Too often, older adults age by themselves. A typical nursing-home setting ensures that they mostly see each other and the staff. The diversity and energy of society at large, which could provide much-needed stimulation and interest to their lives, can be hard to replicate.

In Seattle, WA, however, Providence Mt. St. Vincent intentionally offers activities and opportunities for interaction and exchange between the generations. Residents have the opportunity to mix with children, young people and other adults of all ages at this unique and vibrant living care community for older adults. It is home to over 400 adults who need some assistance or 24-hour care.

Throughout the day, residents of “the Mount” can interact with the 125 preschoolers at the Intergenerational Learning Center (ILC), a day-care program located at the facility for children ages 6 weeks to 5 years. Children come into contact with residents informally in the halls, café, lobbies, around the fish tanks and in other shared spaces. Scheduled visits and activities take place in the “neighborhoods,” which are the residents’ small-group living areas.

Both the children and the elders benefit. Children learn to reach out and not be afraid of older people in wheelchairs and with walkers. Engagement with the children, in turn, lifts the spirit and brings joy to the residents. It is wonderful to see a person who generally exhibits a flat affect light up at the approach of a wagon full of toddlers!

On the third floor is an intergenerational family room designed to increase opportunities for interactions. Residents can just wheel over to the door and watch the children play or go in and get involved. Older children’s visits to the neighborhood are times to share music, art and stories with the residents. For the children, these experiences give them a positive portrayal of aging and they see the elderly as real people. And the residents are given an opportunity to be role models and increase their sense of generativity. For those who don’t have their own grandchildren in the vicinity, the ILC children are a great substitute.

The effort to integrate residents into the younger generation does not
Deacon appreciates his CPE experience

Editor:
I recently completed a class in pastoral care at St. Joseph’s Hospital of Atlanta with two other deacons and one in formation. We participated in seminars and discussions, visited patients in the hospital, wrote journals and verbatims, and also led devotions. We were expected to complete 40 hours of visitation on the hospital floors.

The experience gave me an immense appreciation for hospital chaplains, and also a deeper spirituality. Jesus teaches us that we are all children of God through our baptism and our faith in Him. But just as in the parable of the Good Samaritan, we are called to love even those people who are strangers. Putting this into practice is the challenge and the reward of serving in pastoral care. When I talked with people who were strangers, of a different faith, a different background, sometimes even a different country, I learned the true meaning of loving your neighbor. When I tried to understand the suffering, pain, or the anxieties of the patients, I had to reach out beyond my fears, my doubts, and most of all beyond my own selfishness to embrace them.

This is the call of the ministry of Christ. When we listen to the sufferings and hopelessness of someone who is dying or in pain from surgery or illness, we offer ourselves to that person as Christ offered Himself to us. When we open our hearts to love someone who will only be in our lives for five or ten minutes, we are truly living as Christ would have us live.

I recommend this program for all deacons and those who are aspiring to become deacons. It helped me to be a better servant of the people in my congregation and a better servant to all people who are my neighbor. Jesus replied: ‘Love the Lord your God with all your heart and with all your soul and with all your mind.’ This is the first and greatest commandment. And the second is like it: ‘Love your neighbor as yourself.’” Matthew 22:37–40.

Deacon Chester Griffin
Atlanta, GA

Reiki is valuable tool, not quackery

Editor:
I was certified by the NACC in 1980 and have ministered in a variety of settings since then. I also have been a reiki practitioner for 15 years and a reiki Jin Kei Do master for the past five years. I feel a need to respond to the letter in the February issue regarding the practice of reiki in a medical setting.

When I worked with the HIV/AIDS community, I found reiki was an incredible pastoral way to be with somebody in their pain and the last stages of illness. Also, I have introduced reiki to the hospice where I now serve, as part of my pastoral role. Many hospice nurses have shared how their clients have had profound shifts after their sessions.

I have studied over 400 hours in my preparation for my reiki mastership and would not categorize it as quackery. It evolved from the deep spiritual practices of a Japanese Buddhist practitioner, Mikao Usui. I find no contradictions to any of my religious beliefs and do not hesitate to present it as a spiritual healing energy practice.

Many healthcare professionals are very interested in this modality. More and more hospitals are offering it to their patients, especially before and after surgery, and have done studies to show its effectiveness in reducing pain and causing earlier release from the hospital. For more information, visit www.reikiinmedicine.org. It is a known fact, and my experience as well, that cancer patients find reduction in symptoms from their chemotherapy and radiation treatments in conjunction with reiki treatments.

I would be very happy to speak with anyone about my own experience in giving reiki to people with HIV/AIDS, cancer patients, and those at the end of life. Reiki is in my pastoral toolbox, and I offer it whenever I feel it is appropriate. If we look at the fruits of this modality — peace, acceptance, pain relief, relaxation, etc. — it is hard to knock. Jesus sent his disciples out to heal others. I like to think that is what I am doing as I teach others this wonderful healing modality.

Bill Stevens, CFC, NACC Cert.
Asbury Park, NJ

Defining chaplaincy is work in progress

Editor:
Dean Marek’s summary of the work done on identifying the unique functions of chaplaincy (April 2007 Vision) surfaced some significant issues — specifically for Catholics engaged in active professional pastoral care. The apparent lack of consistency and consensus reflects chaplaincy as a work in progress. The factors that will shape this work include varied and evolving institutional expectations of chaplaincy; the value a chaplain places on a “personal call” to ministry vis-à-vis an ecclesial endorsement to function in ministry; and a complementary vision of integrated pastoral and sacramental care.

Regrettably, the workshop and breakout session did not grapple with a fundamental question: What do patients and their loved ones ask of the Lord through His Church? Catholic chaplains are uniquely positioned to answer. Moreover we can answer while genuinely representing a “catholic” faith tradition that respects the universal good of all religious and philosophical belief systems.

Lynnfield, MA
Achievements continue in midst of transition

By Rev. Thomas Landry
Interim Executive Director

We formally dedicated our national office with a celebratory open house on April 24. The national staff very much enjoyed the time we spent with NACC members and friends, introducing you to the quarters that we have made our home in recent months. We truly appreciate the effort made by so many to be with us for this occasion, and we thank also the many members and friends who sent us word of your warm wishes. A copy of the program that we used for “An Office Blessing” and for the dedication of our new conference room furnishings in memory of my mother, Georgianna E. Landry, can be found on the NACC website in the area “for Members.”

This momentous occasion is a rich symbol of the work that we have done to carry out the Strategic Plan that was in place as I began my ministry among you. We believe it also is a sign of the work that we are doing to move into the future of the NACC that is addressed creatively in the Vision and Action Initiative. I do believe it is a sign of the fresh start that will arise from the planning process that is now in its final stages. That plan will carry us forward in our work into 2012!

Behind the symbol, of course, is the broader substance of our work to serve you. We are pleased to announce to you the dates and site of our 2008 conference, found on page 7 of this edition of Vision. We also are in the final stages of planning local education days in the fall of 2007; check the next issue of Vision for more details. Whenever possible, we will bring you updated information on local or regional educational offerings sponsored by other chaplaincy organizations, or co-sponsored by the NACC.

Another milestone I am happy to report is the revival of the NACC Annual Awards. The Governance Committee and the NACC Annual Awards Task Force have completed the work of revision as approved by the NACC Board of Directors at its March meeting in Portland, OR.

We will begin the new cycle with two awards: The Distinguished Service Award will go to an NACC member, and The Outstanding Colleague Award will be given to a non-NACC member. The full details of these awards and the associated nomination and awarding processes can be found at page 7, and will be available throughout the year on our website in the “for Members” area.

A new plaque that recounts the winners of awards given by the NACC in the years 1975-2001 is being crafted for display in the national office. As we begin the newly revised awards and processes, another plaque will be designed to accommodate the names of award recipients in years to come. We anticipate that at some time in the future, a third award may be added to the current two with which we begin this new cycle.

