

In This Issue:

David Lichter	2
Certification Update	3
Seeking/Finding	4
Featured Volunteer	14
Advancing the Profession	15
Research Update	16
Q&A	19
Healing Tree	20
Positions Available	21
Calendar	24

A reader's treasure trove: Of poetry, politics and prophets

By **James F. Buryska, S.T.L.**

I have been reviewing books for *Vision* for some years now, and it has been a rewarding experience. Here's a list of titles I've found particularly valuable. Some are books I have already reviewed here; most are not. As I view my selection, I see that there is a bias toward ethics, history, poetry and philosophy, for which I will remain unapologetic.

Any of you compiling a comparable list could

easily note a dozen or more titles equally useful, equally enlightening, incorporating your own biases of interest. Here are mine, beginning with three already reviewed in these pages.

"Health Care Ethics: A Catholic Theological Analysis, Fifth Edition," by Benedict M. Ashley, Jean deBlois and Kevin D. O'Rourke. Washington, DC: Georgetown University Press, 2006. More readable than its predecessor editions by Ashley and O'Rourke, this volume is most useful for the reader who is looking for a mainstream Catholic review of healthcare ethics. By "mainstream," I mean here that the authors accept the Scriptures and Roman Catholic magisterium as being among

normative sources of ethical analysis.

"False Hopes: Why America's Quest for Perfect Health Is a Recipe for Failure," by Daniel Callahan. New York: Simon & Schuster, 1998. Callahan's book challenges

foundational assumptions about how we in the United States view healthcare: our

priorities in providing it and our mechanisms of payment. Like much of Callahan's work, this is a provocative book, inviting us to look again at some of our most basic faith-related (I'm not sure Callahan would put it that way) commitments – such as belief in the common good – and at how they might affect healthcare.

"Medical Care at the End of Life: A Catholic Perspective," by David F. Kelly. Washington, DC:



Brief pieces by poets ranging from Shakespeare, Burns and Tennyson to Mary Oliver, Howard Nemerov and Billy Collins, serve to brighten my day and help me pause to consider what it means to be part of this varied, colorful, raucous human family.

See [Treasure trove](#) on page 8

Bookshelf brimming: From pastoral care to women's issues

By **Barbara Brumleve, SSND, Ph.D.**

When a group of CPE residents asked me for a basic bibliography for their chaplain bookshelf, I looked at my own bookshelf and reflected on the resources — printed and electronic — that I use regularly and recommend frequently. Here are some of my oft-used favorites and my personal comments on them.

Pastoral Care

Fitchett, George. "Assessing Spiritual Needs: A Guide for Caregivers." Minneapolis, MN: Augsburg, 1993. Classic in the field, this book looks at the background and development of spiritual assessment, Fitchett's own 7x7 model, and several other methods of assessing.

See [Bookshelf brimming](#) on page 9

How educated should a chaplain be?

By David Lichter, D. Min.
Executive Director

I am writing this executive director's column during the first weekend of October, and am very aware and mindful of the numerous NACC members who are going through their certification interviews this weekend throughout the country, as well as the remarkably generous and dedicated certified NACC chaplains who have volunteered their time to be interviewers, interview training educators (ITE's), and site coordinators. As the interviewers, ITE's, and site coordinators met this weekend at the Milwaukee interview site, they introduced themselves to one another and reflected on how long they have been chaplains, and the blessed experience it was to interview those being considered for certification. This ministry is truly an impressive peer accountability and peer enrichment profession.

As you know, NACC has begun implementing the revised Standards and Procedures for Certification and Ethics. The profession of chaplaincy is enriched and challenged by these new standards. Over the next few *Vision* editions, different NACC leaders will be providing articles on the new standards to help members understand better what they all entail. In this executive director's column, I will reflect briefly on some comments these new standards have evoked. These comments will reflect more the healthcare-related environment while I realize that not all NACC members work in healthcare.

I received a couple of concerns about the demands of the new standards, especially the one that requires a certified chaplain to have a master's degree preparation. Will this master's-level and CPE training with the expected compensation commensurate with such training price certified chaplains out of the healthcare marketplace? Will healthcare entities need to rely more on non-certified ministers to meet the needs of their patients? Some suggest a bedside presence does not necessarily require this level of training. If chaplains do no more than provide that presence, then this is a very reasonable concern.

Should this question be considered along with another question that goes something like this: Will a certified chaplain who truly embodies these new standards prove to be all the more valuable to an employer because of the competencies that chaplain now possesses? Some of you are part of spiritual care departments that have already examined all services that their departments need to offer, and have begun to divide those services among staff and volunteers based on the type of service needed and the level of competency required to meet this service. In these settings the certified chaplain's time might be

spread across bedside intervention, staff support, ethics consultation, preparing and leading worship services, bereavement group facilitation, and other services. This scope of ministry seems to require the level of preparation and training the new standards demand.

So what should the head of a spiritual or pastoral care department expect of a certified chaplain? Over the past months, the Pastoral Care Summit Care Service Task Force, to which *Vision* readers were introduced in the May 2008 *Vision*, worked hard to address this question by identifying a set of common *standards of practice* for certified chaplains. These *standards of practice* were meant to express a set of responsibilities distinct from, while building upon and assuming, the standards for *certification* of chaplains. The task force sought to be brief yet inclusive. The responsibilities were tested with healthcare leaders and further refined. They may still go through further revision. However, the feedback from those leaders who reviewed them was overall very positive. The purpose of these responsibilities was to establish a common foundation or starting point for systems/entities to frame the ongoing education and professional development of chaplains. Some systems might be further along in their standards of practice development, while others have already expressed appreciation for this list. Here are the responsibilities that were identified. A certified chaplain will:

1. Provide effective spiritual care as part of an interdisciplinary team that contributes to the well-being of staff, patients/clients, and their families.
2. Document a spiritual assessment, intervention, and plan of care.
3. Promote the dignity of the human person through ethical decision-making and work within the institutional ethics process to meet the needs of a variety of settings.
4. Design, implement, and assess a variety of programs across the continuum of care that address diverse religious, cultural, and spiritual needs of clients and staff.
5. Create and facilitate rituals for individuals/groups and organizational needs.
6. Facilitate patient/clinic groups to provide support during life/health crises and empower individuals/families and staff to utilize resources for healing.
7. Provide leadership and education that shapes and supports the culture of spirituality, mission, and values of the organization.
8. Collaborate within his/her department and organizational setting, aligning spiritual care goals and organizational goals.
9. Advocate within their organizations and the communities they serve for justice, human dignity, stewardship of resources, quality, excellence, and safety.

(National Association of Catholic Chaplains/Catholic Health Association - September 2008)

So is this scope of ministry possible for a professional with less preparation than a master's level education and clinical

One of the main arguments for the higher training expectation has been that certified chaplains have to be prepared to work with and be respected in interdisciplinary teams whose members are physicians, nurses, social workers, and others with master's level and clinical training.

vision

Vision is published six 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

Executive Editor

David A. Lichter, D.Min.

Editor

Laurie Hansen Cardona
lcardona@nacc.org

Graphic Designer

Gina Rupcic

The National Association of Catholic Chaplains advocates for the profession of spiritual care and educates, certifies, and supports chaplains, clinical pastoral educators and all members who continue the healing ministry of Jesus in the name of the Church.

NACC Editorial Advisory Panel: Paul F. Buche, Sr.; Michele LeDoux Sakurai; Michelle Lemiesz; Linda Piotrowski; Rev. Freddy Washington, CSSp; and board representative Norma Gutierrez, MCDP.

NACC National Office

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

Executive Director

David A. Lichter, D. Min.
dlichter@nacc.org

Director of Operations

Kathy Eldridge
keldridge@nacc.org

Director of Education & Professional Practice

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

Finances

Sue Walker
swalker@nacc.org

Executive Assistant

Cindy Bridges
cbridges@nacc.org

Membership

Mary Pawicz
mpawicz@nacc.org

Special Projects

Philip Paradowski
pparadowski@nacc.org

Certification

Rose Mary Blanco-Alvarado
rmalvarado@nacc.org

Interview deadlines listed; transcript assessment described

Q When is the deadline for the Oct. 3-4, 2009, certification interviews?

A Feb. 15, 2009, is the postmark deadline for supportive materials for the Oct. 3-4, 2009, certification interviews. All materials must be postmarked by this deadline.

Please note that a new Checklist for Supportive Materials Required for Certification Interview was approved at our recent July 2008 Certification Commission meeting.

To best prepare for the certification process, please familiarize yourself with the current Standards and Procedures that were recently approved and posted to our website in July 2008. They can be found at www.nacc.org/certification/standards-and-procedures.asp. Please print out these three documents that pertain to you:

Standards: You will write your Narrative Statement citing each of the Standards listed in Section 300 Standards for Certification of Chaplains. You will do this for each Standard starting with 302.1 and ending with 305.6.

Certification Procedures Manual: Chaplain Certification Procedures Part 1 pertains to you.

Ethics Procedures Manual: See Ethics Accountability Statement Procedures. Read thoroughly and sign the Ethics



Accountability Statement for Initial Certification, which is located within the manual and is also available at the NACC website Standards and Procedures page. If you wish to remain a member of the NACC, but are unable to sign the Ethics Accountability Statement because of a recent or a pending complaint, please see Part One for the required process.

Assessment of International Transcripts

For those applying for certification with the NACC, it is important to note the procedures for submission of academic transcripts. These procedures can be found in the Certification Procedures Manual at the NACC website at: <http://www.nacc.org/certification/standards-and-procedures.asp>. All transcripts must be postmarked by the deadline for certification (Feb. 15, 2009, for a fall 2009

See [Certification](#) on page 18.

Order your prayer cards for World Day of the Sick, Feb. 11

Since 1992, the Catholic Church, under the sponsorship of the Pontifical Council for Health Pastoral Care (www.healthpastoral.org), has celebrated World Day of the Sick on Feb. 11, the day commemorating the feast of Our Lady of Lourdes. We are reminded to pray for the sick, reflect on the meaning of human suffering, and honor those who serve as caregivers.

The NACC provides support materials for this celebration, and it will also offer again for 2009 two separate

prayer cards: Prayer for the Caregiver and Prayer for the Sick. On both cards the prayer will appear in English on one side and Spanish on the other. You can access the prayer card order form on the NACC website, <http://www.nacc.org/resources/wds/default.asp>. For delivery by Feb. 11, orders must be received in the NACC office by Friday, Jan. 16, 2009. Mail check and order form to: The National Association of Catholic Chaplains, 5007 S. Howell Avenue Suite 120, Milwaukee, WI 53207-6159.



Chaplain encounters Jesus in 'Queen Esther' on MED 2

By Richard Heatley, BCC

Queen Esther

*She glowed with the perfection of her beauty
And her countenance was joyous and lovely,
Though her heart was shrunk with fear
She passed through all the portals
Till she stood face to face with the king,*

*Who was seated on his royal throne
Clothed in full robes, and covered with
Gold and precious stones so that he inspired awe.*

— *Esth 4D: 5-7*

It was the patient herself who rapidly caught my full attention. She was lying in full repose on her pillows. She was wearing full make-up. From her head turban to her night ensemble, she was dressed in various shades of magenta.

One late afternoon a few months ago, as the end of my workday approached, I was feeling empty and tired. I wanted to go home and rest before the television. Suddenly, I remembered that I had not given hospital floor MED 2 my best that week. Since I had an hour to go, I decided to make a few necessary patient visits. A head nurse directed me to a new patient who, she said, “had been tearful.” I went toward the patient’s door, softly knocked, and at the same time, announced myself. A very soft and sophisticated voice replied, “Oh, do come in.”

When I entered the room, what struck me first were the waves of expensive perfume that permeated the area. They seemed to reach everywhere. Next, two luxurious-appearing, brown wigs resting near the patient caught my eye; they were ready, I assume, to be whipped on at a moment’s notice. But it was the patient herself who rapidly caught my full attention. She was lying in full repose on her pillows. She was wearing full make-up. From her head turban to her night ensemble, she was dressed in

various shades of magenta. She looked as if she were ready for the final act of Verdi’s “Aida.” She, the Egyptian princess, invited me to sit down.

