

## Conference offers view of Portland and possibilities

By Michael J. Doyle

When I checked in at the Portland Marriott Hotel for the recent NACC conference, I asked if I might get an upgrade to a room with a view. The hotel clerk smiled and began tapping on the computer keys. Not only did I end up with a marvelous 12th-story view of greater Portland, I also spent the next three days gazing out the window and pondering the variety of bridges, ships and motor vehicles that flowed over, in, and high above the beautiful Willamette River.

After settling into my room with a view, I joined colleagues from around the country for our first plenary session. As we gathered in the large hotel ballroom heralding the prophetic call that we chaplains (among others) respond to in our ministry, I thought about the reasons why I was here in Portland for my first NACC national gathering. My nametag served as a helpful reminder: “Bridges to Peace, Paths to Transformation,” and three colorful ribbons fluttering with each breath I took: “First Timer,” “Volunteer,” and “Newly Certified Chaplain.” Or as a colleague at my table

said with a welcoming smile behind her many years in patient care, “Congratulations, newbie!”

During the next three days, my view seemed to change with each passing hour, as if we were in our own miniature NACC triduum. I often found myself in a sea of new chaplain colleagues who, upon seeing my nametag (and fluttering ribbons), spontaneously greeted, hugged, high-fived and blessed me. As we chaplains come to bless and simply be with strangers in our ministry, now in Portland new peers were spontaneously blessing the newly certified strangers in their midst. Newly minted chaplains then posed for a group picture where we could see just who we are as a group in the hotel mirror behind the cameraman. Indeed, new pathways and future transformations could be seen in each smile. The view in the room was changing for me as well; these are new colleagues, and they are only a phone

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At the conference in Portland, OR, in March, NACC members prayed, studied, networked – and shopped.

## Certification interview deadlines, dates to change in '08

**N**ACC 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.

This schedule change will not affect the previously announced fall certification interviews in 2007. Members who wish to interview in October of this year may still submit their applications and supportive materials by July 1.

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 be scheduled for a certification interview in May of the following year.

Deadline for application and supportive materials	Interview Dates
July 1, 2007	October 5-6, 2007
February 15, 2008	October 4-5, 2008
September 15, 2008	May 2009
February 15, 2009	October 2009

## Letters

### Ancient practice of reiki is 'form of prayer'

Editor:

As a board-certified chaplain with the Association of Professional Chaplains, an ordained minister in the Presbyterian Church USA, and a certified reiki practitioner, I would like to respond to Peter Mayo's letter in the February issue of *Vision*.

I have integrated the practice of reiki into my ministry with patients, families and staff at St. John's Mercy Medical Center in St. Louis for over seven years. I have found it to be extremely effective in reducing stress, anxiety, and even physical pain for those I meet. Reiki is, in fact, not a "new age" concept, but an ancient practice of Japanese heritage thousands of years old that has been revived in the past 30 years.

As far as proven effectiveness of this intervention, ask those who have received it. Mr. Mayo acknowledges that the same skepticism could be directed to intercessory prayer. No clinical trials have ever proven the effectiveness of prayer in pastoral interventions. Yet what would our ministry be

without it? The quality of a pastoral intervention is already difficult to measure by clinical standards. As all chaplains know, this challenges us daily to prove our effectiveness. The purpose of reiki is to assist with the healing process, not necessarily to cure. It accomplishes whatever is needed for a particular individual through the balancing of energy in body, mind and spirit. In fact, with my patients I often refer to reiki as a form of prayer. I find it to be a wonderful common denominator that is accepted in all faith traditions.

Having said this, it is important to emphasize that reiki interventions need to be done with wisdom and discernment. Often, it is a natural outgrowth of a pastoral visit where touch and a deeper kind of sharing is welcomed. It is certainly not appropriate in all encounters. Trust always needs to be established first.

Mr. Mayo states that prayer and pastoral intervention in general are "standards of spiritual ministry that are deeply embedded in the tradition and are well within the discipline of pastoral care." While these are worthy standards, are they never to be expanded? I have found the integration of complementary healing modalities into hospital ministry to be one of the most exciting ventures of recent years.

My challenge to Mr. Mayo would be to find a reiki practitioner and investigate its effectiveness. As my first reiki teacher expressed it, "Don't believe it until you see for yourself."

*Rev. Phyllis Kline, M.Div., BCC  
St. John's Mercy Medical Center  
St. Louis, MO*

## vision

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

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### Executive Editor

Rev. Thomas G. Landry

### Editor

David Lewellen  
dlewellen@nacc.org

### Graphic Designer

Gina Rupcic

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

### NACC National Office

5007 S. Howell Avenue Suite 120  
Milwaukee, WI 53207-6159  
(414) 483-4898  
Fax: (414) 483-6712  
info@nacc.org  
www.nacc.org

### Interim Executive Director

Rev. Thomas G. Landry  
tlandry@nacc.org

### Director of Operations

Kathy Eldridge  
keldridge@nacc.org

### Director of Education & Professional Practice

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

### Finances

Sue Walker  
swalker@nacc.org

### Membership

Barbara Hempel  
bhempel@nacc.org

### Certification

Marilyn Warczak  
mwarczak@nacc.org

### Special Projects

Philip Paradowski  
pparadowski@nacc.org

### Executive Assistant

Cindy Bridges  
cbridges@nacc.org

# Conference's meanings will resonate for years to come

By Rev. Thomas G. Landry III  
Interim Executive Director

There were orange-hued sunrises that washed Mount Hood on the horizon, and there were strolls along the Willamette River across the street from the Marriott Portland Downtown Waterfront Hotel. There were quiet consultations with NACC members and invited guests between plenary sessions and workshops, and nearly breathless marathons with our NACC Board of Directors and our NACC Certification Commission. There was a quiet lunch with an NACC member, and the conference meals served to capacity crowds in Salons E & F. There were workshops for those preparing for certification interviews and for the renewal of certification process, and there was Red Cross training for Spiritual Care Response Teams.

The National Conference Planning Team, led by Cam Hanemann of Portland, OR, and our national staff, with Susanne Chawaszczewski providing lead staff support to the Planning Team, worked tirelessly during the months leading up to and the days of our conference to ensure a fruitful experience for everyone. John Reid joined us in Portland to allow both the Board of Directors and all our members present to participate directly in the ongoing Vision and Action Initiative, our planning process that is intended to chart our life and work as an association to the year 2012. We also announced and began the official search process for our new, permanent Executive Director.

My extraordinary opportunity to be in this ministry for our 2007 National Conference was a privilege whose meaning and impact I will be mining for years to come. I heard questions about membership levels, local networking and financial health that affirm for me that the work of the Vision and Action Planning Group is on target. I heard profound and evocative questions about our life and ministry as chaplains, such as the relative silence within our association



Rev. Thomas G. Landry III

about the place within our Church of persons with a homosexual orientation. I didn't hear a clash or confrontation as much as I heard questions rooted in both a deep desire to discover the fullest mysteries of our humanity and the rich revelations of God's goodness to us in the Paschal Mystery – our call to live, die and rise with Christ.

As the year and the years stretch out before us, I thrill to the possibilities of members of the NACC continuing the prophetic work that is ours. I pray we will have the wisdom and the fortitude to address the challenges that are uniquely ours and the challenges that we share with the entire community of the Church, as well as with the wider community which we do serve in a variety of ways.

I invite you to pray with me as we explore and commit to a present and future of work together that strengthens our presence and ministry — locally, regionally, nationally, and even internationally. I invite you to join so many of your colleagues who are committed to faithfully discerning the questions we must hold in our hearts and faithfully listening to the responses of God's own Spirit. Such openness and listening is an early step in the movement into ministry and the proclamation of God's saving grace!

## Conference

*Continued from page 1*

call or an e-mail away!

It seemed as if everywhere we went, in elevators and on the escalators, we “newbies” smiled, greeted, and congratulated one another. Each room we entered had a unique view to a first-timer and a newly certified chaplain. Each day of our time together, I felt a new sense of belonging and a deeper sense of community. As I talked with somebody later over a glass of wine in the hotel bar, I was encouraged to bring this new learning back home with me.

I pondered what this might look like, what I might take back to Chicago. Certainly one thing would be the importance of self-care and care for others with whom I work. This clarion call for “successful” chaplaincy rang out in several presentations and conversations. Clearly I would also have to take more risks with my chaplain peers in Chicago to share more

of the joys and struggles that I experience as a neophyte chaplain. I got practice doing this in Portland over meals; now the trick will be to build the bridge back home.

If there was one gift of our 2007 conference that stands out for me, it was the moving liturgy on the Fourth Sunday of Lent for our new group of certified chaplains. Although I occasionally shed a tear during my chaplaincy work, I was surprised when my eyes filled with tears during our liturgy in a large hotel ballroom made into a church. My best chaplain self asked what the tears might be about and did I

know where they were coming from. And then I looked up. There before us were several hundred chaplain comrades, fellow prophets even, raising their hands in a blessing prayer upon us, the “newbies”! The room now had an altogether different view. I am now one among many — a community with many paths and bridges to bring us together as the Body of Christ.

Another bridge also solidified for me during the NACC conference. Again and again, we newcomers were reminded of the fear and joy of our 2006 interview process, now connected with the blessing and missioning of Portland 2007. As the bishop shook each of our hands, I remember saying to myself, as I did last fall in Milwaukee, “I did it, I really did it.” Then as we returned to our seats with our official certificates, we noticed the reaction of those around us. We were smiling while trying to politely and quietly navigate the maze of tables and chairs. Yet as we nervously whispered “Excuse me, sorry, pardon, excuse me,” our new peers instead responded, “Congratulations, welcome, good job, God bless you, you did it!”

Once we took our seats it was as if the view in the room had



*“Newbies” were honored as they received their certificates at the conference.*

changed yet again. Those who were to be initiated and blessed now were the ones carrying out the mission of being a blessing. We had become a room full of living prayers.

As our time together in Portland came to a close, we exchanged business cards and e-mail addresses and said farewell until next time. I sensed we were building new bridges with each hello and goodbye. Where next will we share stories of transformation and hope? Where next will we enter rooms with one perspective and be actively invited to have our view changed and our paths transformed? With each conversation it was becoming clear to me that our post-Portland pathways would be paved with a greater sense of collegiality, collaboration and connectedness. I would bring back to Chicago a deeper sense of belonging, mission, and joy in being called to do certified chaplaincy work.

