

# Urban CPE forces students to face injustice and grow

By Barbara Sheehan, SP

*"Pastor, would you pray for me?" the woman called out. This was a moment of realization: I am "pastor" here on the streets. Then the woman told me she was a prostitute, a drug user and homeless and did not know whether God would listen to her. She needed to pray because she had found a dead baby in a Dumpster that morning. It was then that I started seeing that the Holy Spirit was very much present right here and everywhere.*  
(Reflections of an urban CPE student)

Have you considered clinical pastoral education as training solely in a hospital or for hospital chaplaincy? Perhaps you have presumed that "clinical" refers to a clinic rather than the method of learning? If so, you have plenty of company.

The reality is that CPE is experiential learning from those in crisis. In a healthcare-based CPE program, a physical or mental challenge is the precipitating crisis through which the CPE student enters into the relationship with the person and his/her experiences.

But in urban CPE, the crises confronting the vulnerable — and the students — are individual and systemic/social: multiple losses, violence, and coping mechanisms in a reality of felt disconnection and lack of meaning in societal, religious, and familial settings. We minister at homeless shelters, the streets, day centers for women and children suffering from domestic violence, outreach centers to the uninsured, wounded and migrants, residential facilities for at-risk youth, homeless adults too sick to go back to the streets, the frail elderly, an entrepreneur school for youth falling through the cracks, and community organizing centers for justice and economic and ecological sustainability.

Within these contexts, students engage persons of diverse cultures, sexual orientations and religious

expressions challenged with addictions, poverty, powerlessness, HIV/AIDS, homelessness, and abuses. They deal with the realities of violence, systemic graces and evils, societal and individual grief, negative and positive effects of religion and family.

Urban CPE Consortium Inc., an ACPE-accredited center, is a not-for-profit partnership of 12 social agencies and five theological schools within the Chicago area committed to compassionate care and justice. The agencies, the ministry contexts, provide a staff person as site supervisor for the student.

Application to Urban CPE is open to anyone. The primary reasons why persons come are a sense of call into urban ministry; lack of experience of urban issues; response to the church's option for the poor; and commitment to the social gospel.

After acceptance into the Urban CPE program, a student interviews at various sites. By mutual agreement of site and student, the site is selected. The site, the student and I enter into a covenant that includes the student's ministry times, site learning goals, and our responsibilities with each other and the program. All students gather for prayer and the direct CPE work (peer supervision, group, story theology, teachings). Individual clinical supervision is with me or our supervisory candidate.

Students engage fully in the work of the agency — direct service, food pantry duty, community organizing, group facilitation, availability/hanging out, Bible studies, case management, advocacy, accompaniment or "whatever comes up today," wherever their "parishioners" are and however they might be expressing themselves.

Students practice the art of

Being faith-based doesn't earn them the trust of others who have often been betrayed

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## Urban CPE

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initiating conversations and building trust — on the streets, in the shelter, doing community organizing. They often struggle with the lack of privilege of a private space for a conversation within urban society — and with their assumptions related to such privilege. These pastoral conversations reveal to the students the struggles of “parishioners” sometimes minute by minute, to choose life and not destruction, their resiliency and creative use of resources, their grief and coping styles from social, personal and institutional decisions. The students face their own helpless feelings and anger in not being able to fix the terrible brokenness they hear. They realize that being faith-based and trustworthy persons doesn’t earn them the trust of others who have often been betrayed, abused, isolated by society, family, and church. The students reflect on their sense of what a pastor is if God isn’t mentioned, or who God and the human are if the God they believed in doesn’t seem to be present in the lives of these “parishioners.”

Urban CPE students learn resources for referrals for the “parishioners” and will go to court as advocates and supporters when appropriate. Sometimes they also initiate programs at their sites. A spirituality group started by Urban CPE students among homeless and abused women enabled the women to share their stories and have their voices heard for the first time. This innovation by the CPE students prompted a change in the agency structure, to community building among the women as helpers with each other instead of the “helpers” giving to the “parishioners.”

Growth in pastoral identity comes from the students’ integration of their belief system, their capacity to assess needs, and their responsive actions with individuals and communities.

The students’ reflections include systemic and personal issues and assessing practices of faith that are apparent in the encounter and those needed in response. Such practices of faith are: hospitality, hope, bodily care, testimony, forgiveness, reconciliation, justice, goodness.

“I struggle to listen without judgment so that I can hear *the person* speaking and be able to ask the questions that reveal the hurts, grief, pains inflicted on them by systems, by abuse, by others,” one student told me. “I no longer categorize them as ‘other’ but see them as people who need ministering to. I know now I must go back to substance abuse ministry, a ministry that helped me in the past.”

Each student is required to choose a social issue related to their ministry, gather relevant data and interviews, and then lead the CPE group in a complete method of social analysis-theological reflection that leads to a committed pastoral action by individuals and/or the group.

Students report an expanded concept of ministry that is beyond the walls of a building and functions. They learn skills in building mutuality with those not like them, practice the use of healthy power, and reflect on the destructiveness of misused power and authority. They learn to listen for values, assets, losses, violence, coping mechanisms. They learn skills to pastor another to choose paths to life and not destruction. Students learn pastoral humility that impacts them personally and professionally.

About 25 % of the Urban CPE alumni/ae choose ministries within an urban context; 75% pursue congregational leadership or other church-related ministries. Former students report that Urban CPE transformed them as persons and enabled them to integrate their sense of faith and action for social change and justice, regardless of their ministry location.

*Barbara Sheehan, SP, is an ACPE supervisor and Executive Director of Urban CPE Consortium Inc. in Chicago, IL. b-sheehan@sbcglobal.net*

## Letters

### E-mail newsletter draws praise and attention

*Below are comments from our members who are receiving the new biweekly e-mail newsletter NACC Now. If you would like to be added to our mailing list, please send a note to webmaster@nacc.org from the address that you would like us to use.*

This is a wonderful form of communication. Keep it up and best of luck!!!!

*Rich Duggan  
Glen Rock, NJ*

Thanks for the informative, educative and entertaining news.

*Andy Phiri  
Oak Park, IL*

I just read this e-letter and what a neat, ecofriendly way to inform everyone of all the news/happenings.

*Kathryn A. McClure  
Cambridge, OH*

Thank you, thank you, thank you. Your emphasis on communication styles met my need for sure. My community has a monthly newsletter and in between we have a weekly e-mail which keeps us all up to date on issues, prayer requests etc. May you be blessed with many new and hope-filled ideas to strengthen membership and our ministry.

*Joann Compagno, CND  
Wilton, CT*

Thank you for this wonderful new communication tool. I appreciate all your efforts to support the members.

*Virginia Day  
Athens, GA*

What a great idea! This e-newsletter was brief yet informative and made me feel like I was part of something alive and moving forward.

*Ellen Burke  
Harper Woods, MI*

## 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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## Maintain your own skills and help build the NACC

By Karen Pugliese, M.A.  
NACC Board Chair

Autumn is traditionally Nature's time to gather in a bountiful harvest, to call us home, to invite us to return to our metaphorical hearth, to rest at the center of our being. In the life of the spirit, it is a time of introspection and reflection which, when given time to ripen, produces abundant stocks and stores of ideas, commitments — and conviction of the heart.

However, with each new season in our personal and organizational lives as well as in Nature, the challenges of "maintenance" bring us back to stark reality. We have to support, keep up, sustain, and supply what is needed for the time at hand.

To maintain our physical and mental health, we protect and care for our well-being, including preventive practices which strengthen us. And we are called to nurture and nourish the inner life of the spirit as well.

Our relationships too, both personal and organizational, need tending if they are to be hardy and robust, and not just survive over time, but thrive. For the *things* entrusted to our care, maintenance is about tasks and chores to keep them clean and working. When we acquire an appliance or electronic equipment, we are often encouraged to purchase a maintenance agreement.

Imagine that the recommendations we receive at the time of our certification and renewal of certification are a kind of "maintenance agreement" with our professional association. We are expected not just to preserve a level of proficiency sufficient for certification, but to invest and develop our personal, professional and theological knowledge, skills and competencies. Similarly, I propose that each of us has a responsibility to invest personally in the realization of NACC's strategic goals and objectives. The terms are unique to each of us. There

are obvious needs and opportunities for service — writing for *Vision*, participating on certification interview teams, volunteering for commissions, panels, task forces and initiatives of the board, serving on the Annual National Conference committee, offering a name for election to the board of directors, etc., etc., etc....

Even a low-maintenance agreement requires mutual communication as a prerequisite. I can't promise we will *act* on all your ideas and suggestions, but I do commit that we will listen carefully, and respond promptly to your thoughts. Transforming thoughts into words, words into ideas, ideas into deeds, knowledge and insight into organic action — this is the meaning and purpose of the strategic plan. Your perspective might just be the missing link that shapes a project.

I suggest you STOP right here. Turn to David Lichter's article on page 4. Choose one area to which you feel called and/or competent in committing yourself. Then, before your good intention gets paved into an alternate pathway, *please communicate your stewardship offering to David or to me.*

Finally, I offer for your consideration a few thoughts taken from the Prayer of Cardinal John Newman: "God has created me to do some definite service; God has committed some work to me which has not been committed to another ... I have a part in a great work; I am a link in a chain, a bond of connection between persons ... I shall do good, I shall do God's work; I shall be an angel of peace, a preacher of truth in my own place ... if I do but serve God in my calling."

Let us know how and where you feel called to join us in the great work of living our Mission, actualizing our Strategic Plan, and achieving our Vision. Together, may we become instruments of hope, healing, transformation and peace for ourselves and the world.

# NACC plans more member support, involvement

By David Lichter, D.Minn.  
Executive Director

As I mentioned in the last *Vision*, I intend to devote my next columns to the goals of the new Strategic Plan. I realize and respect that there is history behind each goal and its objectives – a history I am just beginning to learn through your help.

