

vision

National Association of
Catholic Chaplains

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Strategic Tactical Plan Update for 2004-2005

With input from the membership at the 2002 Symposia and the challenging work completed by the Strategic Planning Task Forces, the NACC Board of Directors adopted a three-year strategic plan at their May 2003 meeting.

At the Board's request, National Office Staff selected priorities from the strategic plan to develop for fiscal year 2004-2005.

At our national conference in Kansas City, Missouri, this year, a lunchtime session was used to elicit feedback from members regarding potential tactical issues for our strategic plan. Members were asked to come to consensus on some key questions at their tables.

Questions included:

- ▼ What do you think your benefits of membership in the National Association of Catholic Chaplains should be?
- ▼ What should recruitment goals be for chaplains and CPE supervisors for 2004-2005 and beyond?
- ▼ Whom should we target for recruitment as new members?
- ▼ What can you specifically do to recruit new members?
- ▼ How can we identify and overcome barriers to diversity in our membership?
- ▼ How can we create opportunities for diversity in our membership?

- ▼ What will it take for you to assume a more active role in the governance and life of the Association?
- ▼ Give two specific suggestions to encourage members to assume leadership roles for 2004-2005.
- ▼ How might the Association best use technology to facilitate communication among the members and call forth leadership?
- ▼ How can you, the Board, and the Association reach out to Catholic colleagues across the different cognate groups?
- ▼ What general suggestions do you have that would enable the Association to increase revenues from sources other than membership dues? Please give two specific suggestions.

Collated answers to all these questions will be posted on the NACC website. (<http://www.nacc.org/resources/>)

After reviewing all of the input from the membership, the tactical plan for 2004-2005, outlined for your examination on pages 6 and 7 in this issue of Vision, was developed by the National Office Staff and presented to the Board at their May 2004 meeting.

Tactical issues were developed after a review of feedback from members.

Workshop Applications

2005 Conference

Association of Professional Chaplains and
National Association of Catholic Chaplains

Albuquerque, New Mexico – April 6-13, 2005

Pre-Conference Workshop and General Workshop Applications will become available sometime in June 2004. If you would like to receive a

copy, please send an e-mail to Susanne A. Chawaszczewski, PhD, Director of Education and Professional Practice, NACC: schaw@nacc.org.

Mark Your Calendar

2005 Conference Planners Named

Association of Professional Chaplains and
National Association of Catholic Chaplains
Albuquerque, New Mexico ▾ April 6-13, 2005

The members of the 2005 Conference Planning Committee have been named from both the NACC and the APC. They are:

NACC Representatives

Sr. Mary Anne DiVincenzo, CSJ
Fresno, California

Sr. Norma Gutierrez, MCDP
Albuquerque, New Mexico

Bro. Edward M. Smink, OH
Houston, Texas

APC Representatives

Rev. Darryl I. Owens
Chapel Hill, North Carolina

Rev. Marie L. Stockton
Albuquerque, New Mexico

Rev. John T. VanderZee
Bloomington, Indiana

The theme, goals and hotel information will be announced. The web site for the Albuquerque convention and Visitors Bureau is:



Balloon Fiesta — Ron Behrmann

www.abqcvb.org

For further information about the 2005 conference, please send an e-mail to Susanne A. Chawszczewski, PhD, Director of Education and Professional Practice, National Association of Catholic Chaplains: schaw@nacc.org.

APC Meeting Provides Opportunity to Network with Other Associations

By **Susanne Chawszczewski, PhD**

As a representative of the NACC, I attended a portion of the annual conference of the Association of Professional Chaplains (APC) in Dallas, Texas, in April. It was a wonderful opportunity to network with members of the cognate groups and participate in some sessions.

Representatives from the Association for Clinical Pastoral Education (ACPE), Canadian Association for Pastoral Practice and Education/L'Association canadienne pour la pratique et l'éducation pastorales (CAPPE/ACPEP), and the National Association of Jewish Chaplains (NAJC) were among the guests. They included:

ACPE President – The Rev. Dr. Art Schmidt

ACPE Executive Director – The Rev. Dr. Theresa Snorton

ACPE Associate Director – The Rev. Deryck Durston

CAPPE/ACPEP Vice President and President-Elect – The Rev. Dr. Dale Johnson

NAJC President – Rabbi Barbara Speyer

One of the most interesting sessions I attended was the Religious Endorsing Bodies (REB) Luncheon and dialogue. Religious Endorsing Bodies include faith groups, denominations, or religious organizations, which endorse individuals of their respective group for chaplaincy, pastoral counseling, and/or other professional pastoral care ministries. While the NACC is not a REB, it was informational to listen to the issues being discussed by the representatives, especially with regard to their place within the APC organizational structure.

In keeping up to date, I also attended the session: "Introduction to the New JCAHO Accreditation Process" presented by Will Kinnaird, Vice Chair of the COMISS Network, and Michele Sakurai, NACC-Certified Chaplain. All of our office information is now updated as a result of this workshop so we in the office can point you to the current information should you need assistance.

There was also time for networking

with chaplains. At the APC Membership Luncheon, I sat at the "Wisconsin" chaplain table where I could meet and see both old and new faces, including Kathy Vander Velden, NACC-Certified Chaplain from Oshkosh, Wisconsin. In my conversations with APC chaplains, they face many of the same issues our members do. Everyone looked forward to our joint conference with the APC in 2005 and the possibilities this would bring for further networking.

This same interaction came through at the APC Business Meeting. After hearing all of the reports from APC commissions and committees, I find it noteworthy that their association members voice some of the same opinions and concerns that ours do. Nonetheless, they are very proud of their commitment to APC, as I know our NACC members are to their association.

Susanne Chawszczewski, PhD, is NACC Director of Education & Professional Practice.

vision

Vision is published 10 times a year by the National Association of Catholic Chaplains. Its purpose is to connect our members with each other and with the governance of the Association. Vision informs and educates our membership about issues in pastoral/spiritual care and helps chart directions for the future of the profession, as well as the Association.

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The National Association of Catholic Chaplains is a professional association for certified chaplains and clinical pastoral educators who participate in the healing mission of Jesus Christ. We provide standards, certification, education, advocacy, and professional development for our members in service to the Church and society.

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2004 Conference

Reflection: *Translation, please?*

“... make what you have to say accessible to people in ways they can use.”

(Jean deBlois, CSJ, NACC 2004 Conference, Kansas City)

By Paul Marceau

Across the country chaplains are feeling increasingly beleaguered (and besieged) as they are challenged to justify their “value add” to the organization. There is a further sense of indignation when this has to be justified within a Catholic hospital.

In response, chaplains have worked hard to define a specialized body of knowledge, the skills and competencies for their profession. Health care chaplaincy has carved out the area of “the spiritual” and become professional practitioners there. The “spiritual” points to that dimension of human life that deals with meaning, faith, the human spirit, the transcendent, God, and the holy.

Laying claim to “the spiritual” has provided health care chaplaincy with a specialized area of care giving and its own particular contribution to body-mind-spirit care. And these realities, we argue forcefully, cannot be measured or quantified.

Often, however, the image or model that comes to mind when we speak of body-mind-spirit care makes it sound as if the human person comes in three layers and each “layer” has its specialist. The physician cares for the body; the behavioral health professional cares for the mind; and the chaplain cares for the spirit. Each brings a particular skill to a particular dimension of the human person. And each must respect the domain and contribution of the other.