Before leaving on Tuesday morning, I spent a few minutes enjoying my room with a view for the last time. I was leaving Portland with a greater awareness of the NACC, its members, and its mission. I was also being sent forth with a new mission as well: to recruit new, possibly younger chaplains for the NACC, to share the joy of chaplaincy with others, and to begin training right away to be a certification interviewer myself in a few weeks. Perhaps most importantly, my own view of who I was becoming had changed from “newbie” to fully initiated chaplain working on a team of chaplains.

As I left the hotel, I stopped at the front desk to thank the staff for my last-minute upgrade to such a wonderful room. I shared with them how our conference was about bridges and finding new pathways and views in the way chaplains care for sick people in hospitals. The gentleman behind the desk smiled politely. And as I walked away I swore I heard him say, “You’re welcome, newbie.”

*Michael J. Doyle, NACC Cert., is a chaplain at Sts. Mary and Elizabeth Medical Center in Chicago, IL.*

I was leaving  
Portland with  
a greater  
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the NACC, its  
members, and  
its mission



# Diversity, energy of conference bodes well for NACC

By **Karen Pugliese**  
 Chair, NACC Board of Directors

It is a delightful tradition to dedicate this issue of *Vision* to the conference. The diversity of thoughts, reflections and perspectives represented here remind me of the kaleidoscopes that board members received during the July retreat that led to the Vision and Action Initiative. The little gift encouraged us to see with new eyes; to boldly and prophetically envision a future for NACC. With great joy and deep gratitude I *saw* the future embryonically present in Portland.

At our Celebration of Eucharist and missioning of newly certified members, Bishop Melczek honored a new richness of diversity evident among our chaplains and CPE supervisors. The Conference Planning Committee, NACC staff, board and certification commission members, Fr. Tom Landry, and I all reveled in the opportunity to meet women and men, both under and over “30-something,” lay and ordained, first-career chaplains as well as those whose vocational call has traveled more than one pathway. A rich membership mosaic is also emerging among participants who are not only culturally diverse but currently students in universities, graduate schools and CPE programs.

We were happy to have Ms. Jo Schrader, Executive Director, APC; Rev. William Scrivener, President Elect, ACPE; and Rabbi Shira Stern, President, NAJC, at our banquet table. Our professional colleagues’ presence among us throughout the conference gifted us with yet another facet of diversity. Deepening our understanding of each of our associations’ unique culture enriches our collaborative efforts and inspires us to envision opportunities to demonstrate our *unity within diversity*.

Our hope and vision for the future includes deepening and broadening partnerships within Catholic healthcare, and celebrating our common interests and mutual commitment to faith-based mission and pastoral ministries. Two Catholic Health Association executives — Brian Yanofchick, Senior Director, Mission & Leadership Development, and Michael Garrido, Director of Mission Services — enthusiastically engaged



*Karen Pugliese*

conference participants in informal conversations exploring possibilities for enhancing and expanding pastoral education and training, leadership formation and development and roles in emerging ministries.

Other guests included administrators of mission integration and ethics in Catholic health systems, along with Dr. Kay Sheskaitis, IHM, from the USCCB/CCA; Mary Jo Tully, Chancellor of the Archdiocese of Portland in Oregon; Sr. Mary Ann Wachtel from the National

Ministry to the Bereaved; and Sr. Karin Dufault, SP, RN, PhD, Executive Director of the Supportive Care Coalition. Having them with us to sample conference program offerings, participate in the Vision and Action business meeting, and share in liturgical celebrations underscored the value of goal-directed partnerships in Catholic ministries.

For our Vision and Action Planning Group, a highlight of the Conference included a playful working dinner on St. Patrick’s Day with our consultant, John Reid of The Reid Group. With the assistance of the V&A members, John expertly and caringly gathered feedback on the draft mission, vision, and values, as well as the Strategic Plan. Conference participants who know John via phone focus groups delighted in a face-to-face encounter. John also facilitated a three-hour session with the Board prior to the conference eliciting our feedback.

Throughout those days I felt profound awe and respect for the depth of commonly held values, core foundational beliefs, and theological underpinnings of our ministry. I found myself fascinated as well by the diversity in words, phrases, and descriptors that each of us believes best expresses our thoughts and values.

The vibrant colors, the distinct designs displayed in each turn of the kaleidoscope depend on the hand that effects the transformation. How blessed are we, trusting in the hand of the Holy One who holds us all and guides us toward a future and a hope.

## Taizé service offers simplicity and power

By **Fr. William F. Spacek**

I was afraid there would not be much to say about the Taizé service at the NACC’s conference in Portland. Yet after being present for this wonderful service of song, scripture, silence, prayer, and intercession, I remember just how powerfully the Spirit can make His presence known.

When it came time to anoint those who wished to receive the Sacrament of the Sick, I was struck and pulled into my first experience of prayerfulness, drawn to the crucifix in the middle of the room surrounded by many flickering votive lights. It was as if Jesus, there at that moment, began inviting me forward and to Him with all my burdens, struggles, confusions and illnesses to enter into His passion and meet Him there at his throne, the Cross of life and liberty.

As our community gathered and our time together opened and

moved through official ritual to its very ending, there was a constant blending of reverence and simplicity in our oneness to seek the God of life. As we sang, meditated, reflected, heard from scripture, and were blessed with Holy Oil, our prayer rose up to God for healing and wholeness for ourselves, our neighbor, and our friends, as well as for the world to be renewed and strengthened.

As both anointer and one who sought to be anointed, I am reminded of the words of Brother Roger Schultz, the founder of Taizé: “Nothing is more conducive to communion with the Loving God than a meditative common prayer with singing that never ends, but continues in the silence of one’s heart, when one is alone again.” Peace be with you!

*Fr. William Spacek, NACC Cert., is a chaplain at the University of Maryland Medical Center in Baltimore, MD.*

## Red Cross trains chaplains in emergency response

The NACC doubled the number of its chaplains who are prepared to respond instantly to a disaster at the Portland conference.

A special Red Cross Spiritual Care Response Team session taught chaplains the details of how to arrive on the scene and take charge of spiritual care in case of a plane crash, natural disaster, or terrorist attack.

With 24 participants in the workshop, Tim Serban said, "We had 22 chaplains from the NACC trained (before), so now we've doubled our capacity." Serban is the NACC's special representative to the Red Cross Disaster Network.

Trained members agree to be on call for one month out of the year, ready to leave for the site of a disaster within four hours.

Red Cross coordinator Earl Johnson said that a total of 125 chaplains from the NACC and its cognate groups have received the training. "You are my national managers," he told the group. The training was not so much for

spiritual care itself, but for how to respond, coordinate, and manage it, and how to work within the Red Cross system. "We want to blend spiritual care leaders in with the rest of the leadership team," said Jane Morgan, the Red Cross' director of individual assistance.

Gwen Anderson of Seattle, WA, took the course "to expand my understanding of how we can be helpful and useful in a catastrophic situation." She was impressed with the Red Cross' acceptance of their role, saying, "Spiritual care is really honored."

### Business meeting looks to NACC's future

The NACC's annual business meeting took a different form in 2007, as the organization used the time to gather feedback about its developing strategic plan.

Interim Executive Director Rev. Tom Landry and Board Chair Karen

Pugliese turned most of the time over to John Reid, co-director of The Reid Group consulting firm. Reid asked members to study the second draft of the plan and offer their opinions in two small-group sessions and an open-mike period.

"Vision without action is just a dream," he told the group. "Action without vision is just passing the time. Vision with action can change the world."

Marybeth Harmon of Franklin, MA, who has participated in the planning process, said, "As a Catholic laywoman, the NACC is very important to me," with a more influential voice than individuals can muster. She told the gathering, "We are invited to make our organization vital and alive."

"We are bridges of transformation for one another," Rod Accardi of Winfield, IL, told the group. "We can't get the fire going without some sparks." In 25 years of business meetings, he said, "I've never been more proud of the NACC than I am today, and I've never been more grateful or hopeful than I am today."

The complete plan will be released in July. Check the September *Vision* for more information.

### Members give generously to Portland charity

Donations at the conference banquet raised more than \$3,300 for the Downtown Chapel of St. Vincent de Paul, which provides services to Portland's urban population. The amount was a record for an NACC-only conference.

"The poor teach us every day that we too are poor," said Fr. Ron Raab, the chapel's associate pastor, describing its mission and ministry. "People are people. The only difference is that some of us have more stuff." He thanked the attendees for their action "to leave Portland better off than when you arrived."



*NACC members sing at the Sunday morning Mass – one of seven worship opportunities that the Portland conference offered.*

# Therapy dogs remind participants of unconditional love

By Sally Koester

I had mixed feelings as I headed for the airport on my nine-hour journey to the NACC Conference. I was excited to visit Portland, and I felt grateful to be able to participate in the missioning ceremony as a newly certified chaplain. Connecting with new and old friends is always a delight. Liturgies, speakers and workshops are most often stimulating and refreshing.

I was somewhat reluctant, though, to leave behind my responsibility as caregiver of my dear mother and my cherished dog and best friend, Abigail. But thanks to my dear angel sister, all would be well with my loved ones.

At conferences I am often challenged to select from workshops offered simultaneously. On Monday afternoon I finally decided on “Children and Traumatic Death — Starting the Healing,” presented by David Stratton. I have felt a calling to children’s ministry, something maybe down the road.

From the moment I entered the room I felt a blanket of grace. Dave was alive, humorous and engaging. He announced that therapy animals would be joining us for the second part of the workshop — seven dogs and a cat. And I knew that God had led me to this place at this time. Animals are my passion. I was homesick for my dog. And now this! God is always taking me by the hand. What more could I ask?



*One cat and seven dogs, including this yellow Labrador retriever, brightened up an afternoon workshop at the conference.*

Dave also introduced us to his stuffed bear, Ospi, who ministers along with him to grieving children. The mission of the Ospi Project is to help children, teens, and adults deal with death, grief and loss through joy, compassion and healing. Animals, and even stuffed bears, can be a channel of God’s healing balm, joy, companionship, and unconditional love.

*Sally Koester, NACC Cert., is a chaplain at Mercy HealthPartners in Cincinnati, OH.*

# Stress reduction, new contacts make conference memorable

By Jodi Studnicka

I joined the NACC as a student member last summer as I completed a CPE residency at the Nebraska Medical Center in Omaha. I am earning a master’s in spirituality from Creighton University, which will allow me to apply to be certified.

I was pleased to be able to attend the NACC conference. I enjoyed the celebration of the Eucharist, the workshops, and the business planning meeting. Two experiences stood out, however.

First of all, I enjoyed being with the members of the National Association of Catholic Chaplains. I met members who were newly certified and longtime members who attended every year. I even met chaplains from my state. I meet very few chaplains in Nebraska, and even fewer Catholic chaplains. I listened and heard stories of a rich heritage and

the wisdom of their experiences.

