Pediatric chaplains move between two worlds

By Jim Manzardo

Wearing his Spiderman pajamas, standing on his bed, wide-eyed and in attack position, Super Joey extended his hands in Spiderman form and shot a web into my chest, sending me into the curtains next to his bed. As I rolled my body up into the web of those curtains, with Joey waiting to get me again, I wondered who was having more fun, who was more distracted — and who had more need to escape from the reality of the cancer in Joey's body. Everyone who knew him faced the heaviness that they would not much longer know his joy, energy and life. Any time I set foot in Joey's room, I was entering two different worlds, that of Joey's imagination and that of his parents.

As a pediatric chaplain companionsing many children with cancer and their families, every day I find myself between at least two worlds. All of us in the hospital — nurses, doctors, child life specialists, social workers, art and music therapists, chaplains — participate in a delicate multi-partnered dance with the children and their parents and often with siblings and grandparents, moving in and out of their different worlds.

Sometimes this movement seems so surreal. Especially with infants, toddlers and pre-schoolers like Joey, I often find myself actively listening to a parent's sadness, guilt, anticipatory grief, or whatever spiritual angst she may be carrying, at the same time that I am intermittently playing, dancing, singing, smiling, or just being silly with the little ones. It feels surreal sometimes to know that both the parent and child are hurting and scared, yet they are not openly expressing their experience in each other's presence.

In her book The Private Worlds of Dying Children, Myra Bluebond-Langner reveals that children tend to follow the family members and hospital staff's unspoken rules prohibiting their expression of emotions and questions about illness and death. Consequently, children often become distanced from the very people who nurture and provide support. The great irony is that both the child and parent are motivated by a desire to protect their loved one from painful emotions. Many parents have spoken to me of not wanting to show tears in their child's presence for fear that they will both fall apart, limiting their ability to function and frightening their child to the point of their child giving up their will to live. My child life and social work colleagues have taught me the value of modeling a certain openness of exploring and sharing feelings and thoughts as well as simply encouraging both parent and child to speak with each other.

I am grateful for my few but very deep encounters with 13-year-old Debra during her last few months of life. The first time she came to our hospital, she was already very frail, thin, with a weak and high-pitched voice stemming from throat cancer, and a very poor prognosis. During most of her long hospitalizations, Debra was either very tired, sleeping or in a coma. But once when I visited her alone, Debra talked about not sleeping well at night because she was scared of dying. She said that when she expressed her fear to her parents, they became bothered and told her not to think or talk about that subject. 'My momma thinks I'm better, but I'm not better. I still have cancer in my body. But my momma doesn't want to hear me say these things.' Facing the death of a loved one is very painful, no matter how old or young our loved one may be. In a children's hospital that
Author responds to Vision book review

Editor's note: Mary Toole's Handbook for Chaplains was published last year by Paulist Press. Rabbi David Zucker, a certified Jewish chaplain, reviewed it in the October 2006 issue of Vision and criticized the book's assumption that chaplains would recite liturgical prayers of another faith.

Editor:

I have done much reflection on Rabbi Zucker's review and have spoken with a number of people from various faith traditions. Because of some recent experiences with people in crisis, I have decided to write this response.

First, my handbook was meant to be a guide for people of different faiths. It was never intended to replace a patient's minister, priest, pastor, or rabbi. Sometimes the appropriate person cannot be contacted and some guidance or brief prayer may be requested. Some patients prefer the more familiar prayer to spontaneous prayers.

I never pray with a patient without first receiving their permission. My patients are always given the option of praying prayer(s) of their preference or ones offered by the chaplain. Sometimes a Jewish Orthodox patient or family member requests to view the prayers first, and I agree. Since publishing the handbook, I have found a Jewish pamphlet titled Selected Prayers for Health and Recovery. Copies may be obtained from The New York Board of Rabbis, 10 E. 73rd St., New York, NY 10021.

Before Paulist Press published the handbook, their consultants from various faith traditions read and approved their respective sections.

After reading this review, I have spoken with various people. An Orthodox Jewish doctor who works at my hospital disagreed with Rabbi Zucker. The doctor told me he had asked an Orthodox Jewish patient about my seeing him, and the patient responded he found comfort in my visits in his many hospital stays.

I know several Catholic deacons; one in particular has a radio talk show with a rabbi. Recently I asked for his views on a chaplain praying with people of other faiths. Again, I heard that it was important for a person to pray, and if one's own faith person was not available, it was good that a chaplain could pray with the patient.

During the past several months, I have been in critical care units as a person of another faith was moments from death. Once a Greek Orthodox woman was dying, and her sister, the only person present, kept trying to call people. There was not time to make any more calls. I opened the handbook and prayed prayers acceptable to them when a Greek Orthodox priest was not present.

Twice I have supported Jewish Orthodox families when their loved one died on the Sabbath. No rabbi would be available until after sundown on Saturday. I immediately educated the staff on what was required for an Orthodox Jewish death (page 36 of the Handbook). I knew certain things they could not do until after sundown on Saturday. The first time, I was with the patient's daughter. As I had pre-arranged with the family, I dialed telephone numbers (Orthodox may not telephone during Sabbath) so family members listening to the answering machine would know their loved one had passed. Also, an Orthodox Jewish rabbi happened to be sitting with his father in another unit. This rabbi and the daughter of my patient did the praying as I attended to their personal needs. I have since received a note from this daughter in appreciation of the kindness, understanding, and compassion shown.

More recently, the staff called for guidance because an Orthodox Jewish patient had just died and the family was present. This was a Saturday afternoon. Again, no one of their faith could be reached until after sundown. I educated the staff and provided compassionate support to the family, who continued to pray throughout the day. A family member indicated their appreciation of the care and support of the entire staff.

Chaplaincy does not discriminate against anyone because of race, gender, faith, culture, sexual orientation, or physical disabilities. We are respectful and sensitive to the religious convictions of our patients. My Handbook was meant to aid in this endeavor. I believe God was not selective when He said "Comfort my people" in Isaiah 40:1.

Mary Toole, NACC Cert. Elmont, NY

Chaplains’ uncertainty mirrors society

Editor:

I was at first taken aback by the article, “Consensus on chaplains’ unique function is elusive” by Rev. Dean Marek in the April 2007 Vision. It seemed that Catholic chaplains were bypassing both the traditions and rituals and practices and maybe even the teachings of the Catholic Church. However, upon consideration of what chaplains do, I would say that, following St. Aquinas’ principle, they “meet people where they are.” This is the core of the chaplain identity — those who meet people where they are! People in confusion and grief, powerless and vulnerable. Realizing that they represent past healers in whose stead they stand as icons, chaplains bring the healing of Jesus to all — patients, families, and staff.

How chaplains bring this healing depends on where the individuals are. Are we a homogenized culture? Surely we are, and so healing requires a subtle sense of the appropriate, but also a good sense of how Jesus would heal in this time and society. I’m thinking we can take the uncertainty and struggle reflected in Rev. Marek’s article as chaplains grappling with the uncertainty and confusion of people in this modern culture as a whole. What surely grounds chaplains to even face this uncertainty are the strong roots firmly planted and nourished in the traditions of the past.

John P. Stangle, NACC Cert. Tucson, AZ
Many unanswered questions about reiki

Editor:
I appreciate the response of Rev. Phyllis Kline, BCC, in the May issue of Vision to my earlier letter regarding reiki. I am concerned not so much with its effectiveness as with our lack of clarity about what it is and its suitability for a professional chaplain. Rev. Kline states that she is a “certified reiki practitioner.” I glean from research that one can get certified in a single weekend workshop for the first “attunement” or “degree,” another weekend for the second attunement, and I guess maybe up to a year for a master level. I see that a few states also require training in massage therapy, yet other states do not. It seems one can begin practicing reiki after a single weekend in most states.

She refers to reiki as a “form of prayer,” yet from what is written about reiki, faith in God is not required. To whom or what would a reiki practitioner’s prayer be directed if belief in God is not essential? If she means that it can be a form of prayer for her, then call it prayer and not reiki.

Again, my concern is appropriateness. Crystal therapy and magnetic therapy may also be effective, but how appropriate for pastoral intervention? What exactly is happening in reiki? If it is a form of prayer asking God to act, it would require faith. If, on the other hand, it is a channeling of a putative energy, it is energy manipulation, closer to something like radiation therapy than prayer. Rev. Kline also talks about the need for “wisdom and discernment” in reiki intervention as well as the need for trust. It is “not appropriate in all encounters.” Here we agree.

For further discussion, please visit this site: http://groups.yahoo.com/group/catholicchaplains

Peter T. Mayo, NACC Cert.
Mt. Carmel Regional Medical Center
Pittsburg, KS

Christian reiki is natural healing

Editor:
Since retiring from hospital chaplaincy, I offer Christian reiki as a certified third-level practitioner. I would like to respond to Peter Mayo’s letter in the February issue of Vision.

God’s vital life-giving energy animates and gives life to all of creation. Christian reiki is natural healing using God’s spiritually guided life-giving energy. Reiki is a gentle hands-on prayerful healing presence that focuses the body’s energy for deep relaxation and inner peace.

Reiki is like contemplative prayer. When people pray for others, their prayers invoke the energies of a loving God. Both prayer and laying on of hands produce healing by the same avenue — the divine energy of the creator. The difference is the method for involving and channeling divine energy.

Reiki practitioners serve as channels for God’s loving, energetic presence.

My prayer when offering reiki is, “I call upon the loving presence of God, trusting in God’s universal life force energy to flow through my hands in gentle compassion through Jesus Christ with love, light and wisdom.”

