

# vision

National Association of  
Catholic Chaplains

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## It's time to create a plan to promote chaplaincy awareness

By James J. Castello, MBA, MA, BCC

What does a chaplain do? How many times have you heard this question? While some people active in their faith community may have a vague idea of what a chaplain is and what we do, most people do not have a clue. My experience has been that few people in our churches, hospitals, and nursing homes have a good understanding of the chaplaincy ministry. Amazingly, there are clergy (priests and ministers), as well as congregations, patients, residents, family members and institutional staff members (even if they have known us for years) who do not understand this ministry. The ones who do understand have usually worked directly with a chaplain on specific cases and have had a chance to view firsthand the value of a chaplain.

I believe that we professional chaplains have not done a good job of educating the people we serve as to who we are, what we do, the extent of the training and education we must go



through, our clinical expertise, or our value to the institutions in which we work. Maybe it's time for each of us to make a personal commitment to do something to raise awareness of the chaplaincy ministry. The net effect of doing so would be more jobs for chaplains, better pay and more new chaplain recruits.

Maybe because humility is a requirement for being a chaplain, we have not talked much about who we are and what we do in this sacred ministry we have been called to by God. The best definition of humility I

Maybe it's time for each of us to make a personal commitment to do something to raise awareness of the chaplaincy ministry. The net effect of doing so would be more jobs for chaplains, better pay and more new chaplain recruits.

See [Awareness](#) on page 7

## 'The Faith Club' chosen as NACC selection for 2010

We are excited to introduce our "One Book, One Association" selection for 2010 — "The Faith Club," by Ranya Idliby, Suzanne Oliver, and Priscilla Warner. Modeled on the Library of Congress "One Book" projects, initiated by the Washington Center for the Book in 1998, this NACC educational project has been designed to gather you, the members, together as a community by selecting one novel or non-fiction book and encouraging reading, writing, and discussion.

We are especially grateful to a group of dedicated chaplains who read this book, among several others, offering comments, and coming to consensus that this would

be an exciting selection for our members to read as a group. Special thanks to NACC members Michael Doyle, Jim Letourneau, Mary Beth Moran, Marilyn Williams, Marybeth Harmon and NACC staff members Laurie Hansen Cardona and Becky Evans. Inside *Vision*, on pages 12-16, you will find author biographical information and an interview; discussion questions; information concerning continuing education hours; and ideas for meeting with other members of our association. This information will also be available on our website at [www.nacc.org/resources/onebook.asp](http://www.nacc.org/resources/onebook.asp). We hope you consider a discussion group in your local area.



# Should we continue encouraging Catholics to be chaplains?

**By David Lichter, DMin**  
**Executive Director**

This issue of *Vision* offers several articles on creating an awareness of the ministry of chaplaincy. It is a remarkable ministry that remains still unknown or a mystery to most Catholics. Most of our members continue to find chaplaincy a remarkable, graced-filled ministry that they want to make more widely known, with the hope that it be better understood and that others will consider this ministry. Some members remain concerned that we might be encouraging others and giving

them “false hope” when jobs are scarce and some do not provide a living wage, when it’s a challenge to get trained, when the profession is still not well accepted, and when lay people in this ministry are still not clearly embraced. These are important concerns/challenges that we continue to address. Let me share a few thoughts on why I am confident and see the need to continue to create an awareness of our ministry.

“I am 41 and pursuing a master's degree in theology.... I would very much like to learn more about becoming a chaplain. I believe that people need and crave an encounter with the person of Christ and his healing and forgiveness especially at times of illness, loneliness, etc., as experienced by those in hospitals and nursing homes. I feel called...” These sentiments, expressed in an e-mail message to me, echo many others I have received by e-mail in recent months. We believe and trust that God raises up those needed to continue the healing ministry of Jesus in the name of the church. *Yes, we need to continue to create an awareness of chaplaincy ministry in our Catholic settings, as well as other settings where Catholics go for treatment and healing.*

Are there positions for those who wish to minister as chaplains? In recent weeks, I have had conversations with a couple of leaders with

hiring oversight of chaplains who have remarked about their open positions: “We received many applicants from board certified chaplains other than Catholic, but we were hoping for more Catholic applicants.” These were not in urban areas where CPE programs exist. While the economy has adversely affected spiritual care positions in many places where our members work, there are some indications that places are beginning to hire again. The requests to advertise new positions on our NACC website have increased significantly over the past months. Most importantly, the long-term need for Catholic chaplains will grow as our members retire. Two-thirds of our members are over 60 years of age. *Yes, we need to continue to build awareness of the chaplaincy profession in our Catholic settings.*