Second was Dennis McCann’s pre-conference workshop, “Creating, Practicing and Teaching a Contemplative Stress-reduction Program for Self Care, Staff Care, and Patient Care.” He presented a program of various stress reductions for mind, body, emotions, and spirit which could be implemented throughout the hospital and community. Some techniques were mindful walking, mindful eating, mindful grief, and centering prayer.

I listen daily to stories of how God works in individual and family lives. I now felt like I was listening to the story of how God works within a hospital’s healing ministry. Moreover, Dr. McCann showed us how to develop a program to suit our particular hospital. With a program plan in hand, I returned to Nebraska with renewed energy and excitement.

*Jodi Studnicka is a chaplain at Saint Francis Medical Center in Grand Island, NE.*

## Chaplains exemplify prophets as intermediaries

**D**r. Gina Hens-Piazza began her plenary session on chaplains as prophets by discussing what a prophet is not.

The professor of biblical studies at Jesuit School of Theology in Berkeley, CA, told the NACC conference that because of changes in language and meaning since biblical times, it was necessary to clarify: A prophet is not a future-teller. “Prophets’ lives were utterly caught up in the here-and-nowness of their ministry and the people they were intimately involved with. That sounds familiar, doesn’t it?” The audience agreed. Also, a prophet is not just a spokesperson for God or an advocate for social justice.

Instead, Hens-Piazza said, the prophet is most truly seen as “an intermediary — the people to God, and God to the people.” Prophets bring people’s needs and dreams to God, and become instruments of God’s care, love, and chastisement to human beings. Her example was I Kings 17, in which Elijah is the central figure between the needs of a starving widow and of God.

Chaplains, she said, are expert in the needs of people: they “know how to receive and enter into (patients’) hopes, dreams, denial, their longing for one more chance, their need for forgiveness, their moments of grace.” But, she continued, “How do we get caught up in the life of God?” Study is necessary, but “studying God and the Bible is not the same as knowing God. ... Everything we say about God in this class is not God.” Theology offers “places to peer from, but they are places we never want to stop. They are places to begin.”

Knowing God requires a relationship, similar to those we

have with other people, Hens-Piazza said — it goes through stages, it requires effort, and “we keep discovering and keep valuing what is being discovered.” Formal prayer is one tool, she said; another is imagining God’s constant presence. Although God knows everything about us, “we are invited to duplicate that attention and rivet our attention on God.”

Following the Hebrew prophets, Hens-Piazza said, God made a last attempt at relationship in the person of his own human self — “and I don’t have to tell you how that story ended.” But, she said, Jesus left the Eucharist behind as a reminder of his presence, “as if God can’t be God unless God is in relationship.”

She cited numerous Scripture passages of God as love, and said, “You can’t be in love by yourself. You need another to respond.” Chaplains must fix their attention on the people they serve, but also “fix your whole attention upon this other relationship, this God who is love and longs for us to be in full relationship with the divine.”

Hens-Piazza spent some time describing the prophet Jeremiah’s relationship to God, in which “everything is admissible. Unsanitized prayer, I call it. From the heights to the depths. ... Our questions, longings, anger, frustrations — all of what we bring in our relationship with the divine.” God expects and wants that complexity, she said, and when we allow it, “transformation happens.”

Transformation (or the realization of it) may come only late in life, but it happens. Transformed prophets, she said, are “called to a task they could never accomplish, but they did it anyway.”

## ‘Organizational culture’ can take on Catholic meaning

**T**he slippery concept of “organizational culture” can be made specifically Catholic, Rev. Mark Bandsuch, SJ, told the NACC’s national conference.

Rev. Bandsuch, an assistant professor of marketing and business law at Loyola Marymount University in California, suggested that organizational culture consists of an institution’s shared values and attitudes, whether formal or informal. It is not the same as “workplace spirituality,” which he described as the pursuit of vocation in and through work, even though “it would be wonderful if they were the same.” But, Rev. Bandsuch said, it is important to ask why the two differ.

When business researchers study workplace spirituality, he said, they frequently come to Catholic hospitals. Some things that set those institutions apart are healing, the Ethical and Religious Directives, the preferential option for the poor, the respect for life, and the Catholic intellectual heritage. Catholics believe in the constant presence of God — “every moment, every action, every relationship has an opportunity to be sacramental.” But, he said, “The great danger is if no



*Rev. Mark Bandsuch, SJ*

one’s talking, no one’s asking the questions. We need to ask the questions” in issues of genetic and technological ethics.

Organizations run into ethical problems, he said, from pressures for profit, poor leadership, and conflicting goals. “Your actions and values need to be transparent,” he said. “Through our actions, we reveal the God within, and people are able to recognize the God within themselves.”

Cultivating spirituality can come from writing a mission statement and developing rituals and a sacred sense of place. That doesn’t have to be formal or conventional; Rev. Bandsuch said that for a sports team, the locker room functions as a sacred place, “where they are who they really are with one another.” He continued, “Everything has the potential to be a sacred place. Do you make it one, or try to create a separate one? Hopefully you can do both.”

## Bible shows encounters that lead to transformation

Bible stories offer plenty of examples of personal and group transformation, Sr. Brid Long, SSL, told the NACC conference at a plenary session.

The theme of “Bridges to Peace, Paths to Transformation” is “so relational, so invitational,” said Sr. Long, the regional leader of the Sisters of St. Louis in Woodland Hills, CA. “What is your own journey of transformation?”

The story she used was of Jesus and the woman at the well, when at first the two are talking at cross purposes and not hearing each other. “It sounds like a first-year verbatim, doesn’t it?” she asked, drawing laughter. But as conversations go on, “we keep disclosing, and valuing what’s being disclosed about the other.”

Sr. Long described the recently released documentary “Into Great Silence,” about the Grand Chartreuse monastery in France, where “silence is not the absence of sound. It is a physical place.” She compared it to the passage in I Kings 19 when, after God is not in the wind, earthquake, or fire, he appears to Elijah as a still, small voice.

But even with prayer and Scripture as guides, Sr. Long asked, “what happens that we don’t get caught up in the life of



*Sr. Brid Long, SSL*

God and move from glory to glory in a straight line?” People are both eager and reluctant, she said. “We all have the same pain and suffering and struggles, even with all the training in the world.”

The natural reaction to a surprise or disappointment is fight-or-flight, she said — to shut down, blame the other person, or justify. But “Jesus invites us to stay and work through the experience” and transform anger into love.

“The barriers we recognize in ourselves are evident in the woman at the well,” she continued. The woman is uncomfortable at first and misses his point — “do we recognize that in ourselves?” But “we can partner with each other; we can stay in the conversation.”

Following a question period, Sr. Long concluded with praise for the NACC: “I admire your organization for its professionalism, for training and certifying chaplains as recognizable ministers.”

## Be open to the role of grace in transformation

Professional transformation is not the same as professional change, Tom Stella told the NACC conference. Change is to alter, modify, make different. Change is real. It is limited and usually reversible. It is important for professionals to change, make course corrections, alter style and attitude.

But transformation is different and deeper, said Stella, the co-founder and director of Soul Link Inc. It is a conversion to someone else. It is becoming who we are capable of being, like a metamorphosis. We spin a cocoon; we become something different and new. In Greek, he said, “butterfly” and “soul” are the same word.

Stella asked how professional chaplains can experience transformation. His answer began with professionals becoming amateurs, in the original sense. The root “amare” means “to love” — amateurs are lovers.

The way of being professional is beyond training, skills, and knowledge, Stella said. We become who we can be. We fulfill our calling. We become lovers of God. We become a temple of the Holy Spirit — powerful and empowering.

He gave the example of Sue, a nurse, mom and grandmother. In her immediate family she had a suicide (first husband), an alcoholic son, and a bipolar daughter. But she was struck by an interview with the poet Franz Wright, a Catholic convert. When asked if he considered himself a Christian poet, Wright said that Christ means awakening. All beings are incarnations of God. This gave Sue a difference in

how she saw herself. This was the beginning of her transformation. It was a realization, integration, actualization of her sense of self, “of God.”

But, Stella said, sometimes we miss or pass over that which is not dramatic. Transformation is a process where we become aware. We accept and surrender.

His other examples, he pointed out, share a sense of urgency, a hint of danger, a possibility of possibilities. We lose these urgencies in our habitual way of approaching liturgy, prayer and life. We say we run for our lives, but we really run FROM our lives. “It is scary and exciting that who we think we are is less profound than who we really are.”

We need to open up to grace. Grace is dynamic and calls us, and we must let it happen, not run away. To be transformational is to “put ourselves in harm’s way of the Spirit.” We need to “give ourselves to those we serve,” he said — not just take care of them but give ourselves to others.

Stella discussed the use of the word “take.” When we take a nap, a shower, or a walk, we get what we took. Similarly, we need to “give” ourselves. We need to be more present, conscientious and vulnerable. It takes ME somewhere. I am imbued with divinity.

And we give ourselves to those we take care of. They give to us. People teach us who we are when we give ourselves to them, Stella said. We need to find the divine within us and look to the people we serve.

# Chaplains are instruments of Christ's love

*The following homily was given at the NACC's Sunday Mass.*

**Readings:** Joshua 5:9-12, II Cor 5:17-21, Luke 15:1-3,11-32

**By Bishop Dale J. Melczek, DD**

Dear brothers and sisters in the Lord Jesus:

In the First Reading from the Book of Joshua, we find the Israelites celebrating their first Passover in the Promised Land. The important point of this reading is made in the opening line: "Today I have removed the reproach of Egypt from you." Their liberation was not their own doing. It was the result of God's saving intervention in their lives. It was God, and God alone, who brought them out of Egypt through the desert to their own land.

My brothers and sisters, we gather for this Eucharist not at our initiative but at God's. In today's Second Reading from the Second Letter of St. Paul to the Corinthians, Paul sees our passover from alienation to reconciliation as a new exodus, a new creation, a new act of God's creative love. Each of us is

now "in Christ," one with love incarnate. This is totally God's doing: "All this is from God, who has reconciled us to Himself through Christ and given us the ministry of reconciliation."

In this Eucharist, we who are one with Christ through Baptism and faith offer ourselves with Jesus to the Father. We are nourished with His Word and His Body and Blood that we might then be Christ for others. What a privilege! What a gift!

Today's Gospel is familiar to all of us. It is often proclaimed at penance services. As we reflect upon this parable, we often focus our attention on the prodigal younger son, who might have been banished from the family for his irreverent attitude toward his father, for his greed, for his wasteful extravagance, and his carefree, undisciplined life.