Equating reiki with New Age spiritualistic practices is misinformed and misleading and does a great disservice to the healing presence of Jesus at the heart of reiki. In reiki, God clearly shines through in the loving presence of Jesus, the healer. Reiki is offered in a growing number of Christian hospitals, medical centers, retreat centers and nursing homes.

Jesus practiced laying on of hands, therefore, it is scriptural for Christian reiki practitioners to serve as conduits for Christ’s healing by gentle laying on of hands. (John 14:12).

Joan Carlson, NACC Cert.
Egg Harbor, WI
**Strategic plan represents NACC’s future**

**By Karen Pugliese**  
NACC Board Chair

In March, I reflected on my gratitude for the nine months of faithful and selfless listening, learning, praying, and discerning that the NACC Vision and Action Planning Committee generously offered to our association. I sit at my desk on this warm, clear June night wishing I could e-blast my way into each of your computers, or interrupt the broadcasting on your radio, TV, or iPod. Today, via conference call, your Board of Directors approved the final recommendations of the Vision and Action Initiative — the Mission, Values, Vision, Goals and Objectives which will chart our journey from July 1, 2007 through June, 2012.

The recommended plan was a deeply collegial and collaborative work — with a spirit of generous compromise from each person for the good of the whole. It was a process in which authentic dialogue (*meaning-coming-through*), and not just discussion, prevailed. A spirit of celebration was also characteristic of the group. On the final conference call, after reading the recommended version of the Vision Statement (following many earlier versions), Fr. Kevin Ori of Milwaukee proclaimed: “Alleluia, we have got it!” You can read the complete plan as an insert in the September issue of Vision.

We reminded the Board that their investment in this process, their support and challenge, since the retreat last July helped bring us to this day. I noted that Tom Landry’s inspirational leadership and encouragement and Cindy Bridges’ sharing of herself and her delightful sense of humor as well as her considerable skills and talents were also essential. We affirmed and honored the work of the NACC staff, who carefully reviewed the goals and objectives and suggested minor editorial adjustments, but no substantive changes to the document.

Finally, I must tell you that a day doesn’t go by that I don’t offer prayers of gratitude for the gift The Reid Group is to us. Last August, as Tom and I were still getting to know one another, we met with John Reid (as he vacationed with relatives in the Chicago suburbs) to explore a consulting relationship. In the months that followed, we have come to know John and Maureen Gallagher as far more than excellent consultants. They are deeply reflective and spiritual partners, as well as advocates for us in this ministry of the Church. They have developed nurturing, life-giving relationships with all they have come in contact with on our behalf.

John and Maureen prefaced the approval process with remarks about the Planning Committee’s remarkable trust in one another, their willingness to go the extra mile, to listen carefully to the many voices who contributed to the work-in-progress. John thanked and praised the group for the “vision, compassion, commitment, faith, passion, and more” so abundantly evidenced throughout the process. Bishop Dale Melczek, our Episcopal Liaison, noted that he was very happy with the work. Bridget Deegan-Krause, Vice Chair, reflected that she found the document to be “strong, clear and reflects who I am. It resonates well with who I understand us to be.” Throughout the meeting, John and Maureen slowly, skillfully, patiently and gracefully guided us through the document to facilitate clarity and a common understanding, gather feedback, and assure complete endorsement of the plan.

The Mission and Vision Statements were approved as submitted; the Board endorsed the Values Statement with one change. A few modifications were made to the Goals and Objectives for the purpose of focusing and clarifying the intentions of the Planning Committee.

Each of us owes a great debt of gratitude to the Vision and Action Planning Committee. These 11 women and 11 men come from 15 states across the nation. They are chaplains ministering in hospitals, hospice, Clinical Pastoral Education programs, mission services, education and more. We are also grateful for the thought leadership provided for us in “external eyes” through the environmental scan last summer; the more than one hundred responders to drafts of the plan on the NACC website, as well as the October and February focus group participants; the Planning Committee members who hosted local gatherings for feedback and fellowship; the hundreds of members who shared their ideas at our business meeting in Portland; and our cognate partners who joined Tom Landry and myself for the powerful and abundantly graced pilgrimage into the mystery that beckons us into our future.

In July, John Reid and Maureen Gallagher will meet with the Board in Milwaukee to recommend governance structures that will best serve our association as we begin to implement our new Strategic Plan.

 Wouldn’t it be exciting if members throughout the Association read the Plan prayerfully and took the initiative to host local informal peer gatherings to intentionally explore ways to meaningfully contribute to the strategies suggested in the Plan?

What could you do?

Wouldn’t it be wonderful if NACC staff and Board were inundated with our members’ ideas for building a bridge of stepping stones toward 2012?

How will you, uniquely and distinctively, live out our Mission and Values?

Where will you lean and lead into our Vision for the future?
Communication vital to culture of NACC

By Rev. Thomas Landry
Interim Executive Director

As we prepare this issue of Vision, I am increasingly aware of the “interim” nature of my service to you and to our association. The remainder of my time with you begins to be balanced by the anticipation of a new ministry in the Diocese of Worcester, and the search process for our new Executive Director is well underway. This awareness prompts me to consider and appreciate what I recognize as the foundation of this ministry it has been my privilege to enjoy the last twelve months. It is communication. When we have communicated well, we have been most able to contribute in healthy and creative ways to the fulfillment of our mission.

In the ministry unique to each of us, communication as a dimension of our work and even as a facet of our personal style is vitally important. Who we are as bearers of the Gospel relies upon our ability to transmit what we have received. Who and how we are as members of a family, a faith community, a staff or department, is formed in some measure by our ability and our willingness to share our awareness, our knowledge, our fears and our dreams with those who are God’s gifts to us.

During my years in hospital ministry, communication occurred most often at a bedside, nursing station, or family consultation room. It occurred also in the hospital board room, amphitheater, and unit conference rooms. It might have been a prepared presentation, the answer to a question, a knowing look, a hand moved forward in a gentle gesture of acknowledgement or encouragement.

Since my arrival in Milwaukee, whether by telephone, e-mail or postal mail, so many of you have reached out to me and to others on the national staff of the NACC with your questions or concerns, with your observations and suggestions. At every such moment of contact, we grow in our strength and our ability to serve one another and to serve all those to whom we are sent. With every article that you have written for Vision, the wisdom entrusted to you became a grace for us all. With every committee, commission, task force or work group on which you have given your time, the ministry of building up one another into the Living Body of Christ is lived.

In the sharing of stories, concerns, hopes and dreams, we draw each other again and again to the heart of our ministries and to the heart of our association. I encourage each and all of you to consider your potential to strengthen your colleagues and to contribute to the vitality of our association — whether by accepting an invitation, by offering to participate in some aspect of our work in the present moment, or in some facet of our work into our future. As we begin rolling out and living into our new Strategic Plan, there will be calls and invitations for investment of our time, talent and treasure within our association and in collaborative relationships with other associations, systems and organizations.

Perhaps my greatest gift in this moment of our journey together is to encourage you to sense what a gift YOU are, and how important your active participation in our association is and will be to all of us!

I pray that I will enjoy years of collaboration with you beyond my time in the national office, years in which we will share presentations, questions, answers, looks and gestures, as we meet on committees, commissions, task forces, in conference and during study days and retreats!

Certification interview deadlines, dates to change in ’08

NACC members seeking chaplain certification in 2008 will have only one opportunity to do so.

Completed chaplain certification applications and supportive materials must be sent to the national office and postmarked no later than February 15, 2008 in order to participate in an October 2008 chaplain certification interview.

In 2009 and beyond, we will return to two rounds of chaplain certification interviews each year. Candidates submitting applications and supportive materials by February 15 will be scheduled for an October same-year certification interview. Candidates submitting applications and supportive materials by September 15 will interview in May of the following year.

Renewal extension fee imposed

Effective immediately, chaplains who request an extension on their renewal of certification process will have to pay a fee. The amount has been set at 20% of the normal renewal fee, or $25 this year. The change has been made to support the level of work generated by requests for extensions at the national office.

<table>
<thead>
<tr>
<th>Deadline for application and supportive materials</th>
<th>Interview Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 15, 2008</td>
<td>October 4-5, 2008</td>
</tr>
<tr>
<td>September 15, 2008</td>
<td>May 2009</td>
</tr>
<tr>
<td>February 15, 2009</td>
<td>October 2009</td>
</tr>
</tbody>
</table>

Plan for 2008 conference

The National Association of Catholic Chaplains will hold its 2008 conference in Indianapolis, IN, from April 5-8, 2008.

Please save the date, and watch our website and future issues of Vision for more details.
Help parents, children create spiritual care plan

By Rev. Annette Olsen

Healthcare chaplaincy in a children’s hospital can encapsulate the best of spiritual care today. These brightly decorated units are fast-paced, kid-friendly, filled with activity, and operate via multi-disciplinary teams using patient and family-centered models of care alongside many of the latest advances in medical technology. But the parents/guardians are especially invigorating. No matter what their circumstance, most new and long-term pediatric families, regardless of religious tradition or spiritual path, exhibit hope that their child will be helped and returned to them well, or in the best shape possible.

Additionally, these parents/guardians have a deep commitment and yearning to do “whatever it takes” to bring their child home. I begin with parents/guardians because in pediatric settings, they are the legal decision makers and belief-set holders in the family system. Care for children most often requires chaplains to early on engage parents of children with illness, injury or life-changing health conditions.

Parents and guardians, across the board of religion, philosophy, spirituality, and class, carry a boggling ability to “cope with hope” during times of crisis and change in their children’s lives. I would dare say it relates to their belief-sets, which are not dependent on money, but on faith and/or trust in something greater than themselves. I believe this would be worth further formal study across multiple pediatric chaplain settings.