If individuals are interested in becoming chaplains or

becoming board certified, can they access clinical pastoral education programs? I have had dialogue with representatives of Catholic systems regarding the need for more accessible CPE programs to accommodate those who do not live near CPE programs and who cannot afford to leave their jobs or move to complete a CPE program. During the first part of 2010, accessible CPE programs have been the No. 1 area of concern for leaders with whom I have spoken. We have also begun discussing this with ACPE. We all see this issue as an urgent one. We will work on this together so that we can provide the training for those seeking chaplaincy. *Yes, we need to continue to build awareness of the chaplaincy profession in our Catholic settings.*

Will those being called to the chaplaincy profession find a profession that is life-sustaining and respected among other professionals? I am aware of Catholic system efforts to improve the position descriptions, compensation ranges, career ladders, productivity and outcome measures, and their leadership awareness of and appreciation for the value of chaplaincy. Such efforts further strengthen the professionalization and the attractiveness of the ministry, which we hope will give those feeling called some assurance that there is a future to this ministry. *Yes, we need to continue to build awareness of the chaplaincy profession in our Catholic settings.*

Will lay people be embraced in this spiritual care role? I believe “Co-Workers in the Vineyard of the Lord” helped highlight the role of lay ecclesial ministers within the church. While the spiritual care/chaplaincy ministry was not the focus of the document, “Co-Workers” has provided a foundation and stimulus to dialogue on our ministry and explore further how our ministry is a ministry of the church, how we relate to the local church and our local ordinaries, what endorsement means, and how we can be commissioned by the local ordinary. These are all questions that need much more dialogue, but we have a theological starting point and ecclesiological framework for discussing it. The NACC Episcopal Advisory Council members discussed this topic at their November 2009 meeting, and will continue to do so. They were very affirming of the work of NACC and our 45-year history of educating, supporting, and certifying members, which is unmatched by any other lay ministries.

This is the backdrop that gives me confidence and encourages me to continue NACC’s efforts to build an awareness of the spiritual care ministry, and the need for board certified Catholic chaplains. I would not want to encourage individuals to consider this ministry if it had little to no future, no decent compensation, no colleague or associate respect, no opportunity for professional growth, and no place in the church. I am deeply grateful to the 45 years of leaders within NACC, as well as in our cognate associations in the Spiritual Care Collaborative, who have worked tirelessly at giving professional chaplaincy a place at the interdisciplinary table and a home in the Catholic Church.

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## 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.

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## There's still time to improve Board election process

By **Barbara Brumleve, SSND, PhD**  
**NACC Board Chair**

In this issue of *Vision*, which focuses on building awareness of chaplaincy, it is fitting that we also look at future membership for the Board of Directors, that NACC body charged with overall responsibility for the organization and its mission. Three Board members — two elected members and one appointed member — will complete their second terms at the end of December 2010.

For the past eight months, the work of identifying nominees for the two elected positions has been going on. Board members identified NACC leadership needs for the next three years. The Nominations Panel, instituted about one year ago, organized its work. Over the past four months, the process has included:

- ▼ NACC Now announcement of the openings and the criteria for nominees (available on [www.nacc.org](http://www.nacc.org)).
- ▼ Letter to NACC members from Jim Letourneau, Nominations Panel chair, announcing that self-nominations and nominations of other members were open until March 30, 2010.
- ▼ Conference calls with state liaisons encouraging nominations of persons meeting the criteria.
- ▼ Continued work by both the Nominations Panel and the Governance Committee of the Board.

When the candidates' materials came into the national office, the Nominations Panel sought further clarification and/or additional information when needed, and then reviewed and ranked all candidates against board member criteria and the needs identified earlier by the Board.

Having completed their rankings, the Nominations Panel presented to the Governance Committee of the Board five candidates with their assessment. The Governance Committee decided to present the top two candidates to the Board of Directors. In this issue of

*Vision* on page 4 these nominees — Jane Mather and Mary Lou O'Gorman — introduce themselves to the members. Elections will be held electronically in September.