Sometimes we might dwell upon the

elder son, who is self-righteous, self-pitying, and jealous. Perhaps we see something of our own attitude or behavior in one son or the other.

You may have seen a reproduction of Rembrandt's depiction of this powerful Gospel story. In his painting, Rembrandt caught the focus intended by Jesus. The central figure in the painting is the father. From him comes all the light and to him goes all the attention. His hands press his returning son to his chest in a life-giving embrace of forgiveness, reconciliation, healing, and compassion.

Jesus extended the amazing gratuitous love of God for sinners throughout His ministry. Many resented His indiscriminate love: "This man welcomes sinners and eats with them." They arrogantly dared to put limits on God's love and mercy. They refused to let God be God. Such eager mercy was contrary to their human instincts.

In this parable, Jesus wants us to understand that God is a God of surprises. He upsets small-minded and mean-spirited expectations. He is a God of limitless compassion and eager mercy.

Sometimes we might be discouraged and even depressed by our sins and failings. Jesus encourages us: "Do not be afraid." He invites us to bring our penitent hearts to His Father, whose mercy knows no bounds. This parable also presents us with a challenge. Elsewhere Jesus says: "Be compassionate as your Father is compassionate." Just as we receive God's mercy, so must we be dispensers of God's limitless compassion to others, especially those who may have offended us or caused us pain or sorrow. We are challenged to love one another with the same tender, life-giving love with which Rembrandt depicted the father embracing the Prodigal Son.

My brothers and sisters, that is the challenge we all have because of our Baptism. As St. Paul put it in our second reading today: "So we are ambassadors for Christ, as if God were appealing



*Bishop Dale Melczek*

through us." Yes, God continues to manifest His saving love through the ministry of all those already reconciled. All the baptized are sent as God's ambassadors, legates as it were, to bring into God's peace those who are estranged.

Those of you who are chaplains or lay ecclesial healthcare ministers are especially charged to bring God's healing love to others in the name of Christ and in the name of the Church. It is nothing less than Christ's love that animates healthcare within the Church. As Pope John Paul II stated in 1987 when he met with those engaged in Catholic healthcare ministry: "Your healthcare ministry ... is one of the most vital apostolates of the ecclesial community and one of the most significant services which the Catholic Church offers to society in the name of Jesus Christ."

As did Jesus, so do you, in His name and in the name of His Church, touch people at the deepest level of their being. You do so because redemption from sin and death was the principal work of Christ. The healing He brought went beyond caring only for physical afflictions. His compassion for the poor, the sick, and the needy fit within His

It is nothing less  
than Christ's  
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care within  
the Church

## Alternative treatment draws members' interest

If the response was any indication, Catholic chaplains are keenly interested in alternative treatment, even if they work in very traditional healthcare settings.

The Portland conference offered an afternoon of free “complementary healing modalities” such as acupuncture, reiki, and massage from local practitioners, and nearly every slot on the schedule was taken.

“We wanted to be able to offer some balance, not just worship experience but also through these avenues,” said Marti Leven of Portland, one of the conference planners. “In terms of paths to transformation, offering complementary modalities was just another representation of that.”

Jeanne Tessier, after finishing her therapeutic touch treatment on her back and knee from Cam Hanemann, felt better and looser. “She moved her hands around my body and asked if I had trouble with my knee, and I do. I hadn’t told her,” she said. “Her touch generates a great deal of heat.”

“I think touch is an unmet need for more and more of us in this culture,” Tessier said — particularly for children in hospital settings, who “get so little touch, and most of what they get is painful. ... We need to feel others’ hands and arms.”

At the acupuncture table, Soheila Beberness explained that the needles used in traditional Chinese medicine are as thin as a hair and don’t hurt — it’s the hole in Western needles that causes pain, she said. The purpose is to redirect and balance the body’s natural energy.

Sr. Daria Moon, SPC, said that her arm still hurt after treatment, but “I feel relaxed.” Acupuncture has helped her ankle in the past, she said, and she sometimes recommends it to others. “Western and Eastern medicine combined become a whole,” she said.

Music thanatology was another of the day’s offerings. Sr. Vivian Ripp, SNJM, is an NACC chaplain who is also certified



*Sr. Daria Moon, SPC, receives acupuncture treatment for her elbow, while William Mosher (background) applies massage to a chaplain's leg.*

in that discipline, in which a trained harpist “uses music in a very dynamic and prescriptive way with the dying.” The musician offers presence like a chaplain does, with “very active listening ... but this is in a non-verbal way.” Harp is the preferred instrument because it allows for harmony and chords, but without the percussiveness of a piano.

Music thanatologists have books of thematic material to work from, much of it drawn from Gregorian chant, which has the advantage of being unmetred and unfamiliar; music that people don’t know is more conducive to letting go and releasing. But much of it is improvised. “You do a lot of work with the breathing of the patient,” Sr. Ripp said.

larger mission of redemption and salvation. So, too, does yours. Your ministry of healing and acts of compassion are a continuation of Christ’s mission that is made possible by His life-giving grace. What you are about in the name of Christ and the Church is not just a job, economic activity, or product. It is a ministry in the name of Christ and in behalf of the Church. It is a demonstration of faith and a commitment to human life and dignity.

In the name of my brother bishops and in the name of the entire Church, I thank you for responding to your vocation. I thank you for bringing the healing and compassionate love of Jesus to the sick, the dying, to those who minister to them, and to their families in the name of the Church.

As we now certify chaplains on behalf of the Church, I invite all of you who are already certified to re-commit yourself to this ministry with a sense of joy and gratitude.

### Conference honors newly certified

33 newly certified chaplains had the honor of receiving their certificates at a ceremony at the conference’s Sunday Mass.

After shaking hands and presenting certificates, Bishop Dale J. Melczek, DD, of Gary, IN, the NACC’s Episcopal Liaison, told the congregation, “God has blessed us with the wonderful diversity of all those certified. Men, women, cultural diversity, age diversity — it’s a beautiful thing.”

“I got goosebumps. I could feel the Holy Spirit,” said Sally Koester of Cincinnati, OH. The experience was especially meaningful to her, since she had not been certified on her first try. “It hurt real bad,” she said, but “it was a growing experience. I was better prepared the second time.” Now, she said, “I’m so filled with gratitude for God’s goodness to me.”

Mark Thomas of Bend, OR, had been a seminarian in the United Church of Christ before converting to Catholicism. “To receive this certificate is as close as I will come to ordination,” he said. “As people held their arms up in blessing, I thought, ‘This matters. This is a ministry of the Church.’”

# St. Joseph, like chaplains, is quiet servant

*The following homily was given at the NACC's Monday afternoon Mass.*

**Readings:** II Samuel 7 (selections), Romans 4 (selections), Matthew 1:16, 18-21

**By Archbishop John G. Vlazny, DD**

Today the season of Lent takes a back seat to our celebration of the solemnity of St. Joseph, the husband of Mary, the just man in Sacred Scripture. Even though it's probably a coincidence, celebrating the feast of St. Joseph with Catholic chaplains like yourselves makes some sense.

In the New Testament, you know, Joseph stays somewhat in the background. We know that Scripture does not record a single word that Joseph spoke. Chaplains tend to stay in the background as well. Administrators of Catholic institutions are often quoted in the media, but chaplains are not. But even though Joseph seems rather quiet and hesitant to speak, this does not mean that his role in the ministry of salvation was insignificant. The same can be said of a chaplain. You are the ones who make the faith connections for those who are clients of the administrators and professional staff. As Joseph cared for and protected Mary through the difficult months of her pregnancy, so you too care for and protect those entrusted to your chaplaincy.

It also seems that Joseph gives the name to the child Jesus. To name someone acknowledges some responsibility for that person. Others thought that Richard would be a great name for me. But my dad's name was John, and John I was to be. In many ways this became a sign of his willingness to take responsibility for me. You may not name those entrusted to your care, but you too assume responsibility for their well-being — and for that you would do well to turn to Joseph as your model and your intercessor.

St. Joseph is a much-honored and well-beloved saint. So many places and institutions are named after him. Here in this archdiocese we have five churches named after St. Joseph. When I was a youngster growing up in Chicago, my family frequently traveled through St. Joseph, MI, on the way to the home of my relatives in South Haven. Down California way, lots of folks live in the growing community of San Jose. And, lest we forget, the patronal saint of our present Holy Father is Joseph. After all, as most of us know, Benedict XVI was Joseph Ratzinger.

Back in 1970, St. Joseph was designated by Blessed Pope Pius IX as patron of the universal church. Coming together for a gathering such as this one, we grow in our realization and appreciation of the wideness of God's call



Archbishop  
John G. Vlazny, DD

to discipleship and the many and varied ways in which people in different times and places respond to that call.

Another feast of St. Joseph is celebrated on May 1, a date chosen by Pope Pius XII to remind us all that St. Joseph was an ordinary worker like all of us. His fidelity to his duties and his willingness to live simply with his wife and foster son in the humble surroundings of Nazareth are encouraging signs to all who earn their daily bread by the sweat of their brow.

St. Joseph is also honored as the patron of a happy and peaceful death. That should not be too terribly surprising. I am sure you have prayed to him on many occasions for some of those entrusted to your care. What happier death could there be than to go through those final hours of life in the company of the Son of God and his dear mother, Mary.

Today's gospel reading makes it very clear that the choice to save the human family by the coming of God among us was in no way under human control. Joseph, like his ancestor David, about whom we hear in the first reading, are regarded as holy men because they were willing to be the instruments of God and not the control agents many of us secretly long to be.

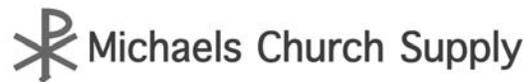
Nathan, as we learn, told David that the fancy house he wanted to build would never last as long as the household that God would bring about in his descendant, Jesus Christ. In that famous scene with the angel, St. Joseph never once asked, "What's in this for me?" Like his betrothed, Mary, he immediately responds "yes" to the task at hand. He takes Mary into his home and provides for her needs. He doesn't try to manipulate the situation. He complies with and accepts the Lord's challenge in his life.

Even though you and I minister in a very public forum, we all have to be honest with ourselves and acknowledge that some of the trouble in the church these days, even in our own personal ministries, is because of our desire to control things. True disciples of Jesus learn to place their trust in the Lord, just like St. Joseph. Even in our greatest struggles, we must remember that an all-provident God does not forget about us. His solutions to our struggles are not the ones we might choose. But, given his omnipotence and omniscience, what God chooses surely will be best.