However, this history has to lead to effective strategy development, and dialogue with you, as members, is critical for success. So — please comment on my comments!

I am grateful already to those members who participated in the task forces on marketing, recruitment, and volunteer leadership development and provided invaluable input and direction to us. In the coming months, we will need more member involvement to put arms around and legs under these plans.

The NACC board made it clear to me that NACC's number one priority is the first goal of the plan: *To support association members with creative educational, spiritual, and communication opportunities*. It has six objectives.

The first objective is: *strengthen the active participation of members at the local and national levels*. Many members note that participation was higher in the '80s and '90s and point to the end of the regional structure as a primary reason that local/regional involvement of members has

declined. While some regional and state gatherings of predominantly NACC members or of diverse chaplain groups still happen, *members look to NACC to lead a resurgence of participation*. I have heard no one desiring just to re-create the old regional structure as it was; instead, I hear a desire for “creative” opportunities through partnerships between members and leadership.

Some have suggested creating more virtual learning groups of members across the country and using the national conference to create those groups. Others mentioned chat rooms, audio-conferencing, and other technological means to connect chaplains, especially those who are more isolated geographically or are sole chaplains in their facilities. I recently witnessed the high quality of ITEs and interviewers during the October certification interview process, and heard from many of the interviewers the connection they feel with each other and the association. Creating opportunities for participation in these and other NACC groups is a key way to involve others.

The second objective is: *Promote education and training options for chaplain and supervisor candidates*. Everywhere I have gone these past weeks, I have heard the need for more candidates to become NACC-certified CPE supervisors. NACC education and training of these candidates has waned. As well as ACPE trains supervisors, our members want to ensure that Catholic values and spirituality remain the basis for our CPE supervisors. We want to explore new and innovative ways to make that happen. New approaches to a training

program for CPE supervisors seem most urgent and most challenging. We hope partnerships with Catholic Health Association and Catholic ministerial formation and graduate programs will help us accomplish this part of the goal, along with the education and training options for *chaplain* candidates.

The third objective is: *Develop, offer, and promote educational opportunities for members*. Many suggested the need for more virtual learning opportunities, including the NACC website; for helping members share what they are reading, using, and needing from each other; for more collaborative opportunities with other cognate groups; for local/regional gatherings that require less organizational loads on local volunteers but are still member-driven. All the suggestions, again, stressed: Be creative! While we will be making some ventures into these areas in 2008, and have already begun to do so, we will need a task force to develop a more comprehensive strategy and timeline. However, in the meantime we look for members to continuously alert our office to educational opportunities, as well as to ways you might want to be involved.

The fourth objective is: *Develop ongoing spiritual formation for members*. This lies at the heart of Catholic chaplaincy, as chaplains often refer to our rich Catholic traditions of spiritual writings and resources, retreats and reflection groups, spiritual direction and counseling, integration of prayer and ritual, the sacramental tradition, and liturgical services. Some ask for member sharing of the spiritual books they are reading or practices they are using, more guided retreat/recollection opportunities, more training in spiritual growth to complement the CPE training. In 2008 we will offer such opportunities as part of our scheduled local/regional gatherings, as well as developing resources through you, our members. Again, this will take time.

The fifth objective is: *Provide ways for former members to re-engage in the NACC*. Since the late '80s and early '90s, NACC membership has declined from around 3,700 to around 3,000. Retirement has certainly been a factor; yet we have member categories for them and value their participation. Goal IV of our strategic plan focuses on attracting new members; right now I am speaking of former members. Our first step is to learn who they are and why they left, and think with them on what would bring them back. The NACC office is beginning to research past members, and creating a plan for contacting them. Also, we are ensuring timely contact with those who plan not to renew their membership. We will take the first steps, but I appeal to you to help us by talking with former members, as well as with members who are contemplating leaving NACC. Let us, at the NACC office, know of members who need special attention regarding their membership questions and issues.

The last objective of this goal is: *Enhance networking and communication among members*. By now, if we have your e-mail address, you have received several NACC Now e-newsletters. Both NACC members and Spiritual Care Collaborative members have praised its style and content. As mentioned in the first newsletter, it is intended to “keep you more abreast of

All the suggestions stressed: be creative!

## Board of Directors welcomes new and re-elected members

Two newly appointed chaplains will join two re-elected members for the next three years on the NACC Board of Directors.

John Pollack, M.Div., and Bonnie Burnett, M.Div., have accepted the board's invitation to serve as appointed members, beginning in January.

Mr. Pollack left a career in accounting and museum administration to become a chaplain; he is currently director of pastoral care and mission operations at Holy Cross Hospital in Silver Spring, MD. In a job that requires him to be both pastoral and administrative, he said, "the two things complement each other very well."

Serving on the NACC's board, he said, is "an opportunity to give something back. ... It's a challenging time for the profession in general and the organization in particular." Priorities, he said, will be to recruit new members and "energize the existing membership to become more involved professionally."

Ms. Burnett, the system director of mission and spirituality at CHRISTUS Health in Houston, TX, said that she agreed to serve on the board because of her "sense of passion about chaplaincy. I feel very energized by the possibilities for our future, in terms of growth of professionalism. ... It's a very exciting time for the organization."

Skills from her first career in college administration may come in handy on the Board of Directors, and she also has a background as a church musician.

As a result of board elections this past summer Karen



Karen  
Pugliese



Sr. Norma  
Gutierrez,  
MCDP



John Pollack



Bonnie Burnett

Pugliese and Sr. Norma Gutierrez, MCDP, will serve additional three-year terms.

The two were the only candidates for the two open seats on the board. NACC bylaws required an election even if the candidates were unopposed, although that provision has since been modified.

Ms. Pugliese, looking back on an eventful three years, said, "The sense of revitalizing the association is what I feel good about. The next three years is about creating infrastructure. ... A huge part of the focus is going to be to involve people in innovative ways and encourage them to take ownership of the association."

Sr. Gutierrez was appointed to the board in 2006 to fill the unexpired term of Joan Bumpus. "I have learned so much," she

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## USCCB appoints new Episcopal Liaison

The United States Conference of Catholic Bishops has named Most Reverend Randolph R. Calvo as the NACC's new Episcopal Liaison.

Bishop Calvo was appointed the seventh bishop of the Diocese of Reno in December 2005, and was ordained and installed on February 17, 2006.

He was born on August 28, 1951, in Agana, Guam. His family moved to San Francisco in 1957, where he attended local schools. He received his Master in Divinity from St. Patrick's Seminary, Menlo Park, CA, and was ordained a priest for the Archdiocese of San Francisco in 1977.



Most Reverend  
Randolph R.  
Calvo

After serving in two parishes as parochial vicar, he was sent to study canon law in Rome. In 1986, he received a doctorate in canon law from Pontifical University of St. Thomas Aquinas in Rome. From 1987 to 1997, he headed the canon law department as judicial vicar of the Archdiocese of San Francisco. He was elected and served as president of the Canon Law Society of America in 1996.

He served as pastor of Our Lady of Mt. Carmel in Redwood City, CA, a culturally diverse and multi-ethnic community, from July 1997 to December 2005.

In addition to these assignments, he has served on many boards and councils, both in the San Francisco area and nationally. Bishop Calvo is a member of the Communication Committee and the Committee on Latin America for the USCCB.

timely chaplaincy news; encourage you to share your talents, ideas and concerns with the national office; and promote dialogue with other members and build a sense of connection." In the past weeks several members have sent information about themselves, articles and books to share, and key issues to bring before the membership. We want this to continue, as we seek

other ways to enhance our networking.

I hope you will think about interpreting and developing strategy for each of these objectives. Please contact me with your reactions, reflections, and additions at [dlichter@nacc.org](mailto:dlichter@nacc.org).

In our next issue, we will discuss the second goal: *To promote the profession of chaplaincy.*

# New war veterans' spiritual injuries need attention

By Rev. Andrew Sioleti, IV Dei

As we observe another Veteran's Day, our nation remembers those who have served our country with great sacrifices. These men and women of all faiths, cultures, and races who reflect the face of America are honored for being courageous and willing to embrace the challenge of serving in the military and being faithful to our country.

But among the consequences of military service are physical, emotional, and spiritual injuries. The physical injuries are often the most visible; we meet men and women who have lost limbs, suffered visible marks on their bodies, and will carry physical disabilities for a lifetime. Emotional injuries are often associated with post-traumatic stress disorder (PTSD), depression, anxiety, or traumatic brain injury (TBI). Other emotional disabilities are often not visible, but nevertheless create tremendous anguish and pain for the veterans and for their loved ones. As chaplains, we are called to minister to the spiritual and religious needs of these returning veterans.

While in military service, these men and women have a distinct and visible identity along with their uniform. They profess a common goal and mission. They are bonded with loyalty and patriotism. However, when they return to civilian life, they no longer wear uniforms and their identity as veterans becomes invisible. Who are these men and women? They are construction workers, police officers, maintenance workers, public and civil servants, teachers, as well as many other professionals in our society. The primary task of a chaplain is to reach out to our veterans who are returning and offer spiritual and religious care.

The least visible injuries are the spiritual injuries that often go unnoticed or are not given any importance. As we all know, holistic care embraces the body, the mind, and the soul. To care for the soul means to journey with a veteran who needs to tell his or her story. This story often carries a lot of pain, guilt, shame, loneliness, alienation, and sometimes moments without meaning or hope. We need to pay attention to the spiritual injuries of the returning veterans to help them achieve wholeness in their healing process.

Being able to journey and listen to the stories of the veterans means remaining neutral in your political views and open to hear their stories, which often are uncomfortable and painful. The

hearer (or the chaplain) should understand that not every veteran has the same story, or that even if the stories are similar, the war does not have the same impact and effect in each individual. Everyone is unique and comes into the military with their own history of faith, spirituality and beliefs, and experiences these events of war, combat, and trauma from their own perspective.