I conclude this month by offering a sincere and public “Thank you!” to all who have participated in making these milestones of achievement possible. You have helped move us forward in the midst of a time of significant transition! Board, committee, and task force members and the national staff have continued and renewed their commitment to the present and future of the NACC. It is the nature of the Church to celebrate and proclaim “the here and now” AND “the not yet!” Thank you for the vitality of “the here and now!” It is the promise of the strength and beauty of “the not yet!”
Search for new executive director under way

By Karen Pugliese
NACC Board Chair

Each of us undoubtedly knows obviously gifted and uniquely prepared persons who have served in a particular place for what appears to be a disappointingly short time. A more graced and generous interpretation, however, embraces the gifts and blessings of that moment in time and history. And, it would seem, an enlightened response would be not only gratitude, but a commitment to ensure that accomplishments are sustained, and work well begun is successfully completed.

When Most Rev. Robert J. McManus, STD, Bishop of the Diocese of Worcester, MA, graciously agreed to support Fr. Tom Landry’s ministry as Interim Executive Director, we were all aware that Tom would be challenged to invest wholeheartedly in the role, and at the same time, to hold his responsibilities lightly enough to turn them over to his successor at the completion of the Vision and Action Initiative. The consensus? Tom has expertly struck this delicate balance.

A fitting tribute for the gift of Fr. Tom Landry’s leadership this past year is to secure an Executive Director for the NACC who will energetically serve with wisdom and skill to meet the needs of this new time in the life of our association. I would like to share the details of the search, to encourage you to recommend and encourage prospective candidates (job description and application forms may be found on the NACC website), and to invite your prayerful support of the process.

Using our past experiences to guide us, the Board of Directors determined that NACC would be best served by engaging experienced consultants to facilitate the search process. The Reid Group of Bellevue, WA, is not only highly qualified, but has come to know us well while assisting us in articulating our mission, vision, values, and plan for the future viability and vitality of our organization. In April, we contracted with John Reid and Maureen Gallagher for a five-phase consulting process to include the executive search, NACC board and office staff development, and clear transition plans throughout. In addition to a focus on team building, John and Maureen will assess Executive Director, Board, and staff roles and responsibilities and make recommendations to ensure the success of the Strategic Plan. They will lead us in assessing the current governance structure, and offer recommendations for effective and creative governance models to support our mission, goals, staff and membership.

Phase One, the search for NACC executive leadership, is well under way. The plan includes a realistic and high-quality recruitment, selection, hiring, and orientation process, with clear expectations and timelines. The Core Search Committee includes Bridget Deegan-Krause, Paul Marceau, Sr. Geraldine Hoyler, Alan Bowman, and myself. However, the process will be highly participative as it progresses, and will engage persons within and beyond our membership. An evaluation of the need for strong, visionary, and credible executive leadership clarified the desired qualities and qualifications. Next we developed a job description, with clear role responsibilities, accountabilities, and expectations for working with NACC staff, Board of Directors, bishops, the Spiritual Care Collaborative, CHA, health system leaders, etc.

We continue to work at identifying the widest yet most appropriate pool of qualified and credible applicants. At the annual conference in Portland, participants were invited to indicate their personal interest in the position or suggest/recommend other individuals for consideration. John and Maureen have already involved NACC members, as well as Jo Schrader, Executive Director of APC, and Teresa Snorton, Executive Director of ACPE, among others, in dialogue about the position. Our consultants developed the advertising strategy, application forms, screening and interview process. They will conduct the initial screenings and facilitate and debrief interviews in Milwaukee with the top three or four candidates. In addition to the Core Search Committee, an additional two or three NACC members and the NACC staff will interview the candidates and provide input to the Core Search Committee.

The Committee is responsible for recommending candidates to the board. The Reid Group will assist in the discernment and decision-making processes, offering the
position, and securing a firm commitment from the chosen candidate. John and Maureen will assure prompt and professional follow-up and prepare appropriate press releases and articles. Finally, they will develop a comprehensive process to welcome and orient the new Executive Director to the position and the association. And in ritually welcoming our new leader, we will also honor and celebrate the gift Fr. Tom Landry has been and will continue to be to NACC. “It is all one,” Paul reminds us, “who does the planting and who does the watering. … It is only God who makes things grow.”

Personally, I acknowledge that this process, though excellent, is bittersweet. I am often grateful for quiet moments of reflection in our hospital chapel. Two of our beautiful stained glass windows were designed to represent “Transition,” both as an artistic transition of design from one thematic area to another, as well as the state of transition itself. As chaplains, those to whom we minister are often experiencing transition. Whether a shocking wake-up call requiring life changes, harsh new realities imposed at the worst possible moment, or a gentle, joyful passage from one phase of life to another, these winds of change are often unpredictable, uncontrollable, and stressful because of the unknowns they leave in their wake. Our chapel windows have much movement, but no clear or even abstract image. They serve as a reminder to move forward in trust, knowing that the spirit of God hovers over these passages, leading us to goodness and wholeness. Knowing that, we will find our way.

**Fee assessed to extend certification renewals**

Effective immediately, chaplains who request an extension on their renewal of certification process will have to pay a fee.

The NACC’s Board of Directors approved the fee in May and set it at 20% of the renewal of certification fee. The change was made in order to support the level of work generated by requests for extensions at the national office. As the current renewal of certification fee is $125, the extension processing fee that must accompany requests for a one-year extension for renewal of certification this year is $25.

**Judy Novak**
Cudahy, WI
Metastatic colon cancer

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

By Rod Accardi and Jane Mather

Who can ever forget their certification interview? Upon arrival at the interview site, you received Presenter’s Report Part I, with items for discussion checked and clear, focused questions to ponder. As you entered the room, you were introduced to the certification interview team, consisting of Chair, Presenter, and Reader. After the brief yet intense 50 minutes, you were dismissed and began the waiting and waiting and waiting some more for the interviewers to complete their deliberations. After being called back into the room, you were read Presenter’s Report Part II with the vote and recommendations for continued growth.

But a key person you didn’t meet that day, someone behind the scenes yet instrumental in the certification process, was the Interview Team Educator.

There are currently nine ITEs around the country, chosen for this special role because of their expertise as a certification interviewer and their demonstrated proficiency with all current NACC standards and processes for certification. In the last four years, ITEs have facilitated 547 interviews for candidates for certification and trained the 683 interviewers necessary for the task. Together they contributed more than 1,300 volunteer hours in 2006 to ensure that the NACC process for certification is the best it can be.

The NACC created the role of Interview Team Educator to provide oversight, consultation, facilitation, and education to assure the quality of the certification process. To achieve this goal, the ITEs consult regularly with the lead ITE, the NACC certification specialist (Marilyn Warczak), certification interviewers, site coordinators, and the Certification Commission liaison. They meet annually in Milwaukee to orient new ITEs, discuss ongoing issues of quality assurance, and meet with the Certification Commission, which they function under and are accountable to.

In the words of Cathy Connelly, lead ITE for several years, “The reason ITEs exist is to ensure that our interview teams allow each candidate the best possible opportunity to demonstrate readiness and competence for certification.” ITEs support both the process and the participants. But at the end of the day, they help interviewers formulate important recommendations, holding the certification process in careful balance between the objectivity of the standards and the necessary subjectivity and wisdom of experience and sound judgment.

Months before your certification team was assigned to your interview, ITEs forwarded names of potential team members to the national office and assisted in composing interview teams before conducting the training sessions. Certification interviewers are required to participate in an annual training program designed and led by the ITEs. New interviewers have a more extensive training module, while returning interviewers have a refresher module.

ITEs bring their experience and dedication to the certification process as fresh eyes to analyze the candidate’s materials and interactions. Educators draw out learning from their students. Just as chaplains listen-their-patients-into-words that flow from deep within their pain and joy, ITEs help interviewers draw from their certification candidates the words that authentically articulate the candidate’s theory and practice of ministry — and then to report that encounter in words that authentically express the process, content, and recommendations of the certification interview.