St. Joseph also knew about struggles, especially in his role as a parent. Three of his struggles are actually recorded in the gospel. First of all, he had to deal with the inexplicable pregnancy of his fiancée, Mary, as we heard in the gospel. Next, he and his family were forced to flee from

We ask God to  
fill us with  
the compassion  
of Joseph

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Herod's murderous wrath after the birth of the child. Finally, when Jesus was twelve years old, Joseph and Mary engaged in an agonizing search for their lost son in Jerusalem. In spite of it all, he trusted in God and received the gift of compassion and strength whereby he was able to overcome such hardship, humiliation, danger and loss.

As we celebrate this feast of St. Joseph, we ask God to fill us with the compassion of Joseph, the same dedication to the community we serve as was the dedication of Joseph to his family, and the quiet dignity and integrity we need to become "Josephs" for one another, especially for those whom you serve as chaplain.

In the spirit of trust and gentle care, we praise God for all the Josephs in today's world — unselfish parents, humble laborers, nurses who work long hours, teachers who give hours of their time to help struggling students, clerks, police officers, secretaries and contractors, all who approach people with kindness and respect because they, too, share the God-like work of providing for the needs of others. As Joseph was chosen by God to provide for his Son, to watch over him, to protect him and to love him, so too are you, Catholic chaplains, who faithfully serve our sisters and brothers entrusted to your care. May you be faithful to that trust and blessed your loving service.

*Most Rev. John G. Vlazny, DD, is Archbishop of Portland, OR.*

## Birthing a conference and watching it grow

By **Cam Hanemann**

As the hours began to count down to the start of the 2007 National Conference, I began reflecting on the experience of bringing it to fruition. It was not unlike when my husband and I planned for, anxiously awaited and then finally introduced our children to the world. The planning committee worked long and well together to birth this conference, and then with deep breaths, hopes, and expectations left it to those attending to tell us if our “child” was born with all its fingers and toes and brought joy with its nurture of body, mind and spirit.

Each new day unfolded, with a sense of movement to a deeper level of involvement. Morning Prayer and liturgies were family celebrations that remembered the past while looking to the future. Table discussions during and after plenary talks were lively and filled with the deep sharing of experiences that gave each talk a human face.

Our business meeting continued the theme of moving ahead. We heard enthusiasm, good critical assessment, and hope for the future. Many of us commented that this business meeting was very different than any we had attended before, both in tone and productivity.

Hearts were touched and moved to generously support our conference charity, the Downtown Chapel of St. Vincent de Paul. Through this generosity, many homeless, working poor and disenfranchised will experience the inherent dignity of their own humanity. We left Portland a more compassionate city.

One attendee said to us, “I feel like I’ve been on a retreat throughout this conference.” Her sharing helped us realize that many had taken advantage of the opportunities for self-care and reflection. The meditation room became an oasis of peace in the middle of the many sensory experiences of the

conference. It was exciting to see people seeking out this space to reflect on what spoke to them during the conference and to renew their selves all during the day. Then there was the Healing Room on Monday. As one of the healers, I was in awe of the work of the Holy Spirit as person after person left the room with peace written on their face. For some this was a transformative release from the many stresses chaplains experience every day.

On Tuesday, as the conference was coming to a close, it felt like not only had the birth been successful, but also that despite a few bumps along the way, we had successfully negotiated the teen years and moved to maturity with renewed hope.

As chaplains, we were challenged to move out and step up to the ever-changing world of spiritual care, to help transform our workplaces into realms of free-flowing spirituality, to speak truth in crisis and to be true prophets who remember to develop an up-close and personal relationship with our God.

Hopefully, all of us who were in Portland are still reflecting on our experiences at this conference, teasing out the nuances of growth and change in our own personal life as well as in our professional practice. Part of my own reflection has led me to the scripture of the mustard seed and the realization that one small seed planted in fertile soil can grow into a tree that will forever change the environment around it — but it will take time and much nurturing for the fruit to be born. For me, working on this conference has led to many birth images which will continue to inform my journey. I hope equally personal and powerful images have emerged for others that will continue to call them to new life.

*Cam Hanemann, NACC Cert., is retired from Providence Milwaukie Hospital in Milwaukie, OR, where she was Director of Mission Integration and Spiritual Care.*

## Aspiring chaplain finds genuine NACC hospitality

By **Amy Chabot**

Saint Benedict taught his monks to practice a certain kind of hospitality. He said to welcome a guest as they would welcome Christ himself. As an aspiring chaplain, I experienced this type of hospitality among the NACC at their annual conference. I felt they were sincerely, genuinely and generously seeking to imitate Christ. Through imitating him, they were acutely aware of his presence in their own being, as well as honoring that same presence in their neighbor. That is the hospitality taught by Benedict.

Through developing relationships with the NACC, as well as attending the workshops and listening to the keynote speakers, I came to realize that transformation is possible insofar as I remain aware of God’s love for me and receive

that love reflected in my neighbor.

Often this transformation happens without anything we *do*; we simply must *be* open to the process. Does the caterpillar know it is going to be changed into a beautiful butterfly? Or does it simply know it must create a cocoon, dwell in it for some time, and emerge? I would surmise that the transformation takes place because the caterpillar knows only what it must do to survive — as I know I must keep my interior gaze fixed on Christ in order to survive.

Coming away from the conference, I now can say that I have witnessed what John the Baptist meant by less of me, more of you. I wish to thank you for making my first encounter with the NACC also an encounter with Christ.

*Amy Chabot is a certified nursing assistant at the Syverson Lutheran Home in Eau Claire, WI.*



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# Religion helps dementia patients' caregivers cope

By **Randy S. Hebert, MD, MPH**  
and **Richard Schulz, PhD**

Over 44 million people provide unpaid care to friends or relatives 18 years of age or older.<sup>1</sup> Although not without rewards, caring for frail adults can be very stressful and may cause physical and psychiatric illness in the caregivers. Providing care to a loved one with advanced dementia such as Alzheimer's disease (AD) is particularly difficult. Dementia caregivers generally spend more hours per week providing care and suffer from more strain, family conflict, and health problems because of their role.<sup>2</sup> The health of family caregivers is an important public health issue in light of the fact that nearly three quarters of the 4.5 million AD patients in the United States are cared for at home. By the year 2050, the number of patients with AD is expected to exceed 13 million.<sup>3</sup>

Much effort has been put forth to improve the well-being of family caregivers. Religion, because it is an important coping resource for many people who are dealing with stressful situations, may play an important role in this effort. For example, according to a recent national poll, religion/spirituality is the most frequent coping resource for caregivers; 73% report that they pray to cope with the demands of caregiving.<sup>1</sup> In addition, a large body of work demonstrates that religious beliefs and practices are generally associated with improved mental health.<sup>4</sup>

However, it has been unclear whether religion is associated with improved mental health in caregivers of dementia patients. Therefore, the primary purpose of the study described below was to explore the relationship between religious beliefs and practices and mental health in family caregivers of persons with dementia.<sup>5</sup> In addition, because it is frequently surmised that religion (particularly religious attendance) promotes health by integrating individuals into large social networks, we were also interested in exploring whether any relationship between religion and mental health was explained by social integration.

## Methods

Caregivers were recruited for the REACH (Resources for Enhancing Alzheimer's Caregiver Health) study. REACH was a large trial testing the impact of several interventions on the well-being of Alzheimer's disease caregivers. Caregivers were adults who lived with and provided care to family members with moderate to severe dementia.

Caregivers were asked several questions about their religious beliefs and practices: 1) how often they attended religious services, meetings, and/or activities; 2) how often they prayed/meditated; and 3) how important religious faith/spirituality was to them. Caregivers were also asked about depressive symptoms and complicated grief symptoms. Complicated grief is a syndrome characterized by disbelief and

anger regarding the death, yearning and longing, and preoccupation with thoughts of the deceased.

## Results

Religion was important for most caregivers. Approximately 77% of caregivers prayed nearly every day, 70% perceived their spiritual/religious faith to be "a great deal" important, and 42% attended religious services at least weekly.

The frequency of religious service attendance, the frequency of prayer, and the importance of religious faith/spirituality were associated with less depression in active caregivers. In other words, the more importance caregivers placed on religious faith/spirituality, the more they prayed, or the more frequently they attended religious services/meetings/activities, the less severe were symptoms of depression. In addition, the frequency of attendance was also associated with less depression and complicated grief in bereaved caregivers.

Religious attendance increased after the death. Whereas 42% of caregivers attended religious services at least weekly prior to the death, 57% attended at least weekly afterward.

Not surprisingly, these caregivers perceived greater social integration after the death. The increase in social integration, however, did not explain the relationship between religious attendance and mental health. The frequency of religious attendance remained inversely associated with depression and complicated grief in bereaved caregivers.

## Discussion

Several major findings emerged from this study. First, religion was important for most caregivers. Second, religious attendance, prayer, and beliefs were associated with less depression in current caregivers. Third, religious attendance was inversely associated with depression and complicated grief in the bereaved. Fourth, the frequency of religious service attendance increased in the bereaved subsample, likely because the death allowed caregivers to re-engage in social activities. The increase in religious/spiritual attendance was associated with increased social integration. However, religious attendance remained inversely associated with bereavement depression and complicated grief after taking into account the increase in social integration.

Even after controlling for the increase in social integration, the inverse relationship between religious attendance and mental health after the death remained significant. This implies that religious attendance is a marker for a unique set of processes. For example, attendance allows caregivers to interact with people of similar values. These common values provide the basis for a shared understanding regarding suffering; taxing situations can be reinterpreted as opportunities for growth or as part of a divine plan. Second, church membership provides religious support, or the sharing of religious experiences that help people adapt religious principles to their lives. Studies show that



religious/spiritual support is not synonymous with social support. Third, religious services allow access to clergy. Clergy are particularly likely to be contacted when personal problems involve grieving and bereavement. Fourth, religious services generally espouse the view that God is to be turned to during times of crisis. Turning to God, in turn, may lessen the separation distress (i.e., searching, yearning, etc.) characteristic of complicated grief.

More research is needed to determine whether these hypotheses are correct.

## Implications

Our findings have several implications. Because religion is associated with improved mental health, healthcare providers need to be aware of the importance of religion in the lives of caregivers. By querying caregivers, clinicians can support religious behaviors that engender positive outcomes and facilitate referrals to clergy for those who are in the midst of religious struggle. Data from patient samples indicate that physician inquiry about their religious lives is often welcomed.<sup>6</sup> Caregivers who are not religious may also benefit; these discussions demonstrate empathy, concern, and cultural sensitivity. In addition, our findings point to the possibility of incorporating religious or spiritual themes into counseling. As discussed previously, religion, specifically prayer, is the most common mechanism used by caregivers to cope with the demands of caregiving. Prayer may help caregivers find meaning and purpose in stressful events like caregiving and bereavement. Our findings also have research implications. More work is needed to delineate how religion is associated with mental health. Better knowledge of the mechanisms by which religion may impact mental health would allow for tailored interventions, including interventions for caregivers who are not religious. Elicitation of these distinctive characteristics of religion could also allow for development of the religious-based interventions that are preferred by some caregivers.