I would argue, however, that claiming this particular “piece of the pie” in health care delivery has not always served chaplaincy well and may have caused it to be further isolated from the delivery of wholistic care. That approach (“this is our piece of the pie”) pushes us dangerously

close to the point of being so “other-worldly” that these rich spiritual realities cannot be communicated at all! (Speaking about charting, Jean deBlois told the NACC Conference: “We write it in ways that people can’t understand because, after all, we deal with the ‘spiritual’ nature of people and that’s really where life is.”)

If we so isolate the spiritual, we are then challenged to explain how it relates to anything else going on. How then do we explain “the spiritual” to people who do not share this belief system or have those categories of understanding? How do we, moreover, integrate the spiritual into the delivery of high-tech, science-based outcomes-oriented clinical care? What does spirituality have to do with kidney dialysis or sarcoidosis?

The response is, of course, that no human being experiences him or herself as “layered.” We are incarnational beings, enfleshed spirits – and the only way we can experience the spirit is in and through our bodies. We do not become disembodied when we experience God or the holy. We experience the holy in and through our bodies. While we can experience the Transcendent, it always remains a human experience. I may not be able to describe God, but I can describe my experience of God, as inadequate as that description may be.

To claim that “the spiritual” cannot be observed, demonstrated – even measured – is, therefore, to deny the most fundamental tenet of our religion: incarnation and its corollary, sacramentality. The sacred is accessible to human experience, and while we cannot describe the sacred, we can describe the human experience.

At the same time, while we insist that the condition of the body affects the spirit, and the condition of the spirit affects the body, we resist providing demonstrations of how that is true. Human spirit and emotion not only expresses itself in bodily form, it impacts on the body itself.

See [Reflection](#) on page 11.

Special Report

The Association Moves Forward in Transition

Report from the Acting Director

Kathy Eldridge

This is obviously a time of significant transition at the NACC. Despite a number of changes in leadership and office personnel in recent months, I want to assure you that in this transition the NACC is alive and well. Our future is promising as we continue to move forward and focus on exciting projects that you will read about in this issue of the *Vision*.

Transition equates to change and change can be uncomfortable often because of the unknowns. Many of us find it difficult and are resistant to move beyond that comfortable space – sometimes needing to be pushed or pulled or gently led into acceptance of the new. Without change, the NACC of forty years ago, although it met the needs for that time and created a foundation, would not be well equipped to function as a leader in pastoral care ministry in the 21st century.

In the February issue of *Vision*, the Chair of the NACC Board of Directors, Joan Bumpus, gave an update and overview of the leadership changes that have been taking place recently.

One of the internal changes that has more significantly impacted my position and work at the association is my appointment by the Board of Directors to the position of Acting Director. This is not a position I am completely unfamiliar with, as I have functioned as the Acting Director two other times over the past 20 years.

My Personal Story

It has been a personal goal for me for some time to be able to celebrate this 20-year anniversary. Anniversaries seem to provide an opportunity to reminisce and I've been doing exactly that for a while. Although the stories are many, there is one early one in particular that speaks to why I have spent a good portion of my professional life here at the national office.

In 1984, my 90-day evaluation was conducted by my then supervisor, someone many of you may remember, Sr. Helen Hayes, OSF. During our exchange of ideas and a critique of my performance, I had the opportunity and was excited to express how I believed I fit into the national office in doing the work of the association. The analogy I used was that I believed I functioned as a "cog" in the NACC wheel. I defined "cog" as one who plays a minor but necessary part in a large or complex process. My then part-time job at the national office, consisting of four hours a day, had been created to assist in the overall work of the association, and I was proud to be a member of the staff, a very small staff. I wrote on my evaluation that we can all be many things at one time,

and I was then a wife, mom, sister, and an NACC cog.

In that early evaluation, and throughout my eight years of working with Sr. Helen, she exercised one of her more visible skills, that of empowering people. Only in hindsight can I see how important those seeds she planted then would become for me personally and professionally, although at that time I didn't realize I'd be sharing this story with all of you 20 years later. I have worn many hats since the mid-1980s and have been called to rise to the occasion during other internal transitions.

I have had the opportunity to work with wonderfully creative people over the years, including a dozen Presidents, three Executive Directors, and a number of exceptional staff whose vision, gifts, and skills have contributed to moving us forward and supporting us in accepting the new.

In the midst of this current transition, I am happy to assist the Board of Directors in the work of the association as the Acting Director as required. While the Search Committee works in developing the criteria for selecting the next executive leader, posts the ads, evaluates the resumes, interviews potential candidates, and ultimately recommends a qualified candidate to the Board for hiring, I am happy to be of service to you, the membership, in this role.

In my role as Acting Director, one of my responsibilities will be to communicate with the membership from time to time in the *Vision*. Other responsibilities include overseeing the daily operations at the national office, participating as a member of the Executive Committee, attending the NACC Board meetings, functioning as a representative to the Council on Collaboration along with Joan Bumpus and Bridget Deegan-Krause, and appropriately rising to each occasion as it presents itself.

Annual Conference

These past several months have been filled with numerous projects, meetings and conference calls. One of the more significant projects we have accomplished, with the help of many hands, was an incomparable educational experience through our very successful annual conference in Kansas City. This event provided ample opportunity to become re-energized through excellent speakers and workshops. It provided everyone in attendance a time to reconnect with old friends and develop new relationships.

One of the meetings I attended at the conference included Susanne Chawszczewski, NACC Director of Education and Professional Practice; Paul Marceau, Vice President for Mission Services and Ethics, Trinity Health; and Alan Bowman, Director of Spiritual Care, Catholic Health Initiatives.

Challenging
times are filled
with new
opportunities.

From the Acting Director

Our discussion centered on ways we could work together specifically in developing leadership tools and resources for chaplains, directors and mission leaders. Interestingly enough, the points for discussion fall within the tactics already being discussed internally under the NACC Strategic Plan. Some of the suggestions will only require time to implement and others will require some financial support. I believe we are making significant strides in this as a model for further collaboration with other health systems.

Another reason that I personally enjoy and benefit from the opportunity to be present at our annual conference is that I have grown to know quite a number of you over the many years I've been part of the national office staff. As we shared work, meals, and stories in Kansas City, one of the overriding questions I was asked is: "How are things at the national office"?

Life at the National Office

Well, I'm glad you asked. One of the key components to operations and service to you, the members, is a competent and dedicated staff. As with all organizations, there has been some recent turnover at the national office, and we miss all those who have chosen to move on, those employees that this close-knit staff have warmly referred to over the years as "NACC Alumni."

Although the transitional issues continue in the internal organizational structure of the association, change has provided us an opportunity to take a serious look at how we conduct the work of the association, how we meet the needs of the members, what tasks and resources are required, and who is responsible for whatever needs to be accomplished. As one of our staff has reminded us on occasion, "Challenging times are filled with new opportunities."

One of the priorities for me has been to fill vacant positions in the office. The full-time Administrative Specialist/ Special Projects position, vacated by Robert Kopchinski, has been filled effective May 3, 2004. The new male voice in the office belongs to Philip Paradowski, who will balance his clerical skills with computer-related tasks. Selena Barner joined the NACC staff the last week in April. Selena has been hired part time as a Clerical Assistant specifically to work with Marilyn Warczak, our Administrative Specialist for Certification. You will learn more about Phil and Selena as you work your way through this issue of *Vision*.

