vision

National Association of Catholic Chaplains

July/August 2008
Vol.18 No. 7

In This Issue:

NACC seeks to help members network

By David Lichter, D. Min.
Executive Director

Enhance networking and communication among members.

Did you recognize the first words of this article? They form the last objective, "f", of NACC's first strategic goal to support association members.

When I googled "communication," the first page read "Results 1 - 10 of about 405,000,000 for Communication"! Of course, Wikipedia had the first two links! We never let a student quote Wikipedia, so I will not use it here! The American Heritage Dictionary offers as one of its definitions, "The exchange of thoughts, messages, or information, as by speech, signals, writing, or behavior."

In this brief article, I want to share with you what we are both doing and planning to do to implement this objective by improving ways for you to "exchange" among yourselves, as members, both professionally and personally so that you are able to grow in your ministry. I will highlight five areas: national conference, local gatherings, NACC Now, the NACC website, and *Vision*. We view these as integrated strategies that depend on one another to be successful. We hope you are able sometime to take full advantage of all five areas.

National Conference

While only 15% to 18% of our members are ever able to take advantage of the annual national conference at a time, I start with this event because it is an established and valued means to network and communicate. We are planning for future conferences to create more opportunities to network and communicate within the conference,

See Network *on page 6*

The NACC office has e-mail addresses for about 80% of our members. However, that means about one in every five members still has not sent us his/her e-mail address…. If you have not sent us one, please do today.

The NACC online: Onward and upward

Phil Paradowski
Administrative Specialist /
Special Projects / IT Specialist
NACC

The NACC website, www.nacc.org, has been improved and made more robust throughout its existence, as you know. As we move ever further into the 21st century, we will be redoubling this effort, using new digital resources that are, for many, becoming a part of daily life — so much a part, in fact, that members today are asking whether we plan to provide resources such as podcasts, video training, and tools for information sharing and social networking. The answer is that whenever and wherever we are able to provide technology that can help us to effectively fulfill our stated mission, yes, we will. Like all "tools" used by the NACC, the website's purpose (mission) is to help advocate, educate, certify, and support. These four goals will be addressed in various new branches of, and projects within, the digital portion of the NACC – primarily, the website.

Advocacy and promotion of not only our own mission, vision, and values, but also of pastoral care and the entire profession of chaplaincy will be the

See Online *on page 7*

Let's support each other by sharing ideas, projects

Here's what an online survey at my hospital found

By Karen Pugliese, M.A.
NACC Board Chair

My intent is not only to share my reflections with you, but also to model and hopefully motivate. I encourage you to exchange with us, and with one another, some of your pastoral practice activities and projects which, while not earth-shattering, ground-breaking or award - winning, do make a difference in your life and work. Sometimes I think we are reluctant to share because our efforts seem too simplistic or small scale to be of interest to others.

I believe that supporting association members is a shared responsibility. When members share ways in which they are learning and growing in their professional practice, it serves as a catalyst for innovation and creativity in our profession. What follows is the story of an ongoing project my Spiritual Care Resources department at Central DuPage Hospital (CDH) engaged in, and some of what we learned.

Knowing what is of value helps us to better design our system of service delivery and to allocate our resources, both human and financial, in the spiritual care of our staff.

In 2002, we consulted with George Fitchett, D. Min, associate professor and director of research at Rush University Medical Center's Department of Religion, Health and Human Values, in Chicago, IL. With his assistance, and in consultation with our CDH Strategic Information Services, we designed and distributed a survey on the perceived importance of spiritual care services to discharged patients, to families of patients who died at the hospital, and to staff nurses. In 2005, Spiritual Care and Quality & Safety Services designed and distributed an e-survey on the perceived importance of workplace spirituality programs and services to CDH employees and physicians. Meanwhile, from 2006-2007, Professional Research Consultants, Inc. (PRC) designed and implemented satisfaction surveys by phone specifically for CDH employees. Building on six key satisfaction questions from the PRC study, and four key importance questions from our 2002 and 2005 spiritual care studies, we designed and conducted a simple online survey with CDH nurses this May. (I acknowledge I was somewhat disappointed in that only 145 nurses completed this survey.) With a scale ranging from Excellent, Very Good, Good, Fair, to Poor, we asked the following six questions:

1. How would you rate the clinical skills of the hospital chaplains?
2. How would you rate the range of spiritual care services and programs offered?
3. How would you rate the availability of hospital chaplains?
4. How would you rate the cooperation and teamwork between chaplains and nurses?
5. How would you rate the communication between chaplains and nurses?
6. Overall, how would you rate the quality of Spiritual Care at Central DuPage Hospital?

Consistent with the PRC surveys, we asked: If the answer to any of the previous questions was less than Excellent or Very Good, what would you say is the main reason? Seeing the percentages of Excellent and Very Good responses was wonderfully affirming, but even more important were the ideas for developing and improving services and opportunities for enhanced communication and clarification of misconceptions that presented themselves. One of our key learning points was that we wished we had also asked: "If the answer to any of the previous questions was Excellent or Very Good, what would you say is the main reason?" We realized it would be very good to know specifically what nurses mean when they say we are doing very well.

Next we asked four questions about the nurses' perceived importance of spiritual care services:

1. How important to you are opportunities for Spiritual Enrichment? (For example: Blessing of Hands, Spiritual Renewal Room, Physician-Nurse-Clergy Gatherings, etc.)
2. How important to you are Spiritual Care Services in times of stress? (For example: Critical Incidents Debriefs, Memorial Services for Employees, De-stressors on the Units, etc.)
3. How important to you is having a hospital chaplain provide individual support and counsel to employees in times of spiritual distress?
4. How important to you is it that Central DuPage Hospital includes spirituality as an important part of employee health?

Respondents were asked to rate the importance of these services on a scale of: Very Important, Somewhat Important, Not Very Important, Not Important at All. From 2005 to 2008, the Somewhat and Very Important responses increased as follows:

The importance of Spiritual Enrichment programs increased from 69% to 87%.

The importance of Group Spiritual Support increased from 83% to 93%.

The importance of Individual Spiritual Support increased from 86% to 93%.

The importance of Spirituality and Employee Health increased from 81% to 90%.

Knowing what is of value helps us to better design our system of service delivery and to allocate our resources, both human and financial, in the spiritual care of our staff.

Send us *your* stories of experimentation and learning, and send us your stories of sharing with and encouraging one another in ministry practice. We are committed to promote and support this kind of thought leadership through meaningful exchange and encouragement. To paraphrase David Lichter: "our health and future depend on it!"

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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.

ISSN: 1527-2370

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NACC aims to boost board, staff effectiveness

By David Lichter, D. Min.
Executive Director

Over the past months, I have reflected with you on the NACC's strategic goals and their objectives. This column will present the seventh and final goal, *to enhance board and staff effectiveness*. As mentioned in my article on the business meeting at Conference 2008 in June's *Vision*, this goal is one of the two (along with goal six – to create a financially strong and mission-focused organization) that support goals that make possible our careful and persistent implementation of the driver goals (promote chaplaincy (II), support members (I), and recruit future chaplains IV). The board's leadership and the staff's ability to work with members to implement the plan are critical to our success.

The first objective is to *develop and implement a transition plan with the Board, Executive Director, Staff, and Membership*. I hope you would agree with me that we are well down the road to accomplishing this goal. The dual blessing of Fr. Tom Landry and myself at the 2008 conference not only symbolized the transition of leadership of the executive directors, but also highlighted months of transition guidance by the board in assisting me to assume the executive director role with the board, staff, and members. The Reid Group had offered several helpful recommendations for making this transition. As of August 1, 2008, I will have completed my first year with NACC.

The second objective is to *review and strengthen the association's governance structure as needed*. The last phrase, *as needed*, seems to connote a lesser importance to the objective. However, again, the Reid Group made several important recommendations to the board both in July 2007 and again in February 2008. The board made several amendments to the by-laws, strengthened the membership profile of the board, and is working to ensure a more robust board development and leadership succession process. There is now in place a nomination sub-committee (consisting of NACC members) of the Governance committee to assist in the identification of NACC members who will serve on the board, board committees, commissions, advisory panels, etc. As you will see in this *Vision* we have five candidates for the one at-large board position. We are so appreciative of the generosity of our members to help lead and support the association at this critical juncture in its history.

The third objective is to *clarify the role and responsibilities of the Executive Director, Board, and Committees*. Over this past year we have been working on this objective. The board manual continually is updated, with the assistance of Cindy Bridges, the Executive Assistant. The board has been very direct in how it wants to structure the board meetings to align with oversight of the strategic plan. This has been very helpful to me, as the executive director, to keep plan implementation as the top priority and driver of my and the staff's activity.

As you will see in this Vision we have five candidates for the one at-large board position. We are so appreciative of the generosity of our members to help lead and support the association at this critical juncture in its history.

The fourth objective is to *review and strengthen the association's staffing structure as needed*. Here again is the "as needed" phrase. As you know, this past year has been one of significant transition for the staff. Our certification and membership specialists left in October and our *Vision* editor in January, creating a daily urgency and requiring creative action by the staff in order to continue its quality service to you. For a small staff that was a significant turnover. Susanne Chawszczewski, Kathy Eldridge and

See Goals on page 11

Study: Patients place high value on chaplain visits

A study of patients' expectations by the Mayo Clinic in Rochester, MN, shows that hospitalized patients value visits by chaplains and appreciate both religious and support interventions.

