaplains and pastors in Ghana, What Chaplains do: An outline of all the activities/interventions of what various chaplains in Ghana do, chaplaincy institutions and their qualifications needs to be conducted.

Whereas, the West has clearly defined chaplaincy to fit its world we cannot speak the same for chaplaincy in Ghana. For me a total departure from the traditional to a complex professional chaplaincy is problematic on the Ghanaian soil. The professionalization of chaplaincy has led to a clear definition of the work of the chaplain as against the work of the pastor. Based on certain standards set, professional chaplains claim that to be a pastor and to work as a chaplain is not enough. Legally, professional chaplaincy is no longer regarded as a casual activity. Currently, the training and competency of a chaplain are required before a pastor can claim to be a chaplain.

Summary and Implications of Literature

Findings

The usefulness and need for professional chaplain’s training program model is supported by literature and research. The model for South Ghana is based on these assumptions:

- Evidence that chaplaincy began in America and the standards set have been developed over the years out of experience and it is time for South Ghana and the
church in Ghana to develop pastors to meet these requirements and be professional in their ministry as chaplains.

- Evidence that various chaplaincy settings have standards that need collaboration from fraternity of chaplains. Evidence that CPE and supervising are needed in Ghana for the Seventh-day Adventist pastors to get educated. CPE is the primary way many chaplains are trained. “It helps provide a knowledge base regarding chaplaincy and specific settings for ministry, to develop skills for chaplaincy, and to explore gifts and motivations for ministry” (Block, 2012, p. 3). The CPE program is part of the collaborative process of equipping chaplains as part of the certified body’s requirement which empowers and monitor chaplains and their activities.

- Evidence that various associations in the US assist to monitor the work of the chaplains and to uphold the ethical standard of the profession and it is about time Ghana begins somewhere to mobilize chaplains for education and accountability. Evidence that, stakeholders of chaplaincy need to work together in ensuring that education and skills needed are acquired in order to function properly as a chaplain and this requires importance and collaboration.

- Evidence that the SGC of the Seventh-day Adventist church is strategically positioned and has the potential to assist, and to develop pastors interested in chaplaincy. Evidence that academic research and chaplains have set the tone for the development of chaplaincy and therefore there is the need to collaborate to use a learning intervention and to develop the practice of chaplaincy per the standards of the USA.
From the reviewed literature, there is a deviation from the first work of the chaplain of sharing the cape in physical ways. The traditional pattern of ministry of chaplaincy is inconsistent with professional chaplaincy. The current chaplaincy ministry trend is to focus on the psychosocial and spiritual needs of people.
CHAPTER 4

DESCRIPTION OF THE INITIATIVE

Introduction

Chapter 3 provided the theoretical context for designing strategies for the CTSP, whereas this section provides a descriptive summary of what the CTSP project intends to achieve and how. The module College of Pastoral Supervision and Psychotherapy CPE Methodology of Learning and also the Logical Framework Approach (LFA) were used to carry out this project through reporting and measurement.

The LFA is an analytical tool for planning, monitoring, and evaluating projects (European Commission, 2001, pp. 22-23). It uses a matrix structure with four rows and four columns (see Table 1).

Table 1

*Sample Project Planning Matrix*

<table>
<thead>
<tr>
<th>Intervention Logic</th>
<th>Indicators</th>
<th>Means of Verification</th>
<th>Assumptions</th>
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<tbody>
<tr>
<td>Overall Objective</td>
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<tr>
<td>Project Purpose</td>
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<td>Results</td>
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<tr>
<td>Activities</td>
<td>Means</td>
<td>Cost</td>
<td>Pre-conditions</td>
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</tbody>
</table>
The four horizontal columns describe the objectives:

1. Overall Objective: what the project intends to do
2. Project Purpose: clarifies the core problem and benefits to be accrued
3. Results: indicates each output that will be produced
4. Activities: indicates each activity that must be undertaken to accomplish outcomes

The four vertical rows are usually filled from bottom to top (European Commission, 2001, p. 32) and describe the following:

1. Intervention Logic: describes project objectives
2. Indicators: whether quantitative or qualitative ways would be employed in judging the broad achievement of objectives
3. Means of Verification: the sources of information that exist or can be provided. For example: cost effectiveness. How regularly? Monthly, quarterly, or yearly?
4. Assumptions: the external factors necessary for sustaining objectives or restricting progress.

**Description of Project Strategy: Application of Logical Framework Analysis**

There are two problems in this study: my own need for clinical supervisory training and the pastor’s need for clinical training. In Ghana, the assumption exists that once a pastor has received theological training, he is qualified to serve as a chaplain. Some church members also think that once pastors have received a license to visit hospitals and prisons, they automatically become chaplains even though they are not clinically trained as such. In 2014, my observational evidence as Adventist Chaplaincy Ministries Director for the SGC indicated that there was a lack
of clinically trained Adventist chaplains in the various chaplaincy settings (i.e. schools, hospitals, and prisons).

Church leaders have neglected the training of chaplains, and as a result, the Adventist church is not represented among chaplains in various settings. Because these pastors have no clinical training to handle pastoral care issues, this study will explore ways to provide support for pastors to be trained and serve as chaplains. The task of this project is to develop, implement, and evaluate a CTSP to clinically train pastors to handle pastoral care issues (crises) and to serve as chaplains in hospitals, schools and prisons.

A number of activities are to be carried out in order for CTSP project to be realized, the details of which are outlined here.

**Overall Goal**

The overall goal of CTSP is to provide pastoral training and supervision for pastors and religious leaders who are already employed in ministry, specifically with the SGC. It is also meant for those who have applied for a job and want an introductory CTSP/CPE unit for professional growth, endorsement from the Adventist Chaplaincy Ministry (ACM) or their faith community, or future employment opportunities in chaplaincy ministries.

**Purpose**

The purpose of CTSP is to contribute knowledge in basic training for ministers as clinical chaplains and/or basic pastoral counselors that differentiates the work of the chaplain from the pastor. This will change mindsets that surround the work of a chaplain and enhance appreciation, thereby leading to a number of employed and endorsed chaplains in Ghana and in the West Central African Division of the Seventh-day Adventist church.
Outcomes

The outcomes outlined here are the specific, intended results of the CTSP activities. There are three such intended results. First, development of contextualized curriculum drawn for CPE training. Second, increased hands-on training and interactive learning to clinically engage recipients and provide cases for presentations. Third, increased capacity of pastors to graduate and be confirmed as chaplains for endorsement and placement.

Measurable Indicators

One measurable indicator by which the outcomes will be checked is the graduation of 15 clinically trained chaplains by the year 2016. The indicator to measure this will be the Contextualized Curriculum for CPE, Hands-on performance in ministry context (institutions), Cases/presentations, Self-evaluations by trainee, Graduation and Endorsement certificates. Further Education in chaplaincy, guidance, counseling and pastoral care.

Means of Verification

The means for verification of the success and/or failure of CTSP are:

1. Five cases written and presented by trainees
2. Weekly reflections of a filled monthly ministry context report
3. Journal, mid/final year evaluations submitted
4. Graduation certificates

Important Assumptions

The key assumption for the CTSP project at the SGC is that chaplains trained will be equal to other chaplains worldwide. A change of my position as the Director of Adventist Chaplaincy Ministries will not affect the research completion. Considering cultural issues, it is
assumed that senior pastors will feel comfortable being critiqued and interns will feel comfortable speaking during the interactive learning. Since the CTSP is a voluntary training program, it is expected that trainees will attend didactics and be punctual, as well. Another assumption is that pastors will complete their filled monthly ministry context report, weekly reflections and journal, and mid/final year evaluations, graduation then submit them for assessment and evaluation of the whole project.

**Implementation of Strategy**

Strategy is not the problem, but implementation. Nice ideas on paper are futile if not implemented. Malphurs (1999) confirms, “Strategy dies for lack of implementation” (p. 175). The strategy of Christ was that He would be slain from the foundation of the world (Rev 13:8), but the implementation came 2000 years ago at the fullness of time when Jesus came to be born and to redeem humanity (Gal 4:4-7). Jesus implemented the strategy despite challenges.

First, I will contextualize the curriculum for CPE, which will be used for the training. Second, trainees will be placed in a ministry context to clinically engage recipients. The trainees will offer cases and presentations as part of hands-on training and interactive learning. Third, trainees will graduate and be confirmed as chaplains for endorsement and placement.

Based on this theological basis, I have described the careful planning necessary for implementation of CTSP. The techniques for the provision of CTSP are broken into various steps. Table 2 shows the summed-up activities carried out by the project.
### Table 2

**Gantt Chart**

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<tr>
<th>Activities</th>
<th>Jan</th>
<th>Feb</th>
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<tr>
<td>Outcome 1: Design/Use CTSP Application Packet</td>
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<td>Outcome 2: Advertisement and Enrollment</td>
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<td>Outcome 3: Inclusion Criteria</td>
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<td>Outcome 4: CTSP Cohort</td>
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<td>Outcome 5: Course Schedule</td>
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<td>Outcome 6: Learning Components</td>
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<td>Outcome 7: CTSP Action/Reflection</td>
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<td>Outcome 8: CTSP Journal/Weekly Reflection</td>
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<td>Outcome 9: Assignment Types</td>
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<td>Outcome 10: Practicum/Case Reports, Self-Evaluation</td>
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<td>Outcome 11: Graduation Ceremony/Endorsement</td>
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Design/Use CTSP Application Packet

I designed an application form that has biographical information for each trainee (see Appendix C). Each trainee will complete the form for the application of CTSP/CPE. The vital information collected includes name, address, phone, denomination and faith group information, name of religious body, and the Conference, Presbytery, Diocese, or Association to which the trainee belongs. Trainees will indicate whether they are ordained and if so, provide their date of ordination. They will also provide the name of the college or seminary that awarded their degree and any information on graduate studies or additional education not already captured by the form. Trainees are to indicate if they have taken CPE and if so, the center at which they studied and supervisor name. Trainees are to offer two references, one from their denomination and the other from an academic or other source (See Appendix C) for CTSP form).

The application package includes the trainee’s three “stories” of significance. The first story and each subsequent one is one-half to one page each description of important events/people/memories in the trainee’s life. These may be anything of significance, but trainees are to pay special attention to those which triggered life changes for them. The second story is an autobiography outlining their spiritual journey and highlighting key social and emotional turning points in their life. Trainees are to include information about faith group/denominational activities of each parent prior to their birth. If trainees have held leadership positions of any kind in their faith group, they are to describe each one. The third story is an account of a time when the trainee helped someone else. Trainees must be specific about the need as they understood it and about how they provided help.

Trainees also have to provide a statement about why they want to receive CTSP/CPE training. If trainees have a specific idea about what they would like to learn, they are to include
it. If they have had previous CPE, they must also include copies of evaluations written by themselves and by their supervisor(s). Evaluations are key to the fulfillment of learning goals by the trainee. For trainees of SGC, tuition is free and, in addition, trainees will be given lunch. Each trainee candidate is to sign and put a date on the form before submitting. To reserve a place and to secure provisions for trainees, they are to include all requirements needed in this application package and to email them to me.

**Limitations**

While trainees would receive sufficient training, making them competent to serve as a chaplain in most institutions, CTSP was careful to issue a disclaimer that does not guarantee that the CTSP/CPE trainee who completes the training successfully will be employed by the SGC as a chaplain. CTSP also distributed the memoranda to ensure the employer authorized the trainee to attend both the group and individual support meetings. CTSP certificate issued to trainees at end of the training does not make a trainee a professional chaplain.

**CTSP Mission Statement**

CTSP/CPE at Accra provides chaplains, pastors, and religious leaders with clinical assessment and intervention skills that will enable them to meet the psycho-spiritual and emotional needs of clients/patients with appropriate supports in pastoral care and counseling. CTSP/CPE provides pastoral support training in trauma and crises intervention, with pre-grief and bereavement counseling, with prayer, and worship. CTSP is also committed to growth through assessing the efficacy of interventions made. CTSP also serves as a resource to the students/pupils, staff of employing organizations and faith and local communities. It participates in local educational programs, and facilitates and supplements the pastoral care given by religious congregations and their leaders, along with institutions who offer chaplaincy services.
CTSP Vision Statement

The CTSP/CPE vision is to be the CTSP/CPE training center of choice for Adventists in the Accra Area providing premier interfaith training to trainee chaplains, and to extend this training to other pastors, and religious leaders from a variety of religious and cultural backgrounds.

Advertisement and Enrollment

I enrolled 15 pastors as trainees, but others attended. I conducted the research project among the 15 for the various chaplaincy settings of the SGC. The goal was to identify pastors to fulfill chaplaincy roles in the following settings and these were met: three people for a hospital, two for prisons, one for a school campus, one for the military, one for the workplace, and one for police chaplaincy. For the campus/school chaplaincy ministries, three trainees were chosen for tertiary institutions while the remaining six were classified for the Adventist basic schools in SGC.

Letters were written to interested pastors of the SGC informing them about the CTSP, which was approved by Andrews University Seventh-day Adventist Theological Seminary. The training program is for professional pastors who are already involved in some form of ministry: prison, hospital, hospice, police, armed forces, community chaplaincy, or workplace, etc. However, pastors who have graduated with the bachelors in theological studies applied and were enrolled. Their workplace/institutions in which they serve were their clinic from which they brought cases to the group for consultation. Those who worked in some capacity in which they counseled or guided clients such as a parish pastor, chaplain, counselor, or social worker, used those places as qualified clinics.
Inclusion Criteria

I encouraged applicants to invite qualified friends or recommend this training program to their friends. I made them aware of the limitations stipulated previously. In this training program, the maximum number of trainees was 15. The trainees were to be workers or pastors of the SGC.

Course Schedule

I began the first class on Tuesday, January 13, 2015 at the SGC office auditorium from 10:00 a.m. - 2:00 p.m. There were two sections of CTSP within the year 2016 that ran from January to March and July to December, with breaks between August and September for camp meetings. Table 3 shows the detailed schedule for the year.

