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‘Cancer coach’ finds niche with previous experience

By David Lewellen

Vision editor

Someone who has been diagnosed with cancer will get physical care from doctors, and possibly mental care from counselors or spiritual care from chaplains. But a niche may be developing to complement all of those roles — a cancer coach.

The needs that a cancer coach addresses may be as varied as the patients she sees. Ellen Fein works out of an oncologist’s office in central Vermont to offer counseling and whole-person therapy. If a patient is upset by a diagnosis “and the doctor doesn’t know what to do with them, they come and get me,” she joked in a recent telephone interview. She will sit with people while they receive chemotherapy, and try to guide people who are seeking alternative therapy. “I help them not to be too frantic. Some people do five different things. I help them sort out which ones are the right things to do for them.”

Everything in Fein’s life has combined to lead her to her current role. When she took a CancerGuide class through the Center for Mind-Body Medicine, she was so sick with cancer herself that she didn’t know if she’d ever be able to use the training.

But she is now in remission, and her previous experience as a licensed social worker and yoga teacher has given her a unique perspective. When her husband was diagnosed with cancer in 1997 and died eight months later, “I had a notion that there was something I was supposed to do with this experience, but I didn’t know what it was,” she said. It took her own diagnosis in 2000, and two years of treatment, to put it together. Even before her CancerGuide training, she found that she had accidentally begun to “collect cancer patients.”

Professionals who have taken an interest in offering deeper support to

cancer patients can use the training in any way that is comfortable to them. Most of Fein’s work comes back to integrating mind and body. She offers sessions on breathing, relaxation and imaging designed to reduce stress, which takes a physical toll on the body — for instance, she might offer a headset and a CD to a patient about to undergo a 45-minute MRI. She has also created classes in “chair yoga” for people who are too ill to do rigorous poses.

Her basic rule is to “get some pleasure every day,” whether that means reading, playing with the dog, or walking in the park. Or the patient can find something new — when Fein was too ill to walk in the woods, she took up birdwatching and found a new hobby without leaving her couch.

Whether the patient’s prognosis is excellent or terminal, Fein’s approach doesn’t change. “In a sense, everything I do is palliative,” she said. “It’s making your life as good as you can make it today.”

Spirituality often plays a part in that. Fein, a self-described “cultural Jew,” found that her husband’s disease transformed her into a deeply spiritual person. “I had a gut belief that there was something about death that wasn’t final, which I found shocking. I just knew there was something about him that was going to go on.”

If a patient has left their faith tradition, Fein may suggest that a diagnosis of cancer might be a good time to go back. “Some people are interested, some are not.” Churches can offer invaluable support services. But usually, she said, “even if (patients) not religious, there’s something comforting in thinking that people are praying for me.” When she herself was sick, she was “carried on the flow of people’s

‘Everything I do is palliative. It’s making your life as good as you can make it today’

- Ellen Fein

Board of Directors seeks nominations

Nominations are open for two members-at-large for the NACC Board of Directors. Each will serve a three-year term beginning January 1, 2006. Current members-at-large Ms. Theresa Vithayathil Edmonson and Mr. Patrick Bolton, whose first terms end on December 31, 2006, are both eligible for re-election.

The Board of Directors is the governing body of the NACC. Its membership consists of at least six members at large who are elected by NACC voting members; at least four external professionals who are appointed by the board; an episcopal liaison who is appointed by the USCCB; and the executive director of the association.

NACC members-at-large need to be certified members of the association and must meet five of the seven Criteria for Board Membership as stipulated in the NACC bylaws.

We are enthusiastic about our current board members and the gifts they bring to the organization. As you think of nominating a candidate for board membership, the directors especially welcome suggestions of nominees who have education and/or experience in contemporary ministry, academia, ecumenical/interfaith perspectives, marketing, public relations, and business. These are important areas which can strengthen our organization during a time of exciting development and growth.

At the same time, the board continues to be sensitive to its ethnic and cultural diversity, and to seeking a balance of male and female, younger and older, and geographic regions. The NACC board hopes to find individuals of vision who are involved in developing new models of chaplaincy and clinical pastoral education.

The current roster of members of the board appears on the back page of *Vision*, and you can find short biographical sketches and photographs of the Board on the association website (go to: www.nacc.org/aboutnacc/bod.asp).

In order to nominate a person for the

position of member-at-large, you must be a current member of the association and provide the following:

▼ Please discuss your intentions with your nominee and gain her or his permission.

▼ Write a letter of recommendation to the Governance Committee to include: name and contact information of nominee; how s/he meets five of the seven criteria for board membership (see box); how you think the nominee would fulfill the functions of the board (see box); whether the nominee is available to perform such service, including attending a minimum of two face-to-face meetings per year.

▼ Send your nomination to the Governance Committee in care of the National Office via regular mail, fax (414-483-6712), or e-mail (info@nacc.org).

The Governance Committee will review the nominations and present a slate of candidates for the two member-at-large positions. The nominees will be contacted by the National Office and will be asked to submit a statement of candidacy along with a photograph (head and shoulders) and curriculum vita. This information will appear in the candidate profiles that accompany the ballots.

The proposed timeline for nominations and balloting is as follows:

▼ Call for nominations: April issue of *Vision* and broadcast e-mail to members.

▼ Deadline for nominations to be received in the NACC National Office: Friday, May 12.

▼ Candidate profiles to be included in the July/August issue of *Vision*.

▼ Ballots to be distributed to membership by first-class mail.

▼ Ballots postmarked no later than Sept. 22.

If you have any questions about any part of this process, from responsibilities to time commitment to the function of the board, please contact Ms. Karen Pugliese by telephone (630-933-5005) or email (karen_pugliese@cdh.org).