Developing a Finance Committee

Dr. Elizabeth Piasecki, NACC consultant, hired by the Board of Directors in December 2003, has concluded her work for the association. We want to thank Liz for assisting us during this time of transition, working closely with the Board of Directors, the Executive Committee and myself in a number of significant areas. One of the tasks Liz was charged with was to develop a Finance Committee. Three individuals have been considered by the Board to participate as members of the

Finance Committee, whose first meeting is scheduled for May 26, 2004. They will be announced in the next issue of the *Vision*.

Researching Fair Compensation

I'm sure we've all experienced, at one time or another, what happens when we can't resist pulling a thread on a garment. Well, with undertaking the evaluation of titles and job descriptions of the NACC office staff, we have pulled that thread and have been drawn to the next area of asking what is fair compensation for all members of the staff.

In developing resources to determine fair compensation within the national office, I have been in contact with the National Association of Church Personnel Administrators (NACPA). The association numbers over eleven hundred members who are deeply involved in the human resource and personnel issues that confront the Church today. NACPA conducts research and analysis of association structures, compensation, job descriptions, and provides workshops and consultations in a wide variety of personnel and human resource areas.

Over the years that I have been with the NACC we have consistently struggled with what is considered fair compensation for our employees, and more recently it has become evident that there may be compensation disparity regarding the titles/job descriptions and salaries within the national office.

With the transition of leadership, clarification of titles, and revision of job descriptions, it is time for the NACC to utilize the expertise of this professional organization. I have contracted with NACPA to do the research and provide a report. I also believe an unbiased, external report will provide a mutually acceptable baseline with salary ranges from which to move forward. Additionally, an analysis and report recommending appropriate salaries prepared by a reputable outside organization will instill confidence in the staff and others surrounding this critical but sensitive area.

Strategic Plan

One of the projects in the national office is the on-going work of the Strategic Plan. The staff has been charged by the Board to become familiar with the Strategic Plan, prioritize its tactics, and create budgets and timelines for implementation of elements of the plan. Staff discussions surrounding the priorities, tactics and implementation have created enthusiasm for what's on the horizon. My observation is that the staff is invigorated with the possibilities and opportunities the plan has to offer and eager to move forward with the implementation so these same possibilities and opportunities can be realized by our members. The current and future issues of the *Vision* will address in more detail the tactics and progress being made in implementing the Strategic Plan.

I look forward to further communication with you and keeping you informed through the *Vision*. ▼

National Association of Catholic Chaplains

Strategic Plan Tactical Items

July 1, 2004- June 30, 2005

The “Profession” of Chaplaincy

Strategic Priority

Further legitimize the profession of chaplaincy and substantiate its value to the emerging health care delivery system.

Tactics

1. Collaborate with the other major cognate groups in developing, writing, and agreeing to one set of universal standards for the profession of chaplaincy and supervision while maintaining the Catholic identity of the Association.
2. Collaborate with the other major cognate groups in developing, writing, and agreeing to one code of ethics for the profession of chaplaincy and supervision while maintaining the Catholic identity of the Association.
3. Consolidate one “cabinet of liaisons” with the other major cognate groups for advocacy for professional chaplaincy and supervision with government, regulatory agencies, and other health care organizations in the United States.

The Changing Role of the Chaplain

Strategic Priority

Refocus the Association to create transformational leaders expanding the chaplain’s role beyond direct patient care to spiritual leadership with organizations.

Tactics

1. Provide information and resources to the members on spirituality and organizational development.
 - a. Increase electronic communication through chaplain list serves.
 - b. Create “best practice” models for theological reflection for use in new settings.
 - c. Develop a plan for implementing a web-based pastoral/spiritual care leadership clearinghouse.
 - d. Provide information on adult learning models.

Universality/Particularity and Catholic Identity

Strategic Priority

Preserve our particularity, and strengthen and share the gift of our Catholic identity within the universal profession of chaplaincy.

Tactics

1. Continue to collaborate, as applicable, with the USCCB in the possible development of a national pastoral plan for comprehensive spiritual care for our sick and our dying.

2. Explore possibilities for engaging and relating to all our Catholic colleagues across the different cognate groups/related associations/health systems.

- a. Issue invitations for NACC-sponsored activities to non-member Catholic colleagues.
- b. Engage the Catholic Health Association in ongoing dialogue and shared strategies for effectively empowering the Catholic health care ministry to grow and flourish.
- c. Investigate an affiliate membership for related associations/health systems.
- d. Develop and market one issue of *Vision* centered on Catholic Identity.

Technology in Service to the Membership

Strategic Priority

Challenge old assumptions and imagine new possibilities utilizing available technologies to enhance interpersonal connection, collaboration, and opportunities for professional support and development.

Tactics

1. Conduct an assessment of the technological software and hardware needs of the national office.
2. Develop technological capability to provide direct services to the members.
 - a. Develop and market one issue of *Vision* centered on instructing members in the use of technology.
 - b. Develop and implement on-line membership and certification applications, conference registration, dues payment, and continuing education records.
 - c. Investigate the possibility of an on-line process for peer review for those certified members in isolated areas.
 - d. Implement credit card acceptance for the Association.
 - e. Continue to update the NACC website with resources for professional support and development.

Recruitment of New Chaplains

Strategic Priority

Create a renewed supply of chaplains and clinical pastoral educators to meet the needs of a changing population (older, more diverse, and poorer) in both institutional and community settings.

Tactics

1. Develop a high quality marketing campaign plan targeting key stakeholder groups that includes: education to

the various publics, advocacy on behalf of our members and our profession, recruitment strategies for the next generation of chaplains, and relationship-building with potential donor sources.

2. Identify, and market to, new sources for recruitment and education of chaplains and supervisors.
 - a. Develop collaborative relationships with colleges and universities, schools of theology, seminaries, and CPE sites.
 - b. Inventory the Catholic organizations whose mission is to serve diverse populations and develop recruitment relationships to increase diversity in the NACC.
3. Utilize members to recruit new members.
 - a. Implement a process for members to recommend new members.
 - b. Develop a mentoring program for those applying for certification.
 - c. Develop a plan to utilize members for recruitment and public relations during Pastoral Care Week.
4. Focus on membership development for current members of the Association.
 - a. Develop a long-range plan for both national and regional educational activities.
 - b. Develop a plan for conducting an NACC salary comparison survey.
 - c. Develop a universal PowerPoint presentation on chaplaincy for use by members.
 - d. Develop and market one issue of *Vision* centered on CPE Supervision.
 - e. Create and present a CPE Supervisors' session at each National Conference.

Financial and Operational Stability

Strategic Priority

Achieve financial and operational stability to ensure sustainability and growth of the Association and the viability of the profession.