After my introduction, the patient introduced herself and said that she was Presbyterian as had been her parents before her. I asked Estelle, not her real name, from where she came. New York, she replied, with a sense of pride. Without my asking, she went on to relate that she had wonderful parents who had done much to introduce the fine arts and black pride to young African-Americans in her native city. They had given her every opportunity to succeed in life. I asked what had brought Estelle to the hospital? She gave a vague reply about blood clots in her legs. I could see

she did not want to discuss any further this personal subject matter. I redirected my line of conversation and invited her to describe her work profession. To my surprise, she said that she had been a mezzo soprano with the New York Metropolitan. I could see that she was happy with this line of discussion and invited her to continue. Estelle then shared that she had been trained by the Metropolitan to take over when a colleague was to retire from the opera stage. Estelle confided that she had sung all around the world and received many choice roles.

I asked Estelle what had brought her to Baton Rouge. Without hesitation, she said that she had arrived in the early 1960s at the height of the civil rights movement. She had never experienced such negative racial discrimination until she came here. I asked for an example. “Well, would you believe, I was invited to give a performance and needed a new gown. When I went to the store to buy the evening dress, I could not go into the changing room because I was black. Can you imagine, buying an expensive dress and not being able to try it on in the store? That instance of insensitive bigotry motivated me to stay here and do something about it.”

I asked her to explain. “I decided to bring my gifts as an opera star to the underprivileged African-Americans of south Louisiana. I sang in church halls, in cornfields, in schools, as well as in the normal venues for my talents.” Estelle revealed that before she came to the hospital she was to be honored with a special award at the Louisiana governor’s mansion. Her doctor did not want her to go to receive it because of her illness, but she was not going to miss that opportunity. She was determined to go and went in a wheelchair to accept her award, she said with pride.

I observed that Estelle was growing tired. I thanked her for sharing her story and asked permission to bless her. She seemed delighted with the request. As I was about to leave, I noticed there were no flowers or get-well cards in the patient’s room. How sad, I thought. Here was a faded, forgotten opera star who had sacrificed a brilliant career at the New York Metropolitan for the underprivileged of south Louisiana, and no one had remembered to send her flowers. I reflected on her personal spirituality infused within her art and the dramatic conversion experience that followed the degrading prejudice she felt when prevented from using a dressing room. Then and there, she had made a personal pledge to God to do something about it, even at the expense of public acclaim. In Richard M. Gula’s “Reason Informed by Faith,” he affirms that there is a personal and communal relationship with God when we make a covenant with him:

“The same divine love which calls us into covenant with

God and establishes our worth also cultivates the relationship of people with one another and with all creation. In Jesus Christ we affirm that all creation is under the covenantal grace of God, and we recognize that our responsibility to care for all things (in Estelle's situation, the underprivileged) related to the sovereignty of God (Col 1:15-20). Because the covenant is all-inclusive, we have no other way of relating to God except in and through our relationships with everything else." (Pg. 94)

When I returned to the nurse's station, I noticed a vase of spring flowers that was going nowhere. I quickly borrowed it, changed the water, and took the refreshed bouquet back to Estelle. The genuine, appreciative smile that radiated over her lined face upon receiving the borrowed flowers seemed to transpose her back to some opera stage where she had just given the performance of her life.

I would like to say my story ended on a happy note. Sadly it did not. The following day, when I went back to the nurse's station, I was told by the nurse that Estelle could not go home again and live by herself. Her dementia-paranoia was too far along. She would need to enter an assisted living residence. Fortunately, she had the means to live at a residence known for its high quality care. When I went into Estelle's room, the consummate actress was gone. Instead, I encountered a fragile, old woman faced with the reality that she was quickly losing her independence and vivid memories. She would have to give up her lovely home and live in a place where she did not want to go. I was reminded of the passage in which Jesus spoke to Peter about Peter's end time:

*In all truth I tell you
When you were young
You put on your own belt
And walked where you liked,
But when you grow old
You will stretch out your hands,
And somebody else will put a belt round you
And take you where you would rather not go.*

— *John 21: 18-19*

I witnessed Estelle cry in anguish. She said, "How I wish that my mother, husband and younger sister were here to help me make the right decisions. How I miss us all gathered around the table and talking over a cup of coffee." Her long-cherished support systems were gone.

I never saw Estelle after that day of hard decisions. I subsequently learned that she had been a music professor for many years at a local university. The image came to me of a farmer sowing many seeds in the Lord's fields and not knowing for sure the ultimate outcome of his efforts. I hope an opera star of the future will look back one day in thankfulness and say to his or her students, "I was taught by

Miss Estelle."

I believe that this lovely, passionate and self-sacrificing singer had a deep and unique spiritual outlook. Reflecting later over the events, it seemed as if I were Jesus arriving at a village well, tired and thirsty after walking all morning in the hot, semi-desert. An exotic-looking woman came from the village and gave me her life's stories to quench my thirst. Listening and validating her renewed my drained spirit. Estelle, in her pain of drastic life changes, empowered me to journey with her. On the issue of the chaplain's role with his patients, Richard M. Gula writes:

"The pastoral person can help the other to come to this self-awareness by having him or her step back from the present situation in order to see it as part of the larger, unfolding story of one's life. Trying to understand oneself in the present situation is like trying to understand an important character in a novel. We do not discover the true identity of this character by starting in the middle of the story, or by reading only excerpts of the story. We need to get a sense of the unfolding drama and the development of the character The present conflict is of a piece of the other experiences, pressures, and choices which come together to give intelligibility to the present moment and to light up future possibilities." "Reason Informed by Faith," Pg. 310.

It strikes me that the story of Estelle's personal conversion moment is a gift that should not be forgotten by me, as a hospital chaplain. At the end of a hard workday, I received an inner invitation to go one step further and, in the process, unexpectedly encountered the graceful, lonely and suffering Jesus in a flowerless hospital room. As a direct consequence of this meeting, I was spiritually revived by the swan song of a fine African-American opera star who had been unafraid to get her shoes muddied in the Mississippi delta.

Richard Heatley is chaplain at Our Lady of the Lake Regional Medical Center in Baton Rouge, LA.

I was spiritually revived by the swan song of a fine African-American opera star who had been unafraid to get her shoes muddied in the Mississippi delta.

Interested in writing for Vision?

The Seeking/Finding column is meant to provide theological reflection. The column's form and content vary. The personal reflections focus on experiencing God in the everyday – often in one's work or ministry. Generally, length of the column is 800 to 1,200 words. Articles are subject to editing. Send inquiries to lcardona@nacc.org.

Book baskets in home office piled high with spiritual gems

By Edward M. Smink, OH, Ph.D. (ABD)

When asked to reflect on my personal library, I began to reflect on the many dimensions of a chaplain's library. There are four different places where I access reading materials: my personal collection of books at home; those I have collected for my office at work; those I hunt for at hospital, city and college libraries; and, of course, the current new releases that I learn about from the Internet and news releases. These tickle my imagination, but most likely I will never buy them. After spending 40 or more years in healthcare of which about half has been in ministry as a certified chaplain, I have run out of space both at home and at work for new books.

As a registered nurse, pastoral counselor, certified chaplain, and a vice president of mission, spirituality and ethics, I began to think about at which end of the continuum I would reflect on my current library listings. I decided to focus on books that fall into the category of theology, ethics and spirituality, and those I use for my own personal development and entertainment. I have just finished my course work on a Ph.D. in mythological studies with a focus on depth psychology, so I am drawn to the 100 or so books I am using to write my dissertation, "Imagining Healing: Crossing the Threshold from Illness to Health." Depth psychology is a broad term that refers to any psychological approach examining the depth (the subtle or unconscious parts) of human experience. Freud, Jung and Hillman are psychologists who have explored the unconscious.

My program concentrated on themes and mythologies from literature, spiritual and religious traditions, world mythologies, and depth psychology. At my home office, books are placed in individual baskets assorted by various subjects: The Hero's Journey, Mythology, Woundedness, History of Medicine, Theology, Spirituality, Comparative Religion, Imagination, and Depth Psychology. Each area opens my imagination to other worlds, thoughts and experiences of diverse

and culturally different spiritual and faith traditions.

Cultural anthropologist Angeles Arrien, Ph.D., in a reflection on the CD titled "Care for the Journey: Messages and Music for Sustaining the Heart of Healthcare," speaks of the healing ministry as a call to hold the mystery of

illness (Michael Stillwater and Gary Malkin, *A Wisdom of the World Production*, www.careforthejourney.net 2005.). A child who is hurting runs to the out-stretched arms of a parent. Similarly, we as chaplains, engaged in the healing ministry, reach out and are trained to be open metaphorically to those who suffer with extended arms and hearts. In pastoral counseling, this is called creating the space or the container to hold the mystery, to hold the pain and suffering of the one to whom we are called to minister. Holding the other in the unique pastoral encounter a chaplain creates is a kind of hospitality, a way not to be absorbed in the pain or suffering, but to welcome it as part of what is.

As a chaplain at the bedside, I want to be open to all the possibilities of grace that may occur in the sacred encounter in which I am invited to participate. I need to understand the process of reflection that the patient, family, staff and I are undergoing. One book that I find helpful is "The Art of Theological Reflection," by Patricia O'Connell

Killen and John De Beer (New York: Crossroads, 1995.). The Ignatian principle of finding God in everything seems to apply as the authors stress how human it is to reflect, and that within this human experience one finds the sacred. Understanding something of the mystery of illness helps me to understand how one finds the spiritual strengths of coping.

Finding those spiritual guides and resources amid the anguish of suffering is indeed a heroic journey. Helping me to understand this universal monomyth is Joseph Campbell's "The Hero with a Thousand Faces" (Princeton, NJ: Princeton University Press, 1972.). My own Catholic tradition invites me to reflect on the god-hero Jesus, and his journey from suffering, death, and new life. Carl G. Jung would say that the universal archetype of the human experience is dying and rising ("Man in Search of His Soul." New York: Harcourt, Brace and Co., 1933.), so I may want to read some of his works, such as "Memories, Dreams and Reflections," to get an understanding of the dynamics of the unconscious. Archetypes are those universal experiences found in all cultures and human interactions. One that we face each day in healthcare is the archetype of the wounded healer discussed by Jung and further amplified in "The Wounded Healer: Ministry in Contemporary Society," by Henri Nouwen (New York: Doubleday, 1972.).

Images of Jacob fighting with an angel, Jesus at Golgotha, the Grail Myth and Parzival give us pause to reflect on this universal experience. The work of Ann and Barry Ulanov, "The Healing Imagination: The Meeting of Psyche and Soul" (Mahwah, NJ: Paulist Press, 1991.) attempts to give an exposé about the importance of staying with the images that emerge during illness. As Jung so rightfully stresses about the therapeutic process of giving



Understanding the context or mission in which the chaplain is engaged, that is, the spirituality of healing, prompts me to want to listen to those on the cutting edge of spirituality and healthcare. Resources from the George Washington Institute of Spirituality and Health Care founded by Dr. Christina Puchalski assist me daily in my work.

Authors to read include Pargament, Benedict XVI

By **Chuck Rosso, BCC**

Here are staples in my literary diet during the past year or so: Pargament, Kenneth I. "The Psychology of Religion and Coping: Theory, Research, Practice." New York: The Guilford Press, 1997. I have read multiple reviews of this work and am slowly reading and re-reading my way through this nearly 500-page tome. Reviews indicate this book is likely the finest in English on this topic. I'd be surprised to find a work in any language that is as comprehensive and balanced on the subject. Pargament's summary, in Chapter 4, of modern psychological trends preceding and leading to contemporary interest in the psychology of coping is, in my opinion, masterful. For any chaplain, time spent wrestling with this at times challenging, but brilliant and highly informative work will be more than repaid in a deeper and richer understanding of what is taking place as patients struggle to cope religiously with illness. Dr. Pargament is currently intensively researching what he calls "the dark side of religion" — when religious coping becomes dysfunctional, a topic he addresses in the current volume.

Robinson, Daniel N. "The Great Ideas of Psychology." Chantilly, VA: The Teaching Company Limited Partnership (audiotapes), 1997. If you're seeking to navigate through the vast array of ideas in the various branches of psychology presented in CPE courses and encountered in professional clinical settings, Daniel Robinson's lectures are priceless. Robinson won a Lifetime Achievement Award from the Division of the History of Psychology of the American Psychological Association. A neuropsychologist turned philosopher, Robinson, in these fascinating lectures,



analyses the history of psychology from Aristotle to the current-day neuro-cognitive revolution and teases out the underlying philosophical presuppositions of each major psychological school or theorist. All the different psychological approaches, he states, fundamentally rest on any of three philosophical models: empiricism, rationalism, and materialism. These 36 30-minute lectures more than repay the time spent listening to them. I am on my third trip through this fascinating intellectual tour of the world of psychology.