The ITEs review and approve both Presenter’s Reports Part I (the week before the interview) and Part II (on the day of the interview) to assure that they are professionally prepared; include appropriate references to NACC Standards throughout; articulate appropriate recommendations that facilitate the candidate’s ongoing growth; and are consistent with the dynamics of the interview. They also resolve issues relating to interview process standards on-site.

Why do ITEs devote their time and energy to this special ministry of certification? One stated that the two things that are most significant to her are professionalism and accountability. Another echoed this sentiment by saying that the role helps “ensure the professionalism, quality and consistency of the certification [process] for all our members.” Another expressed appreciation for the challenge of knowing that in this work he is dependent on the Lord, while another reports, “I treasure the relationships developed through this process with NACC chaplains across the country.”

Ongoing evaluation and feedback is vital to the certification process. Each candidate, certification interviewer, ITE, and site coordinator completes an evaluation. ITEs facilitate certification interview team self-evaluation, peer review, and debriefing, and they provide ongoing individual feedback to interviewers for continuous improvement. Though the ITEs are often in the background, their role is invaluable.

Since the NACC began the ITE program in 2003, the number of certification appeals and complaints has dropped dramatically. Throughout the recent Vision and Action process, participants in the focus groups mention their certification experience as a strength and highlight of NACC. Even our cognate organizations, especially APC and ACPE, have identified our certification process as an area of excellence. As you can see, there is a whole cast of characters involved in the certification process, and it is the Interview Team Educators who provide leadership to this ministry of certification.

Current NACC ITEs
- Cathy Connelly
- Darwin Dupree
- Cam Hanemann
- Michele Ledoux-Sakurai
- Jane Mather (Lead)
- Sharon Mason
- Judi Sherman
- Jane Smith
- Jim Wilsey
Indianapolis in 2008

The Board of Directors is pleased to announce the new cycle of Annual Awards, which will be given at our Annual Conference April 5-8, 2008 in Indianapolis, IN (see above).

Following a hiatus of six years, this new cycle will begin with two awards. The Distinguished Service Award will be given to an NACC member who has "demonstrated leadership through participation in local and/or national activities, committees, or task forces that further the goals and mission of the NACC or the ministry of chaplaincy." The Outstanding Colleague Award will be given to a non-NACC member, individual or group, who has "demonstrated outstanding leadership in her/his/their professional field, supporting or making a significant contribution to furthering the mission of the NACC or the field of ministry."

The nomination process for each award will run from June 1 through Nov. 1, 2007. All nominations must be received in the national office by Nov. 1. Complete details of the awards process, along with printable forms, are available on our NACC website, http://www.nacc.org/aboutnacc/awards.asp. There is a Criteria and Process sheet for each of the two awards, and a corresponding nomination form for each award. If you wish to nominate more than one person for either award, you must fully complete a form for each nominee.

The NACC Annual Awards Task Force will be appointed by the Executive Director. The names of those on this year’s group will be published in the next edition of Vision. If you have questions about the awards criteria or process after reviewing them online, you may direct your questions to Fr. Tom Landry, the Interim Executive Director.

The NACC will hold its next annual conference in Indianapolis, IN from April 5-8, 2008.

Mark your calendars now, and watch future issues of Vision for more details.
Fear of illness shatters professional façade

By Paula Caron

In moments when I feel at peace with the world and my troubles seem few, I often think of people I know who are not feeling safe and secure — often patients in my palliative care practice. I wonder why I should be so blessed with this momentary peace and they should be struggling with some type of personal challenge. It is quite the reverse of the proverbial question, “why me?” that people in distress often throw out to their God, or anyone who will listen. Just as the existential “why me?” hangs without response, my question of “why me — why am I so at peace in this moment?” also hangs unanswered.

But life has a way of throwing curve balls — one moment all is well, and in no longer than it takes to draw in a breath, a peaceful reverie can be shattered. And in those momentary flashes of time, any one of us could become the one whose peace is destroyed.

Last year I received a call reporting that my routine chest x-ray from the day before had found a “density” in my lung. I listened in disbelief to the words I had said to my oncology patients uncountable times over the years — “It is probably nothing. We’ll just get a CT scan to get a better look. Don’t worry.” And thus my reverie was shattered; in a flash everything in my life looked different. In that moment I was blessed to be in session with my beloved colleagues in CPE for Healthcare Providers, who stopped the session to rally around and embrace me with love and caring. I was too worried to have defenses, but I realized that neither did they. In that moment of connectedness they embraced my pain with me, and I was not alone in my fears.

While I waited for my CT scan, I experienced a panoply of emotions, thoughts, fears and realizations, and it felt as if I were two different people. By far, most of the time I lived in the fear of the unknown and how it could change or end my life. Sometimes I felt like I couldn’t take a breath because the fear was so intense. But every so often I was able to summon those emotions churning in my gut, but I was also able to study and watch those emotions in the larger framework of my relationships and interactions with people.

In my basic nursing training I was taught to be professional — which meant maintaining a distance between me and the people I cared for. We threw the word “empathy” around in classroom discussions like a Frisbee and we talked about how much more appropriate an emotion it was towards our patients than sympathy, which suggested more emotional involvement. We were taught to strike a concerned approach towards a patient in need and all the right platitudes to say, but that we should never become emotionally involved. But somewhere in there, someone forgot to tell us that life is messy and that we would all need human compassion at some point in our lives. The stark reality that we are all in this life together was not even suggested. For years I carried this as the standard of what epitomized the “good nurse.”

Now this unwelcome news was forcing me to re-examine one of the basic attributes that I felt had made me an effective professional all these years. The most profound moment of connection and realization came as I was walking through the mall of the medical center where I work on my way to see patients. And I was amazed that from outward appearances, everything seemed normal. Life had not stopped for my personal crisis. Fellow employees rushed by, some looking stressed while clutching their coffee cups, some chatting and laughing, but all oblivious to the fear that I felt enveloping me.

Some of the people who were there for medical care were obvious — their wheelchairs, canes, bandages, and physical deformities gave them away. I realized that my white coat, with pockets full of reference cards and self-important business cards, could not protect me from being a vulnerable human being like everyone else around me. How desperately I wished that my status as a healthcare provider could somehow shield me. Alas, I was no different from anyone in that mall area, and within a few fleeting weeks I could be in a wheelchair too, hairless and weak from chemotherapy and a patient to the people I consider colleagues. My son, who had already experienced the sudden death of his father two years before, might now have to face losing his other parent before he even finished high school. But wait — all of these other people had children who depend on them, too. Why should my son be different? This wasn’t fair!!! I try to live a healthy life and I have years of training which has prepared me to help others. I have many good intentions and so many plans to do good things that will benefit others. Shouldn’t I have some type of immunity?

In that moment, I realized that I was truly no different from anyone in the hall. I am human, after all — nothing more. Compassion and empathy in that moment became redefined concepts for me. I felt like I truly could join my hall companions with the fear of the unknown, the powerlessness and the feeling that my body was betraying me. I felt the panic of events hurtling out of my control and realized that what felt most important to me was the love, compassion, and connection of the few people around me who knew what I was...
stop with small children, however. The Mount participates with the Seattle Public Schools in a worksite training program for special education high school students. These young people are around the building five days a week, working with the children, taking care of the resident cats, assisting with activities with the residents and transporting them to the beauty salon and from the chapel back to the Neighborhoods after the daily Mass. Here again, relationships are formed and there are mutual benefits. Each year, a few students are inspired to pursue careers in elder care because of their work experience at the Mount.

Although many nursing homes have volunteer programs, one function of ours is also to bring the generations together. At present, we have more than 220 active volunteers, ranging in age from 14 to 95. They accompany residents on outings, call numbers for bingo, lead reminiscing groups, to name just a few activities. We have many volunteers who come in as a friend for one-on-one conversations. Rich relationships result as they share, often easing some of the loneliness, depression or boredom that residents can experience.

Being with people of different ages helps residents stay as physically and mentally active as possible. I believe that residents are nourished spiritually in this wonderful mingling of the generations. God’s love and care are made real in a multi-generational environment.