Whether that “something greater” is a life purpose, a set of beliefs about how the world operates, a wider human

When the children talk about dying and death, I know I am on very sacred ground

Pain is often compounded by people’s perceptions of the cycle of life: “Children are not supposed to die before their parents.” It is a violation of the natural order.

Sometimes I am asked how I deal with the pain of seeing children die. Through the years of my working as a pediatric chaplain, I have come to a certain acceptance that children do die and an awareness that I cannot change that. Over the years, I have wondered whether companionsing many dying children has caused too much emotional scar tissue to form around my heart. My own self-assessment and feedback from colleagues and families have assured me that I have not become less compassionate or uncaring. Several years ago, when I realized that gradually I had been developing “thicker skin,” I became concerned that it meant I was becoming hardened. Also, carrying a certain pride about my youth and energy, I was a bit slow to admit the physical impact, the tiredness, on me of my work.

But I see the “thicker skin” as a healthy development. It enables us to hold the emotional intensity of the moment and be more fully present to the other, so that later we can tend to what we have absorbed and be emotionally available to other people in future situations. I recognize my need for sufficient rest and play, and I pay attention to my ability to be present as an active, caring listener with and to the children, families and staff. These awarenesses have served as gauges of my inner well-being, and I have learned to both give self-affirmation and receive affirmation from others.

What has also helped me is knowing that today more children die at home on hospice, surrounded by their family, than 11 years ago when I began this work. Gradually, as hospital staff begin to understand the importance of pediatric palliative care, more families in turn are choosing this quality care for their children.

One of the most profound ways I have learned to deal with the pain of seeing children die has been treasuring those very special moments with the children themselves. It is not every day that I have conversations with the children about dying and death, but when I do, I know I am on very sacred ground. In response to my asking what scared her about dying, Debra said, “I am not ready to die. I’m so young. I am the future. I am my parents’ future. A child younger than me is my future.” When I asked her about that future, Debra told me, “I want to be a singer … and an actor. I see myself standing before an audience. But now I cannot sing because my voice is so weak. But I know I can sing because I heard my voice.”

The very strong will to live of children and teens keeps them so much in the present that even in the face of death they speak with a hope of life. During my last visit with Debra, she prayed to have her life back — “the good but not the bad … to have the cancer taken away, lifted from her, ripped out of her body and thrown on the ground.” In all her honesty, Debra then spoke of wanting to go back to church, though she knew that doing so “would not make a difference” in terms of impacting her cancer. “I do not want to die. I’m afraid to die but I want to be with God if I die.” Before Debra died at home, she helped her momma both to accept that she was dying and to speak with Debra about dying, her momma’s feelings and her momma’s beliefs about the afterlife. In their sharing together, both mom and Debra found some lasting peace.

On Joey’s last day of life, his parents too found within them the courage and strength to take Joey, dressed in his Spiderman pajamas, home from the hospital to die. For all of us who had been a part of the worlds of Debra, Joey, and their parents, knowing that they were together in death as in life gave us as well some comfort and strength for our journey.

Jim Manzardo, NACC Cert., is a staff chaplain at Children’s Memorial Hospital in Chicago, IL.
community, or trust in a Higher Power, most families I work with in crisis situations pray or entrust themselves to “something greater” than their own self. I would say at least three-fourths of the families I have worked with in pediatrics pray for “a miracle” and/or express trust in a monotheistic or polytheistic “Divine Will.” The remainder engage their hope for a positive change in non-theistic, open-hearted, creative and communal ways.

In fact, how pediatric families engage their beliefs, whether theistic or non-theistic, is very different across the board — particularly in a world-renowned medical center and children’s hospital serving many religions, spiritual paths, cultures, and languages. The common denominator, however, is a trust or belief in “something greater” than what one’s family can control through their worldly influence, powers, relationships, or resources. This seems to greatly affect their ability to “cope with hope” during pediatric crises and treatment cycles that can last for years.

Naturally, optimism 24 hours a day is not always possible, especially when good news is delayed, or periods of non-change have been long and weary. Usually parents carry an overall hope that something will turn around, and often it does. Sometimes, however, children are so sick, injured, or lacking in what they need to survive that families go through painful spiritual shifts, and, that is where my heart tends to break.

Seeing parents suffer in these ways while working to keep their own child’s hopes uplifted is often the point at which spiritual care is most called for. It is important for the chaplain working with pediatric parents and guardians to offer them a chance to explore their options for spiritual care when facing a crisis or chronic health situation.

Thus, I have developed a model of spiritual care for families and children that includes working with parents/guardians of minor children to co-create a spiritual care plan, for the child only or the family as a whole. Sometimes part of the care plan is to include an older child in further co-planning conversations.

This invitation allows a chaplain to decrease the possibility of sounding patronizing in the helper role — especially when the chaplain is younger than, say, a grandparent raising a grandchild. The method can also empower adults in the family system to strengthen or regain their sense of authority, and sense of being expert in their family’s care — as hospital settings, by nature, can inadvertently allow parents to feel very helpless.

Co-creation is a theological term that I believe empowers us to accept that, as the United Church of Christ commercials and marketing campaigns highlight, “God Is Still Speaking.” Thus, rooting my approaches to spiritual care in a variety of liberationist Christian viewpoints (particularly by women and men around the world who have written of “mutuality,” “justice-love,” and “embodied spirituality”) assists me in developing respectful and non-proselytizing ways to engage parents with children who may have different beliefs and/or practices from my own.

Of course, not all parent-figures in a family system understand the spiritual needs of their children. Here is where the chaplain can work with the parent to address a child’s spiritual concerns or perspectives. I have found it helpful to pre-discuss with a parent the value of allowing a teenager to explore their beliefs outside the context of their family.

For instance, offering spiritual care with a teen might include an invitation to begin an art project together in the playroom alongside the child-life specialist. Together we may choose a theme related to the human spirit or spirituality, and the chaplain might facilitate a pastoral conversation. In my experience, this has allowed teens and older children to artistically and conversationally explore their own thoughts, feelings, and beliefs.

Sometimes when family members notice a patient’s art project, this leads to natural dialogue about spiritual issues. Other times it simply leads to increased conversation. Often teens are not in a space to share what their symbol-art means to others; while in the hospital they are exposed, constantly, to visitors in their personal space, and a yearning for privacy is common. Hence, the chance for a teen to post an artistic representation of their own beliefs using symbols (that only they know about) in their personal space within the hospital, clinic, rehab, hospice or home setting can be their own sign of inspiration and encouragement to “cope with hope” in this world.

Finally, a word about children who face life-changing or life-limiting conditions: They know. They know and don’t care for lying or pretending that nothing is wrong and that everything will be as it used to be. Whether young or old, children cope with hope for a brighter tomorrow, surely, and only if their families are willing to face their physical realities WITH them. If the adults in the family cannot bear, like Mother Mary at the foot of Jesus’ cross, to face and suffer with their child, then that child or teen will begin to spiritually parent the adults in ways that cause themselves a deep and isolating suffering. For instance, children will refuse pain medication when a parent is in the room, but accept it later when the parent goes home.

Children want to know their parents will be okay. During treatment aimed at recovery, or treatment that turns to comfort care, children of all ages want to hear they are loved, that their families ARE with them now, that their parent-figures trust the future … no matter what it holds.

Rev. Annette Olsen, M.Div., BSSW, BCC, is a senior administrative chaplain at Duke University Medical Center, Children’s Hospital & Health Center in Durham, NC.
Child life, chaplaincy form partnership of caring

By Barbara Blair

Child life specialists are specially trained and certified professionals who meet the emotional and developmental needs of children undergoing challenging life events, traditionally in the healthcare setting. We provide preparation, support and normalization to children undergoing potentially stressful medical encounters, as well as to children whose parents, grandparents or other loved ones are hospitalized or undergoing medical treatment. At Providence St. Vincent Medical Center in Portland, OR, child life specialists are an integral member of the pastoral care department, working together to meet the emotional and spiritual needs of pediatric patients.

When a pediatric patient is admitted, the Spirituality Initiative of the hospital states that a thorough assessment of the spiritual needs of the child and family is made and addressed throughout their stay. Child life specialists and chaplains work together on referrals, information and support to one another in providing this care. For instance, we had a 6-year-old girl admitted for a new diagnosis of diabetes. During initial medical play with a therapy doll, the child told me that she would not need any of these interventions because God would soon heal her. The mother, who was present, agreed and asked how she could receive daily prayer at the bedside. I made a referral containing this important information directly to a chaplain.

The reverse also may occur, with the chaplain meeting a child in the middle of the night and making a referral to the child life specialist the next day. A 10-year-old boy was admitted to our pediatric floor from the Emergency Department in the middle of the night with a broken leg. In addition to the stress of preparing for surgery, his parents had told him that he was at fault for the accident that caused it. The chaplain provided emotional and spiritual support throughout the night to this family, which was under a great deal of stress. In the morning, the chaplain called me and discussed the issues of guilt and anger revealed throughout the night. We then provided supportive interventions and preparation based upon this knowledge.

We often assist chaplains in preparing for visits involving children by sharing the assessed developmental level of the child, important family dynamics, specific fears, concerns, misconceptions and coping strategies of the child and noted spiritual beliefs and needs. Children of an adult intensive care patient provide an example of this work. When a 46-year-old father of three young children was admitted for a severe aneurysm and was not expected to survive throughout the day, I met with the three children and discovered that they had all had multiple losses in the past year, including their grandfather and beloved family dog. What happened to their father? Where will he go after he dies? Will their mother also leave them? The youngest child clung to her mother and believed that death means her Dad will sleep forever. The middle child asked questions constantly while drawing intricate pictures of heaven. The oldest child, who had a heated argument with his father the night before, insisted he was fine with the whole thing and did not believe in God. All of this information was important for me to tell the chaplain.