NACC Bylaws:

Functions of the Board

The Board is responsible to:

1. Steward the Catholic identity of the association.
2. Steward the mission and vision for the future of the association.
3. Ensure the integration of the values in the organizational culture.
4. Approve the strategic direction for the growth of the association.
5. Maintain and develop the association's relationship with the USCCB and other groups, institutions, and organizations within and outside the Catholic Church.
6. Approve association policies.
7. Ratify changes to the constitution.
8. Appoint members of the NACC National Certification Commission.
9. Establish task forces or other bodies required by the mission.
10. Approve the annual budget.
11. Participate in the evaluation of the executive director.

Criteria for Elected Board Membership

All elected board members must be certified members of the NACC. All board members, whether elected or appointed, must possess five of the seven criteria for board membership:

1. Catholic in good standing.
2. Personal values consistent with the values of the association.
3. Three years' demonstrated board experience.
4. Understanding and support for the mission of the association.
5. Demonstrated competence and leadership in their professions.
6. Demonstrated competence in one or more of the following areas: healthcare, advocacy, development, education, medicine, research, marketing, finance, communications, mission, operations, or management.
7. NACC-certified chaplain or CPE supervisor for a minimum of five years.

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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Executive Editor

Lawrence G. Seidl

Editor

David Lewellen
dlewellen@nacc.org

Graphic Designer

Gina Rupcic

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

NACC National Office

3501 South Lake Drive
P.O. Box 070473
Milwaukee, WI 53207-0473
(414) 483-4898
Fax: (414) 483-6712
info@nacc.org
www.nacc.org

Executive Director

Lawrence G. Seidl
lseidl@nacc.org

Director of Operations

Kathy Eldridge
keldridge@nacc.org

Director of Education & Professional Practice

Susanne Chawaszczewski, Ph.D.
schaw@nacc.org

Finances

Sue Walker
swalker@nacc.org

Membership

Barbara Hempel
bhempel@nacc.org

Certification

Marilyn Warczak
mwarczak@nacc.org

Special Projects

Philip Paradowski
pparadowski@nacc.org

Telling stories connects us to sources of passion

By **Lawrence G. Seidl**
Executive Director

As I write, the 2006 Winter Olympics have reached their conclusion. But the legacy, the surprises, and the disappointment of those 17 days in February will likely be told over and over again, for we are a culture that likes to remember and tell its stories.

Will we forget the young Kimberly Derrick as she stood at the starting block of the women's short skate, tears baptizing the memory of her grandfather who died in Turin a day earlier? Or will we forget that joyful dude, Shawn White, a.k.a. "The Flying Tomato," whose youthful energy made all of us smile.

Will we likely forget the undaunted determination of Apollo Anton Ohno? Or the disappointing injury of Michelle Kwan? Or the multiple falls of the figure skaters? These are more than just goosebump moments.

As the years pass, we may not remember an exact name, or a specific date of an Olympic event, but we will remember how our hearts were touched by the story.

The theme of the Turin Olympics was "Passion Lives Here," and indeed it did. The stories of the journey to the Olympics were as passionate as the events themselves.

But passion also lives in our lives, and in the lives of those for whom we are privileged to minister. It is a passion for living, for affirming the value of one's existence, and for bringing the love of Christ to the suffering. These experiences, these lives, are the very

archives of our heart.

Where does your passion for chaplaincy live? I suspect that your stories and the stories of your colleagues are part of the very passion which brings you to work every day. And your stories guide others to the very essence of life. You are a walking treasury of passion, and the retelling of your experiences is the sacrament of your vocation.

As the NACC moves forward on a number of initiatives to get our story, our ministry, our vocation, out to the broader population, we will be sharing our passion with various new outlets. The stories, our stories, will be sacredly retold on college campuses, Sunday liturgies, and in the materials we use in seeking to secure individual and corporate donations and program grants.

And now we must actively gather those stories. This value of gathering or archiving of stories isn't new — in fact, various health systems have actually taken the oral tradition of their stories and secured them by the written word for future generations of employees.

It may just be the right time for our own storybook. We will share more details as the project develops, but if you have a story, a special memory which evokes the very meaning of your ministry, please share it with the national office at 3501 S. Lake Dr., Milwaukee, WI 53207, or send it to dlewellen@nacc.org.

The most repeated ad during the televising of the Olympics was for the credit card company Visa. The ad said, "Life takes determination." How determined are we to share our story, our ministry?

Please consider sharing your passion.

Please remember in your prayers:

▼ **Betty Jean Keenan**, who died Jan. 2 at age 78 in Downingtown, Pa. She joined the NACC in 1982 and worked as a chaplain at Fairfax Hospital in Virginia and Georgetown Hospital in Washington, D.C. She moved to Delaware in 1993 and took emeritus status a year later.

In Memoriam



Muslim student offers lesson in unity, diversity

By Rev. Richard Leliaert



The challenges of diversity bridge time and space, intersecting local and global events.

Recently I paid special attention to the second reading at Mass when St. Paul wrote regarding the Jewish dietary laws: "Give no offense to Jews or to Greeks or to the church of God, just as I try to please everyone in everything I do, not seeking my own advantage, but that of the many, so that they may be saved" (I Cor 10:31-3).

Then I noticed a column in *The Detroit News* by a prominent local imam regarding a Danish newspaper cartoon picturing the prophet Muhammad's turban in the form of a bomb. What struck me was the quote from the Qur'an (49:13): "O mankind! We created you from a single pair of a male and female, and made you tribes and families that you might know each other; not that you may despise each other!"

Then I participated in a panel titled "A Culturally Aware Approach to Brain Death and Organ Donation." The panel was organized and sponsored by our hospital's Transcultural Strategic Task Force (TST), with whom I've been involved for many years. I presented from the Roman Catholic viewpoint, our staff chaplain Imam presented the Muslim perspective, and a female Reformed Rabbi (more diversity) presented a Jewish perspective. The large and attentive audience testified to the importance of providing culturally and religiously competent care in matters of organ

donation and brain death issues, as well as the fresh challenges that are always confronting us in these and other areas as healthcare providers.

Soon afterward, I received the February 2006 issue of *Vision*, with Hugh Polensky's fine lead article on organ donation — a fine example of chaplains increasing their competency in this important area of EOL ministry. His article prompted me to think back on the panel I described above. All the religious traditions who participated agreed in principle that organ donation is not only ethically acceptable, but a prime manifestation of the love that grounds our ethical perspectives.

