vision

National Association of Catholic Chaplains

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## In This Issue:



# Ethical discernment goes with chaplains' territory

**By Michelle Lemiesz**

A few months ago, I was involved in an ethics consult regarding termination of treatment. I suggested to the physician that perhaps he was moving too quickly; the family needed more time to assimilate the course he was ordering. While I agreed with the decision to stop medically inappropriate (futile) treatments, I also felt that the physician was being aggressive in asserting his own opinion rather than allowing the family the time to make an informed consent. A decision did not need to be made today; would it be possible to wait 24 hours so the family could come to terms with the decision and its implications?

The physician looked at me straight in the eye, looked at my name tag, and said, "What the #*%! do you know? You are a chaplain! Don't tell me how to do my job and I won't tell you how to do yours!"

My response was, "This is part of my job."

From the extremes of the Schiavo case to stem cell research and ethical violations of pharmaceutical companies with drugs such as Vioxx, the advancement of medical care often means "pushing the envelope" and the blurring of norms between life, illness and death. As a result, healthcare decisions can become a tangle of wills between the caregivers, the patient and/or the family, causing an impasse which needs to be breached. In many healthcare institutions, this situation is referred to the ethics committee and/or an ethical consultant for assistance and resolution. It is not uncommon for chaplains to serve in these capacities.

However, as I peruse some of the newer literature and books in the field of Catholic medical ethics, I see limited information regarding the role of the chaplain within an ethics committee or even within ethical discernment. As a chaplain, a member of our ethics committee and an ethical consultant for our hospital, I find that omission glaring and disconcerting, and I ask myself why. Why, in a moral tradition that is as rich as Catholicism, is the role of the healthcare chaplain missing in the discussion?

The only reason, I believe, stems from a true unawareness of the competencies and the skills needed to be a professionally certified chaplain. Thus the role of the chaplain in ethics committees is often relegated to questions of religion and pastoral support.

We often do more than support, however. On another occasion, when one of our chaplains was providing support to the nursing staff of a specialized unit, they brought up their concerns related to a longtime patient. The patient was terminal, but the physician refused to discuss end-of-life issues with the family and insisted that the patient continue with aggressive treatment. The chaplain suggested that the nursing staff could initiate an ethics consult. When this news got back to the physician, there was chaos and great turmoil. The physician told the chaplain she had no knowledge of medicine and should restrict her work to praying, because that was all chaplains are good for — praying and holding people's hands.

> Why is the role of the healthcare chaplain missing in the discussion?

Such examples are common in many healthcare institutions. The lesson for me and for my staff is that we must claim our role and educate physicians and patient care staff on what chaplaincy does contribute to ethical discernment — on both the system level and for the individual. The longer

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# Ethics

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we stay silent about our contributions, the more opportunities pass to educate and influence our organizations. Certainly every chaplain reading this knows the contributions he or she makes to ethical discernment. Yet if we were to ask some members of the patient care team, what would they say?

I decided to find out. One week I posed the following question to four members of the patient care team: "What or how do you see chaplains contributing to ethics?" The following is their responses:

Nurse: "Our chaplain works with the families and patients and supports them in their decision-making process. They do advance directives and often are involved in patient care conferences."

It is our responsibility to claim our professionalism and be advocates for ourselves

Physician: "Chaplains are there to support families, pray for and with them. Sometimes I have the chaplain in for a family conference, but it is primarily for support."

Social worker: "Chaplains assist us in working with patients and families when difficult decisions need to be made. They provide support; bring in a perspective of faith and values."

Patient care assistant: "Chaplains are here to provide support to patients and families when things are going bad. They pray with them, help them. I know our chaplains also assist with advance directives."

The primary similarity in all of the answers lies in that knowledge of pastoral support. We are very good at allowing people to know that we are there to support them, but it appears that we may not be so thorough in educating them on our other roles.

So what do chaplains bring to the table in regard to ethical discernment, both on the committee and personal level?

**Advocacy:** Chaplains advocate for the patient and the family. Chaplains encourage dialogue so that all the sides are able to articulate their concerns.

**Values clarification:** Chaplains can assist patients and families in discerning their personal values related to life, health, wellness. This discussion often assists patients and families to discern what is important to them and can foster both dialogue and decision making. Organizationally, chaplains can illuminate how the mission of the hospital must be promoted through policies that promote dignity and justice of the human person and for the communities we serve.

**Spiritual discernment:** Chaplains can assist patients and families to articulate their spiritual values and belief system and use them to help inform their decision-making abilities. Chaplains are also called to support and assist all members of the patient care team, empowering them to use their own spiritual and moral values to animate care and support.

**Education:** Chaplains educate patients and families about advance directives, code status and end-of-life issues. They can assist in the clarification process in family conferences and facilitate greater discussions between patients, families and their physician/nursing staff. Chaplains also educate the community both internally and externally, ensuring that individuals make informed decisions based on their own religious, spiritual and moral values.

**Cultural/religious awareness:** Chaplains advocate and educate for understanding and accommodation of cultural and religious needs. Chaplains can assist in preventing cultural/religious barriers and misunderstandings; this occurs on both the system and individual levels.

**Theological foundations:** Chaplains, especially in Catholic hospitals, are called to assert a prophetic voice of social justice and promote understanding and compliance to the Catholic moral teachings as laid out in the Ethical and Religious Directives for Catholic Health Care.

**Compassionate Presence:** Chaplains can breach the impersonality of medicine with human emotion and presence in a non-judgmental manner that promotes dignity and respect. In ethics committees, chaplains can bring a human voice and face to policies ensuring that the dignity of the person is upheld.

The above are just a few of the various gifts and talents which chaplains bring to the process of ethical discernment each and every day in the healthcare arena. I am sure you and your colleagues can think of many more. It is our responsibility to be creative and proactive in our roles as chaplains, to claim our professionalism and be advocates for ourselves.

After the incidents noted earlier, I and my staff realized that we must educate the physicians and staff about the services we can and do provide in ethics. So what did we do? We wrote an article in our quarterly newsletter about our education, experience and skills in ethical discernment. This newsletter is sent to all physicians' offices as well as distributed throughout our campus. We are taking a booth at a physicians' gathering, sharing information about our services as well as eliciting feedback from them as to how we can be of greater assistance to them in their work with patients and families. Finally, during Pastoral Care Week we have a quiz for all employees to partake in, with prizes. This quiz will help employees in a fun way to learn more about our department and the services we do provide.

Chaplaincy and ethics go hand in hand like bread and butter. I encourage you to seek your own ways to become a living testimony and advocate for your role in ethics.

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## 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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# Remembering our first leader

*Monsignor Harrold Murray died Aug. 9 at age 81. In 1965, he was instrumental in forming the infant National Association of Catholic Chaplains. He served as the organization's first director and for many years afterward was a respected advisor. We are happy to share remembrances of Msgr. Murray from two other longtime members and leaders who knew him well.*

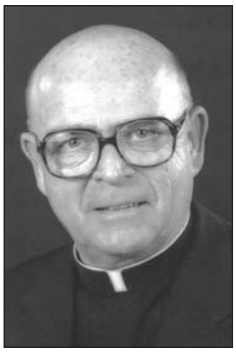
**By Rev. Tim Toohey**

In the later half of the 20th century, Monsignor Harrold Murray led a gifted group of distinguished individuals to bring a solid and meaningful company of Catholics into a union to serve the sick in the name of Jesus.

The Church's centuries of bringing healing, comfort and meaning to the sick and the dying had coalesced into various institutional facilities. Secular institutions had less visible or no signs of the reassurance of the Divine Physician. But to both, the church assigned individuals to bring the reality of the Triune Presence into the care of the sick, through prayer, counseling and especially the sacramental reality of Jesus Christ. But all too often, chaplains were missioned or assigned with little preparation or desire for this ministry. If truth be told, many were assigned because for a variety of reasons they were no longer able to function in the usual ministries.

Monsignor Murray and others set out to train and educate ministers for the care of the sick in a new milieu, influenced by Vatican II, a ripening ecumenism, rapid advances in medical technology and heathcare delivery, the advent of the Pill, the aging and enlarging of the population, the widening of the Vietnam situation, and the growing professionalism of other healthcare providers.

He had been ordained in 1949 and had served as part-time chaplain at a community hospital. In late 1963, Hal, as he introduced himself, was named Director of the Bureau of Health and Hospitals of the National Catholic Welfare Conference. Almost immediately he was asked to look into the situation of Catholic chaplaincy throughout the healthcare spectrum. As you read in the *40th Anniversary Reflections* of the National Association of Catholic Chaplains, he quickly accepted the advice of chaplains in the field to not include military chaplains. Because their situations are so different from the civilian, this made sense.



*Monsignor Harrold Murray*

He had the courage to gather a strong advisory board. Among them was Rev. John Mullally of the Catholic Hospital Association, Mgsr. James Wilder, Rev. Walter Smith, Rev. Joe O'Brien, Rev. Stan Forker and others.

I was ordained a deacon in June of 1964, and through a series of accidents was assigned to assist Rev. Francis Moore. He was very unusual in those days in having requested to be a hospital chaplain. In addition, he requested Cardinal Ritter to send him a transitory deacon to train in the ministry. Sometime that summer or fall, John Mullally invited Hal and the advisory board to meet in St. Louis at the CHA offices. That was my first meeting with Hal Murray.

He seemed like a giant to me, a huge bear of a man, and I must admit as a seminarian of that era I was really intimidated. He was friendly enough, but I felt I was in the presence of a real power. Along with Walter Smith, he envisioned some type of training much better than just being with another chaplain. They also talked about a way to attest that a person was fitted for this ministry.

Two years later, I was encouraged to go the CHA Convention in Cleveland.

See First Leader on page 4

# First Leader

*Continued from page 3*

There was Hal, who with about 40-50 chaplains, had the audacity to propose that we have our own convention in conjunction with CHA and eventually go off on our own. On one evening, he suggested that some of us go to a Hungarian restaurant. I recollect that Tom Forker, Ralph Karl, Mike McManus and maybe Dick Tessmer went. As a neophyte, I really was honored to be with them. The highlight was when the waiters and waitresses insisted that some of the patrons had to join in the folk dance. Hal was one of them, and I was a little less awed and lot more impressed at his joy of life.

Just as George Washington was the only choice for the first executive of the country, so Hal Murray was the only choice for chairman of the Advisory Board until John Mullally took over in 1967. The two of them, along with Mike McManus, were the driving forces behind setting up the norms for diocesan directors of hospital ministry and penning "The Apostolate to the Sick" for supervisors. For several years, supervisor training sessions were held in various places, and Mike McManus and Dave Baeten were instrumental, along with Hal, in getting a solid base for the Catholic healthcare ministers. Hal spent more than a little time at the two-week training program that began to help us get the necessary background to begin certification.

He seemed like a giant to me, a huge bear of a man

When I attended the program, then held at the 4H club headquarters in Washington, it was Hal and Mike who were especially attentive to the first religious women who attended. Sr. Rose Carmel McKenna, SCL, was there and spoke at the Mass on Sunday and began the transition of the NACC from an all-male priest association to a greater inclusivity. Along with Mike McManus and Dave Baeten, Hal would have to fight many battles to get women a title (Pastoral Associate, at first) and then certification. He had to convince many priest chaplains and bishops that this was just, proper and timely.

*Msgr. Harrold Murray presents an award in 1979. After stepping down as director, Msgr. Murray continued to serve on the Board of Examiners.*

In 1972, with Dave Baeten, Hal was one of the biggest boosters and most joyful of people at our convention in Louisville. In six years, the NACC had grown big enough to have its own independent convention. I am not sure if there ever was a time that he had as big a grin on his face as at that convention.