## Words of Caution

Our findings must be placed in the context of several limitations. First, although we determined the relationships between religion and mental health in a prospective manner, this study did not allow for determination of cause and effect. The study only demonstrates that religious beliefs and practices are *associated* with better mental health. It should not be used to imply that religion is the *cause* of the better mental health. Second, because our sample consisted primarily of religious caregivers from Judeo-Christian backgrounds, caution must be used when extrapolating our findings to caregivers from different faith traditions. Finally, restraint must be used when counseling caregivers. Although religion is important to many caregivers, for others it is not. Those caregivers who do not have strong religious beliefs should not be coerced into participating in religious beliefs and practices under the guise that doing so will improve their mental health.

In summary, religion may be a protective factor for family caregivers of persons with dementia. Future work should be dedicated to replicating these findings, identifying the

mechanisms by which religion affects mental health, and determining how to intervene with high-risk caregivers.

*Randy Hebert is assistant professor of medicine, Section of Palliative Care and Medical Ethics, University of Pittsburgh School of Medicine. Richard Schulz is professor of psychiatry and director of the University Center for Social and Urban Research, University of Pittsburgh.*

## Summary Table

1. 1,229 family caregivers were recruited from multiple, diverse sites in the United States for the Resources for Enhancing Alzheimer's Caregiver Health (REACH) Study.
  - a. Median age: 63
  - b. Gender: 82% female
  - c. Ethnicity: 56% white, 24% black, 19% Hispanic
2. Religion was important for many caregivers
  - a. 77% prayed nearly every day
  - b. 70% perceived their spiritual/religious faith to be "a great deal" important
  - c. 42% attended religious services at least weekly
3. The more caregivers prayed, the more importance they placed on religious faith/spirituality, and the more they attended religious services, the less severe were depressive symptoms during caregiving.
4. The more caregivers attended religious services, the less severe were depressive and complicated grief symptoms after the death of the patient.

## Notes

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5. Hebert RS, Dang Q, Schulz R: Religious Beliefs and Practices Are Associated With Better Mental Health in Family Caregivers of Patients With Dementia: Findings From the REACH Study. *Am J Geriatr Psychiatry*, 2006, Dec. 8.
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Seeking,



Finding

## God the potter needs earthen vessels

By Michelle Lemiesz



Many years ago, while on retreat, I was invited to do some work with clay on a potter's wheel. "No problem," I thought. After all, I had done ceramics as a teenager and I was excited about a hands-on project after being so still for quite a few days. In the craft room I observed one of the retreat directors working away. Round

and round went the wheel as she formed a jar from a piece of wet, gray clay. "Why, this is easy!" I thought. "Just spin the wheel and build the piece up from the clay."

After standing and observing for some time, I was invited to come and work on my own item. A hunk of clay was placed on the wheel, and I pushed the paddle to form what I believed was a cup. "This is weird," I thought. "Why isn't this thing going up?" Then all of a sudden, the little mountain of mud collapsed and splattered all over me and the table. Over and over I tried to make something happen. The process required delicacy, balance, and patience — skills I did not have! "I will get that darn piece of clay to do something," I thought. But after working for an hour and only getting frustrated and agitated, I abandoned my efforts and decided that I was not the potter type.

As I found out through my own botched experience, making pottery is indeed a skill; it is a true form of art that requires much patience and much practice. One must use just the right amount of moisture, carefully forming the piece while maintaining the right balance and movement of the wheel. A single wrong move can cause the whole object to collapse, and the process must start over again from the beginning. The piece must be handled gently as it is placed aside, ready to cure and be completed. Only after the item is placed in intense heat and fired does it become a useable, finished product.

Throughout Scripture, the image of pottery is used to speak of both our humanness and the relationship that we have with our Creator God. The prophet Jeremiah recounts how God led him to a potter to learn about God's dealing with humanity (Jeremiah 18: 1-6). He saw the potter at work, delicately engaged in his craft, working with the clay, forming it, perfecting it and then reforming it when it did

not turn out well. Jeremiah tells of the Lord's words to him: "Can I not do to you, house of Israel, as this potter has done? says the Lord. Indeed, like clay in the hand of the potter, so are you in my hand, house of Israel." (Jeremiah 18: 5-6). God is the Master Potter, the One who directs and forms our lives if we allow Him to.

The image of the earthen vessel, the clay pot, is a beautiful metaphor for our own lives, and the fragility of the human condition. Archeologists marvel at the shards of pottery they find in the earth, for they bring forth lessons about the lives of the people who lived in a particular era and place. It is a true celebration when a piece is found whole, for it has weathered the test of time and is now about to share its story! Hundreds or thousands of years have been transcended as we link our stories with the men and women from the past whom the pot represents.

Each of us is a piece of pottery created in love by our God. In our youth we have been formed by our family, by our community, and by the world. As we grew up, our pot needed to be reformed as we came to learn more about ourselves and grew in the knowledge of the world and God. Little cracks (or sometimes big ones) had to be smoothed over and repaired. In time, the pain and troubles of life began to test our pottery. Each moment of grief, every loss, every painful change became a way for us to either strengthen our pottery, or allow it to weaken. The choices have been ours, and sometimes the choice in itself allowed for the pottery of our lives to be formed.

One of the greatest mysteries of human life is suffering; philosophers and theologians alike have struggled with the meaning and the purpose of suffering for all of time. No one knows or fully understands suffering, but the reality is that it can transform us. Pain, grief, and all forms of suffering can fire our pots in a positive manner; it can and does draw us closer to the One who forms and sustains us. However, it can also prove to be the opposite, but that choice is ours. Always and forever, we are the ones that choose freely.

For the longest time I have drawn great consolation from a verse found in the second letter of St. Paul to the Corinthians. St. Paul speaks of the great treasure we have been granted in faith: "We hold this treasure in earthen vessels that the surpassing power may be of God and not from us. We are afflicted in every way, but not constrained; perplexed, but not driven to despair; persecuted, but not abandoned; struck down but not destroyed; always carrying about in the body the dying of Jesus, so that the life of

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Jesus may be manifested in our body.” (2 Corinthians 4: 7-10). For me, this passage speaks to the daily challenges of human existence and the delicate balance between faith and hopelessness. As a Christian I am challenged to live my life in total openness to the will of God — for indeed one of the great paradoxes of the faith is that total abandonment leads to total fulfillment. This, of course, is not always an easy thing to do and requires consistent choices to say “yes” to God and “no” to my own perceptions and ego.

The choices which we have made as well as the ones we continue to make contribute to the worth of our earthen vessel. Yet despite the multiple “proving” we have received (and continue to receive), we remain fragile vessels. And so often society sends the implicit message that fragility and aging is something to be disdained and avoided at all costs. We are told that our “pottery” has been aged and as a result we are no longer beautiful. We hear that the stories and the legacy of our history are dated and not relevant to today’s culture. Money, youth, physical attractiveness, and body shape are the litmus test of the worth of our person, and somehow, some way, the true beauty of an individual is reduced to exterior values.

But just as a treasured piece of pottery becomes an antique of great worth, so too does the human person. As we age we gain both wisdom and grace, great attributes to

be treasured! At the same time we are faced with our human fragility anew as we cope with illness, loss, and change in status. This is the time when true worth is set forth! It is through our choices, our strength and our faith that we are held together. God Himself holds us in His loving and merciful hands during those times when we feel like we are crumbling apart. God alone can smooth away the rough spots and can seal off and protect the cracks from growing.

However, God cannot do it alone. God needs each one of us to become his hands of compassion and focus on one another with mercy. Undoubtedly, we all know of people who are hurting; perhaps we ourselves are those people. Are we willing to extend ourselves beyond our comfortable zones, and become the hands of God? Do we allow our pride and sense of independence to impede the ability of God’s hands to touch us, to hold and heal us in and through our brothers and sisters? Can we see the beauty of our life, of our earthen vessel and allow it to become a story, an eternal legacy to share with our community? It is never too late to allow the Potter to come and reform us into a vessel of great beauty and grace; the choice is yours. What will you choose?

*Michelle Lemiesz, M.Div., NACC Cert., is Director of Chaplaincy Services at Mount Carmel East Hospital and Mount Carmel New Albany Surgical Hospital in Columbus, OH.*

## NACC to offer online delivery of *Vision*

In response to many members’ requests, the NACC is preparing a new way to make *Vision* more accessible and convenient to you.

For several years, we have posted a PDF file of each month’s *Vision* on our website, available to any member with a user account and password. Beginning in June, however, we are offering to send you an e-mail with a link to the newly posted issue on our website, in lieu of sending the paper copy by mail.

We see several advantages to this method. It matches the way that more and more professional information is being delivered within the healthcare system. It is much faster than waiting for the postal service’s bulk-mail delivery of the

paper copy; you will usually be able to read *Vision* online during the last week of the month preceding the cover date. It represents better stewardship of the NACC’s resources, and of the environment.

We will continue to print and mail physical copies of *Vision* to anyone who wishes to receive one, and we have no plans at all to do away with that side of our publication. If you prefer to continue receiving *Vision* by mail, you do not need to do anything.

If you would like to begin receiving *Vision* online, please send an e-mail to [vision@nacc.org](mailto:vision@nacc.org), with the word “subscribe” in the subject line and your name in the body of the message. The new system will take effect with the June issue.

# Genetics meeting promises future benefits, ethical issues

By Richard M. Leliaert

Dr. Francis Collins, Director of the Human Genome Project, made an interesting observation at the 10th annual meeting in February of the National Coalition for Health Professional Education in Genetics (NCHPEG).

Citing the First Law of Technology, he noted, "We tend to overestimate the benefits of technology in the short run, while underestimating them in the long run." This is certainly applicable to genetics/genomics. In the short run, we hear a lot of hype about stem cell research and gene therapy, for example, while the long-range progress in completely sequencing the more mainstream afflictions such as cancer, diabetes, heart disease, asthma, Alzheimer's, and mental illnesses, is rocketing forward. The real growth is not so much in research but in mainstream medicine.

Just underneath the scant awareness of genetics' impact on medicine and our daily lives, Dr. Collins noted, is a potential medical explosion in the next three to five years.