During times of high stress such as intensive medical treatment or bereavement, the child life specialist and chaplain often work in concert to meet the emotional, developmental and spiritual needs of the entire family. While I assist with memory-making tasks of a sibling, for instance, the chaplain provides prayer and spiritual support to the parents. We then come together in assisting the family to feel comfortable being present with the patient.

Other examples of supportive teamwork include running support groups, grief interventions and memorial services for pediatric patients and their families. Ongoing communication between child life and chaplaincy includes daily rounding, monthly staff support meetings, retreats, and the casual interactions which occur as a result of working together in a department with common goals.

As advocates in the field of pediatrics, child life specialists and chaplains both face daily challenges. Clarifying misconceptions and misunderstandings, encouraging and facilitating family involvement and communication, and speaking for the child who cannot speak for himself are just a small sample of the responsibilities these two professions face every day. Although we come from different educational and training backgrounds, child life specialists and pediatric chaplains also share the honor and privilege associated with being a part of the lives of a very special group of patients.

Barbara Blair is a certified child life specialist at Providence St. Vincent Medical Center in Portland, OR.
**Faith is the bird that feels the light when the dawn is still dark.**  
— Rabindranath Tagore

---

**Pastoral Care Week - October 21-27, 2007**  
**ORDER DEADLINE:** October 15, **WHILE QUANTITIES LAST**  
**CUSTOM ORDERS DEADLINE:** October 5

Order online at [www.pastoralcareweek.org](http://www.pastoralcareweek.org)

### Merchandise

<table>
<thead>
<tr>
<th><em>SELECT LOGO</em></th>
<th>PAS</th>
<th>PSC</th>
<th>ITEM</th>
<th>Description</th>
<th>1-49</th>
<th>50-99</th>
<th>100-249</th>
<th>250-499</th>
<th>500-999</th>
<th>1000+</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAS N/A</td>
<td>004-7</td>
<td>N/A</td>
<td>Note Pads</td>
<td>4.25 x 6.5&quot;, 50 Sheets/Pack</td>
<td>1.50</td>
<td>1.65</td>
<td>1.45</td>
<td>1.50</td>
<td>1.25</td>
<td>1.50</td>
</tr>
<tr>
<td>PAS N/A</td>
<td>005-7</td>
<td>N/A</td>
<td>Table Tents</td>
<td>5 x 7&quot;, Full Color + Text</td>
<td>1.00</td>
<td>0.85</td>
<td>0.75</td>
<td>0.60</td>
<td>0.55</td>
<td>0.50</td>
</tr>
<tr>
<td>PAS N/A</td>
<td>016-7</td>
<td>N/A</td>
<td>Bookmark</td>
<td>2&quot;x6&quot; with Dove Lapel Pin</td>
<td>3.85</td>
<td>3.30</td>
<td>3.05</td>
<td>2.65</td>
<td>2.30</td>
<td>2.65</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1-4</td>
<td>5+ Rolls</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAS N/A</td>
<td>018-7</td>
<td>N/A</td>
<td>Lapel Stickers</td>
<td>250/roll, 2 x 3&quot;, Full Color</td>
<td>55.00</td>
<td>50.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAS N/A</td>
<td>014-7</td>
<td>N/A</td>
<td>Motivation Book</td>
<td>4&quot;x5.5&quot; w/ Sticker</td>
<td>11.50</td>
<td>10.85</td>
<td>10.40</td>
<td>9.50</td>
<td>9.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1-11</td>
<td>12-23</td>
<td>24-47</td>
<td>48-71</td>
<td>72+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAS BOTH</td>
<td>007-7</td>
<td>BOTH</td>
<td>Auto Tumbler</td>
<td>16 oz, Full Color Tumbler</td>
<td>5.25</td>
<td>5.00</td>
<td>4.75</td>
<td>4.60</td>
<td>4.50</td>
<td></td>
</tr>
<tr>
<td>PAS BOTH</td>
<td>015-7</td>
<td>BOTH</td>
<td>Tote Bag</td>
<td>Natural with Full Color</td>
<td>9.00</td>
<td>8.50</td>
<td>8.10</td>
<td>7.90</td>
<td>7.50</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Keyetag has BOTH logos:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAS BOTH</td>
<td>002-7</td>
<td>BOTH</td>
<td>Acrylic Keytags</td>
<td>2.5&quot; Rectangle Clear Acrylic</td>
<td>1.70</td>
<td>1.60</td>
<td>1.55</td>
<td>1.50</td>
<td>1.40</td>
<td>1.15</td>
</tr>
</tbody>
</table>

The following items are also in stock with the **SPIRITUAL CARE** logo. While Supplies Last:

<table>
<thead>
<tr>
<th>PAS</th>
<th>PSC</th>
<th>ITEM</th>
<th>Description</th>
<th>1-49</th>
<th>50-99</th>
<th>100-249</th>
<th>250-499</th>
<th>500-999</th>
<th>1000+</th>
</tr>
</thead>
<tbody>
<tr>
<td>001-7</td>
<td></td>
<td>Buttons</td>
<td>2 x 3&quot; Rectangle, Full Color</td>
<td>0.85</td>
<td>0.80</td>
<td>0.75</td>
<td>0.70</td>
<td>0.65</td>
<td>0.60</td>
</tr>
<tr>
<td>003-7</td>
<td></td>
<td>Magnets</td>
<td>Bus. Card Size, Full Color</td>
<td>0.80</td>
<td>0.75</td>
<td>0.70</td>
<td>0.65</td>
<td>0.60</td>
<td>0.55</td>
</tr>
<tr>
<td>006-7</td>
<td></td>
<td>Ballpoint Pens</td>
<td>White barrel w/ Orange Trim</td>
<td>1.00</td>
<td>0.90</td>
<td>0.80</td>
<td>0.70</td>
<td>0.65</td>
<td>0.60</td>
</tr>
<tr>
<td>008-7</td>
<td></td>
<td>Posters</td>
<td>Large 14 x 22&quot; Full Color</td>
<td>3.50</td>
<td>3.00</td>
<td>2.00</td>
<td>1.45</td>
<td>1.15</td>
<td>0.95</td>
</tr>
<tr>
<td>009-7</td>
<td></td>
<td>Sample Pack</td>
<td>a $30 Value</td>
<td>$25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100-7</td>
<td></td>
<td>Celebration in a Box</td>
<td>a $184 Value</td>
<td>$100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>006-7C</td>
<td></td>
<td>CUSTOMized Ballpoint Ink Pens</td>
<td></td>
<td>0.70</td>
<td>0.65</td>
<td>0.60</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Facility Name:** ____________________________

**Method of Payment (sorry, no COD’s)**

**ORDER DEADLINES:** 10/15/07 and For Custom Orders: 10/05/07  
**DATE:** ____________________________

Check ____ Money Order ____ Credit Card _____  
Card Type _______ Security Code: _______  
Print Name on Credit Card ____________________________  
Credit Card Number ____________________________ Exp. Date: ____________________________  
Credit Card Billing Address ____________________________  
City ____________________________ State _______ Zip ____________________________  
Signature ____________________________

Your Name ____________________________  
Facility Name ____________________________  
Phone ____________________________ Fax Number ____________________________  
Address ____________________________  
Address ____________________________  
City ____________________________ State _______ Zip ____________________________  

**SHIPPING FEES**  
These fees only cover Ground Shipments - Rush Shipments Available, freight difference will be added to your invoice. For Alaska, Hawaii and Canada, UPS freight difference will be added to the invoice.  
up to $30.00 $6.90  
$30.01 to $90.00 $7.50  
$90.01 to $100.00 $8.60  
$100.01 to $150.00 $12.20  
$150.01 to $200.00 $13.45  
$200.01 to $300.00 $15.75  
$300.01 to $400.00 $20.85  
$400.01 to $500.00 $25.00  
$500.01 to $750.00 $30.00  
$750.01 to $1000.00 $40.00  
$1000.01 and up add 4% of order total  

**GENERAL INFORMATION**  
• For large quantity purchases, please call for a quote.  
• All orders payable in US Dollars.  
• ORDER BY MAIL, FAX OR PHONE  
**CAMP Pastoral Care Order Desk**  
9221 Flint, Overland Park, KS 66214  
Phone 913-385-3433 Fax 913-385-3033  
Hours: 8 AM - 5 PM CST, Mon-Fri  
e-mail: PastoralCare@cam-inc.com
Consider candidates for NACC leadership

Two candidates are competing for two elected seats on the NACC’s Board of Directors, to begin their three-year terms on Jan. 1, 2008.

The following page of Vision contains a statement from each nominee. Additional information is posted at www.nacc.org/aboutnacc/board_election.asp.

The Board of Directors is the governing body of the NACC. Its membership consists of at least six members who are elected by NACC voting members; at least four members who are appointed by the Board; and an external episcopal liaison appointed by the United States Conference of Catholic Bishops (USCCB). The executive director of NACC also serves as an ex-officio non-voting member of the board.

In the association bylaws, the functions of the Board of Directors are 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 Certification Commission and NACC committees.
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.

All NACC voting members should watch for the arrival of the 2007 ballot in a separate mailing in the near future. The ballot mailing will contain another copy of the candidate information and a description of the voting method. Voting members are those in all categories except those of affiliate, student, or inactive in chaplaincy.

Voters must mail their ballots by the postmark deadline of September 21, 2007.