Tactics

1. Develop operational stability in the National Office of the Association.
 - a. Conduct an audit of staffing needs.
 - b. Assess staff position descriptions and compensation.
 - c. Fill all vacant positions.
 - d. Implement a quarterly staff day.
 - e. Create an Education Task Force.
 - f. Create an Editorial Advisory Board.
2. Develop financial stability in the Association.
 - a. Create a Finance Committee of the Board of Directors.
 - b. Conduct a financial assessment to quantify current and future needs.
 - i. Develop a long-range financial plan.
 - ii. Create a written budget timetable.
 - iii. Create a financial policies and procedures manual.
 - iv. Create a development plan.
3. Develop a plan for identifying and growing future leaders among the membership.
 - a. Reassess board composition and structure to bring in expertise and to enhance fundraising capabilities.
 - b. Create position descriptions for all Association volunteer needs.
 - c. Create a volunteer module to train volunteers for the Association.
 - d. Create and present a leadership development program at each National Conference entitled "Sacred Call to Leadership."

It is important to note that the strategic plan and tactical issues are a living document, just as the Association lives and moves in new ways. The plan will be evaluated and monitored as challenges and opportunities arise.

As always, we welcome your feedback as key stakeholders in our process and your Association. For questions or comments, or to volunteer, please contact Susanne Chawaszczewski, PhD, Director of Education and Professional Practice, at schaw@nacc.org.

▼ **"Standing Vigil: PRESENCE Looks Back at Its First Year,"** an article in the Winter 2004 issue of *Supportive Voice*, the official newsletter of Supportive Care of the Dying: A Coalition for Compassionate Care. Co-written by Marianne Zoltowski, MA, MS, a chaplain at Schuyler Ridge Residential Healthcare in Clifton Park, NY, and two volunteers in the PRESENCE group that provides spiritual care to the dying and their families.

In their commitment to the belief that no one should

Recently Published

face death alone without the witness of a caring, supportive fellow human being, PRESENCE seeks especially to minister to dying people who are without family or friends. For more information, contact Marianne at presgrp@nycap.rr.com.

Council History

The Council on Collaboration: How did we get here?

By **The Rev. George F. Handzo**

Preamble: In the final report of the Cognate Group Steering Committee to the ACPE, APC, and NACC boards, John Moody noted that one of the difficulties of the process had been the ever-changing membership of the association boards. By the time new board members were educated enough about the issues at hand to make decisions, other new members came on, which again made the boards hesitant to make decisions.

While this document will not solve that problem completely, it is hoped that this time line will accelerate the process of education for boards and the membership at large by putting current issues and recommendations in some historical context.

Note that this document purports to be only a history of the Council on Collaboration, not a history of collaboration between the pastoral care and counseling associations. A broader document would include the Dialogue meetings, COMISS and at least several other efforts which, while important, did not have any direct influence on the Council. Some history of the monograph, *Professional Chaplaincy: Its Role and Importance in Healthcare*, and a history of the EPIC Conference are included. While both came into being separate from the process that led to the Council, both are significantly tied to the Council's history.

Spring/Summer 1998 – The Presidents of the American Association of Pastoral Counselors (AAPC), the Association for Clinical Pastoral Education (ACPE), the Association of Mental Health Clergy (AMHC), the College of Chaplains (COC) and the National Association of Catholic Chaplains (NACC) began to meet to discuss increased collaboration among the associations.

March 1998 – The presidents met over several days and proposed mission, vision and values statements and a structure for a “formal relationship” between the pastoral care organizations. These structures envisioned a single organizational entity which would also preserve the integrity of the existing associations. They proposed that these proposals be considered by the association boards then by a joint meeting of the boards.

April 1998 – The AMHC and the COC merged to form the Association of Professional Chaplains (APC).

October 1998 – The boards of the ACPE, APC, and NACC and the Executive Committee of the AAPC met together in Nashville, Tennessee, considered the proposals of the presidents and authorized a work group known as the Cognate Group Steering Committee to develop a plan for the new structure of the associations. The members of the CGSC

were Joan Bumpus (NACC), Larry Burton (APC), David Carl (ACPE), Vicki Cowell (APC), Maxine Glaz (ACPE), Monica Lucas (NACC), Vic Malloy (AAPC), Dick Millspaugh (APC), John Moody (ACPE) (Chair), and Steve Ryan (NACC).

Late 1998 – The AAPC withdrew from the process citing pressing issues internal to their organization which needed to take precedence but with the understanding that they might want to return to the collaborative process in the future.

Fall 1999 – Representatives of the ACPE, APC, and NACC met to discuss the development of a consensus document to describe to external audiences the role and significance of professional spiritual care. CAPPE and NAJC were invited to join the project.

Winter 2000 – The writing group for the consensus document met to do the major drafting of the paper. The group included editors, Larry VandeCreek and Larry Burton, and association representatives, Carl Anderson (APC), Seth Bernstein (NAJC), Zahara Davidowitz-Farkas (NAJC), George Fitchett (APC), Tim Frymire (CAPPE), Maxine Glaz (ACPE), Mark Jensen (ACPE), Steve Ryan (NACC), Michelle Sakurai (NACC), Phyllis Smyth (CAPPE).

Spring 2000 – The NACC began a major restructuring in its governance including eliminating regions, considerably shrinking the size of the board and appointing a single President and CEO.

November 2000 – The ACPE, APC, CAPPE, NACC, and NAJC boards met in Nashville, TN. All five boards approved the consensus document, *Professional Chaplaincy: Its Role and Importance in Healthcare*. The meeting marked the first involvement of CAPPE with the U.S. associations to produce a North American initiative. In a separate meeting, the ACPE, APC, and NACC boards heard and discussed the proposal of the CGSC for a new federated/merged organization along with several options for collaborative projects. The proposal envisioned an organization with shared business function such as management and administration while allowing matters of professional practice like certification to remain separate. The CGSC was directed to present the proposal to the spring conventions of the three associations for feedback. While there was support for the collaborative projects, there was negative reaction to the idea of merger.

Spring 2001 – The three association conventions heard presentations on the CGSC plan. The reactions of the association memberships were roughly the same as that of the boards. As a result of these reactions, the plan was considered to be rejected.

See [Collaboration](#) on page 13.

Should the Family Be Present during Resuscitation Attempts?

By Dennis McCann, PhD

International guidelines on cardiopulmonary resuscitation and emergency cardiovascular care were published in the year 2000. These guidelines were formulated by an international group of experts after a rigorous study of published scientific evidence. The American Heart Association has published a full account of the guidelines as a *Supplement to Circulation, Volume 102, Number 8, August 22, 2000*.

One of the guidelines recommends in favor of family presence during resuscitation attempts with a staff member assigned to providing family support. This staff member must be able to explain what is happening and be available for family members without interruption.

This idea was first brought to the attention of Pastoral Care by Dr. Mort Solomon, head of St. Vincent's Emergency Department. One of our chaplains, Sr. Michelle Loisel, DC, was asked to research the subject and prepare a presentation for the ER staff. Sr. Michelle, an NACC-Certified Chaplain, first presented to the Pastoral Care staff for feedback. Her findings were these:

1. According to the research, family members must be prepared for the experience and given the choice to be present without pressure one way or the other.
2. A staff member, a chaplain, social worker or nurse, would have to be able to commit to staying with the family member(s) throughout the ordeal.
3. Family members who did go through the experience reported an easier time with grieving and closure after the loss of a loved one during resuscitation. They also reported a greater sense of gratitude toward the staff.
4. On the downside there was some fear on the part of staff that family members would be in the way or "acting out" and would distract the staff from their work.
5. Researchers found, however, that the presence of the loved one could be encouraging to the struggling semi-conscious patient and that staff tended to be more focused and appropriately respectful toward the

patient with a family member in the room.