Table 3

*Calendar for CTSP/CPE Unit I 2016*
(This calendar is subject to change)

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Activity</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 12</td>
<td>Begin CTSP Cohort 2015</td>
<td>Course Intro Autobiographies</td>
<td>NTO Trainees</td>
</tr>
<tr>
<td>January 19</td>
<td>Workshop</td>
<td>Assigned Book Part One</td>
<td>All</td>
</tr>
<tr>
<td>January 26</td>
<td>Workshop</td>
<td>Assigned Book Part Two</td>
<td>All</td>
</tr>
<tr>
<td>February 2</td>
<td>Workshop</td>
<td>Assigned Book Part Two</td>
<td>All</td>
</tr>
<tr>
<td>February 9</td>
<td>Workshop</td>
<td>Presentation</td>
<td>Trainees</td>
</tr>
<tr>
<td>February 16</td>
<td>IPR</td>
<td>Presentation/IPR</td>
<td>NTO/Group</td>
</tr>
<tr>
<td>February 23</td>
<td>Workshop</td>
<td>Presentation/CPE</td>
<td>NTO/Group</td>
</tr>
<tr>
<td>Table 3</td>
<td>Table 3 Continued.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 1</td>
<td>Workshop</td>
<td>Presentation/Clinical Analysis/Case</td>
<td>NTO</td>
</tr>
</tbody>
</table>
Table 3—Continued.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Type</th>
<th>Topic/Activity</th>
<th>Group/Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 8</td>
<td>Workshop</td>
<td>Pastoral Counseling</td>
<td>All</td>
</tr>
<tr>
<td>March 15</td>
<td>Workshop</td>
<td>Case Studies</td>
<td>All</td>
</tr>
<tr>
<td>March 22-24</td>
<td>Plenary</td>
<td>Case Studies/Seminars</td>
<td>All</td>
</tr>
<tr>
<td>March 29</td>
<td>Workshop</td>
<td>Continue CTSP Cohort 2015 Autobiographies</td>
<td>NTO Trainees</td>
</tr>
<tr>
<td>July 5</td>
<td>IPR/ Evaluation</td>
<td>Case Studies</td>
<td>All</td>
</tr>
<tr>
<td>July 12</td>
<td>Workshop</td>
<td>Case/Book Presentation</td>
<td>All</td>
</tr>
<tr>
<td>July 19</td>
<td>Workshop</td>
<td>Case/Book Presentations</td>
<td>All</td>
</tr>
<tr>
<td>July 26</td>
<td>Workshop</td>
<td>Case/Book Presentations</td>
<td>All</td>
</tr>
<tr>
<td>August 2</td>
<td>Workshop</td>
<td>Case/Book Presentations</td>
<td>All</td>
</tr>
<tr>
<td>August 9</td>
<td>IPR</td>
<td>Cases/IPR</td>
<td>NTO/Group</td>
</tr>
<tr>
<td>October 4</td>
<td>Workshop</td>
<td>Cases/CPE</td>
<td>NTO/Group</td>
</tr>
<tr>
<td>October 11</td>
<td>Workshop</td>
<td>Presentation Clinical Analysis/Case</td>
<td>NTO</td>
</tr>
<tr>
<td>October 18</td>
<td>Workshop</td>
<td>Pastoral Ethics</td>
<td>All</td>
</tr>
<tr>
<td>October 25</td>
<td>Workshop</td>
<td>Case Studies</td>
<td>All</td>
</tr>
<tr>
<td>November 1</td>
<td>Plenary</td>
<td>Case Studies/Seminars</td>
<td>All</td>
</tr>
<tr>
<td>November 8</td>
<td>Presentations</td>
<td>Case Studies</td>
<td>All</td>
</tr>
<tr>
<td>November 15</td>
<td>Presentation</td>
<td>Case Studies</td>
<td>All</td>
</tr>
<tr>
<td>November 22</td>
<td>Presentation</td>
<td>Case Studies</td>
<td>All</td>
</tr>
<tr>
<td>December 13</td>
<td>IPR/Evaluation</td>
<td>Case Studies</td>
<td>All</td>
</tr>
<tr>
<td>December 20</td>
<td>IPR/Evaluation/Graduation</td>
<td>Case Studies</td>
<td>All</td>
</tr>
</tbody>
</table>
Learning Components

The objectives of the learning components are tailored for pastoral care competency. The seven objectives of the CTSP stated here are care-driven. The CTSP/CPE includes Pastoral Reflection, Pastoral Formation, Pastoral Competence, and Pastoral Specialization. The CTSP/CPE curriculum learning components are designed to assist the trainees in reaching the following objectives:

1. To become aware of self as a minister and ways one's ministry affects persons
2. To develop skills to provide intensive and extensive pastoral care and counseling to persons in crises situations
3. To understand and utilize the clinical method of learning
4. To accept and utilize the support, confrontation, and clarification of the peer group for the integration of personal attributes and pastoral functioning
5. To utilize individual and group supervision for personal and professional growth and for developing the capacity to evaluate one's ministry
6. To develop the ability to make optimum use of one's faith group’s spiritual heritage, theological understanding, and knowledge of the behavioral sciences in pastoral ministry to persons and groups
7. To become aware of how one's attitudes, values, assumptions, strengths and weaknesses affect one's pastoral care ministry

I held a workshop on pastoral counseling issues (relational and counseling strategies for effective ministries). Seminars on competency standards for chaplains such as possession of required skills, CPE, and continuous quality improvement were conducted. Out of an intense
involvement with persons in need, and the feedback from peers and supervisors, trainees develop new awareness of themselves and of the needs of those to whom they minister.

From theological and psychosocial reflection on specific human situations, trainees gained a new understanding of ministry. Within the interdisciplinary team process of helping people, they developed skills in intrapersonal, interpersonal, and inter-professional relationships. The CTSP and CPE method used the pastoral experience, reflection on the pastoral experience by the chaplain in written and oral reports, and reflection and critique of those reported experiences by members of the peer group and the supervisor. Through these experiences and evaluations, the trainees learn effective evaluation of the ministry and how they are perceived as a pastoral person.

Group therapy formation exercises, group interaction, evaluation, and sharing becomes a laboratory for learning. Trainees are encouraged to recognize their differing gifts for ministry and how those gifts may be shaped and improved with the guidance of the supervisor. Both peers and supervisor serve as consultants, challengers, and supporters in the process of self-learning and self-growth. The basic impetus for learning, however, comes from the trainees themselves, as they become aware of their personal and professional issues, review their autobiography, and invest in the learning opportunities available to them. Patients, clients, parishioners, family, peer, staff and supervisor encounters all contain the seeds for challenge and support which can lead to professional, personal, interpersonal, emotional, spiritual growth, and development.

CTSP Action/Reflection in a Group Learning Process

The CTSP/CPE program utilizes the adult action/reflection learning process, which is central to CTSP/CPE in several ways. One of the basic tenets of CSTP/CPE is that trainees are
involved in hands on, direct experiences with people, while later reflecting on those experiences. At the CTSP trainees are involved with persons who may be in crisis due to illnesses and life changing events, i.e., moving to a continuing care facility or women involved in domestic violence.

Analysis of the Trainees’ Work

Analysis of the trainee’s work is accomplished in the following ways: (a) written reflection through case studies, incident reports, and discussion of interventions with peers and supervisors; (b) individual supervision; (c) reflection papers or journals which give trainees opportunities to look at progress toward addressing their issues; and (d) reflection on workshops and seminars, with the view of applying new knowledge to their work.

Key Premises in the Action/Reflection Learning Model

There are some key premises in the action/reflection learning process, which are: (a) learning from one's own experience in action related to personal and professional issues. This comes through the use of reflection, feedback, and acquiring of new skills and information to shape future action; (b) working with a group of peers in the development of a learning community. This is necessary to both professional formation and learning about the skills of community building; (c) issues in pastoral care and identity, which are encountered in ministering to and with people in crisis and their families. These are universal in the themes and topics that can be raised and addressed in supervision and peer group discussions.
CTSP Journal/Weekly Reflection

The purpose of journaling and weekly reflection is crucial to the learning goals. The main purpose is to assist the trainee in assessing the significance of the CTSP/CPE experience in relation to their professional and educational objectives and CTSP/CPE Standards. The policy is that each trainee will keep a journal in order to have a formal way to reflect on learning and growth in CTSP/CPE.

This journal will provide material for the supervisory conference. No individual supervisory session will be conducted without this journal. Other important notes about the journal process are as follows: (a) the trainee’s journal is intensely personal, with the personality of each trainee being reflected in the writing; (b) the trainee prepares a paper by selecting items from the journal to use with the supervisor during their individual supervisory session. Or, the trainee may present the entire journal for supervision. This material is confidential, which the supervisor will carefully respect; (c) journals must be handed into the supervisor twenty-four hours prior to the individual supervisory session.

Some suggestions given to the trainee for journaling are: (a) their relationship with patients/clients, families, peers, staff, or supervisor—attitudes revealed, feelings of effectiveness, issues raised, and problems perceived; (b) self-insights, personal and professional roles and their perception of them in this setting, successes and/or frustrations in meeting responsibilities; (c) any feelings noted, both positive and negative; (d) critique of the CTSP/CPE program, such as the most or least helpful elements and suggestions for additions or improvements; (e) their faith experience – how has their faith been challenged, deepened, or confirmed, what conflicts have arisen and what questions or insights were noted; (f) readings they have done and how they impacted their pastoral experience; (g) describe what helped or hindered their pastoral calls; (h)}
the number and type of calls that they are making; or (i) discuss other areas important to their growth and development.

**Assignment Types**

There is a written requirement for the unit of the CTSP/CPE. Trainees learning objectives is crucial in the practicum that they are involved in. Below are the various assignment types:

1. **Learning Objectives**: trainees are to state their learning issues (what they want to learn) for the unit and give a copy to the supervisor.

2. **Clinical Case Studies**: A minimum of five case studies are required for unit CTSP/CPE depending on the total number of trainees. Thus far, the maximum number has been 15 trainees. When presenting a case during a seminar, trainees are to have sufficient copies of the case studies made for each group member and the supervisor. They should also send a soft copy to the supervisor before presenting. When presenting a case during individual director hour, they are to have two copies made or a soft copy emailed.

3. **Reading Reviews**: I assigned selected readings for trainees. Trainees were to write an analytical reflection on the reading assigned, then add any critical analysis, including the reading’s relationship to the trainee’s self-growth and/or pastoral functioning. Copies must be submitted to me as their supervisor.

4. **Mid-Unit and Final Evaluations**: Trainees were required to write an evaluation of their own learning process during both the mid-unit and at the end of the unit. Copies were to be made for presentation to peers and/or their supervisor. Up to two separate one-on-one sessions may be required to assess the evaluations.
5. Weekly Journal: as needed, are to be written by trainees. A weekly journal about significant learning during the week is done by trainees in order to ensure they remember the pastoral matters dealt with during their one-on-one session. Trainees submit one hard or soft copy to the director each week prior to individual supervisory session.

6. Monthly Statistical Report: for trainees who have been employed full-time by the SGC. On the first of each month, trainees submit a copy of the monthly report to me as a director of ACM in preparation towards endorsement.

**Practicum/Case Reports and Self Evaluation**

The best practices for chaplains will be used, along with an evaluation of a chaplain’s practice for professionals. I debriefed with each member of the group for guidance and counsel after didactic and after the break of Part I training. The first part of the month was didactic on the *Work of a Chaplain*, by Paget and McCormack, and *Outside the Gates of the Church* by Crick. The second part was presentations, plus self-reflection on the presentations and course reading material. The second month was dedicated to case studies, issues that arise from them and reviews from participants. The third month was a continuation of cases and didactic of the following: standards of practice for developing chaplains—documentation of care, ethical practice, respect for diversity, chaplains as leaders, and care for an organization. Evaluation interviews were conducted on 15 selected pastors and also reflections on daily learning at the CTSP cohort by each trainee.

**Graduation Ceremony/Endorsement**

A graduation ceremony will be held to affirm trainees as chaplains during a Sabbath worship period at the Military Church-Garrison Seventh-day Adventist Church Burma Camp.
Qualified trainees will use their certificates to apply for endorsement as chaplains from the West Central African Division, the endorsing body for Adventist Chaplaincy Ministries.

**Summary**

The development of the CTSP implementation is summed up here to show the strategies to accomplish: first, the contextualized project curriculum for CPE which would be used for the training; second, how trainees will be placed in their ministry context to clinically engage recipients, provide cases, and offer presentations as part of their hands-on training and interactive learning; and third, how trainees will graduate and be confirmed as chaplains for endorsement and placement.

The didactic included standards of practice for developing chaplains: documentation of care, ethical practice, respect for diversity, chaplains as a leader, and care for an organization. Workshops on pastoral counseling issues (relational and counseling strategies for effective ministries) were held. Seminars on competency standards for chaplains, such possession of required skills, CPE, and continuous quality improvement, were conducted. The procedure in this chapter used the Logframe Matrix to monitor and evaluate CTSP. Chapter 5 describes the implemented strategy of the CTSP and the lessons learned.
CHAPTER 5

NARRATION OF CHAPLAINCY TRAINING
AND SUPPORT PROGRAM CHALLENGE

Introduction

This chapter seeks to narrate and evaluate the implementation strategy of the CTSP intervention to equip pastors for Ministry in the SGC of the Seventh-day Adventist Church as described in chapter 4. The outcomes and an investigation of the challenge of the project implementation are presented here. The narrative of the CTSP was placed under 11 categories:

1. Application Packet/Pilot
2. Advertisement and Enrollment
3. Inclusion Criteria
4. CTSP Cohort
5. Course Schedule
6. Learning Components
7. Assignment Types
8. CTSP Action and Reflection Learning
9. CTSP Journaling and Weekly Reflection
10. Practicum and Self Evaluation
11. Graduation Ceremony and Endorsement
Application Packet/Pilot

In the designed application packet, I targeted 15 pastors as applicants and to conduct the research project among them for the various chaplaincy settings of the SGC. Among the trainee chaplains, I wanted to identify trainees who can fulfill chaplaincy roles in the following settings: three people for a hospital, two for prisons, one for a school campus, one for the military, one for the workplace, and one as a police chaplain. For the school/campus chaplaincy ministries, three trainees will be chosen for tertiary institutions while the remaining three would be classified for the Adventist basic schools in SGC.

I tested the commencement of the CTSP implementation program in 2015. The pilot drew only 11 trainees—two pastors from Valley University, one pastor from Volta North, one pastor who acted as a civilian chaplain for the Ghana Armed Forces (GAF), and seven district pastors who had interest in chaplaincy and they formed the 2015 cohort. There was a short fall of four when I started. However, in 2016 when I modified the calendar three district pastors out of the eleven 2015 cohort stayed to join the 2016 cohort. However, instead of the targeted 15 students, 30 people applied. The inclusion section shows the details.

