Chaplains have existed in the United States since the first expeditions from England had their clergy accompany explorations of the New World. Modern healthcare chaplains trace their origins to the training that was developed in the 1920s by Rev. Anton Boisen at Worcester State Hospital in Massachusetts. Boisen believed that ministerial students should study the fundamental struggles of the human soul by observing mentally ill patients. He advocated a style of case study that viewed the patient as a 'living human document' from whom the student could learn. (1)

Dr. Richard Cabot, Boisen's mentor and colleague, encouraged supervision of pastoral practice so that chaplains could develop a set of skills with which to better serve patients. "The minister's opportunity in sickness is to devote himself to the growth of souls at a time when pain, sorrow, frustration, and surprise bring experiences that invite a new start in life." (2) Both Boisen and Cabot believed that theological education needed to expand beyond the confines of books and classrooms and into the clinical setting. They felt that a year of supervised ministry in healthcare settings could greatly benefit the students' maturation as ministers and greatly benefit the medical care of the patient. (3)

Boisen took his first students in 1925 and many of his earliest pupils went on to become foundational in the field. After a few years, two competing styles of training began to develop. The first, based on Boisen's work, emphasized probing the depth of spiritual distress. They focused primarily on the mentally ill and utilized sophisticated and, at the time, radical psychological techniques. The second group, based on Cabot's work, was focused more on developing solid theological interventions that could be incorporated in the more scientific mode into which medicine was moving. Cabot, a contributor to the development of medical social work, saw the chaplain as a specialized partner to the medical care team. (4)

As the concept of clinical pastoral education (CPE) began to build momentum, denominational schools began to form their own training criteria. Soon the field was multifaceted with clinical training groups, denominational bodies, and theological educational organizations all shaping their own credentials and standards. Although differences were at times contentious, from the beginning there were attempts at consensus. Through decades of national meetings and dialogue, the major training organizations finally merged to form the Association for Clinical Pastoral Education (ACPE) in 1967, creating for the first time a unified definition of CPE. (5)

Today a 'unit' or semester of CPE is a common requirement for graduate...