The ability to listen to the veteran's story is obviously not enough. The chaplain also needs to draw out spiritual and religious themes that the veteran and chaplain can work on. The obvious themes of guilt, shame, or survivor's guilt can often be covered over with quick absolution and spiritual and religious ritual. While rituals and sacraments can be powerful tools for healing, if they're not timed right, they can act as band-aids to the spiritual wounds that our veterans suffer. The chaplain is the healer who would look at the messiness of the wound, help the veteran clean the wound, and be patient together as the wound heals. The scars remain, and they will always be there as they would be in a physical wound. The lone survivor of a battalion who has experienced the horror of war will always carry the marks of his wounds. And at times these wounds will re-open. And they need to be treated again so that they can re-heal. If the wound is not properly cleaned and irrigated, and if it is closed without irrigation, then infection can fester.

Working with the returning veteran who suffers from emotional and spiritual trauma is a very complex process and requires training, supervision, and ongoing monitoring for the chaplain who is hearing their stories and ministering to them. One has to be aware of secondary trauma, in which the one who ministers to the veteran can be overwhelmed by the horror and details of the veteran's experience. The VA has been on the forefront in diagnosing and treating veterans who are returning from combat. Some are dealing with poly-trauma, PTSD, TBI, as well as physical, emotional and spiritual injuries. VA chaplains and related professionals in the VA have begun to offer training to local clergy, chaplains, leaders and religious congregations. The purpose of these trainings is to offer a forum to educate and to provide skills and resources for the veterans, returning military personnel, their loved ones, caregivers, chaplains, clergy and all those involved in ministering to them.

*Rev. Andrew Sioleti, IV Dei, is an NACC supervisor at the VA Medical Center in New York, NY. Andrew.Sioleti@va.gov*

## Board of Directors

*Continued from page 5*

said. "I know there's a reason why I'm there for this board and this association."

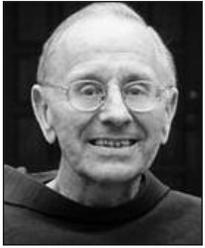
She looked back proudly on the Vision and Action Initiative and the "wonderful energy of our members. ... Now it's, 'How are we going to implement this?'" Priorities, she said, are advocating for professional chaplaincy to the Church and to hospitals; and changing the culture of the

NACC to welcome change.

Ms. Pugliese said that having Mr. Pollack and Ms. Burnett on the board will help spread out the directors' workload. Next year and beyond, she said, a new nominations process will "encourage people to invite people to run for the board. We've created expectations for the board and specific role descriptions. Everything will be much clearer." Appointments to the board, whether from inside or outside the association, will happen only "when there's a need that's not met."

## Four theologians to address NACC conference

We hope that as many of our members as possible are planning to attend the NACC's annual conference in Indianapolis, IN from April 5-8, 2008. We are happy to introduce the four plenary speakers for the conference:



**Kenan B. Osborne, OFM**, is Professor Emeritus of Systematic Theology at the Franciscan School of Theology and the Graduate Theological Union in Berkeley, CA, where he has taught since 1968. He holds a Th.D. from Ludwig-Maximilians-Universität, Munich, and a Licentiate in Sacred Theology from The Catholic University of America.

He is the author of *Christian Sacraments in a Postmodern World: A Theology for the Third Millennium*; *The Resurrection of Jesus*. His current research and teaching interests include Christology, sacraments, contemporary philosophy, and Chinese philosophy. A scholar and teacher of international repute, Fr. Osborne is in a league of his own. With a remarkable sense of mission he is continually writing books, educating students and general readers about the spiritual life. Ceaselessly traveling and lecturing, he brings the words of the Gospel and Saint Francis to an international audience. In recent years he has traveled and taught in mainland China, learning the language in order to unite the Christian ways of thinking with Asian ways of thought. Having served in every capacity from local chaplain to international lecturer, Kenan Osborne has been the bridge between the old, pre-Vatican II world and the contemporary global village we now inhabit.



**Richard M. Gula, SS**, is Professor of Moral Theology at Franciscan School of Theology in Berkeley, CA. He earned his Ph.D. from the University of St. Michael's College in Toronto and other graduate degrees from St. Mary's Seminary and University. As a Sulpician priest, Fr. Gula has dedicated his life to the education and formation of ministers

in the Church. After teaching in diocesan seminaries for 23 years, he came to FST in 1996. As a moral theologian, he has tried to be a bridge between the community of academic theologians and the community of pastoral ministers. Besides teaching, Fr. Gula is on the workshop circuit lecturing in moral theology, medical ethics, and professional ethics. He is also involved in healthcare as an ethics consultant to hospitals and as a resource for the Catholic Health Association and the California Conference of Catholic Hospitals. His several books and many articles have addressed a variety of moral issues which pastoral ministers have to face today. Among his many books are *Reason Informed by Faith: Foundations of Catholic Morality*; *Ethics in Pastoral Ministry*; and *The Call to Holiness: Embracing a Fully Christian Life*.



**Carolyn Osiek** is Charles Fischer Catholic Professor of New Testament at Brite Divinity School of Texas Christian University. She holds a Th.D. in New Testament and Christian origins from Harvard University, and is a past president of the Catholic Biblical Association and the Society of Biblical Literature. She is editor of the 15-volume *Message of Biblical*

*Spirituality* series (published by Michael Glazier/Liturgical Press), and is a former associate editor of *The Bible Today* and New Testament book review editor of the *Catholic Biblical*

*Quarterly*. She is the author of *Beyond Anger: On Being a Feminist in the Church* (1986) and *What Are They Saying about the Social Setting of the New Testament?* (revised edition, 1992), both published by Paulist Press. She co-edited *Silent Voices, Sacred Lives: Women's Readings for the Liturgical Year*. She also published *The Shepherd of Hermas* (Hermeneia Commentaries; Fortress Press, 1999), *Philippians and Philemon* (Abingdon New Testament Commentaries; Abingdon Press, 2000), and co-edited with David Balch *Early Christian Families in Context: An Interdisciplinary Dialogue* (Eerdmans, 2003). Her most recent

publications are: *Ordained Women in the Early Church*, co-edited with Kevin Madigan (Johns Hopkins University Press, 2005) and *A Woman's Place: House Churches in Earliest Christianity*, co-authored with Margaret MacDonald (Fortress Press, 2005). She teaches social life, social-science interpretation, and women in early Christianity.



**Sr./Dr. Jamie T. Phelps, OP**, is director of the Institute for Black Catholic Studies and professor of systematic theology at Xavier University in Louisiana. A member of the Adrian Dominican Congregation since 1959, Dr. Phelps is known as a woman committed to systemic change for social justice, founding several institutional programs to encourage a continued growth

of theology and ministry in the black Catholic community. She is also a founding member of the National Black Catholic Sisters' Conference, founder of the Augustus Tolton Lay Ministry Program at Catholic Theological Union, and founder of the renewed Black Catholic Theological Symposium. She has written more than 50 theological articles on the mission of the Church, evangelization, inculturation, Christology and spirituality. She has lectured throughout the country on many religious topics, including, "Redemptive Suffering: Loving Your Enemies," "Theological Underpinnings of Martin Luther King's Legacy," "Women As Peacemakers And Justice Seekers," and "The Catholic Church in the 21st Century." Dr. Phelps earned an M.S.W. from the University of Illinois at Chicago Circle and holds a master's degree in theology from St. John's University, Collegeville, MN, and a doctorate in systematic theology from The Catholic University of America in Washington, DC.





## Exploring forgiveness offers insights to self, healthcare

By James Biernat



It's 7:35 a.m. when I check on the assessments in the Emergency Department. "Middle-aged male, two children, history of depression and a failing marriage. Status post-suicide attempt, medically cleared by the ED but unsafe for discharge. Loss of will to live." I scan the census of our psychiatry units. We are at capacity, and several more assessments are pending in the Emergency Department. It will be another busy day. Are any inpatients ready for discharge? Facilitating throughput is the politically correct phrase in healthcare these days. I desperately need to create capacity. But how am I to triage lives filled with unrelenting pain? Where are these patients to go? What are they to do?

In psychiatry we clinicians practice with limited tools.

We offer empathy, medications, and perspective. On our best days we offer hope. But even these potent offerings are often not enough to heal the deepest of wounds. Behind these wounds are hurts that we hold on to and can't find a way to let go. We simply cannot "forgive and forget." Day after day I hear the stories of psychic pain: "My mother did not treat me with the love that I deserved." "My spouse mocks the pledge of fidelity by his actions." "My thoughts and emotions are frightening me." "If life were fair, I would

never have been raped." The hurt can be from a person, an event or ourselves. Whatever its source, it takes residence in us and weaves into our being. We become our hurts.

Negative self-definition is no stranger to me. The parental message that I was not good enough was deeply ingrained into my being. I felt its suffocating hold on me, experienced the utter immobilization of self-doubt. I found it hard to accept myself, and that hurt the ability of others to accept me. I sought connection, but I placed formidable impediments in my way.

Yet sometimes I would feel a moment of consciousness, when this immobilization, this stuckness, loosened its grip. My judgment, doubt and defensive fear could be replaced with openness and curiosity. In those moments, I found I could forgive the past and no longer feel its pain. I could feel my authority returning. I knew that forgiveness had power. But it was elusive. I wanted to invite forgiveness into my life, but it felt simply impossible.

None of us are immune to the threat of psychic pain. We

develop expectations of the world, others and ourselves. When these expectations are not met, we are disappointed or hurt. This hurt may be an insignificant abrasion or something that cuts much deeper. Sometimes we get stuck in this hurt and it develops into a psychic wound. In my practice I have heard the stories of many festering wounds. What concerns me is how, all too often, these stories of hurt grow into confining definitions of the self: "I am unlovable." "I am not worthy." The Talmud says we do not see things as they are; we see them as we are. Victimization, failure and unworthiness can take on the power to define. Whether met with anger or disappointment, these hurts do not readily dissipate. They linger. The accumulation of hurts lingers.