Sr. Kathleen Hearn, SNJM, NACC Cert., now lives in Portland, OR.
Religious Coping with an Illness

This general pattern of findings also applies to individuals coping with an illness. For example, in one sample of elderly medical inpatients, positive religious coping was associated with less depressed mood, better quality of life, and more stress-related growth, cooperativeness, and spiritual growth (Pargament, Smith, Koenig, and Perez, 1998). In another medical sample, positive religious coping was associated with better religious outcomes and more stress-related growth over a two-year period (Pargament, Koenig, Tarakeshwar, and Hahn, 2004).

Conversely, spiritual struggle increases the risk of psychological distress in individuals dealing with an illness. For example, spiritual struggle has been associated with higher levels of depression, lower levels of life satisfaction, and greater emotional distress in various medical samples, including patients undergoing inpatient rehabilitation (Fitchett, Rybarczyk, DeMarco, and Nicholas, 1999), patients with diabetes, congestive heart failure, or cancer (Fitchett et al., 2004), and medically ill elderly inpatients (Koenig, Pargament, and Nielson, 1998).

Individuals coping with an illness may be especially vulnerable to the detrimental effects of spiritual struggle because illnesses often place considerable strain on the orienting system. An orienting system consists of the beliefs, practices, relationships, and values that shape the way individuals view the world (Pargament, 1997). Spiritual beliefs, practices, relationships, and values are a significant part of many people’s orienting system. Although orienting systems can guide people through diverse life experiences, they are vulnerable to stress. Each individual has a breaking point, a point at which he or she becomes “disoriented” and unable to successfully cope with stressful experiences. This breaking point is determined by two factors: the magnitude of the stressor and the strength of the orienting system. For example, for many people, the belief in a loving God who ensures that bad things do not happen to good people is central to their view of the world (Pargament, 1997). An illness may threaten this belief and lead to questions such as “How could [this illness] happen if I am a good person and God truly watches over me?” (Pargament, 1997, p. 222).

Psychospiritual Interventions

Research on psychospiritual interventions that incorporate religious coping is just beginning (Pargament, Murray-Swank, Magyar, and Ano, 2005). For example, a recent comparison of various types of meditation suggests that spirituality can add to treatment effectiveness. In a study comparing a secular meditation (e.g., I am loved, people love me) to a spiritual meditation (e.g., God is love, God loves me), participants using the spiritual meditation reported greater declines in anxiety and increases in spiritual well-being than participants using the secular meditation (Wachholtz and Pargament, 2005). In addition, participants using the spiritual meditation exhibited...
greater pain tolerance than participants using the secular meditation.

Interventions that focus primarily on divine spiritual struggle have also been developed. For example, Cole and Pargament (1999) developed a psychospiritual intervention for cancer survivors that targets spiritual struggle by encouraging participants to explore feelings of abandonment by and anger towards God. This psychospiritual intervention was compared to a secular intervention. The psychospiritual intervention maintained participants' well-being over time, while the well-being of participants in the secular intervention declined over time. However, in individuals suffering from a fainting disorder, the secular intervention was more effective at reducing anxiety than the psychospiritual intervention (Cole, Pargament, and Brownstein, 2000). These results suggest that psychospiritual interventions may be more beneficial for individuals suffering from uncontrollable illnesses.

The goal of interventions targeting spiritual struggle is not necessarily to eliminate it. In spite of its negative correlates, spiritual struggle has been associated with posttraumatic growth (Pargament, Smith, Koenig, and Perez, 1998), suggesting that individuals can benefit. However, research also suggests that the longer individuals struggle spiritually, the more likely they are to suffer from it (Pargament, Koenig, Tarakeshwar, & Hahn, 2004). Therefore, the most appropriate goal for psychospiritual interventions may be to help people resolve their struggles before detrimental effects occur.

**Practical Implications for Chaplains**

Research on religious coping and psychospiritual interventions has practical implications for chaplains in medical settings. First, it is important to attend to positive religious coping and spiritual struggle in the initial assessment process. Specific questions can be incorporated into an initial assessment to evaluate whether patients have positive religious coping strategies or are experiencing spiritual struggle (Pargament, in press). For example, chaplains can ask whether the illness is affecting the individual’s religiousness and in what ways, or whether religion has been involved in the way they have coped.

Hospital chaplain George Fitchett (1999) advocates actively screening people in healthcare settings to identify individuals at “spiritual risk.” This screening is especially important in light of research indicating that patients with a great need of spiritual intervention are less likely to request spiritual assistance than individuals with less need (Fitchett et al., 2004). Fitchett (1999) recommends asking brief screening questions about anger at God, fear of punishment by God, disappointments in faith or religious institutions, and lifetime changes in the importance of spiritual or religious faith. Depending on the individual’s response to these questions, the chaplain can explore particular religious issues in greater detail.

After assessing the religiousness of the individual, chaplains can encourage religious coping to promote well-being. Patients with positive religious coping should be encouraged. Strengthening these resources can improve individuals’ current well-being and prepare them to cope with future hardships. Since patients in the midst of spiritual struggle are at greater risk for poor outcomes, chaplains should actively intervene.

Various interventions are appropriate. First, spiritual struggle is a source of guilt and shame for many people, but it is a natural part of life. People often respond with relief and gratitude when their struggles are met with understanding and acceptance rather than threat and rebuke. By normalizing spiritual struggle and creating opportunities for individuals to talk, chaplains can encourage people to move beyond guilt, shame, and silence.

Second, chaplains can teach individuals to anticipate spiritual struggle and draw on personal spiritual resources before serious problems occur. This anticipation may be particularly relevant when patients’ medical status and prognosis can change over time. Individuals who deny spiritual conflict initially may begin to question their beliefs as their physical condition declines. Chaplains can help them strengthen their spiritual resources in preparation for the future by informing that their feelings may change over time and encouraging them to contact the chaplain should this occur.

Research on positive religious coping and spiritual struggle indicates that these religious processes are related to individuals’ health and well-being. However, research on interventions that incorporate positive religious coping and target spiritual struggle is just beginning. Initial studies suggest that these interventions improve psychological and emotional well-being. As research on psychospiritual interventions continues, medical chaplains are in a unique and important position to address religious coping. They can encourage people to utilize positive religious coping strategies while helping them process and understand spiritual struggle. In this way, chaplains can work to improve individuals’ psychological, emotional, and religious well-being.

Kelly Trevino recently earned her Ph.D. in psychology from Bowling Green State University in Bowling Green, OH. Kenneth Pargament is a professor of psychology at Bowling Green State University.

**References**


First night on call was bizarre from start to finish

By Ida Louise Landeta

I am in the room where we have our CPE meetings, but the building is swaying back and forth wildly in the midst of a major earthquake. I am scared and shaking. Then I hear God saying to me, “Don’t be afraid. They have had many serious earthquakes here before, and people have survived. You will survive it too.” Then I felt better.

This dream followed one of the most bizarre evenings of my life — my first night on call at the hospital as a resident chaplain. After an intense week of introductions to new people, technologies, systems and hospital verbiage, I was emotionally and physically exhausted. I had seen a few patients on the units with my supervisor in tow, but had not yet been with any patients by myself. No matter what they had taught me during those first few days, nothing could ever have prepared me for what was about to take place.

The room I was going to rent for on-call nights would not be ready for another week. Thus I was going to spend the night on a rollaway in the chaplain’s office at the extended care facility where I would be stationed for the rest of the year. I really hoped that no one would need anything that night. But that was not to be.

The first call came at 20:30 to see a man who was brain-damaged and depressed. I arrived at the main hospital without incident and ministered successfully to the patient, returning to the extended care facility at 21:30. I had begun preparing for bed when the beeper went off again.

A woman was in her final stages of death, and her family wanted me to perform a commendation. I quickly printed out the ritual from my computer (good thing we had received it that day), got dressed, grabbed my purse, and left. I planned to stop at the chaplains’ office in the hospital, get the things I needed, and then go to the patient’s room.