The NACC relies on vigorous and creative board members who are equal to the challenges of the coming years. Your participation in this election is vital to the continued growth of the association.

In Memoriam

Please remember in your prayers:

Sr. Betty Anne Darch, SFCC, who died June 1 at age 61 in Evansville, IN. She served as a teacher, director of religious education, and youth minister before joining the NACC in 1981. She was an administrator of pastoral care and mission at hospitals in New Jersey, Florida, and Ohio before becoming director of mission integration at St. Mary's Medical Center in Evansville. She served as secretary of the NACC's National Leadership Council from 1993 to 1999.

In her spare time she ministered as a clown. She was also a basketball referee and softball umpire, and she served as a chaplain at the 1996 Olympics in Atlanta, including ministering to victims of the bomb blast there.

Rev. David G. Boulton, SJ, who died May 2 at age 79 in Weston, MA. He grew up in New England and was ordained in 1961. As a supervisor, he was accredited by both ACPE and NACC and served at Mercy Hospital in Springfield, MA and later at Passionist Retreat House in West Springfield, MA. He stepped down from supervision in 1995 but maintained certification as a chaplain.

Sister Mary Gemma Neville, CBS, who died May 9 at age 82 in Baltimore, MD. Sr. Gemma served as director of pastoral care at St. Francis Hospital in Charleston, SC from 1989 until her retirement in 2003. She continued to serve on the Board of Directors until she moved to the Bon Secours Motherhouse in Marriottsville, MD in 2004.

Sr. Gemma was born in Baltimore in 1925, one of 15 children. She entered the Congregation of the Sisters of Bon Secours in 1943. She was a graduate of the Bon Secours School of Nursing and also held a master's degree in divinity and a doctorate of ministry. She ministered in hospitals in Maryland, Massachusetts, and Virginia, often creating their pastoral care departments.

She began the St. Francis Hospital CPE program in 1990, and personally trained and supervised many chaplains.
I, Norma Gutierrez, MCDP, have served as a staff chaplain in Texas, New Mexico, and now in California. After my certification, I had planned to pay my dues and receive the information from the national office and just keep up with my work and community responsibilities. But one day at the conference I sat next to a marvelous NACC leader, Sr. Shirley Nugent, SCN, who challenged me to get involved.

Shortly after that I received a call to be part of Standards Task Force, and I began to meet chaplains from various ministry settings and chaplains of various degrees of involvement. I remember the feeling of a seed sprouting. It was a seed that already existed within me, a seed planted firmly by my heritage. The seed of hospitality was being watered and nurtured by many chaplains I met along the way.

I eventually served on a certification interview team, and I have received so much more than what I offer in volunteer hours. I decided to share my gift of hospitality at every NACC event I attended. I most enjoyed sharing that gift during the Albuquerque conference.

Last year, I was approached to fill the position left open by a resignation from the Board of Directors. I remember thinking, “What can I offer?” I am not a director or VP of mission, I am just a staff chaplain. But I said Yes, the only way I know, following the example of Our Lady, as she too said Yes, and as Our Lady of Guadalupe calls us when she says, “Do you not know, it is I who is calling you?” So I offer my gifts. The gifts that have increased lately by my involvement with the Vision and Action Planning Committee, and by working for the last nine months on the Vision, Mission and Strategic Plan for the next five years.

I offer my gifts of my heritage, which include hospitality to all who join us and will join us, as we reach out to welcome first-career young and diverse chaplains. And I pray one day, I too will sit next to a new NACC chaplain and challenge them to become involved, as I invite them to listen to the words of Our Lady of Guadalupe. I pledge to give my gifts freely to help us live out our new strategic plan.

I’ve sometimes been cautioned by well-meaning advisors: “Be careful what you ask for.” Three years ago I concluded my board candidacy statement with the desire to envision and implement a meaningful, actionable, and sustainable vision for the future of professional chaplaincy. Today, I am grateful for what I asked for. Today, after nearly 12 months of collaboration by hundreds and hundreds of NACC members and friends, the Board of Directors has approved a plan to lead us strategically into the future.

As Board Chair I have been blessed and stretched by the opportunity to partner with Fr. Tom Landry in leading the Vision and Action Initiative, and to steward our Association’s resources. Characteristic of my leadership style is collaboration — with our members, NACC staff, and cognate partners. Essential skills for effective collaboration are keen assessment, astute negotiation, wise compromise, and honest, direct confrontation. I have been diligent in applying these gifts, and judicious in securing the services of The Reid Group to facilitate the Visioning Initiative, lead the executive search process, and assess our current governance and staffing models. They will recommend structures and processes to best reflect our mission, values and vision, and achieve our strategic goals and objectives. I am passionate about the opportunity to assist in realizing our vision, and to remove obstacles to actualizing our plan.

My priorities begin with assuring a successful transition for the executive director, Board, NACC staff and membership. Personal challenges include: 1. Sustain and channel the energy, expertise and commitment of our members who demonstrated leadership and generously participated in the Vision and Action Initiative; 2. Attract and mobilize the inventiveness and resourcefulness of current and potential members to begin to live into our vision; and 3. Enhance Board recruitment, development, succession planning, roles and responsibilities.

I remain deeply committed to my primary ministry in my community hospital. I continue to be faithful and hopeful in the midst of life’s paradoxes and ambiguities. I am passionately and uncompromisingly committed to excellence in the provision of spiritual care, and still strive (and struggle) to maintain balance in life and ministry. I am grateful to have served on the Board and grateful for the call to be of service to our association for a second term. As Thomas Merton suggests: “The grateful person knows the goodness of God, not by hearsay but by experience. And that is what makes all the difference.”
Motherhood is strange, wondrous new side of chaplaincy

By Allison DeLaney

For the past year and a half I have not been able to sit through an entire Sunday Mass. Lately, I’m lucky if I can stand in one place during the opening procession before bolting into the foyer. Don’t get me wrong, I want to be still for the entire Mass and pray as I am accustomed: quietly, peacefully, and attentively. But instead I find myself running up and down the foyer with my 20-month old son, Joseph. To Joseph, sitting down in a pew silently has no purpose or meaning. He needs prayer in action — dancing to the beat of the drummer, splashing in the water of the baptismal font, running through the aisles to the altar. He delights in being able to say “Hi” and “Bye” to EVERY person he sees, and waits expectantly for their reply. Joseph understands silent moments during Mass as opportunities to speak to a larger audience. My experience of the Word, liturgy and prayer has been forever changed. “Truly I tell you, whoever does not receive the kingdom of God as a little child will never enter it.” (Luke 18:17) God has broken into my life through the ordinary actions of child.

And it has been like hiking up a very steep mountain with a tricky path. I have to concentrate so hard on my next step that it seems like nothing else exists. Is this what it is to be drawn into the present moment? Is this the only way for me to learn how to be present?

If it sounds like I’m trying to do a theological reflection on my own life as a stay-at-home mother — I am. It is not a wonder, since I was pregnant for three of my five units of CPE, and exactly one week after I ended my residency I gave birth in the same hospital. My CPE experience taught me the gift of reflection in trusted relationships. My supervisors and peers showed me that everything can become useful when shared in the light of faith, hope and love — whether it be the experience of witnessing a horrific trauma, illness and suffering, death, or meeting my shadow self. The only prerequisite was making myself vulnerable enough to feel all these things. When I found myself in the despair of Good Friday during verbatims about my experiences with patients with cancer, our group would help me wait in hope on Holy Saturday for the resurrection. The CPE way of being has taught me to trust in the paschal mystery. Death is not the end but a seed for new life.

If it may sound harsh, but my experience of receiving Joseph’s new life into mine has, at times, been a process of dying. My experience at Mass on Sunday is reflective of the drastic changes my husband, Steve, and I have had to make in our lives. My time is not my own. I often feel reactive rather than proactive: get up when Joseph cries, feed him when he is hungry, run in the foyer if he can’t sit still. There is little that I can plan or control. Because I’ve lost the rhythm of independence that I’ve practiced my whole life, I feel frenzied and quickly exhausted. While I used to have the reputation of being the prepared, stable, reliable one, I now find myself behind, often late, and asking for help. I am vulnerable.

My old way of being doesn’t work anymore and I must let it go, but it is painful! I long for those pastoral encounters that I had as hospital chaplain when I could give myself as an attentive ear to those who were in the midst of crisis — or just wanted to talk. I loved being able to create sacred space for them to be angry at the doctors, to release tears of despair, to voice their faith in God, to be real and to be heard. In ministering to each individual person and their story I found I was ministering to myself. Because of their humanness I found permission to be more human. In chaplaincy, I find that my calling, ministry and work all come together to draw me forth into the person I want to become. What now when this vocation of motherhood interrupts my vocation of chaplaincy? That question is difficult to face, because it seems like any good mother would be fulfilled in being able to care for her child. I should feel more grateful that I have the chance to stay home with my child, unlike my own mother. But what I’ve found is that no amount of beating myself up helps, and I am a better mother when I acknowledge the grief I feel for not being able to work as a chaplain. I have discovered there are healthy interruptions of motherhood as well.

Naptime is one of those interruptions. It is one of God’s greatest gifts to parents, and right now it runs roughly between noon and 2 p.m. I treasure this time as sacred — a couple brief hours when his needs are being met and I can pursue my own. Naptime is where my outside ministry time begins. I sneak out of my house through telephone ministry to the bereaved. A local hospice has given me the responsibility of calling the bereaved around the one-month anniversary of someone’s death. I call their loved ones to let them know that they are not forgotten and see how their grief process is going. It has been a blessing for me to be able to “practice” chaplaincy while I am at home, and it’s challenged me to grow in a new way.