I am writing this article because I have just come from a resuscitation attempt on one of our medical units in which the patient's wife was present. I first stayed with her in the hallway and then the conference room. She was badly shaken at the response to the "Dr. Extra" that brought 15 people rushing into her husband's room.

After 20 minutes, a doctor came into the conference room and told her that her husband was not going to make it, as they could not get a pulse. A few minutes later the doctor returned with news her husband now had a pulse and some signs of consciousness. She asked me if she could go into the room.

I quickly explained to her what she would see the staff doing but she said she didn't care; she just wanted to be near him. I brought her into the room. One of the doctors said, "What's she doing here?" But then another doctor invited her to come closer and speak to her husband. As her husband began to regain some consciousness, evidenced by moving his hands and his head, we all encouraged his wife to call out to him and let him know she was there.

The resuscitation went on for nearly an hour, and in the end the patient could not be revived. However, his wife was grateful to the medical staff for all they had done. One at a time, staff expressed their condolences. One young resident even came over and silently put his arm around her and then silently departed.

Despite the result, there was a palpable feeling of satisfaction. The team had tried hard and the patient's wife was allowed to be a silent witness to their effort and a participant in the role of spectator.

When I first considered this issue, even following Sr. Michelle's presentation, I was not wholly sold on the idea of family presence during resuscitation. Now having been through it first hand, I can see how, under the right conditions, it can be a very healthy experience for all concerned. As a general guideline, I think it is one that we should adopt.

Dennis McCann, PhD, NACC-Certified Chaplain, is Director of Pastoral Care at St. Vincent's Medical Center, Bridgeport, CT.

Under the right conditions, the presence of family can be a healthy experience for all concerned.

Senior Status: The First 100 Days as a Chaplain Emeritus

By Brother Richard Kiniry, CSC

As Director of Aging and Health Care for our province for twenty years, I now find myself in the same boat as many Brothers I have encouraged during the years of their approach to “senior status.” Knowledge does not remove the emotional experience from a major change in one’s life. At 70 years of age, I felt it was time for a change in my life. New blood with new ideas was needed in our province program of responding to the needs of our elderly population.

At the same time, I also planned my change in membership status to chaplain emeritus in the NACC. My last certification renewal was in 1998, to be renewed in the year 2003. I concluded this was the time to make another major change, so I informed the certification committee that I would not renew in 2003 but would apply for chaplain emeritus status instead.

Now both changes have been made and I am ready to look at my first 100 days. In the Eastern Province of the Brothers of Holy Cross I have been replaced by a much younger Brother who, in fact, has a strong background for the position. One blessing is that I feel totally confident in his ability to be compassionate and professional in the position.

I have verbalized publicly over the past five years what my tentative plans were. One option: possibly move to our retirement house in Cocoa Beach, Florida, and volunteer at the local hospital. Other options: move to our house at Notre Dame, Indiana, and volunteer at our skilled care facility, or stay in suburban Washington, D.C., at the house of ten Brothers, nine of whom are on “senior status,” and one Brother who is full time and the baby of the house at age 67+. I should add that in our province we have a policy that at 68 years of age a Brother no longer needs to maintain a salaried position.

I decided on the last option, making a yearly commitment to the local community. Being able to retain my certification as a chaplain emeritus was another blessing. So at this stage I am three-pronged in ministry: a volunteer as pastoral minister at the local nursing home, a care giver in our house (a retirement residence), and a volunteer at the local Catholic grammar school right next door.

I was accepted as a volunteer at the Millennium Healthcare and Rehabilitation Center, about one quarter mile from our house. My ID tag says: “Brother Richard, Pastoral Services, Volunteer.” I live in a minority community of about 90 percent African Americans. The nursing home population reflects this percentage. I already had some background working with the black community since I was a principal in an inner city Catholic school in the District of

Columbia in the early 1970s.

Now, how do I feel? Moving into senior status caused some undesired anxiety for me. Why should I be different? Each Brother I worked with over the years for the most part had some level of personal crisis in thinking of the move toward retirement. I wanted to have everything together, but I didn’t. To deal with my anxiety, I tentatively planned what I might do when the change came about.

I visit the nursing home three to four times per week for from one to two hours a visit. To my surprise I was cheerfully accepted by most of the staff and residents (patients). I minister under the activities department and they allow me to primarily make pastoral visits to the residents. However, I am willing to help in whatever need the department may have while I am there. We do have Mass every Friday and I am on hand for going to get the patients and then participating in the liturgy.

Slowly, the activities director has moved me into full accountability and I welcomed this request. I now record my total time each day, my visits to patients and the length of visit and general idea of the conversation. I well understand the need for this clerical task since I was director of pastoral care in a nursing home in the 1980s. So I say to myself the paper work is a necessity for exchange of information and for reimbursement.

My relationships with the patients are gradually building. A long-term facility offers a wonderful opportunity to minister to a person for a good length of time. Slowly I am connecting names with faces and room numbers.

This is not a religious-sponsored facility, and you may be surprised to know that the number of Catholics in the resident population of 160 is rather high. There are many black Catholics in this Maryland area since they have roots in Southern Maryland with the Jesuits dating back to the 1600s and 1700s.

In any case, I am free to visit all patients and this is also a blessing. The challenge of ministering to the sick elderly (and younger) is unending. How do you minister to a person who just wants to die? Yet the person lives on and on. How do you minister to a relatively young man bound to a wheelchair who not too long ago had a full life ahead of him? Many of the residents were born in the South and migrated to the D.C. area in the Depression years. The District of Columbia offered more hope to the migrating southern blacks than most other areas.

I am falling in love with this ministry because I am called to search the good in each resident and build on the presence of God in the person. This is a fulfilling ministry. I am now getting to know some of the families and find this is another component of the ministry. Most family members

The ‘ups’ are better and the ‘downs’ are milder than I had expected.

Chaplain Emeritus

Continued from page 10.

are sad, tired, feel some guilt or frustration and can direct this toward staff and the facility. I can help them in this area.

So now I am feeling more comfortable in my senior status. I add some variety into my time. As a member of the Knights of Columbus, I help in raising funds for our charitable works. I help out at Bingo on the Wednesday nights I am available. I also work at a concession stand at the Redskins stadium for their games. The Knights of Columbus, as a non-profit organization, is eligible to operate one of the stands for the Redskins and get a cut of the take. So...hotdogs, peanuts, beer...you name it, we sell it. Interaction with patrons is fun and can be a ministry. The work is hard, but as a Brother I

can call my own time.

I find transition to senior status is in motion and my first 100 days are over. The transition and the comfort level will take longer than 100 days, but currently I am content with how I am feeling about this major change taking place in my life. The "ups" are better than I expected and the "downs" are milder than expected.

Yet I already find myself too busy. When I review my day (more time for prayer, time for recreation and exercise, for community and for ministry of choice), I find I am too busy living life, and that is not a negative place to be. So for all of this, I thank the Lord and move into the next 100 days.

Brother Richard Kiniry, CSC, has been a member of the NACC since 1983. He was first certified as chaplain in 1988.

Reflection

Continued from page 3.