"How do we forgive?" became a question I increasingly asked myself. And, each time it uncovered for me how little I understood about forgiveness. I began to read in earnest about the topic. As I shared my interest with colleagues, we all could acknowledge harboring hurts and resentments that, intellectually, we knew did not serve us well. We talked about resentments in the workplace and how they harm relationships within and across disciplines and departments — and thus also harm patient care. I am blessed to work in a hospital where the vibrant chaplaincy department facilitates a monthly "spirituality in the workplace" group. When I brought my interest in forgiveness to this group, they suggested that others might be interested in exploring this topic in more depth. Why not open it up? We put an announcement in the hospital weekly: "Anyone interested in the topic of forgiveness is welcome to attend a one-hour meeting on Wednesday from 3-4."

Several people came to that first meeting. We made some simple rules: We could leave with insights, but confidences remain in the room. To help park our egos outside the door, we agreed that, for the next hour, "nobody gets to be wrong." With affirmation to these agreements we proceeded. The meeting centered around three questions: where did I learn about forgiveness, what did I learn about forgiveness, and why did I come to this meeting? The level of participation and the depth of inquiry were amazing. The hour ended just as we were getting started. We asked if we should have one more meeting next month — a question we have repeated monthly now for over two years. The group has benefited from the perspectives of patients, family members, chaplains, community clergy, nurses, doctors, students and secretaries.

In our first meeting we talked about the realm of forgiveness: forgiveness of others, by others, of the self and

I wanted to invite forgiveness into my life, but it felt simply impossible

of/by God. Since then, our discussion has ranged widely. We have talked about hatred, revenge, and merciful restraint. We have faced our fears about resurrecting and unleashing the pain that we have been holding on to. Could we handle it? One participant said that her fear was similar to the fear of resetting a bone, that she knew she would need to feel the pain of her hurts in order to get to recovery.

We wondered if curiosity had a role in the forgiveness process, and what it meant to be curious with the head and curious with the heart. This distinction never occurred to me before. But it was rich with wisdom. We acknowledged that after a wrong has occurred there could be a lot of “whys” and that forgiveness could continue to remain beyond those endless questions. Unsatisfactory searching for the “whys” can lead us to eventually give up. I was beginning to get why my own self-doubt fed my feeling of stuckness. We discussed coming out of the abyss of unforgiveness: the importance of our own work, the help of others, the experience of the divine, the asking for grace, and the belief in miracles. That hour reminded me of the preciousness of others in my life. Through open inquiry and the sharing of our experiences, we were getting back in touch with our collective humanity.

We explored the language of forgiveness: How saying one is sorry and seeking forgiveness are two separate actions. One is not always followed by the other. We asked what sustains unforgiveness. Sometimes the hurt may be too raw and we feel that not enough time has passed. There is an unbelievability of the horrendous: rape, murder, genocide. We fear being overwhelmed by the pain of awareness. We talked about the acceptance we gain as victims and not wanting to lose the way we are known to the world. We talked about the fear that if we forgive, the offense may repeat itself. Anger, we realized, works. It makes us feel empowered. It can give us the illusion of control over the event or the offender. But it is costly. Unforgiveness fulfills a need for self righteousness. But, as we looked at these more closely we also discovered that with unforgiveness we give up our personal power.

Is there a difference between acceptance and forgiveness? One of the participants, who had attended several meetings, shared how deeply wounded she was by the persistent lack of her mother’s love. For years, the thought “I am unlovable” had been etched into the margins of her life. What her mother had to offer this yearning daughter was clearly not enough. This daughter deserved better. But at our meeting she explained how these discussions were helping her to develop a new

understanding. Maybe what her mother was able to offer, though not good enough, was the best she could do at the time — whatever the reason. She was beginning to see her mother in a different light. That realization helped to place her on the path to forgiveness. This daughter was not the only one helped at that meeting: I, as a son, was also helped.

We talked about the dual purpose to forgiveness: we do it for the self and for restoring the richness of “us.” “If you don’t love yourself, can you fully love others?” We focused on the face of resentment: rumination, seething, festering, and exhausting. It keeps our spirit troubled. It can cause us to be distracted. It keeps us from taking risks.

We continue to gain insight into what forgiveness is not. It does not mean denying or pretending we were not really hurt. In fact, it calls us to be aware of and own our hurt. A wrong action remains wrong. Rape is never right and will always be wrong even if we choose to forgive the rapist. And a person can still be held accountable for their actions. We can testify in a court of law while offering forgiveness in our heart. Forgiveness is distinct from reconciliation. One can choose to forgive a battering spouse but not reconcile. Concepts such as safety, choice, trust, authenticity, and grace have peppered our discussions. We are learning that how we “do” forgiveness can vary.

As our monthly discussions continue I’m learning that forgiveness is multi-faceted. It is a process, an action, an outcome. It can become an attitude. Most assuredly, it is a choice. Healing, too, is a process, an action, an outcome, an attitude and a choice. Might the language of forgiveness serve also as the language of healing? If so, then it deserves to be more present in the discourse of medicine and mental health. Pain and hurt in life is inevitable. But getting stuck there is optional. Gandhi tells us “what we think, that we become.... We must become the change that we wish to see in the world.” I am learning that forgiveness of others and myself can be truly healing. It creates a new capacity. It allows us to be free, loving and creative. Isn’t that the essence of our humanity? Forgiveness is a tool for redemptive redefinition. Forgiveness is radical medicine.

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Unsatisfactory searching for the “whys” can lead us to eventually give up

# Case study suggests spirituality is about connection

By Pam McGrath

In recent decades, academic research has focused on the notion of spirituality and its implications in caring for the seriously ill. The following discussion presents findings from an Australian research program providing leadership in this area by obtaining major grants from mainstream medical funding organizations. As documented elsewhere,<sup>1</sup> the starting point for the program was to build on and extend the assumptions posited by the international research literature on spirituality, of which two notions dominate. In the first, the clear distinction between religion and spirituality is affirmed, and the implications of this dichotomy explored.

But the second assumption, that spirituality is essentially about meaning-making, has been challenged by the findings from the program, which point instead to connection as the definitive essence of spirituality for those coping with serious illness. A sequel is the insight, documented by further

findings from the program, that 'spiritual pain' has more to do with a break in the intimate connections with significant others rather than a disturbance of philosophical or theological meaning-making.<sup>2</sup> Full details of the historical background to the research program and the development of these ideas are outlined elsewhere.<sup>1</sup>

For Georgina, the strength to cope came from the connection with others

## The Case Study

This article will focus specifically on a case study, documented as part of the work of the program,<sup>3</sup> involving an interview with a person with disability who could not speak, who has no particular religious belief but has a deeply expressed spirituality. The full details of the data collection and analysis are provided elsewhere,<sup>3</sup> so it will suffice here to indicate that the findings (case study) presented are from one interview with an atypical participant in a target group mainly consisting of people with cancer. The female participant, whom we will call Georgina, was 55 years old, and was diagnosed with Frederick's ataxia at 14. By the age of 21 her mobility was restricted and she required a wheelchair. In the last few years the disease progressed rapidly, and Georgina died not long after the interview. Although Georgina's verbal expression was restricted by the later stages of her disease, it was decided to offer her the opportunity to participate. Too often, research methodologies can silence the voices of those with communication difficulties. Georgina and her carer accepted the invitation and participated willingly and with enthusiasm. This case study highlights the various ways, predominantly non-verbal, in which individuals can communicate despite very real communication impairments.<sup>3</sup>

Georgina expressed a spiritual, rather than religious, approach to life. As Wald and Bailey suggest,<sup>4</sup> "spirituality is concerned with the transcendental, inspirational, and existential way to live one's life, as well as, in a fundamental and profound sense, with the person as a human being." The carer indicated that the concept of spirituality was relevant, and noted that the idea of spirituality was talked about in the network of people caring for Georgina. The carer proceeded to articulate her interpretation of spirituality, with Georgina nodding in agreement. The central notion was human interconnection: as the carer succinctly stated, "we are all very connected." A sense of "spiritual pride" was expressed both verbally and non-verbally in descriptions of the strong bonds of connection between Georgina and the carers. Because the connection was happening, to a large degree, at an intuitive, non-verbal level, it was perceived and described as a somewhat "psychic" phenomenon.

Many important findings arise from exploring Georgina's world. The first is the evidence of clear and effective communication that can be maintained with someone who

cannot speak. The carer displayed an obvious ease from a lengthy experience with the physical condition. This was despite the somewhat frightening symptoms of Georgina's disease, such as continually needing to gasp for breath. Throughout the interview, agreement with what the carer was saying was constantly

being reflected in the facial expressions of Georgina, as she laughed, cried, smiled, nodded and in many other non-verbal ways demonstrated unity with and support for the statements made.

Second is the reminder of the all-consuming nature of the Frederick's ataxia illness experience for both the patient and her carers. Particularly during this late stage of the illness, for Georgina meaning-making centered on the struggle to continue with living in spite of the severe and continuous demands of the illness. The struggle was particularly acute for Georgina, who never came to accept her disease or the need for pain management to control symptoms. Her independent rejection of pain management was in some ways seen as a symbolic protest against allowing her disease to have the final act of control over her life. As a consequence, she saw a non-medical approach to her care as essential to her meaning making, and she highly valued the opportunity to remain at home.

