

## Remembering ‘third chair’ essential in both pastoral care, spiritual direction

By **Suzanne Lyons, BCC**

I have been offering pastoral care (chaplains) in a hospital setting for about 10 years. Four years ago I signed up for a two-year course in spiritual direction and currently meet with two directees on a more or less regular basis. When offered the chance to write about these two ministries, I knew it would be good for me to look at the two side by side.

In a way, I think caring for our spirit parallels caring for our bodies. We call the doctor/practitioner when we have an injury or illness. But we might also have a wellness personal trainer who accompanies us in the process of developing as much body potential and function as possible. One effort is occasional and the other ongoing. Chaplaincy is offered at the time of a traumatic event. Spiritual direction happens at regular intervals over a long period of time.

I am struck by the commonality of pastoral care and spiritual direction. In both practices the working alliance is grounded in mystery yet the material of the conversation is the stuff of everyday life. As I experience being a minister, in both practices, ideally I hope to be a conduit between God’s Spirit and the client (even if the client does not believe in God). In the case of both pastoral care and spiritual direction relationships, the goal is for healing to take place and for the God/Loving Spirit relationship to deepen in each party. This is true for both the chaplain and the person receiving her/his care as well as for the spiritual director and the person receiving spiritual direction. God’s role is explicit in spiritual direction whereas in pastoral care it is implicit (unless spoken).

The two practices have different focuses. Pastoral care visits usually come about because of one or two

specific issues, such as a discouraging diagnosis, a financial upset, a death, a divorce, whereas spiritual direction, though it would include such events as they came along, takes place on a regular basis over an extended period, perhaps years. Over time a relationship is developed between

director and directee as the director accompanies the directee on her/his journey of life.

In “The Practice of Spiritual Direction,” authors William A. Barry and William J. Connolly point out that spiritual direction explicitly acknowledges what is only implicit in other forms of pastoral care: that the directee’s desire for more life, more integration, more union with God is the sole purpose of coming together, that this desire of the directee is grounded in the indwelling Spirit and that God is an active Other in the relationship. (pg. 141) In a chaplain visit, I help the patients recognize what helps them cope under difficult circumstances. If possible I bring the peace of Christ to a painful setting.

This discussion begs me to tell a story. Here I have combined the material of several of my cases into one “fictitious verbatim” about Ellen.

I first met Ellen when she was in her mid-40s. It was late evening (my usual shift) when the nurse paged me, saying the patient in Room 421, who was scheduled for surgery the next morning, simply could not stop crying. I found the patient sitting upright in bed with the tissue box in hand, the magazines on the table,



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## For Nicole, chaplaincy followed study of Buber, middle school guidance, and Poland adventure *Won't you share your story?*

**By Karen Pugliese, M.A.  
NACC Board Chair**

David Lichter, since becoming NACC's executive director, has been fascinated and moved by tales of the "leaps of faith" into chaplaincy described by many of our members. In the March 10, 2008, edition of NACC Now, David invited readers to send us vignettes of the call to chaplaincy and journey to certification. These narratives attest to new life in our association and affirm the bright, gifted, and deeply spiritual young women and men who are hearing and responding to the vocation of chaplaincy.

As a chaplain for almost 25 years, I am still awed by the blessing it is to accompany people on their spiritual journeys, to link their stories to ancient stories of faith, tradition and myth, to assist them in discerning the spiritual significance of their stories and to ritualize the meaning discovered in the mystery of their experiences of suffering and of transformation. And sometimes the joy of being a chaplain includes engaging in these pastoral tasks<sup>1</sup> with one another as a source of encouragement and hope in our ministry. Flying the friendly skies to Pittsburgh for the APC Conference in March, I experienced just such an encounter.

I had buckled up and settled in to read "Waiting With Gabriel: A Story of Cherishing a Baby's Brief Life," by Amy Kuebelbeck. Just paragraphs into the first chapter I heard my seatmate ask if I were headed to the chaplains' conference. When I asked how she knew, she pointed out that books classified as Spirituality/Death/Grief aren't often considered "must reads," even by Oprah. The conversation that followed and chance encounters during the conference convinced me to share her story, with permission, as a catalyst for giving voice to your stories, and as a cause for hope for the future of our profession.

Meet Nicole Schmidt. Nicole was born in Edina, MN, a suburb of Minneapolis. She attended both Catholic and public grade schools and public high school. Nicole studied at the University of Wisconsin-Madison as a nursing major. A class with Professor Daniel Pekarsky, however, introduced her to philosopher Martin Buber, and during the summer of her senior year she did an independent study, reading and journaling through Buber's "I and Thou." Nicole considers that independent reading project "the culminating point of my undergraduate studies, the thread that has fed and supported all of the pieces of my professional life that are coming together through hospital chaplaincy." She was one of a group of students that completed a project arguing for the importance of Buber's philosophies for the field of education. "We were so enthusiastic about Buber and education that we continued to meet after the course was done; we were known as "The Buber Group." Nicole says that studying Buber enabled her to weave The Sacred into her secular studies, a challenge at a highly academic and research-based university, such as UW-Madison.



*Nicole Schmidt*

Nicole, after receiving her undergraduate degree in rehabilitation psychology in 1995, found herself weaving The Sacred into her graduate studies through concepts taught in transpersonal psychology, social responsibility, and personal development. She graduated in 1997 from the University of Minnesota at Duluth with an M.A. in educational psychology. She worked, while pursuing her master's degree, as a nursing assistant in the emergency room at St. Mary's Medical Center in Duluth on the 6 p.m.-2 a.m. shift. Here she first witnessed the ministry of a hospital chaplain. The experience left an impression not unlike the bit of sand that one day produces a pearl within a receptive oyster shell.

Nicole's personal blend of passion for education and power as an insightful and compassionate counselor led her to become a licensed middle school guidance counselor in Minneapolis. But, after two years, she found herself struggling, with little energy for life. Seeking other options, she attended a job fair where she surprised herself by accepting a position with the American School of Warsaw in Poland – a two-year adventure that she extended to five wonderful years. She remembers her experience in Poland (1999-2004) as incredibly rich. Returning to the States, she again met with Professor Pekarsky who asked, "What is next for you, Nicole?" She replied, "You know, I would love to be a hospital chaplain. But, I cannot imagine having to go back and get another master's degree, etc. etc." Pekarsky responded, "I cannot imagine anything getting in the way of your becoming who you're supposed to be." The brief exchange fanned an ember ignited in her heart during her college days.

Nicole participated in a Protestant campus ministry program at UW-Madison. She remembers being deeply moved by the presence of a female pastor there, and she pursued leadership positions in the church, serving as a peer minister for three years. Because Nicole's pastor noticed and affirmed her gifts for ministry, Nicole returned to her in 2004 "with this little fire in my heart" to inquire about divinity schools. She visited, applied and was accepted to both Yale Divinity and Union Theological Seminary. But when the time came to make the move, she hesitated. Nicole recognized and grieved the possibility of permanent separation from her close-knit family.

In August 2004, Nicole returned home to Minnesota to "make chaplaincy a 10-year project!" School counseling positions, however, were scarce. Nicole's stepmother, a registered nurse, told her about a part-time chaplaincy position at Queen of Peace, a 25-bed hospital in New Prague, MN. So much for the 10-year plan! Nicole immediately sought out professional chaplaincy

## vision

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

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## Revenue needed to stabilize NACC's 'preferred future'

By David Lichter, D. Min.  
Executive Director

Growth Design Corporation, the professional service firm where I previously worked, has a service commitment statement: creating the preferred future with every client. I think about that “preferred future” phrase as I address in this article NACC’s sixth strategic goal — to create a financially strong and mission-focused organization. This goal’s objectives include:

- A. Create and implement a long-range financial plan to secure the NACC’s future.
- B. Develop and implement an effective marketing plan.
- C. Provide necessary development resources.
- D. Promote a culture where board and staff contribute to development efforts.
- E. Complete a feasibility study related to the costs and benefits of combining services with other membership associations within the Spiritual Care Collaborative.

This goal, in one respect, is the most critical goal because generating diverse revenue and stewarding financial resources are essential, *sine qua non*, steps for the long-term viability and health of NACC, the “preferred future” of NACC. Without each member’s commitment to realizing every objective of this goal, NACC will not be around in five years. It’s not a statement of fear but fact. We prefer a strong and vital future. Help us make it just that.

I will reflect on the objectives of this goal through the lenses of the integrated resource solutions approach we took at Growth Design. This resource strategy involves several potential revenue sources, and all are important.

▼ One revenue source is the hidden cost savings gained through organizational or process redesign. Are we organizationally and operationally designed most efficiently and effectively? In some ways, objective E, *complete a feasibility study related to the costs and benefits of combining services with other membership associations within the Spiritual Care Collaborative*, is one tactic that gets at this question. It also requires looking at all committees, commissions, panels, etc., and asking questions, such as: Are we organized appropriately to drive the plan? And is this the best way for the future? The purpose is not primarily looking to cut costs, but cost reduction is often a secondary benefit. While we have not begun such a “feasibility study,” the cognate groups of the Spiritual Care Collaborative are all examining the issue of shared purpose and resources. We will make this ever more intentional in later 2008 and in 2009 as preparation for the 2009 Summit approaches.