But upon exiting my car once there, I realized I had left my badge at the extended care facility. Even worse, I had also forgotten both the key to the office in the hospital where the supplies were kept, and the key to the chaplain’s office at the facility I had just left, where I was going to stay for the night. As adrenalin and cortisol flooded every bodily tissue, my feet just wanted to turn around and run away as fast as they could. Nevertheless, my head won out. Two city police officers were outside the hospital, and God bless them, they believed I was a chaplain and let me in.

So I collected myself to be present with the dying woman and her family — a truly blessed and privileged experience. They never noticed that I was distracted. Perhaps they were so absorbed in their grief, so grateful to have someone with them to provide prayer, comfort and emotional support that it didn’t matter. In any case, I was mightily grateful.

I returned to my quarters around 23:00 and asked the nurses for a key to the chaplains’ office. But neither they nor the maintenance staff had one. Anyone who might have had a key worked on the day shift, because normally no one would be in the chaplains’ office at night. At this point I was so exhausted that all I could think of was to sleep in my car in the garage downstairs. But the nurses would have none of that. Instead they got a geri chair, sheets, pillow and blanket, and made a bed for me in an empty classroom. They provided a pair of pajama bottoms, and one nurse went to her car, where she had a dress from her country (the Philippines). She actually gave me the dress, both to wear for a top and to keep.

It was around midnight by this time, and I was just settling into the geri chair. But it kept flopping around and would not stay put. Every time I started to nod off the chair came back to attention. I didn’t want to disturb the nurses any more, so I lined up four classroom chairs in a row and bedded there for the night. You can imagine how comfortable that must have been — who knows, maybe it contributed to the nightmare I described above, which woke me around 2:30 a.m. I finally went back to sleep, but later woke to hear a siren going off. I looked at the clock. It was 6:00 a.m. In my glorious outfit of patient pajama bottoms and dress from the Philippines, with hair going every which way, I opened the classroom door only to face a huge crowd of people. The loudspeaker was announcing “Code Red, Code Red.” Quite literally I wondered for a few seconds if I was dreaming again. It felt like the Twilight Zone.

“What is Code Red?” I wondered. The little card with all the codes and their meanings was attached to my badge — which was locked in the chaplains’ office. Great. One more evidence of my utter incompetence. I was feeling like a total failure at this chaplain thing. Then the nurse who gave me the dress ran up and said, “Don’t worry, chaplain, it’s just a fire drill. You don’t have to be concerned. Go back to bed.” Another nurse whom I hadn’t seen before said, “That dress looks like it’s from my country.” I said, “It is.” She looked puzzled.

I was overjoyed to see the maintenance man from the day shift, who had just arrived for work. I asked him to open my office. He said, “Haven’t they given you a key yet?” I said, “Yes, and don’t ask.” He laughed.

I entered my office, never so happy to see a badge and keys, and pulled out the rollaway bed. But by now I was
wide awake and could not go back to sleep. Needless to say I continued in an even more exhausted state for the rest of the day.

However, even then I recognized the humor in the events, and I had great fun all day long repeating the story to everyone who would listen. My fellow CPE residents were relieved because they knew anything they encountered would be mild by comparison. My CPE supervisor said she had heard a lot of stories in her day but this was absolutely the topper.

Ida Louise Landeta, NACC Cert., is a chaplain for San Diego Hospice & Palliative Care in California.

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**Collecting Light**

*By Deborah Gordon Cooper*

I see the way the chickadees take turns at the feeder.
I watch a neighbor take her husband’s hand.

I see the way the sun will find the only interruption in dark clouds to toss this amber light across the pines.

I see a row of cars stop on the road until the orange cat has safely crossed, then take off slowly, should she change her mind.

I watch the way my brother lifts our mother from the wheelchair to the car, the shawl he lays across her lap.

I save up every scrap of light, because I know that it will take each tiny consolation every day to mend the world.

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

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**Briefs**

**NACC member publishes book on sexuality**

NACC member Gordon Hilsman has written a book about the spiritual aspects of sexuality. Titled *Intimate Spirituality: The Catholic Way of Love and Sex*, it is published by Sheed & Ward and is available from Amazon.com.

The book “combines the two primary themes of my life, Christian culture and intimate love,” Hilsman wrote in an e-mail. “This is a very positive book, offering a spiritual view of sexuality that augments the moral view that has dominated religious circles forever.”

Hilsman, the manager of CPE at St. Joseph Medical Center in Tacoma, WA, wrote, “Issues relating to sexuality will remain a primary concern for Christians at all levels for the foreseeable future. This book is for all people who are serious about their faith and spiritual life and are seeking guidance on how to integrate their love life with their spirituality. It is also a great book for those who counsel them.”

In the foreword, Eugene C. Kennedy writes, “Gordon Hilsman is a wise, compassionate, and unhurried companion who speaks to our depths about what it means to be human, spiritual, and sexual at the same time. … Dr. Hilsman affirms the essential health and goodness of our sexuality. He illuminates the ground that is made sacred not by a far-off God but by up-close humans like us as we share the intimacy at the core of religious mystery”

**Palliative care symposium scheduled in Cleveland**

South Pointe Hospital, Cleveland Clinic Health System, is hosting a palliative care symposium on October 22, 2007. The event is funded through a grant provided through the AETNA Foundation for professional chaplains and community clergy. There will not be a fee to attend, but pre-registration is required.

The keynote speaker will be Declan Walsh, director of the Harry R. Horvitz Center for Palliative Medicine at the Cleveland Clinic. Four other speakers will also make presentations. For more information, contact Charles W. Sidoti, coordinator of pastoral care at South Pointe Hospital, at (216) 491-7924 or csidoti@cchseast.org.
Book Review

Book fills need for discussion of end-of-life teaching

Medical Care at the End of Life: A Catholic Perspective

By Rev. James F. Buryksa

In the wake of the furor—much of it caused by people who should know better—occasioned by the final months of Terri Schiavo's life, a balanced review of Catholic moral teaching about end-of-life care has been much needed. David Kelly's book succinctly and readably fills that need. In just over 170 pages, he manages to address with remarkable completeness the important ethical aspects of medical care at the end of life, as rooted in the Roman Catholic moral tradition. In the book's introduction, Kelly says that the context for his approach is "Roman Catholic medical ethics, since much of what has become American policy in the area was taken from Catholic sources. … But it is not intended only or even primarily for those interested in Catholic issues. It is a book about the ethics of end-of-life care in America."

In his opening chapter the author makes what may arguably be the book's most valuable contribution to the literature—one I have not previously seen in this form, though it makes a great deal of sense. He characterizes the current and emerging American ethical consensus about end-of-life care as being built on three pillars:

• the recognition that not all possible treatments are beneficial (the distinction between ordinary and extraordinary means);
• the agreement that there is a moral difference between killing and allowing to die;

• the legal concept of the right to autonomy, privacy and liberty.

He then proceeds to devote one or more chapters to each "pillar" and its implications for specific ethical questions familiar in the field of medicine—ordinary/extraordinary means, patient autonomy, advance directives, surrogate decision-making, physician-assisted suicide and euthanasia, nutrition and hydration, and the concept of medical futility.

As he examines each issue, Kelly maintains a solid grounding in the mature teaching tradition of the Catholic church; specifically, he resists the creeping vitalism so abundantly displayed in the way some Roman Catholic commentators have attempted to apply Pope John Paul II's allocution on nutrition and hydration to the Schiavo case. Along the way he does not hesitate to challenge the positions of judges, theologians, legislators, bishops and the courts, taking as his sources cases that have become familiar to all of us: Cruzan, Brophy, Schiavo, Quinlan and others. Kelly's arguments are lucid and his language readable. An additional benefit of the book for the general reader is to demonstrate how much the ethical discourse on end-of-life issues has been drawn from and influenced by, the Roman Catholic tradition in moral theology.

For those concerned about the ethical dimensions of caring for persons at the end of life, this book is valuable. In addition, it is indispensable for those who are seeking insight about Catholic moral teaching on these issues, and how that teaching has contributed to the broader secular conversation.

Rev. James F. Buryksa, NACC Cert., is an NACC and ACPE supervisor at the Mayo Clinic in Rochester, MN.