To perform the study, from April 6, 2006, through April 25, 2006, 1,500 medical and surgical patients were surveyed by mail within three weeks of their discharge from the hospital. The survey included questions related to demographics, duration and area of hospitalization, awareness of chaplain availability, expectations regarding chaplain visits, and reasons for wanting to see a chaplain.

Measured characteristics were summarized by calculating means and SDs (standard deviations) for continuous variables and proportions for categorical variables. Proportions were statistically compared via Fisher exact tests or Monte Carlo estimates.

An extensive article on the study was written by Katherine M. Piderman, Ph. D., Dean V. Marek, B.A., Sara M. Jenkins, M.S. Mary E. Johnson, M.A., James F. Buryska, STL, and Paul S. Mueller, MD. Four of the authors are members of the Mayo Clinic Department of Chaplain Services. Following are selected excerpts of the article published in the Mayo Clinic Proceedings (www.mayoclinicproceedings.com):

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As a function of their pastoral call and responsibility, chaplains aim to offer a sense of God's attentiveness and compassion in the midst of suffering and struggle. When appropriate, they also affirm and encourage the possibilities of realistic hope, resilience, and coping within a spiritual framework. Their involvement with patients includes recognized religious functions, such as providing rituals and sacraments, praying, and reading scripture and other religious texts. It also includes ministry of a more generally supportive nature, such as presence, listening, spiritual dialogue, bereavement care, spiritual guidance, and facilitation of patients' use of their own spiritual resources.

Previous surveys have assessed patients' attitudes regarding the care that chaplains provide. Overall, the findings have been very positive and emphasize the appreciation of patients for the work that chaplains do.

In the past decade, the criteria for hospitalization have changed. Hospitalized patients tend to be more acutely ill, and their time in the hospital tends to be shorter. At the same time, the number of chaplains employed by hospitals has been reduced. Hospitals in the United States have an estimated chaplain-to-patient ratio of 1.8 full-time equivalents (FTEs) to 100 patients; this ratio is slightly higher in hospitals that are religiously affiliated (2.6 FTEs to 100 patients). Research is needed to determine what patients expect of hospital chaplains in the current climate, so that those who serve in this way can use their time and commitment well.

In the past decade, the criteria for hospitalization have changed. Hospitalized patients tend to be more acutely ill, and their time in the hospital tends to be shorter. At the same time, the number of chaplains employed by hospitals has been reduced.

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More than half (52.9%) of respondents reported being visited by a chaplain. Those who were in the hospital for at least a week were most likely to have seen a chaplain (P<.001). Among those who were visited, 50.4% reported that this visit was very important to them. Differences were detected among religious affiliations, with more Catholics (50/77 [64.9%]) than others rating the chaplain visit as "very important" (vs. 47/87 [54.0%] for Lutherans and 38/98 [38.8%] for those of other religious affiliations) (MC, P<.001). A marginally significant variation was noted among age groups regarding the reported importance of the chaplain's visit. More patients aged 36 years or older reported that the chaplain visit was "very important" to them (MC, P=.05). No significant differences were found in the responses to the importance-of-visit question with respect to sex or duration of stay.

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The primary reason for wanting to see a chaplain selected by respondents was "to be reminded of God's care and presence." Of respondents, 83.8% reported that this was "very important" (62.5%) or "somewhat important" (21.3%) to them. Several aspects of religious activity were also endorsed strongly by the respondents. Most respondents reported that prayer or the reading of religious text was a "very important" (42.3%) or "somewhat important" (27.5%) reason to see a chaplain. More than half responded that chaplains' ritual or sacramental ministry was "very important" (30.2%) or "somewhat important" (21.1%) to them (Table 2).

The chaplain's role in providing support was also highly rated. More than three-quarters (76.2%) of respondents reported that "at times of particular anxiety or uncertainty" seeing a chaplain would be "very important" (46.3%) or "somewhat important" (29.9%) to them. Most also indicated that a "very important" (39.8%) or "somewhat important" (34.3%) reason for desiring a visit by a chaplain would be "to offer support to my family or friends." Most endorsed a chaplain's listening as "very important" (34.5%) or "somewhat important" (30.7%) to them. In contrast, only a few respondents rated providing "counsel regarding moral/ethical concerns" as a "very important" (19.1%) or "somewhat important" (27.6%) reason for wishing to see a chaplain.

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We designed this study to gather current information about patients' experience with and expectations of the ministry provided by hospital chaplains. Our results suggest that patients place a high value on this care and that many desire more. The results also support previous research and pastoral experience indicating that religious readings, rituals, and prayer, as well as the supportive activities involved in the practice of pastoral care, are important to most hospitalized patients. Patients look to chaplains to be "a reminder of God's care and presence." The challenges of illness could accentuate the importance of a connection with God, and a chaplain's ministry could help patients to establish or maintain this connection.

Most respondents older than 35 years endorsed two items related to traditional religious activities, i.e., prayer and sacred reading and rituals and sacraments. It seems clear that the religious aspect of spiritual care is valued by patients in this age group. Patients also value chaplains for listening, being present in times of anxiety, and providing care for family and friends. It could be that these encounters, too, are "a reminder of God's care and presence" by virtue of chaplains' ministerial office and the spiritual comfort this provides for some.

Least important to all respondents was a chaplain's counsel regarding moral or ethical matters. It is not known why this is so. This survey did not examine the reasons for patients' hospitalizations or the urgency of their medical condition. That information could hold a clue to the low importance given to a chaplain's counsel regarding moral or ethical matters. It could be that those who responded to the survey were healthier than those who did not and so did not anticipate ethical challenges. It is also possible that respondents preferred to make any necessary ethical decisions based on personal reflection or discussion with others more familiar to them than a hospital chaplain, including family members and/or their own clergy.

Because only 4.3% of the respondents were 35 years or younger, results from this group must be interpreted cautiously. However, the results do show some trends that are of interest. Of the patients in this age group, 13% indicated that they had no religious affiliation vs. 2% to 3% of patients in the older age groups. When items were analyzed by age group, it was evident that younger patients expressed less need for visitation and less need for religious activity by a chaplain than those who were older. In contrast, younger patients' responses to the items ranking the importance of listening and support during times of anxiety were similar to those of other age groups. This is particularly notable because 79% of this age group was hospitalized for 3 days or less, and fewer spent time in an intensive care unit or the rehabilitation unit. Again, information about the reasons for hospitalization and about severity of illness could have facilitated interpretation of this result.

Forty-five percent of respondents were unsure of how to contact a chaplain. Although this information might have been given to the patient, it is possible that the stresses and complexity associated with illness and hospitalization impeded retention. Ongoing and perhaps new approaches to providing information about contacting chaplains might be helpful. Many hospital chaplains readily initiate ministerial contacts with patients, but requests from patients are important in prioritizing service.

Evidence shows that administrators and healthcare professionals emphasize the importance of involving chaplains in patient care when patients are obviously experiencing spiritual distress, but less apparent spiritual needs, such as a desire for prayer or spiritual conversation, might not be recognized. Education of physicians, allied healthcare staff, and students about the role of chaplains and the value patients place on their ministry could lead to greater awareness, more referrals to chaplains, and more responsiveness to patients' spiritual needs.

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Because of their commitment and expertise, chaplains serve a specific and necessary role in the care of patients who are hospitalized. The results of this study are a mandate for chaplains to continue their ministry, with a heightened awareness of the value placed on this ministry by those they serve. Referrals by other members of the healthcare team and specific requests from patients might assist chaplains in their response to patients' spiritual expectations and needs. Further investigation of the spiritual care expectations of hospitalized young adults, members of minority religious denominations, and patient groups not represented by the respondents is important so that the interventions offered by a chaplain are appropriate. Finally, the results provide a challenge to all committed to caring for those who are hospitalized to continue to explore and discover creative ways to meet the spiritual needs and expectations of patients within the current reality of the limited duration and importance of hospital stays.

The results provide a challenge to all committed to caring for those who are hospitalized to continue to explore and discover creative ways to meet the spiritual needs and expectations of patients within the current reality of the limited duration and importance of hospital stays.

Share your ideas

Themes for upcoming issues of *Vision* will include:

- Ministering to a Diverse Population
- On a chaplain's bookshelf
- Reaching Out to the Immigrant

If you have article ideas or thoughts of persons to interview, contact Laurie Hansen Cardona, Vision editor, at lcardona@nacc.org. Thank you!

Network

Continued from page 1

such as dedicated time for professional interest groups (e.g. hospice/palliative care, children, healthcare leadership groups, and the like) to meet as has been done at times in the past. We also want to use NACC Now and the NACC website better to share the conference content with you.

Local Gatherings

As we know, the prior regional structure was the primary and counted on structure for members to "exchange" with one another, to network and to communicate. At the regional gatherings, education happened, friendships formed, support was given, news shared, and your profession strengthened. Without this structure many, if not most, of these benefits had to find others ways to continue — or they died out.

As you know, we plan to help you reconnect locally/regionally. Over these past months, these gatherings have begun through NACC's initiative and the generosity of local members to help organize them. At Conference 2008, we invited members to volunteer to become NACC State Liaisons who will connect members to one another and the NACC office, communicate with the state NACC members and foster communication among them, and coordinate the planning of any state/local/regional event. We have just begun to organize the state liaisons and it will take much of the summer to convene them by phone and help in the organization and support of their roles. We know we cannot, nor do we want to, duplicate the former regional structure. Education and networking are top priorities of this early organizational activity. E-mail makes possible wonderfully efficient and easier planning. We have begun and early signs are encouraging.