▼ Another revenue source is through membership growth. The second objective, *develop and implement an effective marketing plan*, is also a tactic to get at this revenue source. A marketing plan needs to be clear and focused on the markets one is trying to listen to and reach, the messages to convey, and the diverse methods and media to convey them. Last fall our NACC marketing task force identified the primary markets as the employers of

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## Chaplaincy

*Continued from page 2*

education and support — and discovered CPE. She found an extended program where her hospital ministry would fulfill her clinical requirements. Feeling deeply “Spirit-led,” Nicole enrolled in a graduate theology program at the College of St. Catherine in St. Paul, MN. Since the fall of 2005 she’s been chipping away at this MAT, one course at a time.

Last fall, Nicole was offered a position at St. Cloud Hospital, a 500-bed Benedictine facility in St. Cloud, MN, which affords her tremendous opportunities for learning. She is completing her fourth unit of CPE, deepening her ministry skills and advancing her competencies. She has three courses left to fulfill the requirements for her Master’s in Theology. And she couldn’t be happier! Her ultimate goal right now is NACC certification.

After that, who knows? CPE supervision has entered her mind.

As I was writing Nicole’s story I was reminded of a vignette Robert Coles tells in his book, “The Call of Stories.” One of his psychiatric professors in medical school told him: “The people who come to us bring us their stories. They hope they tell them well enough so that we understand the truth of their lives. They hope we know how to interpret their stories correctly. We have to remember that what we hear is their story.” We are blessed with this gift and challenge as well. Nicole’s story is as beautiful and unique as she is. And, it is also every-chaplain’s story, as well as “the journey of a soul,” and the mythical heroic journey. Our stories have the potential to inspire ... to ignite a spark ... to fan a flame where the kindling of a vocation to chaplaincy awaits.

Won’t you consider honoring us with your story?

<sup>1</sup>“Compassionate Hope: Ministry with the Disabled,” *Pastoral Life*, Vol. 35 No.1, Jan. 1986

## Preferred Future

*Continued from page 3*

chaplains with the message to promote the importance and value of certified chaplains. This is a critical market for attractive and viable jobs.

We know that some hospitals and systems do not value certified chaplains as much as others. This target market has to be part of our long-term advocacy efforts. This NACC task force created an initial marketing plan outline that was reviewed and discussed by the board. As I mentioned in my April *Vision* article, both the NACC marketing and recruitment task forces in January were integrated into the Pastoral Care Summit Recruitment Task Force. We are in the middle of refining that plan. This task force is broadening the plan to include markets from where future chaplains will most likely come. While the plan is in process, right now you can be of great assistance by encouraging those individuals you believe would be great chaplains.

▼ Another revenue source is enterprise or finding “earned” revenue sources through fees for services or products. What is of value to others that NACC might have? What programs might be worth some pay-for-use that is reasonable to the purchaser yet approximates the product/service value in the marketplace? Every time NACC offers a program or a conference it tries to fairly price these offerings not to lose money, nor necessarily to make money, but to cover all related costs. What programs are offered to NACC members as part of membership? Which ones are provided at reduced fees to members? As we develop new programs and services, these are the questions we must answer. We are approaching all our programs in the future from this perspective. This revenue

source has to be factored into the long-range financial plan.

▼ Another important revenue source comes through collaboration that occurs when an organization partners with one or more other organizations on projects/services, to create value that would be more costly to each organization if it attempted it on its own. Developing strategic partnerships is NACC’s plan goal No. 5 which we discussed in the February *Vision*. I mention it here because it can have positive financial implications. While the Spiritual Care Collaborative is one of these collaborative partners, we are also doing joint projects with CHA, and will explore joint sponsorships with other healthcare entities. Again, the fifth objective of this goal addresses, in part, this resource strategy.

▼ Stewardship, or the management of invested funds and all resources, is a vital financial resource solution. I am so very pleased that the NACC Finance Committee has put in place policies and procedures for sound financial management of NACC funds. It meets quarterly, and includes two board members, Sr. Geraldine Hoyler, CSC, and John Pollack, M.Div., BCC, and two external members, Michael Lemke, who was recently appointed, and Rev. Mr. Clifton Perryman, who has served for several years on this board committee. We are in good hands in this area.

▼ Philanthropy is the final resource solution. As you can see it is one among several, but a very important one to NACC. Two of the plan’s objectives address this resource: c. *provide necessary development resources*, and d. *promote a culture where board and staff contribute to development efforts*. Both of these refer to development and creating a culture of development.

As you can see by the description of the above “resource” strategies, resource development really encompasses all of these approaches. However, these two objectives imply as

well a culture of philanthropy. And everyone has a part to play.

As with most membership organizations, the majority of revenue comes from member dues and programs. And, understandably, most members feel that they already pay significant dues. Giving charity to NACC makes no sense — especially when they question what they get for their dues.

We need first to address the NACC “value equation” before most members, and any potential outside supporter, will give to NACC. Today most donors view what they do not as charity but as “investing” in a cause or organization. They have been convinced of the importance of the mission, the sound service strategy, and the solid business approach of the organization. It’s not *giving money* away, it’s *investing in* productive social capital. It is a challenge for some NACC members to directly and immediately experience “the productive social capital” or the value of the advocacy efforts underway through the SCC and the Pastoral Care Summit task forces. These are invaluable to the profession of chaplaincy and to each person’s chaplaincy. We hope improvements and access to resources, renewed local/regional gatherings, and other services will renew confidence and commitment to NACC.

Beyond the value equation, however, is the *act of investing* in NACC out of thanksgiving for the ministry and to assist in revenue generation to help offset reduced member fees for special member categories and for scholarships for programs and services for chaplains who personally cannot pay. Let me offer an analogy with Second Harvest, a national nonprofit that runs its program on a shared maintenance fee concept. It asks “member” agencies and pantries that get food from Second Harvest to give so many cents per pound (like a shipping and handling fee) to help defray the administrative (receiving, sorting, storing, moving) costs associated with large volumes of food. Not every agency can afford the “shared maintenance fee” so a charitable “food fund” exists that donors can give to that helps “member agencies” that cannot afford the shared maintenance fee. In a similar way, your giving to NACC is not so much a “value equation” issue, as much as a recognition that not all members have equal and available resources for programs and services and membership fees. Your giving helps offset the lower revenue from some discounted memberships because you value the retired member, the emeritus member, the student member who might not now have the resource but you and we know they need NACC.

Certainly an important development revenue source will need to be sponsorships from other entities that want to “invest” in NACC because they see the value of its efforts for the profession of chaplaincy in which they, as organizations, have an important stake. These entities would include employers of chaplains. APC has a “corporate member” category. I think we should steer

away from corporate member and offer instead a “sponsorship” category that provides sponsors with certain benefits to their chaplains as well. The first step, however, is demonstrating the “value” of NACC to them, and convincing them *to invest* in the advocacy, education, training and support activity of NACC because they see the “importance of the mission, the sound service strategy, and the solid business approach of the organization.” This will happen.

A key indicator of “worthy of investment” for outside funders always is the percentage of members that contribute financially to the organization through annual giving. NACC has a long tradition of members being invited to donate annually, with those gifts totaling annually \$23,000-\$27,500 — which is generous. The key indicator for outsiders, however, is the percentage of members. Over the past three years that percentage has declined (’07 - 6.14%, ’06 - 7.00%; ’05 8.00%). The NACC board giving has been near 100% giving the past three years. And archdiocese/diocese giving has ranged in 10% to 14% range with last year being the strongest. However, we cannot expect that to continue unless the member giving percentage increases. This year we have been tracking the responses of recent donors and were pleased to see that so far nearly 60% of 2007 donors gave again in 2008. We believe that percentage will increase. And so far nearly 30% of those that gave in 2006 but not 2007, gave in 2008. We hope that percentage will increase as well as 2008 continues.

We are working on concrete plans for each of the above strategies. We plan to put on the NACC website ways for members and non-members to consider financially supporting NACC.

Both ACPE and APC have organized and launched in 2007 major campaigns to raise significant dollars from their membership and other donors, and have dedicated the necessary development resources to drive their efforts. NACC is beginning this process. You will be hearing more about this as the year unfolds. In the meantime, please consider increasing your member giving percentage as you receive this month a reminder to contribute to the 2008 annual appeal.

Over the past months many members have expressed to me positive comments about the direction NACC is moving and value they are seeing again in being members because of ways for them to connect with and be involved with other members. We hope the value equation is increasing for you also.

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# Spiritual Care Collaborative

**February 1–4, 2009**  
**Orlando, Florida**

## **SUMMIT '09**

**HEALTH AND HOPE: The Hard Reality of  
Living Intentionally in a Village of Care**

The Spiritual Care Collaborative (SCC) is an international group of professional organizations, representing over 10,000 spiritual care providers, actively collaborating to advance excellence in professional pastoral and spiritual care, counseling, education and research. This unique partnership among chaplains, pastoral counselors and educators will provide a collective voice to promote the highest standards of professional practice and to advance the field of professional spiritual care. The SCC will encourage and facilitate innovative and collaborative programs of practice, education, training and research in diverse contexts.