Over the last 10 months, I’ve come to appreciate the unique nature of journeying with someone through the phone. In some ways it is limiting. I don’t have eye contact
or body posture to read; the conversation can be as detached as the medium. And yet, the distance of a telephone line has also become a safe place for people to reveal their deepest emotions. In some ways it is easier for them to share with me, a complete stranger, than their closest family and friends. It is God’s grace that they can feel such freedom and that my freedom is cultivated with theirs.

And then I hear a chirping sound followed by ascending babbles through the baby monitor. I put the phone aside (and also out of Joseph’s reach) and go up to his room to find him standing in his crib with a huge grin chanting, “UP! UP! UP!” He is so excited that he stamps his feet as fast as he can, then catapults onto his toes, stretching his arms to their limit. I lift him from under his armpits onto my shoulder. He cuddles me and we are refreshed.

Something about being my chaplain self, even though brief, allows me to stop on my hike up the tricky mountain path, take a breath and enjoy the view. I feel suddenly free and less burdened by my ordinary routine of feeding, playing, and cleaning. In fact, the “ordinary routine” then becomes a way to deeper insight into myself. For the first time in my life I think I know what it is to “pray without ceasing” (1 Thessalonians 5:17). Marriage has brought me into a deeper awareness of what it is to participate in love which is greater than Steve and I combined — a love that is cultivated in the ordinary. But never have I been in such constant relationship as I have with Joseph — he is physically and spiritually an extension of my own self. Out of necessity I have built up the endurance to love him more than I thought possible, out of necessity I have come to depend on God to sustain me in that loving.

What if Joseph is training me to become the chaplain I hope to be? He models authenticity, vulnerability, awe, wonder and joy. He holds nothing back, his anger or his love, but is fully himself. There is no sense of embarrassment, only awe and excitement. Everything is new to him — birds, trees, trucks, his ability to speak or to point out his nose. I love being able to witness the “first” moments when the “AHA” eyes light up and he realizes that he can put a Cheerio in his mouth, when he realizes that he can walk on his own. It is as if God appeared right in front of him. A stroll around the block by myself would take maybe three minutes, but with Joseph I reserve at least 30 minutes. He stops and touches the grass, jumps in the puddles, and tries to name everything. He generally goes in one direction but is not bound to the trail. For no apparent reason he will start walking backwards, chase me, then revisit a puddle. Repetition is not boring, but continuous delight. He loves to run behind the pantry door and say “bye,” but leaves enough room to push it open and yell “hi” and burst into laughter. This can go on for 15 minutes straight with the same level of enjoyment. If only I could practice wonder as he does. Moments like these force a smile in my weariest moments and I am energized. I remember that I take myself way too seriously.

Henri Nouwen wrote, “That is the great conversion in our life: to recognize and believe that the many unexpected events are not just disturbing interruptions of our projects, but the way in which God molds our hearts and prepares us for his return.” (“Out of Solitude,” p.56)

Part of my conversion is allowing myself to ask the hard question, “What now when this vocation of motherhood interrupts my vocation of chaplaincy?” which permits me to grieve the interruptions to my old way of being and claim the importance of chaplaincy in my future. But this also births a new question, “What if Joseph is training me to become the chaplain I hope to be?” In this Joseph can become my new CPE supervisor and teach me to delight in the unexpected along my path.

Allison DeLaney, NACC Cert, works as a PRN Hospice chaplain with Hospice Community Care in Virginia in addition to being a mother.
Resources help the disabled face death, grieve

By William Gaventa

I never forgot two of my early experiences as a chaplain in one of the large institutions that became the norm in the middle part of the last century. One was conducting a funeral with five participants — one staff member ordered to be there, and four other residents of the institution, each of whom was paid to be a pallbearer, one of the most lucrative jobs on campus. The whole funeral made no sense to me whatsoever (other than being a matter of justice for the person), because funerals are for a person's community … and here there was none. The isolation of institutional life was rarely more evident.

The second was taking a family to the grave of their daughter at the facility cemetery — lovely with evergreens surrounding it, horrifying with the circular cement markers lying flat in the ground marking the graves with numbers, not names. For the family, the lack of a name just mirrored the “unspokenness” of their daughter's life, in an era when good professionals said to families that the best thing you could do for your newborn with a disability was to put them in an institution and go on with your life.

Then, theories and systems radically changed, because of the voices of families and people with disabilities. As people with developmental disabilities thrived and grew with good community-based programming and supports, death became a double psychological and spiritual blow to a system of care based on nurturing growth and development — or, in other systems, a signal that someone must have done something wrong to precipitate the death.

In any case, the far too frequent story was that people with intellectual and other developmental disabilities should not be prepared for their own deaths or participate in funeral and mourning rites, either to protect them from further pain or because they could not understand. For decades, the death, grief, and end-of-life issues of adults with developmental disabilities carried all sorts of problematic assumptions that were quite separate from the actual processes of caring for an individual.

Thankfully, significant current changes recognize that people with developmental disabilities are first of all people, and that far too often, one of the most significant issues in their lives is the lack of recognition and support for the kinds of grief that they live with. That grief may come in separation from family and friends, the constant turnover in caregiving staff, and/or the attitudes and stigma that continue to hinder the recognition of their feelings and spirituality.

Also, the last two decades have also seen an increase in the life expectancy of people with developmental disabilities, so they and their caregivers now have to deal with issues of aging. Much of the growing focus on their end-of-life and grief issues has come from outside of the pastoral care community. In 2004, I attended the IASSID (International Association for Scientific Study of Intellectual Disabilities) conference in Montpelier, France, where more than ten sessions with an average of three presenters in each focused on grief and end-of-life issues with adults with intellectual disabilities. Most of the presenters were from the United Kingdom, and only one was a clergyperson.

As community-based supports continue to grow, chances are that chaplains in a variety of health and human service systems are going to encounter more and more adults with developmental disabilities coming to your hospitals, nursing homes, or hospice. In your communities, service providers also are struggling with what to do about aging group-home residents, or how to help someone die within their circle of care when that is not the support or service they are paid to provide. Agencies struggle with how to handle the grief and loss of direct support staff and other residents or friends of an adult with developmental disability, especially when a death is unexpected.

These are amazing opportunities for ministry. Sometimes chaplains and pastors must overcome an initial feeling that they do not know how to deal with loss and grief with adults with developmental disabilities. You do. Use what you know from helping others. But there are now a variety of ideas, strategies, and resources to help, coming from the increasing attention by many disciplines. For example:

1. Last Passages was a national project focusing on end of life care, grief and loss with adults with developmental disabilities. www.albany.edu/aging/lastpassages. The website has a resource guide and policy recommendations.

2. Psychologist Jeffrey Kauffman has written a Guidebook on Helping Persons with Mental Retardation Mourn. (Baywood Publishing Company, Amityville, NY, www.baywood.com) which looks at the ways that adults with developmental disabilities frequently communicate grief and loss through behavior, and how agencies can recognize and support grief. He recommends four key strategies: (1) accurate and honest information, (2) maximum involvement in the social and spiritual activities surrounding death, (3) maintaining key supportive relationships, no matter who they are, and (4) maximizing opportunities for expressing grief and condolences.

3. Charlene Luchterhand and Nancy Murphy, both social workers, further explore ways that friends, families and caregivers can support adults with mental retardation in her book, Helping Adults with Mental Retardation Grieve a Death Loss. (Taylor and Francis Group, Florence, KY, (800) 634-7064, $22.95. An abbreviated form of this book is a booklet,


5. A creative series of books called Books Beyond Words for adults with intellectual disabilities from the United Kingdom, by an interdisciplinary team. Titles related to end-of-life issues include When Someone Dies, When Mum Died, When Dad Died, When I Got Cancer, and others. Each book is simply a series of pictures, telling a story, which a caregiver and adult who does not read can look at, together, and talk about what is happening. (Price $20. From Balogh International, 191 N. Duncan Road, Champaign, IL 61822.)


7. Finally, a collection of essays we published through the Journal of Religion, Disability, and Health, titled End of Life Care: Bridging Disability and Aging with Person Centered Care. (www.haworthpress.com). This collection has two anchor articles, one from Rud Turnbull, a lawyer and educator, talking about policy, ethical, and caregiving issues as he thinks to the future about his son Jay, and a second by M.J. Iozzio, reflecting theologically on the care that her mother and others are providing to her father with Alzheimer’s disease.

The convergence of issues is striking, pointing to a number of ways in which support for people who are disabled and people who are aging shares much in common.

All of these resources reflect some strategies that are emerging from the field of developmental disabilities that have a much broader applicability. Some of the themes in the resources above point the direction:

▼ A person should be viewed as much in terms of their strengths and gifts as they are in terms of needs, deficits, or disease.

▼ Pay attention to what the person says, in word or actions.

▼ Recognize the depth of caregiving bonds between people, even if they cannot be voiced.

▼ Don’t protect people from information. Make it understandable and make sure there are people close to them who can help integrate and understand what is happening.

▼ Include someone’s circle of close friends and caregivers, whoever they are, in the planning and care, and in rituals that give voice to grief and loss.

These are all strategies captured in several forms of “person centered planning,” processes developed in contrast to “professional centered planning” that too often focused on deficits and needs without recognizing strengths, gifts, and dreams. They grew because people with disabilities and their friends said “Our disability is a given. Help me get a life.” There are a number of them, including Essential Lifestyle Planning (www.ELP.net), PATH (www.inclusionpress.com), and Futures Planning (www.mnccd.org/pipm/curriculumplanning.html). All of them try to capture strengths, gifts, and interests that a person has, and how others can support those.