In 1973, I threw myself into the lions' den as many others had done. To become a supervisor, one had to, after all the paperwork, meet with the **board of examiners** (emphasis and fear all mine). Hal was the chair. You went into the court-martial, I mean the meeting room, with the seven chairs in a big wide semi-circle and presented yourself with your credentials and then threw yourself on the mercy of the court. I must admit I only remember Frank Garvey and Hal asking questions. They were tough, fair, extremely supportive and extremely practical. When it was over, after an eternity, it was Hal who came and truly seemed pleased that I was granted the acting supervisor status. He did impress upon me that the responsibility of being a supervisor was not to the Board or even the CPE candidates, but was to the patients they would be serving and the Lord who called us to this ministry.

Not long after, a young man by the name of Larry Seidl, a fine Catholic gentleman who felt a calling to be chaplain at Cardinal Glennon Hospital for Children, expressed an interest in certification. That was perhaps the shortest conversation I ever had with Hal. The answer he gave, after my long, convoluted question about certification for a layman, was a question. It was "Why not?"

The education committee of the NACC, with such luminaries as Joe Law, Dave Baeten, Benedict Groeschel, Cyrilla Zarek, and Walter Smith to name a few, always had the ear of Hal as we sought to upgrade instruction and facilitate training and certification. Hal had no hesitancy to disagree with us, but was always kind and constructive.

After our separation from the United States Catholic Conference in 1980, Hal still guided us, got the Cardinal Cooke lecture to help us get great speakers for our conventions, called often with advice or just to say hello. He was so very supportive of Sr. Anita Lapeyre as the Executive Secretary of the Division of Chaplain Services, from which came the Board of Examiners. He likewise expressed happiness when Sr. Patricia J. Doerr, OP, become our first woman president. He made no fanfare, but saw it as a sign of our maturing as an organization.

With Hal no longer so tied up with healthcare ministry, he became the rector/pastor of the National Shrine in Washington, DC. He expressed love for the Basilica and did a nice job there, but he longed to return to direct and active ministry and resigned in less than two years, to serve as pastor of St. Rose in his home archdiocese of Newark, N.J. I did not see or talk to Hal after 1995.

Our paths, like many others, had diverged.

I see parallels between our founders and the founders of the United States. In the remarkable books *Founding Brothers* by Joseph Ellis and *Founding Mothers* by Cokie Roberts, we find that an incredible convergence of individuals brought about a new nation. The singular interaction of radically different personalities, talents and aspirations forged a people unlike those who had preceded them. It was a chaotic enterprise, fraught with widely diverse ideologies, aspirations, ideals and views of what a new empire could and should be. As a result, the United States of America came into being.

I do not think the comparison is too grandiose. Hal and those around him did not lead a rebellion or set up a country. Hal wanted only to serve God in the sick, injured and poor. He wanted to challenge you and me to give the very best witness to Christ's love. Although I may have seen him as a giant, he showed me and all of us that he only wanted to be a servant. His enthusiasm, dedication and hard work, I hope, shows up in my ministry. I know it does in the continuation of the leadership of the NACC.

I am confident that Hal was met as our other great luminary called home recently, Dick Tessmer, with the loving words, "I was sick and you comforted me."

*Rev. Timothy Toohey was Executive Director of the NACC from 1980-1984. He is now a chaplain at St. John's Mercy Hospital in Washington, MO.*

# Founder was diplomatic, compassionate, visionary

**By Rev. Francis Garvey**

My first memory of Monsignor Harrold (most of us knew him as Hal) Murray was a telephone call from him at the Bishops' Conference in Washington, DC in the fall of 1964, asking me to meet with him and several other priests in New York City to discuss forming a chaplaincy organization for Catholic health care. At the time I was in my third unit of CPE training and one of the first Catholic priests to do what we all know today as clinical pastoral education.

Upon my arrival in New York I met this large, 6-foot-4 Catholic priest with his short haircut and Roman collar who welcomed me with open arms. In our meeting, he emphasized the need for us as a Catholic church to develop our own chaplaincy organization to certify chaplains and accredit training programs. At that time, there were a number of training programs. My CPE was under the Institute of Pastoral Care for two units and the National Lutheran Conference for three units, as ACPE did not develop until 1967. Msgr. Murray wanted a program that emphasized our theology and beliefs.

When I began my CPE program, it was a challenge, because some bishops and priests in the 1950s and '60s assumed that if a priest was too old for parish work, or had other problems, he could always be a chaplain in a hospital. Thanks to Msgr. Murray, that thinking changed, and he put forth a lot of effort to see that hospital chaplains were well trained and qualified to do this important ministry.

In 1965, the National Association of Catholic Chaplains was formed with him as the first president. Membership consisted only of Catholic priests, but in 1973, under his leadership and encouragement, religious communities of women and brothers and laypeople were accepted on a majority vote of the membership. This was a major change for the founding fathers, and we see the wonderful results of that decision today.

Being the intelligent, insightful, and skilled diplomat that he was, Msgr. Murray, in an effort to get recognition and approval of the U.S. Education Department, wanted an agency outside the NACC to certify chaplains and accredit training programs. This took years and many applications, resulting in the development of the United States Catholic Conference Board of Examiners. Monsignor was chairman of this board for many years and set the standards for certification and accreditation.

When I was appointed to the USCC Board of Examiners in 1975 under his leadership, we met quarterly. Often each examiner had the material of 25 or 30 applicants to review. With his encouragement and support, Fr. David Baeten, Sr. Patricia Watkins and I wrote a new manual for certification and accreditation which has gone through many revisions, but Msgr. Murray deserves the credit for getting the process going.

Msgr. Murray was a very compassionate man who seemed to know every NACC member, so that when their application came up for review, if there were any questions about their qualifications, he always had an answer. Because I was trained under different standards, I challenged him in one of our meetings. Being the diplomat that he was, he listened in a polite way and then we continued to follow his format. He was a great man to work with because you always knew where he stood on issues.

After leaving Washington, Monsignor went back to his home Archdiocese of Newark to be pastor of a large parish, but he continued to be an active member of the NACC. He attended all the conventions, keeping a sharp eye to see that his original ideals were followed.

In a unique way, Msgr. Murray related well, and I might use the word controlled the Board of Directors and all of the Executive Directors during his active years with our organization.

Finally, I must mention that Msgr. Murray was not only a dedicated, hard-working priest, he was also a very holy man. Mass and prayer time were always a part of our meetings and conventions. May he now rejoice with the saints in praising God and the Church whom he loved and served so well as a priest for 56 years. And may the NACC always remember its founder, Msgr. Harrold Murray.

*Rev. Francis Garvey served as President of the NACC from 1979-1981. He is now pastor of the Church of Our Lady in Manannah, MN.*

# Research 101: A guide to its concepts and methods

**By Marilyn Williams**

Since Galileo's time, Western culture has experienced a powerful tension between science and religion. This tension helped form the perspective that mind, body, and spirit were separate entities. Only in the past few decades have we again seen a growing awareness of the unity of mind, body, and spirit, and the significance of this holism in providing healthcare. This shift is being fueled by research regarding the interconnections between mind and body, and between spirituality and health. However, the vast majority of the leaders and researchers involved in this new paradigm have come from science, medicine, and nursing — not clergy, theologians, healthcare chaplains, or other religious.

Research is the intentional and disciplined examination of one phenomenon

Chaplains have debated the need and desirability of doing such research, but up until now, few have participated in it. Why is this? Surely a theological perspective would enrich this research that is driving new approaches to providing healthcare. Don't we have a moral obligation to bring our perspective to such research?

Yet the lack is not surprising, since theological and scientific educations are very different. Some chaplains may not have had a science course since high school. Thus, it may be important to become familiar with the nature of research and basic research concepts and methods. This is the primary focus of this article. Such an understanding is essential before chaplains can easily read and interpret research articles for use in their ministries.

George Fitchett, CPE supervisor and pastoral care researcher, set a goal in 2002 that "by 2011, all board certified chaplains will value research, be research literate, and some (2 %) will regularly conduct research." [1] A year earlier, the White Paper, edited by Vandecreek and Burton, on the role and importance of professional chaplaincy in healthcare appealed to chaplains "to encourage and support research activities to assess the effectiveness of spiritual care." [2] Also, more and more CPE programs are adding research to their curriculums. In response to these initiatives, the NACC is intensifying its efforts to inform and educate members about research.

First, let us consider that science and religion involve different types of understanding, although both grew out of the quest to understand human experience — the mystery of life. They cannot be antithetical, just different and perhaps complementary ways of seeing the universe. It may be helpful to consider that there are four ways we "know" things: through sensory perception/observation (empiricism); through reason/logic (rationalism); through someone's authority; and through intuition/inspiration (revelation, theologically speaking). For a more comprehensive discussion, see the Fall 2003 *ACPE Research Newsletter* edited by Chaplain John Ehman, www.acperesearch.net. Religion, of course, is based on faith and a way of knowing through revelation. Science is based on the knowledge gained through observation and experience of our physical universe. It could be said that religion is faith seeking understanding, while science is knowledge seeking understanding.

To understand the nature of research, it is essential to understand that science is based on empiricism — the philosophical perspective that knowledge is derived from our senses, not spontaneous ideas. Also, connected with science has been the philosophical doctrine of determinism that holds that every event, mental as well as physical, has a cause. Scientists look for what is causing the observed phenomenon. The assumption is that physical events follow physical laws dependent on causal factors that can be discovered. As such it should be possible to verify scientific findings. When scientific studies have contradictory findings, it may be due to the difficulty of ensuring objectivity and/or to flaws in methodological design and analytical reasoning.

If determinism were taken to the extreme but logical conclusion, this would mean that human free will could not exist. Obviously, most people, including scientists, reject such an extreme view. In fact, recent scientific inquiry, particularly in quantum physics, suggests that the philosophical perspectives of empiricism and determinism may not be adequate in studying all aspects of the universe. Yet today most science and research methods are based on empiricism and determinism.

If science is the global study of our universe, research is the intentional and disciplined examination or study of one phenomenon or aspect of the universe. Basic or pure research is aimed at understanding the world in which we live, and as such is directed toward new knowledge regarding phenomena and observable facts. Applied research, however, is directed toward specific knowledge or means by which a specific need may be met. An example of a basic research study in pastoral care might be spiritual distress in persons with lupus or whether lupus patients with spiritual distress have a longer length of stay (LOS). On the other hand, an example of an applied research study might consider the question of whether chaplain visits reduce the LOS for lupus patients. Regardless of the type, research is about gathering and analyzing data to add to the body of knowledge.

Quantitative research based on the scientific method is designed to construct an objective, accurate, and measurable representation of the world, and as such attempts to minimize the influence of bias or prejudice in the researcher.

### Scientific Method
### A Typical Research Sequence

- Select and describe problem or phenomenon to be studied
- Formulate a hypothesis
- Review literature
- Develop study methodologies
- Collect data
- Analyze data, including statistical analysis
- Interpret results
- Derive conclusions

Another important aspect of quantitative research is statistics and statistical tests to analyze data.

Qualitative research, however, is about experiences in natural settings, not manipulating what happens to subjects to test a hypothesis. Qualitative research is more often encountered in fields such as sociology and anthropology. Thus, not all research is quantitative which grew out of the hard sciences of biology, chemistry and physics. One type of qualitative research that appears regularly in the biomedical arena is case studies. For a comparison between quantitative and qualitative research, see one of the accompanying boxes.

Although pastoral care might lend itself better in some ways to qualitative research methods, most of the healthcare professionals we work with are more knowledgeable and comfortable with quantitative research and the scientific method used in most biomedical research. The "Gold Standard" for biomedical research or evidence-based medicine is the experimental study that must be prospective, randomized, and double-blinded. The reality is, however, very few studies meet this standard for a number of reasons, including the expense in terms of time and money, and at times they are ethically problematic. Nonetheless, physicians and other healthcare professionals will very likely ask you if your research meets this "Gold Standard." To examine the different types of research designs or better understand the steps of the scientific method, see the various text boxes associated with this article.