For Georgina, the strength to cope came from the connection with others, carers and friends. Georgina was described as having a "very positive outlook on life" that sustained her during her difficult life. Her approach to her illness was to always have a project to do, such as writing a book, and to keep the positive determination to "get on with it." Also, for the carer, the sense of meaning she gained from



the illness experience was framed in terms of the “natural” and “inner” satisfaction she received from the process of caring and her personal relationship with Georgina. The central principle, or value, informing the relationships between the carers and Georgina was reported to be autonomy. The carer indicated that Georgina had to be in control of what happened in her own home and in her care. As spirituality was seen as connection with significant others, the appropriate spiritual response to the situation was to provide support that fostered the network of human connections.

The carer observed, accompanied by affirming nods from Georgina, that “the most important thing in terms of her meaning in life was to be in her own environment.” It was explained that “she loves her home” and felt in control there, with the support of her carer team, and that she had a fear of ambulances and hospitals. Thus, spiritual support was seen as access to appropriate supportive services to allow Georgina to remain at home in the network of significant relationships. The carer said that such supportive services were lacking, which made the process of caring quite burdensome. However, as an example of beneficial support, the carer spoke of the assistance they received from the community-based palliative care service that was caring for them. The service affirmed all aspects of Georgina’s struggle with the disease, the importance of her connection with significant others, and the meaningfulness of staying in her own home. The most important aspects of the service were their readiness to come immediately when needed, the information and skill they brought, and the sense of personal support they offered.

### Implications for pastoral care

What are the practice implications of these findings? How can these insights contribute to our understanding of how best to spiritually support a dying person? First and foremost, the findings affirm the importance of connection. As reported elsewhere with further findings from the study,<sup>5</sup> for many people spirituality is quintessentially of the ordinary, predominantly concerned with maintaining the intimate connection with life through family, home, friends, leisure, and work. It is the break with the normal or expected network of relationships connecting one to life that can cause “spiritual pain”<sup>6</sup> The presence of strong relationships of care provides the spiritual anchor that gives meaning to life. This case study demonstrates that even under the most difficult situation, where a person is no longer even able to speak, their spirituality can be affirmed by their connection with active caring and support from significant others. From this perspective, perhaps the most important gift that pastoral carers — and carers in general — have to offer is the gift of relationship.

In the act of offering the gift of relationship to those with disability, the evidence from this case study would attest to Bill Williams’<sup>7</sup> notion that “Ministry is a non-anxious

presence.” As Williams eloquently states, “I’ve been with people who are not made anxious by my brokenness, and I’ve seen the difference. It is, in fact, the best definition of ministry I have ever heard; I nearly wept when I heard it, it so defined what I needed. Engrave this upon your forehead, if you would wish to do good: *Ministry is a non-anxious presence.* You can tell such grace by its care, by its attentive ear, by its pace. When it reaches out to heal you, it is to give relief to you, not itself — and when it prays with you, it lets you declare your own burdens, rather than declaring what it finds burdensome about you.”

From the view of healthcare service delivery, the findings affirm the importance of community-based services that allow patients to stay in the comfort of home and loved ones. Thus, advocating for the development and funding of home-based palliative care services should be seen as an important role for pastoral carers.

This case study demonstrates the spiritual wholeness which is to be found when we make the human connection we all seek.<sup>3</sup>

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“Ministry is a non-anxious presence”

– Bill Williams

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## Prayer service welcomes Advent in your workplace

By **Linda F. Piotrowski**

**N**ovember is here! The road to Bethlehem beckons. Our longings for peace, acute every day, become more acute as we think of the promise born when Christ was born in Bethlehem. Yet the pace of modern life, war, threats of future wars, and the news mock this promise of peace.

We strive to be bearers of the Word and instruments of peace for the sick and dying, the imprisoned, and the mentally ill. We will be signs of peace, hope and a future if we remain centered in the promises of Christ.

One way to retain this center is to gather for prayer. As the road to Bethlehem beckons once again, set aside your work, thoughts and anxious imaginings. Gather your colleagues. Remind yourself of this season's promises so that you can become Mary-like, carrying Christ to others.

E-mail or distribute an invitation. Invite staff from other disciplines.

Gather materials. Create your setting. Use a dark table cloth or remnant of

dark blue fabric with a white candle in the center surrounded by vigil lights or tapers, one for each participant.

Light the central candle to begin.

Welcome everyone. Have each participant speak their first name. Lead a simple breathing session to help to be present to the moment.

Begin: Gracious and loving God, you invite us once again to journey to Bethlehem with Mary and Joseph. Now, as then, our world is in turmoil. Our hearts are heavy. We are weighed down by fear and mistrust. Help us to hope and trust in You. Embolden us to be signs of hope for our hope-starved world. Amen.

Read: *Advent* by Thomas Merton (*Selected Poems of Thomas Merton*, New Directions Books, or type "Thomas Merton Advent" into Google.)

Direct the group to listen deeply, allowing a word or phrase to enter their hearts.

Allow a time of silence.

Invite the group to listen to the poem again, taking special note of the word or

phrase that quickened their heart. Suggest that this become their Advent mantra.

Re-read *Advent*.

Invite participants to speak their word or phrase aloud while moving forward to light a candle from the main candle. Invite them to take their candle as a reminder of their Advent mantra.

Conclude by singing or listening to *How Can I Keep From Singing?* ([www.hymnsite.com/fws/hymn.cgi?2212](http://www.hymnsite.com/fws/hymn.cgi?2212) or in many hymnals)

Benediction: We become pray-ers by praying. We become signs of hope by hoping. We become signs of faith by being faithful. As we move forward from this place to continue our Advent journeys, may God bless us in the name of the Father and of the Son and the Holy Spirit. Amen.

Extinguish all candles.

Leave in silence.

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## Volunteer service isn't necessarily educational time

**Q: I am serving as a certification interviewer for the NACC. How many hours can I claim for my service to the NACC per year in preparation for my renewal of certification?**

**A:** In 2005, Sr. Mary Skopal, SSJ, a member of the NACC Certification Commission, led a detailed review of the standards and procedures for renewal of certification. This review included a close look at what certified members may claim for hours for their renewal. We made many changes to the process, particularly because the updated requirement for renewal of certification included 50 hours of continuing education per year beginning in 2005. The change from 30 to 50 hours per year was approved by all of the cognate groups when the common standards were approved.

The review of the renewal of certification process was in part because the Certification Commission wanted to make the process more user-friendly, streamlined, and more broadly available to achieve the 50 hours per year in the

personal, professional, and theological areas. Among the many changes was the addition of the following:

"Volunteer Service to the National Association of Catholic Chaplains – Up to 10 hours per year are permitted. Please note this is only for volunteer service to the NACC that is of an educational value to you."

The key element is "educational value," which we emphasize throughout the broader process of acquiring continuing education hours. Any activity, including volunteer service, needs to be of educational value to you in order to include that activity in your renewal of certification.

We know that our volunteer interviewers devote more than 10 hours per year to the task. However, it is important for their 50 hours of continuing education to be well rounded in the personal, professional, and theological categories and to be of educational value. It is not simply attendance and/or service. You may refer to the entire Renewal of Certification Process Guide for more information at [www.nacc.org/certification/renewal.asp](http://www.nacc.org/certification/renewal.asp).



# World Day of the Sick ▾ February 11, 2008



## Prayer Card Order Form

Item	Quantity *	Cost (each)	Total
▾ Card 1 – Prayer of the Caregiver		15¢	
▾ Card 2 – Prayer for Sick Persons		15¢	
▾ Set of both cards		25¢	

*\*A minimum of 10 cards must be ordered.*

Grand Total \_\_\_\_\_  
(Includes shipping & handling.)

**Please enclose a check for the Grand Total, payable to the NACC.**

Name \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

Street address \_\_\_\_\_

City & state \_\_\_\_\_ Zip code \_\_\_\_\_

Phone number \_\_\_\_\_

**Mail the check and order form to:  
National Association of Catholic Chaplains  
5007 S. Howell Ave. Suite 120  
Milwaukee, WI 53207-6159  
(414) 483-4898**

For delivery by Feb. 11, orders must be received in the NACC office no later than Feb. 1, 2008. However, the prayer cards will continue to be available throughout the year. Orders will be shipped via U.S. Postal Service.

The World Day of the Sick is sponsored by the Vatican's Pontifical Council for Health Pastoral Care and has been celebrated since 1992 on the feast of Our Lady of Lourdes. This celebration is a reminder to pray for all those who are sick and to recognize and honor those who work in healthcare and those who serve as caregivers.

Over the last several years, the NACC has provided support materials for this celebration such as an ecumenical service, reflection notes and homily hints, prayer of the faithful, and so forth. These materials are available on the NACC website; go to [www.nacc.org/resources/wds/default.asp](http://www.nacc.org/resources/wds/default.asp).

For 2008, the National Association of Catholic Chaplains will offer two separate prayer cards for World Day of the Sick: Prayer for the Caregiver and Prayer for the Sick. On both cards, the prayer appears in English on one side of the card and in Spanish on the reverse.

### NACC member participates in 'webinar'

Sr. Sharon Collver, SNJM, was one of the presenters to a nationwide audience in October on how to support people with mental illness and their families. But according to Catholic News Services, the audience members were sitting at computer screens at 50 sites from coast to coast for the first "webinar" sponsored by the National Catholic Partnership for Disability and its year-old Council on Mental Illness. The hour-long seminar was part of

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observances of National Mental Health Awareness Week from Oct. 7-13.

Sr. Collver, an NACC member since 2002, is a chaplain at Oregon State Hospital in Salem, OR.

### Correction

The list of newly certified chaplains in the September issue incorrectly listed the congregation of Fr. Anthony Chukwubueze Adibe, CSSp.

### In Memoriam

**Please remember in your prayers:**

**Alberta J. Fournier**, who died June 9 at age 65. She joined the NACC in 1999 and was certified in 2001. She worked at St. Anne's Hospital in Fall River, MA. She married her husband, Normand, in 1964, and they had eight children.