Gene-based therapeutics show advances in alleviating Marfan's syndrome, and the first gene-based drug is undergoing clinical trials. Pain medication and other developments in pharmacogenomics are in the offing. Another significant area of growth is the Genetics Association Information Network (GAIN), involving both the public and the private sectors. GAIN works to develop genotyping for predicting/preventing and treating schizophrenia, diabetes, neuropathy, AHP, psoriasis, bipolar illness, and depression.

Through all this, we need to be alert to policy/political issues such as non-discrimination in insurance and employment for those with genetically inherited diseases. Two federal bills, unfortunately, might have to wait until the next Congress. But the social-legal-ethical issues in genetic advances will be with us, and healthcare chaplains can play a great role as sentinels for patient rights.

The conference focused on pharmacogenomics/-genetics (many use the terms interchangeably), whose goal can simply be stated as *personalized medicine*. Pharmacogenetics (PG) evaluates how *an individual's* genetic makeup (tested through genotyping) corresponds to the response to a particular medication — say, nortriptyline, a common antidepressant medication. Pharmacogenomics uses *large groups of patients* to evaluate how candidate drugs interact with a range of genes and their protein products. The day may soon come when healthcare providers will be able to tailor even more accurately a person's medication and dosage to their genetic makeup. "One size fits all" may become obsolete. Genetic medicine should individualize one's treatment in safer and more efficient ways while reducing

the time it takes to develop a drug, hence saving money. Visit the NCHPEG website ([www.nchpeg.org](http://www.nchpeg.org)) or other websites with specific focus for more information.

While PG might have only indirect relevance for chaplains at this time, it will eventually raise pertinent ethical issues. The current issues surrounding Medicare D might become even more problematic as PG advances. One speaker noted that PG tests risk revealing ancillary (secondary or collateral) information about a person's predisposition to diseases or conditions *for which a person is not currently seeking treatment or does not manifest symptoms*. It's a kind of a "funny thing happened on the way to the Forum" problem. In seeking information directly about a heart problem, for example, the presence of cancer is detected.

As a chaplain, I found the video segment of resident interviews with patients very interesting. They bore bad news: after communicating the PG test results as either positive or negative (or both), the resident then had to communicate an unexpected ancillary result. Their skills in relating bad news were quite deficient, to say the least. I kept saying, "Here's where you could use the communication skills of a chaplain." My point is not to gloat but to encourage us as chaplains to keep owning our genuine skills and our legitimate role in the healthcare team. It will be as crucial in the future of genetics as it is now.

Note that NCHPEG is about to approve a Revised Core Competencies in Genetics. When these Core Competencies are published, it would be well for us to review them and to determine what competencies might be integrated into our Certification Standards. One we might seriously consider is taking an accurate family history.

The day the NCHPEG conference opened, Dr. Francis Collins was giving the keynote address at the National Prayer Breakfast for President Bush and other political notables. Dr. Collins was asked not only as a scientist, but as a deeply spiritual person. He has gone from being an "obnoxious atheist" to a deeply committed Christian. He details his entire personal, scientific, and religious/spiritual journey in his recently published autobiography, *The Language of Belief*. He has much to teach us as chaplains about confronting the ethical-legal-social implications of genetics and religion/ethics. He knows, he's been there! God willing, he'll continue to be there.

I do thank the NACC for continuing our participation in NCHPEG/GROW. My colleague from the APC, Vincent Guss, and I are talking with the Executive Director of NCHPEG about a followup session of some kind to the well-received sessions in 2004 on the spiritual-ethical aspects of genetics.

*Rev. Richard M. Leliaert, Ph.D., is NACC representative to NCHPEG/GROW and pastor of St. Robert Bellarmine Parish in Redford, MI.*

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## Vision seeks writers on mental health

**W**e are planning to build the October issue of *Vision* around a theme of mental health and chaplaincy, and we would like to encourage our members to contribute articles based on their own experiences and expertise.

Possible topics include CPE programs that address mental health; first-hand experiences with depression or other mental illness; mental health in various departments of the hospital or among various patient populations; or attitudes toward mental health in other cultures.

Please submit articles or ideas for articles to David Lewellen at [dlewellen@nacc.org](mailto:dlewellen@nacc.org). The deadline for submissions is September 4, 2007.

We are also eager to find members to explore several other topics with more flexible deadlines. Among them:

▼ What are applications for chaplaincy or supervision outside of the healthcare setting?

▼ Do you use “complementary healing modalities” such as reiki, therapeutic touch, music thanatology, etc., or refer people to such practitioners? What are the qualifications? How do patients receive it? How does it complement traditional medicine or traditional religion?

▼ How do you work with other disciplines, e.g. social workers? How do you collaborate in specific areas of the hospital?

▼ We often discuss ministering to patients, families, and medical personnel, but what about other areas of the hospital? Do you engage in ministry, formal or informal, to the cleaning staff or the billing department, for instance?

### ▼ CPE RESIDENCY

**Wausau, WI** – Aspirus Wausau Hospital is offering chaplain residency positions for the 2007/08 year beginning August 27, 2007 through August 29, 2008 with a \$24,000 stipend and benefits. Our program emphasis is on one’s spiritual, personal and pastoral identity formation as it is integrated into pastoral practice. Send application to: Rev. Alfred Merwald, D.Min., Aspirus Wausau Hospital, Dept of Pastoral Services, 333 Pine Ridge Blvd., Wausau, WI 54401. [alfredm@aspirus.org](mailto:alfredm@aspirus.org).

### ▼ CATHOLIC HOSPITAL CHAPLAIN

**Newport Beach, CA** – Hoag Hospital is a 511-bed, not-for-profit, acute care community hospital located steps from the Pacific Ocean in with a rich 50-plus year tradition of providing quality health care services. To better serve our faith community, we offer an exceptional opportunity for a full-time Catholic chaplain. This candidate will collaborate with the Director and Associate Director of Pastoral Care to provide pastoral care to patients, their families, general staff and to Roman Catholics in general. The candidate we are seeking will be an ordained Roman Catholic priest with appropriate supporting documents and approval by local ordinary; hold a master of divinity degree or equivalent from an accredited theological school; Clinical Pastoral Education Unit (basic CPE) preferred, or the willingness to enroll in a program after employment begins. Spiritual maturity, psychologically perceptive, fluent in theology discourse, ability to provide basic supportive pastoral counseling, experience in crisis intervention, and must have the ability to handle confidential situations. FT/Days. Our online application available at [www.hoaghospital.org](http://www.hoaghospital.org). Please send resume to Diane Griffiths, Employment Director, Human Resources, Hoag Hospital, One Hoag Drive Box 6100, Newport Beach, CA 92658-6100; fax (949) 764-8313. Hoag offers excellent benefits including 28 days PTO (paid time off), a matching 401(k) plan, on-site childcare center, tuition reimbursement, and paid health benefits. E.O.E.

### ▼ CHAPLAIN

**Centralia, WA** – Providence Centralia Hospital, part of Providence Health & Services, is a 191-bed, not-for-profit community-based hospital. We are currently recruiting a full-time chaplain. Responsibilities include developing and implementing a continuum of spiritual services to meet the needs of patients/residents, families and employees. It also

## Positions Available

involves articulating and interpreting the meaning of spiritual care in the context of health and illness, and advocating for its effective inclusion in the healthcare provided by Providence. Academic degree preferred. CPE certification and two years of experience required. Centralia offers affordable housing options in a beautiful setting with the added bonus of no traffic congestion or state income tax. Our community retains a small-town feel, but boasts the resources and amenities of a much larger area. It’s a great place to raise a family, with excellent schools, friendly neighborhoods, a vibrant downtown and something to do at every turn. Set on the southern tip of Puget Sound, Centralia is right in the heart of the Pacific Northwest, both in geography and in attitude. Interstate 5 offers quick, convenient access to many great Pacific Northwest destinations. If you’re looking for a healthcare organization where you will be valued and your best work will be rewarded, Providence Health & Services is the place. Contact Jon Morgan, (360) 330-8686 or [Jon.Morgan@providence.org](mailto:Jon.Morgan@providence.org). Apply online [www.providence.org/careers](http://www.providence.org/careers).

### ▼ CHAPLAIN

**Appleton, WI** – ThedaCare is seeking a chaplain to work with our Hospice team. This is a part-time, benefits-eligible position working approximately 20 hours per week, with the potential to increase to a full-time position. Will provide pastoral care to Hospice patients, families and staff. Qualifications: Functional knowledge of the religious principles and practices of major faiths. Some familiarity with medical terminology necessary. Hospice experience is preferred. College and seminary degrees; Master of Divinity preferred. Ordination (if applicable) and denominational endorsement required. 4 quarters of CPE (Clinical Pastoral Education) required from an accredited center. Professional certification: eligible for, in process of, or board certified as a chaplain by one of the national certifying organizations (APC or NACC). For more information about this exciting opportunity, please visit our website at [www.thedacare.org](http://www.thedacare.org). Requisition #: 06-00909.