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# Pastoral Summit work continues

## *Task force members tackle major chaplaincy issues*

**By David Lichter, D.Min.  
Executive Director**

*with assistance from the Representatives of the Summit Task Forces*

Summit task force members don't shy away from tough challenges, whether it's setting a standard for chaplain time spent in direct patient care or working out how universities and healthcare systems can best collaborate to assist time-stretched, aspiring chaplains to meet their professional goals.

In this article, I want to provide NACC members with an overview and update on the work of the task forces that continue to meet following the Pastoral Care Summit last October in Omaha, NE. Four task forces were established to continue the work of the Summit in the areas of metrics, care services/staff development, recruitment, and education/credentialing. These task forces began to hold monthly conference calls in January 2008. While these task forces had some direction from the Summit, each task force established and prioritized its own goals. This article will provide you the names of the members of these task forces and their activities to date.

A Steering Group was immediately formed to oversee, guide, and support the work of these task forces. The membership of this group included representatives of CHA, NACC, and the task forces. The Steering Group includes:

Karen Pugliese	NACC Board/Metrics
Sr. Barbara Brumleve	NACC Board/Education Credentialing
David Lichter	NACC
Brian Yanofchick	CHA
Michael Garrido	CHA
John Wallenhorst	Recruitment
John Pollack	Metrics/NACC Board
Linda Bronersky	Education/Credentialing
Linda Arnold	Care Services/Staff Development

This Steering Group holds a monthly conference call to review the work of each task force, to provide counsel to each other, and to determine what supports might be needed.

### Metrics Task Force

During the Pastoral Care Summit, a metrics group met with the goal of determining how to measure chaplains' effectiveness through metrics. Much time was spent discussing both how to measure and what to measure. At the end of the Summit, a Metrics Task Force was charged to develop a model of metrics that could be recommended to measure the positive impact of pastoral/spiritual care.

The Task Force includes a rich mix of both NACC members and professionals involved in research and patient satisfaction surveying, as well as representatives from the

Spiritual Care Collaborative. The task force members include:

Leszek Baczkura, Chair	Resurrection Health Care Chicago, IL
Linda Bronersky	Wheaton Franciscan Health Wheaton, IL
Joan Bumpus	St. Vincent (Ascension) Indianapolis, IN
Bonnie Burnett	CHRISTUS Health Houston, TX
Nancy Conner	St. Joseph Med.Cen.(CHI—East) Towson, MD
Larry Ehren	St. Jude Med.Cen. Fullerton, CA
Mary Heintzkill	Burgess Med.Cen.(Ascension) Kalamazoo, MI
Julie Jones	Sisters of Mercy Health Chesterfield, MO
Allison Jordan	Press Ganey Associates Mayo Clinic Rochester, MN
Dean Marek	Mayo Clinic Rochester, MN
John Pollack	National Institutes of Health Bethesda, MD
Karen Pugliese	Central DuPage Hospital Winfield, IL
Marie Puleo	Caritas Christi Health Brighton, MA
Bartholomew Rodrigues	Catholic Health System Buffalo, NY
Rose Shandrow	Franciscan Health Systems Tacoma, WA
Robert Shuford	Resurrection Health Chicago, IL
Paige Toller	Univ. of Nebraska Omaha Omaha, NE
Larry VandeCreek	Professional Researcher Boseman, MT
Mary Whetstone	Ohio Health (APC/SCC) Columbus, OH

The task force has come up with the following components to measure the effectiveness of the ministry of chaplains: patient satisfaction questions, associate satisfaction questions, patient phone survey questions, and quantitative metrics.

The Metrics Task Force members have developed 10 patient satisfaction questions. Some questions were submitted from different Catholic healthcare systems that have been using them and other questions they created. It has been challenging to limit the number of questions, because there is such diversity in understanding what different Catholic health

## Pastoral Summit

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care sponsors as well as pastoral/spiritual care directors and staff are seeking. Task force members want to come up with a project that could be widely adopted to gather data that would clearly demonstrate that chaplains and the chaplain ministry are making a positive difference in the lives of so many.

In mid-March the task force submitted 10 questions to Allison Jordan from Press Ganey Associates so its Research and Development Team could recommend one or two questions back to our team. Recommendations were made. The Metrics Task Force members have supported the Press Ganey Associates recommendations. Now these will be sent to the Steering Committee.

The next task will be to develop associate satisfaction questions – a means to measure the effectiveness of what chaplains do and how they do it. Task force members want to see how other professional healthcare colleagues perceive, see, and experience the ministry of chaplains. Then the task force will focus on quantitative metrics to measure the ministry and its effectiveness. Chaplains want to be accountable to others for their ministry and to take responsibility for what they do and how they do it.

Lastly, task force members will work on creating patient phone survey questions to gather more qualitative data about the impact of ministry on those who come to chaplains for care.

Chaplains want to be accountable to others for their ministry and to take responsibility for what they do and how they do it.

### Care Services/ Staff Development Task Force

Two recommendations from the Pastoral Care Summit last October were to examine the role of the chaplain within the complexity of healthcare services and to explore what professional development staff chaplains might need to prepare for leadership positions within their hospital or health systems. These two functions were combined into the Care Services and Staff Development Task Force. Members of the task force represent diverse hospitals and healthcare systems. These are:

Linda Arnold, Chair	Holy Cross Hospital Silver Spring, MD
Sally Carlson	Alegent Health Omaha, NE
Nancy Conner	St. Joseph Med.Cen.(CHI-East) Towson, MD
Nancy Cook	CHW Sacramento, CA
Elaine Herold	St. Elizabeth's Regional Lincoln, NE

Mary Lou O'Gorman	St. Thomas Hospital (Ascension) Nashville, TN
Michele Sakurai	Trinity Health Leadership Program, Boise, ID
Ed Smink	Dubuis/CHRISTUS Health Houston, TX
Jane Smith	Fulton State Hospital Fulton, MO
David Lichter	NACC Milwaukee, WI

Two models of chaplain services emerged at the Summit. One model presented bedside ministry at the center of the chaplain's role with all other services deriving from and integrated within this service. The image of a hub of a wheel representing direct patient care with all the other services as spokes of a wheel emerged. The other model had the chaplain in the center and all the chaplain services as the spokes on the wheel. This model emphasized the multidimensional role of the chaplain within her/his service setting.

During the Summit, the care services group began to identify universal standards of practice for chaplains. The group identified nine standards. During the task force work sessions following the Summit, group members reviewed and refined these standards and compared them to the NACC revised standards. These statements are being revised. By the time you read this article they will have been completed and disseminated for feedback to a select number of directors of pastoral care and mission integration leaders.

The statement that got most attention was one that attempted to set a standard for a minimum percentage of a chaplain's time to direct patient care. The group considered 60% of a chaplain's time should be spent in direct patient care. The challenge was to determine the basis for that percentage, as systems vary greatly as to how they define direct patient care and how they ask chaplains to track that care. The group requested from NACC membership examples of how their hospitals and systems currently measure and track this information, and some were offered. The group believes strongly in having at least a standard that states the expectation that a minimum direct patient care expectation be set, measured, and tracked. For the time being, the group decided to let that question be addressed by the metrics group.

The task force also plans to look at what currently exists in staff development for diverse areas. One is chaplain leadership development opportunities to learn the competencies to move into director of pastoral care and vice president for mission positions. Administrative skills such as system thinking and planning, supervision, and budgeting are a few of those skills. Another is education for current chaplains who were certified under the prior standards and do not have knowledge and skills required under the revised standards. Other staff development areas include: current ethical issues and specific organizational requirements. The task force has not reached a consensus yet on the priority of

these areas. However, it has requested examples of professional development programs from the NACC membership through NACC Now, and has received only a few so far.

## Education/Credentialing Task Force

At the Pastoral Care Summit, the education credentialing work group designated several areas:

- ▼ Educational components for chaplains including:
  - Critical issues regarding the training and availability of CPE supervisors.
  - The importance of collaborative funding for CPE.
  - The value of theological and pastoral education institutions partnership with CPE programs.
  - Developing online programs to prepare chaplains.
- ▼ Exploring the implications of one organization to certify CPE supervisors:
- ▼ Analyzing data on chaplain demographics and credentials from the CHA/NACC Pastoral Care Survey and then
- ▼ Setting longer term goals on the preparation of chaplains for credentialing.
- ▼ Making the case to healthcare systems regarding funding CPE programs.
- ▼ Partnering with education institutions on diverse ways to prepare chaplains for ministry.