I can appreciate that by now your eyes may be glazing over. But the reality is that as a chaplain you will be unable to read and judge the quality of research studies without a rudimentary understanding of research concepts and methods. The following issues are important questions to ask when reading research articles, and they depend upon understanding research basics:

- Does the article appear in a peer-reviewed journal?
- Does the article cite previous research and expand, confirm, or refute previous findings or report new findings?
- Is there evidence of bias?
- Are there issues related to the sample: selection process, size, or representativeness to the total population?
- Do data appear reliable and valid?
- What data analytical tools, including statistical tools if quantitative research, were used?
- Do conclusions appear reasonable based on the study's results?

Finally, even when medicine and religion became separated and the dualist concept of the physical and spiritual was at its peak, many women religious orders started and maintained the temples of medicine, more commonly known as hospitals. Moreover, it is probably no accident that Catholic hospitals today are leading the way in providing holistic healthcare. Are we as Catholic chaplains also called to be the leaders in pastoral care research? Such research could result in innovative holistic care practices to better meet our patients' physical, emotional, and spiritual needs. That, in my opinion, is the primary reason to participate in research, not to justify the existence and effectiveness of hospital chaplains.

*Marilyn Williams, NACC Cert., is a chaplain at Memorial Hospital. a division of Catholic Health Initiatives in Chattanooga, TN. Readers wanting a review and bibliography of the research pertinent to pastoral care and an outline of a research curriculum may e-mail marilyn_williams@memorial.org.*

### Quantitative Research

- Hypothesis
- Very specific, closed-ended questions
- Tasks manipulated
- Larger number of subjects
- More attention to frequency of data
- Observer outside of field of inquiry
- More objective
- Standardized measures – data reduction
- Deductive by statistics
- Examples: Clinical Drug Trials, A Prospective Randomized Study of Two Different Pastoral Interventions or A Patient Satisfaction Survey Re Pastoral Care

### Qualitative Research

- No hypothesis
- Broader, open-ended questions
- Naturalistic setting or tasks
- Usually fewer subjects
- Attention to understanding experiences
- Observer-participant in field of inquiry
- More subjective
- Volume of data overwhelming
- Inductive by researcher
- Examples: Case Studies, Three Case Studies of Chaplain Interventions for Geriatric Patients, or A Focus Group Re Patient Satisfaction of Pastoral Care

### Quantitative Research Designs

- **Experimental** – A prospective study in which subjects are randomly assigned to groups that will experience carefully controlled interventions manipulated by the investigator according to a strict logic which permits the study of cause-effect of the planned interventions.
- **Quasi-Experimental** – A study similar to a true experimental one but for the fact that subjects are not randomly controlled.
- **Descriptive** – Survey or observational studies which are not truly experimental, but are designed to describe the current status of a phenomenon in terms of a specific set of variables or conditions. These studies may be prospective or retrospective and would include epidemiological research.

1 "Health Care Chaplaincy as a Research-Informed Profession: How We Get There" published in *Professional Chaplaincy and Clinical Pastoral Education Should Become More Scientific: Yes and No* (Binghamton, NY: The Haworth Pastoral Press, 2002), pp. 67-72.

2 "Professional Chaplaincy: Its Role and Importance in Healthcare, A White Paper," *The Journal of Pastoral Care*, 55: 61-97 (Spring, 2001).

Seeking, Finding

# Unless you become like little children ...

**By Joseph Bozzelli**

When my nephew Sammy was about 5 years old, his dog, Nanna, was missing. Nanna was known to run the neighborhood, although she always returned. But this time, she didn't come back. Sammy loved Nanna very much. He looked all over the neighborhood for her, but despite several days of searching, Sammy was unable to find Nanna. He was heartbroken.

I lost the wonder and magic that I knew was possible in hospital ministry

The following Sunday at Mass, Sammy was sitting next to his mother, listening to the scripture readings. The first reading was about the Israelites' journey in the desert wilderness. God told Moses, "I will rain down bread from heaven for you. The people are to go out each day and gather enough for that day." Then the reader got to the verse, "In the morning, there was a layer of dew around the camp, and the Israelites found manna in the desert." When Sammy heard this he screamed out for all the church to hear, "Momma, Momma, did you hear that? They found Nanna in the desert!" It was a priceless moment. I still laugh to this day when I think about it. Sammy was so excited, so filled with hope, so open to possibility, that hearing even the vaguest reference to Nanna sparked an outburst of joy and anticipation. In his 5-year-old mind, his long search for his best friend had ended.

Unfortunately, the story doesn't have a happy ending. Nanna did not return home. But the spirit of the story has a particular meaning for me. Despite Sammy's sadness and grief, he remained optimistic about finding his beloved dog. Can you imagine the feelings of a little boy so overcome with worry about his dog that, even in church, the possibility of finding Nanna was real? Who knows, maybe Sammy was praying fervently at Mass that day that God would help him find his lost friend. And then suddenly, he hears Nanna's name mentioned out loud. How exciting it must have been for Sammy! God answered his prayers. Nanna was in the desert!

I remember a time in my life when I was just like Sammy. I really believed that literally anything was possible. If I wished hard enough, or prayed long enough, then my dreams and hopes would be realized. But that's when I was a child, when the world was magical and filled with possibility. Then life happened. Dogs didn't come home; people got sick and died; my dreams and hopes got a dose of reality. The magic and wonder that I had as a child disappeared, and I grew up to have a rather cynical view of life. After hearing the story about Sammy and his dog, I'd say something like, "That was a cute story, but it goes to show you that it doesn't pay to hold onto hope. After all, Nanna never came back, did she?"

Wow. What happened? How did I get to be so resigned? And I'm a chaplain, no less. I'm supposed to be a fountain of hope and joy for people. Don't get me wrong; this is not my normal way of being. There are times in my ministry in which I am present to the mystery of God's presence. But I did go through a period in which I was present more to the routine side of pastoral care. Times, I'm embarrassed to say, when my visits with patients were more surface and impersonal than heartfelt and meaningful. My pastoral ministry became routine and inauthentic. I certainly wasn't being present to the mystery, magic and divinity that is at the heart of pastoral care.

I was probably experiencing ministry burnout. After all, I had seen my fair share of sadness and misery in over 14 years of hospital work. Maybe I was just frustrated with hospital bureaucracy and having to jump through too many performance measurement hoops. Maybe it was because I was dealing with my own grief, following the death of my parents. I'm not sure, but whatever it was, I didn't like it. I didn't like the fact that I was becoming more and more detached from my feelings. I felt disconnected from the chaplain and person that I knew myself to be — someone who had strived to be an instrument of God's healing presence in the world. I realized that I had lost the wonder and magic that I knew was possible in hospital ministry. I wanted what Sammy had, the belief that possibility and hope still exist in our world and in my ministry as a chaplain.

I knew that I was hurting, but I was reluctant to admit that I needed help. I hid behind my role as chaplain, believing that I was supposed to be there for other people, but I couldn't let anyone really be there for me. Where did that belief come from? I'm sure it was some kind of defense mechanism. But I'm glad that I let it go. In my heart, I knew that God was calling me to find healing and comfort. So I decided to talk to a counselor and spiritual director. And I'm so glad that I did! You know how special it is when patients share their feelings with us in ministry; you can

just see the weight of their concerns being lifted off their shoulders as they open their hearts to us. Well, that happened for me. It was a relief to come clean about who I was being, and to open myself up to God's grace and love. As a result, I rediscovered the peace and hope that I had lost.

In addition to seeking professional support, I wanted to know if my peers, particularly men, had similar experiences. I was curious to know how other male chaplains dealt with the stress of ministry. So as part of my doctoral studies, I studied the emotional effect of hospital ministry on male chaplains. I interviewed male chaplains from various hospitals in my area to find out if they, too, had lost their youthful optimism and hope — and if so, how they found support and renewal.

I discovered that many of the men were just like me. They, too, were experiencing stress and burnout in ministry. And like me, they were reluctant to talk about their feelings, but were open to seeking support. I realized that they were grateful for the opportunity to talk about their experiences. It was as if they were saying, "Whew, finally I can tell someone about what is going on with me." It was the same feeling that I had experienced in counseling and spiritual direction. For these men, the experience of talking about their feelings with me, another male chaplain, seemed to be a healing experience. Many acknowledged that they missed the benefits of peer support that they had experienced during their CPE training.

Several chaplains were guarded in expressing their feelings and hesitant to reach out to others. One chaplain's analogy about his need to keep to himself was particularly telling. He asked me, "Are you familiar with polar bears? The thing that I've noticed about submarines, polar bears, and chaplains is that they are many times alone. They surface at various times in groups and then they disband in a hurry. If you look at chaplains, we're very similar. Submarines run silent and deep; they work alone. When they surface it's for communication, like staff meetings and for rations. We're a lot like submarines." For this chaplain, it seemed clear that he preferred being and operating alone.

My study was certainly not exhaustive, nor did it consider various personality types or psychological evaluations. But I sensed, as a chaplain, that the men who were willing and open to discuss their feelings seemed balanced and at peace. It seemed, too, that most of the men I interviewed would be open to a formal support group, such as they experienced in CPE. In our pastoral care department, we have a wonderful peer support structure. We meet in groups of five to six, men and women, one to two times a month, talking about our ministry, sharing our experiences and feelings. Our peer group process has been an important outlet for support and healing

Henri Nouwen, in his book *The Wounded Healer*, states that it is important for a person to articulate their feelings and inner experiences, not just for their own personal healing and growth, but as an essential part of their ministry. He states (not gender sensitive), "The man who can articulate the movements of his inner life, who can give names to his varied experiences, need no longer be a victim of himself, but is able slowly and consistently to remove the obstacles that prevent the spirit from entering. He is able to create space for Him whose heart is greater than his, whose eyes see more than his, and whose hands can heal more than his. …. This articulation, I believe, is the basis for a spiritual leadership of the future, because only he who is able to articulate his own experience can offer himself to others as a source of clarification." (p. 38)

Based on my own journey, I know that the more I risk not being in control, risk being vulnerable with others (and even at times with my patients), the more connected I feel to myself and to God. To do this, I have to have faith; faith in myself and faith in God. I have to believe with all my heart that God is with me.

Men who were willing and open to discuss their feelings seemed at peace

A scripture passage that I often rely on for guidance is Jeremiah 29:13: "You will seek me and find me when you seek me with all your heart." I know that when I seek God with all my heart, that miracles do happen. Part of that process, I believe, is to strip away my self-importance. It involves being willing to be vulnerable, to risk articulating, as Nouwen says, the movements of my inner life. It means being willing to risk viewing life through the eyes of a child, full of possibility and hope.

When I do this, I know that I am truly open to the mystery and wonder of life.

Then, with a child's optimism, I can walk into a patient's room and believe with all my heart that I will truly encounter the wonder and magic of God's presence.

And who knows, I may even find Nanna!