A thank you to the Nominations Panel members for their work: James P. Letourneau, chair; Joseph G. Bozzelli; Joan M. Bumpus; Marybeth Harmon; Anita L. Lapeyre, RSCJ; and Karen Pugliese, board liaison. They accepted the challenge of the newly established Nominations Panel and worked with it successfully.

Three postscripts:

1. The Board of Directors is responsible to fill the appointed position that will be open at the end of December 2010. That process is not yet complete.

2. In the spring 2010 survey about the last Board election, 62% of respondents who said they did not vote gave as their reason that they did not know the candidates. Today, criteria for board membership and for all committees and panels are available on the NACC website ([www.nacc.org/aboutnacc/committees.asp](http://www.nacc.org/aboutnacc/committees.asp)). The Board has instituted the Nominations Panel as a way to identify and present qualified leadership for NACC's many groups. Could the election process be further improved? If you have ideas, please submit them to David Lichter, our executive director.

3. Finally, I ask each NACC member to review the criteria for service on our organization's various commissions, panels, interviewers, ITEs, state liaisons, etc. to see where you can share your gifts to support our ministry as chaplains and pastoral educators.

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## Nominees for the NACC Board of Directors presented

In this issue of *Vision*, two nominees for the NACC Board of Directors — Jane Mather and Mary Lou O’Gorman — introduce themselves to members. Elections will be held electronically in September (For more information on the election process, read NACC Board Chair Barbara Brumleve’s column on p. 3.).



Jane Mather, MA, BCC

From an early age I was the person in my family who spent time caring for and praying with the sick and the dying, so chaplaincy has seemed like a totally natural career. After raising six sons and going through a CPE residency,

I returned to school and completed both my undergraduate (Eastern Washington University) and graduate (Gonzaga University) degrees while working fulltime as a chaplain. It was fun being in school at the same time as many of my sons and having their encouragement and support while transitioning from a fulltime career as “Mom” to adding “professional chaplain” to my resume. When I moved from our family home in Spokane, WA, to New York and back again within 10 years, those fine young men were on both ends of the journey to help! (There are two who live in New York and three in Spokane.) The last five years in New York City were spent as director of chaplaincy service at Memorial Sloan-Kettering Cancer Center, but in March of this year I felt called back to Spokane to become the director of spiritual care services for Providence Urban Hospitals (Holy Family Hospital and Sacred Heart Medical Center and Children’s Hospital). It is wonderful to be in Catholic healthcare and also share time with family and friends here again. Living in New York City was exciting but nothing there can compare to the thrill of holding my 4-year-old granddaughter as we cheer for her 6-year-old sister on the soccer field.

Working in Catholic healthcare is a new gift for me. The dedication to mission is reminiscent of the work I have loved and shared in NACC. Fifteen years ago, as a newly certified chaplain, I represented our Pacific Northwest Region on advocacy, but since then, my focus has been on the process of certification within NACC. I was fortunate enough to serve as a certification interviewer, an interview team educator (and their lead) and currently as a member of the Certification Commission. Each of these opportunities has enriched my work in ministry as a professional chaplain, a director and a person on a spiritual journey. My desire will always be to support the mission of our organization in whatever ways I can so that others might enjoy the many benefits NACC has provided for my colleagues and me. As a member organization, we are blessed with the opportunity and the responsibility to make NACC as relevant and significant an influence as possible in our present culture, and it is an honor to have been and be a participant in that work.



Mary Lou O’Gorman,  
MDiv, BCC

My relationship with the NACC began as a Vanderbilt Divinity student 26 years ago. I attended my first NACC Conference here in Nashville, TN, in 1984. Little did I know the significant role the NACC would

play in my own future. I became certified the next year after completing a master of divinity and CPE residency at the Nashville VA Medical Center. As I review my tenure in the NACC, I am aware of many changes in my personal and professional life. When I became certified my husband and I were raising three sons, two in high school, and the youngest was 7. Now I have become the grandmother of three granddaughters. I have provided ministry as a board certified chaplain for the past 25 years and now serve as the director of pastoral care and CPE at Saint Thomas Hospital in Nashville, where I have been employed since completing my residency. In addition to hospital ministry, I have written and spoken nationally and internationally on issues related to improving end-of-life care, addressing spiritual needs at the end of life, attending to moral distress, developing cultural competence and describing the leadership role of chaplains in today’s healthcare environment.