The task force is fortunate to have, along with representatives from healthcare systems, three representatives from graduate theological programs, including the president of the Association of Graduate Programs in Ministry (AGPIM – an organization of educators, theologians and administrators representing almost 50 Roman Catholic Colleges and Universities that offer graduate programs in ministry), who have experience with healthcare ministry and are committed to chaplaincy formation and credentialing. The task force members include:

Rose Mary Boyd	St. Francis Health Center Topeka, KS
Linda Bronersky	Wheaton Franciscan Health Wheaton, IL
Kathy Brown	AGPIM – Wash. Theological Union Washington, DC
Barbara Brumleve	Alegent Health Omaha, NE
Harry Byrne	Aquinas Theological Institute St. Louis, MO
Susanne Chawszczewski	NACC Milwaukee, WI
Robert O’Gorman	Institute of Pastoral Studies, Loyola, Chicago, IL
Sr. Claudia Riehl	Benedictine Health System Duluth, MN
David Lichter	NACC Milwaukee, WI

During its first couple meetings, the task force has examined a graduate theological curriculum and compared it to the NACC Standards for Certification’s theory of pastoral care, identity and

conduct, pastoral, and professional sections. This work can be useful to graduate school personnel, helping them to understand the certification standards and how their own curriculum can serve a potential chaplain. A goal is to create a booklet that provides such guidance to colleges and graduate schools.

The task force is also developing examples of diverse ways theological schools and healthcare institutions can partner to assist a potential chaplain, such as aiding an individual to balance part-time work, take four units of CPE, and complete a master’s degree.

These could include healthcare systems offering extended units of CPE and part-time positions, as well as graduate schools providing candidate screening and support. The task force is exploring these options and would appreciate examples from chaplains of scenarios that have worked for them. Such information would be helpful to graduate schools of ministry as well as healthcare entities, as they explore potential partnerships.

## Recruitment Task Force

At October’s Pastoral Care Summit, the recruitment work group developed a rather comprehensive overview of where future chaplains might come from, what are the core components of a recruitment strategy or process, what organizational conditions need to be in place to be successful in recruiting (examples: mentoring, salaries, leaders trained for recruitment, career ladders, and funding). They also recommended a set of core practices that need to be part of recruiting chaplains. Some of the standards include: identify and cultivate diverse referral sources for chaplains; support potential chaplains through mentoring, internships, and hands-on experience; maintain collaborative partnerships; create a national strategic media campaign through story-telling; and develop a replicable creative and effective recruiting process that includes: job descriptions, compensation packages, multidisciplinary interview teams, and strong partnership with human resources. The goal for the first year was to develop a replicable, universal recruitment strategy.

The task force is richly blessed with representatives of diverse systems and levels of leadership within systems. They include:

Laura Richter, Co-chair	Ascension Health St. Louis, MO
John Wallenhorst, Co-chair	Bon Secours Marriottsville, MD
Mary Feeley	Mayo Clinic Rochester, MN
Tom Butler	Bon Secours Marriottsville, MD
Karen Helfenstein	Catholic Health East Newtown Square, PA
David Lichter	NACC Milwaukee, WI



*Spiritual Directors International, www.sdiworld.org*

## Third Chair

*Continued from page 1*

untouched. With her very red eyes, her mussed hair and rather frantic expression, she began sobbing again and said, “I’m sorry I’m such a mess. I was able to convince my husband, the kids and, I thought, myself, that this wasn’t a big deal and that I was fine, but after they all left, the reality of the unknowns tumbled down and my feelings have clearly overwhelmed me.” The patient paused and I began by saying hello, exchanging names, asking Ellen if she would like me to sit with her a while. Would she like to unload a bit and tell me about these unknowns?

Ellen, still hiccupping the way people who have been crying do, mentioned pain, abdominal mass, exploratory surgery, possible hysterectomy, possible cancer. Then, after the health issues were laid on the table, there followed a calm, one might say sacred, conversation as Ellen’s story unfolded. She talked about her new job that she loved, that was in their hometown so that she could easily get to school events. She said one of the boys was going to college next year. She talked about her parents, both deceased, and she talked about her husband and how they’d had some serious problems, but they’d gotten help and things were better; they were over the hump, and now this — more tears.

In response to “What helps you cope normally when things are down?” Ellen said without skipping a beat, “My Catholic faith, but it isn’t helping tonight.” More tears.

Eventually, I suggested we pray together, offered the patient Holy Communion, putting all Ellen’s unknowns in Jesus’ hand and asking for His peace. Then, as if on cue, the nurse arrived with a sleeping pill.

The next afternoon when I arrived at the chaplain’s office there was a strange man looking for me who turned out to be Ellen’s husband, John. Ellen is still in recovery but

## The Third Chair I

You are a Spiritual director.  
I sit in my chair  
you in yours.  
I have come to see you  
with a longing  
that mystifies me.  
You draw my attention  
to the third chair  
in the room:  
You invite me to see  
with the eye of my heart  
the Source  
of my longing:  
the Eternal, invisible, loving,  
guiding  
challenging, insistent  
Mystery  
in the third chair.

— Jennifer (Jinks) Hoffmann (This poem first appeared in the 2008 edition of “Seek and Find: A Worldwide Resource Guide of Available Spiritual Directors.”)

## The Third Chair II

You who are sick and troubled  
sit in bed or chair.  
I sit in nearby chair.  
I am a Chaplain  
who has come to see you  
to offer  
pastoral care,  
to hear your story,  
to remind you how valuable  
your life experience is,  
to remind you  
how important you are.  
And if you are open to hear it,  
to remind you how we,  
You and I,  
are one in God.  
Then, to point out  
that the holy one  
always sits  
in the invisible third chair.

— Suzanne Lyons

she wanted me to tell you that she is fine, the mass turned out to be a “misplaced appendix that was engorged,” he told me. That was all that was removed. I celebrated this good news with John and Ellen, their family, and the surgeon. Everyone was euphoric and the spirit of gratitude spilled everywhere, certainly into my heart. Then, as it so often is in hospital pastoral care, the patient went home the next day, but her “miracle” stayed with me.

About a year later I got a phone call. Ellen was coming into town on Wednesday, by any chance could she meet with me. She said that she had felt so close to God at the time of the surgery, but that the relationship seemed to have dried up. Life was good but something was missing. We met at that time and sometime later she decided to try spiritual direction. One of the challenges in this process, especially in the beginning, is that it feels like nothing is happening in the sense that there seems to be no tangible change (unlike a situation in chaplaincy where a rush of God’s peace might descend in the middle of a trauma).

Spiritual direction is tailored individually; it can be casual, instructional or evocative and moving by the Spirit who knows what the conversation will look like. But often a beginner is invited to pray on a regular basis, and as part of prayer to practice becoming more aware of one’s feelings and incorporate them into prayer. Typically we leave out some of our feelings in prayer. For example, I had the flu and had to stay home from work. It was snowing out and the view was beautiful and peaceful. So in my prayer I talked about the mesmerizing flakes, the purity of the white, the deer tracks, the frosted branches, but I failed to mention how lousy I felt, or how angry I felt that these three days out for sickness might affect my vacation.

When true feelings are missing from prayer, the prayer is not real in the sense that it is disengaged from actual life, and such prayer becomes empty. It’s one thing to name feelings and another to express them in a concrete way so that another person can get to know us better. That’s what I (or you) do with a friend so that that person can know us better and share our lives more explicitly. The same principle holds for building a relationship with God.

With the above in mind, and guidance from Barry and Connolly’s “The Practice of Spiritual Direction,” (pg. 77) the following is a conversation following a funeral that Ellen attended for James, an out-of-town college friend who had been killed in a snowmobile accident.

■ ■ ■

Ellen: At the time of the funeral I was sobbing with sadness one minute, then, the next minute I was happy to see other close friends. Our coming together made it easier to deal with the tragedy. But then when I got home into my routine, I felt gloomy and upset. When I went to pray, I found myself talking about 13 years ago when Mom and Dad were killed in the airplane crash, how that wasn’t fair and how it hurt so that it took my breath away because I never got to say goodbye.

Director: So James’ funeral reminded you of your parents’ death?

Ellen: Yes, it did.

Director: Did you talk to God about that?

Ellen: I did. I reminded God how I was still torn apart by their absence sometimes, especially when I really want to ask them something. Then I think it is so unfair that my parents were killed. They were such good people always doing for others. I miss them. I am still upset.

Director: What did God seem like?

Ellen: What do you mean?

Director: Well, was God there? Did you feel you were talking to yourself?

Ellen: No, I know what that talking-to-yourself feeling is like. God was there.

Director: Did you have a sense of what God was like?

Ellen: Only that God was present, was listening. God cared and that was important to me.

Director: Was God far away?

Ellen: I wasn’t aware of near or far. God was there.

Director: And you went on telling what you felt?

Ellen: Yes, I surprised myself. I let go of a lot of feelings about the shock and the loneliness after Mom and Dad had been taken away and how it was my 40th birthday the next day and it was engulfed in sorrow. Then, the more I talked the more other feelings surfaced like the bitterness that that grandparent relationship was taken from my boys who’ve had to grow up without them, and all the plans that were never able to happen.

Director: Did God stay with you?

Ellen: Yes, God was attentive but didn’t answer me.

Director: How did that make you feel?

Ellen: Very disappointed, then angry; so I talked to God about that too. I spoke my feelings freely. God didn’t respond but God stayed.

Director: Did anything else happen in the prayer that you recall?

Ellen: Only that I felt good at the end. God had remained attentive and that meant that God had taken me seriously. I felt cared for.