*Joseph Bozzelli, NACC Cert., is a staff chaplain at St. Vincent Hospital in Indianapolis, IN.*

# Akan people, artists see health holistically

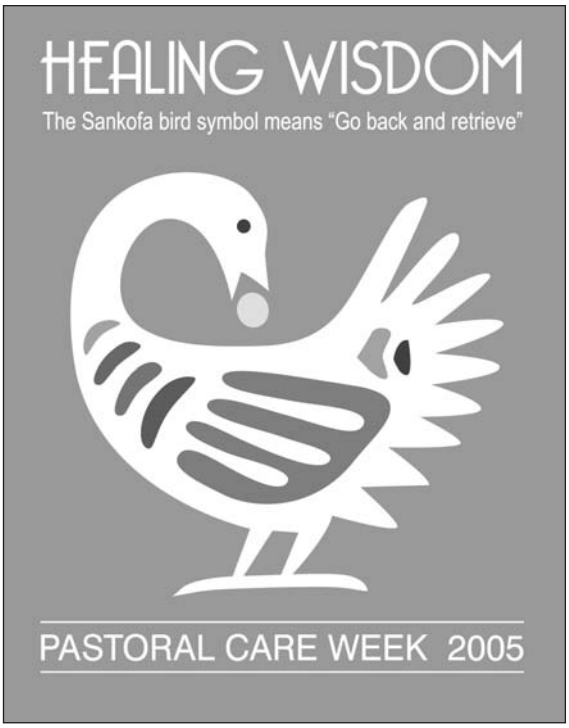
**By Rev. Anthony Kyere-Mensah**

The adage, "Every intelligent traveler knows from where s/he is coming and where s/he is going," aptly describes the 2005 Pastoral Care week's logo for the chosen wisdom: *Sankofa.*

*Sankofa* is an Akan term which literally means, "To go back and get it." The symbol depicts a mythical bird flying forward with its head turned backward. The egg in its mouth represents the "gems" or knowledge of the past upon which wisdom is based; it also signifies the generation to come that would benefit from that wisdom. The symbol often is associated with the proverb, "It is not wrong to go back for what you have forgotten." The Akan believe that the past illuminates the quest for knowledge, while the future suggests the rightness of such a quest as long as it is based on knowledge of the past. For more on African tradition, proverbs, and Sankofa, please visit: www.welltempered.net/adinkra

The Akan concepts of health, illness and healing are deeply rooted in traditional religion

This year's Pastoral Care Week, with its symbolic logo for the chosen wisdom, reminds us how mainstream medicine has been forced to look back and to accept that holistic healthcare is here to stay. Discussing the Akan's deeply rooted traditional culture, which has always treated health holistically, may bolster the many voices calling for a new approach to how we integrate our services toward holistic healthcare.




October 23 - 29, 2005

The Akan-speaking peoples of West Africa are located in the Republic of Ghana, as well as the neighboring country of La Cote d'Ivoire. They may be roughly divided into 11 different ethnic groups. They share the same customs, beliefs, social organization and language. The chief languages are Fanti, Nzema, and Twi, but all are mutually understandable. The Akan are predominantly agricultural people. They clear the forest and grow food crops like plantain, yams, banana, pears, oranges, and cash crops like cocoa. Other occupations include hand crafts, hunting for bush animals, fishing and recently, various types of clerical work.

Akan traditional institutions thrive on religion. Religious beliefs and practices are essential components of the people's modes of production. Proper understanding of their beliefs and practices is key to a better appreciation of the Akan concept of sickness, health and healing, and even death.

The Akan believe in the spirit-being whom they call Onyame ( from "Onya," to get, and "me," to be satisfied), whom they see as the highest and the greatest of all beings. This is confirmed by the names they attribute to God. One such attribute is *Twereduampong*, the dependable one — the general sense of which is the God in whom one may put all trust. The day-to-day conversations of the Akan are full of proverbs and sayings which point to the self-evidence of God's existence and omnipotence, as for example, "Since God is self-evident, no one teaches a child to know God." In response to a greeting, "How are you doing?" the answer most likely will be, "By the grace of God, I am well."

Further, the Akan believe that a person becomes, soon after death, "a living dead" or Ancestor. Such a person is a "spirit" in the sense that he or she is no longer in the body, yet retains features which describe physical terms. The belief is that these ancestors visit their families from time to time to, symbolically, share meals with them. This explains why my mother would not allow us to dispose of leftover food until the next day, under pain of starving the Ancestors who might visit during the night.

But not everyone who dies becomes an ancestor. They are seen by the Akan as mediators between humans and God. The attitude of the living towards them is nothing more than reverence. In the words of Alward Shorter, "Ancestor veneration is comparable to the Christian cult of saints in so far as it is an expression of the moral ideals of society. An individual is made a saint in the Christian tradition because the person lived the moral ideals of the Christian faith, ideals similar to those of Akan traditional religion."

Witchcraft mentality is also rampant among the Akan. Witches are believed to be the chief agents of 'Sasabonsam' (the forest monster), inimical to human beings. In fact, African societies in general are pervaded by this belief of a powerful evil force which causes all kinds of afflictions and misfortunes, including illness and even death, to human beings. To the extent that the Akan (and for that matter, many Africans) see some spirit involvement in every event, there are no merely "natural" explanations (Owoahene-

Acheampong). Every mishap is to be investigated to find out how and, more importantly, why it is happening to one person and not to another.

The Akan concepts of health, illness, and healing are deeply rooted in traditional religion. And because traditional religions permeate all the departments of life, Mbiti writes of Africans, "there is no formal distinction between the sacred and the secular … . Wherever the African is, there is his religion: he takes it with him to the beer party or to attend a funeral ceremony; if one is educated, one takes religion with him to the examination room at school or in the university; if a politician, he takes it to the house of parliament. … In African villages, disease and misfortune are religious experiences and it requires a religious approach to deal with them."

**Health:** The Akan see health in many ways. It is viewed in terms of an individual's ability to fulfill his or her responsibilities in the community. A person is 'complete' and 'perfect' who is not physically or mentally disabled, does not suffer from any incurable disease or illness, who achieves great success in farming or business. The survival or the well-being of a group depends upon the ability of each of its members to produce. Consequently, permanent disabilities are considered dreadful and ill health is shameful. It is not uncommon for people to hide their disease within the family circles.

Another way in which the Akan view health is the sense of community. While individual achievement is encouraged, communal life is given a stronger place. In the words of Appia-Kubi: "The Akan maintain that the phrase, 'it is for me' is meaningless unless it is linked with the idea 'it is for us.' The individual is because his or her family, kinship ties, extended family and clan are. The communal life ensures physical security and comfort, economic co-operation, and social life for the individual and the community."

In short, good health, among the Akan, is not only a state of wellness in the human body, but also a state of domestic tranquility, environmental balance, social order, and moral propriety. Deviant behavior (e.g. disrespect for parents and other adults and ancestors, incest, theft) on the part of a member affects other members, ancestral spirits who also form part of the community, as well as the community as a whole.

**Illness/Disease:** The Akan understanding of the term 'disease' is as broad as the original English meaning. Thus, "absence of ease; uneasiness, discomfort, inconvenience, annoyance; disquiet, disturbance, trouble." Indeed, Africans in general, and the Akan in particular, speak of a person as ill or unwell, and not as having "a disease." "Disease" in terms of the background to illness is not before the observer or the sick. The picture that appears is that of a person who is not well, who lacks apomu den (good health).

The concept of illness falls into two main categories: the natural and supernatural/spiritual. It goes like this: A person falls sick. He or she, with the support of kinsfolk, seeks treatment. When a cure is not to be, then they question whether there is no more to it than the "natural" cause they identified. At this point, people begin to talk about supernaturally or spiritually caused illnesses and their causal agents — ancestors, witches and sorcerers, medicine men and women. For the Akan, the logical explanations for the persistence of an illness despite medical care are founded on two principles: immorality and the malevolence of an evil spirit. This leads us to healing.

The Akan distinguish healing from curing. Healing implies the restoring of equilibrium in the otherwise strained relationship between a person, fellow human beings, the environment, and God. One can be cured of a disease but still remain unhealed. The possibilities for healing are directly related to the explanation of what or who must be healed. The comprehensive approach of the Akan to health and illness makes the elimination of illness or disease, or reinstatement of health of the sick person, also comprehensive and whole.

If I have learned anything, it is that the Akan concept of a 'perfect' and 'complete' person as one without blemish, makes it an obsolete (if at times pitiful) culture of fear of the physically/mentally challenged. But I must also bring them into the sheepfold for nurturing and support.

I like to continue to take the path of the broader meaning of health, illness and healing, as envisaged by the Akan to ensure holistic approach to my caregiving practice.

The community aspect of life reinforces the sense of collaboration among healthcare givers. These are extraordinary times for the holistic health movement, and we as caregivers must see ourselves as partners in healing. Coming from a tradition that sees the priest as the problem solver, the one who has all the answers and solutions, sankofa reminds me that I am a team player. I continue to learn to move away from being the problem solver, a fixer, to a minister who empowers others to make decisions and take charge of their lives.

One can be cured of a disease but still remain unhealed

*Rev. Anthony Kyere-Mensah, NACC Cert., is Staff Chaplain at Bay State Medical Center in Springfield, MA.*

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# Delight gave model of how to die well

**By Jeanne Tessier Barone**

Delight is not her real name, but it could be. She was.

I met her while I was working as a hospice chaplain in another state some years ago. She was close to 80, a serene silver-haired beauty who exuded dignity and grace. A brain tumor was slowly eating her life away. She had no pain, only ever-diminishing function and control.

The first time I met her, she was dressed in Sunday-best kind of clothes that there was no longer any point in trying to save and seated in an armchair in her small and spotless country home. Beside her were glass doors that gave her a wide view of the land her husband had tilled and she had gardened, of hummingbirds at the feeder on her deck, of flowers blooming in the yard. She welcomed me, a stranger, and spoke with quiet tenderness about her family.

I want to die being cared for as though I matter

Delight's husband had died several years before. Her four sons and their four wives decided to care for Delight at home until the end. She'd never had living daughters — twin girls died at birth many years before — but her daughters-in-law loved her as though she were their own mother. They bathed her, brushed her long silver hair into an elegant bun, dressed her in her best clothes, massaged her back, her neck and arms. Day after day, they sought food that would still entice her and give her pleasure — strawberries fresh from the garden, potato salad made from her own family-famous recipe, sweet pies, ice cream, and lemonade. When she was too weak to chew, they spooned pureed berries into her mouth.

Her sons cared for her by night — carried her to bed, were there to help when she needed to get up, read to her from her beloved Bible, and lifted her into her chair or wheelchair before they left in the morning to work their farms.

For her last Christmas, Delight's whole family — almost a dozen brothers and sisters, children, grandchildren, nieces, nephews, and great-grands too — made her a scrapbook of her life filled with photos and love letters full of memories. Each page held images of a life well-lived, a life spent making great feasts of comforting food, growing food and flowers, and making quilts — glorious quilts of every imaginable color and pattern and size. She quit counting, she told me, at one hundred and fifty, but there were quite a few more after that. Her scrapbook was full of quilt photos, too, made for every single person she loved — and maybe some she didn't, too.

Twice in the last months of her life, Delight's living brothers and sisters came from all over the country to be together with her for a long weekend. They brought with them their musical instruments — fiddles, harmonicas and more — and they serenaded their dying sister with all the songs they'd sung together in childhood, hymns and folk songs, sung in harmony. Delight spoke with awe and joy as she recounted these weekend love fests to me.

One day when she was still able to sit and talk with me, she told me of the most recent ways her family had been caring for her tenderly, and I said to her, "Delight, I want to die like you." She smiled and nodded and said, "I hope you will."

She died with all her sons and daughters-in-law and most of her siblings around her bed. They were singing to her. At her funeral, the walls were hung with many of her quilts, true works of art that conveyed the warmth, patience, creativity and color of her life. Her casket was covered with a quilt she'd made her husband for their fiftieth wedding anniversary, all in white, in the center two elegant swans. There were tears, of course, but mostly there was welcome, and happy stories, and loved ones embracing.

I was talking with some chaplain friends recently, telling them about my wish to die like Delight. I described to them what I've shared here about all the ways her family tenderly cared for and gifted her as she was dying.

One of my friends laughed and said, "You blew it, Jeanne! You've only got two sons and a daughter, you don't live on a farm, and have you ever made a quilt in your life?" We laughed aloud.

Certainly, my life has been nothing like Delight's, and so my death can't be either. But my wish, of course, is not to die surrounded by Delight's extended family, although they were wonderful people.

My own sisters and brothers, fewer in number, are not at all musical and, like me, can seldom be counted on to show up for celebrations, because we are far-flung and busy people. They won't be around to sing to me, and if they were, the effect likely would be neither harmonious nor soothing.

My own children, unlike Delight's, live not down the road but hours away in another state. And not one true quilt has ever been made with these two hands.

But I want to die knowing I am loved. I want to die cherished. I want to die being cared for as though I matter, as though I'm deserving of tenderness, as though every single day and the things therein can be treasured up to the end. I want to die knowing my life mattered and that I'll be remembered.