Benedict XVI (Ratzinger, Joseph), "Spe Salvi" (Saved In Hope). San Francisco, CA: Ignatius Press, 2008. With his characteristic quiet, but piercing intellect, Pope Benedict systematically analyzes the notion of Christian hope. He starts with a biblical analysis of key New Testament texts

and vocabulary. He then proceeds to a somewhat difficult but brilliant philosophical analysis and summary of the transformation of hope that began during the European Enlightenment period and the impact this had on contemporary Christian thought. He then discusses "Settings" for learning and practicing hope: prayer, action and suffering, Judgment. The comment one reviewer made of another of Ratzinger's works equally applies to this document, "rich ideas flow thick and fast."

Chuck Rosso works in the Pastoral Care Department at St. Anthony's Medical Center in St. Louis, MO.

These 36 30-minute lectures more than repay the time spent listening to them. I am on my third trip through this fascinating intellectual tour of the world of psychology.

everything a voice, James Hillman would advocate in "Healing Fiction" (New York: Spring Publications, 1995.) and "The Thought of the Heart and Soul of the World" (New York: Spring Publications, 1981.) to allow the images that emerge in the imagination to reveal their own insights and meaning. For example, the image of a god who understands and experiences suffering may assist a patient or even one's self in bearing with or coping with suffering. This is the heart of the Christian tradition. Similarly, from an archetypal psychological point of view, Hillman would say it is in suffering that the gods appear ("Re-visioning Psychology." New York: Harper Colophon, 1975.). This is the sacred work of the chaplain.

"Three Realms of Ethics," by John Glaser (Lanham, MD: Sheed & Ward, 1994.) helps me to understand that what a chaplain may experience at the bedside has an organizational and cultural dimension. Ron Hamel from CHA in his newest book "Making Health Care Decisions A Catholic Guide"

(Liguori, MO: Liguori Publications, 2006.) lends practical insight to the issues that a chaplain faces each day. Understanding the context or mission in which the chaplain is engaged, that is, the spirituality of healing, prompts me to want to listen to those on the cutting edge of spirituality and healthcare. Resources from the George Washington Institute of Spirituality and Health Care founded by Dr. Christina Puchalski assist me daily in my work. Puchalski's new book, "A Time for Listening and Caring, Spirituality and the Care of the Chronically Ill and Dying" (New York: Oxford University Press, 2006.), provides a wonderful expose of the spiritual practice of healthcare professionals. In closing, "The Shack," by William P. Young (Newbury Park, CA: Windblown Media, 2007.) is a reflective read on the experiences of someone talking to God.

Brother Edward M. Smink is vice president of mission integration and compliance at Dubuis Health System, a member of CHRISTUS Health, in Houston, TX.

Treasure trove

Continued from page 1

Georgetown University Press, 2006. This is a succinct and enlightening summary of Roman Catholic moral teaching about end-of-life care, a needed corrective to the vitalism displayed in the pandemonium surrounding the Schiavo case, and helpful in any end-of-life discernment process.

"Principles of Biomedical Ethics," by Tom L. Beauchamp and James F. Childress. New York: Oxford University Press, 1994. The Fourth Edition of this classic text resides on my bookshelf; two subsequent editions have amplified and updated the basic "four principles" approach, which has become the lingua franca of medical ethics discourse. No page-turner, this book is nevertheless a necessary resource of insight and information for anyone participating in the current conversation on biomedical ethics.

"Notes From a Narrow Ridge: Religion and Bioethics," Dena Davis and Laurie Zoloth, eds. Hagerstown, MD: University Publishing Group, 1999. This collection of essays examines various issues at the interface between bioethics and religion, and includes contributions by James Childress, Karen Lebacqz, H. Tristram Engelhardt, Jr., Martin Marty and Daniel Sulmasy, among others. Sulmasy's chapter, "Every Ethos Implies a Mythos: Religion and Bioethics," is particularly worthwhile.

"The Road Less Traveled," by M. Scott Peck. New York: Simon & Schuster, 1978. This early effort by Scott Peck remains for me a valued reminder and map of the geography of personal development, maturity and integrity. Somewhere in the intersection between psychology and spirituality, this book finds a niche. I find myself periodically re-reading the section titled "Escape from Freedom" as an antidote to my own desire to avoid responsibility.

"All Saints: Daily Reflections on Saints, Prophets and Witnesses for Our Time," by Robert Ellsberg. New York: Crossroad Publishing Company, 1997, combines information, inspiration and devotion. Arranged as a series of daily reflections, it includes saints both familiar and less well-known, from a generous variety of religious traditions. This

volume provides daily encouragement by telling the stories of women and men who have lived lives of courage, integrity and holiness and still remain our brothers and

sisters – flawed, struggling, but glorious nevertheless.

In the same vein of daily encouragement, Garrison Keillor's two collections of poems read on NPR's *Writer's Almanac*, "Good Poems." New York: Viking Penguin Books, 2002, and "Good Poems for Hard Times," 2005, are both delightful and heartening. Brief pieces by poets ranging from Shakespeare, Burns and Tennyson to Mary Oliver, Howard Nemerov and Billy Collins, serve to brighten my day and help me pause to consider what it means to be part of this varied, colorful, raucous human family. Each volume begins with an introduction by Keillor; in both cases, the introduction alone is worth the price of the book.

Two recent acquisitions:

"Mistakes Were Made (but not by me): Why We Justify Foolish Beliefs, Bad Decisions and Hurtful Acts," by Carol Tavris and Elliot Aronson. New York: Harcourt, Inc., 2007. No review or word-of-mouth led me to this book; I happened upon it at Barnes & Noble, and the title

immediately caught my attention. Both humorous and insightful, the book examines the mechanisms of self-delusion, rationalization and self-justification that we use to help us to

persist in beliefs and decisions that are wrong and harmful. No one gets off the hook: this is not only about therapists, police and politicians; it's about all of us.

"Souled Out: Reclaiming Faith and Politics After the Religious Right," by E.J. Dionne, Jr. Princeton, NJ: Princeton University Press, 2008. This book has done much to restore in me a sense of sanity, optimism and hope for our national political process/conversation after a genuinely dreadful era. Dionne is both a perceptive and experienced observer, and a faithful participant in the dialogue between politics and religion. As a loyal but bemused Catholic, he (I believe) expresses the questions and hopes of many of us as we reflect on how we bring our faith commitments to our participation in the public life of our nation.

And finally, a classic treasure:

If you are fortunate enough to happen upon "Documents of American Catholic History" in a used bookstore, flea market or estate sale, grab it! Collected and edited by the eminent historian, Rev. John Tracy Ellis (Milwaukee, WI: Bruce Publishing Company, 1956), this is a valuable collection of sources in the history of American Catholicism from 1493 to 1939. The documents excerpted here (each with an introduction by Msgr. Ellis) provide insights into the intellectual, theological and political currents that have shaped the identity and experience of United States Catholics. A great reference work!

James F. Buryska is ethics education coordinator/chaplain services at Mayo Clinic in Rochester, MN.

If you are fortunate enough to happen upon "Documents of American Catholic History" in a used bookstore, flea market or estate sale, grab it! Collected and edited by the eminent historian, Rev. John Tracy Ellis (Milwaukee, WI: Bruce Publishing Company, 1956), this is a valuable collection of sources in the history of American Catholicism from 1493 to 1939.



Bookshelf brimming

Continued from page 1

Joseph, Judith C. "A Chaplain's Companion." (6th ed. retitled, "Responding with Compassion") Newtown, PA: JCJoseph Ltd. 2006. A pocket-size book that gives the chaplain key beliefs and related prayers, rituals, and customs for major faith traditions of the world: Christian, Jewish, Muslim, Hindu, Buddhist, Baha'i, Native peoples, Sikh, Taoism, and Wicca.

McBride, J. LeBron. "Spiritual Crisis: Surviving Trauma to the Soul." New York: Haworth Pastoral Press, 1998. In the first few chapters, McBride looks at trauma in general and the relationship to spirituality. In chapters 3-14, he addresses spiritual crisis in families, disillusionment with the church, belief transitions, denominational identity, extremes, loss, physical illness, religious burnout, psychological disturbance, personal identity, ethics, and working with people in crisis.

PlainViews – An electronic newsletter for chaplains that comes out every two weeks from The HealthCare Chaplaincy of New York, it includes articles, ethical vignettes, back-and-forth talk among chaplains, announcements of upcoming conferences, etc. www.plainviews.org.

Pruyser, Paul W. "The Minister as Diagnostician: Personal Problems in Pastoral Perspective." Philadelphia, PA: Westminster Press, 1976. Pruyser, for many years a clinical psychologist in the Menninger Foundation, challenges and invites ministers to use their theology to both understand and talk about personal problems that they meet in others. This book is the ancestor of spiritual assessment writing in the last quarter of the 20th century and beyond.

Taylor, Charles W. "The Skilled Pastor: Counseling as the Practice of Theology." Minneapolis, MN: Fortress Press, 1991. In the first half of the book, Taylor deals with basic pastoral skills of listening, reading the non-verbals, giving minimal prompts, etc., which need to be reviewed from time to time.

VandeCreek, Larry and Lucas, Arthur M. (eds). "The Discipline for Pastoral Care Giving: Foundations for Outcome Oriented Chaplaincy." New York: Haworth Press, 2001. At Barnes-Jewish Hospital in St. Louis (Trauma I Center, teaching hospital), Art and his staff worked to articulate what outcome-oriented chaplaincy would look like. They tell their story in the first chapter, and then, in subsequent chapters, give the reader various perspectives on the topic: impact on team, case studies, impact on theological perspective, using the discipline in various venues: stem cell transplant unit, cystic fibrosis, with victims of violence, pediatrics. In the last four chapters, writers connect the discipline with CPE.

Personal Development

Au, Wilkie and Cannon, Noreen. "Urgings of the Heart: A Spirituality of Integration." New York: Paulist Press, 1995. A theology professor and a Jungian analyst team up on topics such as the shadow, codependency, perfectionism, overwork, intimacy, and envy.

Benner, David G. "The Gift of Being Yourself: The Sacred

Call to Self-Discovery." Downers Grove, IL: InterVarsity Press, 2004. Knowing oneself, so important in CPE, is also theologically and spiritually sound.

May, Gerald G. "Care of Mind, Care of Spirit: A Psychiatrist Explores Spiritual Direction." San Francisco, CA: Harper San Francisco, 1982. From his background in both psychiatry and spiritual direction, May gives the reader a clear understanding and differentiation between the two, showing their points of convergence and difference.

Niklas, Gerald. "The Making of a Pastoral Person." New York: Alba House, 1996. A long-time CPE supervisor, Niklas uses the language of CPE and practical examples in chapters that deal with identity and comfort with feelings, authority, anger, sexuality, groups, spirituality, and image of God.

Women's Issues

Fortune, Marie M. "Keeping the Faith: Guidance for Christian Women Facing Abuse." San Francisco, CA: Harper San Francisco, 1987.

This is a small book, much of it in Q&A format, that addresses the oft-used biblical and other statements that some women use and/or hear about abuse.

Northrup, Christianne, MD. "Women's Bodies, Women's Wisdom: Creating Physical and Emotional Healing." New York: Bantam Books, 1998. Based on her extensive medical work at a women's clinic and from readings, the author looks at the correlation (not causation) that she has experienced in the physical and emotional health of women. I find Parts 1 and 2 particularly insightful. Part 3 lays out a program of action.

Tannen, Deborah, Ph.D. "You Just Don't Understand: Women and Men in Conversation." New York: Ballantine Books, 1990. In a conversational style and steeped in research, Tannen explores the differences in male-female conversation: women and men talking at cross-purposes, rapport-talk and report-talk, lecturing and listening, styles in conflict, dominance and control. (Much has been written on this topic, but I like Tannen because she writes from a solid base of research and data.)

Medical

Nuland, Sherwin B., MD. "How We Die: Reflections on Life's Final Chapter." New York: Alfred A. Knopf, 1993. With a physician's knowledge and a poet's heart, Nuland explains what happens within the body as a person dies from one of the major causes of death: heart, age, Alzheimer's, murder, accidents, suicide, euthanasia, AIDS, and cancer.

Barbara Brumleve is chair-elect/secretary of the NACC Board of Directors. She is CPE supervisor at St. John's Medical Center in Springfield, MO.

With a physician's knowledge and a poet's heart, Nuland explains what happens within the body as a person dies from one of the major causes of death: heart, age, Alzheimer's, murder, accidents, suicide, euthanasia, AIDS, and cancer.