NACC Now

We began this e-newsletter last August. It became a fast, easy, dependable, and brief way to communicate with members. As executive director, it provided me a means to continue my networking and communicating with you. It also helped all of us staff to daily think about what you, as members, need and would want to know. It has helped us keep you in mind and heart daily. As members, you have expressed often your appreciation of this way of communicating. You mentioned it made you feel more connected to and part of NACC. That's great.

However, we want to make NACC Now more and more "your" e-newsletter to network and communicate with members. Over the past months, we have made many requests for member participation on task forces and panels, materials to share, and advice to offer. It can become more and more your means to share with one another your best practices, your questions, your resources. One national association is highly valued by its members because it sticks to just three questions that members have committed to answer with each other: What are you reading? (Professional development resources) What are you using? (Professional tools/resources) What are you asking? (Professional questions needing colleague advice).

When asked if this should be a weekly e-newsletter, most members respond with: "Let's keep it every other Monday for now." As you have found out, we will periodically send an NACC Now Special Edition, and another e-mail alert to targeted members to announce a local gathering, or a special bulletin. We will continue to do this since we have heard from you that it is another effective way to communicate with you.

NACC Website

Hopefully, you have noticed that the NACC Now notes are very brief, and often link you to more information on the NACC website. This is very intentional and an effective way to get you connected to resources.

We have had an NACC website task force working on plans to update and make the NACC website more user-friendly. It is a fairly simple site to use. However, our NACC strategic plan has required us to rethink how to make it better to serve you. Over the summer you will see a new home page with links organized by and tied to our mission statement that asserts NACC advocates for the profession of spiritual care, and educates, certifies, and supports. These four activities will be the organizing areas for our web content. We are planning on better organizing and expanding the resources you can access on the website. Your sharing your ministry resources will help greatly. We want you to be able to access materials, such as handouts, FAQ's, stories, and PowerPoint presentations to help you talk about chaplaincy. We already have some resources for you on the website now.

More than that, we are working on plans to make it possible for you to network and communicate with each other via the NACC website through means such as, list serves, blogs, etc. We will choose the one(s) that will get the most use.

Our website goal is to make it so appealing and important to you that you want it to be your home page when you turn on your computer!

Vision

Over the past months, I have heard members say in this or a similar way, "What do I get for my dues besides *Vision*." *Vision* seemed to have had to carry the load as the member benefit. We hope this article is helping you to see that *Vision* doesn't have to do all this. We have a multi-dimensional approach to enhance networking and communication among you.

We have appreciated the feedback over the past months from many members who commented on *Vision*'s improved content. The Editorial Advisory Panel has worked closely

with Laurie Hansen Cardona, our new editor, to make improvements to *Vision*.

As NACC Now has grown as a complementary communication tool and member resource, we have been able to re-examine what *Vision* needs to provide members. Since NACC Now offers more member news, links to resources, announcements about events, requests for prayers, and alerts to job listings, we plan to use *Vision* more for thematic professional articles, research, and reflective columns. To accomplish this we will publish *Vision* six times a year, or every other month as we already do twice a year. This will allow more time to research and prepare articles.

Given the every-other-month schedule, the placing of job announcements in *Vision* will be less timely for advertisers, thus, come January, *Vision* will no longer carry them. However, we have now started to alert members in NACC Now to new positions posted on the NACC website.

Knowing most associations provide a quarterly or twice-a-year journal to their members, we are pleased to be able to continue to provide *Vision* six times a year.

Final Remarks

We are committed to continue to find effective ways to enhance networking and communication among you. As you can see, we are taking a multi-faceted approach and each approach depends on the other. Being able to e-mail you in some way is a critical piece of this networking.

The NACC office has e-mail addresses for about 80% of our members. However, that means about one in every five members still has not sent us his/her e-mail address. Over the past weeks, we continue to receive e-mail addresses from members. If you have not sent us one, please do today. If it is the general e-mail box of your religious community, please send it. Phil Paradowski of our NACC staff advises going to mail.google.com/mail/signup or mail.yahoo.com to open your own free account.

As you have ideas on how NACC can enhance member networking and communication, please let us know.

Online

Continued from page 1

impetus driving new ways of entering or browsing the site. These will be designed to help anyone answer basic questions like "What does a chaplain do?" or "How would I go about becoming a chaplain?"

We will be connecting on a local level through the website, thanks to the able assistance of those members who have volunteered to fill the role of liaison for their states. The goal is a consolidation of information geared towards state-level networking and education. Whether "local" means episcopal region, U.S. state, or regional health system, it seems there is more than enough reason to forge or re-forge a local bond with our members. Education, best practices, charting, regulations, social networking, and the job market are just a few of the topics important here. Local aspects and operations of the NACC currently or soon-to-be reflected on our website include the Episcopal Advisory Council, the state liaisons, and regional member gatherings. The online membership directory awaits an overhaul as well.

Connecting to sources of education, whether degree programs, CPE, or seminars, has been an important function of the website. Besides continually striving to improve in this area, we hope to provide an easy-access library of resources that include the aforementioned linkages as well as documents and educational materials created and/or requested by our members. As the NACC and its chaplains (and others) use and contribute to this increasing collection of educational resources, we will facilitate and promote the access and sharing of those resources. Like all shared educational experiences, this ought to enable chaplains to learn in, and grow in, their professions – an almost unavoidable result being an increase in the quality of chaplain's work (and lives) at all levels, thus in turn enabling (and perhaps forcing) an improved appreciation of and compensation for what chaplains do.

The certification interview process, having already made the jump from paper and floppy disks to online documents, will continue that trend onward and upward with ITE training materials and "best practice" tutorials for interviewers and candidates. We look to a future in which these areas will be supplemented with video material and/or podcasts. Those who are on the certification track, or plan to be soon, should watch for developments this year and beyond.

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Our modest goal is to continue to add to, revamp, and contemporize our website and to enable its increasing use in an increasingly digital world. A bolder goal that underlies this might be described thus (at least, this is how I think about it): To strive for and overtake that modest goal, but also to actively engage members in a learning experience and to make possible to the best of our abilities a network of communication between schools, students, chaplains, health-care systems, patients, and various other stakeholders in the field of pastoral care, for the betterment of all involved. To advocate, educate, certify, and support.

Biblical narratives a welcome addition to chaplain's tool belt

By Elizabeth Recht Jones, M.Div.

When considering basic psychological principles, there is not much to be seen in the way of God. Quite the opposite. When Sigmund Freud is considered, his brilliance must readily be acknowledged. He wrote books and articles and did cutting-edge stuff for his time, inventing psychotherapy. He was Jewish, by birth, but he did not utilize the biblical narratives.[1] Instead, Freud turned to the Greek myths, or master stories, for inspiration. Certainly, many chaplains are familiar with the Greek myths and master stories, but not so much as the biblical narratives learned as a child in Sunday school or studied at seminary.

How puzzling it is that Freud and many of those who came after him wished to have nothing to do with the Bible.

The Greek gods are merely glorified super heroes, and not omnipotent, omnipresent and omniscient, like the God of the Bible.

Overwhelmingly, chaplains are pastorally inclined and can easily relate to people — for example, patients and their loved ones in the hospital, or family, friends and fellow parishioners. In particular, many chaplains have the happy ability to often be able to think of spiritual analogies and biblical verses or narratives that illustrate points they try to make.

Yet this asset (or what some consider an asset) is not commonly welcomed in psychological circles, and even frowned upon. One statistic reads as follows: only a minority of traditional therapists and psychologists today believe in a transcendent God. This reference comes from a book by Kalman J. Kaplan at the University of Illinois at Chicago:

"The therapist, however, is largely ignorant of, if not antagonistic to, religion, often in a manner incongruent with the patient's own orientation. For example, in a 1990 sample of 409 clinical psychologists, only 40% believed in a personal transcendent God, compared to 90% of the general public (Shafranske and Maloney, 1990)."[2]

To a person of faith, and moreover, to a devout follower of Jesus Christ, this statistic is eye-opening. I am a chaplain. I currently work two shifts a week at an urban hospital. I see for myself, through experience, what percentage of patients are open to prayer when I go around for new admit visits, or pre-surgery visits, not to mention what happens when the pager goes off.

Especially in light of training in Clinical Pastoral Education, chaplains can appreciate differing points of view toward a God, or, if you will, a Higher Power. It is apparent, however, that many of the psychological innovators who came up with the ideas and schools of psychological thought probably did not share my belief in a personal, transcendent God.

My colleague Kalman Kaplan recently introduced me to the concepts of biblical psychology. Since he is trained in social, developmental and clinical psychology, he knows the concepts of Freud and his follower Heinz Kohut well. Some years ago, he had increasing discomfort with those concepts, and started questioning why Freud had used Greek master stories instead of biblical narratives.[3] Kaplan then started to develop biblical psychology, and now has published several books and articles on the subject.

When traditional psychology and psychotherapy are seriously examined in the light of these Greek master stories — such as Oedipus, Narcissus, and Electra — this line of thinking begs to be followed out to its logical conclusion. Consider the patterns of gender hostility, family triangulation, and violence that are endemic to the Greek master stories. Moreover, the Greek gods are merely glorified super heroes, and not omnipotent, omnipresent and omniscient, like the God of the Bible.[4]

Looking at the Greek mythological flood story,[5] for example, Zeus sent the flood to wipe out all life on earth because he was miffed, because he got a poor cut of meat as a sacrifice from someone on earth. But Prometheus, Zeus' son, steals the blueprints of the ark from Mount Olympus and gives them on the sly to Deucalion and Pyrrha, who secretly build an ark to save themselves and some animals. Lastly, when Deucalion and Pyrrha repopulate the earth after the flood, they do so by cloning; he throws stones over his shoulder, and they turn into grown men. Pyrrha does the same, except her stones turn into grown women. This shows the distinct antagonism between men and women in Greek master stories, who are seen to be separate races, widely divergent and opposing each other.[6]

In contrast, the biblical account in Genesis 6-8 records the God of the Bible as filled with moral outrage over the depravity of the people God had created. Then God freely gives the plan for the ark to Noah because Noah is righteous and finds grace in the eyes of the Lord. Finally, after the flood, Noah's sons and their wives repopulate the earth through sexual reproduction within a family structure, all of which is blessed by God.