The application package for logistic purposes and also for admission covered for those in Accra. I attached the information (see Appendix A & B) and application form for their attention. The advertisement and entire project was approved by Andrews University and the South Ghana Conference of the Seventh-day Adventist church administration (see Appendix E for approval letter of SGC). Trainees complied with application instructions and SGC administration provided a weekly transportation and lunch for the trainees.

Advertisement and Enrollment

The advertisement and enrollment targeted professional pastors in the chaplaincy
settings and Bachelors of Arts (BA) Theological degree holders as indicated in the previous chapter. The rationale is that trainees’ workplace/institutions will serve as the clinic. The CTSP drew a majority of pastors who just graduated with their bachelors in theological studies. Among the 30 trainees who enrolled were three district pastors, four interns and eight temporarily engaged pastors, nine irregular district pastors and six were fresh graduates with BA Theological studies from Valley View University.

The second recruitment was done after the proposal approval was offered by Andrews University to implement CTSP. One applicant has completed postgraduate in theological studies whiles one is pursuing a Master’s program and none of the applicants have done CPE.

CTSP like CPE are nondenominational and for nonbelievers as well, but this particular CTSP project was limited to Adventist clergy only. The entrance degree into the ministry in Ghana for Adventists is a Bachelor of Theology or Bachelor of Theological Studies. While in most of the United States, it takes a Master of Divinity (MDiv) to become a clergy and subsequently to become a chaplain, this is not the case in Ghana. A Bachelor of Theology in Ghana and in Europe is equivalent to a Master of Divinity (MDiv). It can be hard for Americans, especially those within the Association of Professional Chaplains and some other institutions, to accept this seemingly more limited qualification for board certification as a member or clergy.

Inclusion Criteria

Trainees were to provide me with their learning goals. If they have had previous CPE, they are to include copies of evaluations written by them and by their supervisor(s). Evaluations are key to the fulfillment of learning goals by the trainee. The criterion of inclusion was to discover previously CPE-trained applicants and to structure the program to fit them as well. I requested for trainees to note any previous CPE experience by providing copies of written
evaluations from applicants and their supervisor(s). Evaluations are key to the fulfillment of learning goals by the trainee, but no applicants included previous CPE experience. This showed the initial lack of CPE competencies among applicants.

Out of the 41 pastors of SGC in the Accra area, 30 pastors applied for the CTSP but 15 were consistent due to distance, economic and disclosure of 15 consistent members by Andrews University Doctor of Ministry committee to form the cohort. The constituted CTSP cohort 2016 signed the consent forms and they were 10 pastors and five temporarily engaged pastors of the SGC. For trainees, tuition was free and a stipend was offered for lunches and transportation for those in Accra alone. Members of the cohort were between the ages of 25 to 55. The implications are that, the expressed interest rate of 30 pastors out of 41 to have ventured into this new area of chaplaincy ministry education was significantly high. The remaining eleven pastors who did not apply included officers, directors and those who were retiring from active service in ministry. Although there were other pastors of SGC outside of Accra who were interested applicants, distance and time could not allow them to be considered, so their requests were tabled to be considered for a later cohort in their area.

**CTSP Course Schedule**

The CTSP cohort began as stipulated. The weekly Tuesdays were blocked by most of the trainees and SGC so that pastors could attend CTSP meetings, but the schedules were not strictly followed. The entire 52 Tuesdays in the year 2016 were not utilized because of the breaks. The first part of the cohort meeting went on well. However, the second part of the schedule had some disruptions due to the various camp meetings dates within SGC. Since the camp meetings spread through the third quarter July-September, it made it difficult for some trainees and myself to attend some didactics thereby limiting the number of hours in the third quarter but subsequently
added to the fourth quarter. I used E. Y. Lartey (1991), *Some contextual implications for pastoral counseling in Ghana*, and *In living colour: An intercultural approach to pastoral care and counseling* (1997), and Cassel, Mpolo, and Nwachuku, *Pastoral care and counseling in Africa today* for didactic to make the counseling issues relevant to the trainees.

I debriefed with each member of the group for guidance and counseling after each didactic/case presentation. The beginning of each session was reserved for didactic, and the second half was for presentation of cases by trainees from their didactics on counseling, standards of practice for developing chaplains, documentation of care, ethical practice, respect for diversity, chaplain as a leader, and care for the organization.

I made the commitment to enhance trainees’ knowledge through participation in local educational programs that facilitated and supplemented the pastoral care given by religious congregations and their leaders, along with institutions that offered chaplaincy services. No visits to other institutions were made but two guests in the area of counseling and military chaplaincy had special workshop on abuse and ethics of the chaplain for the group.

**Learning Components**

The learning components of CTSP/CPE were met. Trainees gained competencies necessary for chaplaincy work. Trainees:

1. Became aware of how one's attitudes, values, and assumptions strengths and weaknesses affected one's pastoral care ministry. Autobiography and temperament test are core to learning.

2. Developed the skills to provide intensive and extensive pastoral care and counseling to persons in their crises situations. They gain insight into “what counseling is” and “what it is not.”

3. Understood and utilized the clinical method of learning. They learned how to write cases
and to analyze them.

4. Accepted and utilized the support, confrontation and clarification of the peer group for the integration of personal attributes and pastoral functioning.

5. Utilized individual and group supervision for personal and professional growth and for developing the capacity to evaluate one’s ministry.

6. Developed the ability to make optimum use of their faith group’s spiritual heritage, theological understanding, and knowledge of the behavioral sciences in pastoral ministry to persons and groups. Learned to work in a pluralistic environment.

7. Became aware of how social conditions, systems, and structures affect the lives of self and others and to effectively address these issues in ministry. Ghanaian worldview was the focus.

8. Provided pastoral counseling with access to psychological resources in the service of their pastoral work. Theories like Rational Emotive Behavior Therapy (REBT) Albert Elis, Person Centered Psychotherapy (PCP) Carl Rogers.

The above achieved pastoral care competencies which are trainee’s learning components are explained in the section below.

Self-Awareness

The first learning component was on self-awareness. Trainees learned about their life through the required three “stories” of events/people/memories, spiritual journey and memorable social and emotional turning points in life submitted and presented. Trainees became aware of themselves as ministers and discovered that, the way they minister affects people to whom they minister and that an awareness of self, impacts ministration to others. This was a good exercise for trainees to discover baggage, be it from family origin, trauma, or other issues that may hinder
or enhance their care of others.

Although, I am aware of Keirsey and Bates (1984) sorter temperament book *Please Understand Me*, I taught temperament as espoused by Arno. The Arno Profile System is a clinical temperaments diagnostic tool designed by Drs. Richard and Phyllis Arno of the National Christian Counselors Association. One trainee remarked on this system, “I know myself better now through Arno Profile System report and FIRO-B., scores and their explanations. Now, I know how to use the instrument and how to help people to understand themselves better.”

Another trainee shared his thoughts on life calling, in the Ministry Development Plan (MDP) as a chaplain, “I am convinced that I am called by the Almighty God to execute His work. I have the desire, passion and zeal for both ministry and the work of the chaplain.” Trainees were happy to know their weaknesses and strengths and were conscious of how they affect their ministry as pastors. Trainees, one-on-one, opened up and had their issues addressed for social and emotional health. The debriefing helped trainees. Their third story and its implications to counseling and CPE were discussed.

Development of Skills

From theological and psychosocial reflection on specific human situations, trainees gained a new understanding of ministry. Within the interdisciplinary team process of helping people, they developed skills in intrapersonal, interpersonal, and inter-professional relationships. The CTSP and CPE method used was the pastoral experience, reflection on the pastoral experience by the Chaplain in written and oral reports, and reflection and critique of those reported experiences by members of the peer group and the supervisor. Through these experiences and evaluations, the trainees learned effective evaluation of the ministry and how they are perceived as a pastoral person.
The development of skills is crucial in pastoral care. For instance, confidentiality is a skill for chaplains. I instructed trainees that on no occasion during the study should they discuss issues of a client (ministry recipient) or peer outside the CPE cohort session. Additionally, the identity or name of a person they are working with is not to appear on any records anywhere or be mentioned in a sermon. No recording of audio or visuals were permitted as part of their practicum. I also pledged to keep the records of trainees only for the purpose of the director’s evaluation and resource growth of the Adventist church in the SGC. On few occasions during the training, trainees flaunted the rules but they picked up on it later. The “hear no evil” and “whatever is heard here remains hear” maxims and concepts were applied in all sessions.

The cases presented were anonymous, no names were written on completed case studies except the trainees’ name for evaluation. On a whole, the training issues were confidential, pseudonyms were used for interview notes/cases/verbatim. The data of the trainees were secured in a locked office, or on a password-protected computer. Although this data was collected to enhance CTSP, it was also used for reporting on activities of Adventist Chaplaincy Ministries (ACM) of the SGC. For confidentiality purposes, the details in trainees’ folders were not handed over to the new ACM director. Folders were kept by me for CTSP project and evaluations.

Utilization of Clinical Methods

Clinics and temperament test—Arno profile system, and extramural tests—are necessary for adherence to clinical methods of learning. Trainees used their workplace/institutions at which they served as their clinics from which they brought cases to the group for consultation and supervision. The church/district pastor, lecturers, and chaplains used their settings as clinics. The trainees and the supervisor took risk in CTSP.

I used the Arno Profile System clinical diagnostic tool developed Drs. Richard and
Phyllis Arno and used by the National Christian Counselors Association to assess a person’s God-given temperament. It is extremely valuable in helping clients better understand themselves and also for the counselor to be more effective with each person.

An extramural test was done to ethically conform with standards of research on human beings. A sample of the extramural research certificate from the National Institutes of Health (NIH) is shown in the appendix that mandated me to carry out this project (see Appendix E, p. 139). Trainees were exposed to overwhelming issues from ministry recipients in their various chaplaincy settings and they were welcomed to debrief and to vent on any issue which helped them to heal appropriately. An Adventist school chaplain commented: “I was opened to faculty/staff, students and their families on Monday's through to Thursday at 10:00 a.m. to 2:00 p.m. and students with various issues, especially psychological and spiritual, came to me for help.” Another trainee chaplain said, “I gained clinical knowledge in pastoral diagnosis and assessment. As a trainee, I also met with my supervisor one-on-one on issues that bothered me…I acquired exploration of ethical principles of autonomy, beneficence, justice, and integrity.”

Trainees were made aware of the concerns in helping ministry recipients. Adherence to ethical standards and the extramural test is necessary for trainees to be cautious in dealing with “living human documents.”

Utilization of Support, Confrontation and Clarification

Utilizing support for those in crisis, and trainees learning to confront and clarify situations are healing in nature. From a theological and psychosocial reflection on specific human situations, trainees gained a new understanding of ministry. Within the interdisciplinary team process of helping people, they developed skills in intrapersonal, interpersonal, and inter-
professional relationships. The CTSP/CPE method used: the pastoral experience, reflection on the pastoral experience by the chaplain in written and oral reports, and reflection and critique of those reported experiences by members of the peer group and the supervisor. Through these experiences and evaluations, trainees learned effective evaluation of the ministry and how they are perceived as a pastoral person.

Utilization of Individual and Group Supervision

In the CTSP group therapy formation exercises, group interaction, evaluation, and sharing become a laboratory for learning. Cases were presented by each trainee. Trainees initially were uncomfortable about the process of critiquing because they felt they were undermining their peers but later, the “how and what” questioning skills assisted them to be confident. Trainees were encouraged to recognize their differing gifts for ministry and how those gifts may be shaped and improved with the guidance of the supervisor. Both peers and supervisor serve as consultants, challengers, and supporters in the process of self-learning and self-growth. The basic impetus for learning, however, came from the trainees themselves, as they become aware of their personal and professional issues, invested in the learning opportunities available to them.

Trainees were encouraged to recognize their differing gifts for ministry and how those gifts may be shaped and improved with the guidance of the supervisor. Both peers and supervisor served as consultants, challengers, and supporters in the process of self-learning and self-growth. The basic impetus for learning, however, comes from the trainees themselves, as they become aware of their personal and professional issues, review their autobiography, and invest in the learning opportunities available to them. Patients, clients, parishioners, family, peer, staff and Supervisor encounters all contain the seeds for challenge and support, which can
lead to professional, personal, interpersonal, emotional, and spiritual growth and development

Development of Abilities to Optimize Theology and Behavioral Sciences

I held didactics on pastoral counseling issues (relational and counseling strategies for effective ministry). The goals of trainees helped to tailor presentations and seminars on counseling strategies. The under-listed pastoral counseling issues and how it impacted clinical training of the chaplain trainees were discussed. Trainees discovered then that the work of the chaplain is to provide a place for those in pain and to share their pain. The 15 chaplains responded in several ways to their understanding of who a chaplain is and what work they do after training. One chaplain expressed, “I thought that being a chaplain is to preach, teach and to convert people in various chaplaincy institutions, but now I know chaplaincy entails more than that.”

Knowing what chaplaincy entails requires knowing what counseling is and is not. A trainee confirmed his learning goal and the outcome:

I wanted to know what counseling is when I started the CTSP. I have learned that counseling is not preaching. What this means to me is that I don't have to be issuing scripture verses after scriptural verses to convince, affirm the sin the person has committed to shame the person and make the person feel more guilt and hopelessness than when he/she came in. Before I did that, but today I am maturing to provide hope and encouragement for the guilty and to help save a sin-sick soul. Theologically, I am acting like the Holy Spirit, the counselor who walks by me, leading me in the path of righteousness. I have learned not to condemn, but to journey with others into salvation hope and assurance. My job as a chaplain is to help.

Feedback from trainee chaplains confirmed knowledge in chaplaincy:

“A chaplain provides spiritual and psychosocial care, I believe it is therapeutic.”

“A chaplain is one who cares for people without makeups and judgement.”

“Chaplains are plain and down to earth people who always want to think from the heart and not from the heard. They are not bias at all.”
“Chaplains love to listen and not talk a lot, they are the shepherd who guides the sheep to the still waters, and they don't decide for people.”

“Chaplains share the unconditional love of Jesus to every tribe, kindred, tongue and people.”

“Chaplains love to understand people no matter who they are whether they are Godly or not.”

“Chaplains walk in the pain of people and they help in the journey of the sufferer.”

“Chaplains are holistic healers, they heal the heart.”

“Chaplains love to journey with people when they tell their stories, they don't jump in when they are triggered by a person’s story.”

“Chaplains respect where the person is going and they walk with them.”