■ ■ ■

The above conversation would have been a relatively small part of the hour meeting of director and directee. As the director’s role is to companion the directee on her or his journey of life, the overall conversation is always led by the directees who tell their story of the ordinary, the successes and the struggles that they are currently dealing with and the emotions that accompany these events. The director’s goal, which is to help the directee to clarify where God is in the midst of life’s activities, is accomplished in a number of ways including questions, expansion of a thought, or moment of silence. Is the directee allowing God into the picture? This question is important

## Third Chair

Continued from page 11



because it is natural to resist God just as resistance happens in human relationships. We know that even though one values a friendship, cares deeply for someone and wants to be closer, the tendency is to hold back in some way.

Spiritual direction and chaplaincy (pastoral care) are professions that bring forth love. The philosopher Bertrand Russell once said, "Of all forms of caution, caution in love is perhaps the most fatal to true happiness." Love can and (on a good day) does inform everything that we do. When we are not "cautious" in giving our selves to the task at hand, when we remember the third chair, then the work of both pastoral care and spiritual direction can, I think, be an endless source of true happiness. Let us not be cautious in love!

*Suzanne Lyons, BCC, has been a chaplain at the Dartmouth-Hitchcock Medical Center since 1999. She holds a Master of Arts*

*degree in theology from St Michael's College in Winooski, VT, has completed a two-year internship program in spiritual direction at the Institute for Spiritual Development in Burlington, VT, and now practices as a spiritual director.*

### Tell us what you think!

- ▼ Give an example from your ministry when you distinctly felt the presence of the occupant of that "third chair."
- ▼ In your view, how do the realms of spiritual direction and chaplaincy differ? How are they similar?
- ▼ Do you take advantage of spiritual direction in order to be a more effective chaplain? How does it help? Explain.

Send your comments to [lcardona@nacc.org](mailto:lcardona@nacc.org)

## Pastoral Summit

Continued from page 9

Plus from NACC Marketing/Recruitment Task Forces

Jim Castello	Bon Secours Port Jervis, NY
Vicki Farley	Providence Health & Services Portland, OR
Blair Holtey	Mease Countryside Hosp. Safety Harbor, FL
Michelle Lemiesz	Mt. Carmel East Hosp. Columbus, OH
Bridget Deegan-Krause	NACC Board Member Ferndale, MI
Jim Hoff	Mercy Medical Center Nampa, ID
Michael Adamson	St. Joseph's Hospital Marshfield, WI
Cindy Bridges	NACC Milwaukee, WI

Task force members initially discussed several key issues including: determining target audiences; the ever-changing nature of chaplaincy roles, and the challenge to define and describe chaplaincy; the value of telling personal stories about chaplaincy; understanding the healthcare setting within which future chaplains will work; and the value of a short-term and long-term plan. Thus each meeting includes some long-term planning, as well as some immediate steps that can be taken to advance the approach and resources for chaplaincy recruitment.

The task force decided that it was important to first articulate and review materials being used that answer the question, "What is chaplaincy?" They invited NACC member participation. Following an invitation issued in NACC Now, they received a good sampling of brochures, handouts, and presentations on chaplaincy that are already being used by chaplains within their healthcare settings. The goal is to review

these materials, then to test different descriptors of chaplaincy to see how they work with different audiences. Also they want to make the marketing/recruitment resources sent by members available to all NACC members on the NACC website.

In their second call, the task force devoted time to identifying the potential audiences to approach for recruitment, the messages that need to be made, and the strategies that could be used. This material is being worked into a communication plan format for future refinement. The task force also decided to begin encouraging chaplains to write their "coming to chaplaincy" stories. Several members of the task force also volunteered to write them. NACC members were invited through NACC Now to write and submit their stories. Currently there are about 10 stories that will be shared at the Indianapolis conference.

A short-term goal is to have the NACC website feature an icon and a title, such as Consider Chaplaincy, that leads visitors to a link that includes questions and answers, stories of chaplains, requirements, educational institutions for degrees, places to contact, and other such information that would be helpful to potential future colleagues.

### Conclusion

At the end of my article in the January *Vision* titled, "Summit identifies goals for future of pastoral care," I stated, "... everyone left committed to continue the important work that was begun. As one participant expressed it, 'We can't do this alone or as isolated systems. We have to do this together.' ... Participants from healthcare systems invested tremendous human and financial resources into those days. NACC and CHA are committed to see that the objectives of this Summit will be met."

As you can see, these task forces have set some significant goals and taken early steps to realize these goals. If any reader has feedback for these groups or wants to be part of these task forces, please contact any member of these task forces or David Lichter at [dlichter@nacc.org](mailto:dlichter@nacc.org).

## Always

To do  
Always  
What You  
Expect of me...

Simple things,  
Like tending to  
A garden  
(herb, flower)  
that brightens into house/kitchen  
Like caring for  
A kitten  
(become a cat)  
who came to me  
out of a landfill

Major things  
Like attending  
The sick/dying  
The patient  
Whose family  
Keeps vigil  
August moments  
Slipping past  
Oh so slowly...  
All too fast

Young persons  
Old persons  
Poor persons  
Rich persons  
All persons  
Your persons  
Each and every  
One

Readying all  
For the eternal now!  
For the eternal ONE!

— Sr. Andrea Zbiegien, SFCC/D.Min.  
Chaplain, St. Vincent HealthCare,  
Jacksonville, FL

# Voters rank healthcare as top priority in next election

*Catholic Health Association survey highlights  
growing call for health system change*

American voters surveyed in a recent public opinion poll named healthcare as a top priority for government and a deciding factor in the 2008 presidential election, ranking it above domestic issues such as homeland security, public education and taxes.

Indicating the level of attention being paid to the healthcare debate, 85% of likely voters surveyed said that a candidate's position on healthcare will significantly or somewhat affect their decision when voting in the next election. Meanwhile, 4 in 5 respondents (82%) said they agree that there is a moral and ethical case to be made for coverage for everyone.

Representing a marked shift in public opinion, 7 in 10 respondents (71%) stated that they think the federal government should take financial responsibility to cover uninsured children. This is a 6% increase from survey respondents asked the same question in July 2006.

Also notable from the survey: no domestic priority outside of healthcare garnered more focus from likely voters — 29% named healthcare as the one issue that should receive the most attention from government, followed by ensuring homeland security (22%) and reducing government spending and taxes (19%).

“The American public is rightly coming to the conclusion that healthcare is an urgent matter for this country,” said Sr. Carol Keehan, DC, president and chief executive officer of the Catholic Health Association of the United States (CHA). “We look forward to building on this wave of public support in the coming months — and for the 2008 election cycle.”

Through its Covering a Nation initiative, CHA has developed a vision of the future U.S. healthcare system by outlining a series of principles. The vision, which is being released as a working document at the 92nd Catholic Health Assembly, June 17-19 in Chicago, is founded on the premise that human dignity must always be protected and therefore access to healthcare should never be limited only to those who can afford it.

“We are glad to see the American public increasingly demand that candidates take a stance on healthcare and make serious reform a top priority for the government,” said Jeff Tieman, director of CHA's Covering a Nation initiative. “The public continues to express this as a major national priority, and it is time that our elected leaders do as well.”

The opinion survey included responses from 800 likely voters nationwide reached by telephone May 21-23, 2007, and has a margin of error of plus or minus 3.5%. The survey was conducted on behalf of the Catholic Health Association of the United States by Public Opinion Strategies, Alexandria, VA.

Also notable from the survey: no domestic priority outside of healthcare garnered more focus from likely voters — 29% named healthcare as the one issue that should receive the most attention from government, followed by ensuring homeland security (22%) and reducing government spending and taxes (19%).

# Members meet locally, with NACC support

*Join in by planning an educational event in your area*

**By Susanne Chawaszczewski, Ph. D.**

**Director of Education and Professional Practice**

Our 2007-2012 Strategic Plan has as its first goal “to support association members with creative educational, spiritual, and communication opportunities.” Our objective under this goal is to develop, offer, and promote educational opportunities for members. As a community called to serve, NACC members support those who journey through sickness, struggles, and death. As a community of professionals, NACC members work to bring strength, competencies and standards to pastoral care in a broader context throughout the country. NACC members are also a community of learners — both individually and together — as they engage in professional, personal, spiritual, and theological education. We hope that you, as part of this community of learners, will plan and participate in quality, accessible, educational programs.

Pockets of our members have already been meeting regularly across the country, both formally and informally. One very successful group includes the chaplains and supervisors from Minnesota, South Dakota, North Dakota, and Wisconsin. The North Central Prairie Chaplains produce educational events emphasizing quality, community, and accessibility. They are continuing a program that is vital to the members in their area.

Throughout the past six months, the NACC has helped to organize local events throughout the country, and it is our intention to assist in continuing to develop and promote this education for you, the community of learners. And this is such an exciting time for us and for our members! However, it is also important for you to become involved by offering your ideas, your input, and your assistance in planning these opportunities.

How can you help?