If these Greek master stories are followed to their — again, deterministic and fatalistic — endings, chaplains can find very little in the way of hope and hopefulness to share with patients of faith and their loved ones of faith in the hospital. Again, if these psychoanalytic principles are

taken seriously, and chaplains try to tie in these unhappy stories to the lives and situations of patients and their loved ones, there is difficulty making any kind of headway towards a blessed hope.

On the other hand, chaplains can follow their pastoral hearts and share from the Bible. The Bible is a hopeful book, and it is easy to direct people to verses and passages that tell of hope, faith, trust and love. The Bible, as well as the Talmud and the Midrash, showing more than 3,000 uninterrupted years of careful interpretation and commentary,[7] also "offers hope of filling every moment of human life with greater meaning and feeling. People can work with their problems (all people have them) and can make their own lives and world better."[8]

Kaplan and Markus-Kaplan[9] and Kaplan and Schwartz[10] also compare Greek thinking, inherent in traditional psychotherapy, with the biblical way of thinking, in particular in two ways of approach to the family. These two studies stress the dysfunctional oscillation between isolation and enmeshment in Greek family life and the healthy biblical integration of self and other.[11]

Instead of Greek master stories, Kaplan and I suggest another option: biblical foundation stories.

Biblical narratives are another tool on a pastoral tool belt that can be used in clinical practice, whether in the hospital, retirement home, hospice, outside on the sidewalk, or in the church fellowship hall. Wherever chaplains encounter someone who reaches out for help, we have the possibility of using these biblical narratives, with some psychological understanding of the narratives and their characters and situations. Moreover, there is a greater possibility that the person of faith who comes for consultation or prayer will be open to hearing about these biblical narratives, and will consider using them to re-frame hopeless or hurtful situations in their lives.

This practice is just beginning to be talked about and developed for use in clinical settings. Edward Shafranske, author of several recent academic studies and other literature in the field of psychology, has spoken of the possibilities of training in the clinical use of religion and spirituality.[12] And, this alternative approach offers a beneficial opportunity for collaboration and teamwork between patient, chaplain, and the rest of the health care team.

I am privileged to work with Kalman Kaplan at just such a training program at the University of Illinois at Chicago, at the Program for Religion, Spirituality and Mental Health. The Program is funded by the John Templeton Foundation. We are now teaching an online course in biblical psychology, titled "A Biblical Approach to Mental Health."

I am encouraged by this cutting-edge activity — for that is what is now being discussed and implemented. Cutting-edge, yet using age-old biblical narratives and principles. I will be interested to see what the future holds for clinical training of caregivers of all sorts. I will also continue in my work and ministry as a chaplain, and continue to accompany patients and their loved ones, and to offer blessings from our God, the Source of all comfort and hope.

Elizabeth Recht Jones, M.Div., is Coordinator for the Program for Religion, Spirituality and Mental Health in the Department of Psychiatry at the University of Illinois at Chicago College of Medicine. Ms. Jones also serves part-time as chaplain at Swedish Covenant Hospital in Chicago. She facilitates spirituality groups on a regular basis. She has served as a pastor and held several church-related positions. She has volunteered in 12-step recovery programs for several years and is currently studying for a substance abuse counseling certificate. She earned her M.Div. degree from Garrett-Evangelical Theological Seminary in 2005, and is a member in the United Church of Christ.

[1] Schwartz, Matthew B. and Kaplan, Kalman J., "Biblical Stories for Psychotherapy and Counseling," Haworth Press, New York, 2004, 193. This reference is from a book by Eric Wellisch, "Isaac and Oedipus: Studies in Biblical Psychology of the Sacrifice of Isaac," London, Routledge and Kegan Paul, 1954. There are several reasons for this, which Wellisch articulates.

[2] Schwartz and Kaplan, 2-3. This reference is from an article: Shafranske, E. and Maloney, H.N. (1990). "Clinical psychologists' religious and spiritual orientations and their practice of psychotherapy." In *Psychotherapy: Theory, Research, Practice, Training*, 27, 72-78.

[3] Kaplan, Kalman J., "Uncle Haim and Doctor Freud: A Story about Storytelling," *Voices*, Vol. 33, No. 1, 1997.

[4] Kaplan, Kalman J., "Philosophia Oggia," in press.

[5] Ovid, "Metamorphosis," 1.381-398,

[6] Kaplan, Kalman J. and Schwartz, Matthew, "A Psychology of Hope," Westport CN, Praeger, 1993, 110-112.

[7] Schwartz and Kaplan, 28.

[8] Ibid, 6.

[9] Kaplan, Kalman J., Schwartz, Matthew B. and Markus-Kaplan, Moriah, "The Family: Biblical and Psychological Foundations," New York: Human Sciences Press, 1984.

[10] Kaplan and Schwartz, 107-120.

[11] Ibid, 6.

[12] Kersting, Karen, "Religion and Spirituality in the Treatment Room," *Monitor on Psychology,* Vol. 34, No. 11, December 2003, 40-44.

Biblical narratives are another tool on a pastoral tool belt that can be used in clinical practice, whether in the hospital, retirement home, hospice, outside on the sidewalk, or in the church fellowship hall.

See Research Update *on page 10*

Biblical psychology provides comfort at bedside

How do we as chaplains put this understanding of biblical psychology to work? Read on to find out how I used this in a real-life situation.

Recently, I made a new admit visit to an elderly man, on a general medical floor in the hospital. Even though he was ill enough to be hospitalized, he was not that seriously ill. However, it was a chronic health situation, not likely to improve.

He expressed great excitement and relief at seeing a chaplain, and started telling me of his long-term shame and guilt, and not feeling he had come up to God's standards. During our conversation, I found out that he was a Lutheran, and faithful in church attendance and regular Bible reading.

Since I often listen to my intuition (which I understand is sometimes prompted by the Holy Spirit), I began by encouraging this man that God loved him very much. I quoted John 3:16, and he acknowledged the truth of that verse, but I felt that the message had not gotten in.

Then, I moved to how special the elderly man was. God created him special and unique. God has created each of us to be unique and different, in fact. I brought up Psalm 139, and read him a portion of it. He seemed to genuinely listen. I then encouraged him by briefly comparing and contrasting some differences in the Greek view of man and the biblical verses and view about man, as well.

Finally, I came back to the fact that he (as well as each of humanity) is created in the image of God (see Genesis 1 and 9). God loves each of us more than we can possibly understand, and I affirmed that to the man. I told him several times that he was greatly loved by God, even though he may have fallen short of the mark that God desired. I compared it to my children, who regularly make mistakes and mess up, but I as an earthly parent still love them very much. How much more, then, does God love us. And quoting Romans 8:38-39, I let the man know that nothing will separate us from the love of God. And that's a promise.

Then, I ended the visit with a short word of prayer, acknowledging that this man felt inadequate before God, but also hitting the highlights of the truths I had mentioned. I then thanked God for his love and care for this man, and prayed that this man would have a special awareness of God's presence with him during his time in the hospital. After I prayed, the man was so grateful that I had come by. He thanked me sincerely, and blessed me as I left his room.

This visit was not markedly different from visits that I made before I became aware of these concepts of biblical psychology, but biblical psychology is now an additional tool I wear on my "pastoral tool belt." I am now aware of the dichotomy between the widely prevalent Greek-inspired, deterministic view of life, as opposed to the hopeful biblical view that offers an opportunity for change, repentance and salvation. And this hopeful view colors many of my interactions, both pastoral and beyond.

— Elizabeth Recht Jones, M.Div.

Where to look

Some helpful, healing scripture passages I have used to good effect:

Encouragement: Psalms 19, 23, 27, 90, 91, 121, 130, 139

Hope: Psalm 23; Psalm 27:9-10; Psalm 103:8-14; Psalm 130; Psalm 139:13-18; Lament 3:22-24; Matt 6:31-34; John 3:16; John 10:9-15; John 14:1-3; Romans 8:38-39; Romans 11:34-36; 2 Corinth 1:3-5; 2 Corinth 5:1-5; Phil 4:4-7; James 5:14-16; 1 John 1:9; 1 John 4:7-10; Rev 21:1-4

A useful book in examining biblical narratives in terms of psychology and psychotherapy has been written by my colleague and director of the Program for Religion, Spirituality and Mental Health, Dr. Kalman Kaplan. He co-wrote the book with Talmudist and classical scholar Dr. Matthew Schwartz. The title of the book: "Biblical Stories for Psychotherapy and Counseling," Haworth Press, 2004.

Become familiar with Revised Standards and Procedures

The NACC Revised Standards and Procedures can be found on the NACC website at www.nacc.org/certification/ standards-and-procedures.asp. It is important to note that there are three separate documents. These three documents include the NACC Standards, the Ethics Procedures Manual, and the Certification Procedures Manual. All members should review these three documents to familiarize themselves with updated standards and procedures. It is especially important that those seeking certification follow the Standards and Procedures in place at the time of application. The next due date for certification application and materials is Sept. 15, 2008. All materials must be submitted according to the revised Standards and Procedures.