“A chaplain’s work is like that of the Holy Spirit (Parakletos) close besides, and walking alongside like Jesus on the road to Emmaus with two men. The chaplain is a counselor, helper, encourager, an advocate and a comforter.”

“It is also my aim/goal to get all the necessary materials that will aid me to demonstrate professional skills and dispositions necessary for successful performance in my field as a pastor and as a chaplain.”

I provided trainees with clinical assessment and intervention skills that enabled trainees to meet the psychosocial-spiritual and emotional needs of clients/patients with appropriate support in pastoral care and counseling. CTSP/CPE provided pastoral support training in trauma, abuse, and crisis intervention, with pre-grief and bereavement counseling, prayer, and worship. Trainees expressed what they learned in the areas of theology and behavioral sciences.

The didactics covered many areas of study. Some of the topics covered during the program
were: what counseling is and what counseling not; counseling skills; posture and attending skills; ethics of the counseling profession; confidentiality; abuse; how to write verbatim.; how to write reflection and analyze verbatim cases; the work of the chaplain; ethics of chaplaincy work; world religions; African values; boundaries of the chaplaincy work; transference and counter transference; cultural boundaries in counseling; how to deal with own emotions; and how our temperament works and its effect on us as chaplains. Theological reflections are also core in the helping ministry, as chaplains was taught.

Another trainee remarked:

This program has served as an eye opener to me because before I joined the (CTSP/CPE) program, I thought chaplaincy work could be done by any person not trained, but it was not so. I was taken through counseling procedures, what a counselor is expected to do and what he is not supposed to do. I learned that, counseling is about helping a person to deal with life events, cope with problems, adjust to situations he/she finds himself/herself in, become aware of their own ideas, opinions and values and how they can solve it or manage it in their everyday life. I learned some basic counseling things. I once thought and I have come to believe that counseling is not a lecture, Bible Studies/preaching, or storytelling (using your own life story is prohibited). It is also not a warning, it is not convincing people that you are right or wrong, it is also not judging the client, and it is not an advice. I wanted to expand my knowledge to help me understand CPE and how to write and analyze verbatim/cases. Comprehension: this aspect helped me describe, explain and interpret ideas and facts gained in the CPE counseling processes. Application: this helped me to be able to apply, practice, and choose the necessary procedure in dealing with clients in the counseling setting. Analyze: this enabled me as a trainee counselor and chaplain to compare and contrast, differentiate or categorize issues in the counseling setting into proper perspectives. Synthesis: this aspect helped me to arrange, assess, recommend, or draw conclusions about a client’s problem without any biases. Evaluation: this helped me as the counselor or the chaplain to summarize, appraise and make necessary recommendations about the client to the appropriate authorities. Effective Learning: this helped me to share, accept, support and question the client’s situation and how to support him or her in the therapeutic referral situation. The One Spirit (CTSP/CPE) was designed to enhance counseling and pastoral skills of each participant. I just wanted to know the difference between my work as a pastor and the work of a chaplain. The knowledge and skills acquired from the interactive learning environment enhanced my CPE insights and practices as I attended to self, the patients, and others. In account of this, the CTSP/CPE for the newly employed chaplain is a professional way of healing and saving people who are troubled. The program is in-depth and well-structured to lead students to help people. The active part I took as a student of CTSP/CPE has broadened my understanding of the work as a chaplain.
Trainees remarked on the utilization of the faith group heritage, theology, and knowledge in the behavioral sciences:

I realized that Jesus met the needs of the people outside the church house and it was on a one-on-one basis rather than meeting them in the synagogue. So, we are trained as chaplains to preach good news sermons, but it must be brief and short, so that our focus will be more on kindness, meeting needs, counseling, and prayer.

A trainee commented:

It has been the best way for me to be able to represent Jesus outside the church walls. As an Adventist pastor, I would not have had the opportunity to minister to people of other faiths in a better way than I know now, if I had not become a chaplain.

I held a workshop on pastoral counseling issues (relational and counseling strategies for effective ministries). Seminars on competency standards for chaplains such as possession of required skills, CPE, and continuous quality improvement were conducted.

Awareness of Attitudes as Strengths and Weaknesses

Out of an intense involvement with persons in need, and the feedback from peers and supervisors, trainees developed new awareness of themselves as individuals and of the need of those to whom they minister. A trainee commented on his fears and learning:

The chaplaincy director took me through CPE. It is an educational process, which helped me to foster my development personally and to affirm my pastoral identity to deepen my profession and competence as a pastoral caregiver. I was having some fears about how to integrate well into the chaplaincy ministry. This became known when in my reading, I realized that most pastors have difficulty in transitioning into the chaplaincy ministry. I had a perception that chaplaincy was less than pastoral ministry because the denomination does not give full support to the chaplaincy work. I noticed that there are some positive changes that had occurred in both the professions and in the ACM, that alleviated the fear I had as an intern chaplain. I have learned that chaplaincy work is about identity, competencies, code of ethics, and much orientation. I have also learned that continued professionalization through development of competencies, board certification, continuing education and many more will add to the image of the area of chaplaincy.

It is important to become aware of how one's attitudes, values, assumptions, strengths, and weaknesses affect one's pastoral care ministry. A trainee reported his experience of transference
and counter transference:

She was asking for a request to stop sex addiction. I asked this girl her problem and she said it’s like she is sexually possessed when she sees a nice guy. She gave me instances where she just accepted a guy’s proposal to have sex with her and she did. While praying for her, I gave her my hands and while holding hands praying, she begun rubbing her fingers around my hands which indicated transference on the part of the girl. I never had an idea what it was called and what it meant until I took CTSP. It has really helped me in my ministry because I now understand when people behave that way during counseling or in their way of living—they are redirecting their emotions to a substitute like the chaplain or counselor. When she started rubbing her finger around my hands, I didn't know how to feel or that what I felt was counter-transference. It means my feelings or bodily sensations, conscious or unconscious that came up during this session in pastoral care, that what I was giving to this young lady is counter transference. CTSP really broadened my scope in chaplaincy and inform me how to maintain boundaries to conform with ethical standards as well as do ministry.

CTSP trainees were involved with persons who were in crisis due to illnesses and life changing events, abuse, or trauma. The didactic assisted trainees to gain theoretical foundation about the practice of chaplaincy. They improved by practice on the knowledge they have received.

Competency standards for chaplains such as possession of required skills in CPE experience focused on how trainees can do spiritual diagnosis of Ghanaians and Africans on a whole. After the action of engaging ministry recipients, trainees reflected on their experiences. Here is the feedback of trainees learning experiences:

“I learned that my people are sensitive to religious things and I have been exposed to understand some of the things I and they do, so can minister to them.”

“My people place great value on politeness, hospitality, and formality. Lack of greeting is a sign of disrespect, and it is offensive to wave with the left hand. Meanings attached to such behaviors have social and spiritual implications.”

“I have learned what proselytizing is in chaplaincy. I understand that when ministry recipients come to me or I go to them, I do not have to intentionally try to convert them to accept my personal religious faith or belief system as an Adventist chaplain. It is about
the ministry recipient and not about me and my agenda. It is highly unethical for me to set my agenda to win. For me as pastor it is difficult, but as chaplain I need to journey with the person and allow the Holy Spirit to do his work.”

“As a chaplain, I have to find common ground for building relationships that build trust and encourage discovery on the journey of the ministry recipient. I become a religious pluralist here as a chaplain and it does not mean I have abandon my faith as an Adventist. Being a religious pluralist, requires that I rely on the strength of the Holy Spirit and wisdom for me to be faithful to my own faith and beliefs while being respectful and supportive of people whose faith traditions and practices are very different. For me, being with a client is the work of the Holy Spirit and the result of this religious accommodation is peace and unity and joy of the Holy Ghost.”

Evaluations are keys to the fulfillment of learning goals by the trainees. A trainee described the CTSP/CPE sessions in this way:

CPE sessions are places where each person can experience the divine without compromising religious affiliation, argument, and resentment because of religion. When asked about my work, I believe chaplains share their own spiritual journey and witness to their own faith, but not when clients/ministry recipients have come with their own issues for help.

One trainee was motivated to start a Master’s program in guidance and counseling. These are his comments:

I attended a post graduate interview in 2016 to pursue my dreams in counseling psychology. At the panel, I was given some questions to answer. The questions covered areas such as how to write verbatim cases; analysis of verbatim cases; dos and don’ts of the counselor; and how to handle confidentiality in the counseling process. Thanks to Almighty God, I came out as the best student from the interview. All the things I have learned in the CPE came during the interview. Once again, I am most grateful for taking CTSP/CPE. Also, the (CPE program has helped me a lot in my postgraduate studies. For instance, courses like ethics in counseling, clinical counseling, counseling services and many others are not a nuisance to me because I have had knowledge about them during the CPE program.

What this means is that chaplains use the similar principles and processes of counseling in the
helping ministry. Trainees gained experience in attending skills. Posture is a necessary approach in counseling that makes a ministry recipient feel welcome. A trainee remarked, “I fulfilled the 9/3 o’clock 270° position sitting position requirement of counseling. The rapport was brief and triggered the ministry recipient to speak out from her heart.”

A trainee commented on his learning of theological reflections presented his cases: “I was taught how to do theological reflections on the verbatim cases presented. This has really broadened my knowledge. I link ministry recipients’ issues to biblical stories, themes, images, sacraments, and metaphors.”

CTSP Action and Reflection Learning

Analysis of the trainee’s work came in through (a) written reflection through case studies, incident reports, and discussion of interventions with peers and supervisor; (b) individual supervision; (c) reflection papers or journals which give trainees opportunities to look at progress toward addressing their issues; and (d) reflection on workshops and seminars, with the view of applying new knowledge to their work.

Trainees followed the key premises in the action/reflection for their learning process. Trainees learned from their own experience in actions related to personal and professional issues, which came by reflection, feedback, and acquisition of new skills and information to shape future action. Trainees’ issues in pastoral care and identity, which they encountered in ministering to and with people in crisis and their families, were universal in the themes and topics. Trainees raised issues and I addressed all through peer group discussions and one on one meetings.

I asked students to journal and do weekly reflections, which helped them account for what they are learning. Trainees were assisted to make assessment of their learning and the
significance of CTSP/CPE experience in relation to the objectives and CTSP/CPE Standards. Trainees submitted copies of their journals that were used as a formal way to reflect on their learning and growth in CTSP/CPE.

In this experience, trainees gained attending skills and protocol and collection of bio and other information necessary to help client to heal. Core areas of learning are (a) relationship with patients/clients, families, peers, staff, Supervisor ... attitudes revealed, feelings of effectiveness, issues raised, problems perceived; (b) self-insights, personal and professional roles and perception of clients in settings, successes and/or frustrations in meeting responsibilities; and (c) feelings noted, both positive and negative.

Another area of evaluation helpful to the program was the critique of the CTSP/CPE program. Trainees provided helpful elements, suggestions for additions or improvements for the CTSP. Theologically how the faith of the pastor is experience was challenged. Trainees reported learning better ways of doing ministry and recommend that all pastors should go through CPE training. Trainees admitted how their faith has been challenged and deepened. Trainees confirmed what conflicts have arisen when topics like prayer and proselytizing came up. They concluded that doing it the Jesus way matters than being aggressive for souls. Questions and insights were noted for progress and further learning.

Outstanding experience and/or outstanding frustration were all noted. I propelled a reading habit in trainees that anything about chaplaincy and counseling material became of interest. Trainees suggested, through the WhatsApp page, books for their peers and supervisor to read as well. Trainees shared their readings done and how they impacted their pastoral experience.
A number of calls from trainees was accounted for within 2016. A total of 88 Cases/Verbatim were written, 9,877 counseling sessions were held and 15,823 people were visited. The various chaplaincies in SGC such as Campus, Health Care, Prisons, Military and Police were restructured to meet ACM standards.

The following chaplains were placed in the various zoned institutions for practicum. Fifteen trainees under the CTSP were placed in the restructured Adventist Chaplaincy Ministries District in Accra. One civilian chaplain was positioned at the GAF to serve. Four chaplains were placed at Odorgono Senior High, Wesley Grammar Senior High Schools, Accra Academy. Eight chaplains were assigned on January 1, 2016 to Adventist Hospital, Gbawe, Police Training School, University of Ghana, University of Professional Studies, Accra Training College, the Presbyterian Boys Secondary School (Presec) Legon, Labone SHS Accra Polytechnic, Labone, Hansen Road, Bubiashie, Ochita and High Street basic schools. Two Chaplains were also assigned to the Reform Health Centre-Lartebiokoshie. I continued to persevere in Adventist efforts to increase our chaplaincy ministry in the GAF and Ghana Police Service with one police chaplain placed at the National Police Training Center-Tesano Accra.

The CTSP and CPE method used-the pastoral experience, reflection on the pastoral experience by the Chaplain in written and oral reports, and reflection and critique of those reported experiences by members of the peer group and the supervisor. From theological and psychosocial reflection on specific human situations, trainees gained new understanding of ministry in the above institutions. Here are some of the feedback from their practice as trainee chaplains:

As a chaplain, my job is not to condemn or judge, but to help the client get healed. God did not call me to come and defend the Adventist faith, but to preach the gospel. I don’t have to spiritualize everything the client tells me. CPE is a process that helped develop in pastoral care and it has deepened my competence to care. CPE is an experimental
method of learning for me.

A hospital chaplain responded:

Clinical Pastoral Education training received from the Chaplaincy Ministries of the SGC of the Seventh-day Adventist Church has really empowered me to help others to make their own decisions and so much more. It is my prayer that all ministers of the noble Conference would be allowed to go through same, so as to help the members of the Church in times when members are troubled.

Within the interdisciplinary team process of helping people, they developed skills in IPR and inter-professional relationships. Trainees expressed in various ways the outcome of their learning. Another trainee said:

The experience of CPE is lab for my ministry enhancement. My gifts, shortcomings, and mistakes became clear to me. I think I have improved considering where I came from. I was defensive, but CPE has shaped me to accommodate and learn to listen.

Another also said, “I give you my undivided attention while you are talking, and I refrain from defending myself or hurling accusations at you.”

**Practicum/Case Reports and Self Evaluation**

I used the best practices for evaluation of chaplains in practice and clinical learning. Debriefing of trainees and case critique by peers and supervisor were core to CTSP trainee learning. I helped each group member to debrief after didactic and after the break of Part I training program. The first part quarter was didactic on the *Work of the chaplain* by Paget and McCormack and *Outside the Gates of the Church* by Crick. “Outside the gates” became the mission phrase for the trainees.