## Tim Serban praises NACC's national advocacy



*Editor's note: Every month, the NACC is choosing one volunteer at random to honor for their contributions to the association. Since this Vision is a double issue, we are happy to profile two of our volunteers. In our April issue, we plan to name and acknowledge every member who has volunteered in the past year.*

**Name:** Tim Serban

**Work:** Director of mission integration and spiritual care, Providence Everett Medical Center, Everett, WA

**NACC member since:** 1988

**Volunteer service:** NACC representative to the Spiritual Care Response Team steering committee with the American Red Cross, Washington, D.C.

**Favorite book:** *One* by Richard Bach

**Favorite movie:** *The Mission, Shadowlands, The Princess Bride*

**Favorite retreat spot:** Canon Beach, OR

**Personal mentor or role model:** My parents, who have always said, "love what you do and do what you love." My

maternal grandfather, who wrote the prayer, "May my heartbeat be my prayer, so that when I am awake or asleep, my prayer will always be before the heart of God."

**Why did you become a chaplain?** Sr. Elvera

Mary Oberti, RSM, a director of chaplaincy in Bakersfield, CA took it upon herself to invite me into the ministry of chaplaincy as a discipline, a field of study. She believed in me as a college student and sent me forth, and I have been forever grateful ever since.

**What have you learned in chaplaincy?** It extends to more than patients and families.

Physicians are often just as scared as the patients they serve. In hospice, I learned the hospice experience makes you more "real" than you ever dreamed possible. Patients simply don't have the time to play games, they need a chaplain willing to go to the deepest darkest places and not be afraid to be absolutely authentic.

**What do you get from NACC?** NACC provides me the grounding and clarity about our professional standards, high quality of care and committed excellence in dialogue with the Church. It enables us to have a voice on the national level for the advocacy of professional chaplaincy. I deeply value the friends that I have made in this organization and the colleagues I have worked across the country.



## Agustin Orosa learns from other volunteers



**Name:** Agustin Relagio Orosa Junior, also known as "Jojo"

**Work:** Chaplain and CPE Supervisor at Alexian Village of Milwaukee, WI

**NACC member since:** 1997

**Volunteer service:** I have been a member of the Certification Commission since 2005

**Favorite book:** I like reading books on human

development, group processes, and family systems. Thus, I like reading the books of Richard Rohr, Palmer Parker, Murray Bowen, etc.

**Favorite spiritual resource:** For the past few years, I have been doing a lot of hiking and biking (long rides up to 100 miles in one day). Every time I bike or hike, it clears my mind and I feel closer to my God.

**Favorite movie:** *Dead Poets' Society*

**Favorite retreat spot:** I used to spend my weekends at

Durward's Glen, (not to pray but to just to go away from the busy-ness of my work) in Merrimac, WI.

**Personal mentor or role model:** Rev. Eugene Leffingwell, my former CPE training supervisor who became one of my closest friends.

**Famous/historic mentor or role model:** The late Senator Benigno (Ninoy) Aquino. Ninoy was assassinated and his death led to the downfall of the Marcoses in the Philippines in the mid-1980s.

**Why did you become a chaplain?** By accident, I guess. I remember vividly that when I was a little boy, I hated the smell of the hospital. My affiliation with the Order of Saint Camillus led to discovery of my compassion and deep desire to serve the sick.

**What do you get from NACC?** Sense of community and belongingness.

**Why do you volunteer?** I want to expand my network and support system as a chaplain/CPE supervisor.

**What have you learned from volunteering?** I am always amazed by the generosity and kindness of other volunteers.



## New history of CPE covers material thoroughly

*Trust the Process: A History of Clinical Pastoral Education* by Stephen D.W. King; University Press of America, 2007, 185 pages, \$29

**By John Gillman**

The author, no relation to the famous novelist, wrote a history of CPE from its inception up to 1990 some years ago for his thesis in graduate school. He has now revisited the material for publication, although without bringing the history up to the present. Having taken several units of supervisory education, King writes from the perspective of an insider. He frames his book by an initial chapter on educational reforms that characterize the context out of which CPE originated and a concluding chapter in which he sketches an ideal type of CPE unit. The latter, not an integral part of the history, could have been published separately as a journal article.

In the first chapter, King explains the key role that Dewey's experiential and process-based philosophy of education played in shaping the culture of CPE. He also articulates the influence that Christopher Langdell's case method approach at Harvard Law School had on Richard Cabot, one of the founding figures of CPE.

The stories of major personalities, such as Keller and Boisen, Cabot and Guiles, Dunbar and Hiltner, and others are

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recounted, as is the formation of two influential groups with their distinctive, at times conflicting, approaches to pastoral/clinical education: the Institute of Pastoral Care in Boston and the Council of Clinical Training in New York. Through this and the following chapter on the unification of these groups to form the ACPE in 1967, King makes good use of primary sources as well as Edward Thornton's 1970 history of CPE, although King takes the perspective of theological education rather than psychological education.

King's more original work comes in the chapters on the organizational processes within ACPE and its interfacing with external organizations and movements. He is to be commended for his extensive research of committee minutes, task force reports, and articles in *ACPE News* to relate the ongoing development of the association through the 1970s and 1980s. He briefly notes the ACPE and NACC's shift from mistrust to mutual respect and collaboration.

Interested readers will glean much insight about the ACPE story from King's synthesis of source material and the balanced perspectives he offers along with way. For the next edition, the critical eye of an editor to matters of style and grammar will enhance the significant contribution that King has made.

*John Gillman, Ph.D., is an NACC and ACPE Supervisor at VITAS Innovative Hospice Care®, San Diego, CA. john.gillman@vitas.com*

## Pharmacist writes worthwhile theological reflection

*We will be Healed: Spiritual Renewal for Healthcare Professionals* by Susan J. Bliss; ACTA Publications, Skokie, IL, 2006; 132 pages, \$9.95

**By Bruce Aguilar**

In *We Will Be Healed*, Susan Bliss says that she writes "for those of us who wonder if we should leave healthcare and do something easier." How often do healthcare professionals (including chaplains) feel burned out by their caseload? How do we manage this "endless load" as healthcare professionals – without becoming numb and indifferent?

Reflecting theologically is a competency required for chaplain certification, and this book is theological reflection through and through. The author's experience of working in healthcare converses with the wisdom of her religious heritage. Bliss' heritage is Christian, Scripture-based rather than centered in a particular tradition.

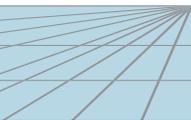
Bliss begins each chapter with a biblical quote, primarily from the Gospels. Next she recounts a story or theme from her experience as a healthcare provider (she is a registered pharmacist and writes on pharmacy ethics). Finally, she concludes each chapter with a prayer. The multiplicity of themes makes this a book easier to pick and choose from rather than read continuously. The 22 chapters fall under four main headings: "The Endless Load," "Decisions," "Thorns," and "Faith."

Bliss interprets the passage "I desire mercy, not sacrifice" (Matthew 9:13) in light of the struggle healthcare professionals face in balancing mercy to oneself with the 24/7 sacrifice often demanded by employers and patients. She tells of a healthcare professional who burned out to the point where she had no empathy left for a patient who did not fit into the medical system. Bliss' accompanying prayer remembers that Jesus "first cared about those he healed" before working to "free them from their infirmities."

Discussing humor and health, Bliss quotes Ecclesiastes 2:14-16 and learns from the "fool" by taking a class in comedy. She recommends this practice as a way to loosen up, to rely on one's wits, and to feel free to take risks – as ways to refresh our approach with others.

"Thorns," the book's third division, discusses helping those who may not actively demonstrate a wish to be well. After the passage of the Good Samaritan (Luke 10), Bliss tells of a friend in trouble who refuses her help — but "someone else may be the one whom the person in need is finally able to turn to." She concludes, "Never knowing what happens to those in our temporary care may be the toughest part of caring for patients. Yet accepting people with open arms and releasing them if they're not ready may be the healthiest expression of our caring – and one of the most difficult things about the job."

*Bruce Aguilar, BCC, is a chaplain at Youville Hospital and Rehabilitation Center in Cambridge, MA. aguilarb@youville.org*



## Positions Available

### ▼ DIRECTOR OF SPIRITUAL CARE

**Seattle, WA** – Located in one of the country's most livable cities, Swedish Medical Center seeks a Director of Spiritual Care to direct a wide range of services to patients, families, and staff at our urban (First Hill and Cherry Hill) and community-based (Ballard and Issaquah) locations and to develop and deliver educational programs including system-wide Clinical Pastoral Education. Masters in Divinity plus ACPE, APC, NAAC or equivalent certification required. Experience must include three years in ministry, one year in medical setting. ACPE supervisory training is optional. Apply online to [www.swedish.org/jobs](http://www.swedish.org/jobs). EOE.

### ▼ PRIEST CHAPLAIN

**San Antonio, TX** – Health Care Ministries Inc. is currently accepting applications for a certified priest chaplain to work a flexible part-time schedule in a major army medical center in San Antonio. We are incorporated in the State of Texas and have been in good standing since 1993. We provide contract pastoral care services to health-care-related organizations in our community. This position involves working with military service personnel who have been injured in Iraq, as well as other retired military personnel that are seeking medical treatment. Duties include providing pastoral care support to patients, families and the staff. Chaplains will be hired as contract staff and will work closely with the Director of Pastoral Care at this facility, who is a Roman Catholic priest with an achieved doctorate in divinity and greater than 15 years of experience in this specialized field. Pay scales are very competitive. This is a perfect position for a priest chaplain seeking to retire in beautiful San Antonio who would like to enjoy the good life attributed to our great weather, local interests and low cost of living. Qualified candidates must be able to secure faculties in the San Antonio Archdiocese. Interested applicants may send their resume and compensation requirements to [david@health-care-ministries.com](mailto:david@health-care-ministries.com) or may call (210) 823-7983.