NACC provides her valued connections, support

Name: Jodi Studnicka
Work: Chaplain, St. Francis Medical Center, Grand Island, NE
NACC member since: Spring 2006
Volunteer service: My favorite is Young Neighbors in Action and, most recently, Grand Island Diocesan Pastoral Council
Book on your nightstand: "Inner Compass: An Invitation to Ignatian Spirituality," by Margaret Silf
Book you recommend most often: Any book or article by Joyce Rupp
Favorite spiritual resource: "Hearts on Fire: Praying with Jesuits," edited by Michael Harter, SJ
Favorite fun self-care activity: Meeting friends for dinner after work or enjoying a cup of coffee in our kitchen and looking out at our garden on Saturday morning.
Favorite movie: "Finding Forrester;" it portrays healing and growth through relationships.
Favorite retreat spot: Knowles Mercy Center, Waterloo, NE
Personal mentor or role model: Mentor Sr. Maria Magnan and spiritual director Joan Howard
Why did you become a chaplain? I like to walk with people as they journey through life.

In my youth I considered several areas of the medical field but found I didn't like life sciences. I have always been active in volunteer ministry in my parish and eventually it lead to Stephen Ministry. Stephen Ministry introduced the concept of pastoral care. I entered a Loyola Institute for Ministry Program for Pastoral Studies and eventually Clinical Pastoral Education. I continue to be called into the ministry.

What do you get from NACC? NACC enables me to connect my ministry to other chaplains on a national level. It provides support for my ministry through its website and conferences. I appreciate its website accessibility for the educational resources.

VOLUNTEER OF THE MONTH

Why do you stay in the NACC? I appreciate the connection with other chaplains and with the profession as a whole. I appreciate the professionalism of the field that NACC brings to my ministry. I benefit from the standards, ethics, research and collaboration that NACC has promoted and developed. I learn from others and NACC provides that avenue.

Why do/did you volunteer? I volunteered for Young Neighbors mission trips because my daughters were involved and it was an opportunity for our family to spend time together and experience active social justice. I volunteered to chair our diocesan pastoral council because I was nominated and I play a much different role than in pastoral care. It has allowed me the opportunity to serve the diocese in a different role and to work in the overall system. It has challenged me to step out of my more comfortable role of pastoral care and into a facilitating and planning role.

What volunteer activity has been most rewarding? I observed the transformation of our mission group youth and adults as they experienced a week of community living, social justice teachings, and service.

What have you learned from volunteering? I have observed the resiliency of the human spirit and how God is truly in all things.

Goals

Continued from page 3

Becky Evans had to cover the certification work for almost three months until our new certification specialist, Rose Mary (Mar) Blanco-Alvarado, started in January. Cindy Bridges assumed the membership specialist role for several months while still performing her executive assistant duties. This month we are hiring a part-time membership specialist. We were so pleased to have contracted with Laurie Hansen Cardona as the new *Vision* Editor after David Lewellen left. So much transition has required our staff to assume diverse roles, which has been good for learning each other's responsibilities. Are we still best organized for the future? We are committed to continue to "review and strengthen" the staffing structure as needed.

The fifth and final objective of the goal — and the plan — is to *provide ongoing formation opportunities for the Board and Staff.* The board has committed itself to ongoing board formation at every board meeting. The Reid Group suggested looking at the board's responsibilities as those of fiduciary, strategic, and generative. The board, as part of its ongoing formation, now structures its meetings according to these functions. The fiduciary role centers on all aspects of the board's oversight and stewardship of the association. Receiving the board's, committees', commissions', and executive director's reports, reviewing closely the association's financial health, discussing with the executive director the association's ongoing leadership and management are all part of this fiduciary role. Its strategic responsibility centers on providing strategic thinking, counsel, and problem-solving as it reviews with me the strategic plan implementation. The generative role encompasses its own formation and education to strengthen its ability to lead. The structure has resulted in highly engaged and energizing board meetings. Given the emergency nature of this past year for the staff, we have not taken as much time for staff formation as the staff needs and deserves. We have now scheduled a morning in late June for our staff to meet. Much more needs to be done.

I am so grateful to both the board and staff for their "forming" me into my executive director role. This final goal was never a future plan. It started Aug. 1, 2007, the day I arrived, and continues into my second year. The health and future of the association relies on our consistent and persistent attention to this goal.

Five vie for at-large board seat

Five candidates are competing for one elected at-large seat on the NACC's Board of Directors, to begin a three-year term on Jan. 1, 2009. On this page of *Vision* there is a statement from each nominee. Additional information is posted at www.nacc.org/board/board_election.asp.

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

In the association bylaws, the functions of the Board of Directors are to:

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

All NACC voting members should watch for the arrival of the 2008 ballot in a separate mailing in the near future. The ballot mailing will contain another copy of the candidate information and a description of the voting method. Voting members are those in all categories except those of affiliate, student, or inactive in chaplaincy.

Voters must mail their ballots by the postmark deadline of **Friday, Sept. 19, 2008**.

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

Rev. Baaju Izuchi, CSSp

- Priest of the Spiritan Congregation originally from Nigeria
- Seminary dean and philosophy professor for nine years
- NACC Certified Member since 2001
- CHI Mission Leader for five years facilitating Ethical and Religious Directives for Catholic Healthcare Services
- Director, Spiritual Care/CPE, Covenant Health System, Lubbock, TX

My candidacy for the NACC Board of Directors presents an unprecedented and unparalleled opportunity to diversify NACC and provide an international perspective to the association. My membership on the board will definitely enhance NACC's image as an association that values inclusivity.

My passion is for clinical pastoral education and supervision. I chair the pastoral care and education committee of the 1,500-member Association of African Catholic Clergy and Religious in the United States (AACCRUS). In the past five years, I have mentored more than 80 African Pastoral Ministers in the CPE process, 16 of whom today are NACC Board Certified Chaplains.

Given the opportunity to serve on NACC Board of Directors, I will work to expand USCCB/CCA training programs and encourage more chaplains to go for CPE Supervisory training and certification. I will also work to network AACCRUS to significantly increase NACC membership and diversity.

James J. Castello

One of the greatest challenges facing the organization is a critical need to communicate the true value of a professional chaplain to key target audiences, the organization itself and high potential future chaplain recruits. From my perspective, this challenge is basically a marketing communications issue to which I can apply global corporate knowledge and experience gained in a successful 35-year career in marketing, advertising, and creating and running two international marketing communications systems.

This challenge impacts many parts of the NACC Strategic Plan, including compensation, recruitment, inter-disciplinary team membership, professional respect and proactively creating new chaplain jobs. I may bring a unique perspective to NACC since I also am blessed with 10 years of clinical experience as a hospital chaplain and director of pastoral care, thereby understanding the depth of compassion, consolation, bereavement counseling, ethics, end-of-life issues and crisis management required to be a board-certified chaplain in a modern healthcare facility.

I have also served on the NACC marketing and recruitment taskforces and have developed a good feel for the organization, its people, mission, vision and, most importantly, its spirit. I would be honored to serve on the board if appointed.

Rev. Dean V. Marek

As an NACC board member I would bring the experience of hospital bedside ministry as well as 15 years of department administration. Currently retired from administration and at the bedside half time, I am blessed with the time and opportunity to serve in other capacities. As a member of the board, I would advocate for the following: an NACC voice in national healthcare policy; a common understanding among certifying bodies of the services certified chaplains provide; research to assess patient expectations and methods to determine the unmet spiritual needs of hospitalized patients for validation of additional chaplain FTE; and an improved relationship with the USCCB relative to the status of non-ordained chaplains and the anointing of the sick.

Blair Holtey

When asked to write about my perception of the future direction of NACC, the first thing that came to mind is that it already accomplishes a lot but it is not known by most people in our own congregations. I recall the words of a friend of mine who left Florida and headed to Hollywood, CA, to promote his music, who said to me "I want my name to become a household word." His work did become well known, and that is another conversation. But his point is well taken. The future direction of NACC can be that of a Sacred search engine, a chaplain resource of encouragement, support, and marketing for the corporations, institutions and communities we serve.

I believe I can help NACC become the "GoodSearch.com" of pastoral care in America by getting the word out about our "famous" chaplains, and providing ideas, inspiration, prayer, and my experience in multimedia ministry, thereby promoting the medical, financial and spiritual benefits of pastoral care.

Marie Polhamus

In reading the Vision statement of the NACC, the one sentence that stands out for me is "NACC is the light of hope, whose members are persistently advocating for those dedicated to the spiritual care of people experiencing pain, vulnerability, joy and hope." As a BCC member of NACC, I believe it is very important in this tenuous society to have an organization that is there to advocate for the person serving in the healing ministry of Jesus in the name of the church. All of the NACC members need the guidance and avocations of a strong and respected organization, especially those members who are certified but because they are lay are considered less than in some circles.

I would work for the continuation of advocating for all of the membership by supporting and working toward development of regional meetings that would provide educational opportunities and community building. The goal is full participation and involvement in the NACC — creating a powerful voice that will be heard in support of services and ministry performed by chaplains, ordained, religious and lay.

Seeking, Finding

Dying often yearn for 'slates wiped clean'

By Susan Gore Zahra

We enter this world with a clean slate, no misspoken words, no neglect of duty or hospitality, no unresolved anger, guilt, or shame. My work as a hospice chaplain leads me to believe that we try to leave this world with the slate wiped clean again, and that we cling to each labored breath until the work of making peace is finally complete. Exploring the secrets and mysteries each person carries to the deathbed makes me aware of the power of God's presence within these encounters.