I have been actively engaged in a variety of NACC activities and initiatives some of which include: Regional Certification (1988-93), the Board of Directors (1998-2000), Strategic Planning (2002-03 and 2006-07), Planning Committee for the EPIC Conference in Toronto (2002-03), co-chair of the task force that drafted the Common Standards for Professional Chaplains (2003-04), Standards Commission (2005-Present), chair of Care Services/Staff Development Task Force (2008-09), liaison to the United States Catholic Conference of Bishops/Commission on Certification and Accreditation (2004-Present). These endeavors have served as a vital connection to the NACC, to my member colleagues, and to the broader community within its cognate groups throughout the country. Further, they have been instrumental in my own growth and formation in ministry and in shaping my pastoral and organizational leadership.

These experiences have and continue to contribute to my appreciation of the landscape in which chaplains minister and the challenges they confront, as well as to provide a platform for advocacy. I believe that membership on the Board of Directors offers the opportunity to engage in such advocacy for its members and to address current challenges such as recruitment, the advancement of professional chaplaincy, networking with key stakeholders, and stewardship. My goal is to support the mission and vision of the NACC and to enable it to move into a viable future and to thrive for the chaplains of generations to come.

## TV's bumbling detective Columbo as chaplain



By Sister Frances Baker, CSJ, BCC

Remember Columbo, the bumbling detective, whose questions and remarks are usually right on the button? While his seemingly inept approach disarms people, it also buys time for him to access, evaluate and observe. He is not to be silenced or marginalized, but behind his casual appearance lay an astute mind and acceptance of human nature in all its variety.

Perhaps what most appeals to us is his simplicity – the old gray car, his work wrinkled raincoat, nub of a cigar, and his guileless approach to life and to people. He has his moral compass and he goes about his work with integrity, neither condemning nor pardoning, just bringing the truth to light. In doing this, he “ministers” to the body politic, seeking to set things straight, to alleviate the brokenhearted, or those falsely accused, so justice and mercy may prevail. Columbo is able to remain respectful and courteous in spite of cool receptions. He is unfailingly kind and considerate of clients and coworkers.

I often think of him as an image for chaplains, especially when I do things backward, forget names, get off on the wrong floor, and by the grace of God, things work out for the best. Mind you, I have 30 years of chaplaincy behind me, as I bumble around. Profound images of pastoral care abound, and each offers us an insight into this humbling role as representative of the God of Strangeness. Contemporary images speak of the chaplain as diagnostician, moral coach, indigenous storyteller, agent of hope, midwife, gardener, and reticent outlaw. To this list, we can add circus clown, wise fool,

intimate stranger, and wounded healer. As more people reflect on it, the list will grow. But at this time, in my ministry of healing, I look to Columbo as a meaningful image. For a further development of these images, see “Images of Pastoral Care,” by Dykstra.<sup>1</sup>

Like Columbo, I attempt to remember who I am, not exceeding my authority and not compromising it. I desire to be a team player, with a mature sense of dependency on other healthcare providers for the total healing of an individual. My insights and intuition can move me to action, but as a part of the total team, not as a lone ranger. Columbo knows a sense of humor refreshes the most weary of companions. Values will always remain a roadmap for his life and career.

At times Columbo speaks of retiring, at other times he is going out to dinner with his wife. Throughout, he puts family at the center of his workday as best as he can. Whatever era of our ministry we may be in, whether beginning, mid-career, or the well traveled, we can keep in mind that each of us is the author of our story. So, we can reflect what the journey has been, what it has meant to us. Others do not determine its value or success. Every one of us is responsible for a life beyond our career. We may view ourselves, or ministry, differently than others. Any changes, setbacks, disappointments, and promotions can be kept in perspective. It is up to us how we frame our story. As chaplains, we do many of the same things as a daily routine, but like Columbo, we discover or uncover wisdom lurking about us.

Columbo can also teach us to be patient in our ministry, to wait for the graced moment to speak or to question. He reminds us to admit to our feelings, intuitions, and to study situations, family dynamics, and where God is at work. Last, by example, he teaches us to have gentle expectations of ourselves and others. To be productive is only part of our worth, contrary to what our culture may say.

*Sister Frances Baker is chaplain at Sparks Medical Center in Fort Smith, AR. This article was used with permission, Healing Ministry, 2008; 5(1): 5-6.*

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### Share your ideas with *Vision* readers!