### ▼ DIRECTOR/MANAGER PASTORAL CARE

**Ardmore, OK** – Nestled in the hill country of south central Oklahoma, Ardmore is located on I-35, between Oklahoma City and Dallas/Fort Worth. Ardmore's 30,000 residents enjoy many beautiful area attractions. Mercy Memorial, a member of the Sisters of Mercy Health System, seeks a Director/Manager of Pastoral Care. Responsible for effective leadership and management through planning, reporting, recommending, implementing, and directing an effective Pastoral Care program for patients, families, and Health System personnel and team. The philosophy, mission, and the goals of the Catholic Church, the Sisters of Mercy, the Health System, and the department are promoted and communicated. Master's degree or equivalent required. Clinical Pastoral Education and NACC or APC preferred or willing to work toward certification. Ethics background preferred. Excellent command of the ethical and religious directives. Mercy Memorial offers an excellent compensation package including competitive salary, health benefits, paid

time off and retirement options. Relocation benefits provided to those who qualify. Apply at [www.mercycareers.net](http://www.mercycareers.net) or for additional information contact Human Resources at (580) 220-6104.

### ▼ HOSPICE CHAPLAIN

**Waupaca, WI** – Thedacare, an integrated health care system in the Fox Valley, is seeking a full-time chaplain for Hospice. Primary responsibility will be to provide pastoral care for patients and their families in a Hospice environment. Four units of CPE required from an accredited center. Previous experience highly desired. Eligible for or board certified by one of the national certifying organizations concerned with pastoral care in institutions. This is a benefit-eligible position working approximately 40 hours per week. To apply, please visit our website at [www.thedacare.org](http://www.thedacare.org). Requisition # 06-00909.

### ▼ DIRECTOR OF CLINICAL PASTORAL EDUCATION

**Chicago, IL** – Resurrection Health Care is a not-for-profit Catholic organization sponsored by the Sisters of the Holy Family of Nazareth and the Sisters of the Resurrection. We are in search of a CPE Director. The responsibilities will include recruiting and representing our CPE program and ensuring the students are supervised in accordance to our standards. In addition, implement and maintain accreditation processes with the Professional Advisory Board. Must have a master's degree in theology, divinity, pastoral studies, or related field. Certification as a supervisor by the NACC and/or ACPE is required. Can be ordained or non-ordained. Must be in good standing with faith community and endorsed by an appropriate denominational authority to function in healthcare ministry. Three years of pastoral experience, one to two years CPE residency, strong supervisory CPE experiences at accredited CPE centers, and two years experience functioning as a full CPE supervisor. Please contact Tania O'Brien at (312) 770-2356 or apply online at [www.reshealth.org](http://www.reshealth.org).

### ▼ PASTORAL CARE CHAPLAIN

**Maywood, IL** – Loyola University Medical Center, located 10 miles west of downtown Chicago, is one of the area's most respected healthcare organizations. We are currently seeking an energetic and adaptable certified chaplain for full-time ministry. Loyola's Pastoral Care Department is a multi-talented, collaborative group of 12 women and men, lay and religious, that provides 24/7 inter-faith ministry to Loyola's 500-plus patients, families, and professional staff. The department maintains a strong Clinical Pastoral Education (CPE) program, dually accredited by ACPE & USCCB/CCA. Chaplains also partner in the early clinical education of medical students. Loyola is a Level One trauma center located in a multi-discipline environment that includes the Stritch School of Medicine, the Niehoff School of Nursing, as well as a large outpatient center and 16 neighborhood primary care centers. Requirements include 3-5 years of hospital/intensive care ministry experience; the ability to work flexible shifts and participate in an on-call schedule; and NACC or APC certification required (applicants with 4 units of CPE and commitment to certification will be given

consideration). Fluency in Spanish highly desirable, as is previous pastoral care experience. Send a letter of introduction and your resume to: Joyce Milewski, Human Resources, Loyola University Medical Center, 2160 S. First Ave., Maywood, IL 60153; fax 708-216-4918. For specific job-related questions, please send an e-mail to Marie Coglianese, Director of Pastoral Care, at mcoglia@lumc.edu. Loyola is an equal opportunity and affirmative action employer/educator and is committed to a drug-free and smoke-free workplace.

### ▼ PASTORAL CARE DIRECTOR

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

### ▼ PRIEST CHAPLAIN

**Decatur, IL** – St. Mary's Hospital is seeking a priest chaplain to serve as a member of our Spiritual Care team. He will also celebrate Mass and provide sacramental ministry. The ideal candidate will have a Master of Theology degree, four CPE units, and NACC or APC certification. Please apply online at www.stmarysdecatur.com or e-mail resume to cbarrowman@smd.hshs.org.

### ▼ HOSPITAL CHAPLAINS

**San Bernardino, CA** – The Diocese of San Bernardino, the 10th largest diocese in the US, is seeking highly motivated Catholic priest chaplains for various hospital sites in sunny Southern California. Positions are full-time and include a generous salary and compensation package (salary, paid medical and automobile insurance, retreat allowance). Some positions also include very comfortable housing provided by the Diocese of San Bernardino. Bilingual skills are very much needed (English/Spanish). CPE training is highly preferred. Priests must be in good standing with their respective arch/dioceses and/or religious communities. We are a growing multicultural diocese based on the vision of hope and healing for the Catholic people of the Inland Empire. Send inquiries and resumes to: Rev. Msgr. Gerard M. Lopez, Diocese of San Bernardino, 1201 E. Highland Ave., San Bernardino, CA 92404-4641. Telephone: (909) 475-5123.

### ▼ CERTIFIED CHAPLAIN

**Redding, CA** – Mercy Medical Center, a 273-bed Catholic hospital, is seeking a chaplain to provide spiritual care to

patients and families by assisting them to integrate the experience of illness, trauma, and loss with their religious/spiritual beliefs and convictions. The chaplain will also collaborate with members of the healthcare team to promote a comprehensive approach to meeting the spiritual and emotional needs of all who come in need of healing and hope. Serving as a liaison between the hospital and faith communities, the chaplain also works closely with the local religious representatives to provide continuity of spiritual care. The ideal candidate will have four units of clinical pastoral education and NACC certification, or eligibility for certification within six months. As a proud member of Catholic Healthcare West, we offer a highly competitive compensation package. For further information, e-mail Sung N. Kim, manager of recruiting and employment, at Sung.Kim011@chw.edu, or apply online at www.mercy.org. EOE/AA M/F/D/V

### ▼ LEAD CHAPLAIN, FULL TIME

**Kenosha, WI** – United Hospital System is seeking an experienced chaplain for ecumenical ministry to patients, families and staff. On-call rotation is required. Applicants must have or be in the process of NACC or APC certification. Candidates must be able to adapt to changing needs within the healthcare environment. Position requires a master's degree in theology or divinity with experience working in a hospital setting. Leadership experience is preferred. United Hospital System, a values-driven organization, offers a comprehensive compensation and benefits package. United Hospital System is a safe work environment through post-offer drug testing. For immediate consideration, apply online at www.uhsi.org or fax or mail resume to: United Hospital System, attn: Human Resources Department, 6308 Eighth Avenue, Kenosha, WI 53143; fax (414) 653-5780. EOE.

### ▼ CHAPLAIN

**Port Jervis, NY** – Bon Secours Community Hospital is seeking a certified chaplain to promote the ministry of the Bon Secours Charity Health System and the Pastoral Care Department for our acute care hospital and 46-bed long term care center. This position will report directly to the Director of Pastoral Care and will be responsible for providing pastoral care to patients, residents, families, staff and visitors in a manner consistent with the universal standards for the certification of chaplains. Please respond by forwarding your resume with cover letter to: Human Resources, Bon Secours Community Hospital, 160 E. Main St., Port Jervis, NY 12771; fax: (845) 858-7418; e-mail: phendershot@tshs.org. EOE.

### ▼ CPE RESIDENCY

**Rochester, MN** – Mayo Clinic residency positions beginning August 21, 2008 through August 19, 2009, four consecutive quarters. Residents are offered a broad array of clinical opportunities, which include medical and surgical subspecialties, diverse intensive care unit ministries, organ transplantation, a children's hospital, a psychiatric hospital, and a regional trauma center. Two different hospital campuses and two certified supervisors make this a uniquely powerful learning environment. Mayo Clinic health and dental benefits available to residents at a reasonable rate. The resident stipend is \$26,200 for 12 months. For program information e-mail cpeprogram@mayo.edu, or write Mayo

## Positions Available

Clinic CPE, 201 W. Center Street, Rochester, MN 55902, phone: (507) 266-7275; fax: (507) 266-7882; website: [www.mayo.edu](http://www.mayo.edu)

### ▼ PART-TIME CHAPLAIN

**Northlake, IL** – Villa Scalabrini Nursing and Rehabilitation Center provides opportunities to work in a home-like atmosphere; offering all levels of supportive and nursing care under one roof. We currently have an opening for a part-time Chaplain. Responsibilities: Make initial visit to establish a relationship and assess spiritual care needs/concerns as well as an action plan for residents upon admission to the facility. Regularly visit all residents, as determined by care plan, giving priority to those in greatest need. Facilitate denominational/interfaith spiritual services and provide for the sacramental needs of the residents using the appropriate faith groups when necessary. In long-term care setting, participate in Interdisciplinary Care conferences held for residents by providing observations about the residents and engaging in problem solving of any issues/concerns discussed by team members. Requirements: Ordained Roman Catholic priest; certified as chaplain by NACC or APC, or four units of accredited clinical pastoral education and eligibility for certification; must be in good standing with faith community and endorsed by an appropriate denominational authority; emotional maturity and good coping/interpersonal/communication skills; previous LTC experience desired, preferably in a geriatric setting. Resurrection Health Care is committed to the advancement of healthcare in Illinois and the well-being of the diverse communities we serve. Encouraging and developing diverse talent for careers in health care is an essential part of fulfilling our mission. We employ 14,500 people at over 100 different facilities, making us one of the largest healthcare employers in the Chicago area. With our recent system growth, there are more possibilities than ever for challenging work and exciting career advancement. EOE. Please apply at [www.reshealth.jobs](http://www.reshealth.jobs)

### ▼ DIRECTOR OF MISSION INTEGRATION AND PASTORAL CARE

**Wheeling, IL** – Bring your heart to our community. Does service, dedication and joy sound like you? If so, be part of a caring, compassionate team of professionals who tell us they are proud to be a part of this Catholic community. Qualified individual must have three years of related experience managing a similar function, strong understanding of the Catholic religion, cooperative relationship with varying faith traditions or those of no faith tradition and knowledge and support of the ethical and religious directives of Catholic healthcare. We offer a competitive salary and excellent benefit package. Please send resume with salary requirements to Addolarata Villa, 555 McHenry Rd., Wheeling, IL 60090; fax (847) 215-5618; or e-mail [gateway@franciscancommunities.com](mailto:gateway@franciscancommunities.com). EOE M/F.