Sometimes patient and family members bear the same need for reconciling their differences, but lack the capacity to verbalize and address the issues separating them.

Sometimes patient and family members bear the same need for reconciling their differences, but lack the capacity to verbalize and address the issues separating them. Hannah had early stage dementia in addition to the respiratory disorder that resulted in her hospice admission. Her speech was barely audible and mostly nonsensical. Medication for agitation had very little effect on her thrashing about. Her daughter's presence reduced but did not eliminate the agitation. Hannah appeared to be trying very hard to communicate with her daughter, Michelle, but Michelle could not understand.

Michelle did not leave Hannah's side for more than sleep at night and brief breaks during the day even though her mother's agitation and suffering kept Michelle on the brink of tears. When I suggested Hannah might have some unfinished business, Michelle whispered, "Sometimes things weren't very good at home."

I suggested that Michelle might want to tell Hannah she forgave her. Michelle hesitated. "Mom had a hard life. Some things really weren't her fault. I've put it all behind me."

"But has Hannah put it all behind her? If you can't say the words, maybe we could pray with her for God's forgiveness."

Michelle agreed to try prayer. "But please don't make it sound like she was a bad person."

"Holy and merciful God, Hannah is nearing the end of her life. In this bittersweet time, we are grateful for the life she has shared with family and friends, and saddened that soon she will no longer be with us. In her humanness, she has sometimes failed to love fully and hurt those she loves most, just as in their humanness they have sometimes hurt or offended her. Now that words fail her, please help her family to forgive her and . . ."

Hannah took over loud and clear: "I am so, so sorry."

"I know, Mom, I know." Michelle was able to speak her own words of forgiveness.

I stepped back to bear witness to Hannah, Michelle, and God erasing the barriers between mother and daughter in the final time they had together.

With some families, wounds are too deep and barriers too high to wipe the slate clean within the confines of time and space in this life. I had known Arthur and his son and daughter for several years, from the time Arthur's wife was admitted to hospice through bereavement and Arthur's transition from independent living to long-term care. By the time Arthur was admitted to hospice, he was pretty confused, often interchanging his wife's name and his daughter's name in conversation. Trying to sort out who was who was difficult because Arthur was almost completely deaf. One day Arthur tossed a new name into the mix — Patty. He insisted Patty was his daughter and that she lived in Los Angeles. Arthur attributed many of the same jobs and education to Patty that he mentioned when he spoke with pride and affection about other family members, but he seemed troubled when he talked about Patty. When I asked Arthur's son about Patty, he said yes, she was an estranged daughter. Arthur's son had no idea how to contact Patty, and asked that we not discuss her with Arthur.

Arthur never mentioned Patty again. Several weeks later, when Arthur was no longer able to speak and appeared to be actively dying, he also appeared to be literally fighting off death. His breathing would stop for almost a minute. Then he would scowl and flail his arms until he gasped in another breath. At first we thought he was waiting for his son and daughter to come in, but they both came, said their good-byes and left. Arthur continued to fight to resume breathing again and again.

I sat beside Arthur, knowing that he had some unfinished business with Patty, and feeling helpless to facilitate the resolution he needed to be at peace. After Arthur pushed away an aide trying to clean his mouth and moisten his lips, I moved close to him, ready to dodge his blows, and said very softly, "I am Chaplain Susan and I've come to pray with you."

Arthur grabbed my hand and pulled me still closer.

His face was etched with what looked like desperation.

I acknowledged in prayer that Arthur was dying and that there may be some hurt that still needed to be healed. I asked God to help those whom Arthur loved realize that he had forgiven their offenses, and to help them to forgive Arthur for any injury he may have caused them. I asked God to grant Arthur the hope that someday all estrangements would be reconciled and that his family would be united in love for eternity.

The lines in Arthur's face melted into the smooth, porcelain peace that heralds imminent death. He gently pushed my hand away. When I left, I knew Arthur would complete his journey in God's loving embrace, and I continue to hope that Patty someday will receive God's response to our prayer.

Sometimes a person's public slate looks clean — it's the private slate hidden inside that needs divine erasure. Evelyn maintained her sense of humor and her dignity in spite of dementia related to heart disease. She was the last of her nine siblings. Her only relative was an aging nephew who adored her and visited as often as he was able.

Evelyn repeated several stock stories about growing up in such a large family and about being a teacher. Whether talking about discipline in her family or in her classroom, the theme was the same: "When I (or one of her parents) said do, they would do. When I said don't, they would don't. There was never any problem."

As Evelyn declined, she slept most of the time. Conversation became limited and more confused. I was surprised the day she perked up enough for a lucid conversation, and stunned when she revealed her private slate smeared with resentment and shame.

"It was my mother's idea for me to teach school. She didn't give me a choice."

"Did you want to do something else?" I was puzzled because Evelyn had a beautifully framed document thanking her for her years of teaching in a mission school in Korea hanging on her wall.

"I wanted to eat! The parents seemed to think I did a pretty good job. I just don't know."

"It sounds as though you got your sense of worth as a person from what other people told you."

Evelyn nodded. "And there aren't very many of them left."

I reminded Evelyn that she was God's beloved, that God's love for her was greater than anyone could imagine, no matter what her vocation or how well she had done. Evelyn asked that we pray for "the children," so we prayed in thanksgiving for all the children she had encountered in her teaching and for God's blessing for children everywhere.

A few days after that visit, Evelyn began her terminal decline. She was unresponsive the next time I saw her, but her expression was serene.

Scribbling our messages of hatred of others and of self-loathing on our slates, we begin to believe our words and deeds have become a barrier between God and ourselves. St. Paul tells us: "For I am convinced that neither death, nor life, nor angels, nor principalities, nor present things, nor future things, nor powers, nor height, nor depth, nor any other creature will be able to separate us from the love of God in Christ Jesus our Lord" (Romans 8:37-39, NAB). In the last hours of life, when our scribbling is erased, this is the message that remains.

Susan Gore Zahra is a chaplain at Bethesda Hospice Care in St. Louis, MO, where she also attends classes at Aquinas Institute of Theology. She is a student member of the NACC.

With some families, wounds are too deep and barriers too high to wipe the slate clean within the confines of time and space in this life.

In Memoriam

Please remember in your prayers:

Fr. Edward Swierzbinski, 82, of Randolph, NJ, who died June 4, at Sunrise Assisted Living, in Randolph. Fr. Swierzbinski was a 1947 graduate of Seton Hall University, South Orange, NJ, and graduated in 1951 from Immaculate Conception Seminary, Mahwah, NJ.

He was ordained a priest May 19, 1951. He received his Ph.D. in ministry from Drew University, Madison, NJ. During his career, he was a parochial vicar at Most Sacred Heart of Jesus Church, Wallington, NJ, and at St. James Church, Springfield. NJ. He was a chaplain at Alexian Brothers Hospital, Elizabeth, NJ; Holy Name Hospital, Teaneck, NJ; and University Hospital, Newark, NJ, before being named pastor of the Church of St. Anne, Garwood, NJ, in 1987. He retired in 1996.

He was a member of the National Association of Catholic Chaplains, the New Jersey Hospital Association of Health Care Ministers, the Society of Health and Human Values, Ministers of Medical Education, and the Knights of Columbus.

Book Review

Book offers welcome advice

Hospitality – The Sacred Art: Discovering the Hidden Spiritual Power of Invitation and Welcome. By Rev. Nanette Sawyer. Skylight Paths, Woodstock, VT, 2008. paperback, 189 pp., $16.99.

By Colette Hanlon, S.C., BCC

"Hospitality is a fundamental Scriptural value." These words of Demetrius Dumm, O.S.B., professor of Scripture, have been ringing in my ears for many years, but especially as I pondered the wisdom of Rev. Sawyer's reflections. In a world where we are often so busy about many things that we forget to "be" with others, she reminds us of how important the art of welcoming is for those on a spiritual journey.

Sawyer begins by inviting her readers to welcome God's welcome. Throughout the book she shows hospitality as a movement from receptivity to reverence and then to generosity. God's existential embrace – a holy hospitality – fills us up so that we cannot help but offer it to others. She offers practical advice, suggestions for implementing disciplines to promote welcome, and stories of how others have grown in this spiritual path.

From this foundational practice she develops ways in which we can promote hospitality to our authentic selves, to those closest to us, to neighbors, strangers, enemies, and all of creation. I found the chapters on becoming a merciful neighbor, pursuing kinship rather than estrangement, and extending generosity through non-retaliation particularly insightful.

Sawyer writes from an eclectic background, referencing different spiritual traditions and authors, and grounds her reflections with everyday examples of practices. She includes notes, a bibliography, and references to the exercises included in the book.

She describes practicing transformative spiritual hospitality as "radical welcome." In finding ourselves accepted and embraced unconditionally by God we are impelled to go forth extending that hospitality to others.

Colette Hanlon is spiritual care coordinator at Providence Care Center of Lenox, MA.

Spirit revealed in life's Reveille

By Rod Accardi, D. Min., BCC

Summertime always reminds me of summer camp. And my memories of summer camp as camper, counselor, chaplain and scoutmaster are ever fresh, evergreen, after all these years. Each morning at summer camp the sound of Reveille not only woke me from sleep, but also awakened the hope of a new day full of special revelations. It's time to get up, it's time to get up, it's time to get up in the morning, to move my body with the rhythm of nature. It's time to notice all the sights and sounds of creation, the bugle calls told me, and rediscover the spirit of the Creator in each person encountered throughout the day.