Book of hope, renewal, but not for recently widowed

An Advent of Understanding: Facing the First Christmas after the Death of a Loved One. By Mary Gay Moore. Resurrection Press, Totowa, NJ, 2007. Paperback, 93 pp., \$5.95.

By **Judy Novak, M.Div., BCC**

Mary Gay Moore pours out her raw grief at the sudden death of John, her husband of 39 years, into the vessel of an Advent meditation. The first week of Advent is a week of darkness, clamoring and grasping for the light of understanding and healing. The author meditates on each day, tying her feelings into the biblical story as well as into the greater human journey of grief, pain and the search for meaning. For the second week, Moore reflects on stillness, the stillness she finds in her home, and that is so desperately needed in our society. The week of *Gaudete*, joy, brings a sense of hope to Moore and to readers as we begin to connect the story of Mary and Jesus to the events of our lives. During the fourth week of Advent, Moore ties her reflections to the “O” Antiphons, challenging the reader to stand before God and give praise for



the birth of new life, a new season of living in Christ. On the Winter Solstice, the night of longest darkness, dawn comes and with it “God’s radiant love, filling our souls with hope and gladness.”

Some might reach to give “An Advent of Understanding” to the recently widowed, and that would be a mistake. Moore so clearly articulates her feelings that the sensitive reader understands that the recently widowed are not ready to enter into this book, but at a later time would find the book healing. Some might wish to use this book as their own Advent meditation. The book might have been stronger and less repetitive had the author chosen to group her reflection into a weekly rather than a daily format. “An Advent of Understanding” is written from a traditional Roman Catholic perspective, with emphasis on the unity and healing found in the Eucharist, and the continuing connection to the Communion of Saints. It is a book of hope and renewal, a journey from everlasting sadness to eternal life.

Judy Novak is staff chaplain at Wheaton Franciscan Health Care in Racine, WI.

Patel writes with passion about diverse faiths

Acts of Faith: The Story of an American Muslim, the Struggle for the Soul of a Generation. By Eboo Patel. Beacon Press, Boston MA, 2007. Hardback, 189 pp., \$22.95; softcover, 216 pp., \$13.

By **Linda F. Piotrowski, MTS, BCC**

In his book’s introduction, Eboo Patel describes attending his first interfaith conference at age 21. He found himself surrounded by attendees at least 30 years older. Reflecting on the present global era characterized by religious conflict he reminds us that the faces of religious fanatics are young. The faces of fanatical leaders are old. He knows that something has to change. He writes:

“Pluralism is an intentional commitment that is imprinted through action. It requires deliberate engagement with difference, outspoken loyalty to others and proactive protections in the breach. You have to *choose* to step off the faith line onto the side of pluralism, and then you have to make your voice heard...”

Born in India, Patel’s parents immigrated to the United States when he and his brother were babies. Initially, they lived in South Bend, IN, finally settling in Glen Ellyn, IL. He was raised an Ismaili Muslim, but as his family became more and more assimilated into U.S. life, Patel’s religious practices fell away. His book traces his search for a life of meaning based on faith. His faith journey includes such diverse teachings as the writings of Malcolm X, the culture of

grace and kindness present in Dorothy Day’s Catholic Worker Houses, Brother Wayne Teasdale of the Catholic Theological Union, and the writings of Fazlur Rahman, one the most influential Muslim minds of the 20th century and a professor at the University of Chicago. Patel traveled to India where he reconnected with the richness of his heritage and witnessed the virtue in Islam in the person of his grandmother.

A Rhodes Scholar, Patel writes with beauty, passion and a breadth of knowledge about various religious traditions. While deeply committed to his Islamic faith his respect and appreciation for the faith traditions of others is boundless.

His commitment, to building interfaith understanding among the youth of the world while rejecting intolerance, is a beacon of hope in a world torn apart by religious factions (Interfaith Youth Core, www.ifyc.org).

“To see the other side, to defend another people, not despite your tradition but because of it, is the heart of pluralism. We need a language that allows us to emphasize our unique inspiration and affirm our universal values. We need spaces where we can each state that we are proud of where we came from and all point to the place we are going to.

“I fear the road is long. I rejoice that we travel together.”

If you read only one book this year, let this be the one!

Linda F. Piotrowski is the palliative care chaplain/pastoral care coordinator at Dartmouth-Hitchcock Medical Center in Lebanon, NH.



Physician urges compassionate approach for aged

My Mother, Your Mother: Embracing "Slow Medicine," The Compassionate Approach to Caring for Your Aging Loved Ones. By Dennis McCullough, M.D. HarperCollins Publishers, New York, 2008. Hardback, 288 pp. \$25.95.

By Marilyn Williams, BCC

“My Mother, Your Mother” is a book I wish many families I have encountered in my ministry as an intensive care chaplain had read in the weeks or months leading up to the hospitalization of their loved ones who were moving toward the end of their life journey. I would agree that Dr. Dennis McCullough’s call for what he calls “slow medicine” would be a compassionate approach for those aged patients who I see going in and out of intensive care units over a period of weeks or months until they finally succumb to death. Many of these people find temporary respites from the intensive care unit not in the comfort of home and family, but in long-term care facilities or ventilator-dependent rehabilitation hospitals.

An example of McCullough’s “slow medicine” stance is his recommendation that overly aggressive treatment and its hazards be resisted. He states, “Elders in late life often do not have a physiology resilient enough to withstand aggressive interventions beyond what is needed to stabilize their immediate situation.” Likewise, he recommends that the exact details regarding the physical requirements and negative side effects be obtained for each test recommended before giving consent.

Yet one could conclude from reading Dr. McCullough’s book that the road to death in an intensive care unit or at home or in a hospice unit often begins with decisions made many years earlier. These decisions either facilitate or impede one’s living fully until death, from the perspective of the total person – mind, body, and spirit. Indeed, I would suggest that McCullough’s “slow medicine” might more accurately be termed holistic medicine.

In discussing the aging process and the decisions to be made, McCullough outlines eight stations of late life experienced by many elders and their families. In

describing these stations, he speaks of the issues and opportunities encountered, questions to ask, conversations to initiate, and practical tasks to do. McCullough identifies these stations as: Stability, Compromise, Crisis, Recovery, Decline, Prelude to Dying, Death, and Grieving/Legacy. In beginning the chapter on Compromise, McCullough uses the quote, “Mom’s having a little problem,” and speaks of this as a time of vigilance and ready attendance. The issues of this station include driving, respect for parents’ autonomy, and social vs. medical models of care.

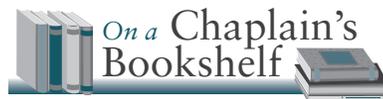
McCullough’s description of the journey of his own mother, Bertha, as well as anecdotes

from his practice make this book a readable lively account of these stages instead of a dry recitation that could become

boring. Readers will recognize their own loved ones in McCullough’s examples, and chaplains will recognize their patients as well. In addition, chaplains will be pleased that several times the author suggests that families look to healthcare chaplains for support and counseling. Furthermore, McCullough’s discussion of the medical issues involved in each of the stations identified would be useful background to chaplains working with families asking for additional information and/or making treatment decisions.

The author, a family practitioner, has worked in geriatrics for 30 years and is a faculty member at Dartmouth Medical School in Vermont. Yet as McCullough notes, his “slow medicine” approach works not only with the well-to-do retirees around Dartmouth where many resources are available, but also for his mother who lived the story of her decline in Michigan’s rural Upper Peninsula.

Marilyn Williams is chaplain at Memorial Health Care System, Catholic Health Initiatives, in Chattanooga, TN.



Readers will recognize their own loved ones in McCullough’s examples, and chaplains will recognize their patients as well. In addition, chaplains will be pleased that several times the author suggests that families look to healthcare chaplains for support and counseling.

This is not a plan for getting ready to die; it is a plan for understanding, for caring, and for living well in the time that is left.

— Preface, Dennis McCullough, M.D.

Small book on Julian of Norwich is packed full of hope

All Will Be Well: Based on the Classic Spirituality of Julian of Norwich. Ave Maria Press, Notre Dame, IN, 1995. Paperback, 109 pp. \$9.95.

By Michelle Lemiesz, M.Div., BCC

Since I was introduced to her in graduate school, I have fallen in love with the spirituality found in the writings of Julian of Norwich, an anchoress in Medieval England. This book, part of the “30 Days with a Great Spiritual Teacher” series published by Ave Maria Press in 1995, was recently revised and re-printed with a new cover. Another book in the new series, titled “Let Nothing Disturb You,” focuses on the wisdom of Teresa of Avila.

A well-worn, dog-eared copy of the Julian book sits on the bookshelf in my hospital office. This “small” book can almost be overshadowed by the larger ones residing there, but in this case, this book testifies to the point that larger is not necessarily better. The book offers 30 brief reflections that invite readers to incorporate Julian’s writings into their daily life. Each day starts with an excerpt from one of Dame



Julian’s works. Readers are called to take a salient point of this reading and carry it into their everyday lives with a brief “mantra” such as “Nothing less than God can satisfy us.” The author suggests practical and uncomplicated ways that the book can be incorporated into daily life (e.g. Write the “mantra” on a 3x5 card and carry it with one throughout the day). At the end of the day, readers are called back to the book to reflect on the reading, “mantra” and their own personal experience of how God was at work in their lives. The day ends with a prayer that is woven with the day’s theme.

This book is a great little tool that can be used both personally and professionally. It is easy to read and not heavily layered with theological jargon. In addition, it is a great book to introduce the main themes of Julian’s spirituality to those who are not familiar with her, and I have found that her theme of “all being well” is one that can be used to give hope within the healthcare setting.

Michelle Lemiesz is director of chaplaincy services at Mount Carmel East Hospital and Mount Carmel New Albany Hospital in Columbus, OH.

Hearing Nouwen speak makes all the difference

Beloved: Henri Nouwen in Conversation. By Henri J.M. Nouwen with Philip Roderick. William B. Eerdmans Publishing Company, Grand Rapids, MI, 2007. Hardback with CD, 52 pp., \$20.

By Michelle Lemiesz, M.Div., BCC

Since his sudden and untimely death in 1995, both new and revised books from Henri Nouwen have become frequent additions to bookstore shelves. “Beloved: Henri Nouwen in Conversation” is another one of those books; however, this one differs from the rest for it includes a CD of the actual conversation between Nouwen and Roderick.

In itself, the book presents no new material to those of us who are acquainted with Nouwen’s work, but reading it presents a nice synopsis of his theology of the person as the “beloved of God,” who is in relationship with God and one another. The book is small, a mere 52 pages that looks briefly at topics such as “Solitude,” “Prayer” and “Desiring God, Resisting God.” Each topic opened up the desire to



enter more fully into it, but that was not the scope of this book.

What made the book special for me was the inclusion of the CD. The book is essentially a transcript of the conversation that ensued between Roderick and Nouwen in response to questions posed by the former. Reading it was a bit bland for me. Then I decided to listen to the CD, and the book came alive as I heard Henri Nouwen speak. Little nuances and inflections of voice made it seem as if I were sitting there listening to him in a conference and it took me back to the day I had the privilege of meeting with him one to one while I was in my CPE residency. The deliberateness of his choice of words and his passion for these subjects were lost when I read the book alone. This CD is something that I will listen to again and again when I need to really re-enter into the essence of what it means to live a life in concert and in relationship with our God.

Michelle Lemiesz is director of chaplaincy services at Mount Carmel East Hospital and Mount Carmel New Albany Hospital in Columbus, OH.

Professor Pausch taught how to live dreams

The Last Lecture. By Randy Pausch with Jeffrey Zaslow. Hyperion, New York, NY, 2008. Hardback, 206 pp., \$21.95.

By **Colette Hanlon, S.C., BCC**

Most readers will be familiar with the story of Randy Pausch, a computer science professor at Carnegie Mellon University in Pittsburgh, PA. However, I think the television and other media hype pale in comparison to the wisdom and faith available in pondering the brief chapters.

If you are not a computer expert, you might think that someone who was so gifted in that realm would not be able to connect with your spiritual journey. Pausch, however, faced with a life-threatening illness and later a terminal prognosis, is able to connect deeply to the human spirit and the wish to share meaning. "The Last Lecture" has long been a tradition at Carnegie Mellon. It offered an opportunity to distinguished professors to share insights with



students. Pausch was the first invitee to actually be presenting what would, indeed, be a last seminar.