- ▼ Join us at an educational event and be an active participant.
- ▼ Contact our office with your ideas for both topics and speakers.
- ▼ Help provide local support and organization by hosting an educational event. This includes selecting the topic and speaker, developing any prayer experiences, as well as selecting the location and date. On-site assistance includes helping with the activities of the day. Perhaps you have a group of people you know who would be interested in working together.
- ▼ Host a dinner or lunch with reflection time — perhaps around Advent this year or Lent next year.
- ▼ Host a reading group for the memoir “The Year of Magical Thinking” by Joan Didion, our “One Book One Association” selection for 2008 (See March 2008 *Vision* for information).
- ▼ Bring colleagues to the programs. Health care workers and professionals, diocesan personnel and priests, college and graduate school students in addition to NACC members, can benefit from our educational opportunities. In addition to the main educational experience, they can learn about the role of the chaplain from our membership by sharing

that time with us.

- ▼ If your institution or area is holding an event you would like included on our list of education events, please contact me at [schaw@nacc.org](mailto:schaw@nacc.org). Once we receive a copy of the brochure/program for the event, it can be evaluated for continuing education hours and we will list the event in *Vision* and on the NACC website.

Many hands make the work light. Those of you from our community of learners know that there is a certain amount of satisfaction you receive in volunteering for the NACC — whether it be at the national conference or at a local educational event. We know we need members like you to take the lead in these

*See [Educational Events](#) on page 16*

## NACC 2008 Educational Opportunities

Please check the NACC website for updated information.

### **Sunday, April 20**

Winter Park, FL  
San Pedro Retreat Center  
9 a.m. – 3:30 p.m.

[www.nacc.org/docs/resources/Florida Registration Form.doc](http://www.nacc.org/docs/resources/Florida%20Registration%20Form.doc)

### **Monday, May 19**

Worcester, MA  
Assumption College  
9 a.m. – 3:30 p.m.  
Presenter: Virginia Kimball

### **Friday, June 20**

Irving, CA  
VITAS Innovative Hospice Care

### **Thursday, September 11**

Brighton, MA  
Caritas St. Elizabeth’s Medical Center  
3 – 7 p.m.  
Annual Gathering for Chaplains  
Sponsored by the Office of Parish Outreach  
Ministries/Health Care Ministry  
Roman Catholic Archdiocese of Boston

### **Friday and Saturday, September 19-20**

Portland, OR  
Griffin Center

### **Thursday and Friday, September 25-26**

Alexandria, MN  
North Central Prairie Chaplains Fall Conference  
Presenter: Rev. Dick Sparks

### **Sunday – Tuesday, October 26-28**

Wisconsin Chaplaincy Association Fall Conference  
Green Lake, WI

## 'Angels of light' conquer darkness in ER waiting room

By Rod Accardi, D. Min., BCC

"Code White, Rehab Services, Code White." Steve, a 15-year-old outpatient, who a moment earlier was joking around with his speech therapist, fell into the dark chaos of another massive seizure in the Rehabilitation Services' Waiting Room. Feeling an overwhelming sense of powerlessness, Steve's grandfather witnessed the horror of his grandson's peril. Andrea, Steve's speech therapist, reached into that anguish. And with a steady gentle touch, she silently communicated that they would journey together through this ordeal.

Steve was quickly transported down to the ER. As word spread swiftly about his distress, family and friends rushed into the ER waiting room, where they awaited word of Steve's condition.

Into the depths of this darkness, however, ventured the angels of light. During the difficult period of waiting, Dr. Boyle and members of the ER staff entered into the suffering of Steve's loved ones and spoke words of reassurance that all that could be done for Steve was being done. Their compassionate presence seemed to illuminate the dark

distress and calm the inner storms.

There are many waiting rooms with many people sitting or pacing right now, awaiting news. Most of us, too, experience frustrating moments of waiting. The month of March can seem like one big waiting room, when the worst of winter may be behind us, and the promise of spring seems present only in name. We watch for signs of new growth. And wait.

Steve's condition stabilized; he was admitted to the hospital, and subsequently discharged home. I am uncertain as to the medical outcome of his hospitalization. But what I am certain of is how blessed we are to work along side our compassionate colleagues. It is as if these wholehearted individuals penetrate the darkness of the disheartened, inhale their dark clouds of suffering and exhale love and compassion. Sometimes just a simple smile, a warm greeting, a calming presence penetrates our whirlwind of waiting. When is the next time one of these compassionate colleagues will cross your path? Just you wait and see.

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

## 5<sup>th</sup> edition is reader-friendly, 'Catholic,' economical of word

*Health Care Ethics: A Catholic Theological Analysis; Fifth Edition* by Benedict M. Ashley, OP, Jean K. deBlois, CSJ, Kevin D. O'Rourke, OP; Georgetown University Press, Washington, DC, 328 pages, \$34.95.

By Fr. James F. Buryska, BCC

In beginning this volume I anticipated something like the fourth edition by the same title, (Ashley and O'Rourke) – also on my bookshelf – and its predecessors. I was wrong; this edition has been revised so substantially as to make it a different book. Earlier editions were denser, more thoroughgoing explorations of Catholic teaching and history in matters relating to the ethics of healthcare. They were primarily useful (to me, anyway) as works of reference but not very likely to be read for inspiration or enjoyment – the Catholic version of Beauchamp & Childress' "Principles of Biomedical Ethics," as it were. Although the *Fifth Edition* isn't exactly a page-turner, by the time I reached Chapter Seven (pertaining to professionalism, organization of health delivery and social responsibility), I nevertheless found myself reading with excitement and enjoyment.

Make no mistake: the title is accurate. This is certainly and clearly a "Catholic" analysis of healthcare ethics. Principally, what makes it so is its acceptance of Scripture and Roman Catholic magisterial teaching as normative sources of ethics. In terms of the range of positions held by Roman Catholic

thinkers on a variety of issues, *Health Care Ethics* represents mainstream Catholic thinking. In fact, one might say it defines the mainstream. It is clear, careful on reproductive and "life" issues, and yet challenging, particularly in addressing distributive justice and the social responsibility of healthcare systems and practitioners.

In my view, the book's most valuable theoretical contribution (not new for these authors) lies in its articulation of "prudential personalism" as an ethical theory. Additionally, the *Fifth Edition* offers an intriguing way of classifying ethical theories, a bit different from any traditional classification method I have seen to date, and more complete than that offered in the *Fourth Edition*.

In sum, the *Fifth Edition* covers the same ground as previous editions, but in a manner more economical of word, more reader-friendly, and generally less intimidating to the average user. One can guess that these changes are at least in part due to the influence of Sister Jean deBlois as an added co-author. Whether this surmise is true or not, I anticipate that both editions will sit side by side on my bookshelf: the *Fifth* for general reading and frequent use, and the *Fourth* for those – perhaps rare – occasions when I need a lengthier or deeper treatment of a given topic.

*Fr. James F. Buryska, BCC, is a NACC and ACPE supervisor at the Mayo Clinic in Rochester, MN.*

## Book Reviews

# Spiritual healing: Positive responses linked to high expectations

By Lawrence VandeCreek

My work in pastoral research leads me periodically to literature on spiritual healing — a topic that spans anthropology studies of healing practices in primitive cultures, faith healing reports, and scientific analyses of more sophisticated current spiritual healing practices. Not many healthcare chaplains likely think of themselves as “spiritual healers” in this alternative medicine sense. Reluctance is understandable, because the scientific healthcare settings within which chaplains work usually do not typically embrace this ancient healing tradition. Nonetheless, the spiritual foundations of healthcare chaplaincy are likely closer to the spiritual healer tradition than to that of scientific modern medicine.

In “The significance of belief and expectancy within the spiritual healing encounter,” researcher Daniel Wirth examines the role of belief and expectancy (of both patient and healer) in the healing encounter. As chaplains know, patient beliefs and expectations comprise powerful stuff that is at work in all healing processes, whether based in spirituality or in science.

While this article is just over 10 years old, the results are worth review.

The project tested three hypotheses. First, the authors sought to determine if the patients believed that improvement took place after the healing session. Second, they wanted to know if the patients’ expectations of the healing session were associated with the perceived healing. Third, they wanted to know whether the healer could predict whether the patient experienced healing or not.

The study included one spiritual healer with a clinical practice, a researcher/author, and 48 patients who came for their individual healing session. The healer practiced a laying-on of hands that he developed from his training and experience. The patients were frequently single (46%), white (65%), females (67%) who were educated (56% with collegiate experience) in white-collar occupations (44%). Six patients had cancer diagnoses, five were in chronic pain, five suffered from mental disorders, and the rest suffered from a diversity of severe, chronic conditions.

New patients who came for their first appointment completed a questionnaire before their treatment. The questionnaires gathered physical and mental health information and also contained three items concerning the extent to which they believed in spiritual healing and expected it to help them. These responses were used to create a high expectancy group and a low expectancy group. The high expectancy group believed that the condition for which they sought help would be cured completely or would greatly improve within three weeks due to the healing treatment. The low expectancy group believed little or no improvement would occur. The healer also created two groups on the basis of his perception concerning whether the patient would

greatly improve within three weeks or improve not at all or very little. Within three weeks after the healing appointment, the researcher mailed each patient a questionnaire identical to the first and asking the extent to which they believed healing had taken place.