I will remember Delight, and I hope to see her when I cross over. I also hope someone will be at my bedside as I lie dying who'll continue to bring me life's little treasures — the taste of berries, a blooming flower, a baby to hold, glorious music, a perfect poem. If not, surely heaven will be filled with such things.

*Jeanne Tessier Barone is an intensive care chaplain at Kosair Children's Hospital in Louisville, KY.*

# Morning Paper, Mourning Prayer

**By Deborah Cooper**

Let us pray for the born children.
Let our prayers lift us to our feet.

Let us pray for the born children.
Let us take not another moment
of silence,
but let us raise our voices now.

Let our prayers be the works
of our hands,
the inclination of our hearts.

Let our prayers be hope &
sweet, unbroken dreams.

Let our prayers be soup & bread
& rice & oranges.

Let our prayers move us out of
pews
into the villages & shelters.

Let us pray for the born children…
the children sleeping now
inside the house next door,
the children sleeping
on the streets…

children in Israel & India
& Palestine…
the wounded children in Iraq.

Let us pray for the born children.
Let us pray that we might cease
to plant the seeds of fear
& hatred in their minds…

that we might never lay
another weapon of destruction
in their arms.

*Deborah Cooper, NACC Cert., is a chaplain emerita in Duluth, MN*

# NACC members mark anniversary

About 40 NACC members gathered at Addolorata Villa in Wheeling, IL in July to celebrate the association's 40th anniversary with prayers, readings, and reminiscences.

The gathering of Chicago-area chaplains, organized by Betty Skonieczny, also included a slide show of memories from Region VII.

NACC Executive Director Larry Seidl remembered his days as a young lay chaplain in the 1970s, when he learned that "sometimes a good hug is better than all the theology in the world."

Sr. Cyrilla Zarek, OP, a longtime NACC supervisor, said that when she became one of the first women to join the NACC in the early 1970s, "it was exciting and it felt right. We were welcomed; we belonged."

Anne Murphy, commenting on the transition to full-time work, said, "So many people, when they finish CPE, they think they're finished. No. Now you're in the real world with people who don't care how you process or how you're feeling. Go do it, and watch your budget."

# Prayers for Healing

Fr. David R. Baeten
DePere, WI
Cardiac problems and diabetes



If you know of an association member who is ill and needs prayer, please request permission of the person to submit their name, illness, and city and state, and send the information to the *Vision* editor at the national office. You may also send in a prayer request for yourself. Names may be reposted if there is a continuing need.

# In Memoriam

**Please remember in your prayers:**

**Sr. Monica Ann Rock, RHSJ,** who died April 10 at age 81. She was an NACC member from 1981 to 2004, serving at Medical Center Hospital of Vermont in Burlington, VT. She took her religious vows in 1948 and served as a nurse at Bishop de Goesbriand Hospital for many years before becoming a chaplain.

**Sr. Anne P. Gallagher, OP,** who died July 17 at age 82. Sr. Gallagher took her vows in 1945 and joined the NACC in 1984 after a career in secondary schools. She did pastoral ministry at the Cathedral of St. John in St. Petersburg, FL and took emeritus status in NACC in 2000.

**Fr. James F. Kovarik, OS Cam,** who died at age 66 on Aug. 17. Fr. Kovarik served in the military for 25 years and was wounded in Vietnam before becoming a priest in 1990. He joined the NACC in 1992 and served as a chaplain at Zablocki Veterans Affairs Medical Center in Milwaukee.

**Robert Keane,** who died at age 65 in August. He served in the military and was a career FBI agent before pursuing chaplaincy. He was certified as an NACC chaplain in 1998. He worked at Merrimack Valley Hospital in Haverhill, MA, and St. Joseph's Hospital in Nashua, NH.

**Sr. Geneva M. Carbaugh, SSJ,** who died July 24 at age 84. She began working as a chaplain in 1978 in Point Pleasant, NJ, and was certified as a pastoral associate in 1980. She took emeritus status in 1997.

# Age-specific care considers spiritual development

**By Doreen Duley**

Caring for human beings in the trauma of illness, hospitalization, injury, or death while being cognizant of their spiritual development is a huge task. But most chaplains do it on a daily basis without thinking much about it. Steeped in education, faith, and experience, we go about the business of caring for each one we encounter, regardless of age or development.

But we as chaplains need to consciously shape our care to the needs of each age group. While these competencies are required by JCAHO, they are more importantly requirements for humanity. Only within the professional context are we measured for them. At Children's Hospital in Birmingham, AL, we have developed a system to evaluate age-based care **(see box).**

We need to consciously shape our care to the needs of each age group

Human babies are born helpless and remain so for longer than most other animals. This helplessness is a sign and a symbol for us of the need to be in relationship. We cannot function without interdependency on one another as well as dependency upon God. We are created to be in relationship with ourselves, with others, and with God.

All humans are spiritual beings. During the first year of life, a baby's most important relational task is to decide if this world is a safe place or not. This period is instrumental in determining how a human being will respond to the world, to God, and to others for the rest of life. A chaplain would speak softly, touch gently, and allow for a consistent relationship with this child by ritualizing prayer each visit.

Around the first birthday, a baby may say his or her first word. The baby is beginning to think in words and not just in images or pictures. Language and thought intersect at this time. The relational task for this age (1 to 3) is identity and autonomy. Who am I? Am I separate from my parent? "No" is an operative word, as is "why." The opposite side of separation and autonomy is shame and doubt. Developing these four qualities is important in order to develop an understanding of the separation between us and God and our part in this separation. In learning these lessons, we discover our own capacity to take action and the consequences of this personal power.

For this child, a chaplain can practice the wise use of distraction and visit regularly, giving the child some control over whether to be visited. Inviting the child to pray is an important part of the spiritual relationship for the toddler. A 2-year-old I prayed with asked God to make her mommy be OK and stop crying.

Older preschoolers (3 to 6) are discovering "I can do it myself" and "I have an idea. I am going to try it out." The use of words allows the child to relate to story. Imagination is born in this stage, and the child develops the capacity to pray and to conceive an invisible God. Children this age love the stories of faith. They can try out roles and find their spot in the story. They engage in ritual play. For the preschooler, God is my friend. The chaplain might invite the child of this age to tell the story of how God is helping them during the hospitalization, and also listen for the way the child expresses a sense of care from God. A 4-year-old once told me a "power ranger, who might be Jesus" was going to keep him safe during a dangerous procedure.

Elementary-aged children (6 to 12) work hard to sort out the difference between fantasy and reality. They begin to see the world and themselves from the perspective of others. They have a strong sense of fairness and reciprocity. For elementary age children, God is the ultimate authority figure, my teacher, and my judge. This is an age of works-righteousness. It is also an age when the child is gaining the capacity to make a meaningful faith decision, to embrace faith as one's own and not one's parents. Chaplains will need to watch whether this child is experiencing guilt or shame for being sick or injured, and offer reassurance. It is important not to offer cheap grace. If the child is injured due to something he or she did, forgiveness should be offered, not just absolution. An 11-year-old girl with cancer was able to console her mother with the words, "Mom, God didn't give me cancer. God gave me life." She had been thinking and praying about why she was sick and felt comforted to have a sound answer.

Early adolescence (12 to 16) is like a whirlwind. It is hard to keep up, but important that adults do. As much as the early adolescent may be pushing adults away, they are also reaching out for guidance. This is an imaginative and creative age. Young adolescents are attempting to forge their own identity. Trying on different roles is one way to find oneself. They also are looking for support and reassurance. They need adults who will set boundaries and stick with them. They usually want to talk about God's justice and fairness. They will question whether God is really in control. They will be drawn to a person who demonstrates mercy and love in this spiritual quest over one who is authoritative.

The chaplain will want to be present enough to listen to the struggle this aged child is experiencing in the attempt to come to a real sense of faith. It is important to listen and to reflect back. A 14-year-old once expressed his prayer time as "chillin' with God." Another spoke of not being afraid to die but wanting to know God was with her and her family, because she just didn't know what it would feel like. It was for this reason she asked the chaplain to be sure to be with her and her mom that last day.

Older teens (16 to 20) are not

## Pastoral Care
## Age Specific Care of Patients

METHOD
O – Observation
Ch D – Chart Documentation
PR – Peer Review
DNM – Did Not Meet

Position: **Staff Chaplain** Competency: **Provides Care Appropriate To Age Of Population**

check "X" method (see chart) used to determine if competency was met

| Competency | O | Ch D | PR | DNM | Action/Comment |
|---|---|---|---|---|---|
| **Early Childhood (13 months – 4 years)** | | | | | |
| Includes parents in care/decision making process | | | | | |
| Provides parents with information about resources that address spiritual needs of child | | | | | |
| Enables parent to freely express feeling regarding child's diagnosis, prognosis, care | | | | | |
| Evaluates parent's communication and interaction with child | | | | | |
| Aids in keeping lines of communication open between parent and health care team | | | | | |
| Allows child to make appropriate choices | | | | | |
| Uses play to allow the child to express spiritual concerns. | | | | | |
| Prays with child using concrete images of God. | | | | | |
| Uses concrete words when communicating with the child | | | | | |

Measuring age-specific care is difficult. It requires taking into consideration developmental stages and then trying to simmer all of that theory into a workable recipe. Here is a sample section from the age-specific competency form that we use at Children's Hospital in Birmingham, AL.

It is simple and can be filled out by any staff member. Each chaplain on our staff asks doctors, nurses, social workers, other chaplains to evaluate them, and turns in the form once per quarter. It works for our documentation and becomes a part of annual performance evaluation. It does not require a lot from the person filling out the form, which ensures that we get them completed. It addresses specific actions that demonstrate competency, so that the person evaluating the chaplain only has to check that they have either observed this behavior or seen it documented in the chart. That way, they do not have to try and figure out what a chaplain should do to provide age-specific care.

This format is used by social workers and child life specialists as well. Because we are pediatric, the concept of age-specific care is pretty routine. Most adult facilities give at least an overview in continuing education, as JCAHO requires that every employee be competent in providing age-specific care.

adults. They have adult reasoning powers, but emotionally are not yet adults. They are continuing the relational task of Identity. They continue to separate themselves from their parents. They are seriously pondering what they believe. This takes a lot of self-reflection and is very individual. Older teens are on the big search for the real thing. They are searching for self-identity, for truth, for God. They need adults to encourage, guide, support and care for them. They need adults to be honest in sharing their beliefs and their doubts. They need to be listened to with respect. This is a tumultuous age when risk-taking and tempting limits are the norm. Yet all of this can be overwhelming. Loving adults must warn of the dangers and continue to exhibit mercy, love and forgiveness.

A chaplain will need to walk a tightrope in visiting these older teens. While they do not wish to be treated as children, they are often afraid they are not up to the adult task of dealing with their illness or injury. Sometimes they will reflect over and over on what they could have done differently. One 16-year-old who had been badly injured in an accident told the chaplain, "I wish I could take that day back. I can't. I have to figure out how to live with it."

Adults continue to work with these challenges throughout their life span. Young adults (20 to 40) focus more on "intimacy and solidarity vs. isolation," developing families and exploring concepts of cooperation and competition at work and play. They are searching for opportunities to lose themselves and find themselves in another human, another cause, another profession.

Adults (40 to 60) explore the relational tasks

See Age Specific on page 16.

## Age Specific

Continued from page 15.

of "generativity vs. self-absorption." Education and tradition are the currents that run through their lives and thoughts. They are sorting through shared tasks and divided roles. They identify with my work, my family, my vocation. Mature adults (60 to forever) have the relational task of "integrity vs. despair." They focus on Humankind as a whole. They explore the notions of Being and Not-being.

Being aware of the spiritual development of the person to whom we are ministering, and being present to them, is key to offering good age-specific care. Not everyone is in the exact same place at the exact same time, and persons may regress or suddenly leap forward in their development when encountering the trauma of hospitalization The most important thing a chaplain can do for each of these age groups is to be present, to be caring, and to listen with an open heart.