Although his story is somewhat similar to that of "Tuesdays with Morrie," his young age, more recent marriage, and small children add a special poignancy to Pausch's message. His words are not meant only for those who heard his lecture or even for those who read of his journey toward death. They are meant as a profound legacy for his children.

He reflects on his childhood dreams, on those who encouraged him to pursue them, and on how he tried to live out his dreams as gifts — even including the awareness of his limited life expectancy. There is something here for everyone about how to recapture past dreams and live them into the future by focusing on the present.

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

Title is awesome, but book lacks needed complexity

The Christ Chaplain: The Way to a Deeper, More Effective Hospital Ministry. By Robert (M. Basil) Pennington. The Haworth Pastoral Press, New York, NY, 2007. Paperback, 68 pp. \$14.95.

By **Michelle Lemiesz, M.Div., BCC**

Every now and then a title of a book catches my interest; thus it was with "The Christ Chaplain." After reading the synthesis in the catalog and knowing the author's work, I decided that it would be a book I would get and I was looking forward to reading and absorbing it. I must say that my enthusiasm has waned greatly since.

To its credit as well as to its overwhelming discredit, this book is written very simply. The former allows it to be accessible to the novice, but the latter points to the lack of depth that I experienced. It appears that the author lacked understanding about the complexities of the training and education of today's hospital chaplain. The result is a book that is almost in the realms of Spirituality 101 with its explanations of centering prayer, *Lectio Divina*, sacrament and



"the ministry of presence." There was no "meat" in it for me and I found that reading it brought about more frustration than the "peace of Christ" because I felt like I was being "talked down" to. I also was frustrated with his constant wording "we chaplains;" he lumped everyone into the category ... from the local pastor, to the eucharistic minister volunteer, to the professional chaplain and included himself in the mix.

I had hoped that the book would have explored the question that I always hold in tension; being respectful and accepting of all faiths while maintaining my rootedness in Christianity and Christ. It may be that I had unrealistic expectations of what it could have been and this lent to my disappointment of what it was. I even lent the book to some colleagues to see if they experienced it differently and for the most part everyone felt that it "was nothing new" and pretty bland. The title is awesome, but the book is not.

Michelle Lemiesz is director of chaplaincy services at Mount Carmel East Hospital and Mount Carmel New Albany Hospital in Columbus, OH.

Metrics committee work keeps him on 'holy ground'



Name: Leszek Baczkura

Work: System Director, Spiritual Services, Resurrection Health Care, Chicago, IL

NACC member since: 1999 (I was certified in 2001).

Volunteer service: I love being with people. I love conversations. I love to listen to people's life stories

that become alive in our conversations. I also love being with children. I do try to spend as much time as I am able with others, being truly present to them. My formal volunteer work at this time is working with the NACC/CHA Metrics Committee and helping with NACC certification interviews.

Book on your nightstand: I love reading books that talk about relationships; relationships with God, relationships with self, and relationships with others. So the one book that I read daily is the Bible. It is full of relationships and relationships that matter, that help me grow as a person, and that open me up to the new.

Book you recommend most often: I have recommended many different books, depending on the needs of another, but one that comes to me now is "Joshua," by Joseph Girzone.

Favorite spiritual resource: Wiola, my wife, nature and people. Wiola has blessed me tremendously on my spiritual and personal life journey. She is my wife of two years now, Oct. 21.

Favorite fun self-care activity: Enjoying nature with Wiola, being with our friends, and riding our "hot" red sports motorcycle and sailing.

Favorite movie: "The Mission"

Favorite retreat spot: A retreat center of the Pauline Monks in the Tatra Mountains, Bachledowka, Poland. Awesome beauty of God's life.

Personal mentor or role model: John Paul II. I was blessed to be with him a few times during his visits to Poland as pope. On Aug. 15, 1991, at 11:45 a.m., I shook hands with him. I will never forget this moment, the handshake and his words — "Be good to yourself." I admire his way of being with others.

Famous/historic mentor or role model: St. Francis of Assisi, St. John Vianney and St. John Bosco are also role

models for me. I admire them because of the ways they related to and with people and nature: emotionally, personally, professionally and spiritually.

Why did you become a chaplain? For years I studied in different seminaries, both in my home country of Poland and in the United States. I wanted to become a priest and I loved the ministry part of my life then, but I also wanted to have a family — a wife and children. I knew I could not have my own family and be a priest at the same time. Eventually I realized that I could care for God's people and still care for my personal, emotional, psychological and relational needs by having a wife and children. During my seminary studies in Providence, RI, I took one CPE unit. This turned out to be providential as I decided to do a CPE Residency after my graduation from the seminary. I love being able to be present and journey with others, especially during their most growing moments and experiences. I recall then many of those moments in my personal life, and I thank God for others being present to me and journeying with me at those times.

What do you get from NACC? I value professional relationships much. We are blessed at RHC to have over 90 chaplains and CPE students. But to be able to be connected to even many more chaplains, whose chaplain ministry is the essence of their lives, is truly a blessing. NACC provides connections to those relationships, a network to build upon from personal, professional, and theological perspectives.

Why do you stay in the NACC? Because of the personal, professional, spiritual and theological "food" NACC provides through relationships, networking, articles, conferences and meetings. It is the nurturing aspect of our association that helps me grow.

Why do/did you volunteer? I need to be with and minister to others in order to grow, to become fuller and better, to learn. I also want to give of myself to others.

What volunteer activity has been most rewarding? Through my work on the Metrics Committee I have seen and experienced the true and genuine dedication of so many chaplains and other healthcare professionals. This has been very rewarding to me.

What have you learned from volunteering? I have been blessed by being with people on their "holy ground." To be able to be on that "holy ground" of others is most precious.



New column focuses on professional development of certified chaplains

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

Each issue of Vision will have a column devoted to reflecting on the new Standards for Ethics, Certification, and Renewal of Certification approved November 2007 by the United States Catholic Conference of Bishops' Commission on Certification and Accreditation (USCCB/CCA and on what these standards will mean to both NACC members seeking certification and those seeking renewal of certification.

Let's first start with those standards that hold up to us our leadership role within the institutions we serve. Mary Lou O'Gorman, M.Div., BCC, director of pastoral care at Saint Thomas Hospital, in Nashville, TN, and also a member of the NACC Standards Commission and the NACC liaison to the USCCB/CCA, has identified in the new standards those competencies expected of a chaplain related to organizational leadership. Persons seeking certification or renewal of certification will need to demonstrate competence in these areas.

- 302.4 Incorporate a working knowledge of ethics appropriate to the pastoral context.
- 302.41 Demonstrate an understanding of The Ethical and Religious Directives for Catholic Health Care Services.
- 302.5 Articulate a conceptual understanding of group dynamics and organizational behavior.
- 305.1 Promote the integration of pastoral/spiritual care into the life and service of the institution in which it resides.

- 305.2 Establish and maintain professional and interdisciplinary relationships.
- 305.21 Demonstrate the ability to build peer relationships for the purpose of collaboration and active participation in the creation and maintenance of a healthy work environment.
- 305.3 Articulate an understanding of institutional culture and systems, and systemic relationships.
 - 305.4 Support, promote, and encourage ethical decision-making and care.
 - 305.41 Demonstrate skill in facilitating decision-making based on an understanding of culture/ethnicity, gender, race, age, educational background and theological values, religious heritage, behavioral sciences, networking, and systems thinking.



Mary Lou served us well by highlighting these standards as they provide our members with a sharp picture of a significant shift; the new standards place the certified chaplain at the heart of the institution where he or she ministers and position the chaplain to be a professional peer providing invaluable service to all those within the institution he or she serves. These standards present a challenge not only to those preparing to be certified or renew their certification, but also to CPE supervisors, institutions of pastoral formation and education, bishops, and chaplain employers, as these leaders seek to prepare, endorse, and support these ministries that continue the healing ministry of Jesus in the name of the church.

Share your ideas

Themes for upcoming issues of *Vision* will include:

- ▼ Reaching out to the immigrant
- ▼ NACC National Conference/Spiritual Care Cooperative

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

Rev. Baaju Izuchi, CSSp elected to NACC Board



Rev. Baaju Izuchi, CSSp, has been elected to the NACC Board with his three-year term beginning January 2009. The association is so grateful to other candidates, James Castello, Blair Holtey, Rev. Dean Marek, and Marie Polhamus, who were willing to serve NACC.

When suffering shakes spiritual belief

Roadside assistance critical to those suffering with spiritual struggles at times of physical illness

By **Maria R. Gear, M.B.A., M.A.**

and **Kenneth I. Pargament, Ph.D.**

Physical illness and the prospect of death can shake the religious and spiritual beliefs of even the most devout.

The spiritual struggles that result have been tied to declines in psychological functioning and physical health outcomes (see Ano & Vasconcelles, 2005 for review). In times of struggle, it can be difficult to regain the foothold of comfort and security that religious faith often provides or to transform one's faith to encompass doubts and questions. Chaplains and caregivers of the physically infirm or ill are in a special position to assess, attend to, and attenuate these difficulties.

Those who struggle with religious questions, conflicts, and doubts often believe they are alone in their spiritual turmoil. Spiritual struggles, however, are a natural and normal part of spiritual development. Examples of figures within Christianity who have struggled are aplenty, including Jesus, St. Augustine, and Mother Teresa. The release of Mother Teresa's journal revealed her profound feelings of abandonment by God: "I am told that God lives in me – and yet the reality of darkness and coldness and emptiness is so great that nothing touches my soul.... I want God with all the power of my soul – and yet between us there is terrible separation.... Heaven from every side is closed" (The Toledo Blade, 2003, pg. 6A). Clearly, spiritual struggles are not a sign of a lack of religious commitment or weak faith (Pargament, 2007), nor are they unusual. Research indicates

that 10% to 65% of adults in the United States experience religious conflicts with others, doubts regarding matters of faith, and feelings of abandonment, anger, or anxiety in relation to the divine (Exline & Rose, 2005; Pargament, Murray-Swank, Magyar, & Ano, 2005).

Spiritual struggles are consistently linked in the literature to a number of adverse psychological and physical outcomes, including depression, anxiety, addictive behavior, poorer recovery from medical illnesses, and increased risk of mortality (see Pargament et al., 2005 for review). This link appears to be particularly strong among those suffering from physical illnesses. One study found that patients in medical rehabilitation who reported more anger at God showed lower

levels of independent functioning over a period of four months, after controlling for demographic factors, depression, social support, general anger, and level of independent functioning at admission (Fitchett, Rybarczyk, DeMarco, & Nicholas, 1999). Another study of more than 500 medically ill elderly patients indicated that those who reported more struggles with God at the start of the study experienced significantly greater declines in physical functional status and quality of life, and increases in depression and even risk of death over the next two years (Pargament, Koenig, Tarakeshwar, & Hahn, 2004). This study also examined the temporal aspects of struggles by classifying study participants into four groups: transitory strugglers (those experiencing spiritual struggles only at baseline), acute strugglers (those experiencing spiritual struggles only at follow-up), chronic strugglers (those experiencing spiritual struggles at baseline and at follow-up), and non-strugglers (those not experiencing spiritual struggles at baseline or follow-up). Among the four groups, only the chronic spiritual strugglers experienced significant declines in physical and mental health over

the two-year period of the study. The researchers note that this sub-group of medically ill patients appeared to "get stuck" in their struggles and experienced their struggles as "less resolvable."

These findings point to the importance of addressing spiritual struggles, particularly within medical settings and with those suffering from physical illnesses. Because unresolved spiritual struggles pose the greatest risk for declines in health and well-being, it is important to identify individuals who are struggling before these struggles become chronic. George Fitchett, hospital chaplain and researcher, advocates actively screening people in healthcare settings to identify those at "spiritual risk." He highlights the importance of assessing for anger at God, fear of punishment by God, disappointments in faith or religious institutions, and lifetime changes in the importance of spiritual or religious faith as the first step in determining whether further spiritual assessment and/or spiritually oriented counseling may be necessary.

Pargament (2007) also proposes a framework for assessing the spiritual dimension of individuals in a way that acknowledges the complexity and dimensionality of spirituality in peoples' lives. His four-step approach to spiritual assessment starts with "setting the stage for a spiritual dialogue." In this step, clinicians open the door to a spiritual conversation by communicating their openness to learning about the spiritual lives of their patients and their willingness to share deeper levels of themselves. The second



Those who struggle with religious questions, conflicts, and doubts often believe they are alone in their spiritual turmoil. Spiritual struggles, however, are a natural and normal part of spiritual development.

step is the initial spiritual assessment, which focuses on four key questions: how important are religion and spirituality to the patient; what is the patient's religious or spiritual background and identification; how might religion and spirituality be a part of the problem; and how might religion and spirituality be a part of the solution.