*Vision's* Editorial Advisory Panel seeks input on the following themes for upcoming issues of *Vision*:

- ▼ September-October: Chaplaincy as church ministry (Deadline: Aug. 2).
- ▼ November-December: When the chaplain needs a chaplain (Deadline: Oct. 1).

We are looking for individuals to write articles on topics related to these general themes as well as seeking suggestions of individuals to be interviewed on related issues. For more information or to volunteer ideas, yourself as writer, or others as sources, contact Laurie Hansen Cardona, *Vision* editor, at [Lcardona@nacc.org](mailto:Lcardona@nacc.org).

Thank you!

<sup>1</sup>Dykstra RC: Images of Pastoral Care, Atlanta, GA: Christian Board of Publication, 2005.

## May in Milwaukee: A conference for chaplains by chaplains

By Linda F. Piotrowski, MTS, BCC

### Conference chair

Plans are already underway for NACC's 2011 Conference. Milwaukee, home to our national office, is rich in history and natural beauty with deep ethnic and Catholic roots. I'm honored to serve as chair for the 2011 conference. Working with the national office staff and the conference planning team, I believe we will put together a conference to excite and energize you.

We want to create an experience that will help you to experience renewal while further developing your chaplaincy skills and knowledge base. The planning team from the 2010 conference reviewed all of the evaluations submitted by attendees. We're already planning innovative workshops in response to that feedback.

We know that many of you were unable to travel to St. Paul. We want to hear from you! What ideas do you have that can help us to make this conference the best and most well-attended conference ever? I look forward to hearing from you. Please e-mail me your thoughts and ideas at [linda.f.piotrowski@hitchcock.org](mailto:linda.f.piotrowski@hitchcock.org).

Our conference is built upon all of our skills and our passion for this ministry. It is not too soon for you to begin thinking of submitting a workshop proposal. Perhaps you have a colleague who is doing exceptional and innovative work that deserves the spotlight. Encourage him or her to submit a proposal when the call for proposals is issued.

In these tough economic times we realize that choosing where to spend your precious educational dollars is a difficult decision. We want the 2011 conference to be one that you are willing to save and sacrifice to attend. Why not start now by setting aside a few dollars a week to create your own

conference fund?

Stay tuned for the conference theme and the names of planning team members. Watch *Vision* and NACC Now for regular updates and developments in the planning for the 2011 conference.

Please include the planning team and the national office staff in your prayers as we move forward.

*Linda F. Piotrowski is spiritual care coordinator/chaplain at Palliative Care Service/Norris Cotton Cancer Center at Dartmouth-Hitchcock Medical Center in Lebanon, NH.*

### Vision to go online

NACC Executive Director David Lichter, in the May-June issue of *Vision*, wrote about current and future changes to *Vision*. We want to remind our readers of these changes.

### Vision on the NACC website

Up until the past three issues, only a member could access a PDF version of the printed *Vision* document. Now people can go right to the Vision section of the NACC website ([www.nacc.org/Vision](http://www.nacc.org/Vision)) and access articles in printable form.

### Electronic copy in the future

The NACC Board of Directors, at its March 2010 meeting, decided that *Vision* would be available only in electronic copy in the near future — at the latest January 2011. As you may know, our Spiritual Care Collaborative partners have already moved in this direction. This decision will be a significant financial help, as each issue of *Vision* costs nearly \$5,000 to print and ship. This will allow us to devote our resources to sustaining the quality of our content, as well as to make the articles even more accessible. We hope that select articles will be easier for you to print, and you will be able to send a link to a specific article to a colleague or friend, if you wish.

### If needed, hard copy available

We realize that we still have more than 300 members who have not provided us with an e-mail address. We continue to ask members for an e-mail address, even if it is their religious community's general e-mail address or their family's e-mail address. Free e-mail addresses are available and free computers can be accessed at libraries.

It is a shame that those without e-mail addresses miss the key member communication tool, NACC Now, which is e-mailed to members every other week, as well as other important member communication items. In the coming weeks, we will be working on how and when we will move to the electronic version of *Vision*, and we will keep you informed along the way. We will make every effort to provide a hard copy to anyone who absolutely needs one.



“The new leader is seen as having a caring, respectful and positive attitude towards people, and a willingness to share power. He or she is more open and nondefensive regarding his/her own faults and vulnerabilities than former leaders, and less likely to use fear, domination, or militant charisma than heretofore. The picture is one of a personally secure and mature individual who can articulate the values and high principles which gives organizational life meaning, but who is more humble and receptive than we normally expect visionary leaders to be. Perhaps this conception of leadership is best expressed as stewardship: leadership as a trust which is exercised for the benefit of all.”