### ▼ CPE RESIDENCY

**Chicago, IL** – Resurrection Health Care has four 36-week

## Positions Available

Clinical Pastoral Education residency positions available beginning September 1, 2007, with competitive stipend and health benefits. Residents complete three units of CPE, and there is a significant progressive curriculum focus from Level I to Level II CPE outcomes throughout the residency period. Residency program at Resurrection Health Care has a variety of specialization areas, including ministries in the acute care settings as well as nursing and rehabilitation centers. The following are required prior to applying: Preferably master's degree in theology, divinity, pastoral studies, or related field and at least one unit of successful CPE. Send your application materials to the Director of CPE, Resurrection Health Care, Clinical Pastoral Education, 1127 N. Oakley Blvd., Chicago, IL 60622. Tel. 312-770-3326; fax: 312-770-3352, or e-mail: rmanching@reshealthcare.org

### ▼ CHAPLAIN

**Wichita, KS** – Via Christi Regional Medical Center seeks a full-time, energetic chaplain to serve in an acute care setting. Must be certified or in that process with NACC or APC. You will join an ecumenical pastoral care team composed of 14 religious and lay chaplains and two Catholic priests. Qualified candidates will have pastoral experience in an acute healthcare setting and be comfortable serving as a professional member of a multidisciplinary team. Competitive salary, opportunities for professional growth, and excellent benefits. Visit our web site at [www.via-christi.org](http://www.via-christi.org) or contact Janet Yancey, HR Recruiter, at (316) 650-0919; e-mail [Janet\\_Yancey@via-christi.org](mailto:Janet_Yancey@via-christi.org)

### ▼ DIRECTOR OF PASTORAL CARE

**Long Island, NY** – To head a department at Winthrop University Hospital ([www.winthrop.org](http://www.winthrop.org)) as a staff member of The HealthCare Chaplaincy. The Director will have the opportunity to continue building an existing pastoral care department, which currently has two staff chaplains and participates in one of the country's preeminent pastoral care and training organizations. Winthrop is a very well regarded 600-bed community hospital with a Level I trauma center and a full range of medical specialties. Qualifications: ACPE, APC, NACC, or NAJC certified, high energy with a well developed sense of the role of professional chaplaincy, excellent clinical skills, and an ability to handle all aspects of pastoral care administration. Send resumes to: The Rev. George Handzo, Vice President, Pastoral Care Leadership & Practice, The HealthCare Chaplaincy, 307 E. 60<sup>th</sup> St., New York, N.Y. 10022 ([ghandzo@healthcarechaplaincy.org](mailto:ghandzo@healthcarechaplaincy.org))

### ▼ MANAGER OF SPIRITUAL CARE

**Torrance, CA** – Little Company of Mary Hospital seeks Manager of Spiritual Care. Provides spiritual counseling and guidance to patients and employees. Provides managerial oversight and leadership to the spiritual care department. Provides leadership in integrating spiritual care into the care of the whole person. Demonstrates proficiency in delivering care to age-specific patient population and participates in related continuing education. Qualifications: Requires certification in the National Association of Catholic Chaplains or Association of Professional Chaplains, graduate degree in theology, pastoral counseling, or theologically rooted discipline, and two years' experience in pastoral/spiritual care in an acute care setting. Requires ministerial, pastoral capabilities as well as

administrative, organizational and management skills. Catholic chaplain preferred. Resume and profile may be submitted to [www.providence.org/careers](http://www.providence.org/careers), e-mailed to [cindy.mizuno@providence.org](mailto:cindy.mizuno@providence.org), or faxed to (310) 543-5987.

### ▼ STAFF CHAPLAIN

**Apple Valley, CA** – St. Mary Medical Center is a full-service, 186-bed acute care, not-for-profit medical center. As part of the prestigious St. Joseph Health System, we are committed to serving all High Desert communities through the values of hospitality, dignity, justice, service and excellence. As a Staff Chaplain (full-time, 2 p.m.-10 p.m.), you will act as a member of the spiritual care team that serves the spiritual and religious needs of patients, families and staff of St. Mary Medical Center. Reporting to the Director of Mission Services, and collaborating closely with other members of the multidisciplinary health care team, the Staff Chaplain will provide a ministry of presence, journey with those in search of healing and hope, and deliver care in complex, sensitive situations. This position will demonstrate values-based competencies in line with the four core values – dignity, excellence, service and justice – that are the foundation of all activities performed by employees of the St. Joseph Health System. Qualifications include: master of divinity/theology or equivalent combination of education and experience; formalized theological education leading to ecclesiastical endorsement for ministry; four units of Clinical Pastoral Education from an accredited Clinical Pastoral Education center; certification by NACC, ACP or NAJC and ecclesiastical endorsement from the bishop of the diocese and/or religious superior; understanding of and willingness to comply with Title 22 and other state, federal and JCAHO regulations as they pertain to this position and department. We offer a competitive compensation and benefits package. Send your resume to: SMMC, HR Dept., 18300 Hwy. 18, Apple Valley, CA 92307. Phone: (760) 946-8886, fax: (760) 946-8136, e-mail: [amy.leiss@stjoe.org](mailto:amy.leiss@stjoe.org). EOE

### ▼ STAFF CHAPLAIN

**Trumbull, CT** – St. Joseph's Manor, a 297-bed long-term, short-term care facility, seeks a full-time certified Catholic chaplain to join our spiritual care team. Responsibilities will include providing pastoral support to residents, families, and staff, computerized charting of residents' spiritual health and well-being, participating in resident care meetings, and assisting with liturgical and sacramental services. Position requires ecclesiastical endorsement, NACC certification, and a minimum of one year's experience in pastoral ministry in a health-care environment. We offer a competitive salary and excellent benefits. Please fax, send, or e-mail your resume with salary requirements to: Chaplain Joan Boesch, St. Joseph's Manor, 6448 Main St., Trumbull, CT 06611, fax (203) 268-3394, [jboesch@dob-intra.net](mailto:jboesch@dob-intra.net)

### ▼ PASTORAL CARE CHAPLAIN

**Maywood, IL** – The Pastoral Care Dept. of Loyola University Health System (located between downtown Chicago and Oak Brook) seeks an energetic and adaptable Jesuit priest for full-time chaplain ministry. Loyola's Pastoral Care Department is a multi-talented, collaborative group of 12 women and men, lay and religious, that provide 24/7 interfaith ministry to the patients, families and professional staff of the Medical Center. Included in this ministry is a strong Clinical Pastoral Education (CPE) program which provides dual accreditation (ACPE & NACC). Pastoral care chaplains also partner in the early clinical education of medical students at Loyola's Stritch School of Medicine. Applicants should have a master's degree and least 4 units of CPE and/or be eligible for NACC or APC certification;

fluency in Spanish highly desirable, as is pastoral care experience. For specific job-related questions, please send an e-mail to: Marie Coglianese, Director of Pastoral Care at [mcoglia@lumc.edu](mailto:mcoglia@lumc.edu). Loyola offers a competitive salary and benefits package. For consideration, apply online at [www.LoyolaMedicine.org](http://www.LoyolaMedicine.org) or send a letter of introduction and resume to: Loyola University Health System, Attn: Joyce Milewski, Human Resources, 2160 S. First Ave., Maywood, IL 60153; fax: (708) 216-4918; e-mail: [jmalewski@lumc.edu](mailto:jmalewski@lumc.edu). Loyola is an equal opportunity and affirmative action employer/educator and is committed to a drug-free and smoke-free workplace.

#### ▼ DIRECTOR OF PASTORAL CARE

**Mount Vernon, IL** – Saint Mary's Good Samaritan Inc. needs a director of pastoral care for their Mount Vernon, IL, campus. The director of pastoral care is responsible for the development and implementation of a continuum of pastoral services for patients, families, and staff. The director will be expected to spend the majority of their time in person-to-person visits with patients and families. The director of pastoral care also provides support to the organization by conducting religious services, communicating with local clergy, and responding to codes. In addition, the successful candidate will be responsible for the fiscal and human resource aspects of the department by establishing and maintaining an achievable budget and working to develop and support existing personnel and volunteer ministers. Courteous and cooperative behavior toward patients, visitors, peers, and physicians must be demonstrated. Saint Mary's Good Samaritan is dedicated to continuing the healing ministry of Jesus Christ by improving and providing regional, cost-effective quality health services for everyone, with a special concern for the poor and vulnerable. We exhibit our commitment to this healing ministry by providing compassionate and competent service, acting justly, respecting the dignity of all, and fostering a spirit of community. A bachelor's degree in a related field, 1-3 years of supervisory experience, four units of CPE training, and a chaplain's certification are required. A master's degree and certification through NACC or APC is preferred. This position reports to the vice president of patient care services. St. Mary's Good Samaritan is cosponsored by Felician Services Inc. and SSM Health Care and is located approximately 70 miles east of St. Louis, MO on Interstate 64. Southern Illinois is rich in outdoor recreational opportunities at Rend and Carlyle Lake and Shawnee National Forest. Applications may be made at [www.smsgsi.com](http://www.smsgsi.com) under "careers/Mount Vernon Campus." For more information, call JoAnn Givens, manager of recruitment and retention, at (618) 241-2724. EOE.

#### ▼ PRIEST CHAPLAIN

**Willingboro, NJ** – Help heal the whole family at Lourdes Medical Center of Burlington County. Lourdes Health System, sponsored by the Franciscan Sisters of Allegany, NY, offers a community-oriented spectrum of services and a comprehensive team approach to patient care. We are currently seeking a Roman Catholic priest to become part of our Pastoral Care Department and provide sacramental coverage plus chaplain/pastoral care to the patients, families, and staff at LMCBC. Duties will include administering the Roman Catholic sacraments, celebrating the weekly liturgy, and other worship services. Requires in house and on-call coverage. This position requires a bachelor's degree in human services or related field, two units of CPE, and additional education in pastoral ministry/counseling. Two to three years of medical center experience including adult care services, long-term acute care, and behavioral health also required;

knowledge in bioethics is helpful. The priest chaplain must be in good standing with their bishop or religious superior, secure ecclesial endorsement of full priest faculties, and moving toward certification with NACC. We offer a competitive wage and benefit package, including comprehensive healthcare, income protection plans, and time off. Please forward all resumes to [carvalhoc@lourdesnet.org](mailto:carvalhoc@lourdesnet.org); or apply online at [www.lourdescareers.org](http://www.lourdescareers.org). Member of Catholic Health East, sponsored by the Franciscan Sisters of Allegany, NY. Diversity lights our way. EOE/M/F/D/V

#### ▼ 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 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](http://www.1800goguard.com/clergy) for more information.

## Positions Wanted

NACC member seeks a full-time position as a staff chaplain anywhere in the US, beginning in April 2007, preferably in a hospital or prison. Has 4 units of CPE and going in for certification this year. For contact call Fr. Ejike Innocent Onyenagubo, (315) 457- 7270 or email [ejike2@juno.com](mailto:ejike2@juno.com)

NACC certified associate supervisor seeks a part-time weekend position. Available at your location and/or by video conferencing. For further information, please contact Chaplain Wendi Steinberg at 757-615-1879 or by e-mail at [Wavedance7@cox.net](mailto:Wavedance7@cox.net).

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marceaup@trinity-health.org

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Milwaukee, WI  
tlandry@nacc.org

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patrickb@sa-mercymedical.org

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Catholic Health Initiatives  
Denver, CO  
alanbowman@catholichealth.net

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CPE Supervisor  
Alegent Health Care  
Omaha, NE  
bbrumlev@alegent.org

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St. Mary Medical Center  
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srnor@netzero.com

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Daphne, AL  
smew@sa-mercymedical.org

# Calendar

## June

- 11** Copy deadline, July-August *Vision*
- 17-19** Catholic Health Assembly,  
Chicago, IL
- 17-23** USCCB retreat, Albuquerque, NM

## July

- 1** Chaplain certification materials due  
at NACC office
- 4** Independence Day; national office  
closed
- 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*

THE NATIONAL ASSOCIATION OF  
CATHOLIC CHAPLAINS

5007 S. Howell Avenue Suite 120  
Milwaukee, WI 53207-6159

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