Are there everyday Reveille experiences? Recently Renee Cisewski, administrator at Wynscape Nursing and Rehabilitation Center in Wheaton, IL, shared just such a story with her teammates on the Spiritual Journeying at Work Council. The director of nursing at Wynscape was educating her front line certified nursing staff about body systems and the circulatory implications for the residents. Through better understanding of the power of movement and position changes, the Certified Nursing Assistants decided to engage all facility staff in joining together to dance with the residents every morning at 9:30 a.m. The music signals it's time to get up, it's time to get up, it's time to get up and dance. Not only the CNAs and their residents join in; everyone dances. Family and friends, managers and vendors, everyone joins in the dance of delight. Renee comments with sheer glee,

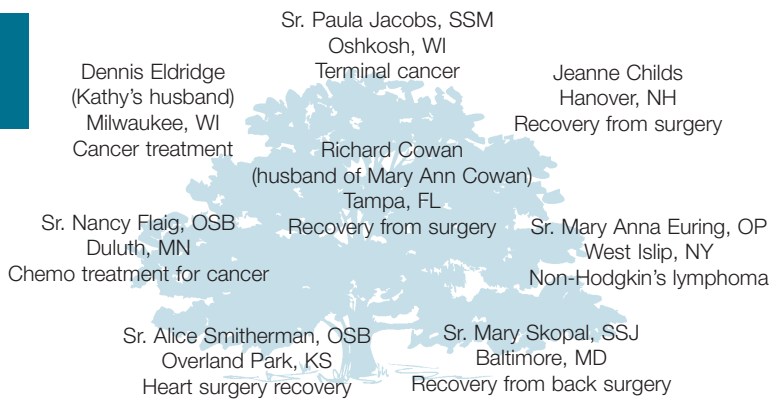
> It is just so incredible to me as I see all departments join together with our residents in community to improve everyone's mental and physical health. As an administrator, I feel so proud and touched by their actions and desire to make Wynscape a place of excellence. It's these little actions that truly make a difference in our residents' lives!

This leads me to want to reflect further (who, what, when, where) throughout this summer season on the Reveille moments in life. *Who* will help get the life-force within me up and going today? *What* am I meant to discover anew today? *When* in my busy day will my eyes and ears behold something really special? *Where* will the Spirit be revealed to me today?

Rod Accardi is director of spiritual care resources and volunteer services at Central DePage Hospital in Winfield, IL.

Prayers for Healing

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



Positions Available

ADMINISTRATOR, MISSION INTEGRATION PARTNERS

Omaha, NE – This is a unique job opportunity, which has responsibility for system wide planning, practice development and communication that will support Alegent Health's commitment to engage with the faith community to create holistic health; that which integrates body, mind and spirit. Other accountabilities include: staff support for a committee of the Board of Directors that will evaluate Alegent Health's integration of mission and values into the life of the organization, participation in leadership and staff development that focuses on understanding mission as ministry, and support for best practice standardization across the system that supports the integration of spirituality within the sciences of health and healthcare. Required Competencies evidenced in achievements: Planning, facilitation, education content development, integration of practical theology, and comprehensive communication skills, including written, verbal and team building. Experience: A minimum of five years' experience in a leadership role within health care or a related ministerial field. At least two years health care experience. Accountability in budgeting, planning and project management, and new program creation and rollout. Demonstrated understanding and personal commitment to the role of spirituality in health and healing, and demonstrated success in adult learning or organization development processes required. Education: Bachelor's degree in health field, Behavioral Sciences, or Education required. Master's Degree preferred. Specialized training in ministry formation, organizational development or leadership development required. For further information, please call 402-717-1860 and apply to www.alegent.com

STAFF CHAPLAIN: FULL-TIME

Baltimore, MD — Bon Secours Baltimore Health System seeks a staff chaplain. Responsibilities encompass providing pastoral ministry to patients, family members and hospital staff in a collaborative interfaith team setting. Acts as a liaison among hospital staff, patients and family members during health crises to provide spiritual and religious support to all parties involved. Provides worship and prayer services and coordinates and participates in major religious celebrations within the hospital. Must possess advanced level communication skills, both spoken and written. The ability to deal with complex psycho-social issues surrounding death and dying and personal adjustment to illness or disability is required. Education Requirements: Graduate theology degree; ordination and/or ecclesiastical endorsement. Certifications / Licensure: Chaplain Certification by a professional association (NACC or APC) or willingness to pursue certification. Previous experience: ministry experience in a hospital/healthcare setting; proficiency in MS Office Suite. Scheduling requirements: Variable times during the day and some weekend days from time to time. To apply, please send resume to: baltimorejobs@bshsi.com or call 410-362-3652. EOE.

DIRECTOR OF PASTORAL CARE

Jamestown, ND — Ave Maria Village (formerly Central Dakota Village) is seeking a full-time Director of Pastoral Care to provide spiritual ministry to residents, their families, guests and staff. Ave Maria Village is a 100-bed skilled nursing and rehabilitation facility sponsored by the Sisters of Mary of the Presentation Health System. Qualified candidates must be certified as chaplains with NACC or have equivalent training and experience. Salary is commensurate with experience and includes an excellent benefit package. Send resume to: Jeannie Schmidt, Ave Maria Village, 501 19th St. NE, Jamestown, ND 58401 or email to jeannie.schmidt@smphs.org For questions contact Sister Suzanne Stahl, SMP, Vice President Mission, SMP Health System, srsuzanne@cableone.net 701-845-2864.

CHAPLAIN/SPIRITUAL CARE COORDINATOR

Rockford, IL — Come Grow With Us! Heartland Hospice of Rockford has an exciting opportunity for a Chaplain/Spiritual Care Coordinator to join our established, growing hospice agency in Rockford, IL. We are seeking a chaplain to provide spiritual care to patients, families and staff as part of a collaborative interdisciplinary team that provides the highest quality end-of-life care. The successful candidate will have previous hospice experience. This individual will support our patients and families in their homes throughout the Rockford and surrounding counties. Qualifications include: M.Div. or MA in Theology or Pastoral Ministry; Minimum of 4 units of Clinical Pastoral Education; Certification by APC or NACC or other pastoral care cognate group, or the ability to be certified within one year of hire. Must have ecclesiastical endorsement. If you are compassionate and want to utilize your chaplain skills in a way that will personally touch your patients, call today. At Heartland Hospice our commitment to our patients is what inspires us to give the best care possible. We invite you to become a part of our established and growing agency. Interested candidates please contact Kristin at klueptow@hcr-manorcare.com, 815-227-4917 (phone), 888-819-6612 (fax), or apply online at www.hcr-manorcare.com. EEO/Drug-Free Employer

PRIEST CHAPLAIN

Tucson, AZ — Carondelet Health Network in beautiful Tucson, AZ, is currently seeking a qualified Roman Catholic Priest Chaplain who will share sacramental and liturgical responsibilities with our current priest chaplains. Carondelet Chaplains participate in educational programs for physicians, hospital staff, volunteers and the larger faith community, are integral members of the interdisciplinary medical team, and model the vision and mission of Carondelet Health Network, a member of Ascension Health. Our successful candidate will be part of a dynamic team of interfaith chaplains who provide for the spiritual needs of our culturally diverse population. Our spiritual care ministry includes patients, their families and our staff whom we serve 24 hours a day, seven days a week. Qualified Roman Catholic Priest candidates will have 4 units of CPE or equivalency, be certified or actively pursuing certification by the NACC. Bilingual in Spanish is preferred. Our associates enjoy outstanding benefits including: tuition reimbursement, health, dental, and group term life insurance, retirement plan with match, paid time off, flexible reimbursement accounts, referral bonus programs, an excellent career path and promotional opportunities For immediate consideration, please submit resume or complete an application in person,

Positions Available

by fax, or on the web. Apply online at www.carondelet.org or send your resume to mkrogstad@carondelet.org EEO/AAE

▼ CATHOLIC PRIEST CHAPLAIN

Miami, FL — Catholic Health Services operates 27 facilities providing a continuum of healthcare and services to the South East Florida community serving 6,000+ people. We are seeking a Priest Director of Pastoral Care for the new St. Catherine's West facility, comprised of rehabilitation, skilled nursing and hospice and scheduled to open this fall. The successful candidate must be bilingual in English/Spanish and will be responsible for coordinating and providing spiritual care services and ministry to a culturally diverse population. Certification as a chaplain by the NACC or APC is required and experience as a healthcare chaplain is preferred. Offering an excellent compensation/benefit package and work environment that supports professional and personal satisfaction. For immediate consideration, submit resume to: CATHOLIC HEALTH SERVICES, 4790 S Road 7, Lauderdale Lakes, Fl 33319, Fax: 954-484-5416 or E-mail: hrs@chsfla.com DFWP/EOE

▼ PRIEST CHAPLAIN

Baltimore, MD — St. Joseph Medical Center, a member of CHI, seeks a full-time priest chaplain to be a member of a professional collegial chaplain team. Will minister to a diverse patient, family and staff population in both inpatient and outpatient care centers. Requirements: 4 Units CPE, NACC or APC certification or eligible, and 2-3 years of healthcare experience. A successful candidate will be proficient in end-of-life care, spiritual assessment, and evidence-based plan of care, and be able to work independently and within interdisciplinary teams. Contact Nichole Highter, Healthcare Recruiter, St. Joseph Medical Center, 7601 Osler Drive, Towson, MD 21204-7582; Phone, 410-337-1790; E-mail: nicholehighter@catholichealth.net.