These questions may lead to the first signs of spiritual struggle. They may also point to spiritual resources that offer pathways out of the struggle. Not all patients identify religion and spirituality as salient in the initial spiritual assessment. However, an implicit spiritual assessment, the third step, is designed to detect deeper dimensions of the patient's predicament, even among those who may not be explicitly religious or spiritual. Of particular significance here is the patient's use of "psycho-spiritual language," that is, "psychologically meaningful concepts carrying rich, emotionally powerful connotations that invite spiritual exploration" (Pargament, 2007, pg. 217). These include words such as "forgiveness," "solace," "regrets," "despair," "suffering," "courage," "faith," "hope," and "love." The final step, the explicit spiritual assessment, is defined by a more direct and extensive appraisal of spirituality in the patient's life.

Chaplains may find this approach helpful in eliciting the depth and breadth of spirituality and religiousness among those suffering with physical illnesses in a richer and fuller way. This process of assessment also can be therapeutic in and of itself, even if time does not allow or the patient does not desire further exploration of these issues. For those patients who are struggling spiritually and who are open to continuing work in this area, four points are important to keep in mind.

First, it is important to normalize spiritual struggles and create opportunities to discuss them. People often respond with relief and gratitude when their struggles are met with understanding and acceptance rather than threat and rebuke. One spiritual intervention called "Crying Out to God" provides participants with the opportunity to talk openly about spiritual struggles (Zornow, 2001). Led by a pastor, the program helps people address their feelings of abandonment, anger, and isolation in their relationships with God. Based on the psalms of lament, "Crying Out to God" encourages people to restore their connection with God by voicing all of their emotions to the divine.

The experience of spiritual struggles is often accompanied by feelings of guilt and shame. It is important to offer another voice to counterbalance those in the patient's life that respond to spiritual questions and doubts with condemnation. Spiritual struggles may have a more positive outcome if they are met with empathy, support, and guidance rather than stigma.

Second, patients may require gentle pressure to expand, revise, and increase the flexibility of their understandings of God. Perhaps because many adults today have received little in the way of religious education, they are left with child-like conceptions of divinity, "small gods" that cannot shed light on the profound problems of life. These limited representations

of the sacred cannot deal with the full spectrum of human potential and the complete range of life challenges. In the context of American individualism, many people today prefer a "go-it-alone" or "cafeteria style" approach in which they choose from a smorgasbord of options within a religious tradition or between religious traditions. While this cafeteria-style approach may satisfy the appetites of some people, it may leave others spiritually malnourished. As a result, we find people who lack spiritual depth and breadth. These people may focus on their own personal fulfillment without considering the spiritual well-being of others, engage in hollow rituals disconnected from feelings of spiritual uplift and awe, and create their own theologies. Struggles can be resolved more effectively within the context of a broader and deeper spirituality.

Third, patients can be assisted in drawing on spiritual resources to address spiritual struggles. The Catholic tradition has numerous great spiritual teachers, past and present, whose example can offer wisdom and strength. These

stories highlight the potential for growth amidst the turmoil of spiritual struggles. In this vein, St. John of the Cross (1584/1990) described spiritual struggles as a "dark night of the soul" brought forth by God as a natural part of spiritual development. He said: "the

Divine assails the soul in order to renew it and thus to make it Divine" (pg. 104). Several researchers have found that spiritual struggles are, in fact, associated with personal growth and positive spiritual transformation (see Pargament et al., 2005 for a review). Taken as a whole, research studies suggest that spiritual struggles are a fork in the road that can lead to distress, pain, and decline or to growth and positive spiritual transformation.

Finally, it is important to help people anticipate spiritual struggles before they occur. Through religious education, children and adolescents could be taught to anticipate, understand, and cope with the spiritual struggles they are likely to face in their lives. Adults could also gain from programs that help them to anticipate the nature of spiritual doubt, conflicts with the church, and struggles with the divine. For example, Nicole Murray-Swank (2003) developed an eight-session spiritually-integrated program, "Solace for the Soul," to address the spiritual struggles of women who had been sexually abused as children. Many of these women suffer from harsh, controlling images of God. "Solace for the Soul" has helped women to see God in a more loving light. In one exercise, participants are asked to imagine God's love as a

It is important to normalize spiritual struggles and create opportunities to discuss them. People often respond with relief and gratitude when their struggles are met with understanding and acceptance rather than threat and rebuke.



Research Update

Continued from page 17

Several researchers have found that spiritual struggles are, in fact, associated with personal growth and positive spiritual transformation. Taken as a whole, research studies suggest that spiritual struggles are a fork in the road that can lead to distress, pain, and decline or to growth and positive spiritual transformation.

waterfall within themselves: "Picture God as a waterfall within you ... pouring down cool, refreshing water ... the waters of love, healing, restoration throughout your body ... a cool, refreshing waterfall washing down over your head, your face, your shoulders, your neck, out through your arms, down your legs, out through your toes, refreshing, bringing life, quenching thirst ... renewing, refreshing, restoring" (pg. 232). By strengthening spiritual resources, recognizing the reality of spiritual struggles, and assisting people in the process of resolving these struggles, this type of religious education may foster growth rather than decline through people's inevitable dark nights of the soul.

References

- Ano, G.G., & Vasconcelles, E.B. (2005). Religious coping and psychological adjustment to stress: A meta-analysis. *Journal of Clinical Psychology*, 61, 461-480.
- Exline, J.J., and Rose, E. (2005). Religious and spiritual struggles. In R.F. Paloutzian & C.L. Park (Eds.) *Handbook of the psychology of religion and spirituality* (pp. 315-330). New York: Guilford Press.
- Fitchett, G., Rybarczyk, B.D., DeMarco, G.A., & Nicholas, J.J. (1999). The role of religion in medical rehabilitation outcomes: A longitudinal study. *Rehabilitation Psychology*, 44, 1-22.
- Murray-Swank, N.A. (2003). *Solace for the soul: An evaluation of a psychospiritual intervention for*



female survivors of sexual abuse. Unpublished doctoral dissertation, Bowling Green State University, Bowling Green, OH.

Pargament, K.I. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred.* New York: Guilford Press.

Pargament, K.I, Koenig, H.G., Tarakeshwar, N. & Hahn, J. (2004). Religious coping methods as predictors of psychological, physical, and spiritual outcomes among medically ill elderly patients: A two-year longitudinal study. *Journal of Health Psychology*, 9, 713-730.

Pargament, K. I., Murray-Swank, N.A., Magyar, G.M., & Ano, G.G. (2005). Spiritual struggle: A phenomenon of interest to psychology and religion. In W.R. Miller and H.D. Delaney (Eds.), *Judeo-Christian perspectives on psychology: Human nature, motivation, and change* (pp. 245-268). Washington DC: APA Press.

Saint John of the Cross. (1990). *The dark night of the soul: A masterpiece in the literature of mysticism by St. John of the Cross* (E. A. Peers, Trans.). New York: Image Books, Doubleday. (Original work published 1584).

Toledo Blade (2003, September). *God's silence plagued soul of Mother Teresa.* Section A, p. 6.

Zornow, G.B. (2001). *Crying out to God: Prayer in the midst of suffering.* Unpublished manuscript, Evangelical Lutheran Church of America, Leipsic, OH.

Kenneth I. Pargament is a professor of psychology at Bowling Green State University in Bowling Green, OH. He is also licensed in clinical psychology and has a private practice. Pargament has published more than 100 papers on the subject of religion and spirituality in psychology. He is world renowned for his scholarly contributions to the psychology of religion, and for providing clinically relevant scientific analyses of religion's role in mental health.

Maria R. Gear is a clinical psychology graduate student at Bowling Green State University.

Certification

Continued from page 3

interview or Sept. 15, 2009, for a spring 2010 interview). Specifically, refer to the following procedures:

- ▼ CP131.3m - An official transcript of the basic academic degree (B.A. or B.S. Degree). Transcripts are to be sent directly from the institution(s) to the NACC. The Certification Commission requires transcript analysis at the applicant's expense for all degrees acquired outside the United States.
- ▼ CP131.3n - An official transcript of the graduate-level theological degree. Transcripts are to be sent directly from the institution(s) to the NACC. The Certification Commission requires transcript analysis at the applicant's expense for all degrees acquired outside the United States.

▼ CP126 - Completion of a graduate-level theological degree in theology, divinity, religious studies, pastoral ministry, pastoral studies, or spirituality (Standard 301.3).

Some agencies that offer assessment of international transcripts include:

- ▼ World Education Services
- ▼ <http://www.wes.org>
- ▼ Educational Credential Evaluators, Inc.
- ▼ <http://www.ece.org>
- ▼ NACC Equivalency Procedure Update

With the recent revision of the NACC Standards and Procedures, there has also been a revision to the NACC Equivalency Procedure. Members seeking certification may apply for an equivalency for one unit of CPE. The revised procedure can be found at our website at www.nacc.org/certification/equivalencyProcedure.asp.

Q&A with Joe Cull, M.A., BCC

Chaplain inspired by officers with lives on the line

By Laurie Hansen Cardona
Vision editor

Joe Cull, BCC, one of four chaplains provided as a free service to the New Orleans Police Department (NOPD) and employed by The McFarland Institute in New Orleans, LA, agreed to a Q and A session for Vision. His winding career path included priesthood studies and work as a firefighter. He first became a police chaplain as a second-year CPE intern with The McFarland Institute in New Orleans in 1999-2000. Cull, who has a master's degree in theology, was hired as a full-time chaplain in October 2004.



Joe Cull

Q How long have you been a member of the NACC?

A I have been a member since October 2005. This past spring I attended my first NACC conference and enjoyed meeting a variety of people from across the nation. If there was one question I heard over and over again there, it was: "What do you do as a police chaplain?"

Q What are your responsibilities as police chaplain?

A The McFarland chaplains assigned to the NOPD avail themselves 24/7 to serve not only police officers and their families, but a healing New Orleans community as well. We are each professionally certified or in the process of certification. Additionally we are issued badges, radios and credentials. Confidentiality, undeniably, is the linchpin of all conversations.

Q Describe your daily activities as a police chaplain.

A Each chaplain is assigned two districts where we regularly attend roll calls, during which time we are often given the opportunity to address officers, whether to offer prayer, support, or give a brief in-service. On ride-alongs, we actively respond to emergency calls with the officers, so we regularly see and experience situations alongside the officers. Because safety is always our No. 1 priority, it is only after a "Code 4" (under control) is given that we are allowed to enter a scene to offer pastoral support to victims, families and witnesses. Though we are assigned specifically to citywide districts we are also available to specialty units such as Domestic Violence, Homicide, Child Abuse and Fatality, just to name a few. It is not uncommon for us to comfort victims and families while detectives conduct their investigations on the scene.

Q Is part of your ministry working with detectives injured on the beat?

A Yes, we give detectives and their families personal support in times of crisis as desired or needed. Attending community functions as well as participating in or performing weddings, house blessings, and funerals have also been part of the ministry of chaplains. Hospital and home visits of injured or sick officers or family continue to be a staple of our ministry.

Though painful, perhaps some of the most meaningful ministry has been while grieving side by side with officers. This

past year alone, the NOPD has buried seven of its own (six of those since November), two tragically shot in the line of duty. Chaplains are often allowed inside the pain of distraught officers where a compassionate heart and empathetic ear can be offered. During such times of grief, through prayer, listening, normalizing, affirming, encouraging and educating, chaplains as "wounded healers" offer pastoral support to officers,

some of whom may have nowhere else to turn.

Q Do you help out with new police recruits?

A Chaplains regularly attend and pray at promotional and award ceremonies as well as graduations of new recruits. We are invited to orient recruits at the academy to help foster a comprehensive understanding of both the availability and the role of the chaplains. Within the world of law enforcement, familiarity helps foster trust, and orienting new recruits plays a crucial role in laying that foundation. Seeing a friendly face can also be a source of support, even relief for new, young and apprehensive officers.

Q Working side by side with police officers, what impression have you developed of the men and women in blue?

A One of the most fulfilling and humbling aspects of my work is having the honor to work alongside some of the most resilient and dedicated men and women in the country, if not the world. On the heels of Hurricane Katrina, while diligently serving the community, many officers are not only still in the process of rebuilding their homes, but also remain separated from loved ones who now reside outside of the city and some even out of state.