### ▼ CHAPLAIN PART-TIME

**Des Plaines, IL** – Holy Family Medical Center provides long-term acute care to individuals who require 25-100 days of hospital care. Our newly remodeled facility has become one of the most respected specialty hospitals in the Chicago area, for quality of care and as an employer. Resurrection Health Care is a not-for-profit Catholic organization sponsored by the Sisters of the Holy Family of Nazareth and the Sisters of the Resurrection. We currently have a need for a part-time Chaplain II. Duties: Coordinates all spiritual services for assigned units; provides professional assessment of spiritual care, needs, and concerns, as well as consultation; attends patient conferences and ethical consultations on assigned units; responds to codes, crisis situations, deaths and referrals that occur on assigned units, as well as serving as on-call chaplain; conducts and/or arranges for specific religious ritual actions or services including the giving of communion. Requirements: Master's degree in divinity/theology/pastoral studies or related field. Certification as a Chaplain by NACC, or Association of Professional Chaplains, or four units of accredited CPE and eligibility for certification at time of appointment is preferred. Ordained or not ordained, must be qualified to give communion. Must be in good standing with faith community and endorsed by an appropriate denominational authority to function in care minister. Emotional maturity with the ability to cope with crisis situations under stress and to respond appropriately is necessary. Good interpersonal skills are required. Previous experience in a hospital or health care setting is highly desirable. For more information and to apply, please visit us at: [www.reshealth.org](http://www.reshealth.org) or call Libby K. Skolnik, Employment Coordinator, at (847) 297-1800 ext. 1196. EOE.

### ▼ OPERATIONS DIRECTOR, PASTORAL SERVICES

**Omaha, NE** – Named by the Omaha Chamber of Commerce as one of the best places to work in 2003, Alegent Health is the region's second largest employer, with more than 8,500 employees. Alegent Health is the largest not-for-profit, faith-based healthcare system in Nebraska and southwestern Iowa with nine acute care hospitals, more than 100 sites of service, and over 1,200 physicians on its medical staff. Responsible for the overall direction of pastoral services, including working with the appropriate persons to establish the vision, strategic plan and critical success factors for the departments of Pastoral Services and the ACPE-accredited Clinical Pastoral Education Program. Responsible for system wide integrated pastoral and spiritual care services that deliver standardized, best practice services across all patient care settings with highly engaged and professional chaplaincy staff. Assures the integration of spiritual assessment and pastoral care responses with interdisciplinary processes and treatment planning for patients and residents and the workplace environment across the continuum of care. Assures the achievement of a fully accredited Clinical Pastoral Education Program, nationally recognized for best practices and attentive to the critical issues of professional standards, the mission and values of Alegent Health, and emerging healthcare trends as those affect pastoral care and pastoral education. Coordinates efforts with Mission Integration and Ethics Departments for system staff and community

education in the areas of spirituality, pastoral responses and ministry. A minimum of five years in a leadership role within a pastoral service field required. At least three years healthcare management experience required. Leadership experience with a CPE program is preferred. Board certification as a professional chaplain is required. Master's in Divinity or MAR required, along with recognition in a Christian denomination. If you are interested in joining a progressive and dynamic healthcare organization, please apply online at [www.alegent.com](http://www.alegent.com). For additional information, please call (402) 398-6490. AA/EEO

#### ▼ BILINGUAL CHAPLAIN

**Seattle, WA** - We invite you to bring your career to an environment where talent is rewarded and new ideas are encouraged. At Children's Hospital & Regional Medical Center, the Pacific Northwest's premier pediatric care center, we offer more than just state-of-the-art facilities and open career growth potential. You will also find a true commitment to meeting the needs of children and their families. We value diversity and it is expressed in all aspects, from the patients and families we serve to our organizational culture and our employees. Children's is seeking a bilingual chaplain to provide for the spiritual, emotional, religious, and educational needs of CHRMC patients, their families, loved ones, caregivers, and staff, particularly focusing on Spanish-speaking patients and their families. Requirements include a master's in divinity or equivalent, satisfactory completion of four units of clinical pastoral education in an accredited CPE program, or willingness to complete four units of CPE, appropriate ecclesiastical endorsement for pastoral care ministry, membership in professional organization for chaplains (NACC, APC, or NAJC), and fluency in Spanish. This position prefers at least one year of chaplaincy experience in a pediatric hospital or medical center, and experience working with those from various cultural, linguistic and religious backgrounds. This role is done in partnership with the North Seattle Deanery; it is preferred that candidates have experience in the Roman Catholic Church. To learn more about this position, and to apply online, visit [www.seattlechildrens.org/jobs](http://www.seattlechildrens.org/jobs) or call (206) 987-2230. We offer excellent pay and benefits, retirement plans, opportunities for career advancement, paid training days, and so much more. EOE.

#### ▼ CLINICAL STAFF CHAPLAIN

**Salina, KS** - Salina Regional Health Center currently has a full time opening for a clinical staff chaplain in the Mission Effectiveness department. Education requirements include a master of divinity or master of theology from an accredited school, ecclesiastical endorsement, one year of hospital chaplaincy, board certification eligibility by APC, NACC, or JCA with a minimum of four units of CPE, and three years of congregational experience. Chaplain responsibilities include providing professional spiritual care for patients utilizing spiritual assessment, diagnosis, planning, intervention and evaluation in keeping with the health center mission. The successful candidate will also provide education to the chaplain staff, clergy, student interns, and local organizations. Salina Regional Health Center offers excellent benefits, competitive salary, administrative support, and career

enhancement opportunities. Apply now at [www.srhc.com](http://www.srhc.com). Equal Opportunity Employer.

#### ▼ HOSPITAL PRIEST

**Duluth, MN** - St. Mary's Medical Center, a tertiary care facility, has an enriching opportunity for an experienced priest to provide sacramental ministry to patients and their families. Duties include celebrating Mass and being on call on a rotating basis. Must have a master's degree in theology, be an ordained priest of the Roman Catholic Church, and have permission of religious superior or diocesan bishop. The final candidate must have knowledge of theological and medical moral issues, and sensitivity to emotional and spiritual needs of the sick. Will work as a part of our medical center chaplaincy team that includes other chaplains and another full-time priest. Priest chaplains with experience as a staff chaplain are encouraged to apply and will have a broad opportunity for Chaplaincy roles. Located on the shores of Lake Superior, Duluth offers a high quality mix of lifestyle, career, and recreation, in a four-season area of unique beauty with abundant year-round cultural activities. Excellent benefits package includes health, dental, life and long-term disability insurance, retirement plan. Relocation assistance available! All interested applicants, please apply (Req # 2332BR) online: [www.smdc.org](http://www.smdc.org). For confidential/additional information, please contact Rev. John Gibbs, Director Chaplaincy Services; SMDC Health System, 407 East 3rd Street, Duluth, MN 55805; (218) 786-4017 or 1-800-662-3455; fax (218) 786-4018; [www.smdc.org](http://www.smdc.org). EOE/AA.

#### ▼ CPE RESIDENCY

**Temple, TX** - Scott & White (<http://pastoralcare.sw.org>) is accepting applications for the 2008-2009 Summer Intensive Program. 11-week program, running from June 9-August 29, 2008. \$25 application fee. \$500 tuition. Also accepting applications for the 2008-2009 residency program. Innovative first-year residency program offers three units of CPE during calendar year. Residents are provided time for development of relationships with the medical staff, integration of learning with practice, and opportunities for specialization in clinical areas. \$25,000 stipend with benefits. No tuition. \$25 application fee required. Interested first-year residents required to have one unit of CPE. Send applications to: Krista Jones, Pastoral Care, Scott & White Hospital, 2401 S. 31st, Temple, TX 76508; phone 254-724-1181, e-mail [KRJONES@swmail.sw.org](mailto:KRJONES@swmail.sw.org).

## Position Wanted

NACC member in the process of certification seeks a full time chaplain position in any part of USA as soon as possible. I am an African Catholic Dominican priest with M.A. in theology from Duquesne University, CPE at Penn State Milton S. Hershey Medical Center and College of Medicine. Contact: Rev. Christopher A. Oranyeli, O.P., c/o Dominican Province of Nigeria, 4504 21st Street, Mount Rainier, MD 20712; e-mail [oranyeliop@yahoo.com](mailto:oranyeliop@yahoo.com); cell 717-350-9758.

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# Calendar

## December

- 17 Copy deadline, February *Vision*
- 24 National office closed for Christmas Eve
- 25 National office closed for Christmas Day
- 31 National office closed for New Year's Eve

## January

- 1 Supervisor certification materials due at national office
- 1 National office closed for New Year's Day
- 20-23 National Association of Jewish Chaplains conference, Chicago, IL
- 21 Copy deadline, March *Vision*
- 23-24 SCC leadership meeting, Chicago, IL



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