*Doreen Duley, BCC, is Manager of Pastoral Care at Children's Hospital in Birmingham, AL.*

## Further Reading

Two particularly valuable books on age-specific care are:

Hesch, John B. *Clinical Pastoral Care for Hospitalized Children and their Families.* New York, Paulist Press, 1987. Hesch uses Erikson's developmental theory as a framework for reflection on the practical pastoral care of hospitalized children.

Hightower, James E., Jr., Editor. *Caring for People from Birth to Death.* New York, The Haworth Pastoral Press, 1999. Hightower has revised an earlier edition of this book. It is designed to be a handbook to help those in pastoral ministry quickly grasp the developmental issues people face and to give ideas on how to minister to them.

## Supervisor certification to be adjusted

The NACC Board recently approved changes in the certification process for CPE supervisors.

The steps in the revised process are:

- Consultation for readiness to begin supervisory education. This is a new step but similar to the former Candidacy step.
- Candidacy. This is a formal certification step with a vote. After reaching candidacy, the person may supervise CPE groups under supervision.
- Theory papers. The content of the theory papers remains the same, but their presentation and acceptance is now separate from, and prior to, meeting a committee for Associate.
- Associate Supervisor. This step remains the same, except that the theory papers will have already been accepted.
- Supervisor. This step remains the same.

Chaplain certification will continue to be a formal requirement for beginning supervisory education. Renewal of supervisory certification will continue as it has been. With the changes, the NACC process more closely parallels the current ACPE process, and the steps in the process are the same.

The Certification Commission has contacted NACC members who are currently in the supervisory certification process to discuss the changes with them. Questions and comments about the changes can be directed to members of the Certification Commission or to the national office.

## Briefs

**CHA names new leader**

The Catholic Health Association of the United States has appointed Sr. Carol Keehan, DC, as the association's ninth president and chief executive officer and the third woman religious to hold this position.

Sr. Carol will assume her new duties Oct. 10. She will be based in CHA's Washington, DC, office while also maintaining an office in the association's St. Louis headquarters.

Sr. Carol has most recently been the board chair of Ascension Health's Sacred Heart Health System, Pensacola, FL. Previously, she served for 15 years as the president and chief executive officer of Providence Hospital in Washington, DC, where in the early 1980s she had also served as vice president for nursing, ambulatory care, and education and training.

Sr. Carol's name was placed into nomination as a result of a seven-month, nationwide search process overseen by a 10-member Search Committee. She replaces Fr. Michael Place, who left the association in February. Michael Rodgers served as CHA's interim president/CEO while continuing to serve as vice president for public policy and advocacy.

**Four NACC chaplains make news**

The fall issue of *InHealthNW*, a health magazine for the inland Pacific Northwest, featured four NACC-certified chaplains. Julianne Dickelman was interviewed for a story on spirituality and medicine; Donna Madej was profiled for her music-thanatology ministry; and Kathy Villemure and Sr. K.C. Young, OP, were featured in a story about chaplains' work.

See Briefs on page 20

# Conference sets theme of 'Deep Roots, Wide Reach'

**By Julianne Dickelman**


Columbus, Ohio
March 11-14, 2006

What phrases better describe our NACC ministry than Deep Roots — seeds planted over 2,000 years, drawing nourishment from soil rich with the history of church and service — and Wide Reach — reflecting the range of our ministries, the breadth and depth of geography from which we come, the diversity of populations we serve?

As we move forward in this journey called professional chaplaincy, we know that our source is Christ who sustains, inspires and guides us in work that is lively, challenging and dynamic. We are paying attention to your expressed need for meaningful opportunities to address theological and ethical standards upon which our certification and recertification rests. We are excited to offer you this opportunity to nourish your spirits and connect with colleagues, while engaging your minds in dialogue with some of the nation's best theologians.

At the time of publication, we are still confirming plenary speakers, but let me share that we will be welcoming Dr. Diana Hayes, Ph.D., STD, professor of systematic theology at Georgetown University. Dr. Hayes is the first African-American woman to receive the Pontifical Doctor of Sacred Theology degree from Catholic University of Louvain. She is known for her dynamic presentations and is well-published on a variety of topics. We will have three additional theologians as plenary speakers, in addition to an exciting lineup of workshops on a variety of topics.

Since our ministries can also exhaust body, mind and spirit, we have a special treat this year — a RE-treat, actually! We will be offering, at no additional cost, a day of recollection beginning Friday afternoon, March 10, through Saturday noon. Additionally, since pre-conference workshops were very popular in Albuquerque, we will offer several on Saturday morning, which may be a great way for those of you who can arrive the night before to garner a few extra continuing education hours. We are choosing topics and presenters based on feedback from your evaluations of recent past conferences. Details on the retreat and all the workshops will be forthcoming.

Early Bird Registration (deadline: February 15, 2006) is $265. After that, registration will be $310.

A new challenge this year! In hopes of raising awareness about our profession and building critical partnerships within our systems, we would like you to convince a non-chaplain from your workplace to join you at our conference — e.g. Director of Mission, Vice President of Nursing, ethicist, etc. This person may attend the conference for $165. Expose them to the vibrant, thoughtful and soulful world of professional chaplaincy!

Your conference team for Columbus 2006 is a dedicated bunch, including our local contact co-chairs, Michelle Lemiesz and Deacon Jack Rankin. Also from Columbus, Pete McClernan is a liturgical musician and music director with over 25 years of professional experience. Rev. Tom Landry of Worcester, MA, is our workshop chair. We have been working all summer with Executive Director Larry Seidl, with assistance in educational objectives from Education Director Susanne Chawszczewski, to create a wonderful conference in the historic city known as the heart of Ohio.

It is my privilege to facilitate this group in expectation of a great conference in March that truly deepens our roots, widens our reach and rests us securely in Christ's heart so that we can continue this challenging journey of professional chaplaincy in the 21st century. Look forward to seeing you there!

*Julianne Dickelman, MA, NACC Cert., is Chair of the Conference Planning Committee and an educator for chaplaincy services at Sacred Heart Medical Center in Spokane, WA.*

## Conference Goals

To rediscover Christ as the heart of the theology and practice of professional chaplaincy and clinical pastoral education.

Participants will

- Engage in critical theological discourse that sustains and supports professional ministry and ethical decision-making.
- Experience and articulate a deeper personal and professional integration of the life-giving ministry of Christ
- Explore the current milieu and nature of Church and our call to inclusivity as rooted in our understanding of Christ.
- Explore the theological foundations of our dynamic professional ministries and the diversity of populations which we serve.

# Openings available on three NACC panels

The NACC is seeking to fill the following openings on its commissions and panels from among its members. Service to the organization is important, and we rely heavily on our dedicated volunteer members to help make things run smoothly and effectively, and to provide you with a voice in the organization's activities.

Please consider whether your time or talents would permit you to take advantage of any of these service opportunities.

## Certification Appeals Panel

**Number of openings:** One

**Major responsibilities:**

- Conducts the certification appeals process as outlined in the NACC Standards in an impartial review of all the documentation in a negative certification decision.
- Reports the number of appeals and corresponding number of decisions upheld or reversed.
- Occasionally will communicate to the NACC Certification Commission the kinds of appeals so as to assist the Commissioners in focusing on areas of improvement to be incorporated in the ongoing training of interviewers.

**Composition:** The Certification Appeals Committee comprises six active supervisors appointed by the NACC Board of Directors.

**Qualifications:** A member must be a certified supervisor of the NACC.

**Term of assignment:** Each member is appointed to a three-year term, renewable once.

**Time commitment:**

- Review written materials submitted in an appeals request.
- Participate in periodic, pre-arranged conference calls to process the certification appeal.
- Serve periodically as convener of the committee conference call.
- Attend an annual meeting of the Appeals Committee, as required.

## National Certification Commission

**Number of Openings:** One

**Major Responsibilities:**

- Monitors the process of certification and renewal of certification of NACC chaplains and CPE supervisors.
- Assures certification standards, as approved by the USCCB/CCA, are met.
- Assumes responsibility for the training, ongoing development, and evaluation processes for certification interviewers.

**Composition:** The Certification Commission comprises seven certified supervisors and two certified chaplains appointed by the NACC Board of Directors.

**Qualifications:** A member must be a certified supervisor or a certified chaplain of the NACC.

**Term of Assignment:** Each member is appointed to a three-year term, renewable once.

**Time Commitment:**

- Attendance at meetings three times a year.
- Time to review written materials from Certification Interview Teams.
- Availability to conduct training and some availability for consultation with certification interviewers.
- Work on Commission subcommittees and task forces, as needed.

To apply for these openings, please describe your interest, background, and qualifications in a letter by Oct. 21, addressed to Sister Anita Lapeyre, RSCJ, in care of the National Office. **Please enclose your C.V. as well.**

## Ethics Commission (formerly Grievance Panel)

**Number of openings:** Four

**Major responsibilities:**

- Receives formal complaints involving alleged violations of the NACC Code of Ethics by any member or groups of members of the NACC.
- Reviews all grievances filed.
- Gathers information pertaining to grievance.
- Recommends course of action in regard to grievance.
- Assembles a grievance team.
- Renders a binding disposition of the grievance.
- Communicates disposition in writing to respondent and petitioner, and notifies Board that situation has been addressed.
- Consults with NACC legal advisor on process as recommended.

**Composition:** The Ethics Commission is composed of six certified members of the NACC appointed by the Board of Directors.

**Term of assignment:** Each member is appointed to a three-year term, renewable once.

**Time commitment:** Members may ordinarily expect to be available for conference calls and consultations as needed.

To apply for this opening, please describe your interest, background, and qualifications in a letter by Oct. 21, addressed to the attention of Ethics Commission Opening, in care of the National Office. **Please enclose your C.V. as well.**

Book Review

# Rosary can assist in healing, book suggests

***Healing Mysteries: A Scriptural Rosary***
By Adrian Gibbons Koesters; Paulist Press, Mahwah, NJ, 2005; 55 pages, $5.95

**By Linda F. Piotrowski**

*Healing Mysteries: A Scriptural Rosary* is a gentle and inviting look at the rosary as a powerful meditative tool to assist in praying over challenges, suffering, and sadness. Author Adrian Gibbons Koesters reminds us of the feelings of isolation, resentment, and distorted perceptions which can quickly become reality in times of trauma, illness, depression, and aging.

You might want to purchase this book for the introduction alone. It contains a concise yet thorough review of the types of trauma and the ways in which trauma affects the spirit. If you are not given to reading footnotes, make an exception in this case. The Notes and Suggested Reading sections list some excellent resources as well as further insights into spirituality, the spiritual life and various types of trauma.

If, as Ms. Koesters confesses was true for her, you are returning to this devotion after a number of years away, the book's appendix includes directions on how to pray the rosary, "one of the most concrete, physical ways of praying that we have." As one dwells on a mystery in thought, one recites prayers—the Lord's Prayer once, Hail Mary 10 times, and Glory Be to the Father once. Holding the beads, slipping them through one's fingers, helps to keep count. Ms. Koesters invites us to rediscover this traditional method of prayer or to use the book's meditations while adapting the rosary format. For instance, she suggests using the Jesus prayer ("Lord Jesus Christ, Son of the living God, have mercy on me") in place of the Hail Mary.

Ms. Koesters offers three healing stories from the Gospel of Mark: the healing of the woman with the hemorrhage, the curing of the blind man at Bethsaida; and the raising of Jairus's daughter. The stories provide the context through which the healing grace and love of God can invite and challenge, ultimately transforming suffering.

An introduction to each of the three Gospel stories describes the wounds illness and trauma can inflict on one's spiritual life. The story unfolds with each decade of the rosary. This is accomplished through an opening reflection, a scripture verse, a brief meditation on the verse followed by the rosary prayers.