Essential Lifestyle Planning’s two key questions ask “What is important to a person?” and “What is important for a person?” These questions frequently have very different answers. They all recognize that people communicate in a variety of ways, and that our role is to understand that communication. They all encourage planning within a circle of support, composed of the key people who are important to someone. That circle should include both formal and informal supports, with the goal of arranging the supports to give the person the most freedom and choice possible, rather than fitting a program into a designated slot.

These resources and strategies not only help adults with disabilities and their caregivers, but they also could be used in organizing support and care for many others, whether they fit “typical” understandings of grief, loss, and end-of-life care or not. The next time an adult with an intellectual disability faces end-of-life care, or dies, in your hospital, be aware of unique ways that your gifts can be used.

Medical staff probably have fewer skills in relating to people with intellectual disabilities and their families than you do, for chaplains do have skills in reading all kinds of communication and in listening to caregivers. Be aware that direct care staff and/or family members may be spending hours in the room with that person, maybe because they are concerned that hospital staff will not be able to communicate. It’s a long way from those first experiences of mine in 1975, but as a CPE student told me recently, he was amazed at the number of times he could help children and adults with developmental disabilities and their families or caregivers during his ten weeks. They are in your hospitals. But stigma and presumed “difference” can still isolate. You can make sure that does not happen.

Bill Gaventa, M.Div., is Associate Professor of Pediatrics and an ACPE supervisor at the Elizabeth M. Boggs Center on Developmental Disabilities and Robert Wood Johnson Medical School in New Brunswick, NJ.
New Wicks book offers good place to start


By Andy Stewart

Crossing the Desert follows in the line of recent books that seek to reacquaint postmodern humanity with ancient monastic desert wisdom. Abbot Anthony and his followers taught that, in order to have fullness, we must let go of everything — surely a recipe for disappointment for secular or material seekers, but a recipe for ultimate joy and fulfillment for spiritual seekers of all faiths. Psychologist Robert Wicks’ little book seeks to offer a psychological perspective on the insights of the fourth-century desert monks and nuns, using their simple advice and wisdom to guide us toward the freedom born of humility and simplicity. He succeeds marvelously.

Using his years of clinical experience in preventing secondary stress (the pressures experienced in reaching out to help others) and integrating psychology and the spirituality of world religions, Wicks traces a deceptively simple path through the self-help psychobabble of bookstore shelves to guide the reader toward finding and embracing inner freedom. This, he says, is the freedom to let go of our chronic, choking need to control every aspect of our life and to allow ourselves to embrace the emptiness and openness that welcomes divine fullness into our life.

The recipe is simple — too simple for words, really. So Wicks uses a modicum of them: only 164 pages of carefully crafted text, replete with brief stories and writings of spiritual masters ancient and contemporary, western and eastern, religious and clinical. Such modern masters as Thomas Merton and Henri Nouwen, Wicks says, steered him toward the ancient wisdom of the desert — and saved his life by teaching him “about living peacefully in an anxious, fearful, and driven world ... especially when we feel lost, under great stress, or during times of desolation.” Wisdom that can teach us how to do this seems essential today — both for the patients and families we minister to in their great pain and turmoil and for us busy chaplains.

The author focuses on four questions as we journey toward inner freedom: “What is filling me now? Why do I resist letting go? How do I let go? Once I let go and ‘the room is swept clean,’ what do I fill myself with that is both satisfying yet still leaves me empty to experience life anew?” These questions circumscribe the spiritual journey through the desert of life, and Wicks elegantly unpacks the struggles and joys that underlie them. He suggests that, on this journey, we must pass through three “narrow gates”: passion, knowledge, and humility. All three are essential for one who desires to grow in spiritual wisdom.

This book is a highly recommended addition to the growing collection of handbooks by Robert Wicks on spiritual and psychological growth, such as Touching the Holy, Riding the Dragon, and Simple Changes. If you’re not acquainted with Wicks, I suggest that you begin with this one. Crossing the Desert will help you discover or rediscover the simple truths that contemplative wisdom teachers have taught for millennia. They just may change your life.

Andy Stewart, NACC Cert., is chaplain at Community Home Care & Hospice, Chapel Hill, NC.

Guide can help chaplains, families of terminally ill


By Judy Novak

You, the chaplain, are called to the ICU. There the family is gathered, trying to make a decision that life has left them wholly unprepared to make. Even after Karen Quinlan, Nancy Cruzan, and Terri Schiavo, the decision to pull the plug is a decision seemingly best left to God. Everyone wants to do what is best. But who defines that?

The questions remain. Nevertheless, this little book, Let Them Go Free: A Guide To Withdrawing Life Support may be of help to you. It is written to the family as a simple guide through the theological, ethical, and moral issues presented by the dilemma of withdrawing life support. Let Them Go Free will help chaplains talk easily with the family, doctors, and caregivers, discussing medical options, technology vs. treatment, and our moral obligations to give care. Further, it also addresses what “care” really means in this moment: bringing vibrancy and life to a loved one, or sustaining a body that, in reality, has already taken steps to the next world.

This book, while particular to the Roman Catholic Christian tradition, could be helpful to all struggling in this emotional morass. A well-done prayer service is included that could be adapted to non-Christians if needed.

The danger would be if someone were to just hand the book to the family and say “Here! This will answer all your questions!” This is a book that the chaplain and the family are to read together. Let Them Go Free: A Guide To Withdrawing Life Support is well done, but it is not all that you, the chaplain, will need when called to that room in the ICU. It is a useful tool, appreciated in an ever-changing medical world, but it is no substitute for your experience, prayer, and presence.

Judy Novak, NACC Cert., lives in Cudahy, WI.
Ohio chaplains form statewide association

By Michelle Lemiesz

Three years of planning and discussion have culminated in the official formation of the Chaplains Association of Ohio.

The idea of a statewide chaplaincy organization began with a group of five chaplains from APC and me from NACC. We shared a vision of coming together in collegiality for fellowship, education and mutual support in an inclusive organization open to all who provide spiritual care in an institutional setting.

Together we sponsored two successful all-day educational events in the Columbus region and received positive feedback from both APC and NACC members. Last year during the NACC conference in Columbus, we invited both NACC and APC members from the state of Ohio to come to an informational meeting and brown-bag lunch. During the gathering, facilitated by Chaplain Jerry Nussbaum of the APC and myself, we heard over and over of the need and deep desire of the chaplains to come together in mutuality, networking, support, and education. Feelings of grief over the dissolution of the NACC regions were verbalized, and hopes for a new beginning were shared.

That gathering expanded the core group of interested individuals and allowed more NACC members and chaplains from across the state of Ohio to vision and plan. For the past year, this core group gathered almost quarterly and planned educational events, developed regions, wrote a constitution, and then opened up the organization for membership during the educational event last fall in Medina. Nearly 150 chaplains from the state of Ohio joined as charter members!

On May 18th in Columbus, over 100 chaplains ratified and approved the constitution of the Chaplains Association of Ohio and elected officers. What was once a dream now is reality!

For more information on the Chaplains Association of Ohio or to become a member, please contact Michelle Lemiesz, President, or Kay Snyder, Member Chair, at mlemiesz@mchs.com or msnyder@mchs.com.

Michelle Lemiesz, NACC Cert, is President of the Chaplains Association of Ohio and director of chaplaincy services at Mount Carmel East Hospital and Count Carmel New Albany Surgical Hospital in Columbus, OH.

Correction

An article about interview team educators in the June issue of Vision inadvertently omitted Annette Costello from the list of current ITEs.
Positions Available

St. Margaret’s Health, Director of Human Resources, 600 E. First Street, Spring Valley, IL 61362; jobs@aboutsmh.org. Equal Opportunity Employer.

▾ VICE PRESIDENT, MISSION INTEGRATION

Buffalo, NY – This position at Catholic Health System is responsible for insuring the provision and development of high-quality innovative spiritual care services throughout the Continuing Care Division that are responsive to the needs and desires of patients, residents, families and associates. The Vice President assists the President/CEO of the Continuing Care Division (CCD) in promoting and integrating the mission, vision and values in all aspects of the division. This is a CCD Leadership position. Responsibilities will focus on ensuring mission integrity in all organizational processes, strategic planning, leadership development, policy development/implementation, and operations for areas within CCD, i.e. heritage of the religious sponsors, ethics, advocacy, care for those who are poor, spirituality and spiritual care, mission and values of CHS, community and global outreach, Catholic identity and social justice issues. The Vice President of Mission/Spiritual Care has an important role in working with the CCD Spiritual Care Team to establish and maintain the strategic initiatives, as well as have direct responsibility for all mission initiatives within CCD. The position will be directly responsible for collaborating, communicating and coordinating mission initiatives between CCD and CHS mission integration team. Educational requirements (minimum): Master’s degree required. Certification by an appropriate clinical pastoral agency preferred, or appropriate candidate will complete within two years. Education in one or more of the following areas are desirable: ethics, theology, counseling, adult education and health care. Demonstrated leadership at a professional level. Two to four years experience in one or more of the following are recommended: health care, education, management, governance, mission integration, spiritual care. If qualified, please email your resume and cover letter, including salary history, in confidence, to tpappas@chsbuffalo.org and/or apply online at www.chsbuffalo.org.

▾ CATHOLIC CHAPLAIN

Columbia, SC – Sisters of Charity Providence Hospitals, a 337-bed, two-campus acute care facility, is recognized as the leading heart hospital in South Carolina. Seeking a NACC or APC certified chaplain to work full-time days with our team of day and night chaplains in a well-established Pastoral Care Department. We are looking for someone who lives our values of respect, compassion, courage, justice, and collaboration. We prefer a Hispanic or bilingual chaplain. Go to our website, www.providencehospitals.com, to find out more about our hospitals and complete the required online application.