The second month was dedicated to case studies, issues that arose from them and reviews from participants were discussed in a cordial environment. The third month was a continuation of cases and didactic of the following: standards of practice for developing chaplains—documentation of care, ethical practice, respect for diversity, chaplains as leaders, and care for
the organization. Evaluation in the form of take-homes was conducted on fifteen selected pastors and also reflections on daily learning of trainees. Trainees submitted a MDP as well as final evaluation to show the completion of the training. I shared most of the material I received from the Andrews University DMin Cohort 2014 with trainees.

**Graduation Ceremony/Endorsement**

A graduation ceremony was held on December 3, 2016 to affirm trainees as chaplains during a Sabbath worship period at the Garrison Seventh-day Adventist Church Burma Camp. The administrator of the 37 Military Hospital Col. Rex Djangba was the guest speaker. All 10 ACM Conference Directors were present as guests. The Deputy Director of Religious Affairs of the GAF for the Seventh-day Adventist church and the Southern Ghana Union Conference ACM Director, Pastor Major Peter Kwabena Nyarko Duodu, performed the graduation ceremony. Qualified trainees received their certificates signed by me and my DMin adviser, Moses Taiwo. The certificates were also used by the 15 trainees to apply for endorsement as chaplains from the West Central African Division—the endorsing body of Adventist Chaplaincy Ministries in West Africa.

**Summary**

The means for verification of the success and/or failure of CTSP are: (a) Five cases written and presented by trainees. (b) Weekly reflections of a filled monthly ministry context report. (c) Journal, mid/final year evaluations submitted and (d) Graduation certificates. The research project was conducted among 18 pastor trainees for the various chaplaincy settings of the SGC. However, 15 were focused on and were issued with certificates.

The CTSP assisted trainees to be aware of their conscious behaviors that are built up in the subconscious. They understood the dynamics in their relationships which impacts the health
of those they minister to, their peers, families and significant people in their lives. Trainees referred to the process of engagement with ministry recipients as counseling. Through these experiences and evaluations, the trainees learned effective assessment of their ministry and how they are perceived as a pastoral person. CTSP changed their mindsets of who a chaplain is and they became ambassadors and disciples of chaplaincy in the Adventist church in Ghana.

The findings demonstrate that pastors of the SGC of the Seventh-day Adventist Church are interested in Chaplaincy studies that will enhance their growth in that area of ministry. Key areas where trainees may best improve conditions for ministry included an institution where CPE would be offered and units of CPE would be taken for hands-on practical work. While pastors are seeking such an education, church administrators are willing to engage institutions that offer this education for their desired programs in chaplaincy. Additional discussion is needed to find institutions that are closer and most affordable for chaplaincy education, since Valley View University is not resourced enough to cater for such needs.

The benefits accrued to the trainees were the enormous rich resources and chaplaincy competencies offered. The significance and the method of the CTSP Cohort and how it was formed, the course schedule, the learning components, the assignment types, and the practicum/case reports and self-evaluation are ways to test the efficacy, rigor and benefits of the training program. This CTSP can be implemented in a hospital for setting up CPE units at, for example, Korlebu Teaching hospital. This training program can also be introduced at Valley View University as an MDiv program to train chaplains for Ghana and beyond.
CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

Observations

The CTSP was undertaken to provide training to help pastors of the SGC to be equipped to do the work of chaplains. Fifteen chaplains were trained for this project. The lessons learned would help fine tune subsequent programs and possible future academic training programs at the Valley View University. Based on the literature review and theological foundations, it became obvious that, the CTSP implemented for pastors in SGC is in harmony with the training received by chaplains outside of Ghana.

Inclusion Criteria

The CTSP followed the general standards of chaplaincy to clinically train pastors to handle pastoral issues. It is required that chaplains from Christian backgrounds be trained theologically. They must be clergy first before they can become chaplains. This means a Master of Divinity for Americans and a Bachelor’s Degree in Theology for Africans. This should follow the pattern of training of pastors in Valley View and Babcock Universities. Adventist University of Africa (AUA) could supervise a cohort Doctoral Program on the above campuses based on available chaplaincy faculty.

Although other religions such as Islam, Buddhism, Hinduism and others may not require a Bachelor’s degree, training that allows a chaplain to function in that capacity is required. A pastor with training in chaplaincy can function and be called a chaplain.

Chaplaincy institutions/programs, especially CPE, are nondenominational and for
nonbelievers as well, but this particular project CTSP was limited to Adventist clergy only, which should not be so. Training of chaplains should be open to all denominations and other religions. In addition, it should be open to recent Bachelor of Theology or Theological Studies graduates and to those who have completed a degree in Psychology, Social work, Masters in guidance and counseling, or the medical field. CPE-trained applicants can also apply for a chaplaincy program. The curriculum should cater to all who come with backgrounds that are not theological and CPE to be compliant during their studies. Their unit will include theological courses as hermeneutics, Jesus and the Gospels, Old and New Testament, biblical languages (Greek and Hebrew), and Homiletics.

Environment

The SGC conference room was used for the CTSP. Although the conference room was idle for the training, the closeness of the office encouraged students to step out of the room intermittently for other church business. I recommend that didactics and case presentations should subsequently be held at a neutral place, which could prevent trainees from missing some salient discussions and points/lessons important for their interactive studies.

Enrollment

Thirty students enrolled, but 15 students were the focus of my report. My motivation to work with the limited number of 15 trainees became clearer in the process of the project implementation. It was expected that five trainees would present five cases and then hold discussions on the cases. This means trainees would get a turn each week to present and discuss their cases, since CTSP met once each week. For the CTSP, there was not always enough time for presenters and discussions. The interactive period for the CTSP lasted only three hours. I recommend that in order to allow enough time for students to report on their cases, plus
supervisor’s presentations and interactions, the number of students to be enrolled should not exceed 15. Two supervisors should interact with students adequately within a period of three hours. Group therapy formation exercises, group interaction, evaluation, and sharing should form the major laboratory for learning by using action/reflection in the group learning process.

Healing

Among the application package was an autobiography (one-half to one page each) of important events/people/memories in the applicant’s life. This helped students to know self and how self-impacts ministry. This exercise provided a chance for students to heal their past before engaging others who needed healing. The autobiography and Arno temperament test should be included within the application as a healing process for all trainees.

Extramural Test

As a CTSP process, I took the extramural test and not the trainees. Standards of chaplaincy practice is very important for working with human beings. Human beings are “human living documents” for studies. Passing the extramural test is necessary for working with “living human documents.” Instead of observing nonliving thing with ideas which is abstract, a chaplain deals with a living thing with reasoning capabilities. In brief, instead of observing a text and employing the knowledge of the biblical language and doing the exegesis, a chaplain focuses on human beings as a document and finds out the unconscious behaviors as well as actions, feelings and emotions that are demonstrated by the ministry recipient.

Although CTSP trainees did not take extramural test, I saw the test as a standard for confidentiality and respect for an individual’s rights. The questions posed and the answers I gave in the extramural test I took are remembered when I engage in any human study. Extramural test would be idle for trainees who are going to engage in any human study especially writing.
verbatim, consulting and carrying out any research on human beings.

Hands-on

Chaplaincy is not only theory, but a practical development of the self. Utilizing the clinical method of learning affirms pastoral identity and deepens professional competences as a pastoral caregiver. I discovered that the more chaplains engage and write cases about their engagement with ministry recipients, evaluate themselves the better chaplains they become. Trainees who did not have enough time to present cases were not able to receive help from their peers and supervisor. They, then, lacked in certain areas of learning, for example reflections and what they did wrong during their hands-on time with ministry recipients. It can be easier to review others, but once you are put in the chair for evaluation, you come to understand that there are better ways of doing something and you learn.

Therefore, chaplaincy training should focus on CPE and how to write and analyze cases and self. The knowledge and skills acquired from this interactive learning environment enhanced the way trainees handled parishioners, attended to self, the patients and others. CPE for the newly employed Chaplains is a professional way of healing and saving people who are troubled. I recommended it for all chaplains.

Goals

New trainees from the onset were asked to write out their learning goals. Since the CTSP/CPE had different levels of pastors, ordained, and licensed ministers, trainees had goals of equipping themselves to represent the profession of chaplains at their level. The goals differed from each trainee, so I helped to meet the needs of each trainee through the didactic, case presentations, evaluations, (IPR, one-on-one meetings, and students’ final evaluations and personal growth. The general goal of CTSP is to help people of all ages
identify their problems, strengths, goals, improve interpersonal and coping skills, change behavior, and focus on personal growth by helping others.

Competency Studies

Based on the outcomes of CTSP, one trainee was motivated to enroll in a postgraduate program in Guidance and Counseling at a Methodist University College and another in the Master of Chaplaincy School at the Babcock University. I recommend that Valley View University setup a bachelor’s chaplaincy track for training the clergy, two tracks—guidance and counseling—and chaplaincy tracks with hands-on CPE.

Didactic

To meet the psychosocial-spiritual and emotional needs of clients/patients with appropriate support in pastoral care and counseling, I recommend pastoral courses in trauma, abuse, and crisis intervention, with pre-grief and bereavement counseling and prayer, which are all major challenges in the lives of many Ghanaians.

Witness

Proselytizing is not typically an issue for chaplains in Ghana. Although in chaplaincy one cannot proselytize, it appears it is a Western projection on the African mind. Total healing means helping people make decisions or leading people where they want to go. I believe it is ethically wrong to try to convert a patient/ministry recipient to the way only the chaplain desires. The belief system of a ministry recipient must be respected and those who want to venture a new decision for any religion must be helped. This, for the African, will not be an offense or against ethical standards of chaplaincy, but when the process of decision is biased or forced on the ministry recipient, or a chaplain’s religious affiliation is forced on a client, it is poor practice.
Chaplaincy is about the ministry recipient and not about the chaplain and his agenda.

The work of every child of God according to 1 Peter 2:9 is to be a witness by declaring the praises of God from darkness into his marvelous light. CTSP made limited use of their witness as healers. I recommend an optimum use of one's spiritual heritage, theological understanding, and knowledge of behavioral science in pastoral ministry. The CTSP or subsequent programs should robe all applicants in helpful skills to be healed and save others from darkness into the marvelous light of God. Leading a ministry recipient to experience virtues and values of what they have witnessed about you for their benefit is not proselytizing. However, this knowing must be initiated by the ministry recipient.

Counseling

A chaplain works under the guidance of the Holy Spirit (Parakletos). A chaplain is a counselor. I recommended that chaplains work with the full authorization of the Holy Spirit as a counselor, helper, encourager, advocate, and comforter. Obedience to that inner voice leads to righteousness.

Chaplains do the work of the Holy Spirit by leading people to “all truth” (John 16:13). They must work to build relationships. I have to find common ground for building relationships for trust and encouragement that leads to discovery on the journey for the ministry recipient. Becoming religious pluralist is a journey with a ministry recipient into all truth.

Contextual Relevance

The sources addressed are historical, theological, and psychological issues. To make these sources relevant to the SGC pastors who joined this program, in order to transition into professional chaplaincy, the topic of worldview was introduced. This is because chaplains should understand and minister to people within their context. The literature in chapters 2 and 3 stated
various competencies and theological foundations of chaplaincy, which the program implementation and evaluation supported. The importance of ministering to people where they are demands a fuller understanding of their historical past, their theology, and their world-views. Each strength and weakness of the historical, theological, psychological worldviews of CTSP are addressed here, with conclusions and recommendations put forth.

Interactive Learning

For this project, the CTSP was contextualized to fit the concept of *Obia Kyire Abofro Nyame*, which heralds that the most important learning is done by observation. An African maxim says, “Traveling is learning.” CTSP learning is a journey. Trainees were in and will be on a journey of interactive learning. The significance is that trainees would be fully matured to stand the pressure of work as chaplains in their respective chaplaincy settings; to grow and mature in time and through sharing with their supervisor. In this journey, both students and director/supervisor learn from each other. Like mother with her child in the womb, sharing and learning takes place at CTSP when trainees interact with their director/supervisor. They must also engage in their chaplaincy settings through case reporting and theological reflections.

**Worldview Elements: Prayer and Proselytizing**

There are disparities in the worldviews and theological positions espoused by both the West and Africa, especially Ghana, where this CTSP was executed. Prayer and Proselytizing are two key issues that disturbed the trainees during the didactics. There is the perception that prayers would be frowned upon by the majority due to different religions, predominantly found in the West. In addition, prayer can be a bandage that can prevent helpers or chaplains from getting to the root of the problem. Whereas prayer is not a hindrance for Ghanaians. The popular notion
is that the majority welcome prayer as the ultimate solution, beyond human reasoning for psychological, biological, and physical needs. A lack of professional counselors and Ghanaian quest for Spiritualist to diagnose meaning of happenings in their life calls for prayer and akwankyere (direction) counseling by ministry recipients which cannot be denied by chaplains.

Ghanaians believe in the supernatural and therefore ministry recipients requested prayer in most cases the chaplains encountered. In Ghana, while practitioners can heal certain conditions, the ultimate healer is God and he can be reached through prayers or mediums. The critical evaluation of Pentecostal style worship, with implications for Babcock University in Nigeria, acknowledged 70% of West and Central African Adventist leaders who responded to the lack of healing programs in the Adventist church (Onongha, 2010, p. 145). The worldview of Ghanaians is that medication can mask spiritual issues that ultimately can be tackled with prayer. Engaging ministry recipients from this perspective demands psychosocial and spiritual understanding.

The “African thing” must be considered in the work of the chaplain in Ghana and in Africa. I suggest a repackaging of presentations of chaplaincy didactics that suits Africans. The apparent presentations of chaplaincy standards overlook the “African thing” which delimits God and the spiritual healing. In the African context of chaplaincy work, meditative prayer must be the beginning, with audible prayer at the end of the session between client and ministry recipient.

African Spiritual Diagnostic Manual (ASDM)

Ministering to Africans requires a deeper understanding of whom Africans are in order to reach their hearts for optimum health. Supervisors and trainees must learn about the ministry recipient’s spiritual need and minister to them in their way. Worldviews, values, beliefs, and rituals that form the African way of life, especially the Ghanaian—these must be respected.
Competency standards for chaplains must include knowledge of African Spiritual Diagnostic Manual (ASDM). ASDM experiences focused on how trainees can do spiritual diagnosis of Ghanaians and Africans as a whole is necessary. ASDM must be developed by Africans for Africans. This will help contribute to the knowledge that can be passed on to other chaplains, to use in helping other Africans in the diaspora-scattered from ancestral home.