However, when I discussed organ donation after cardiac death (DCD) with the imam on staff, as distinct from brain death protocols, he indicated that for Shi'ite Muslims, DCD might be much more problematic. I note this to remind myself that we need constant care and attention to both our agreements and to possible significant differences on common issues.

Some time ago I wrote a prepublication review of a book titled *Ministry in the Spiritual and Cultural Diversity of Health Care: Increasing the Competency of Chaplains* (New York: Haworth Press, 2004). It was co-published simultaneously as *Journal of Health Care Chaplaincy*, Vol. 13, No. 2, 2004. Ministry in culturally and religiously diverse settings is and has been an integral part of healthcare chaplaincy. Yet the need to increase our competency is ever present.

In our hospital, the TST is directly responsible to the system's Vice President of Patient Care. Over the years we've focused on three major goals: providing adequate translation services, outreach into the community, and training our entire staff in culturally competent care, both in spiritual and clinical aspects. (Remember that the origins of the word 'culture' are related to the cul-

tus, or the religious/worship side of our human being-ness.) Here at Oakwood, we are especially attentive to the Muslim population of our area; right at our doorstep is the largest single concentration of Muslim Arab-Americans in the United States.

While we are attentive to other groups, for example, Hispanics and Afro-Americans, our local Muslim population presents significant challenges. One such challenge is the Sunni-Shi'ite ratio. Worldwide, Sunni Muslims comprise 80% of the Muslim population, Shi'ites about 20%. Here in the Dearborn area, it's almost the exact opposite. So while our imam on staff is basically Sunni and is very sensitive to Shi'ite thinking, and speaks excellent Arabic, he hails from Kosovo and is not considered Middle Eastern. To meet the needs of a large Shi'ite census in our hospital, there's pressure to hire a Shi'ite imam.

Recently, however, I had an interesting experience. A young college student, Ashar Nasser, born in America but whose parents were born in Iraq, asked me about entering a CPE program. Right now he wants to be an imam, and possibly a Shi'ite Muslim chaplain in a healthcare setting. So he's taking his first CPE unit this term and doing his clinical work here at Oakwood. He hopes that other Shi'ite Muslims will follow in his path and take CPE as a way of serving the spiritual/cultural needs of Shi'ite Muslims. This is a milestone for us. I interviewed Ashar to get his perspective on things. His remarks helped me gain greater clarity on our unity as well as our diversity.

Q: Ashar, what brought you to CPE? Why are you taking CPE now?

"When I was ten years old, my first inspiration, Imam Qazwini, came to Dearborn to head the Islamic Center of America. At that time many young people were into drug abuse and gangs. Imam Qazwini inspired them to turn to

We need constant care and attention to both our agreements and to possible differences

Islam, and many changed their lives around. He founded the Young Muslims Association and got us involved in the ritual and ethical activity of Islam. Many of us were born in America, so we didn't understand Arabic; so Imam Qazwini learned English and began to speak to us in ways we could understand. His influence still drives me today. (By the way, thanks to my parents, I also learned Arabic so that I could read and understand my holy book, the Qur'an.)

"Regarding CPE, generally good actions reap a reward; but in CPE, I see the actions (of visiting the sick) as its own reward. Witnessing the physical and mental sufferings of others is a learning experience for me, a path to wisdom, as it was for the holy prophets who visited the sick, since it's a work of God.

"At this point in my life I hope to be an Imam. Maybe I'll think differently a year from now. But right now I'm enrolled in a BA program online in Islamic Studies at the International College of Islamic Studies (London, England). Together with this I'm enrolled for a BA in web(site) development and marketing at Baker College. I believe personally that it's useful to blend a degree in secular studies with a degree in religious studies, so as to integrate the sacred and the secular, so to speak."

Q: What about Christian-Muslim-Jewish relations? How should we go about it?

"I think the important thing is not to step on anyone's toes. Just like I wouldn't want someone to approach me with a cross/crucifix, so I wouldn't want to approach others with Islamic symbols. As you know, we revere Jesus as a prophet of God in Islam, and in the same way I think I need to respect all faiths — Judaism, Hinduism, Buddhism, Christianity. So that I don't cross boundaries in a disrespectful way, or upset anyone, I try to learn something about everything and everything about something. The more well-rounded I am, the more useful I can be to the whole community."

Q: Speaking of crossing boundaries, what's your reaction to the Danish newspaper and its cartoon about Muhammad?

"Well, freedom of speech is one

thing, but to attack the prophet offends 1.5 billion people throughout the world. We need to respect our fellow human beings; we're all children of God. The cartoon reflects hatred or ignorance or both. We need to approach the prophet Muhammad with an open mind. To picture him as a terrorist belies the respect and equality he himself preached. This is especially crucial in a post-9/11 world. There's a story about a neighbor of the prophet who harassed him daily, even throwing trash into his yard. One day he notices there's no trash in his yard, and he inquires about his neighbor. On learning that his neighbor had become ill, Muhammad went to visit him. Why? He believes that he can't simply react to his neighbor's behavior or behave in the same way. I need to be and to do better than that. I need to do good and not evil to others. By doing so, perhaps God will illumine the heart of those who wrong me and guide them into the straight path. This is hard to do, the prophet teaches, but we must make the effort.

"To transcend hatred into love is the common challenge of all three monotheistic faiths, with our common ancestor in Abraham.

"When I look at Islamophobia, I think there's an economic underpinning to this. In a world blinded by materialism and the almighty dollar, many see Islam as a threat. For example, Islam would eradicate the pornography industry through its teaching on the modesty of women. Remember the hijab or the veil was worn too by Mary, the mother of Jesus. Again, usury is forbidden in Islam; it makes the rich richer and the poor poorer."

Q: Tell me your best CPE story to date.