Q Was it your plan to become a police chaplain?

A It was never my plan to be a police chaplain, but it became a strong desire. When a firefighter I longed to have more opportunity to offer emotional and spiritual support to the victims. Conversely, at Notre Dame Seminary, I longed to be able to respond to emergency calls. Thus, during seminary, when able, I spent the night at a local fire station riding with a chief or rescue crew. Lay chaplaincy was a foreign concept to me until we were required as seminarians to do a summer of CPE. After that summer, I discontinued my study for the priesthood once I discerned lay chaplaincy was a much better fit for me.

See Q&A on page 20

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.

Rev. James Radde, SJ
St. Paul, MN
Recovering from surgery

Teddi Tomsic
Shelton, CT
Major surgery

Rev. Mike Burns, SDS
Milwaukee, WI
Eye surgery

Sr. Hilda Mallet, MHS
Lafayette, LA
Cancer radiation treatments
that followed chemotherapy

Sr. Nancy Flaig, OSB
Duluth, MN
Recovering from surgery

Sr. Paula Jacobs, SSM
Oshkosh, WI
Terminal cancer

Sr. Joyce Troyer, CSC
South Bend, IN
Recovering from surgery

Sr. Albertine Kramer, CSC
South Bend, IN
Recovering from extensive
surgery

Dennis Eldridge (Kathy's
husband)
Milwaukee, WI
Cancer treatment

Laurie Hansen Cardona
(NACC Vision editor)
Milwaukee, WI
Recovering from surgery

Br. Brian Boyle, CPPS
Chicago, IL
Recovering bicycle accident
and surgery

Educated

Continued from page 2

pastoral training? One of the main arguments for the higher training expectation has been that certified chaplains have to be prepared to work with and be respected in interdisciplinary teams whose members are physicians, nurses, social workers, and others with master's level and clinical training. The above responsibilities certainly identify those types of settings.

I welcome your thoughts on these standards of practice, and the question, "What should we expect of a certified chaplain?"

Q&A

Continued from page 19

Q What motivates you to stay in this line of work, despite the tragedies you witness?

A I am most moved in knowing each day these men and women are willing to give their life for another, and many have. "The way we came to know love was that he laid down his life for us; so we ought to lay down our lives for our brothers" 1John 3:16. It has been through my job as a chaplain with the NOPD that I have had the privilege to witness, through the sacrifice of numerous officers, the reality of such love, up close and personal.

February 1-4, 2009
Disney's Coronado Springs
Resort & Convention Center
Walt Disney World®, Florida

SUMMIT '09

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

This unprecedented
event in the history of
Spiritual Care
will usher in a new era for all
professionals seeking to embrace
Spirituality
in their specialized settings.

Spiritual Care Collaborative

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. As the host for this mega-conference, the SCC will encourage and facilitate innovative and collaborative programs of practice, education, training and research in diverse contexts.

**Visit www.spiritualcarecollaborative.org for
up-to-date program and registration information.**

Pre-conference Events • January 28 – February 1

Who should attend?

Care providers in all human service settings interested or engaged in the provision of spiritual care – including nurses, social workers, physicians, bereavement counselors, psychologists, administrators, parish clergy and all spiritual care practitioners.

This is the last issue in which Positions Available and CPE Residency ads will run 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, www.nacc.org. Please visit the website.

▼ CPE SUPERVISOR

Spokane, WA – Help launch a CPE Program in one of the finest regional hospitals in America! We're seeking a visionary CPE supervisor. We're looking for someone who is looking for an opportunity to create. Sacred Heart Medical Center and Children's Hospital in Spokane, WA, is consistently rated one of the top 200 hospitals in the nation. Founded in 1886 by the Sisters of Providence, our commitment to spiritual care is woven into our very fabric. We employ eleven full-time, Board Certified Chaplains who serve our patients 24-hours-a-day, seven days a week. In addition, we have a full-time certified music thanatologist and growing palliative care team. We are seeking a qualified supervisor with the vision and energy to build a quality CPE program from the ground up. The CPE supervisor will be responsible for establishing and administering the program and obtaining ACPE certification of the site. We are searching for an ACPE or USCCB Certified Supervisor or Associate Supervisor with a Masters of Divinity degree. CPE Supervisor experience in hospital setting is preferred. Please apply online at www.shmc.org, or fax your resume to Debbie Ozust, Employment Specialist, at (509) 474-4496 or via email to ozustd@shmc.org. SHMC is an equal opportunity employer.

▼ CPE SUPERVISOR OR ASSOCIATE SUPERVISOR

Tacoma, WA – Second CPE Supervisor or Associate Supervisor needed for the Franciscan Health System (FHS) in the South Puget Sound area of Washington State, a five-hospital system consistently rated as one of the top 100 hospitals in the country of its size. FHS has been accredited by both the Association for Clinical Pastoral Education (ACPE) and the United States Conference of Catholic Bishops-Commission on Certification and Accreditation (USCCB-CCA) for over twenty years. Its spiritual care department includes over 25 chaplains in hospital, hospice and end of life care and its director, Rose Shandrow, was recently recognized by the Catholic Health Association (CHA) for excellence in Spiritual care leadership. The CPE program conducts six units of CPE per year and currently includes two students in Supervisory CPE. Contact Gordon Hillsman (253-426-6735 or gordonhillsman@fhshealth.org) for more information or apply online at www.fhshealth.org.

▼ MANAGER — PASTORAL CARE

Omaha, NE – Alegent Health is a faith-based organization. We are building a world-class team, and welcome you to join us on this journey to world-class healthcare. We are the area leader of quality care and have a dedication to the patients and community we serve. The Pastoral Care Manager provides innovative leadership in the development and delivery of systems that provide opportunities for spiritual health and well being for people across the Alegent Health system. Particularly, the manager works with the other members of the Pastoral Care management team to bring strategic leadership in assuring inspired and engaged chaplain teams that provide best practice service delivery in the inpatient and outpatient areas. Additionally, the Pastoral Care Management Team assures system-wide development strategies that expand the spiritual and pastoral competency of all staff, representation on campus leadership teams, pastoral care involvement in system initiatives and leadership in the delivery of rituals and

Positions Available

celebrations that further our faith-based identity.

Experience

- ▼ A minimum of three years in a leadership role within a pastoral service field.
- ▼ At least 2 years health care experience.
- ▼ Preferred management experience in a healthcare environment.

Education

- ▼ Master's Degree in Theology, Spirituality, Ministry or related field.
- ▼ Board certification with NACC or APC, or eligible for certification within 18 months of hire.

Apply on-line to www.alegent.com, EOE

▼ CHAPLAIN – PRIEST, RELIGIOUS OR LAY

Lafayette, LA – Our Lady of Lourdes Regional Medical Center, a member of Franciscan Missionaries of Our Lady Health System, is seeking a full-time Certified Catholic Priest or a full-time Certified Staff Chaplain to join our professional team of chaplains. The function of the position actively incorporates the Mission and Vision of Our Lady of Lourdes Health System. Inspired by the vision of St. Francis of Assisi and in the tradition of the Roman Catholic Church, we extend the healing ministry of Jesus Christ to God's people, especially those most in need. This person will directly report to and support the Director of Pastoral Care and must possess advanced level of communication skills, both spoken and written. In order to offer health care to the highest power, the candidate must be able to demonstrate the ability to deal with complex psycho-social issues surrounding death and dying and personal adjustment to illness or disability. The qualified chaplain will have four (4) units of CPE or equivalency, be certified or actively pursuing certification by the NACC or APC. Healthcare experience preferred. We offer a competitive salary and comprehensive benefit package. Come experience our rich Cajun culture and cuisine in the heart of Acadiana in lovely southwest Louisiana. Please apply on line at www.lourdes.net.

▼ STAFF CHAPLAIN (EVENING)

Lebanon, NH – Dartmouth-Hitchcock Medical Center is a 386-bed teaching, research and referral hospital serving Vermont, New Hampshire, Maine, and Massachusetts. We are seeking an experienced and well-rounded board-certified chaplain to job-share an evening chaplain's role on a team of six professional chaplains. DHMC is recognized as one of U.S. News and World Report's top hospitals, a Magnet Hospital for nursing, and one of New Hampshire's "Best Places to Work." Requirements include ordination, denominational endorsement, four units of Clinical Pastoral Education, and certification by APC, NACC, or a cognate group. Explore our website at WWW.DHMC.ORG and click on the Jobs link to apply online. Contact Rev. Patrick McCoy, (603) 650-7939 for particulars.

▼ CHAPLAIN

Springfield, OR – PeaceHealth Oregon Region in Eugene and Springfield, OR, is currently seeking a Chaplain to join our Spiritual Care Department. Our chaplains provide direct spiritual care for patients, their families, and staff. They are valued members of the health care team serving Sacred Heart Medical Center at University District and our new campus at RiverBend. Board Certification with a professional chaplaincy organization and 1-3 years of post-CPE Chaplaincy employment is preferred. To apply, visit our website www.peacehealth.org or call Jenifer Gormley at 541-222-2519.

Positions Available

▼ MANAGER, PASTORAL CARE

Canton, OH – Mercy Medical Center, a 476-bed, acute care, faith-based hospital located in Canton, Ohio, has a full-time opening for a Manager in our Pastoral Care department. This position ministers in direct patient care half time and devotes half time to departmental administration. Serves as chaplain to patients, families and staff in Mercy Heart Center. Selects (in collaboration with VP of Mission and Ministry), orients, trains and assigns department staff. Shares in the annual staff performance reviews. Serves as mentor for CPE chaplain interns. Ensures standards of excellent spiritual care throughout the organization. Promotes the Mission as well as ongoing development of services and department personnel. Shares in department budget preparation and monitoring. Attends leadership meetings and all mandatory continuing education. Reports to the Vice President of Mission and Ministry. A Bachelors degree is required. Master's degree in Theology, Spirituality or Pastoral Studies, or one of the social sciences (or equivalent) is preferred. NACC (National Association of Catholic Chaplains) certification is preferred. A minimum of three to five years experience in a Catholic Healthcare setting is required. Prior management experience preferred. To learn more about Mercy Medical Center, visit our website at www.cantonmercy.com. To apply: Mail resume with cover letter to: Mercy Medical Center, Human Resources, 1320 Mercy Drive NW, Canton, Ohio 44708, or Fax to (330) 430-6958.

▼ CPE RESIDENTS

LaCrosse, WI – Gundersen Lutheran Health System, in LaCrosse, WI, has 5-6 CPE resident positions available beginning at the end of August 2009 for a 3 unit, 12-month plus one week long residency. Thanks to generous support from the Gundersen Lutheran Medical Foundation, your tuition cost is only \$200.00 per unit. We offer health insurance and other benefits. Resident I \$26,750, II \$27,750. GLHS is a Level II Trauma Center, a 325-bed comprehensive hospital and clinic nestled in the scenic bluffs along the Mississippi River Valley with a reasonable cost of living. In this year-long program, we offer 6-month rotations in our hospital, hospice program and at Hillview Health Care Center. Minimum of one CPE unit required for residency. Visit our Web Page at www.gundluth.org/web/ptcare/pastoral.nsf. No application fee is required. Apply to: Laura Kaufmann, Manager of CPE, Gundersen Lutheran Health System, 1900 South Avenue – Mail Stop H01-022, La Crosse, WI 54601-9980; phone: 608-775-3620, 1-800-362-9567, ext 53620; FAX: 608-775-3557; E-mail: ljkaufma@gundluth.org; website: www.gundluth.org

▼ DIRECTOR OF PASTORAL CARE

Rolla, ND – Presentation Medical Center is seeking a part time Director of Pastoral Care to provide ministry to patients, their families, visitors and staff. PMC is a 25-bed Critical Access Hospital sponsored by the Sisters of Mary of the Presentation Health System. Qualified candidates must be certified Chaplains or have equivalent pastoral care experience. Salary is commensurate with experience. Applications can be obtained online at www.pmc-rolla.com, and then sent to: Holly Cahill, H.R. Director, Presentation Medical Center, PO Box 759, Rolla, ND 58367. For questions about the position, contact Sr. Suzanne Stahl, SMP Vice President of Mission for the SMP Health System at srsuzanne@cableone.net or call (701) 845-2864.