**Future Impact**

The interest of the CTSP created among peers and senior ministers of the SGC has fashioned a difference between a pastor and a chaplain. Before, a chaplain and a pastor were seen as the same in the mind of many administrators and even the clergy as a whole.

Because of the African’s past of seeing a specialist (or Okomfo) prophet/priest to ward off malignant spirits, these so called “men of God” have taken advantage of the psychosocial and spiritual issues of Christians to culturally create barriers among families and community through their advice sessions which they call counseling sessions. This dichotomy has further resulted in psychosomatic illnesses and spiritual attacks, for which these “men of God” charge exorbitant fees for counseling and deliverance.

The deep impact is the CPE interactive learning. It is important that in the curriculum for theological studies at Valley View University, Babcock University or Adventist University of Africa include a supervised CPE unit for all theologians, medical doctoral students, nurses, and social workers. I recommend an incorporation of a chaplaincy track at the Bachelor of Arts in theological studies. This method of interactive learning will offer effective ministry of healing to parishioners, patients, and traumatized clients. This education will assist employers to place competent clergy in most chaplaincy settings.

If I were doing a project like this again, I will design a contextualized special prayer for
psychosocial and spiritual cases presented, which would be used to test ministry recipients on how to best meet their needs.

CTSP Handbook

A training handbook for chaplains will be developed from this project and used as a textbook for chaplaincy training through Ghana. A contextualized response of the work of the chaplain in Ghana will help meet the needs and be of relevance to members, administrators, and lecturers of the Adventist church and beyond.

Ghana Association of Professional Chaplains

There is a growing need for the formation of Ghana Associations of Professional Chaplains and development of chaplaincy standards for the growth of community and accountability. The absence of community for professionals in the area of chaplaincy has resulted in nonprofessionals influencing institutions thereby creating a difficulty for Chief Executive Officers, especially in hospitals, to welcome chaplains to their table for the health of patients.

Rather than show a lack of respect and neglect for the work by using baptism reports and evangelism records a proactive measurement, there must be intentional development of chaplains in the Adventist church in Ghana to represent the church’s mission of chaplains to the unreached. Since pastors are often seen as both pastors and chaplains, the theological studies curriculum should cover both areas. A theological training that accounts for one unit of CPE will solve the problem of pastor or chaplain issue. In this case, because pastors who have completed CPE training in chaplaincy, they serve when employed in non-Adventist institutions and in all chaplaincy settings of the church, as well.
I propose that the chaplain exemplary Jesus’ care strategies for holistic care by using “AIR BAG TRACE” (Attending, Intimacy, Receptivity, Benevolence, Accommodating, Give, Teachable, Rest, Accountability, Compassion, Empathy) and by being present in ministry.

Conclusions

The level of ignorance about clinical chaplaincy work among administrators, pastors, lecturers, and members is alarming. In addition, the influence of their opinions in the choice of chaplains and Directors of Adventist Chaplaincy Ministries in the Adventist church in Ghana can be guided through training and a project like CTSP. The CTSP can be extended to other fields of the Seventh-day Adventist Church—especially in the Southern Ghana Union Conference and the Northern Ghana Union Mission where there are eleven medical hospitals situated in one region, the Asanti Region—and beyond to initiate efficiency in all chaplaincy work. The development of chaplains at Valley View University at a Bachelors level is highly recommended. A relook at the current theological training process for clergy in Ghana to include chaplains and not only pastors will help place competent personnel in most chaplaincy settings in Ghana.
APPENDIX A

Chaplaincy Training and Support Program for Pastors

Chaplaincy Training and Support program is for professional pastors of the South Ghana Conference who are already involved in some form of ministry: prison, hospital, police, armed forces, campus/school, work place, etc. Their workplace would be their clinic from which they would bring cases to the group for consultation. If you work as a parish pastor, chaplain, counselor, or social worker in which you counsel or guide clients these places would also qualify as clinics for your cases.

The Chaplaincy Training and Support program cohort begins on Monday, January ……. at 10:00 am to 2:00 pm on Tuesdays at the South Ghana Conference office Asoredanho. The training program will continue weekly on Tuesdays and end March…. for the first part while trainees continue with clinical and cases and individual consultation until July when the school resumes for Part II of the training program until December.

I have attached an application form and an updated handbook for your consideration. Please note that all trainees need to register to reserve and confirm their interest in the course. Note that the chaplaincy training and support program is for only fifteen pastors of the South Ghana Conference. Currently only fifteen selected pastors are required to attend, although others may participate. The scope of practice for support chaplains will focus on campus/school, hospital, prison police and military chaplaincy. I will hold a workshop on pastoral counseling issues (relational and counseling strategies for effective ministries). Seminars on competency standards for chaplains such as possession of required skills, clinical pastoral education, and continuous quality education improvement will be conducted.

The best practices for chaplains will be used and an evaluation of a chaplain’s practice will take place. I will debrief with each member of the group for guidance and counsel after didactic and after the break of part I training program. The first part of the month will be didactic and the second will be for presentation of case study reviews from participants. The third month will be a continuation of didactic of the following: standards of practice for developing chaplains: documentation of care, ethical practice, respect for diversity, chaplain as a leader, and care for the organization would be studied. Evaluation interviews will be conducted on fifteen selected pastors of the Chaplaincy Training and Support cohort.
PREFACE

This Handbook is intended to provide professional chaplains, pastors, and religious leaders who are employed in their respective ministries with Clinical Pastoral Education or Training (CPE/CTSP) by the Chaplaincy Training and Support Program Centre (CTSP) of SGC Accra. This Handbook will outline the duties and responsibilities of the Clinical Pastoral trainees registered in CTSP and for their employing organization.

As a trainee in this program, you are required to abide by the rules and policies set forth in this Handbook. This Handbook is not a legal contract. It is not intended to create nor does it create any enforceable legal rights against the CPE/Chaplaincy Training and Support Program, its Director or any of the employing organization or its partner; Adventist Chaplaincy Ministries ACM, or any of the Partners’ employees or staff members or any other persons or entities. The provisions of this Handbook may be modified or deleted at any time at the discretion of the Program Director.

This handbook is for your use as a reference and it is intended to guide you through the CPE program at the CTSP of SGC Accra and answer important questions concerning it. It is important you read the Handbook completely prior to registering in the program.

MISSION AND VISION STATEMENTS OF THE CTSP

Mission Statement

Chaplaincy Training and Support Program CTSP/Clinical Pastoral Education CPE training at SGC Accra provides chaplains, pastors, and religious leaders with clinical assessment and intervention skills that will enable them to meet the psycho-spiritual and emotional needs of clients/patients with appropriate supports in pastoral care and counseling. CTSP/CPE will provide pastoral support training in trauma and crises intervention, with pre-grief and bereavement counseling, with prayer, worship and preparatory evangelistic approach for persons to be connected to God and find meaning in life. CTSP is also committed to growth through assessing the efficacy of interventions made. CTSP will also serve as a resource to the staff of employing organizations and faith and local communities. It participates in local educational programs and facilitates and supplements the pastoral care given by religious congregations and their leaders, along with institutions which offer chaplaincy services.
Vision statement

To be the Chaplaincy Training and Support Program/Clinical Pastoral Education training center of choice in the Accra Area providing premier interfaith training to chaplains, pastors, and religious leaders from a variety of religious and cultural backgrounds.

PHILOSOPHY OF CHAPLAINCY TRAINING AND SUPPORT PROGRAM FOR PASTORS

Chaplaincy Training and Support Program (CTSP) provides interfaith training for pastors whose form of ministry include: campus/schools, prison, hospital, police, armed forces, workplace, chaplaincy, etc. It brings theological students and ministers of all faiths (Pastors, Priests, Rabbis, Imams and others) into encounter with persons who are ill or in crisis but for the moment it is limited to South Ghana Conference pastors only. Out of an intense involvement with persons in need, and the feedback from peers and supervisors, trainees develop new awareness of themselves as individuals and of the needs of those to whom they minister. From theological and psychosocial reflection on specific human situations, they gain a new understanding of ministry. Within the interdisciplinary team process of helping people, they develop skills in intrapersonal, interpersonal and inter-professional relationships. The Chaplaincy Training and Support Program (CTSP) and Clinical Pastoral Education CPE method uses: the pastoral experience, reflection on the pastoral experience by the Chaplain in written and oral reports, and reflection and critique of those reported experiences by members of the peer group and the supervisor. Through these experiences and evaluations, the trainee learns effective evaluation of his/her ministry and how he/she is perceived as a pastoral person.

Group therapy formation exercises, group interaction, evaluation and sharing become a laboratory for learning. Trainees are encouraged to recognize their differing gifts for ministry and how those gifts may be shaped and improved with the guidance of the supervisor. Both peers and supervisor serve as consultants, challengers, and supporters in the process of self-learning and self-growth. The basic impetus for learning, however, comes from the trainees themselves, as they become aware of their personal and professional issues, review their autobiography, and invest in the learning opportunities available to them. Patients, clients, parishioners, family, peer, staff and Supervisor encounters all contain the seeds for challenge and support which can lead to professional, personal, interpersonal, emotional, and spiritual growth and development.
CTSP/CPE mainly grows out of the experiences of the trainees in clinical context (e.g., students/pupils, congregation, clinic, wards, prison block, etc.). There is also an extended body of knowledge of pastoral care, social awareness, psychology, sociology, theology, ethics and technical aspects of health and human care that will be communicated to the trainees through seminars and workshops. These will be led by the supervisor, resource people from the broader faith community, religious and educational institutions e.g. Women and Juvenile Unit (WAJU) of the Ghana Police. Seminar at Trinity Theological Seminar and other sister institutions of pastoral care. Since some of these subjects are of universal concern, certain subjects are routinely scheduled into the CTSP/CPE program and invited professors and specialist would be invited to lecture. Since CTSP/CPE is also adult experience-driven learning, other subjects are added to each CTSP/CPE unit as the needs of the trainees in a particular unit make those subjects appropriate. Co-learning experiences such as joining with other CPE centers or visits to other facilities may also be scheduled into the CTSP/CPE program.

CTSP GENERAL INFORMATION

LOCATION & HOURS OF OPERATION

Name: Chaplaincy Training and Support Program (CTSP) of Accra

Program/Centre Director: Nathan Teye Odonkor, DMin. Student in Chaplaincy, MDiv, MTh

Pastoral Care and Counseling

Address: South Ghana Conference of Seventh-day Adventist Church adjacent Asoredanho Dansoman-Accra

Telephone: 0244241481/0204321092

Email Address: teyeodonkor@gmail.com

Sponsoring Organization: Adventist Chaplaincy Ministries-SGC/Andrews University

Hours of Operation: Tuesday, 10am-2pm, Tuesday 1 hour consultation each trainee (15 hours)

Chaplaincy Training and Support Program/Clinical Pastoral Training Unit: 2 parts per year, 1 from January-March (48 Hours) and one from July-December (80 Hours)
CTSP/CPE Unit-Hours: 48-128 Hours (CTSP Plenary and Clinical Training Seminar attendance)

Duration of Program: 10 Weeks

CTSP ORGANIZATIONAL FUNCTIONS

I. CTSP/CPE FOR MINISTERS

CTSP provides pastoral training and supervision for Chaplains, pastors, and religious leaders who are already employed in ministry and want an introductory CTSP/CPE unit or additional units for professional growth, endorsement from their faith community, or future employment opportunities in chaplaincy ministries. CTSP will also provide basic training for ministers as Clinical Chaplains, and/or Pastoral Counselors. At this time CTSP does not employ chaplains and contract those to employers except for Adventist pastors who are learning to be chaplains. The Director(s) may be engaged in counseling or consultation with ministers or members at his convenience.

II. PARTNERSHIPS WITH EMPLOYMENT ORGANIZATIONS

CTSP may partner (when necessary to accommodate employees) with organizations that employ chaplains, pastors, and religious leaders who are interested in an introductory unit of CPE/CPT, basic or advance units, specialization, and/or units necessary for ecclesiastical endorsement with West Central Africa Division (WAD) Adventist Chaplaincy Ministries (ACM).

These organizations would also include, but are not limited to faith groups, schools, Christian congregations and/or ministries, nursing homes, prisons, hospitals, clinics, community centers (such as AIDS-Service Organizations, health promotion clinics) and hospices. When necessary, CTSP would sign memoranda of agreement with these organizations to ensure that the CTSP/CPE trainees are able to fulfill the requirements of the programs and that the interests of all the parties are addressed.

Through these memoranda CTSP is not guaranteeing that the CTSP/CPE trainee will complete the training successfully, but they are meant to ensure that the employer is clear on the training requirements. The purpose of the memoranda is to ensure that the trainee has been authorized by their employer to attend both the group and individual support meetings.

WRITTEN REQUIREMENTS FOR A UNIT OF CTSP/CPE
1. Learning Objectives

State your learning issues (what you want to learn) for this unit. Give a copy to your Supervisor.

2. Clinical Case Studies

A minimum of five (5) case studies are required for unit CTSP/CPE depending on the total number of trainees. Thus far, the maximum number has been 15 trainees. When presenting a case during seminar, have sufficient copies made for each group member and also email the supervisor a soft copy of all cases and assignments before presentation. When presenting a case during individual or one on one, have two copies made a hard copy and a soft copy emailed.

3. Reading Reviews

A selection of readings may be assigned during the unit by your director. Write an analytical reflection on the reading assigned (what is the author saying) and then add any critical analysis you may have including the reading’s relationship to self-growth and/or pastoral functioning. Give a copy to your supervisor.

4. Mid-Unit & Final Evaluations

Trainees will be required to write an evaluation of their own learning process during mid-unit and at the end of the unit. Copies are to be made for presentation to your peers and/or supervisor. Up to two separate one-on-one sessions may be required to assess the evaluations.

5. Weekly Journal (as needed)

Write a journal weekly about significant learning during the week to ensure you remember the pastoral matters you want to deal with during one-on-one session. Turn in one hard or soft copy to your director each week prior to individual supervisory session.

6. Monthly Statistical Report (for trainees who are employed)

On the first of each month, submit a copy of the monthly report to your ACM director.

CSTP ACTION /REFLECTION IN A GROUP LEARNING PROCESS

The CTSP/CPE program utilizes the adult action/reflection learning process, which is central to CTSP/CPE in several ways. One of the basic tenets of CSTP/CPE is that trainees are involved in hands on, direct experience with people and reflection on that experience. At the CTSP
trainees are involved with persons e.g. students and pupils who may be in crisis due exams, family related problems to abuse illnesses and life changing events, i.e., moving to a continuing care facility or women involved in domestic violence or child abuse.