"Well, in my first week, I had finished visiting Muslim patients, and I thought it was time for a break. I was walking down the hall when an elderly woman popped her head out the door. We smiled at each other, but then she asked me to come into her room. 'Stay with me.' Not knowing what to expect, I was surprised when she said first off, 'I'm dying of hunger! I'm starving.' It seems she had fallen through the cracks, so I intervened, and eventually her meal was brought to her. She invited me to share it, but I politely declined. Then we began talking (and would do so

for 2.5 hours)! She told me that her whole life had been tough and rough; she was abused as a child/adolescent, suffered spousal abuse, and had been in and out of hospitals all throughout her life. She had no family visits; only if she would be transferred to ICU, she said, would her family visit. I expected her to doubt God's love or even to question God. What about divine justice? If God is so good and fair, then why is all this happening to me?

"But instead of speaking ill about God, she began blessing and praising God. 'Behind every suffering is wisdom. Just like even bitter medicine can produce healing, so can suffering produce growth. Through life's sufferings, we ascend the ladder of perfection.'

"At this point, I thought we needed to lighten the emotional and spiritual intensity, so we talked a bit about our favorites foods and movies, etc. Then she asked me questions about Islam (why do women wear those veils, etc.) I asked her questions about her faith, and we both grew in our knowledge of and respect for each other's faith.

"On leaving, she said, 'I don't believe in coincidence. In everything that happens, there's wisdom behind it. The wisdom of God is behind everything. I could have had contact with anyone, but why YOU? I believe God sent you to me.' Not bad for my first week in CPE, eh? No, not bad at all."

"P.S. I admired her optimism and faith so much that I told her I would give her a rose. She wept, 'No one has ever given me a rose, no one ever.' I asked what color she wanted."

Did she get her rose?

"No, she was apparently discharged before I could give her the rose."

Salaam alaikum, Ashar.

Va alaikum salaam, Father.

Rev. Richard Leliaert, Ph.D., NACC Cert., is Manager of Spiritual Support Services at Oakwood Hospital and Medical Center in Dearborn, MI.

To meet the needs of our census, there's pressure to hire a Shi'ite Imam

Chaplains' view of role covers wide range

By Michele LeDoux Sakurai

"You did not chose me, no, I chose you; and I commissioned you to go out and to bear fruit..."

John 15:16

"So what does a chaplain do?" How many times have we heard this question from patients, family and staff members? How many of us asked this very question as we entered our CPE (Clinical Pastoral Education) programs? For me, the answer came as part of a theological scavenger hunt; we were to seek a theological grounding, develop a pastoral identity, claim our priesthood, and allow the clinical and reflective processes to help uncover the answer.

"So what does a chaplain do?" This question arises on a regular basis at national conferences. At a workshop at the 2005 APC/NACC convention in Albuquerque, I experienced a dynamic and vibrant discussion that reflected a broad range of interpretation of the chaplain's role in light of denominational and professional loyalties.

The question took on more significance when, in 1996, I became involved in national work and advocating for patients' spiritual/pastoral care to JCAHO. At that time, JCAHO had not delineated in their standards the distinction between chaplaincy and pastoral counseling. The work of COMISS, through the efforts of JCAPS (Joint Commission for the Accreditation of Pastoral Services) helped to educate JCAHO leadership, and the standard was rewritten to reflect "pastoral care and other spiritual services."

"So what does a chaplain do?" The answer always seemed to be intuitive, not explicitly stated. Yes, much has been written by chaplains and others about assessment and interventions, and research is plentiful about productivity and activities of chaplains. Yet these writings seem to hold a priori that chaplains carry a common understanding of their role. In fact, I have found little research that provides chaplains the voice to speak directly on this issue. Is there agreement among certified chaplains as to their identity? In 2001, as part of my doctoral studies, I chose a dissertation research project that focused on this, which I titled "Ministry of Presence: Naming What Chaplains Do at the Bedside."

As the title shows, I held a specific bias on the role of the chaplain. I believed that chaplains would identify their primary function as a listening presence. However, the results of the research project did not fully support this hypothesis; the study found that chaplains perceived themselves much

more fully. To appreciate the findings, it is important to look at the study: what it entailed, and who participated.

The study was designed to give certified chaplains the opportunity to speak from the heart of their ministry. Through the use of verbatims, participants were invited to critique three chaplain interactions — with patients in hospice, long term care [LTC], and the hospital. Open-ended questions gave participants in the study the freedom to speak about what had meaning for them in their professional practice.

The study was open to all certified chaplains who work within the parameters of the USCCB's Ethical and Religious Directives for Catholic Health Care Services. Importantly, this is not a

randomized study; it was self-selecting, with the hope to draw seasoned chaplains into this inquiry. Certified chaplains were invited to participate in this study in a variety of ways. First, packets with verbatims and questionnaires were made available at the Seattle-Tacoma NACC symposium in the fall of 2002. Thirty-three chaplains took packets, and 23 completed the questionnaires and returned them to me. Second, I sent invitations to certified chaplains who had expressed interest in exploring the role of professional chaplaincy. Third, I invited these contacts to invite other chaplains to participate. Of those chaplains showing an interest in the study, two spiritual/pastoral department directors asked if they could extend the research to members of their staff. As a result, 101 chaplains requested packets between October 2002 and August 2003, when data analysis began. Upon receipt of the completed questionnaires and signed consent, I verified that respondents met the study parameters; at this point participants were accepted into the study.

Response to this study was significant. Of the 101 packets sent, 75 were returned, 72 respondents met the study criteria, and of these 69 completed all three sets of questionnaires (hospice, LTC, and hospital). Participant responses were assessed in light of gender (F 42, M 27), vocation (religious/clergy 27, lay 36), professional role (CPE supervisor 11, chaplain 58), ministerial setting (hospital 47, LTC/assisted living/retirement 13, hospice 12 plus parish/teaching/behavioral hospitals/physician offices), and location (22 states).

As I am not a researcher, I relied on the expertise of a social epidemiologist who happened to be a friend from my undergraduate years. Dr. Barbara Isely has shared a strong interest in chaplaincy and welcomed the opportunity to guide the data analysis.