In Memoriam

Please remember in your prayers:

Sr. Mary B. Philbin, IHM, who died March 23 in Monroe, MI, at age 85. She worked as a teacher in Michigan before becoming an ACPE supervisor in 1975. She worked at hospitals in Terrell, TX, and Corpus Christi, TX, joined the NACC in 1978, and was certified as a supervisor in 1985. She retired in 1991.

In a letter in 2006, she wrote, "I have one big, beautiful memory of my connections with NACC. … We were a small, conscientious caring group learning together to be sensitive to the sick and trying to follow Jesus in prayer, healing, and humility."

Vision seeks reports of helpful books

Vision regularly runs reviews of newly published books, as a service to help our readers sort through the flood of useful (and not so useful) material that keeps arriving in stores and catalogs.

But we know that all of our members have trusted old favorites that they keep returning to. Maybe it's a book that you press into the hands of a grieving family; maybe it's a well-thumbed spiritual volume that you take on every retreat; maybe it's a CD or movie that always makes you feel better.

If it helps you or your patients, we'd like to give you the opportunity to tell your colleagues about it, whether it's as new as Robert Wicks or as old as St. Augustine. We plan to run a compilation of our members' favorite resources in a future issue of Vision, and we could possibly make it a regular feature, depending on the level of interest.

Contributions should be a maximum of 250 words and should describe one book, CD, or DVD that is currently in print and that you find helpful in your job. Please send them to dlewellen@nacc.org or to David Lewellen, National Association of Catholic Chaplains, 5007 S. Howell Ave. Suite 120, Milwaukee, WI 53207.
NACC Certification Interview Dates – 2007/2008

Procedure for Certification Process

1. Full membership in the NACC is required before applying for certification. Inside the membership application you may indicate that you would like to receive a certification application.

2. Submit the original certification application, copies of your supportive materials (see Checklist for Supportive Materials Required for Certification Interview), and the certification application fee to the national office by the due date for materials listed above. Materials must be postmarked no later than July 1, 2007, or February 15, 2008.

3. Include a short cover letter indicating your first and second preference for an interview site.

4. Retain a copy of all materials submitted to the national office, including the application form, as additional copies (3) must be made and sent to your interview team members when you are notified that a team has been assigned. Please request that any recommendation letters sent directly to the national office be copied to you for your file.

5. Materials are reviewed to verify that you have met all the formal requirements for an interview.

6. After your materials are determined to be in compliance, an interview date, location, and interview team will be assigned.

7. When you receive notice of your interview team, you are responsible for sending copies of your certification materials to each of the team members. Your materials must duplicate those sent to the national office with your original application. This includes the binder, table of contents, and tabs for each section. These copies should be mailed by Fed Ex, UPS, or certified mail, at least 30 days before your interview date. The copies will be returned to you after the interview. The office copy will be kept until the process is closed, and then this copy will be destroyed.

   There is a chance that you may not receive your first preference for an interview location. The number of interviews scheduled at any one site will be determined by the number of available interview team members living in, or close to, the interview site.

   The Certification Commission recommends that you seek mentoring from a certified NACC chaplain or supervisor as you enter the certification process.

Fall Locations and Dates

**Fall Locations and Dates**

Saturday/Sunday October 6-7, 2007

- Boston, Massachusetts
- Milwaukee, Wisconsin
- Portland, Oregon
- St. Louis, Missouri

**Due date for materials**

- July 1, 2007

**Fall Locations and Dates**

Saturday/Sunday October 4-5, 2008

**LOCATIONS FOR 2008 ARE TO BE DETERMINED**

**Due date for materials**

- February 15, 2008
Positions Available

▼ CHAPLAIN

Nationwide – Be a chaplain in the Army National Guard and fulfill a higher calling – serving the men and women of the United States military with spiritual guidance and ministry. You will act as staff officer for all matters on which religion has an impact, including command programs, personnel, policies, and procedures. You will coordinate/direct a complete program of religious ministries, including workshops, pastoral counseling, religious education, and other activities for military personnel and their families. Additionally, as a chaplain, you will be responsible for providing leadership for essential moral, ethical, and human self-development programs. The Army National Guard is an elite group of citizen-soldiers who dedicate a portion of their time to serving their nation. As an officer, you will train part-time to be ready full-time, should your state or nation call you to serve. The Army National Guard is based in communities in every State, the District of Columbia, Guam, Puerto Rico and the U.S. Virgin Islands. When you join the Guard, you’ll do your monthly training close to home so you’ll be ready to serve wherever your spiritual leadership is needed. Professional Duties: Performs duties as outlined above as staff, deputy staff, or assistant chaplain at all levels of command; supervises other chaplains and staff in providing a broad religious program designed to meet the needs of the organization and military community. Benefits: $6,000 officer bonus; $10,000 affiliation bonus for current chaplains transferring and military community. Benefits: $6,000 officer bonus; $10,000 affiliation bonus for current chaplains transferring from another military service; chaplain candidates can qualify for up to $4,500 per year for graduate seminary tuition. Requirements: B.S. or B.A. from an accredited university; master’s of theology or M.Div. with 72-plus credit hours from an accredited university; individuals with no prior military service must be no older than 40 (however, applicants up to age 50 will be considered on a case-by-case basis for critical faith group needs); individuals with 10-plus years of prior military service may be up to 50 years of age; must be a U.S. citizen; must be able to pass a physical exam and meet legal and moral standards. Visit www.1800goguard.com/clergy for more information.

▼ DIRECTOR OF SPIRITUAL CARE

Seattle, WA — Providence Mount St. Vincent is a resident-directed care facility for elders sponsored by the Sisters of Providence and serving over 300 residents in assisted living and long-term care. We are a care model for creating a “home environment” for our residents, who live in small communities or neighborhoods in our facility. Our ministry is to our staff, families and residents in daily collaboration with hospice in supportive care of the dying. The Director of Spiritual Care provides spiritual, religious and personal counseling or guidance to residents, family members and employees, in accordance with current applicable federal, state and local standards, guidelines and regulations, and as may be directed by the administrator, to assure the highest degree of quality care at all times. The function of the position actively incorporates the mission and vision of Providence Health Systems. Core values – respect, compassion, justice, excellence, and stewardship – are reflected within all working relationships by demonstrating teamwork, dedication, and service excellence. The Director directs and supervises the Pastoral Care Program; coordinates religious observances; i.e. scheduling of services and rites, seasonal observances, memorial services and community celebrations for clients, employees, family members, etc.; maintains and submits records/reports of pastoral activities as required, and prepares necessary information for client’s medical records; informs the resident’s pastor of admission, or condition, upon request, and seeks her/his assistance in providing spiritual care; reviews pastoral care programs/services to assure spiritual objectives are being met, and participates in making recommended changes; acts as a liaison between staff and client’s family/friends during periods of crisis, adjustment, etc.; assists in planning and scheduling religious programs provided by community churches and/or religious organizations; establishes and maintain relationships with clergy from the many faiths; submits a budget and administers the Pastoral Care Department within the budgetary limitations and policy and procedures of the facility/agency; organizes opportunities for clients to participate in religious services and activities of their choice; organizes a program of personal spiritual counseling to clients of all faiths; consults, as needed, with clergy of all faiths to assure a broad spectrum of spiritual services; coordinates continuing education programs relative to resident’s spiritual welfare and medical ethical issues; and promotes conferences, inservices, discussions and educational programs as they pertain to the spiritual care of the sick and dying. Minimum qualifications: Bachelor’s degree in theology or spirituality of pastoral ministry, master’s degree preferred; completion of an accredited NACC or CPE program; certification by NACC or other qualifying body; two years’ experience in pastoral ministry; a minimum of four quarters of clinical pastoral education; oriented to health care practices and procedures; advanced study of counseling of psychology. Apply online at www.providence.org/careers (job #9007). EOE

▼ PRIEST CHAPLAIN

Indianapolis, IN – This position includes both Catholic and general ministry responsibilities. Clarian Health seeks a full-time Roman Catholic priest chaplain to serve the spiritual and sacramental needs of our Roman Catholic patients, loved ones and staff as a member of our large, well-established Chaplaincy and Pastoral Education Department. Position primarily serves two 200-bed hospitals: high-acuity children’s hospital and a university hospital in a three-hospital system located in downtown Indianapolis. Evening on-call responsibility for these two hospitals; rotation of duties with Clarian’s other priest-chaplain. Competitive salary and benefits. Qualifications, knowledge, skills, abilities: Master’s degree in theology,
pastoral ministry, divinity or religious studies to meet certification requirements by APC or NACC within 2 years of hire; endorsement, ordination and eligibility for faculties; minimum of 4 units of Clinical Pastoral Education; knowledge of good educational practices, assessment of needs and implementation of programs of education; knowledge of the action/reflection model of Clinical Pastoral Education; effective written and verbal communication skills; knowledge in fields of theology and ethics in health care and behavioral science; quality patient care, communication and crisis intervention skills; knowledge of diverse religious traditions and the ability to minister to persons with diverse religious and cultural backgrounds. Please apply online at www.clarian.org/clarianjobs. For further information contact Karen Morrow at (317) 962-3723.

