A Case for Peer Consultation Groups
By Rev. A. Meigs Ross

What do you do when you are serving as a chaplain to a family that exhibits complicated family dynamics that are remarkably similar to those of your family of origin, and you feel yourself being drawn into their conflicts? How do you best get distance, clarity and professional consultation? Which way should you turn if you are a CPE supervisor whose students are relentlessly working out their authority issues, and you are the chosen target?

My answer to both of these questions, and to many others of similar kind, is to receive a consultation with a peer supervision group.

I’ve been working closely with a group of supervisory peers, and receiving ongoing consultation, since I was first certified as a CPE supervisor and was happily kicked out of the supervisory training nest. This small group of CPE supervisors has remained remarkably stable in membership, and over the years we have developed a deep knowledge of one another's strengths and learning edges. We have also been through numerous life changes and struggles with one another. This group knows me well enough to challenge me when I’m blinded by my own counter-transferences. They have pointed out my foibles and inconsistencies at critical moments in my supervisory and professional life.

These interventions have often been the keys to helping me unlock new understandings and to making good supervisory choices and interventions. My peer group has also supported and encouraged me to make best use of my gifts for my ministry. They have provided support out of their care for me, and their knowledge and experience of who I am.

As a group, we have dedicated ourselves to providing clear feedback to one another and we have committed ourselves to working with the intricacies and challenges within our own group dynamics with honesty and openness. This isn't always easy or pleasant, but it is always profitable for us as individuals and as a group. We also challenge one another intellectually and share new resources that can lead to exciting new learnings for all of us. The challenges and support of this group has been invaluable over the years as my roles as a supervisor have shifted and changed.

I share my story to encourage all in ministry, chaplaincy and clinical pastoral education to develop and make good use of a peer consultation group. As chaplains and supervisors, much of our clinical training took place in the small group context, in which peer feedback was one of the central learning components. But why should the many benefits of peer group supervision be experienced only during the short period of time when we are CPE students?

One of the objectives of CPE 309.10 is "to develop student’s abilities to use both individual and group supervision for personal and professional growth, including the capacity to evaluate one’s ministry." ACPE Outcome 311.3 is to "initiate peer group and supervisory consultation and receive critique about one's ministry practice" and, outcome 311.4, to "risk offering appropriate and timely critique." These all speak to the value our professions put on ongoing peer consultation. These outcomes are also excellent goals for those continuing to develop as pastoral care givers, and suggest how growth in ministry is supported by honing the skills of giving and receiving clear feedback and support in a peer group context.

The basics of building a strong peer consultation group involve consistent membership, clear group guidelines, and the development of group norms that are structured around the practice of ministry and supervision, rather than on therapeutic issues. I have found it beneficial to have group members that have theories and styles of practice that I respect, yet who bring differences that challenge me as "veil. Flexibility and compatibility are also important. Most important is respect and a common goal of supporting one another's growth. Receiving and giving ongoing critique and support of one another's practice of pastoral care and supervision greatly benefits those who receive our care as well as us as caregivers.

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