Using qualitative research methods of reduction and interpretation, several themes emerged; for a theme to be considered significant, the participant must identify it as important



The theme that is overwhelmingly evidenced (84%) is 'attending to suffering'

in all three questionnaires. The major themes include

- ▼ attending to suffering (84%)
- ▼ being accepting/compassionate, (41%)
- ▼ inviting story/dialogue (59%)
- ▼ providing listening presence, (48%)
- ▼ facilitating patient's inner resources for healing/reframing God within the context of crisis (45%)

The theme that is overwhelmingly evidenced (84%) by chaplains in this study is "attending to suffering." This was described by participants as the way that a chaplain: allows the patient to grieve, attends to the pain/concern of patient/family members, allows feelings, provides comfort, brings hope, and offers consolation.

Chaplains who participated in this study continually raised the importance of being open, non-judgmental, and accepting. In light of a role that focuses on attending to suffering, these attitudes point to the importance of compassion.

Being open, accepting, and compassionate implies that the story of the other has importance. The participants in this study strongly associated their ministry with inviting patients/family members to tell their stories. This invitation provides a needed vehicle for assessment and pastoral/spiritual intervention.

"Attending to suffering" implies that a chaplain offers a response, and the study found participants somewhat divided in what this response entails. On the one hand, one third of the respondents believed that listening presence was the primary focus of their ministry. For many of these chaplains, to move from this focus is to compromise the role of chaplaincy.

On the other hand, one third of respondents indicated that the theological training they have received gives them important tools to assist another in her/his journey. Two tools identified in this study are "facilitating patient's inner resources for healing" and "reframing God within the context of crisis."

The last third of respondents indicated that depending on the patient, either listening presence or the more interventional responses of facilitating/reframing might be used. The participants' array of responses creates a model for continuum of care/response by chaplains at the bedside:

Listening Presence _____ *Facilitating/Reframing*

This continuum integrates a range of interventions embraced by the profession. Within this spectrum, chaplains choose a response that is appropriate to the needs and the agenda of the patient. For instance, there are times that words cannot attend to the suffering of a patient and presence is required. Then there are those times when patients

cry out to God and seek a grounding from which to cope. In these cases, the chaplain may explore more actively with a patient in terms of facilitating or reframing.

In an effort to give meaning to the array of responses that arose from the study, I attempted to identify how themes fit into the framework of chaplaincy. The major themes can be integrated into a possible model that speaks to the essence of pastoral/spiritual care. This model explicitly names the role of the chaplain:

Key Components of a Ministry of Presence

Role: *Attending to Suffering*

Virtue that Guides Relationship: *Compassion/Acceptance*

Assessment Vehicle: *Inviting Story/Dialogue*

Interventional Options

Listening Presence _____ *Facilitating/Reframing*

Chaplains *attend to suffering*. In every moment of every day, chaplains are being called to be a *compassionate*, non-judgmental presence to those who are suffering, dying, and mourning, as well those who are confused, in despair, or angry. The chaplain enters, and by the simple act of stepping into the room, makes hope an option. It is by *inviting the story* of the other that chaplains are able to assess patient/family needs and appropriate intervention(s). While being grounded in a tradition that informs and comforts and with the skills to *facilitate the inner resources* of the other, the chaplain attends to and stands as a witness to each patient's journey. This witness, by being present to the moment, gives voice to the patient and holds sacred his/her story.

This model is simply part of a continuing dialogue; this study's insights are indeed limited because it encompasses a small number of participants — 72 chaplains/CPE supervisors. Yet, I hope that this research will inspire a deeper conversation within the pastoral/spiritual care community. This conversation is critical if we are to speak as a profession to a health care industry confronting fiscal crisis, a nursing shortage, and a focus that has moved from holistic care to issues of safety. Where we fit into this ever-changing paradigm will be partly determined by how we answer the question, "So what does a chaplain do?"

Michele LeDoux Sakurai, D.Min., is a chaplain at Providence/St. Vincent Medical Center in Portland, OR, and the NACC representative to the JCAHO Liaison Network.

Chaplains choose a response appropriate to the needs and the agenda of the patient

Jewish chaplains' meeting addresses forgiveness

By Sr. Julie Houser, CSJ

More than 130 members attended the 17th annual conference of the National Association of Jewish Chaplains from Jan. 22-25, 2006. As a longtime member of the NACC, an early member of our Board of Directors and a resident of New York City, I was asked to be present, extending to our sister organization the NACC's best wishes. This Jewish gathering in Westchester County, NY, became a very enjoyable and memorable experience for me.

The basic theme of this gathering "To Forgive or Not To Forgive – That Is The Question!" was addressed through plenary sessions, workshops and focus sessions. The emphasis was on awareness, honesty, healing, and forgiveness in a post-9/11 world. NACC member Rev. T. Patrick Bradley, a pastoral care director in Wyoming, and Rabbi David Zucker from Denver explored the use of sacred stories, psalm writing and prayers as tools in pastoral counseling settings. (Both presenters also offered a work-

shop on ethical decision-making and sensitivity to the diversity of populations we serve during our NACC convention in Columbus.)

Discussions about the NAJC certification process were of special interest to me, as I have been supervising a Jewish laywoman nearing her own eligibility for certification. In fact, she was attending the convention, walking me personally through its sessions and even its prayer breaks.

NAJC certification processes and requirements are similar to those of the NACC and the APC. Jo Schrader, executive director of the APC, was also present and responded appropriately to questions about the APC certification process. I was very interested in learning about the NAJC mentoring process, in which trained and approved mentors formally assist chaplaincy candidates through the preparation for certification. I have often shared my preference for a similar level of coaching for candidates unfamiliar with the NACC processes and requirements.

Jewish chaplains in attendance

spanned the entire country. However, most seemed to know and bond very closely with each other. I noted how much the varied Jewish philanthropic organizations genuinely supported the Jewish interests. For instance, the United Jewish Appeal sponsored eight Israeli chaplains to attend the convention. Organized chaplaincy is a developing ministry in Israel's institutions. During 2005, the NAJC sponsored two conferences in Israel.