— John Adams, “Transforming Work”

## Awareness

*Continued from page 1*

have come across is: “Humility is not denying the power you have but admitting that the power comes through you and not from you.” Humility is about truth. As St. Vincent de Paul stated, “The reason why God is so great a lover of humility is because he is a great lover of truth.” The time has come for all of us to share the truth about our ministry and be the light to the world that Jesus calls us to be.

The following is some material that could be used in a plan to create more awareness:

What do chaplains do? (Primarily based on NACC common standards of performance approved in 2007 by the United States Conference of Catholic Bishops):

- ▼ Be “completely present” to people in crisis — hospital patients, family, staff; long-term care residents; hospice patients; prisoners; and corporate employees and management.
- ▼ Sense the connections God creates and fearlessly act on and witness to those connections.
- ▼ Provide consistent, quality spiritual support to all in need in a manner consistent with their religious tradition.
- ▼ Advocate within organizations and the communities they serve for patient rights, family justice, human dignity, resource allocation, quality of care, excellence of service and safety.
- ▼ Provide leadership and education that shape and support a culture of spirituality, mission and organization values.
- ▼ Create and facilitate rituals, healing services, memorial services for individuals or groups and to meet institutional needs.
- ▼ Provide effective spiritual care as a member of an interdisciplinary team that contributes to the well-being of staff, patients/clients, and their families.
- ▼ Project a sense of quiet peace even in the most critical, stressful situations.
- ▼ Act as an ethical resource on a diverse set of issues to help people, staffs and organizations make good decisions.
- ▼ Collaborate within department and organizational settings to align spiritual care with organizational goals.
- ▼ 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.

Who are we? Chaplains come from a broad variety of backgrounds — nurses, social workers, religious, clergy, business people, homemakers, teachers, and law enforcement to name a few. What we have in common is “the heart of a chaplain” — meaning a deep respect for and compassion toward people in pain, distress, fear, agony, frustration, anger, anxiety, chaos, and grief. Chaplains offer spiritual hope to the hopeless, courage to the fearful, peace to those in pain, and

calm to the chaotic, angry and anxious. We have the time to do this as well as the training and motivation — a very unique role in any institution.

Chaplains must possess an exceptionally caring and compassionate spirit as well as a “servant heart” and a strong desire to serve God’s people. It is imperative to have an innate ability to be totally present to people in crisis and a comfort level with the sick and dying and their families. Chaplains must also possess the ability and delight in getting people to tell their stories, and they need to be comfortable in assisting them with life reviews and the meaning of their lives.

We must have a willingness to learn more about ourselves in order to better serve others and a collaborative style of working with other professionals. It is important to have a healthy sense of humility and be in good standing in our faith community. One of the hardest things to learn for almost all chaplains is that we do not try to fix every problem we encounter — we need to let go and let God help us walk with the person we are working with. Only God heals — we are simply vessels he may chose to use. As chaplains, we are called to witness to God’s presence in the life of the persons with whom we journey.

Staff members in your institution need to know that as board-certified chaplains, we are highly trained professionals who have devoted at least 1,600 hours to Clinical Pastoral Education and supervision. They need to know we have earned graduate degrees in theological education and have passed a rigorous certification process by a national chaplain review board. We are well qualified to be valued members of multi-disciplinary teams in a wide variety of venues. We are clinically trained professionals and valued members of many healthcare crisis teams throughout America.

There is a lot you can do to create awareness of chaplaincy depending on what best fits your style and personality as well as specific organization. Here are a few ideas you might consider:

- ▼ Explain what chaplaincy is to whomever you meet in your ministry who you sense doesn’t know much about it and who might be open to hearing more.
- ▼ Create and deliver a five-minute presentation to your multi-disciplinary team on rounds.
- ▼ Invite a member of your organization’s administration to shadow you for a few hours during Pastoral Care Week and encourage other members of the Pastoral Care team to do the same. At the end of the week, invite the administrators and chaplains to have lunch to see what they thought about the experience.

Staff members in your institution need to know that as board-certified chaplains, we are highly trained professionals who have devoted at least 1,600 hours of Clinical Pastoral Education and supervision.