Recently, when I led the rosary group at the nursing home where I minister, I invited the residents to join me in trying Ms. Koesters's way of praying the rosary. We used Part Two – "Jesus Opens Our Blindness." The residents told me that they liked praying this way. The meditations in this section spoke to the reality of their living situation. They liked having the meditations to listen to rather than rote recitation of the rosary. Nursing home chaplains might want to attempt using the reflections when leading the rosary or even when leading small groups in other forms of prayer or discussion.

If you think of the rosary as an outdated monotonous devotional or something you've outgrown, try Ms. Koesters' approach to prayer as put forth in this little gem of a book.

*Linda F. Piotrowski, MTS, NACC Cert., is Interfaith Chaplain at Central Vermont Medical Center, Berlin, VT. Linda.piotrowski@hitchcock.org*

## Sandra Charlton leaves NACC

The NACC national office is saying goodbye to Sandra Charlton.

Sandy, who has been Executive Assistant for three and a half years, left Sept. 8 to take a job at Godfrey and Kahn, SC law firm in Milwaukee.

Sandy was responsible for scheduling meetings and conference calls, booking travel, and keeping track of the NACC's numerous committees and task forces, including correspondence and record-keeping for the Board of Directors.

The National Office is grateful for Sandy's hard work and dedication to our members. We wish her happiness and success in her new position.

## NACC website updates education events

Over 50 education events have been added to the Resources section of the NACC website under "Educational Opportunities." These events take place across the country, and most have been approved for continuing education hours by the NACC.

If you have an event at your facility, diocese, or parish that you would like to see on the website, please contact Susanne Chawszczewski, Ph.D., Director of Education, at schaw@nacc.org. All events will be evaluated for continuing education hours. This is a great way to share your resources with others in your area.

# Briefs

**Hospice community mourns death of Dame Cicely Saunders**

Alexandria, Va. — Dame Cicely Saunders, regarded as the founder of the modern hospice movement and a pioneer in the field of palliative care, died peacefully on July 14, 2005, at St. Christopher's Hospice in London. She was 87.

The founder of St. Christopher's Hospice, she dedicated her life and professional work to alleviating the pain and suffering of the dying. St. Christopher's opened its doors in 1967 and provided a model of care that gave birth to one of the most significant grassroots movement of the late twentieth century in the U.S. Cicely Saunders' guiding principle was: "To cure sometimes, but to comfort always." She emphasized the importance of listening to the patient.

Hospices in the U.S. cared for almost one million patients facing a life-limiting illness last year. Her work improved the end-of-life experience, allowing people to die with dignity and compassion and for families to receive much needed support.

**Jewish pastoral care kits available**

Sacred Seasons celebration kits, a resource to celebrate Jewish observances in nursing homes, retirement communities and continuing care facilities, are now available from Hiddur: The Center for Aging and Judaism.

The materials provide everything a staff member or volunteer without previous knowledge of Judaism or Hebrew needs to facilitate the celebration of Jewish holidays or Shabbat. Sacred Seasons can extend the reach of Jewish life and be a resource for staff training on Shabbat and other Jewish celebrations.

Each kit includes a leader's guide with background on the observance, step-by-step instructions, additional program ideas, and a list of related books, music, and ritual objects; a CD recording of all songs and blessings; and master copies of participant handouts with large-type songs and blessings.

The kits are available for free downloading from www.sacredseasons.org. CDs can be ordered from the site for $5 to cover shipping and handling, or a spiral-bound printed version with CD can be ordered for $12.

**National Catholic AIDS Network, Loyola to collaborate**

Chicago — The National Catholic AIDS Network and Loyola University Chicago have reached a collaboration agreement under which the network will become an independent program of Loyola University.

Since 1989, the National Catholic AIDS Network has provided Catholics with educational materials and pastoral support. Among its programs, the Network developed Many Threads, One Weave as a primary and fundamental source of HIV/AIDS education to parishes across the United States. Furthermore, the Network has committed itself to educating the next generation of ministers through its College Leaders program.

Founded in 1989, the National Catholic AIDS Network is the only organization in the United States totally dedicated to assisting the Church's ministers and ministries to respond, with compassion and without negative judgment, to those infected and affected by the HIV/AIDS pandemic. Loyola University Chicago was founded in 1870 and is among the largest of the 28 Jesuit colleges and universities in the United States.

# Positions Available

## ▼ CHAPLAIN

**Seaside, OR** – Providence Seaside Hospital is currently seeking a caring and compassionate professional chaplain to join our dedicated team. Qualified applicants must be eligible for certification or certified by NACC/APC, have an endorsement by their faith tradition and have a minimum of three years' hospital experience. The chaplain must have a clear understanding of the Catholic tradition/Catholic identity and Ethical and Religious Directives. Our position involves a multidisciplinary team approach to meet the spiritual/emotional needs of our patients, families and staff. The chaplain performs all duties in a manner that promotes a collaborative team concept, perpetuates the spirit of community involvement and commits to the Providence Health System mission, philosophy and core values. An excellent ministry opportunity – 32 hrs/wk. on-call rotation. Minimum $39,874–Maximum $59,800. Position includes benefits. Apply online at www.providence.org. For questions, please call Providence Seaside Human Resources at 503-717-7170.

## ▼ CHAPLAIN

**Springfield, IL** – The Pastoral Care department of St. John's Hospital, a nationally recognized regional health center, has a part time (64 hours/pay period) position available. Chaplain candidates must have completed at least one accredited unit of clinical pastoral education. Working towards certification with the NACC is encouraged. Candidates must be experienced in crisis and grief ministry. Individuals interested in this position please apply on-line at www.st-johns.org or send a resume to the Human Resources Department, St. John's Hospital, 800 E. Carpenter Street, Springfield, IL 62769, phone (800) 419-2296, fax (217) 525-5601. An Affiliate of Hospital Sisters Health System.

## ▼ CHAPLAIN

**Great Bend, KS** – Central Kansas Medical Center in the heartland of Kansas currently has a full-time opportunity for an NACC or APC certified (or pending) chaplain. Masters degree in theology or related field preferred. The chaplain serves as liaison to the clergy, community and medical

team, in regard to the spiritual care of patients, residents, families and staff at our 121-bed hospital on two campuses. A member of Catholic Health Initiatives, the hospital is a Catholic mission-oriented organization. Please call Denise Schreiber at (620) 786-6186; e-mail deniseschreiber@catholichealth.net; or send resume to: CKMC Dept of Human Resources, 3515 Broadway, Great Bend, KS 67530. www.ckmc.org. EOE

## ▼ MANAGER OF PASTORAL CARE

**Tampa, FL** – Our diverse, dynamic, multicultural Pastoral Care Department is seeking a manager who will continue to facilitate our participation in all aspects of hospital life. The selected candidate will work with an administrative assistant to tend to the efficient daily operations of St. Joseph's Hospital, St. Joseph's Women's Hospital and St. Joseph's Children's Hospital in Tampa. The position calls for an experienced Catholic chaplain who is adaptable and eager to be involved in the strategic plans of the hospital, while still providing spiritual care to our patients, families, and staff. Involvement in ethics, spirituality, worship, and pastoral counseling essential. Qualifications include NACC certification and ecclesiastical endorsement, with a MA in theology or related field preferred. Candidate should also possess strong written and verbal communication skills, as well as computer skills appropriate to this position. For consideration, please apply online at www.sjbhealth.org; or email to heather.thomas@baycare.org. Equal Opportunity Employers.

## ▼ DIRECTOR OF PASTORAL CARE AND EDUCATION

**New York, NY** – As a HealthCare Chaplaincy staff member, to lead a multifaith pastoral care service which includes a CPE supervisor at the 700-bed New York University Medical Center in Manhattan. NYU is one of the nation's leading academic medical centers serving a highly diverse patient population. Qualifications: APC, ACPE, NACC or NAJC certified, high energy with a well developed sense of the role of professional chaplaincy, a collaborative leadership style, and proven clinical, supervisory, and administrative skills. Send resume to: The Rev. George Handzo, Associate Vice President, Strategic Development, The HealthCare Chaplaincy, 307 E. 60th St., New York, N.Y. 10022 (ghandzo@healthcarechaplaincy.org)

## ▼ CHAPLAIN

**Boston, MA** – Brigham and Women's Hospital is seeking a Roman Catholic priest to join our active, interfaith Pastoral Care team. The chaplain will provide spiritual care to patients, families and staff in our 747-bed, nationally recognized, acute-care teaching hospital. The Chaplaincy Services Department is committed to offering compassionate spiritual care and emotional support as a resource for healing. We value and support the diverse faith and traditions of our community, while embracing the teaching mission of the hospital by providing the highest quality education of pastoral care providers. A minimum of two units of CPE required. NACC or APC certification or eligibility for certification preferred. Healthcare experience desired. For fastest consideration, please apply online at www.brighamandwomens.org (requisition # part-00019280) or fax to MM at 617-277-1263. EOE.

## ▼ CATHOLIC CHAPLAIN

**Lorain, OH** – Seeking a full-time certified Catholic Chaplain. The ministry requires excellent interpersonal and communication skills, a compassionate pastoral presence, and an ability to enhance Catholic identity, mission and values. The position requires ecclesiastical endorsement, certification with NACC or certification eligibility, and a minimum of one year's experience in pastoral ministry in a health care setting. Qualified candidates may send resumes to: Community Health Partners, Human Resources-BW, 3700 Kolbe Road, Lorain, OH 44053; fax 440-960-4629; e-mail chprecruiter@hmis.org

## ▼ CHAPLAIN

**Lorain, OH** – Seeking a full-time and part-time/weekend Chaplain. This position provides spiritual/emotional guidance to a variety of publics: patients, families, visitors, staff, and medical staff. Active member of the Interdisciplinary Team, providing holistic care. Integrates organizational mission and values into all behaviors and responsibilities. The position requires graduation from an accredited seminary or school of theology, 4 units of clinical pastoral education or equivalent or appropriate certification in NACC or the APC. Qualified candidates may send resumes to: Community Health Partners, Human Resources-BW, 3700 Kolbe Road, Lorain, OH 44053; fax 440-960-4629; e-mail chprecruiter@hmis.org

## ▼ REGIONAL DIRECTOR, SPIRITUAL CARE & BEREAVEMENT SERVICES

**Lorain, OH** – Full-time position for a motivated, spiritually focused Catholic individual to direct our Bereavement & Spiritual Care Services. This position will also be responsible for the development and implementation of new programs. Requires a master's degree in theology, counseling, or related field, 4 units of clinical pastoral education, with ACPE certification or certification from NACC or the APC or equivalent and endorsement by appropriate church authority. Five years of experience in a health care facility, preferably in spiritual care and bereavement services with a minimum of three years prior management experience. Qualified candidates may send resumes to: Community Health Partners, Human Resources-BW, 3700 Kolbe Road, Lorain, OH 44053; fax 440-960-4629; e-mail chprecruiter@hmis.org

## ▼ PRIEST CHAPLAIN

**Baton Rouge, LA** – Our Lady of the Lake Regional Medical Center is seeking a full-time Priest Chaplain. Duties include providing patient, family, and staff spiritual guidance and counseling, liturgical celebrations, sacraments for Roman Catholic patients, and participating as a member of an ecumenical team to ensure the provision of high quality pastoral care services. This position shares 24 hour coverage for sacramental ministry with another full-time priest chaplain. Candidates must be a Roman Catholic priest, have ecclesiastical endorsement, and NACC certification or eligibility for certification. We offer a competitive salary and an attractive benefits package. Please visit our website at www.ololrmc.com to apply online.