▼ DIRECTOR OF PASTORAL CARE
Baraboo, WI – Responsible for directing the pastoral care services at St. Clare Hospital and St. Clare Meadows, Baraboo, WI, located about 45 minutes northwest of Madison, WI. Includes budgeting, goal setting, policies, standards of care, supervising staff and pastoral education programs for employees and the community. Must have the willingness and ability to collaborate with others on the health care team to bring loving care to those with physical, mental, social and spiritual needs. Certified professional chaplain or working towards CPE required. Two or more years of healthcare ministry, master’s in theology or divinity and prior management experience preferred. Apply online at www.stclare.com or contact the Human Resources Department at (608) 356-1428 for more information.

▼ PASTORAL CARE MANAGER
Chewelah, WA – St. Joseph’s Hospital, a critical access facility of 25 licensed beds and a 40-bed long-term care facility, is seeking a full-time pastoral care manager to provide leadership for the department and meet the spiritual/religious needs of our patients, residents and families. Qualifications include current certification in NACC, a degree in theology, religious studies, pastoral counseling or related field from an accredited college or university, three to five years of experience as a chaplain in a healthcare setting and one to two years management experience. Please forward resume to: Human Resources, P.O. Box 197, Chewelah, WA 99109 or by email to schanzg@inhs.org. St. Joseph’s Hospital is an Equal Opportunity Employer, minority/female, veteran/handicapped.

▼ DIRECTOR OF PASTORAL CARE AND MISSION INTEGRATION
Hastings, MN – Regina Medical Center, a comprehensive healthcare campus including senior living, hospital, surgery center, and clinics, is located just 20 minutes southeast of the Twin Cities. A scenic river town with a population of 20,000, Hastings enjoys spectacular views at the junction of the Mississippi, St. Croix and Vermillion Rivers. As a member of the leadership team, the Director of Pastoral Care and Mission Integration will assess and plan pastoral services, programs and ministry to support the spiritual and emotional needs of residents, patients, families and staff, and will develop and promote the integration of Regina’s mission and values throughout the organization. This position is also responsible for day to day leadership of Pastoral Care staff and operations, conducting religious services, presenting educational programs, and managing the departmental budget. Requirements include master’s degree in theology, divinity, religious studies, pastoral ministry, spirituality, ethics or a closely related field. Must be a practicing Catholic and certified as chaplain by the NACC, APC or ACPE with 3 – 5 years of healthcare experience; management and mission integration experience is preferred. Must possess strong communication, program development and group facilitation skills. Regina Medical Center offers a competitive salary plus a full benefits package. If you are interested in becoming a part of a progressive facility with a great work environment, please contact: Debra Foster, Human Resources Consultant, 1175 Nininger Road, 651.480.4108; 651.480.4258 fax; Fosterd@reginamedical.org

▼ CHAPLAIN
Spokane, WA – Sacred Heart Medical Center (Providence Health and Services) has an opening for a 2 evenings/2 nights benefited position (32 hours per week, 64 hours per pay period). Qualifications include board certification with NACC or APC (or ability to be certified within 18 months of hire), master’s degree in theology or related field, a minimum of 4 units of CPE, ecclesiastical endorsement. The successful candidate will be proficient in spiritual assessment, computer documentation, end of life care, and committed to working as a member of an interdisciplinary team. Prefer experience in an acute care/trauma setting. Please refer to our website at www.shmc.org if you would like more information on our facility or are interested in applying.

▼ CPE/CHAPLAIN RESIDENCY
Anchorage, AK – At Providence Alaska Medical Center, the state’s largest medical center with 364 beds, you’ll find a comprehensive and advanced range of services and a unique setting that is truly supportive to your personal and professional development as a spiritual care giver. Our diverse Spiritual Care staff and CPE program are well integrated into the multi-disciplinary care team. As a CPE Student/Chaplain Resident, you minister to the emotional and spiritual needs of patients, families, and staff. You learn how to assess and address emotional and spiritual needs through pastoral care interventions, sacramental and ritual care. CPE Residency 2007/08 (Level 1/Level 2/Second Year Residency possible): September 4, 2007 – August 30, 2008. One previous unit of CPE required. Application fee: $25. We offer a $2,000/month stipend with full benefits. The beauty and adventure of Alaska awaits you. From hiking to skiing snow-capped mountains, fishing in wild streams to exploring the open wilderness, Alaska offers a spectacular way of life. If you’re looking for a rewarding learning experience in a beautiful setting, consider PAMC in
Positions Available

Anchorage, Alaska. Apply online at www.providence.org/careers or contact Mary Ann Kiehn at 907-565-6462, mary.kiehn@providence.org. Providence is an Equal Opportunity Employer.

**COORDINATOR CHAPLAIN**

Arlington Heights, IL — An expanding, 346-bed facility in the Alexian Brothers Hospital Network seeks a full-time Coordinator Chaplain to plan, organize and implement pastoral care with an ecumenical perspective. Through an interdisciplinary team approach, you will assess spiritual needs and offer support to patients, their families, and staff of all faith traditions. The position requires excellent administrative and team-building skills, a knowledge of diversity in religious practices, presiding at prayer services with sensitivity, coordinating sacramental and liturgical needs, contributing to staff education and development, and mentoring CPE and other students. Qualified candidates will have pastoral care experience in a health care setting; master’s degree in theology or religious studies; three to four units of CPE; certification (or eligibility); and ecclesiastical endorsement. Please send resume with cover letter to Stan Kedzior, ABHN Director of Mission Integration, 3040 Salt Creek Lane, Arlington Heights, IL, 60005 or e-mail stanley.kedzior@abbhn.net. EOE

**CPE RESIDENCY**

Milwaukee, WI – At Aurora St. Luke’s Medical Center, we serve a varied and interesting patient mix and have a rich tradition of providing spiritual care. As a large urban referral center, many patients come to us with critical tertiary needs for heart care, cancer, digestive diseases and hyperbaric treatments. As part of Aurora Health Care, Aurora St. Luke’s Medical Center is supported by a system-wide commitment to providing the tools and resources needed to deliver leading-edge health care to the communities we serve. Our Clinical Pastoral Education Residency program offers a unique emphasis on intrapsychic and family systems theory integration congruent with ACPE outcomes and the resident’s learning goals. Four positions in Level I and II are available for September 2007 through August 2008. The benefits of this position include paid time off, a stipend of $25,168 and health and dental insurance. A relevant master’s degree is preferred. Written ecclesiastical endorsement and the completion of one CPE unit are required. For information on how to apply, please contact Bill Tallevast, D.Min., ACPE Supervisor, Aurora St. Luke’s Medical Center, Pastoral Care Department, 2900 W. Oklahoma Ave., Milwaukee, WI 53215; or call (414) 649-6567.