A. Analysis of the trainees’ work will come in the following ways:

1. Written reflection through case studies, incident reports, and discussion of interventions with peers and supervisor.

2. Individual supervision.

3. Reflection papers or journals which give trainees opportunities to look at progress toward addressing their issues.

4. Reflection on workshops and seminars, with the view of applying new knowledge to their work.

B. Some key premises in the action/reflection learning process are:

1. Learning from one's own experience in action related to personal and professional issues comes through the use of reflection, feedback, and acquiring of new skills and information to shape future action.

2. Working with a group of peers in the development of a learning community is necessary to both professional formation and learning about the skills of community building.

3. Issues in pastoral care and identity, which are encountered in ministering to and with people in crisis and their families, are profoundly universal in the themes and topics that can be raised and addressed in supervision and peer group discussions.

**CURRICULUM FOR CTSP/CPE: OBJECTIVES**

Chaplaincy Training and Support Program/Clinical Pastoral Education includes Pastoral Reflection, Pastoral Formation, Pastoral Competence and Pastoral Specialization. The CTSP/CPE curriculum is designed to assist the trainees in reaching the following objectives:

1. To become aware of oneself as a minister and the ways one's ministry affects persons.

2. To develop the skills to provide intensive and extensive pastoral care and counseling to persons in their crises situations.

3. To understand and utilize the clinical method of learning.
4. To accept and utilize the support, confrontation and clarification of the peer group for the integration of personal attributes and pastoral functioning.

5. To utilize individual and group supervision for personal and professional growth and for developing the capacity to evaluate one's ministry.

6. To develop the ability to make optimum use of one's faith group’s spiritual heritage, theological understanding, and knowledge of the behavioral sciences in pastoral ministry to persons and groups.

7. To become aware of how one's attitudes, values, and assumptions strengths and weaknesses affect one's pastoral care ministry.

8. To become aware of how social conditions, systems, and structures affect the lives of self and others and to effectively address these issues in ministry.

9. To provide pastoral counselors with access to psychological resources in the service of their pastoral work.

A journal is due the first day of the teaching intensive for each of the four required pre-session titles. The journal (there will be two, one for each book) is an informal reflection of your thoughts as you read the book. Reflection in this context suggests a cognitive and imaginative process. Examine what you read in the article and “bounce it off” what you have experienced or imagined. Consider the text in the light of your values, experiences, ideas, and hopes. The result is your “reflection” on the text. Give deliberate and intentional attention to how the text relates to your life and relate it with written clarity. Journals are usually four to six pages, need not follow any particular style, and will not be graded for grammar, writing, etc. Begin the journal for each book with a simple statement that you have read the required book or state what you have read of the book. Presentations would be made in class based on certain topics of interest.

Bibliographic Resources

5. Augsburger: Caring Enough to Confront,
OUTCOMES FOR INTRODUCTORY CTSP/CPE

At the conclusion of one unit of CTSP/CPE the trainee should be able to:
1. Articulate central themes of her or his religious heritage and the theological understanding that informs one's ministry.

2. Identify and discuss major life events and relationships that impact on personal identity as expressed in pastoral functioning.

3. Demonstrate the ability to initiate helping relationships.

4. Initiate peer group and supervisory consultation and receive critique about one's ministry and practice.

5. Risk offering appropriate and timely critique.

6. Utilize the clinical method of learning to achieve his or her educational and professional objectives.

7. Demonstrate the ability to integrate in pastoral practice conceptual understandings presented in the curriculum.

8. Formulate clear and specific objectives for continuing pastoral formation with reference to one's strengths and weaknesses.

9. Recognize relational dynamics within group contexts.
Purpose

Case Study No._____________________

Chaplain/Pastoral Counselor: ____________________

Date of Visit: ________________________ Date Presented: ____________

I. Preliminary Patient/Client Data

Patient: (initials) ______ Age: _____ Gender: ____ Religion/Belief System: ______________

Admission Date: ______________ Hospital Unit: __________________________
(if applicable)

Ethnicity: _____________________ Marital Status: __________________________

Length of Visit or visits: __________: Diagnosis/Prognosis if applicable ______________

II. Background Information & Story

Additional information known prior to visit, summary of previous visits, source of information, etc., should be included in this section. Briefly (5-10 minutes) tell what happened and the steps you took to address the situation

III. Observations

In light of what you know (or don't know) state areas of concern, self-preparation, objectives for the visit, and feelings the chaplain has upon entering the room. Make note of condition of patient/client, personal effects in room and presence of others in room, i.e., family or staff.
IV. Reason for presenting this patient/client (This is a key area for learning.)

What questions were raised for you? How did this tie in with your personality? Be Specific!

V. Verbatim Report

In this section include all verbal and non-verbal communication. Put non-verbal communication in parentheses (). Number the dialogue and note the speakers as follows:

C-1 (for chaplain); P-1 (for patient); Pr-1 (Pastor); D-1 or N-1, etc. (for Doctor, Nurse or other speakers).

VI. Analysis of the Patient/Chaplain, Client/Pastor Encounter

10. Note the underlying dynamics, concerns of the patient/client, the family and hospital system/congregation and how they might affect the patient.

[QUESTIONS ARE TO GUIDE THE TRAINEE AND NOT TO BE USED IN A QUESTION AND ANSWER FORMAT WHEN WRITING OUT OR PRESENTING THE CASE]

2. What are the personal identity issues for this patient/client?

3. What is your pastoral/spiritual diagnosis, the dominant problem facing the patient/client? What do you plan to do with/for this patient/client?

4. What is the meaning of illness for this patient/client?

5. Are there any remaining questions about this patient, puzzling features, similarities or differences from other patients/clients you have met?

6. What are the resources available to this patient? How will you engage these resources for the patient/client? Where do you, as Chaplain, fit into this plan?

7. What social concerns arise for you, the patient/client? What are the ethical issues? What could be changed to enhance the patient's/client's healing and enable personal development? Upon what part do you plan on working?

VII. Analysis of the Pastoral Functioning
1. Evaluate your successes and failures: where you did well, what you did well; what you would do differently. Note your consistency or lack thereof. [These points and questions are to guide the trainees and not to be used when writing out or presenting the case]

2. What insights or new understandings did you find developing during this call? Where did your personal issues get enmeshed with those of the patient/client? Where were you able to keep enough objectivity to allow the patient/client to work through his/her issues?

3. Describe the relationships as noted in this encounter . . . levels of empathy, rapport, your feelings about the patient/client. How do you think the patient/client felt through this encounter?

4. Looking back on why you presented this case study, what did you learn about yourself as chaplain/pastor? What did you learn about patients/clients through this encounter? What things do you want to practice and use again?

5. Write any theological reflections you may have from this encounter. How did this experience stretch your mind and your own faith perspective?

Note: The above are suggestions and guidelines and are not intended to be followed rigidly. All cases must be current and include a background, summary, verbatim, and an analysis of pastoral functioning, however.

Guidelines for choosing visit / experience for a Case Study:

The best-case studies come from situations in which you are deeply involved. Often this may come from situations where you felt like you missed an individual(s) completely, or did not know what to do. Sometimes it comes from a visit in which you felt and knew you did well as a Pastor. Either way, the best visits to write up are ones where you feel you have something to learn. A "good" or "bad" case study is not a question of length, but rather evidence of your capacity as a professional to "profess" what you did, why, what you learned, and what you want to learn.

Each person will develop their own process for remembering a visit through note taking, but one of the best is immediately following a visit that "excites you" for whatever reason, find a place to jot down key words, exchanges, themes, etc. and then write up the visit the same day if possible, otherwise, you will forget the exchange of words.

If the situation you want to write or present does not lend itself to this format, vary it as needed. A learning situation can be a critical incident or experience rather than a "normal" visit. Try to
include all the information and analysis requested, and do what is needed to help the experience come alive again for you and others.

CTSP PASTORAL CARE CASE STUDY

A PASTORAL CARE CASE STUDY SHALL INCLUDE:

I. Definition of the pastoral counselor or clinical event in 5-10 minutes (illness, death, accident; one or another of the common occurrences that take place within finite life which is associated with the event).

II. Definition of the experience (the nexus of meanings, ideas and feelings, conscious and unconscious processes, and relationships as it relates to the client and the pastor).

   A. Biographical data:
      Age, gender, marital status, religious affiliation, occupation, physical description, special characteristics and ethnicity.

   B. Holistic Assessment
      1. Medical
         What significant medical problems has the person had in the past?
         What problems does he/she have now? What treatment is the person receiving?
         [QUESTIONS ARE TO GUIDE THE TRAINEE AND NOT TO BE USED IN A QUESTION AND ANSWER FORMAT WHEN WRITING OUT OR PRESENTING THE CASE]

      2. Psychological
         Are there any significant psychological problems? Are they being treated? Is so, how?

      3. Family System
         How would you assess the health and competence of the person's family? Are there at present, or have there been in the past, patterns within the person's relationships with other family members which have contributed to or perpetuated present problems?

      4. Psycho-Social
         What is the history of this person's life including place of birth and childhood home, family of origin, education, work history and other important activities and relationships?
What is the person's present living situation and what are the person's financial resources? What identity issues might be present for the person?

5. Ethnic, Racial, or Cultural
What is the person's racial, ethnic, or cultural background? How does it contribute to the person's way of addressing any current concerns?

6. Social Issues
Are the present problems of the person created or compounded by larger social problems or dysfunctions of which the person is largely a victim? If the person is in part suffering from larger social problems can she/he become aware of them and join with others in efforts to address those problems? Can the person experience linkage between his/her story and the larger human story? What is the perspective through which the world is viewed?

7. Spiritual
   a. Belief and Meaning
   What beliefs give meaning and purpose to the person's life? What major symbols reflect or express meaning for this person? What is the person's story? Are there any current problems which have a meaning or alter established meaning? What is this person's history and present affiliation with a formal system of belief (e.g., church), if any?

   b. Vocation and Obligations
   Do the person's beliefs and sense of meanings in life create a sense of duty, vocation, calling, or moral obligation? Will any current problems cause conflict or compromise in this person's perception of her/his ability to fulfill these duties? Are any current problems viewed as a sacrifice or atonement or otherwise essential to this person's sense of duty?

   c. Experience and Emotion
   What direct contracts with the scared or divine, or with the demonic, has the person had? What emotions or needs are predominantly associated with these contracts and with the person's beliefs, meaning in life, and sense of vocation?

   d. Courage and Growth
   Must the meaning of new experience, including any current problems, be made to fit into existing beliefs and symbols? Can the person let go of existing beliefs and symbols in order to allow new ones to emerge?

   e. Ritual and Practice
   What are the rituals and practices associated with the person's beliefs and meaning in life? Will current problems, if any, cause a change in the rituals or practices this person
needs or desires or in his/her ability to perform or participate in those which are important to this individual?

f. Community
Is the person part of one or more, formal or informal communities of shared belief meaning in life, ritual, or practice? What is the style of the person's participation in these communities?

g. Authority and Guidance
Where does the person find the authority for her/his beliefs rituals, practices, meaning in life and sense of vocation? When faced with doubt, confusion, tragedy, or conflict, where does this person look for guidance? To what extent does this individual look outward for guidance?

III. Case study Verbatim
Describe contracts/interviews in usual verbatim format [C-1 (for chaplain); P-1 (for patient); Pr-1 (Pastor); D-1 or N-1, etc. (for Doctor, Nurse or other speakers)].

IV. Dynamic Evaluation

What do you see happening spiritually, emotionally between you and the person? Why did you choose this person for your case study? What special difficulties or interests does he/she present for you? What do you perceive as the person's style of life, conflicts, defenses, appropriateness of affect, etc.?

V. Pastoral Care Plan

What have you been trying to accomplish in your work with this person? Has your spiritual care plan been altered and in what ways, during the course of the pastoral relationship? Do you have specific questions you wish to raise about the spiritual care offered to the person? What do you see as difficulties and what are your hopes for your future work with this person?

VI. Pastoral identity and theological reflections

What was the major learning for you in your ministry to this person? How has your experience influenced your understanding of the nature of pastoral care?

Were major faith issues raised for you as chaplain? What biblical or theological image does this experience suggest?

Note: The above are suggestions and guidelines and are not intended to be followed rigidly. All cases must be current and include a background,
summary, verbatim, and an analysis of pastoral functioning, however.

(The format for holistic assessment is taken from the 7X7 Model of George Fitchett in Spiritual Assessment in Pastoral Care.

CTSP’S INTERPERSONAL GROUP (IPR)

Purpose
To ensure a relational environment for peer interaction that will provide opportunities to utilize peers for support, clarification and confrontation; to provide opportunities for growth in personal and professional understanding.

Policy
Group time will be scheduled and guidelines provided to maximize the opportunities for personal growth and development. A strong focus of the CTSP/CPE curriculum is on community building; thus, the group time provides an opportunity to work together on what it means to be a community with each other. Community is built on mutual trust, respect and openness that allows for confrontation.

A. The Director will schedule a minimum of (30 hours) interpersonal group seminars in each unit of CPTP/CPE if there are a minimum of four (15) trainees enrolled.

B. The group will focus on interpersonal and intrapersonal relationships resulting from interactions with patients/clients, families, staff, peers, supervisor, and other issues as they pertain to personal and pastoral identity, and community building.

C. The open agenda of the group makes the trainees responsible for voicing their concerns or for raising issues with peers and Supervisor that are important for personal and professional growth.

D. The Supervisor acts as consultant and may also raise issues as appropriate.

E. The Supervisor will monitor the sessions so that appropriate boundaries are guarded and trainees are not without needed support when intense emotional issues are raised.

F. The peer interaction is essential to CTSP/CPE and trainees are expected to participate both by initiating and responding to issues through support, clarification, confrontation, and through exploring the personal, practical, philosophical, and theological dimensions of the peer group community.
G. These seminars offer invaluable learning about groups and how one acts in a group. Trainees are responsible to observe dynamics and offer critique on how the group functions. Some things to think about are:

- dynamics, relationships, turning points, changes, power struggles noted during the seminar
- positive outcomes, negative outcomes, alternative interactions available to the group.
- functioning of group, team work experienced, conflicts noted
- roles of participants...clarifier, peacemaker, initiator, silent observer, etc.
- note the non-verbal communication of each participant and how this affected the interactions.