Relaxation techniques help lower blood pressure. People without a network of significant relationships have longer length of stays.

There are all sorts of connections that can be demonstrated, and we can do it without demanding that other professionals learn a new language. How is "active listening" (the favored skill of chaplains and the one mentioned by Trinity Health chaplains as their most effective) connected to length of stay for coronary by-pass patients? We can hypothesize a chain here from listening to trust to vulnerability to expression of fears and hopes to reduced anxiety to faster healing processes. But somebody has to do the work to document the processes, and most chaplains want to be practitioners, not experimental scientists.

The only way we can speak of the spiritual is in human language, preferably with a vocabulary that is shared by other health care professionals. Our healthcare culture demands that we speak the language of outcomes – to show what difference our interventions make in the life of the patient. (And if they don't make a difference, why do we continue to do them?)

Remember, the object is to provide interventions which contribute to the health status of the patient, not to make the chaplains look good before the administration. Our belief in the incarnational and in the sacramental makes it possible to speak of things unseen in a human language. It is a necessary and exciting challenge. But one which, faith assures us, is possible.

"You've got a lot of work to do. Please do it. Please do it. And thank you for the work you do now. You're a blessing."

Thanks, one more time, to Jean deBlois, CSJ, NACC 2004 Conference, Kansas City.

Paul Marceau is Vice President of Mission Services and Ethics for Trinity Health, Novi, Michigan.

Educational Opportunities

Conferences Here and Abroad

July 8-9 ▾ Lawrence, Kansas

The Kansas Association of Chaplains
"Realities in Pastoral Care with the Bereaved in the 21st Century."

For information: louise.macclanahan@newmedctr.org or jmalewsk@kumc.edu

July 23-25 ▾ Aspen, Colorado

The Given Institute of the University of Colorado
9th Annual Genetics and Ethics in the 21st Century
"Genes, Race and Ethnicity"

August 8-15 ▾ Bangalore, India

7th International Congress on Pastoral Care and Counseling
"Global Economy: A Challenge for Pastoral Care,
Counseling and Religious Traditions"

www.council-icpcc.org

September 12-14 ▾ Newport Beach, California

Third Annual Rallying Points National Conference
Hosted by the Midwest Bioethics Center
"Someone To Watch Over Me"

www.rallyingpoints.org

Focus on Your Vision

'How-to' from a One-Person Pastoral Care Department

By Sister Pia Bautista, rc

The Context. You report to your first day of work as the newly hired Chaplain. In fact, you have the title of Director of Pastoral Care on your official badge. From your earlier job interview you know that you are coming into a 184-bed sub-acute care and rehab facility, affiliated with a highly reputed hospital. You have also been informed that you will be the only in-house chaplain.

Armed with your hard-earned CPE Residency qualifications at a 999-bed prestigious teaching hospital, you are now ready (you think) to be a Chaplain, nay, even a solo-flight one, by default. Also, you even have all your past professional and total life experience that gives you your needed vision and capability for the work.

You are aware of the ordinary innate hurdles to doing any job alone – especially when it is “people work,” which chaplaincy essentially is. Then, the non-ordinary surprise hurdles reveal themselves one by one, while you are simply working hard as it is to do your primary duties as sole chaplain – the “people work.”

As a director, you are stabilizing programs begun, networking with area clergy and parishes or congregations, searching for and making efforts to retain volunteers, attending to growing family contacts and... complying with administrative duties (meetings, reports, etc.) that are integral to your position.

And you are your own secretary (who is still going to computer classes, too!). There is little or almost no moral support or even organizationally structured support systems at hand. You are rightfully frustrated and have sometimes wondered when the little white wagon might come to collect you for admission to the right unit of the hospital (covered by your employee benefits, sure!).



Sister Pia Bautista, rc

You are overwhelmed. If you do decide to stay on, how do you go beyond that critical point? Hopefully the insights and hard-

earned “wisdom” that one chaplain is sharing can help some. I speak from having been eight years just that: a Director of Pastoral Care, sole Chaplain and the Clerical Staff all rolled into one...a bona fide one-person operation.

In my case, the hospital position I had originally applied for had to be filled long before I could be available. Coming to the interview and seeing this beautiful Wisconsin place for the very first time, and knowing no one at all, I still had set my heart on working there.

So I accepted the position at the nursing home with great enthusiasm, telling myself, “Actually this is even better...I can do in-depth work with the residents since they stay longer than patients in a hospital!” A grand vision and truly an energy-giving challenge. I knew I had much to bring to the trust I was about to embrace and I was going to go all-out in “delivering” to those I would be serving.

Starting from scratch, coping with great odds, deep-breathing every so often as one keeps the faith, I somehow was able to successfully establish Pastoral Care as a totally separate entity, distinct from the Activities Department that the Chaplain was evidently supposed to be under, along with the beauty shop and other “activities.” It was a feat and not everybody welcomed the big shift.

Have A Vision, Keep Focused.

Chaplaincy is not just a job, it is a ministry, beautifully life-enhancing for both chaplain and the one being served. Whatever the setting, the work involves “walking with a fellow human” in the

shared life-journey of finding God, keeping close to God and eventually coming home to God at the end of the road traveled. It is helping another in the task of the ongoing attempt to find the deeper meaning to every life situation – specifically in a health care setting, the experiencing of illness, incapacities, or even impending death. It is person-centered; it cannot be any other way.

What the chaplain brings to the “hired job” and gives to those s/he serves is something that is essentially intangible. Professional expertise in a chaplain being a given, far more weighty is his/her own personal inner-life resources, faith, genuine love for people, compassion and strong sense of what really matters to any fellow human being. Unconditional respect for personhood and acceptance of the person “as is” and “where s/he is at” at the point of meeting is a must.

And believe me, anybody, whatever the circumstances of health, age or capacity/non-capacity...they instinctively know if you respect them, truly care for them, better yet even love them. That is where the pastoral relationship begins.

I offer the above as a generic vision of chaplaincy to work from. Everything should flow from it. The details of how to effect it; the concrete programs it will give birth to; all the hard realities to be coped with in the actual workplace as you work out your vision – it is all going to fall into place.

Bring the above to your chaplaincy and you are well-equipped for your “ministry of presence.” Sometimes, it is not expertise that is needed but just a genuinely caring presence of a fellow-human, who happens to be trained professionally as well. Trust me. As the cliché goes, “God takes care of widows, drunks...and fools.” Do try being foolish!

Satisfaction Surveys and the Chaplain. Even I have tried to figure this out. At our nursing home, for each resident who goes home, we have a Resident Satisfaction Survey form that

I had much to bring to the trust I was about to embrace... a grand vision for an energy-giving challenge.

Focus

Continued from page 12.

either the resident or the family fills out and mails back to us. Over my eight years in this position, Pastoral Care Department has consistently gotten ratings of 5's and 4's (5 being the highest on the scale). When it does get an occasional 3-2-even 1, it is because "most every other Department had gotten the same ratings"! Yes, it's a one-person Pastoral Care Department. Do you suppose focusing on the above vision was what did it?

Sr. Pia Bautista, rc, NACC-Certified Chaplain, is Director of Pastoral Care / Chaplain, at St. Marys Care Center, Madison, WI. E-mail: Sr.Pia_Bautista_rc@ssmhc.com

What does the long-term care chaplain do, anyway?