▼ CPE RESIDENCY

Temple, TX – Your choice. The trusted choice. Choose an

exciting career with one of the most advanced and fastest-growing healthcare systems in Central Texas. Scott & White offers competitive salaries, great benefits, technologically advanced work environments and a family friendly staff atmosphere. Scott & White Hospital in Temple, TX, is recruiting for the 2009-2010 CPE Programs. The Scott & White CPE program, accredited by ACPE, Inc., is grounded in the action/reflection model that integrates theory and practice. Scott & White's innovative program introduces students to appropriate theoretical materials from theology, psychology and the behavioral sciences. The Summer Intensive Program (\$500 tuition) and Extended Program (\$500/\$700 tuition depending on clinical placement) both provide one unit of CPE upon completion of the unit and are designed for clergy, laypersons, ministers, and seminary students. Completion of one of these units qualifies you to apply to the Residency program. Scott & White's Residency Program (no tuition) provides 3 units of CPE in a calendar year and offers a competitive stipend and benefits. (Additional fees determined according to specific program.) Send applications to: Krista Jones, Scott & White Hospital, 2401 So. 31st St., Temple, TX 76508; website: <http://pastoralcare.sw.org>, fax: 254-724-9007, phone: 254-724-1181, or e-mail KRJONES@swmail.sw.org. \$25 application fee required for all applications. Scott & White is the largest multi-specialty academic medical center in Texas, with more than 600 physicians and research scientists caring for patients at the Scott & White Memorial Hospital & Clinic in Temple and 22 regional clinics networked throughout Central Texas. Scott & White is listed among the Thomson 100 Top Hospitals in America* for four consecutive years. Scott & White is An Equal Opportunity Employer/Tobacco-Free Environment. *2008 Thomson 100 Top Hospitals®

▼ PRIEST CHAPLAIN

Arlington Heights, IL – Northwest Community Hospital is a 488-bed hospital in the northwest suburbs of Chicago providing a full range of medically advanced inpatient and out patient services. We are currently seeking a full time Priest Chaplain to join our professional team of Chaplains in Spiritual Care Services. Reporting to the Manager of Spiritual Care Services with accountability to the Coordinator of Roman Catholic Ministries on matters pertaining to Sacramental Ministry, the Priest Chaplain will provide spiritual care to patients, families and staff assisting with issues of faith, providing crisis intervention, making spiritual assessments, conducting weekly Mass and offering sacramental ministry. The Priest Chaplain will be a Roman Catholic priest in good standing with appropriate ecclesiastical endorsement/approval, and faculties granted by the Archdiocese of Chicago. Qualifications include a Master of Divinity degree, Master of Arts in Religion, or Master of Pastoral Counseling from an accredited school of theology within two years of hire; successful completion of four or more units of CPE from a center accredited by ACPE or NACC; certification by a professional chaplaincy organization such as the APC or NACC, certification eligibility preferred; and two years of experience in Pastoral Care, the health care field, in an area that is parish-related or mission related. Bilingual preferred. This full-time position (40 hrs/wk) with occasional weekend shift coverage will have unit assignments and rotate carrying the on-call pager with staff chaplains one day/week. We offer a competitive salary and comprehensive benefits package. For consideration, please send cover letter and resume to: Reverend Edward R. Fialkowski, 434 West Park Street, Arlington Heights, Illinois, 60005-1701, 847-253-5353, pastor@olwparish.org, FAX 847-253-7175

▼ DIRECTOR OF CHAPLAIN SERVICES/ACPE PROGRAM

Columbus, GA – Responsible for activities at St. Francis Hospital associated with chaplains, the CPE program, and

directs all related programs associated to meet the hospital mission (including the "Ethical and Religious Directives for Catholic Health Care Services"). Will work with staff, patients, medical staff and CPE students. See www.wecareforlife.com for complete job description and application.

▼ CHAPLAIN

Huntington, WV – St. Mary's Medical Center is a progressive state of the art trauma center serving the beautiful Tri-state region of Ohio, Kentucky, and W. Virginia. Our high standards and mission are held in the acronym of CHRIST: Compassion, Hospitality, Reverence, Interdependence, Stewardship and Trust. If you are a Professional Chaplain looking for education opportunities, growth in a family atmosphere, and collaboration with a dedicated Spiritual Care team, come join us! This full time position requires Board certification with NACC, APC, or equivalent, a Master's degree in Theology, Divinity or related field, with an ecclesiastical or faith-group endorsement. The candidate must have diverse experience in a hospital setting. If you possess a positive attitude, flexibility, and team spirit in providing a ministry of presence to patients, families and staff, you will become part of the finest collaborative interdisciplinary team that provides the highest quality of holistic care. Our many benefits include healthcare coverage and a competitive salary. Apply on line to www.St-Marys.org

▼ PRIEST CHAPLAIN

Hollywood, CA – As a faith-based organization, QueensCare strives to provide, directly and with others, accessible healthcare for uninsured and low-income individuals and families residing in Los Angeles. We are a Public Charity with various divisions serving the healthcare needs of our community. Our Pastoral Care Department ministers primarily within Hollywood Presbyterian Medical Center, a 470-bed facility providing a full range of medical services. We serve culturally, linguistically and religiously diverse patients, families and staff. This diversity is reflected in our Chaplains. QueensCare is currently seeking an additional Priest Chaplain to join our professional team of Chaplains. A priest should have, or be able to obtain, ecclesiastical endorsement from the LA Archdiocese. CPE training and ability in Spanish are highly preferred. Please send cover letter and resume to: Liz Hoang, HR Director, 1300 North Vermont Avenue, Suite 502, Los Angeles, CA 90027, Email: LHoang@queenscare.org, Fax: 323-660-0359, Website: www.queenscare.org

▼ CATHOLIC PRIEST

Portland, OR – Putting people first - that's what sets us apart. At Providence Health & Services, offering understanding and respect to each and every patient is what we do best. Here, you will share your gift for helping others and make a difference every day, in a place that honors and brings out the very best in you. And that's what healthcare is meant to be. Catholic priest will provide spiritual and emotional support and guidance to patients, their families, visitors, volunteers, employees and physicians. Requirements include a Certification by NACC or APC or eligible within 2 years. Current endorsement of sponsoring religious group. Masters Degree in Theology or related field, or other evidence of understanding and application of current theology. For immediate consideration contact: Marie Chambers, Recruiter II, 1-877-JOIN-PHS ext 62895 or marie.chambers@providence.org; marie.chambers@providence.org or apply online at www.providence.org/careers, <http://www.providence.org/careers> (Job #40232).

▼ CHAPLAIN POSITION

Chicago, IL – Mercy Hospital and Medical Center, Chicago's oldest hospital, seeks a full time chaplain. As part of an interdisciplinary team, candidate must be able to assess the spiritual needs and offer support to patients, families, and staff of diverse religious traditions and cultural backgrounds.

Certification by NACC or APC and ecclesiastical endorsement required, with a facility in Spanish preferred. Send resume to Sr. Grace Dougherty, O.P., Spiritual Care Department, Mercy Hospital and Medical Center, 2525 S. Michigan Avenue, Chicago, Illinois 60616. Phone: 312-567-2045, Fax: 312-328-7741, E-mail: gdougherty@mercy-chicago.org.

▼ CHAPLAIN CLINICAL COORDINATOR

Indianapolis, IN – At St. Vincent Indianapolis Hospital, our mission to provide quality, compassionate care to those in need is the driving force behind everything we do. Our dedicated staff shares our commitment, and we, in turn, provide them with a workplace that is respectful of their talents and open to new career challenges. In addition to providing a degree of patient care the Coordinator will: Be responsible for the clinical coordination of the staff Chaplains. Serve as the direct supervisor for staff Chaplains. Develop performance plans with staff and conduct their mid-term and final evaluations. Ensure quality care is being provided to patients, families etc. Function as a member of the leadership team within Pastoral Care or the assigned facility. Work with the Director in developing new strategies and directions for the department. Assist with the development of department policies and procedures. Work collaboratively with the Manager of the CPE program. Be responsible for providing leadership and guidance in ethical matters for the clinical arena. Act as a resource with the clinical managers and directors to continue to assess the unit needs and how Pastoral Care can respond to those needs. Required Education: A Master's degree in theology, divinity, religious studies, pastoral ministry, or spirituality is required. Four units of Clinical Education are required. Certification as a Chaplain is required. Ecclesiastical endorsement is required. Work Experience: 3-5 years of clinical experience required (post certification preferred). We offer an attractive salary and benefits package. To apply please visit: jobs.stvincent.org (click on New & Returning Applicants on the right of the page) and reference Job ID# 28871.

▼ MANAGER OF SPIRITUAL SERVICES

Woodruff, WI – At Ministry Health Care, rewarding and recognizing our employees is not just a pleasure, but a privilege. Explore the wide range of opportunities available at our leading network of hospitals, clinics, long-term care facilities and home care agencies. In this role at Howard Young Medical Center, you will respond to the emotional, psychological and spiritual needs of patients, families and staff. You must have an appreciation and understanding of the Roman Catholic Church history with a commitment to the Second Vatican Council teachings. Requires a Master's degree in a theology, divinity, pastoral ministry or related field granted by an accredited academic institution and a minimum of three years experience as a chaplain in a health care setting. Excellent communication skills and certification by the National Association of Catholic Chaplains (NACC) is essential. You must be comfortable and calm in crisis situations, understand the grief process and deal with life and death issues. Apply online at: ministryhealth.org. EOE Ministry Health Care

Position Wanted

▼ FULL-TIME PRIEST CHAPLAIN

NACC member and APC-certified priest chaplain with ten years of hospital experience seeks a full-time position as chaplain, preferably at Catholic Hospitals in the California area or neighboring states, beginning in November. Please contact Rev. Antonio D. Bobis at tdbobis@yahoo.com.

Board of Directors

CHAIR

Karen Pugliese, M.A.
Chaplain
Central DuPage Hospital
Winfield, IL
karen_pugliese@cdh.org

CHAIR-ELECT/SECRETARY
Barbara Brumleve, SSND, Ph.D.
CPE Supervisor
Alegent Health Care
Omaha, NE
Bbrumleve@yahoo.com

TREASURER
Geraldine M. Hoyler, CSC
Notre Dame, IN
ghoyler@cscsisters.org

EPISCOPAL LIAISON
Most Rev. Randolph Calvo, D.D., J.C.D.
Bishop of Reno
Reno, NV

EXECUTIVE DIRECTOR
David A. Lichter, D.Min.
National Association of Catholic Chaplains
Milwaukee, WI
dlichter@nacc.org

Patrick H. Bolton, M.Div.
Director of Pastoral Care
Mercy Medical Center
Daphne, AL
patrickb@sa-mercymedical.org

Alan Bowman, M.Div., M.B.A.
Vice President, Mission Integration
Catholic Health Initiatives
Denver, CO
alanbowman@catholichealth.net

Bridget Deegan-Krause, M.Div.
Ferndale, MI
bridgetmail@gmail.com

Norma Gutierrez, MCDP
Chaplain
St. Mary Medical Center
Long Beach, CA
srnor@netzero.com

Paul D. Marceau, Th.D.
Vice President, Mission Services and Ethics
Trinity Health
Novi, MI
marceaup@trinity-health.org

John Pollack, M.Div.
Chief, Spiritual Ministry Dept.
National Institutes of Health
Bethesda, MD
pollackj@cc.nih.gov

Bonnie J. Burnett, M.Div.
System Director of Mission and Spirituality
CHRISTUS Health
Houston, TX
Bonnie.Burnett@christushealth.org

Calendar

November

- 1 Supervisor certification interviews, Milwaukee, WI
- 1-2 NACC Certification Commission meeting, Milwaukee, WI (begins Oct. 30)
- 4 Day for Professional and Personal Enrichment, Ascension Health, St. Louis, MO
- 10-13 USCCB Meeting, Baltimore, MD
- 12 Day for Professional and Personal Enrichment, Bon Secours Spiritual Center, Marriottsville, MD
- 15 Day for Professional and Personal Enrichment, Nazareth Motherhouse, Nazareth, KY
- 27 Thanksgiving, national office closed
- 28 National office closed

December

- 1 Copy deadline, January-February Vision
- 6 Day for Professional and Personal Enrichment, Loyola Institute of Pastoral Studies, Chicago, IL
- 24 National office closed for Christmas Eve
- 25 National office closed for Christmas Day
- 31 National office closed for New Year's Eve



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

ADDRESS SERVICE REQUESTED

NONPROFIT ORG
U.S. POSTAGE PAID
MILWAUKEE, WI
PERMIT NO. 4872