The analysis tested whether the post-test scores documented improvement and whether those in the high expectancy group more frequently reported healing. The author also examined whether the two patient groups created by the healer corresponded to these patient reports. The author also reported patient responses concerning whether they had visited their physician after the healing session and had been told whether or not their condition had improved.

The results showed that a comparison of the scores from the pre-treatment and post-treatment physical and mental health scales (14 variables in all) revealed significant improvement after the healing session. Additionally, those in the high-expectancy group more frequently reported improvements when compared to the low-expectancy group. In response to the post-treatment questionnaire, 90% said they

believed in spiritual healing and all attributed improvement to it. Many (88%) said they would return for additional appointments as necessary. Most (92%) would recommend it to others. Interestingly, 88% of patients believed that the condition for which they sought healing continued. Most of the patients (75%) visited their physician both before and after the healing session and 86% of them were told that their condition had improved. Never underestimate the power of expectations.

## Reference

Daniel Wirth. 1995. The significance of belief and expectancy within the spiritual healing encounter. *Social Science and Medicine*, 41(2), 249-260.

Lawrence VandeCreek, D.Min., BCC, is a retired APC chaplain living in Bozeman, MT.



## Educational Events

Continued from page 14

activities — with help from us. The NACC office can provide administrative support if you choose to host an event. We can assist with publicity, with mailing lists, and we can evaluate the program for continuing education hours.

We hope our excitement for these new opportunities moves you to become an active participant in your own continuing education. Always willing to listen and to strategize on new ideas to keep our community of learners connected and educated, I can be reached at [schaw@nacc.org](mailto:schaw@nacc.org).

### Please remember in your prayers:

**Deacon Michael E. Murray**, who died peacefully March 17 in Taunton, MA, at age 60, after struggling with cancer. He was the husband of Carol A. (Saba) Murray for 37 years.

Deacon Murray was chaplain to the Taunton and Dighton police departments in Massachusetts. He also worked with the Red Cross in disaster relief services, providing pastoral care to those in need. Most recently, he was employed as a chaplain with West River Hospice in Needham, MA.

Bishop Daniel Cronin, then bishop of Fall River, MA, ordained him a deacon in 1987. Deacon Murray served at Immaculate Conception Parish in Taunton and at St. Mary's Parish in Norton, MA.

In addition to his wife, Deacon Murray is survived by his parents, Henry and Margaret (Nolan) Murray of Taunton. Other survivors are his children: Rev. John Murray of South Yarmouth, MA; Tara Gonsalves and her husband Joseph of

## In Memoriam

Berkley, MA; Shannon Doel and her husband Kyle of Taunton; and Beth Murray, also of Taunton.

NACC member Tim Serban, in an e-mail message, recalled Deacon Murray as "an incredible champion of grace and strength," adding that he "cared for patients, colleagues and leaders with the same compassion in the way he lived his life."

Serban continued, "Mike was the statesman for Spiritual Care in Washington, D.C., in the face of great anguish during 9/11. He was the reassuring voice to those of us in the field, when we were being tossed on the waves of grief. His advocacy for disaster chaplaincy and spiritual care has been an incredible cornerstone for our organization and for the future of chaplains in the face of great loss."

Sr. Mary R. Skopal, SSJ  
Baltimore, Md.  
Back Surgery

Sr. Alice Smitherman, OSB  
Overland Park, KS  
Heart Surgery

Sr. Mary Anna Euring, OP  
West Islip, N.Y.  
Return of Non-Hodgkin's  
Lymphoma

Sr. Hilda Mallet, MHS  
Lafayette, LA  
Breast Cancer

## 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.

### ▼ PRIEST CHAPLAIN

**Port Jervis, NY** – Bon Secours Community Hospital seeks a priest chaplain to promote the ministry of the Bon Secours Charity Health System and the Pastoral Care Department for our acute care hospital and 46-bed long term care center. This position will report directly to the director of pastoral care and will be responsible for liturgy responsibilities and for providing pastoral care to patients, residents, families and staff. Qualified candidate must have four CPE units, and NACC or APC certification. Please respond by forwarding your resume with cover letter to: Human Resources, Bon Secours Community Hospital, 160 E. Main St., Port Jervis, NY 12771; Fax (845) 858-7418; E-mail: pat\_hendershot@bshsi.org. EOE.

### ▼ PRIEST CHAPLAIN

**Springfield, MO** — St. John's Health System is a 460-physician, 10,000-co-worker integrated health system that includes St. John's Hospital in Springfield, Mo., and five regional hospitals; St. John's Clinic and St. John's Health Plans. The Priest Chaplain is responsible for a patient care area in conjunction with our Chaplaincy Team ministry as well as sacramental needs. Large, collegial chaplain staff and CPE program offer support and encouragement in an ecumenical setting. Requirements include: 4 units of CPE and either certification in the NACC or working towards certification. St. John's is ranked No. 3 of the 100 Top Integrated Health Networks by Verispan and is located in the beautiful Ozarks

## Positions Available

Lakes region, which is consistently ranked nationally as one of the most affordable and desirable areas to live and work. St. John's is a member of Sisters of Mercy Health System. For more information, please contact Joyce Hawks at 417-820-2396 or apply online at [www.stjohns.com](http://www.stjohns.com). EOE/AA Employer.

### ▼ ONCOLOGY CHAPLAIN

**Los Angeles, CA** — Our achievements are measured by the people who need us. At UCLA Health System, we define greatness by the quality of the patient experience we are able to deliver. Each and every time, to every single patient. If that's where your ambitions lie, UCLA is where you belong. We currently have the following opportunity available: Oncology Chaplain. In UCLA's Oncology Department, spiritual care is an essential part of patient care. Fully devoted to the full needs of our patients, UCLA Health System is seeking an Oncology Chaplain to provide for the spiritual needs of our adult patients, their families, and to our staff. You will help lead support groups, consult in the area of religion and ethics, and provide support during periods of bereavement. You will be an essential member of the Spiritual Care Department's on-call rotation, our education programs, and the general community of religious leaders where you will help represent UCLA Health

## Positions Available

System. The Benefits of Belonging: As a valued member of our staff, you'll enjoy outstanding benefits which include Health, Dental and Vision plans that begin on your first day and a retirement plan that is one of the best in the nation. You will also receive 13 paid holidays and 15 vacation days beginning your first year. And after 6 months, we offer 2/3 tuition reduction at UCLA. For more information, please contact Bella Aviazian at (866) 895-6690 or email: LAivazian@mednet.ucla.edu. Apply online at: [www.uclacareers.com/TD57](http://www.uclacareers.com/TD57) and reference Job Code H44449. EOE

### ▼ CPE RESIDENCY

**Temple, TX** - Scott & White Hospital (<http://pastoralcare.sw.org>) is recruiting for the 2008-2009 CPE programs. Our programs include a summer intensive program and a first-year residency program. Our innovative CPE Residency program offers 3 units of CPE in a calendar year. We provide residents time for development of relationships with the medical staff, integration of learning with practice, and opportunities for specialization in clinical areas. Competitive stipends and benefits. No tuition for residency. \$25 application fee required. Send applications to: Krista Jones, Scott & White Hospital, 2401 S. 31st St., Temple, TX 76508, fax 254-724-9007, phone 254-724-1181, or e-mail KRJONES@swmail.sw.org.

### ▼ CHAPLAIN

**Bakersfield, CA** — Mercy Hospitals of Bakersfield currently has Chaplain opportunities. The Chaplain provides spiritual care to patients, patients' family members and to the staff. S/he is a consultant for ethical issues for patients, family members and staff. The successful candidates will be certified with National Association of Catholic Chaplains or Association of Professional Chaplains or COMISS equivalent. Have endorsement of ecclesiastical authority, a Master's Degree in Theology with three years in hospital ministry as chaplain. We offer an environment that promotes camaraderie and teamwork as well as competitive salaries and excellent medical and retirement benefits. Apply online at [www.mercybakersfield.org](http://www.mercybakersfield.org). EOE/AA/M/F/D/V.