The phenomenon of the one-person chaplaincy mainly exists in nursing homes, and more recently hospices, although, rarely, one chaplain is hired to cover a smaller hospital or a combination hospital/nursing home. It is fairly safe to say that hospitals always have a team of chaplains, very likely with a director and clerical support staff, and their workload is clearly divided among

themselves.

Is this because theirs is a "heavier workload" that warrants the need for more chaplains and that in nursing homes "there really is nothing to do, anyway" for the chaplain? Those of you reading this and are chaplains in long-term care facilities, I can see reacting to that misconception!

— Sr. Pia Bautista, rc

Collaboration

Continued from page 8.

March 2001 – The APC initiated a project to increase the number of certified chaplains from underrepresented groups and invited the other associations to join. This initiative eventually resulted in the Diversity Task Force.

Fall 2001 – The presidents of the ACPE, APC, CAPPE, NACC and NAJC considered a joint convention for 2003. APC, CAPPE, NACC, and NAJC accept.

Fall 2001 to Spring 2002 – The presidents of the ACPE, APC, and NACC proposed to their boards a Council on Collaboration as an alternative to the proposal of the CGSC. The Council would consider and propose to the boards possible collaborative projects. Part of the proposal was that AAPC and NAJC be invited to join the effort. All three boards approved this initiative. AAPC and NAJC agreed to join.

December 2002 – The Council on Collaboration met for the first time after the yearly COMISS meeting. Each association came with a list of collaborative projects that it would want to be part of. Development of common standards, a common code of ethics, and development of a joint Cabinet of Liaisons were picked as the first priorities.

April 2002 – The planning committee for the joint 2003 conference met in Toronto. The representatives were Catherine Cornutt (CAPPE), Monica Lucas (APC), Floyd O'Brien (APC), Mary Lou O'Gorman (NACC), Peter Ruta (NACC), Phyllis Smyth (CAPPE), Bonita Taylor (NAJC), and David Zucker (NAJC).

January 2002 – Presidents and Executives of the associa-

tions represented on the Council decided to present official proposals for common standards and code of ethics to a joint meeting of the APC, CAPPE, NACC, and NAJC boards at the EPIC meeting. ACPE planned to send representatives.

February 2003 – The APC, CAPPE, NACC, and NAJC boards meeting in joint session during EPIC Conference in Toronto agreed to a joint project to develop joint standards and code of ethics. ACPE leadership was supportive and agreed to recommend it to their board.

Spring 2003 – The AAPC, ACPE, APC, CAPPE, NACC, and NAJC boards agreed to establish a joint bank account, Doing Business As the Council on Collaboration, to handle funds for joint projects like standards and code of ethics.

September 2003 – Three joint task forces met in New York City to begin work on common standards for chaplaincy, common standards for supervised pastoral education, and joint code of ethics. AAPC, ACPE, APC, CAPPE, NACC, and NAJC are represented. The Presidents and Executives agreed to reconstitute the Council on Collaboration so that representation will generally be the President, President Elect and Executive of each association. CAPPE joins the Council.

December 2003 – The reconstituted Council on Collaboration met in Washington with the AAPC, ACPE, APC, CAPPE, NACC, and NAJC represented.

January 2004 – The Council begins monthly conference calls.

George F. Handzo, MDiv, MA, BCC, is the Director of Clinical Services for The HealthCare Chaplaincy in New York City. He currently serves on the APC Board as president and be reached at ghandzo@healthcarechaplaincy.org.

New Office Staff Welcomed on Board

Two new employees have started work recently at the NACC office in Milwaukee. We invite you to join us in welcoming them as new members of the office staff.

Philip Paradowski is the new full-time Administrative Specialist for Special Projects, a position formerly held by Robert Kopchinski. He began work May 5th.

Phil brings to this position a wide variety of work experiences in management and supervision, customer and client service and reception, and report writing and correspondence.

Self-taught in many work and artistic areas, Phil is apparently a jack-of-all trades and something of a Renaissance man, with intellectual interests in subjects ranging from science and philosophy to the fine arts, and with mechanical ability to fix things as well as create them. His most recent full-time work was as Collections Manager at a firm that contracted fund raising with non-profit organizations, such as ballets and museums. He once worked for a medical supply company where he learned to repair beds and power wheelchairs.

Phil has the computer knowledge and skills needed at the NACC office. He taught himself HTML and Java scripts for web site design and has worked as a freelance web designer. He is currently learning other computer programs, such as Java programming, that will be an asset to his projects at the NACC

Phil is a graduate of the University of Wisconsin-Parkside in Kenosha. He received a bachelor of arts degree with a double major in Communication and Anthropology in December 1991. As a student he served as an officer in the anthropology club and also the Parkside Association of Communicators.

Phil is deeply interested in philosophy. He says he reads a lot (some fiction, but mostly non-fiction, philosophy, and essays) and is contemplating graduate studies in the future, perhaps continuing in communication or possibly library science. "I can see myself being a reference librarian," he commented.

While Phil conveys a serious and scholarly air, he also exhibits a warm and disarming smile and a good sense of humor. He has a whimsical streak in his personality and in his playful work as a self-taught artist. A few years ago he started sculpting with paper mâché. Phil has exhibited his work at various art exhibitions and currently has several sculpture pieces on display, and for sale, at an optician's shop in the Bay View neighborhood, not far from the NACC office.

Phil and his fiancée, Anna Eckert, plan to be married on June 27th at the South Shore Pavilion at Lake Michigan.



Philip Paradowski

Selena Barner has been hired to fill a part-time clerical position to assist the Administrative Specialist for Certification, Marilyn Warczak, with a heavy workload in certification. She began work April 28.

Selena has previously been employed as a Program Assistant 2 for six years for the State of Wisconsin in a probation and parole office and also at the University of Wisconsin – Milwaukee.

A graduate of Washington High School in Milwaukee, Selena plans to attend college in the evenings starting this fall at Mount Mary College in the Milwaukee area. She will undertake a double major in criminal justice and business professional communication.

She feels called to work with underprivileged children as a ministry and is currently mentoring girls (Selena's "young ladies"), "to help them go down the right path." She is very active in her church, C W P Ministries, which provides a special ministry to Christian women.

She says she is a hard worker and describes herself as outgoing, fun-loving and very spiritual. She says her relationship with God is most important to her. "I want to go in the direction He wants me to go. I am ready and willing to do His work."

Selena has varied outside interests, especially as both a model and a dancer, where she is known as "Ms. Cola." Consequently, she brings beauty, grace and dignity to the office staff as well as commitment and dependability. As a model, she freelances for clothing designers' runway shows. She has also produced modeling and talent shows herself. She is one of a ten-member dance group, the Milwaukee Boppers, who perform choreographed routines with a "bop" style of dance.

"Cola" and her dance partner recently placed first in an individual contest when the Milwaukee Boppers performed at a national Bopping and Stepping Conference in Atlanta, Georgia. The Boppers have been engaged to perform for entertainment at corporate conventions, for example, for American Family Insurance and WE Energies (Milwaukee's gas and electric company). The Boppers also teach their style of dancing in both Milwaukee and Racine.

Selena enjoys sports, both professional and children's sports. Her son, Timmie, Jr., age 7, plays basketball in the All American Basketball League and baseball in Little League.