I also appreciated this opportunity to connect with some local rabbi chaplains in the New York area. I've spoken with many of them and really enjoyed a few words and familiar sharing. I linked also with Jewish supervisors, a supervisor-in-training and candidates awarded certification at the banquet.

It was an honor and privilege for me to represent the NACC, and was an enjoyable experience to be so welcomed by our NAJC sister chaplaincy organization.

Sr. Julie Houser, CSJ, NACC Cert., is program director and supervisor of CPE at Brooklyn Catholic Charities, Brooklyn, NY.

Standards Committee considers revisions

It could have been an episode of the popular PBS show, "This Old House." On February 15, members of NACC's Standards Committee traveled to Milwaukee to continue work begun in July 2005 when the Standards Committee members gathered in Illinois.

The NACC Standards Committee was given the task of studying the common standards alongside our existing standards to see if changes were necessary. The committee broke into work groups. A large portion of the work was begun via telephone. As we worked, we discovered that the standards are similar to an old house. Much like removing wallpaper, close inspection of the standards uncovered the seams where additional phrases were added throughout the years to fit the changing times.

Full-scale renovations are underway, to cleanly and clearly integrate the core common standards adopted in 2004, to separate standards and processes so they might be more clearly understood and applied and, most importantly, to identify ours as a ministry offered on behalf of Jesus Christ and the Roman Catholic Church.



Pictured are the Standards Committee members: Back row: Chair, Alan Bowman; Susanne Chawszczewski, NACC National Office; Rod Accardi, Certification Commission member; Front row: Karen Pugliese, NACC Board member; Mary Lou O'Gorman; Linda Piotrowski.

Novel addresses tough ethical issues

My Sister's Keeper: a novel

By Jodi Picoult (New York: Washington Square Press) 2004, softcover, 423 pages, \$14.

By Rev. James F. Buryska

I am embarrassed to admit that until now I had not read any of Jodi Picoult's books; in fact, I had never heard of Jodi Picoult. Maybe I should get out more. Still, it's a wonderful experience to be introduced to someone who speaks to me with a new voice, which Ms. Picoult surely does — and does extremely well.

The plot of *My Sister's Keeper* is intriguing and contemporary: a couple conceives a child to be a genetically compatible source of stem cells and tissue for a living child who has a rare form of leukemia. We observe how this plays out over the years in the family's individual and communal lives, and the personal, relational and ethical dilemmas the situation raises for them and those around them. Such a premise might readily lend itself to caricature of ideas or characters or both, but Ms. Picoult does not succumb to that temptation. Rather, she weaves a story that is both dramatically absorbing and ethically challenging.

The author has done her research; hospital details such as clinical and administrative language, ethics committee deliberations, and physician-patient dynamics are all portrayed vividly and authentically. Though not so familiar with the legal process, I have no doubt that passages describing the operations and dynamics of the court system are comparably accurate.

One of the book's most engaging aspects is the ease and effectiveness with which the author establishes the identity of the characters through point-of-view narrative. Each person is unmistakably distinguished from the others by how he/she speaks, and after a few "turns" there is no possibility of confusing one with another. Ms. Picoult has a gift for placing credible dialogue (well, monologue) in the mouths of believable characters, and for giving each a distinctive voice — no small feat. And because the characters are real and believable, the author makes us care about each of them — once again, not a small accomplishment.

Perhaps it is this very ability to call on the reader's emotional engagement that makes the conclusion of the novel disappointing — at least to me. It's not that I wanted or expected a "happy ending;" situations like these yield few happy endings. Rather, I intuitively wanted the sad ending to be different. In my view, the author rescued the characters from many of the long-term relational consequences of their decisions by bringing the plot to a rather abrupt and (somewhat) tidy conclusion.

But my disappointment did not spoil my appreciation for the book as a whole — as an absorbing read; as an intellectual and emotional challenge; as an exercise in the drama and urgency that attend medical and legal realities; as a vehicle for discussion of ethical issues (a list of discussion questions is included at the end of the volume). *My Sister's Keeper* is all these, and well worth reading.

Rev. James F. Buryska, NACC Cert., is an NACC and ACPE supervisor at the Mayo Medical Center in Rochester, MN.

Book Review

Cancer coach

Continued from page 1.

intentions for me. I could almost feel it, that people wanted me to be well."

For patients with no religious or spiritual grounding, Fein will explore other symbols or images that may offer strength. She cited the case of an artist in his 50s who had no religious beliefs but loved the outdoors. When they worked on guided imagery, "a bear came to him. It was a sense of connection to nature. There was something powerful for him in the out-of-doors."

The hardest cases, however, tend to be people without much of a support network. "The stoic Vermonter who wants to go it alone — there's not much you

can do about that."

Eating is an enormous problem for older people with cancer, Fein said. They face the double difficulty of shopping and altering their diet to include foods that will help them in their illness, and of cooking when they feel sick and weak. "I would like to see a volunteer program

focused on food and companionship." For herself, she said, "This is exactly where I'm supposed to be. I wouldn't have chosen these things — they've been incredible challenges — but I'm doing my heart's work."

For more information on Ellen Fein's book, "Not Just a Patient," and CD, "Healing with Ellen Fein," visit www.notjustapatient.com.

The CancerGuide program, offered through the Center for Mind-Body Medicine, is designed for members of the helping professions who are interested in supporting and educating cancer patients. This year's course will be offered in Chicago, IL, October 8-14. The intensive course presents cutting-edge, research-based information on conventional, complementary, and alternative cancer therapies, as well as the means to integrate them into effective treatment programs. CancerGuides are trained to help people with cancer to make their own informed decisions and to create programs of individualized integrative care.

For more information, visit www.cmbm.org or call Klara Royal at the Center for Mind-Body Medicine (202-966-7338, ext. 241, kroyal@cmbm.org).