### ▼ DIRECTOR OF CHAPLAINCY SERVICES

**Spokane, WA** — Sacred Heart Medical Center in Spokane is seeking a director for Chaplaincy Services and the Providence Center for Faith and Healing. Sacred Heart is a 623-bed, level II trauma center with a Children's Hospital and a kidney and thoracic transplant program. Duties include staffing and fiscal management of Chaplaincy Services and the Providence Center, representing these departments to the community and maintaining a relationship with the local diocese. The Providence Center for Faith and Healing provides: Educational Activities, Ethics, Healing Activities, Meeting Rooms, Music, Music Thanatology, and Palliative and End of Life Care and a Meditation Garden that is accessible 24 hours a day. The successful candidate will be responsible for overseeing the process of establishing a CPE program at the Medical Center. Qualifications include: certification by the National Association of Catholic Chaplains or Association of Professional Chaplains; a graduate degree in theology, pastoral counseling or a theologically rooted discipline; and

recent management experience in pastoral/spiritual care in an acute care setting. Also required are ministerial and pastoral capabilities as well as administrative, organizational and management skills. A Catholic chaplain is preferred. The person responsible for this position reports directly to the COO of the Medical Center. Submit application at [www.shmc.org](http://www.shmc.org). Submit resume to Debbie Ozust, Employment Specialist, Sacred Heart Medical Center, W. 101 8th Ave., Spokane, WA 99220, fax: (509)-474-4496; phone: (509) 474-3191. EOE

### ▼ STAFF CHAPLAIN

**Apple Valley, CA** — St. Mary Medical Center, located in beautiful Apple Valley, California, is a full-service, 186-bed acute care, not-for-profit medical center. As part of the prestigious St. Joseph Health System, we are committed to serving all High Desert communities through the values of Hospitality, Dignity, Justice, Service and Excellence. The Staff Chaplain will act as a member of the spiritual care team that serves the spiritual and religious needs of patients, families and staff of St. Mary Medical Center. The Staff Chaplain, reporting to the Director of Mission Services and collaborating closely with other members of the multidisciplinary health care team, will provide a ministry of presence, journey with those in search of healing and hope, and deliver care in complex, sensitive situations. This position will demonstrate values-based competencies in line with the four core values – Dignity, Excellence, Service and Justice – that are the foundation of all activities performed by employees of the St. Joseph Health System. Qualifications include:

- ▼ Master of Divinity/Theology or equivalent combination of education and experience
- ▼ Formalized theological education leading to ecclesiastical endorsement for ministry
- ▼ Four units of Clinical Pastoral Education from an accredited Clinical Pastoral Education center.
- ▼ Certification by NACC, ACP or NAJC and Ecclesiastical Endorsement from the Bishop of the Diocese and/or Religious Superior
- ▼ Understanding of and willingness to comply with Title 22 and other state, federal and JCAHO regulations as they pertain to this position and department.

We offer a competitive compensation and benefits package. Send your resume to: SMMC, HR Dept., 18300 Hwy. 18, Apple Valley, CA 92307. Phone: (760) 946-8134, Fax: (760) 946-8136, e-mail: [linda.sabo@stjoe.org](mailto:linda.sabo@stjoe.org) EOE

### ▼ DIRECTOR OF SPIRITUAL CARE

**Wilmington, DE** — St. Francis Hospital in Wilmington, Delaware, seeks a Director of Spiritual Care to oversee the delivery of spiritual care services to patients, residents, families and staff throughout the continuum of care. The director will also provide direct pastoral care for patients, their families and staff as an integral part of the healthcare team. NACC/APC certification. Master's in theology or related field preferred. Minimum three years experience in the following: Management, Healthcare, Spiritual Care, Medical Ethics (Ethical and Religious Directives of Catholic Healthcare). Personal understanding and appreciation of Catholic identity, tradition and values. Please submit resume to: our website [www.stfrancishealthcare.org](http://www.stfrancishealthcare.org) or e-mail resume to [egonzalez2@che-east.org](mailto:egonzalez2@che-east.org). EOE

### ▼ CPE RESIDENCY

**Rochester, MN** — Mayo Clinic CPE residency positions beginning August 21, 2008 through August 19, 2009, four

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

### ▼ STAFF CHAPLAIN

**Duluth, MN** — (Req # 2916BR) St. Mary's Medical Center, an affiliate of SMDC Health System, a nationally recognized, 400+ physician, integrated health system comprising 17 clinic locations and four hospitals serving 460,000+ people in northeastern Minnesota and northwestern Wisconsin, is seeking a Certified Staff Chaplain. The Staff Chaplain is responsible for providing comprehensive spiritual care to patients of all ages and their families. Services include, but are not limited to, individual counsel related to spiritual matters, family support, prayer, and assistance with decision-making dealing with end-of-life issues. Staff chaplains coordinate the provision of spiritual care on the units or with the programs they are assigned. Candidates must have a Master's of Divinity or Master of Theology Degree and three years of clinically relevant master's level chaplaincy experience and have completed a minimum of three units of Clinical Pastoral Education (CPE) with a fourth unit to be completed within one year of date of hire. Must be credentialed at the Associate or Board level of the National Association of Catholic Chaplains or the Association of Professional Chaplains or eligible for credentialing. To apply for this position (Req # 2916BR) and to view additional opportunities, please visit us online at [www.smdc.org](http://www.smdc.org). Mr. Esa Ojala, Human Resources, SMDC Health System, 407 East Third Street, Duluth MN 55805, 800-662-3455 • 218-786-4564.

### ▼ CHAPLAIN

**Pensacola, FL** — Chaplain wanted for full-time position at Sacred Heart Health System in Pensacola, Florida. Sacred Heart is part of the Ascension Health System and consists of a 449-bed, acute-care hospital. Must be board certified or eligible for certification. NACC Board Certified preferred. Benefits include competitive salary, paid time off and retirement package. Sacred Heart is an equal opportunity employer. Please fax resume to: Employment Office: (850) 416-6740.

### ▼ STAFF CHAPLAIN – RESIDENTIAL PSYCHIATRY

**Cincinnati, OH** – The Department of Pastoral Care at Cincinnati Children's Hospital Medical Center has an opening for a staff chaplain. The chaplain will primarily serve the Residential Psychiatry Unit, which is a 33-bed comprehensive behavioral treatment program lasting 3-12 months for 10-18 year olds with a diagnosed psychiatric disorder and a behavioral problem. Chaplaincy is well integrated into the milieu programming, which includes individual, group and family therapy and recreation therapy (including art and music). CCHMC is a globally recognized pediatric center offering specialized care in a variety of

disciplines. It is also one of the premier pediatric research centers in the world. Candidates must be Board Certified by APC, NACC or NAJC (or eligible for certification), and have 3-5 years of hospital experience and/or significant experience in congregational ministry. Pediatric experience is a plus. We encourage applications from people of diverse racial, cultural and religious backgrounds. To apply, go to [www.cincinnatichildrens.org](http://www.cincinnatichildrens.org), go to "Careers" (top of page) and click on "Apply for a Job." For further information, please contact Chaplain Bill Scrivener, Senior Director of Pastoral Care: (513) 636-4377 or e-mail: [bill.scrivener@cchmc.org](mailto:bill.scrivener@cchmc.org).

### ▼ DIRECTOR OF PASTORAL CARE

**Hastings, MN** — Regina Medical Center, a comprehensive health care campus including senior living, hospital, surgery center, and clinics, is located just 20 minutes southeast of the Twin Cities. A scenic river town with a population of 20,000, Hastings enjoys spectacular views at the junction of the Mississippi, St. Croix and Vermillion Rivers. As a member of the leadership team, the Director of Pastoral Care will assess and plan pastoral services, programs and ministry to support the spiritual and emotional needs of residents, patients, families and staff and will develop and promote the integration of Regina's mission and values throughout the organization. This position is also responsible for day-to-day leadership of Pastoral Care staff and operations, conducting religious services, presenting educational programs, and managing the departmental budget. Requirements include master's degree in theology, divinity, religious studies, pastoral ministry, spirituality, ethics or a closely related field. Must be a practicing Catholic and certified as chaplain by the NACC/USCC, APC or ACPE with 3-5 years of healthcare experience; management experience is preferred. Must possess strong communication, program development and group facilitation skills. Regina Medical Center offers a competitive salary plus a full benefits package. If you are interested in becoming a part of a progressive facility with a great work environment, please contact: Debra Foster, Human Resources Consultant, Regina Medical Center, 1175 Nininger Road, Hastings, MN 55033; phone: 651.480.4108; fax: 651.480.4258. e-mail: [Debra.Foster@reginamedical.org](mailto:Debra.Foster@reginamedical.org); website: [www.reginamedical.org](http://www.reginamedical.org)

### ▼ CHAPLAIN, PASTORAL CARE

**Adrian, MI** — The Pastoral Care Department at the Adrian Dominican Sisters Campus seeks a chaplain to become a member of a dynamic, diverse team that is committed to promoting the dignity of each sister and enabling her to function in a holistic manner. The Chaplain will provide a wide range of pastoral services for sisters in residence and will collaborate with an interdisciplinary team of professionals. Flexibility, vision for future, and a genuine interest in gerontology are essential. Qualifications include certification or in the process of certification by College of Chaplains, or National Association of Catholic Chaplains, advanced degree in theology or equivalency, background in gerontology and skills in group facilitation, and the ability to function well under stress and cope within crisis situations. This is a full-time salaried position with on-call availability required. Some weekend work is necessary. Please forward resume to: Louis Martin, Adrian Dominican Sisters, 1257 E. Siena Heights Dr., Adrian, MI 49221, Tel. 517/266-4101 Fax 266-4104 or email to [lmartin@adriandominicans.org](mailto:lmartin@adriandominicans.org).

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# Calendar

## June

- 2 Copy deadline, July-August  
*Vision*
- 20 Southern California Chaplain  
Gathering, Irving, CA
- 22-24 Catholic Health Association  
Assembly, San Diego, CA
- 25 Northern California Chaplain  
Gathering, San Francisco, CA

## July

- 9-10 Interview Team Educator  
Meeting, 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

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