Rochester, MN – Mayo Clinic CPE residency positions beginning August 23, 2007 through August 20, 2008, four consecutive quarters. Residents are offered a broad array of clinical opportunities, which include medical and surgical subspecialties, diverse intensive care unit ministries, organ transplantation, a children’s hospital, a psychiatric hospital and a regional trauma center. Two different hospital campuses and three different certified supervisors make this a uniquely powerful learning environment. Mayo Clinic health and dental benefits available to residents at a reasonable rate. The resident stipend is $26,200 for 12 months, four consecutive quarters of CPE. For program information e-mail cpeprogram@mayo.edu, or write Mayo Clinic CPE, 201 West Center Street, Rochester, MN 55902, phone: (507) 266-7275; fax: (507) 266-7882; website: www.mayo.edu

**CHAPLAIN**

Warwick, NY – Saint Anthony Community Hospital and the Warwick Healthcare Campus need a certified chaplain to promote the ministry of Bon Secours Charity Healthcare System and the Pastoral Care Department across our acute care hospital, our long-term care center and our assisted living facility. This new position will report directly to the Director of Pastoral Care and will be responsible for providing pastoral care to patients, residents, families, staff, and visitors in a manner consistent with the universal standards for the certification of chaplains. Please respond by forwarding your cover letter and resume to: St. Anthony Community Hospital, 15 Maple Ave., Warwick, NY 10990; or e-mail pclark@tshs.org, or fax to (845) 987-5312.

**STAFF CHAPLAIN**

Cincinnati, OH – Mercy Health Partners of Southwest Ohio is seeking a staff chaplain for our Mercy Anderson and Clermont Hospitals. Qualifications include master’s degree in a theological, ministerial, or related field; four units of clinical pastoral education; certification (or eligibility) with the National Association of Catholic Chaplains (NACC) or the Association of Professional Chaplains (APC); appropriate ecclesiastical endorsement for ministry. Previous experience in a health care setting is preferred. Catholic chaplain preferred, as duties include coordination of programs, services, volunteers, etc. related to Catholic ministry. This full-time staff chaplain serves as a member of an ecumenical pastoral care team meeting the needs of patients, families and staff. Skills include capacity to foster program development skills, conflict management, group dynamics, and grief counseling skills. 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. Mercy Health Partners offers a competitive benefits package, including: immediate benefits; 403(b) plan with organizational match; pension plan; enhanced tuition reimbursement benefits; generous paid-time-off program; and more. Interested candidates should contact Kay O’Rourke at (513) 735-7521. For more information or to apply online please visit our website at www.e-mercy.com.
**INTERFAITH CHAPLAIN**

Barre, VT – Central Vermont Medical Center has an excellent opportunity for an experienced professional to provide chaplain services to the Medical Center, under the general supervision of the Director of ICU and Palliative Care. This position is responsible for providing spiritual counseling and guidance to Central Vermont Hospital patients, Woodridge Nursing Home residents, and CVMC staff. This candidate will work with local religious leaders as a referral source, initiate contacts with their parishioners or members, and assist to promote a sense of CVMC community that is rooted in spiritual values. Specific responsibilities include visiting new admissions, providing ongoing spiritual care, and assisting families and patients with advance care planning, end of life care, decision making, and support during periods of crisis or loss. Also responsible for conducting in-services for staff, implementing Chaplain Program policies and procedures, preparing periodic reports, and serving on designated committees. Requires Master of Divinity or equivalent from an accredited seminary, and experience as an institutional chaplain including familiarity with needs and concerns of patients and residents. Clinical pastoral education accredited by ACPE is required. Ability to work collaboratively with employees, medical staff and local religious leaders. Board certification as a chaplain or willingness to obtain such is necessary. The Medical Center offers a competitive salary and a flexible benefit program that includes options in health, dental, vision, disability, and life insurance. You would be eligible for a generous paid time off program, tuition reimbursement, wellness incentive program and defined benefit retirement plan and 403(b) TSA options. Qualified applicants are encouraged to apply online at our website, www.cvmc.hitchcock.org. For more information, please contact Human Resources Department, Central Vermont Medical Center, P.O. Box 547, Barre, VT 05641; (802) 371-4191. EOE.

**MANAGER OF SPIRITUAL CARE**

Kenmore, NY – The Catholic Health System, the premier health care service in western New York, is currently seeking a full-time manager of spiritual care at Kenmore Mercy Hospital. The Manager of Spiritual Care is responsible for the development and implementation of a continuum of pastoral services aimed at meeting the goals and objectives of the department. Other responsibilities would include providing timely delivery of supportive emotional and spiritual services to patients, their families, and the Kenmore Mercy Hospital community. The ideal candidate must possess a master’s degree in theology, religious studies, or a related field as well as certification by the National Association of Catholic Chaplains, Association of Professional Chaplains, or a cognate group. Two years management experience and pastoral experience in a healthcare setting is required. Organizational and communication skills are a must. Interested applicants are encouraged to apply via the CHS website: www.chsbuffalo.org or send resume/cover letter to J. Mungo at Kenmore Mercy Hospital, HR Dept., 2950 Elmwood Ave., Kenmore, NY 14217.

**PRIEST CHAPLAIN**

Lebanon, NH – Dartmouth-Hitchcock Medical Center, a 360-bed teaching, research and referral hospital, is seeking a second Roman Catholic priest to join a team of six professional chaplains. Pastoral care is a well-established and valued program in this compassionate and highly regarded medical center. DHMC is recognized as a magnet hospital and a top employer in the state of New Hampshire. Requirements include ordination, denominational endorsement, four units of clinical pastoral education, and certification by NACC. Contact Rev. Patrick McCoy, Dartmouth-Hitchcock Medical Center, Lebanon, NH 03756. Telephone 603.650.7939. E-mail patrick.mccoy@hitchcock.org. Web: www.Hitchcock.ORG

**DIRECTOR OF SPIRITUAL CARE**

Beaumont, TX – If you would like to work with an organization that sets high standards for service and performance, then CHRISTUS Health Southeast Texas is the place to be. It just takes one step to begin a journey that will transform your life. We are seeking a Director of Spiritual Care for an immediate opening. This position develops departmental goals, objectives, policies and procedures; organizes the department in accordance with administrative guidelines in order to provide spiritual ministry to patients, their families and associates. A master’s degree in theology or related field is required. In addition, must be a member of the Roman Catholic Church (ERD #22). Must have a minimum of five (5) years’ spiritual care experience in a healthcare setting. Certified by NACC with active membership in the National Association of Catholic Chaplains. Must possess knowledge of computers and word processing skills. This individual will supervise the Spiritual Care staff at CHRISTUS Hospital St. Elizabeth in Beaumont and CHRISTUS Hospital St. Mary’s staff in Port Arthur. To apply, please visit www.christushealth.org and go to St. Elizabeth facility. EOE.

**PASTORAL CARE DIRECTOR**

Aurora, IL – Provena Fox Knoll seeks a director to provide leadership in the planning, implementation, and evaluation of programming to enhance the spiritual health of our independent living, assisted living, and dementia residents, their families, and staff. The director reflects the organizational mission of the ministry and the Catholic Church itself in providing an atmosphere of Christian concern and respect for the dignity of each person. As a vital component on the health team, he/she ensures a holistic approach to care. Bachelor’s degree in theology or related field is required, master’s preferred. Minimum of one unit CPE required. NACC, APC or similar certification preferred. Experience in health care and clinical charting desirable. Must have a passion for working with the elderly and willingness to work with clergy of all faiths. Part-time, 32 hours per week, with benefits. Please send resume to Fran Corn, fax (708) 478-5143, e-mail frances.corn@provena.org, or apply online at our website, www.provena.org/seniors. EOE.
Board of Directors

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Sr. Mary Eileen Wilhelm, RSM
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Calendar

July
1 Chaplain certification materials due at NACC office
4 Independence Day; national office closed
9-11 Standards Commission meeting in Milwaukee
11-13 Board of Directors meeting in Milwaukee
12-14 Interview Team Educator training in Milwaukee
12-15 Certification Commission meeting in Milwaukee
23 Copy deadline, September Vision