## ▼ DIRECTOR OF SPIRITUAL CARE/ REGIONAL DIRECTOR CPE

**Billings, MT** – St. Vincent Healthcare is an affiliate of the Sisters of Charity of Leavenworth Health System (SCLHS), Lenexa, KS. This 314-bed facility is rated as a Level II trauma center with a strong history of over 100 years of compassion for our patients. The Director of Spiritual Care and

# Positions Available

CPE directs activities of the Spiritual Care Department and is actively involved in the supervision of CPE. The Director oversees spirituality and the spiritual care ministries of the organization, ensuring the provision of spiritual care. The Director collaborates with interdisciplinary care teams to deliver comprehensive care plans. As the Supervisor of CPE, the Director is responsible to design and implement CPE training programs within the SCLHS-Montana Region under the standards of the Association for Clinical Pastoral Education. The Director develops curriculum, recruits, supervises students' clinical work, provides educational opportunities, and evaluates the students. Qualifications for this position include certification as a CPE supervisor by the National Association of Catholic Chaplains and/or the ACPE, which requires a master's degree in divinity or ordination and certification as a chaplain by NACC, Association of Professional Chaplains, or the National Association of Jewish Chaplains. We provide a competitive salary and benefits package. To apply online, go to www.svh-mt.org, or call 1-800-237-9008 for more information.

## ▼ DIRECTOR OF SPIRITUAL CARE

**San Pedro, CA** – Little Company of Mary Service Area is composed of 2 acute facilities with more than 500 beds, 3 sub-acute facilities and a host of other health services throughout the South Bay area. We provide holistic health care services in a mission and core value based Catholic health care ministry. We are a member of the Providence Health System. Based at the LCM San Pedro Hospital, this position is responsible for the leadership of the Spiritual Care Department team and activities throughout the South Bay service area. The position requires a graduate degree in theology, pastoral theology or a theological discipline. Certification in the National Association of Catholic Chaplains or the Association of Professional Chaplains is required. Two years experience in pastoral/spiritual care in an acute setting is required. The ability to demonstrate excellent pastoral skills, along with demonstrated administrative, organizational, and management skills for three years are necessary. Full time, 8a-4:30p. Send resume to: Alison Singer, Allied Health Recruiter. Address: Little Company of Mary, 4101 Torrance Blvd., Torrance, CA 90503. Phone: (310) 543-5957. Fax: (310) 543-5897. E-mail: alison.singer@providence.org

## ▼ CATHOLIC CHAPLAIN

**Bethesda, MD** – The DHHS/NIH Clinical Center (CC), a major component of the National Institutes of Health (NIH), the premier biomedical research center for those who need healing and a compassionate listener, is recruiting for a bilingual, i.e. Spanish or Arabic language, Catholic chaplain. The chaplain will join an involved pastoral care team in providing spiritual, sacramental, liturgical – including daily Liturgy/Mass – pastoral and emotional counseling to the patients, their family members and hospital staff. Being bilingual, better yet multi-lingual will be a plus, particularly with Spanish language capability. Candidates must have a Masters of Theology degree to fill a full-time chaplain position. Certification by the National Association of Catholic Chaplains is required. Five years healthcare experience is desired. Must have basic understanding and respect to other religious traditions and be open to working as a member of multi-faith spiritual care team. Must maintain continuing education credits, make presentations to the Clinical Education Program, and represent the Catholic faith community from NIH to other institutions. Appointees must be U.S. citizens, resident aliens, or nonresident aliens with a valid employment-authorized visa. Salary is commensurate with experience and accomplishments, and full benefits package (including retirement, health, life and long term care insurance, Thrift Savings Plan participation, etc.) is available. For additional information on this position, please call Ms. Cynthia Bolton at (301) 435-4752. Resumes should be submitted to NIH Clinical Center, 6100 Executive Blvd., Room 3E01, Bethesda, Maryland 20892, ATTN: Cynthia Bolton, or you can apply online to www.usajobs.opm.gov. DHHS and NIH are Equal Opportunity Employers

## ▼ CERTIFIED CHAPLAIN

**Redding, CA** – At Mercy Medical Center, we'll offer you exceptional career opportunities, a supportive environment and a balanced lifestyle, providing you with the time you need to enjoy all our community offers. Must be a Catholic chaplain and NACC. Chaplains will possess a Masters Degree in Divinity or Theology or related field and will have an endorsement by a leader in their faith tradition. Full time, PM shift. We offer a competitive salary and a complete benefit package. Contact: Alyssa Call, Staff Recruiter at (530) 225-6042 or aacall@chw.edu for details. Send resume to: Human Resources Dept., P.O. Box 496009, Redding, CA 96049-6009. Fax (530) 242-5287. AA/EOE/M/F/D/V

## ▼ CHAPLAIN

**Bakersfield, CA** – Integrity. You'll find it in our people and the community they serve. From a great career to a great lifestyle, and everything in between, you'll find it all right here at CHW – Mercy, Mercy Southwest and Bakersfield Memorial Hospitals. As soon as you step into one of our facilities you will feel it – the care and attention that our entire staff devotes to both patients and to each other. We understand what makes this community special – priceless qualities like family, hard work and integrity. We respect these ideals because they are the foundation for the quality patient care we provide to our community. We are currently seeking a caring and compassionate professional to join our dedicated team of five chaplains to cover these three excellent facilities. Qualified applicants must be certified by NACC/APC, have an endorsement by a leader in their faith traditions and have three years' hospital experience. Master's degree in divinity, theology or related field required. We offer competitive compensation, comprehensive benefits including free healthcare premiums for you and your dependents, and a very supportive and quality-focused environment. Bakersfield is a warm and inviting community with big-city amenities, yet the cost of living and home prices are among the lowest in California. Plus, Bakersfield has recently been voted the "Happiest City in America" by Men's Journal! We believe that the effort you put into your job should come back to you as a clear commitment to ensuring your career growth. To learn more about this opportunity or to submit your resume, please contact: CHW Mercy Hospitals, Attn: Shelley Yagers, Recruiter, syagers@chw.edu; 1600 D Street, Bakersfield, CA 93301; Phone: (661) 632-5212 or fax (661) 632-5541. EOE/AA/M/F/D/V

### ▼ CHAPLAIN

**Ames, IA** – Mary Greeley Medical Center is a 220-bed city-owned acute care hospital serving central Iowa. We currently have a regular part-time chaplain position available to provide pastoral ministry and assist other staff in meeting the spiritual and/or religious needs of our patients, families and hospital staff. Candidates must have a master of divinity or an equivalent degree that includes theological studies and successful completion of one unit clinical pastoral education (CPE). Post-offer pre-employment drug screen required. For consideration, send your resume and cover letter to Human Resources, 1111 Duff Avenue, Ames, IA 50010, fax to 515-239-2037, e-mail employment@mgmc.com, or apply online at www.mgmc.org. E.O.E.

### ▼ HOSPICE SPIRITUAL CARE COORDINATOR

**Duluth, MN** - Seeking a full-time Hospice Spiritual Care Coordinator. This position provides comprehensive spiritual care to patients of all ages and their families. Services include but are not limited to individual counsel related to spiritual matters, family support, prayer, and assistance with decision making dealing with end of life issues. These services are provided on an ongoing basis as part of a multi-disciplinary team. The position requires a bachelor's degree or equivalent; completion of four or more units of clinical pastoral education; certification or working toward certification by NACC, APC, or another nationally recognized professional chaplaincy organization. Qualified candidates may contact: SMDC Human Resources, Attn. Esa Ojala, SMDC Health System, 407 East 3rd Street, Duluth, MN 55805; (218) 786-4017 or 1-800-662-3455; www.smdc.org.; fax: 218-786-4018

### ▼ CHAPLAIN

**Merrill, WI** – The Chaplain is responsible for ministering to the spiritual needs of patients and their families, facilitating support groups, making regular patient rounds including the social service activities and functions in response to patient needs, answering codes and responding to death. They assist the Discharge Planner in the identification of medically related social service needs of patients and pursue the provision of these services. Qualifications for the position include: BA or BS in theology, pastoral studies, NACC or ACPE certified chaplain, one year experience in a health related field is required, conversant with Catholicism and with experience in Catholic healthcare, knowledge of social work theories, therapies and techniques of casework process, principles of public welfare acquired through education and/or work experience. This is a full time position, and GSHC will be offering an excellent benefit package and competitive compensation based on experience. If you are interested in this opportunity, please apply in person or contact: Good Samaritan Health Center, Human Resources Department, 601 S. Center Ave., Merrill, WI 54452; (715) 539-2130; mhorn@gshc.org. Equal Opportunity Employer

### ▼ MANAGER OF SPIRITUAL CARE SERVICES

**Mt. Shasta, CA** – Mercy Mt. Shasta has an immediate opening for a full-time, day position to provide pastoral care to patients, families and hospital personnel by assisting them to integrate the experience of illness, trauma, and loss with their own religious beliefs and convictions. The candidate we seek will have basic pastoral care skills and possess 4 quarters of Clinical Pastoral Education, or commit to completing 4 quarters of CPE training within a year. This position offers an hourly rate of $21.60-$27.56 depending on experience, and full benefits. We are part of Catholic Healthcare West, a prominent West Coast-based healthcare system. If you would like to have an application mailed to you, please call Heather Keen at: (530) 926-6111, ext. 320. EOE/AA M/F/D/V

### ▼ MISSION FELLOWSHIP

**Macomb, MI** – St. Joseph's Healthcare, Trinity Health Fellowship Program is designed to provide an educational experience for individuals who are interested in mission leadership in not-for-profit multi-unit healthcare systems. The program is planned for one year; July 2006 through June 2007, and is adaptable to meet the participant's goals and objectives while meeting the needs of the organization. A master's degree in theology, ethics, spirituality or equivalent is preferred. Offer a competitive salary, with full benefits beginning the first of the month after 30 days of employment. For more information about the fellowship opportunity, please go to http://www.trinity-health.org/career/fellowship/. Please mail applications by October 31, 2005 to: Trinity Health, Organization Development and Talent Management, 34605 Twelve Mile Road, Farmington Hills, MI 48331.

### ▼ CHAPLAIN

**Los Angeles, CA** – Seeking part-time or full-time Catholic priest to join the Pastoral Care Division of QueensCare. Chaplain would provide pastoral care for Catholic patients in the Queen of Angels Hospital in Los Angeles, California, assist with noon masses at the hospital and have some on-call responsibility. Bilingual Spanish/English is a plus. Applications from retired priests are welcome. Compensation would include salary and could include some meals. Send resume to Rebecca O'Neill, Dir. of Human Resources, 4618 Fountain Ave #105, Los Angeles, CA 90029. Fax (323) 953-9979 or e-mail to rloneill@queenscare.org. Please visit our website at www.queenscare.org. QueensCare is a faith-based nonprofit that provides innovative health services in the multicultural communities of Los Angeles County.

## Position Wanted

NACC-certified chaplain with about 14 years' experience in long-term care, trauma hospitals and prison ministry seeks a day full-time position, beginning as soon as possible. Chaplain Karen Sechser, sechsers@covhealth.com, (319) 551-6078 or (319) 283-6105.

NACC-certified chaplain seeks a full-time position as a staff chaplain, preferably in the southeastern Massachusetts area, beginning in October. I prefer a skilled nursing facility or a hospital with a psychiatric unit. Please contact Timothy Duff, PO Box 1132, Buzzards Bay, MA 02532; cell (302) 893-1876, e-mail TimothyWlm@aol.com. Experience: three years as Director of Spiritual Care in a hospital, one full year as CPE resident (four units completed) and previous psychiatric hospital experience.

# Board of Directors



# Calendar

## November

| | |
|---|---|
| 7-8 | NACC Board of Directors meeting, Milwaukee |
| 15-18 | USCCB meeting, Washington, DC |
| 16 | Copy deadline, January *Vision* |
| 24 | Thanksgiving; national office closed |
| 25 | National office closed |

## December

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| 4-5 | COMISS Network forum, Alexandria, VA |
| 19 | Copy deadline, February *Vision* |
| 23 | National office closed in lieu of Christmas Eve |
| 26 | National office closed in lieu of Christmas Day |
| 30 | National office closed in lieu of New Year's Eve |
| 31 | Postmark deadline for 2005 Renewal of Certification applications |

THE NATIONAL ASSOCIATION OF CATHOLIC CHAPLAINS

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