**CTSPC GROUP RELATIONS SEMINAR**

*(Tavistock Model)*

The interpersonal group relations seminar will follow the Tavistock approach for the study of the group process and interpersonal group dynamics.

The seminar will be a "laboratory experience" within the boundaries of which the members of the group are assigned the task and given the opportunity of exploring and examining the dynamic life of the group itself with the focus especially on the nature of authority and leadership in the group.

In theory, the life of the group will have many facets that invite exploration and examination. Special attention will be given to issues of authority and leadership among the group members. Authority and leadership are central to the vitality of any group experience. Related to issues of authority and leadership are the particular and unique contributions of each member of the group. Thus, each individual shapes the group by particular gender, racial, national, and professional belongings, as well as by countless other factors.

As we undertake the task of exploring and examining the life of the group, we will pay attention to unconscious, covert, and particularly to irrational material where it suggests itself in the interactions of the group.

The seminar is open-ended in that there will be no attempt to prescribe what anyone will learn. The focus, however, will be on the dilemmas encountered in the exercise of authority and
leadership in the group. The seminar will focus on the here and now, the ways in which authority and leadership are exercised within the boundaries of this specific seminar. The task is to study these processes as they are happening. Since this is a laboratory experience of a particular type and design, the consultant in this event will assume a strictly consultative role in relation to the group. Consultants: Tavistock Group Specialist

CTSPJOURNAL / WEEKLY REFLECTION

Purpose

To assist the trainee is assessing the significance of the CTSPCPE experience in relation to their professional and educational objectives and CTSP/CPE Standards.

Policy

Each trainee will keep a journal in order to have a formal way to reflect on learning and growth in CTSP/CPE. This journal will provide material for the supervisory conference. No individual supervisory session will be given without this journal.

A. The trainee’s journal is intensely personal and the style of each trainee will be reflected in the writing.

B. The trainee will prepare a paper by selecting items from the journal to use with the Supervisor in the individual supervisory session or the trainee may present the entire journal for supervision. This material is confidential and will be carefully respected by the Supervisor.

C. Journals must be handed into the Supervisor twenty-four hours prior to the individual supervisory conference.

D. Suggestions for journaling:

1. Relationship with patients/clients, families, peers, staff, Supervisor... attitudes revealed, feelings of effectiveness, issues raised, problems perceived.
2. Self insights, personal and professional roles and your perception of them in this setting, successes and/or frustrations in meeting responsibilities.
3. Feelings noted.... positive and negative.
4. Critique of the CTSP/CPE program... most or least helpful elements, suggestions for additions or improvements.
5. Faith experience... how has your faith been challenged, deepened, confirmed, what conflicts have arisen, what questions or insights were noted
6. Outstanding experience and/or outstanding frustration
7. Readings you have done and how they impacted the pastoral experience
8. What helped or hindered your pastoral calls?
9. Number and type of calls that you are making.
10. Other areas important to your growth and development

CTSP MID-UNIT and FINAL EVALUATIONS
INTRODUCTORY, BASIC & CTSP/CPE

Purpose

Each trainee will take responsibility for evaluating self and peers in order to make optimal use of CTSP/CPE as self-initiated with peers and Supervisor input to enhance learning.

Evaluation Question

What have you learned in this Unit (to this point if it is the mid-term evaluation) about self and pastoral care? Do a clinical analysis of group functioning and feel free to draw from your cases, from the cases of your peers, your one-on-one sessions, and the seminars to answer this question. Use no more than two pages double spaced Times Romans font 12

III. CTSP/CPE POLICIES

CTSP/ CPE PROGRAM
ADMISSION’S POLICIES AND PROCEDURES

Purpose

To assure that the CTSP/CPE program attracts and recruits qualified applicants who are treated fairly.

Policy

CTSP shall not discriminate against any individual for reasons of race, color, national origin, gender, age, physical disability, sexual orientation, faith group or military status. Equal access to educational opportunities is extended to all qualified persons.

This policy notwithstanding, all trainees accepted in the program shall be able, with reasonable accommodation, to physically perform the duties as a Trainee.

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The trainee needs to sustain sufficient physical and emotional health to deliver appropriate spiritual care to patients, clients, and staff and for the educational requirements of the program. The trainee must demonstrate the capacity to consistently establish and maintain relationships at significant levels and be open to learning, change, and growth. The Trainee must demonstrate a capacity to endure at least moderate amounts of chaos which is a normal part of institutional culture (i.e., hospital, nursing home, hospice, parish, congregation, mosque, etc.).

**Procedure**

1. Letters of completion and final evaluations will not be given if cases and assignments are submitted.

---

**CTSP COMPLAINT PROCEDURE**

**Purpose**

To provide a mechanism for handling complaints or appeals by trainees fairly.

**Policy**

The CPE/CTSP program encourages persons to work out concerns or grievances informally, face to face, and in a spirit of collegiality and mutual respect. Procedures for complaints should be used only if informal discussion and pastoral communications do not resolve differences and when the complainant or group of complainants’ desires to register a complaint. It is recommended that the complaint be resolved at the closest possible relationship.

**Philosophy:**

It is the philosophy of CTSP is to provide fair and equitable treatment for CPE/CTSP trainees; to foster good relationships through effective communication; to provide a procedure for expressing, presenting and resolving concerns; to provide an environment in which concerns, grievances, complaints can be expressed without fear of prejudice, penalty, recrimination, or retaliation. Confidentiality will be respected in the registering, processing and resolving of the conflict. Those who mediate review or hear a complaint will have access to all relevant materials.

**Definitions**

A complaint is a concern or grievance involving an alleged violation of the ethical, professional and/or educational criteria established by Association of Professional Chaplains (APC) Standards. See APC website for more information.
A trainee is defined as a person enrolled in any program of CTSP/CPE for credit.

CPTC’S PROCEDURES FOR DISMISSAL. WITHDRAWAL AND END OF UNIT

Purpose

To provide a mechanism for situations within the training program that make it necessary for the Supervisor of the CPE/CTSP program to take disciplinary action which may take the form of dismissal, and to provide for the withdrawal of a trainee from the CPE/CTSP program.

Policy

It is the policy of CTSP/CPE program that probation and/or dismissal of a trainee may occur at the discretion of the Supervisor, as a result of behaviors defined below or other situations as they may arise.

Definitions

Dismissal ends the trainee's participation in the CTSP/CPE program, and is initiated only by the CTSP/CPE Supervisor.

Withdrawal ends the trainee's participation in the CTSP/CPE program at the initiation of the trainee.

Procedure

A. Dismissal may occur as a result of:

1. Failure to successfully complete a training unit.
2. Failure to adequately participate in the educational program.
   a. failure to negotiate an individual learning contract.
   b. failure to be present and/or interact in a manner conducive to growth for self or peers.
3. Failure to act responsibly in pastoral obligations
   a. failure to respond to calls and/or inappropriate absences.
   b. failure to respond appropriately to the needs of clients, families and staff.
   c. failure to cooperate with peers to provide ministry in a collegial manner.
4. Failure to observe professional behavior during the assignment
a. illegal activities
b. breach of confidentiality,
c. deception or dishonesty.

B. Withdrawal

1. A trainee may withdraw from the CTSP/CPE program for any reason by informing his/her CTSP/CPE Supervisor and by submitting a letter of withdrawal to the CTSP/CPE Program Director.
2. Trainees are encouraged to inform the CTSP/CPE supervisor of the possibility of withdrawal in order to provide continuity in addressing the pastoral care needs of clients, residents, and staff.
3. Tuition fees will be refunded if charged according to the Financial Policy.

C. Procedures for end of unit, dismissal, or withdrawal

1. Materials which contain information on patients belong to the institution or the trainee and may not be taken when the unit concludes. Materials must be destroyed.
2. All records and notes you plan to take from the institution must be discussed with your Director to insure confidentiality with regard to patient information.
3. Complete all pending assignments.
4. Credit for the Unit will be given only if the full amount of the tuition is paid. If the trainee fails to fulfill this requirement, the credit and the evaluation will be withheld.

7. Inform the Director, in writing, using the form shown in the Form and Receipts Section of this manual, stating that permission is given if you want an evaluation of your training sent to any school or person, giving exact names and addresses. At no time, now or in the future, will any evaluation of your work be sent out without a written request from the trainee. A written request, with your signature, must be submitted each time an evaluation is requested.
APPENDIX C

CHAPLAINCY TRAINING AND SUPPORT PROGRAM CENTRE (CTSPC)
Application Form for Clinical Pastoral Education

Unit 1 Desired Part (Check one)
- Part 1 (January to March)
- Part 2 (September to December)

Applicant Information

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Previous Clinical Pastoral Education

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References and Addresses

Denomination:

Academic:

Other:

Include with Application:

1. Three “stories” (one-half to one page each) of important events/people/memories in your life. These may be anything of significance, but pay special attention to those which triggered life-changes for you.

2. An autobiography outlining your spiritual journey and highlighting key social and emotional turning points in your life. Include information about faith group/denominational activities of each parent prior to your birth. If you have held leadership positions of any kind in your faith group, describe each one.

3. An account of a time when you helped someone else (one-half to one page). Be specific about the need as you understood it, and about how you provided help.

4. A statement about why you want to receive Chaplaincy Training and Support Program/Clinical Pastoral Education training. If you have specific ideas about what you would like to learn, include them.

5. **If you have had previous Clinical Pastoral Education**, please include copies of evaluations written by you and by your supervisor(s).

6. Tuition is free. To reserve your place, please include all requirements of your application.

_________________________________________                  ________________
Signature                                              Date
### APPENDIX D

**TABLE 3 CALENDAR FOR CTSP/CPE UNIT 2016** (Subject to change)

<table>
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APPENDIX E

Certificates and Letters of Approval

National Institute of Health Training Certificate

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Nathan Odonkor** successfully completed the NIH Web-based training course “Protecting Human Research Participants”.

Date of completion: 04/13/2014

Certification Number: 1448837

Chaplaincy Training and Support Program Certificate

CERTIFICATE OF CONTINUING EDUCATION

This certifies that

**ELIJAH KWAKU BENYI**

Has completed approved Chaplaincy Training and Support Program (CTSP) at the South Ghana Conference of the Seventh-day Adventist Church December 3rd 2016 in Accra Ghana.

Nathan Teve Odonkor
WAD ACM Endorsed Chaplain
Director ACM
South Ghana Conference

Moses Taiwo
PhD; DMA/IST; BCE CPE Supervisor
Andrews University, DMin.
Project Supervisor
December 1, 2015

INSTITUTIONAL REVIEW BOARD
ANDREWS UNIVERSITY
4150 ADMINISTRATIVE DRIVE
ROOM 322 BERRIEN SPRINGS
MI 49104 – 0355

Dear Sir,

CONSENT TO CHAPLAINCY TRAINING AND SUPPORT PROJECT IN THE SOUTH GHANA CONFERENCE BY PASTOR NATHAN TEYE ODOMKOR

The South Ghana Conference of the Seventh-day Adventist Church writes to affirm its consent to permit Pastor Nathan Teye Odonkor to hold a Chaplaincy Training and Support Project within its jurisdiction from January to December 2016.

Pastor Nathan Teye Odonkor is conducting a research as part of his Doctor of Ministry project under the title, “A Chaplaincy Training and Support Program to Equip Pastors for Ministry in the South Ghana Conference of the Seventh-day Adventist Church. The purpose of this research is to develop, implement and evaluate a chaplaincy support training program to clinically train pastors to handle pastoral care issues and to serve as chaplains in hospitals, campuses, police and prisons. We deem the project relevant and necessary to initiate chaplaincy training for our ministers. Without reservation, we have also permitted eighteen (18) pastors who have volunteered to participate in the program.

We are prepared to offer the researcher our maximum support to complete the project successfully. It is hoped that a similar collaboration by your outfit would bring out the best in the project.

Yours faithfully,

PASTOR DR. SOLOMON OKOE TREBI HAMMOND
PRESIDENT, SOUTH GHANA CONFERENCE

Cc: The Executive Secretary - SGC
    The Treasurer – SGC
REFERENCE LIST


Bohlman, B. L. (2008). *For God and country: Considering the call to military chaplaincy* (Doctoral dissertation). Erskine Theological Seminary, Due West, SC.


VITA

Name: NATHAN TEYE ODONKOR

Background: I was born on February 7, 1966 in Accra, but raised in Tema. I am the sixth of my siblings. I have five older siblings: two older brothers and three older sisters as well as one younger sister. When I was a child, I was baptized into the Presbyterian Church but was raised in the Seventh-day Adventist Church by my mother, uncles and American missionaries. My parents are deceased. Later, I was baptized into the body of Christ and became a Seventh-day Adventist at a young age (July 5, 1985). I am a product of Adventist Christian education and have attended Seventh-day Adventist schools from 1st grade through University.

Family: I was married on October 10, 1993 to Mimonte Dorcas Beleya. We have two children, Christiana Otuko Miyante Odonkor and Nathanson Otutey Ifie-Osuo Odonkor.

Ordination: May 8, 1999 Ordained by and currently hold ministerial credentials from South Ghana Conference of Seventh-day Adventists.

EDUCATION
2014-2017 DMin, Chaplaincy, Andrews University, Berrien Springs, MI
2015 Master of Divinity/MDiv Equiv., Andrews University, Berrien Springs, MI
2004-2007 MTh, Pastoral Care & Counseling, Trinity Theological Seminary
1990-1993 BA, Theology Andrews University, Berrien Springs, MI
1988-1989 Theology Diploma, Adventist Missionary College (VVU)

WORK EXPERIENCE
Executive Secretary 2015-present
Ministerial Secretary 2014-2015
Family Ministries Director 2014-2015
Chaplaincy Ministries Director SGC 2013-2015
Secretary SGC Directors Meetings 2013-2014
Acting Director of Music and Spirit of Prophecy 2011-2012
Chaplain and Dean of Students Datalink University 2010-2011
District Pastor Accra Central 2009-2010
Ghana Academy of Christian Counselors 2009-2015
International Theological Seminary Intern 2008-2014
Ghana Armed Forces Acting Chaplain 2007-2010
President Greater Accra Ministers SGC 2006-2012
Accra East District Pastor 2006-2009
Church Pastor – PESDAC, Labone & Bethel-Osu 2003-2006
Madina District Pastor 2001-2002
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<tr>
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<td>1994-1999</td>
</tr>
<tr>
<td>Associate District Pastor Accra East</td>
<td>1993-1994</td>
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