Selena comes from a large family with supportive parents and eight brothers and two sisters, so she will no doubt have a family support system to help her as a single mother with the challenge of attending college full time and working part time in the NACC office. ▼



Selena Barner

▼ CHAPLAIN

Memorial Health Care Systems, Chattanooga, TN – Full-time Catholic staff chaplain to join five-member ecumenical, self-directed chaplaincy team reporting to the Vice President of Mission. As members of the multi-disciplinary team, chaplains participate in the healing process of the whole person by providing spiritual, emotional support, and guidance to patients, families, and staff. This ministry requires excellent interpersonal and communication skills; a compassionate pastoral presence; and an ability to enhance Catholic identity, mission, and values. Memorial, an acute care facility, licensed for 337 beds, is a member of Catholic Health Initiatives. Qualified candidates must have a master's degree in theology, divinity, pastoral ministry, or spirituality, or the equivalent; at least two units of CPE; NACC/APC certification or certification eligible; and one year's experience in a health care setting. Please submit resume to Memorial Health Care System, Human Resources, 2525 deSales Avenue, Chattanooga, TN 37404; fax: (423)495-7841; www.memorial.org.

▼ CATHOLIC PRIEST CHAPLAIN

Good Samaritan Hospital, downtown Los Angeles, CA – (Episcopal Church affiliated, 408 beds, Major Medical Center) is seeking a full-time Catholic chaplain with ecclesiastical endorsement. Qualifications: four or more units of CPE preferred; certification with APC, NACC, or CPSP or open to being certified; ability to speak Spanish and English fluently; a compassionate presence with a team approach to ministry; and an openness to religious, cultural, and lifestyle diversity. Apply to: Jerry R. Anderson, Director of Pastoral Care, 1225 Wilshire Blvd., Los Angeles, CA 90017; (213)482-2739; fax: (213)202-7018; e-mail: janderso@goodsam.org.

▼ CHAPLAIN

Los Angeles, CA – Full-time staff Catholic chaplain for LAC+USC Medical Center, Norris Cancer, and University teaching hospitals. Level One trauma center with two private hospitals (1000 census) as part of a Catholic team working within an interfaith department. Responsibilities: desire to work with the poor; part of a team in an interfaith environment; MDiv or its equivalent; one to four units of CPE or equivalent; endorsement. Conversational Spanish is needed in main hospital. Fr. Chris Ponnet, 1911 Zonal Ave., Los Angeles, CA 90033; fax: (323)225-9096; voice mail pager: (323)339-2394; cponnet.stcamillus@usa.net. Deadline: ongoing.

▼ DIRECTOR OF PASTORAL CARE

Crete, IL – Full-time Director of Pastoral Care. Qualifications: 3-5 years experience required; certification as Chaplain required. Send resume to: St. James Manor and Villas, 1251 Richton Road, Crete, IL 60417; fax: (708) 367-0149; e-mail: Blatina@Franciscancommunities.com.

▼ HOSPICE CHAPLAIN, PASTORAL ASSOCIATE

Palos Heights, IL – Immediate opening in the growing Hospice Division of progressive southwest suburban community hospital. Provides or arranges for spiritual counseling and pastoral care to patients, families, and staff. Assesses the needs and responds to patients while demonstrating an understanding of the Hospice concept, policies and procedures. Qualifications: minimum of 2 years experience in pastoral counseling, preferably in a health care setting. We offer competitive salary and benefits package. Send or fax resume to: Palos Community Hospital, Home Health Services, 15295 E. 127th Street, Lemont, IL 60439; fax: (630)257-1115; phone: (630)257-1111; e-mail: Maureen_Fitzgibbons@PalosCommunityHospital.org.

▼ CHAPLAIN, PASTORAL CARE

Howard Young Health Care, Woodruff, WI – Howard Young Health Care has an established Pastoral Care department that is looking to add a part-time Chaplain. Qualifications: Master's

Positions Available

Degree in a theological, ministerial, or related field; certification by the National Association of Catholic Chaplains (NACC) or Association of Professional Chaplains (APC) required; previous experience as a Chaplain in a health care setting is preferred; need to be able to minister to the whole person by promoting physical, emotional, social, and spiritual well being; capacity to foster program development skills; conflict management, group dynamics, and grief counseling skills; must be comfortable in crisis situations and have the ability to work under stress and difficult situations; excellent listening and communication skills needed. To request an application or to send a resume contact: Human Resources, Howard Young Health Care, P.O. Box 470, Woodruff, WI, 54568; phone: (800)583-5492 or (715)356-8036; fax: (715)356-8691; e-mail: hymchr@hyhc.com. EOE

▼ TWO CHAPLAINS

Torrance, CA – At Little Company of Mary, our mission is part of a larger mission of the Sisters of Little Company of Mary, to continue the tradition of healing. We embrace caring for the sick and dying through the Catholic health ministry and meeting the health needs of our communities. We commit to an integrated approach to health and healing, part of which includes spiritual care. If you are driven by these same ideals, we invite you to join our interdisciplinary care team. We are seeking two full-time Chaplains for our hospital in Torrance, to provide spiritual guidance across the continuum of care and make a significant difference in people's lives. Qualifications: Master's degree in Divinity or related field; four units of Clinical Pastoral Education; certification in NACC/APC/NAJC/ACPE/CAPPE (or eligible within two years). Must have at least two years of ministry experience in health care. Please send resume to: Little Company of Mary Hospital, Attn: Loreta Montes – Human Resources, 4101 Torrance Boulevard, Torrance, CA, 90503; phone: (310)543-5957; fax: (310)543-5897; e-mail: lorena.montes@providence.org or online at www.lcmcareers.com. EOE

▼ CPE RESIDENCY

San Antonio, TX – At CHRISTUS Santa Rosa Health Care, you will get the ride of your life! We offer a spacious, open learning environment that will sharpen your reflective and concentration abilities. Poignant ministry experiences with infants and children will challenge you to integrate new experiences with your theology. Ministry in acute and chronic illness settings within a predominantly Hispanic Catholic population will further develop your pastoral identity and praxis. Our evolving spiritual assessment and charting tools will provide you with a spiritual/theological vocabulary to describe your interaction with patients, families and staff. Interdisciplinary ministry will increase your comprehension of ethics, the soul in the work place, suffering, healing and end-of-life issues and rituals. Ministry at CHRISTUS Santa Rosa offers you varied cultural experiences in a hospitable city where you can unwind from the challenges of caring for others. By participating in CPE at CHRISTUS Santa Rosa, you will be better prepared for ministry and certification because you grappled with advance directives, your own theology of ministry, Pastoral Spanish, a creative CPE Supervisor, and a staff who make themselves available for your learning growth. For more information, you may reach us on the CHRISTUS Santa Rosa website www.christussantarosa.org ("Specialized Services") or by calling or e-mailing Mary Davis at (210)704-2851; md.davis@christushealth.org.

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Calendar

July

- 1 Postmark date certification materials for fall interviews
- 4 Independence Day
- 5 In lieu of Independence Day National Office closed
- 6 Copy deadline for August/September issue of *Vision*
- 8-11 National Certification Commission meets

September

- 6 Labor Day National Office closed
- 7 Copy deadline for October issue of *Vision*

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