▾ PASTORAL CARE/MISSION INTEGRATION DIRECTOR

Chicago, IL – St. Joseph Village of an integrated, faith-based healthcare organization, is seeking a Pastoral Care/Mission Integration Director. SJV is a skilled nursing and assisted living facility located on Chicago’s near northwest side. The successful candidate will possess strong listening, communication, and organizational skills but most importantly will demonstrate the ability to build relationships with our residents, our staff and the broader religious community within the local community. As a member of the interdisciplinary team, this position requires the ability to use your assessment and counseling skills as a chaplain to journey with persons as they transition through some of life’s more challenging stages. As member of the management team, this position requires you to use your organizational, communication and relationship skills to manage your department and build dedication to our mission among associates. This position minimally requires a degree in pastoral counseling/studies, theology or a related field. Experience in providing pastoral services required. CPE certification is a preferred. Interested candidates may forward resume to Franciscan Communities, Inc., St. Joseph Village of Chicago, 4021 West Belmont Avenue, Chicago, IL 60641; Phone (773) 328-5500; Fax (773) 328-5502; e-mail to: jfrench@franciscancommunities.com. EOE.

▾ DIRECTOR OF PASTORAL CARE SERVICES

St. Petersburg, FL – St. Anthony’s Health Care, a Catholic-sponsored health care organization, is seeking an ordained Roman Catholic priest chaplain to be our Director of Pastoral Care Services. This spiritually focused individual will promote holistic care for the faith, beliefs and values of patients and staff; establish a healing environment and interfath collaboration with local community clergy and organizations; and direct staff in planning, coordinating and fulfilling chaplaincy service needs of patients, families and staff from a spiritual, religious and emotional perspective. As a director of pastoral services, the selected candidate must possess a master’s degree in theology or related ministry field; two years experience as a clinical pastor; and the ability to demonstrate spiritual, theological and pastoral care knowledge and formation; and excellent communication, teamwork, organizational and management skills. Exceptional interpersonal skills are also required to effectively relate to a diversity of age groups as well as ethnic, socioeconomic and educational backgrounds, while demonstrating a respect for the Catholic Ethical & Religious Directives; social justice issues; and the values and traditions of the Franciscan Sisters of Allegany. PhD and CPE certification preferred. For confidential consideration, please e-mail Michelle Nelson at michelle.nelson@baycare.org; call: (727) 825-1161; or fax: (727) 825-1302. EOE/DFWP

▾ HOSPICE CHAPLAIN

Waupaca, WI – ThedaCare, an integrated health care system in the Fox Valley, is seeking a part-time to full-time chaplain for Hospice. Primary responsibility will be to provide pastoral care for patients and their families in a Hospice
environment. Four quarters of CPE required from an accredited center. Previous experience highly desired. Eligible for or board certified by one of the national certifying organizations concerned with pastoral care in institutions. This is a benefit-eligible position working approximately 20 hours per week, with the potential to increase to a full-time position. To apply please visit our website at www.thedacare.org. Requisition # 06-00909.

 DIRECTOR OF SPIRITUAL CARE
Lubbock, TX – The Covenant Health System Director of Spiritual Care's primary responsibilities include responsibility for overall planning, development, coordination, implementation and management of the department and of the Clinical Pastoral Education program. Covenant Health System is a regional tertiary center serving West Texas and Eastern New Mexico. A master’s degree in Theology/Divinity or comparable is required. Candidates must be certified by NACC or APC. Pastoral and managerial experience in a hospital setting is required. Send resume to: Human Resources, 3615 19th St., Lubbock, Texas 79410 or email resume to ahamilton@covhs.org.

 CHAPLAIN
Albert Lea, MN – Albert Lea Medical Center – Mayo Health System is seeking a full-time chaplain to minister to the spiritual needs of our patients, families and employees. This position will also supervise the volunteer chaplains. Qualifications include advanced theological degree from an accredited seminary (or equivalent endorsing body); four units of clinical pastoral education; endorsement for service as a chaplain by appropriate church body. This position also requires certification (or certification eligible) with one or more of the following: National Association of Catholic Chaplains (NACC), Association of Professional Chaplains (APC), Association of Clinical Pastoral Education (ACPE) or National Association of Jewish Chaplains (NAJC). Experience in a variety of healthcare settings including hospital, hospice, nursing home, or chemical dependency is preferred. Must be comfortable in crisis situations and have ability to work under stress in difficult situations. Excellent listening and communication skills required. Ability to minister to the whole person by promoting physical, emotional, social and spiritual well-being is essential. Albert Lea Medical Center – Mayo Health System offers an excellent benefit package including health, dental, life, and long-term disability insurance, along with an excellent pension plan, paid time off, and flexible compensation for day care and medical expenses. For more information or to apply online, please visit our website at www.almedcenter.org

 CPE RESIDENCY
Temple, TX – Scott & White Hospital (http://pastoralcare.sw.org) is recruiting for the 2007-2008 residency programs. Our innovative first- and second-year residency program offers three units of CPE in a calendar year. We provide residents time for development of relationships with the medical staff, integration of learning with practice, and opportunities for specialization in clinical areas. Competitive stipends and benefits. No tuition. $25 application fee required. Send applications to: Krista Jones, Pastoral Care, Scott & White Hospital, 2401 So. 31st St., Temple, TX 76508, fax 254-724-9007, phone 254-724-1181, or e-mail KRJONES@swmail.sw.org.

 CHAPLAIN
Phoenix, AZ – St. Joseph’s Hospital and Medical Center is seeking a full time evening/night certified chaplain. (6:30 pm-5:30 am; 4 on-3 off; 3 on-4 off). We are a 756-bed, not-for-profit center of clinical excellence and education. Our facility includes the internationally recognized Barrow Neurological Institute and an American College of Surgeons accredited Level 1 trauma center. Our organization also includes research facilities, cardiovascular services, high-risk obstetrics, pediatrics and rehabilitation programs. Recently U.S. News & World Report and Solucient listed St. Joseph’s among the top hospitals in the country. Our hospital is part of Catholic Healthcare West, one of the largest health system systems in the West with 40-plus hospitals in Arizona, California and Nevada. To be considered for this opportunity with excellent benefits, you must have these qualifications: Board Certified NACC, NAJC, or APC; ecclesiastical endorsement; demonstrated proficiency in spiritual assessment, computer documentation, end of life care, and experience in a large acute care/trauma setting. For more information and to apply online, go to www.stjosephs-phx.org or send resume to: bonnie.mcculley@chw.edu, fax (602) 406-4189.

 CHAPLAIN
Morristown, NJ – Morristown Memorial Hospital's Pastoral Care Department seeks a full- or part-time chaplain for a 12-month position delivering pastoral care to patients, their loved ones, and, as appropriate, staff. This person will be part of a team of chaplains and will report to the manager of volunteer services and pastoral care at MMH. Qualifications: Must be certified or eligible for certification by the Association of Professional Chaplains, the National Association of Catholic Chaplains, or the National Association of Jewish Chaplains. This certification requires a college degree, a master's level theological degree or equivalent, clinical training in chaplaincy, ordination or commissioning for ministry by a recognized religious group, a current endorsement for chaplaincy by a recognized religious group, and appearance before a national certifying commission for assessment of competency. Please send a letter of introduction and resume to Beth Upham, Manager of Volunteer Services and Pastoral Care, Morristown Memorial Hospital, PO Box 1956, Morristown, NJ 07962-1956.

 CHAPLAIN
Lancaster, PA – Hospice of Lancaster County, the largest hospice in Pennsylvania, is seeking a Roman Catholic chaplain to join a team of nine fulltime chaplains. Qualifications include board certification with NACC or APC, or ability to be certified within two years of hire. The successful candidate will be proficient in end-of-life care and in spiritual assessment, computer documentation, and committed to working as a member of an interdisciplinary team. Prefer experience in hospice. Please refer to our website at www.hospiceoflancaster.org if you would like more information on our facility or are interested in applying.
CHAIR
Karen Pugliese
Chaplain
Central DuPage Hospital
Winfield, IL
karen_pugliese@cdh.org

VICE CHAIR
Bridget Deegan-Krause
Ferndale, MI
bridgetmail@gmail.com

SECRETARY
Paul Marceau
Vice President, Mission Services and Ethics
Trinity Health
Novi, MI
marceau@trinity-health.org

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

EPISCOPAL LIAISON
Most Rev. Dale J. Melczek, DD
Bishop of Gary
Merrillville, IN

INTERIM EXECUTIVE DIRECTOR
Rev. Thomas G. Landry III
National Association of Catholic Chaplains
Milwaukee, WI
tlandry@nacc.org

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

Alan Bowman
Vice President, Mission Integration
Catholic Health Initiatives
Denver, CO
alanbowman@catholichealth.net

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

Sr. Norma Gutierrez, MCDP
Chaplain
St. Mary Medical Center
Long Beach, CA
smor@netzero.com

Sr. Mary Eileen Wilhelm, RSM
President Emeritus
Mercy Medical
Daphne, AL
smew@sa-mercymedical.org

September
1 Supervisor certification materials due at NACC office
3 Labor Day; national office closed
4 Copy deadline, October Vision
21 Postmark deadline for Board of Directors ballots

October
6-7 Chaplain certification interviews in Portland, OR, Milwaukee, St. Louis, Boston
15 Copy deadline, November-December Vision
25-28 National Certification Committee meeting in Milwaukee
27 Supervisor certification interviews, Milwaukee