Positions Available

▼ EMERGENCY DEPT. CHAPLAIN

Carmichael, CA – Provides spiritual/religious counseling and ministry to patients and their families at Mercy San Juan Medical Center. Provides crisis care and support in the emergency department environment. Must have the ability to support individuals from diverse cultural and faith traditions. Experience and knowledge in crisis and emergency pastoral support and spiritual assessment are crucial. The successful candidate must work well with an interdisciplinary staff and willing to work week-ends and off regular shift times. One year hospital experience preferred. Qualifications: Certification or eligible for certification as chaplain by NACC or APC. Bachelor's degree required. Master's degree in theology, pastoral care/counseling, spirituality preferred. www.mercysanjuan.org. Please send your resume to: lenora.feiner@chw.edu or fax to: 916-859-1538.

▼ PART-TIME HOSPICE CHAPLAIN

Addison, IL – The hospice chaplain will participate as an integral member of the interdisciplinary team at Family Home Health Services to coordinate and provide spiritual care, support emotional and bereavement needs of hospice patients and families in either a patient's home or a nursing home setting. The chaplain is interfaith in orientation and comfortable with diverse religious beliefs and spiritual values. Qualifications include: Master's in divinity, theology, pastoral care or related subject; minimum one unit of CPE; two years pastoral care experience in hospice; CPE and/or equivalent experience; effective communication skills. Send resumes to mjohnson@familyhhs.com; for any questions call (630) 317-3343.

▼ CPE RESIDENCY

Temple, TX – Scott & White Hospital is recruiting for the 2006-07 Residency. Our innovative CPE program offers 3 units of CPE in a calendar year. We provide residents time for development of relationships with doctors and staff, integration of learning with practice, and opportunities for specialization in clinical areas. Competitive stipends and benefits. No tuition. Up to \$500 moving expense reimbursement (with prior approval). \$25 application fee required. Send applications to: Chaplain Marty Aden, Scott & White Hospital, 2401 So. 31st St., Temple, TX 76508. Fax 254-724-9007, phone 254-724-5280, or e-mail maden@swmail.sw.org.

▼ STAFF CHAPLAIN

Fort Smith, AR - St. Edward Mercy Medical Center seeks chaplain to join a multi-cultural, ecumenical group of chaplains ministering at the premier healthcare provider in western Arkansas, serving over 400,000 in 13 counties. Affiliated with Sisters of Mercy Health System, 343-bed St. Edward Mercy offers the highest caliber medical and clinical staff, leading-edge technology, and over 100 years of Mercy service. NACC or APC

certification required. One year experience in a health related field is preferred. This is a full time position. SEMMC offers competitive compensation and an excellent benefits package effective first day of employment. Apply in person or contact: St Edward Mercy Medical Center, Human Resources Department, 7301 Rogers Avenue, Fort Smith, AR 72903; (479) 314.6111; t nichols@ftsm.mercy.net or apply online at www.mercyjobs.com. E/O/E

▼ CLINICAL PASTORAL EDUCATION

San Antonio, TX – For those seeking the highest quality training for professional chaplaincy, CHRISTUS Santa Rosa Health Care's CPE program offers ministry in acute and chronic illness settings within a predominantly Hispanic Catholic population to further develop your pastoral identity and praxis; evolving spiritual assessment and charting tools to provide you with a spiritual/theological vocabulary to describe your interaction with patients, families and staff; Interdisciplinary ministry to increase your comprehension of ethics, the soul in the work place, suffering, healing and end-of-life issues and rituals; Poignant ministry experiences with infants and children to challenge you to integrate new experiences with your theology; a spacious, open learning environment to sharpen your reflective and concentration abilities; varied cultural experiences in a hospitable city to expand your horizons; retreat and wellness days integrated in each unit to offer holistic balance; a creative CPE Supervisor and a Spiritual Care staff trained as mentors to support your learning. By participating in CPE at CHRISTUS Santa Rosa's accredited CPE program, you will be better prepared for ministry and certification. For more information, you may reach us on the CHRISTUS Santa Rosa web site, www.christussantarosa.org, or by contacting Mary Davis at (210) 704-2851 or md.davis@christushealth.org. Accredited by the USCCB/CCA and the College of Pastoral Supervision and Psychotherapy.

▼ INTERIM DIRECTOR, PASTORAL CARE

North Bergen, N.J – To be Interim Director of Pastoral Care through The HealthCare Chaplaincy at Palisades Medical Center, (<http://palisadesmedical.org>) a 200-bed community hospital with an attached 225-bed nursing home located on the Hudson River directly across from midtown Manhattan. The successful candidate will join a dynamic leadership team to direct a Department of Pastoral Care and parish nurse program in these institutions, which have a very culturally and economically diverse patient population and staff. The term of the position is expected to be approximately one year. Qualifications: ACPE, APC, or NACC certified or certification eligible, high energy with a well developed sense of the role of professional chaplaincy and excellent clinical skills. Fluency in Spanish required. Send resumes to: The Rev. George Handzo, Director of Clinical Services, The HealthCare Chaplaincy, 307 E. 60th St., New York, N.Y. 10022 (ghandzo@healthcarechaplaincy.org)

▼ MANAGER OF PASTORAL CARE

Cape Girardeau, MO - Saint Francis Medical Center, a 254-bed, not-for-profit healthcare facility, is currently

seeking a full time Pastoral Care Manager to lead our ecumenical pastoral care team in meeting the religious and spiritual needs of our patients, their families and our employees. Qualifications include: Master's degree in theology or related field and NACC or APC certification. Three to five years pastoral health care experience. Demonstrated evidence of written, verbal and computer skills, and proven leadership ability. We have an excellent salary and benefits program, including relocation assistance. Send resume to: Cheryl Woodfin, Human Resources; Saint Francis Medical Center; 211 Saint Francis Dr.; Cape Girardeau, MO 63703; telephone (573) 331-5109; fax (573) 331-5010; cwoodfin@sfmtc.net