▼ EVENING CLINICAL CHAPLAIN

Binghamton, NY – Our Lady of Lourdes is a Catholic, acute care, community Hospital and a member of Ascension Health. We are seeking a full time, Certified Chaplain to serve the needs of patients, families and Associates on the evening shift. Our Chaplains report to the Director of Spiritual Care Department and assist with spiritual issues in the healing process, provide crisis intervention and interface with patients, families, and staff when making spiritual assessments. Education requirements: Master's of Divinity or Master's Degree in Theology. The individual should be certified or eligible for certification through the National Association of Catholic Chaplains within two years. Four units of Clinical Pastoral Education required. For information and to apply online, visit our website at www.lourdes.com under the employment section.

▼ STAFF CHAPLAIN

Yonkers, NY — Staff chaplain needed to join a pastoral care department at St. John's-Riverside Hospital (www.riversidehealth.org) overlooking the Hudson River just north of New York City. The hospital system includes the Andrus Pavilion (a 290-bed community hospital), the ParkCare Pavilion (a 141-bed substance abuse facility with outpatient clinics), Cochran Nursing School, and the Michael Malotz nursing home. The successful candidate will serve at the ParkCare and Andrus Pavilions and will join a growing Department of Pastoral Care in these institutions, which have a very culturally and economically diverse patient population and staff. Qualifications: ACPE, APC, NACC, or NAJC certified or certification eligible, high energy with a well-developed sense of the role of professional chaplaincy, and excellent clinical skills. Experience in substance abuse and ability to minister in Spanish a plus. Send resumes with letters of interest to: The Rev. George Handzo, Vice President, Pastoral Care Leadership & Practice, The HealthCare Chaplaincy, 307 E. 60th St., New York, NY 10022 (ghandzo@healthcarechaplaincy.org)

▼ MANAGER OF SPIRITUAL CARE

Chicago, IL — Mercy Hospital and Medical Center, Chicago's oldest hospital, seeks a Manager of Spiritual Care. Primary responsibilities are to administer and grow a well-established program and to provide direct spiritual care and leadership for patients, families and staff. Candidates must be certified by NACC or APC. Experience as a manager is desirable. Send resume to Rev. Martin J. Hebda, Vice President, Spirituality and Mission, Mercy Hospital and Medical Center, 2525 S. Michigan Avenue, Chicago, Illinois, 60616. Phone: 312-567-2045, FAX: 312-328-7741, E-Mail: mhebda@mercy-chicago.org.

▼ CHAPLAIN

Baton Rouge, LA — Our Lady of the Lake Regional Medical Center is a faith-based, not for profit facility with 700+ beds. We are currently seeking a staff chaplain. The staff chaplain will serve as a member of our spiritual care team that ministers to the spiritual and religious needs of patients, families and staff. Duties include participating in interdisciplinary team meetings, memorial services, and leading prayer services in the hospital. Candidates must have ecclesiastical endorsement, NACC or APC certification or eligibility for certification. We offer a competitive salary and attractive benefits package. Apply online at www.ololrmcjobs.com

▼ COORDINATOR CHAPLAIN

Hoffman Estates, IL — A dynamic, freestanding psychiatric hospital within the Alexian Brothers Hospital Network seeks a full-time Coordinator Chaplain. The Behavioral Health Hospital is a 130-bed facility that also averages 175 day-treatment patients. Spiritual care is an essential element of treatment and recovery, and spirituality groups are offered in all programs. The Coordinator will lead a team of 3.5 chaplains. The position requires excellent administrative and team-building skills, the ability to lead spirituality groups and supervise others who facilitate them, preside at worship/prayer services, and provide one-to-one spiritual care. Prefer qualified candidates who have attained some or all of the following: Board Certified Chaplain, prior chaplaincy experience in psychiatric and/or chemical dependency settings as well as a team leader, and academic degrees in both theology and a related mental health field such as social work or psychology. Please send resume with cover letter to Stan Kedzior, ABHN Director of Mission Integration, 3040 Salt Creek Lane, Arlington

Heights, Illinois, 60005 or e-mail to stanley.kedzior@abbhh.net.

CHAPLAIN

Bakersfield, CA — Mercy Hospitals of Bakersfield is seeking a full time Chaplain and a part time Chaplain. Chaplain provides spiritual care to patient, patient's family members and to the staff. S/he is a consultant for ethical issues for patient, family members and staff. Chaplain must have three years in hospital ministry as chaplain, Master's Degree with advanced study in Theology, and Certification with National Association of Catholic Chaplains or Association of Professional Chaplains or COMISS equivalent. Endorsement of ecclesiastical authority. Will relocate for both positions and full benefit package provided. Please forward resume to Mercy Hospitals of Bakersfield, Attention: Denise Weinberg-Crossley, Human Resources, 2215 Truxtun Avenue, Bakersfield, CA 93301 email: Denise.weinbergcrossley@chw.edu; apply online at http://www.mercybakersfield.org or fax: (661) 632-5541.

CHAPLAIN/SPIRITUAL CARE COORDINATOR

Oshkosh, WI – Come grow with us! Heartland Hospice has an exciting opportunity for a Chaplain/Spiritual Care Coordinator to join our established, growing hospice agency supporting Oshkosh, WI, and the surrounding counties west of Lake Winnebago. We are seeking a chaplain to provide spiritual care to patients, facilities and staff as part of a collaborative interdisciplinary team that provides the highest quality end-of-life care. The successful candidate will have previous hospice experience. Qualifications include: M. Div. or MA in Theology or Pastoral Ministry; minimum of four units of Clinical Pastoral Education; certification by APC or NACC or other pastoral care cognate group, or the ability to be certified within one year of hire. Must have ecclesiastical endorsement. If you are compassionate and want to utilize your chaplain skills in a way that will personally touch your patients, call today. At Heartland Hospice our commitment to our patients is what inspires us to give the best care possible. We invite you to become a part of our established and growing agency. Interested candidates please contact Kristin at klueptow@hcr-manorcare.com, 877-245-0789 (phone), 888-819-6612 (fax), or apply online at www.hcr-manorcare.com.

DIRECTOR OF PASTORAL CARE; DIRECTOR OF MISSION INTEGRATION

Portland, OR – Follow your calling! Your unique set of abilities requires a job that will allow you to develop to your fullest potential. Explore an organization that is big enough to offer you multiple opportunities and will be committed to your professional growth. At Providence Health & Services, we are seeking:

- A Director of Pastoral Care (Req. # 32856) for Providence St. Vincent Medical Center. Develops, implements and administers programs, procedures and service efforts related to pastoral care. Leads a team of employed certified chaplains and a large volunteer base. Requires Master's degree in Theology, Pastoral Ministry or in a health-related discipline. Certification by the NACC or APC and five to seven years of progressively responsible experience providing pastoral care in a health care setting.
- A Director of Mission Integration (Req. # 32674) for the Ambulatory Division / Physician Division. This position works with management, staff, physicians, joint venture leadership, volunteers and community and the Physician Division in furthering the understanding of the mission of Providence Health & Services and the integration of the core values into the life and programs of the Ambulatory Division, Health Centers and Physician Division. Requires Master's degree in Theology, Pastoral Ministry or in a health-related discipline. Certification by the NACC or APC preferred.
- For immediate consideration, apply online at www.providence.org/careers or contact Fiona Gladden, Executive Recruiter, at 503-215-4163 or fiona.gladden@providence.org. EOE

HOSPITAL CHAPLAIN

Dallas, TX — UT Southwestern Medical Center seeks a compassionate priest who will minister to the needs of individuals during life crisis, offering spiritual guidance and providing competent care. You'll make a difference in countless lives promoting the dignity of persons of every age, culture and state in life. As a chaplain you need a Bachelor's degree in Theology or related field, and one year in healthcare ministry with up to four units CPE.
** Ecclesial endorsement required.
To apply and for information, contact Lisa Johnson: 214-645-5661, e-mail: lisa2.johnson@utsouthwestern.edu. Or apply online at www.utsouthwestern.edu/careers EOE

DIRECTOR OF SPIRITUAL CARE

Syracuse, NY – St. Joseph Hospital Health Center, a 431-bed acute care hospital sponsored by the Sisters of St. Francis of the Neumann Communities and located in Syracuse, NY, is currently seeking a full-time Director of Spiritual Care. This individual would be responsible for program development, fiscal management, planning, organization, implementation, direction and evaluation of spiritual care services to our patients, families and staff. Qualifications: We require that the candidate be NACC Board Certified with an M.A. in Theology. We also require 3-5 years experience in a healthcare setting. This individual must have excellent management, clinical, interpersonal and leadership skills. Above all, the candidate must display a strong commitment to the mission of St. Joseph Hospital and to Franciscan Values. Send your resume to: St. Joseph's Hospital Health Center, Human Resources Dept., 301 Prospect Ave, Syracuse, NY 13203. Fax: 315-448-5580. E-mail: jobs@sjhsyr.org. Pre-employment drug screening is mandatory. We are a tobacco free campus. EOE.

Position Available ads go online

Beginning in January 2009, Positions Available and CPE Residency ads will run only on the NACC website, not in Vision. We have found that the fastest and most expedient way to learn about position openings and to apply for them is through the NACC website. The website can be found at www.nacc.org.

Board of Directors

Calendar

July

9-10	Interview Team Educator Training, Milwaukee, WI
10-13	Certification Commission Meeting, Milwaukee, WI
17	APC/NACC Gathering Region IX Chaplains, Omaha, NE
30	Board of Directors Meeting – Conference Call

August

4	Articles due for September-October issue of *Vision*

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