▼ STAFF CHAPLAIN

Victorville, CA – St. Mary Medical Center, located in beautiful Apple Valley, CA, is a full-service, 186-bed acute care, not-for-profit medical center. As part of the prestigious St. Joseph Health System, we are committed to serving all High Desert communities through the values of hospitality, dignity, justice, service and excellence. As the Staff Chaplain, you will act as a member of the spiritual care team that serves the spiritual and religious needs of patients, families and staff of St. Mary Medical Center. Reporting to the Director of Mission Services, and collaborating closely with other members of the multidisciplinary health care team, the Staff Chaplain will provide a ministry of presence, journey with those in search of healing and hope, and deliver care in complex, sensitive situations. This position will demonstrate values-based competencies in line with the four core values – dignity, justice, service and excellence – that are the foundation of all activities performed by employees of the St. Joseph Health System. Qualifications include: Master of divinity/theology or equivalent combination of education and experience; formalized theological education leading to ecclesiastical endorsement for ministry; four units of clinical pastoral education, Association of Clinical Pastoral Education; certification by NACC or ACPE and ecclesiastical endorsement from the bishop of the diocese and/or religious superior; understanding of and willingness to comply with Title 22 and other state, federal and JCAHO regulations as they pertain to this position and department. We offer a competitive compensation and benefits package. Send your resume to: SMMC, HR Dept., 18300 Hwy. 18, Apple Valley, CA 92307. Phone (760) 946-8886; fax (760) 946-8136; e-mail: amy.hill@stjoe.org. EOE.

▼ PRIEST CHAPLAIN

Austin, TX – Seeks to make God's redemptive love and healing present to the sick and suffering among our patients and their families, as well as the hospital staff. Ministers to the sacramental, spiritual/religious, and the emotional needs in the various crisis situations as they arise. Contributes to the care of the whole person and communicates this value to other members of the healing profession. Maintains equipment (clinical/technical) and age specific competencies as well as promotes the mission, philosophy, vision and values of the Daughters of Charity. Minimum qualifications: Bachelor's Degree required. Graduate theological education. Ordination as a Roman Catholic priest required. In good standing and

ecclesiastical endorsement from bishop of the Diocese of Austin required. Current certification or eligibility for certification within a year of employment as Board Certified Chaplain required. Four units of Clinical Pastoral Education training in accredited center. Previous experience in pastoral care ministry required. The Seton HealthCare Network is the leading provider of healthcare services in Central Texas, serving an 11-county population of 1.4 million. The network includes five urban acute care hospitals, two rural hospitals, and a mental health hospital. Please contact mfaulks@seton.org, please complete an online application www.seton.net for employment consideration. EOE.

▼ CHAPLAIN

Chicago, IL – Respect. The way we work together. The way we serve the community. At Sinai, our respect shows. For nearly 90 years, Sinai Health System has provided top medical care and special services to Chicago's neediest communities. No matter who the patients are, or where they come from, every Sinai caregiver treats them the same — with respect. As chaplain and interdisciplinary team member, you will experience a rich context for providing pastoral and spiritual care to patients, their families, and staff. There are opportunities to interact with community organizations and local clergy. Conducting religious services and performing sacraments are also key aspects of this position. To qualify, we require Master of Divinity degree and four units of clinical pastoral education (or the equivalent) along with ordination or appropriate ecclesiastical endorsements. You must also possess chaplain certification (or eligibility) with APC, NACC or JPC. To show our respect for our dedicated caregivers, we offer superior benefits that include health and dental coverage, retirement plans, tuition reimbursement, paid time off, and more. To apply, please contact Joanna Reynolds at Sinai Health System, California Avenue at 15th Street, Chicago, IL 60608; phone (773) 257-2127; fax (773) 257-6290; e-mail: reyjoa@sinai.org; www.sinai.org. Equal Opportunity Employer.

▼ PRIEST CHAPLAIN

Little Rock, AR – St. Vincent Health System is a regional health care organization, part of the greater Little Rock community since 1888 and a member of Catholic Health Initiatives. We are now seeking a full-time priest chaplain to join our well-established Chaplaincy Services Department. Primary duties will include assessment of the spiritual needs of a diverse population and the provision of support to patients, families and staff members. This includes the sacramental ministry for Catholic patients. Emphasis is placed on an interdisciplinary team approach and enhancing the spirituality of the organization. Requirements include four units of Clinical Pastoral Education, current NACC certification or eligibility for certification within one year of employment, and ecclesiastical endorsement. Little Rock is the State Capital and offers numerous cultural amenities, and Arkansas is a place of great natural beauty. Please send resume to Nellie Duncan, Human Resources, 2 St. Vincent Circle, Little Rock, AR, 72205.

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St. Vincent Indianapolis Hospital
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jmbumpus@stvincent.org

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theresa.edmonson@providence.org

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Lawrence Seidl
National Association of Catholic Chaplains
Milwaukee, WI
lseidl@nacc.org

Patrick H. Bolton
Director of Pastoral Care
Mercy Medical Center
Daphne, AL
patrickb@sa-mercymedical.org

Karen Pugliese
Chaplain
Central DuPage Hospital
Winfield, IL
karen_pugliese@cdh.org

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President Emeritus
Mercy Medical
Daphne, AL
smew@sa-mercymedical.org

Sr. Barbara Brumleve, SSND
CPE Supervisor
Alegent Health Care
Omaha, NE
bbrumlev@alegent.org

Sr. Geraldine Hoyler, CSC
Notre Dame, IN
ghoyler@cscsisters.org

Calendar

May

- 1 Copy deadline, June *Vision*
- 6-7 Chaplain certification interviews in Milwaukee, Baltimore, Atlanta, St. Louis, Los Angeles
- 6-10 APC annual conference, Atlanta, GA
- 29 Memorial Day; national office closed

June

- 1-4 National Association of Lay Ministry conference, Cleveland, OH
- 4-6 Catholic Health Assembly, Orlando, FL
- 12 Copy deadline, July-August *Vision*
- 15-17 USCCB meeting, Los Angeles, CA

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3501 South Lake Drive
P.O. Box 070473
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