## Confusion exists over role of chaplains

By Fr. Bradley C. Baldwin, TOR, BCC

In a society that is not comfortable with grieving, we help others to grieve. In a society of 24-hour news talk, we strive to listen and allow people to share their feelings.

As I entered the emergency room, I could see many tearful eyes. The staff, family, and especially the parents, stood as close to the baby as they could during the administering of CPR. When a parent's four most horrifying words came, "Your baby is gone," both Mom and Dad collapsed on the ER floor, leaving the nursing supervisor and me to help lift them and take them to the waiting room. For the next two hours, I waited for more family to arrive, while the parents screamed, cried, and hit the wall with their fists. I offered prayers for their daughter, but mostly I brought them drinks, tissues and I listened and listened as they shared their deep and overwhelming grief. I wondered if I was doing enough to help them, until the next day, when they asked me to preside at their daughter's funeral.

When the 41-year-old father of three died from a heart attack while playing baseball with his children, again I found myself in the midst of a tragic situation. As I prayed with the family, I tried to give them adequate space to grieve, to be present with their loved one, and to be there for those who needed to share their anger and sadness. Unfortunately, when one ministers in a Level One Trauma Hospital, these situations can be quite common. People need and appreciate our pastoral services and are vocal about their gratitude for pastoral care.



Yet, there are still many unaware of a chaplain's role. For this reason, my hospital has begun to display brochures on each hospital floor explaining hospital chaplaincy along with information about how we can be reached 24/7. We need to continue to advertise our ministry and to make every effort to define our role so that more patients and families will desire our services.

We must never assume everyone knows, because there is confusion. If you're a priest, some believe that you only administer anointing of the sick. If you're a chaplain of another denomination, people may describe you as the pastor who says hello, asks how I'm doing, and then assures me of his or her prayers.

While these descriptions are not entirely off the mark, I believe these definitions limit our ministry. Above all, the chaplain strives to provide a listening, empathetic and compassionate presence to all in need, whether physically, emotionally or spiritually. In a society that is not comfortable with grieving, we help others to grieve. In a society of 24-hour news talk, we strive to listen and allow people to share their feelings. In a society where many see little or no experience of God in their lives, the chaplain reminds them that God is with them and will be present to them in their struggles and sadness as well as in their moments of joy.

People need and desire our ministry, but we need to be good teachers and take every opportunity to tell the story of why we became hospital chaplains and what this ministry means to us, personally and professionally.

*Fr. Bradley C. Baldwin has been employed as a priest chaplain for the Altoona Regional Health System in Altoona, PA, since August 2001.*

## Awareness

*Continued from page 7*

- ▼ Set up a pastoral care booth during Pastoral Care Week and prepare a two-minute presentation of what a chaplain really does.
- ▼ Ask your administration to allow you to make a 15-minute presentation at the next management meeting on the value of a chaplain. This is both an effective and efficient way to reach a broad spectrum of the organization's key managers.
- ▼ Ask the nursing administration to allow you to do the same presentation at the next nursing meeting.
- ▼ Utilize the PowerPoint presentations on the NACC website and chaplaincy ministry video.
- ▼ Ask your pastor to allow you to give a five-minute talk at the end of Mass on the topic of chaplaincy. This has been done quite effectively in Florida. It is important to assure the pastor that we are under the approval of the USCCB.

- ▼ Create, develop and produce a simple brochure on what Pastoral Care and chaplains are about at your facility and place them in key places throughout your workplace.
- ▼ Ask Human Resources to let Pastoral Care have at least 10 minutes in the new employee orientation meeting.

Go for it! You can do this if you pray about it, make it a priority and focus on it. May God continue to bless you in your sacred ministry.

If you would like to discuss this topic in greater depth, please e-mail me at: [jcastello434@comcast.net](mailto:jcastello434@comcast.net).

*Jim Castello worked 35 years in executive marketing positions for two global manufacturers before becoming a chaplain in 1998 working eight years at Hackensack University Medical Center and then as director of pastoral care at St. Vincent Medical Center in Jacksonville, FL, and Bon Secours Community Hospital, Port Jervis, NY. He is a consultant for NACC on marketing communication projects and serves on NACC recruiting and marketing communication task forces. Much of his time is devoted to his family, which consists of his wife, Frances, a retired hospice chaplain, their five adult daughters and 16 grandchildren.*

# Check out this 10-point list to ‘sound the alarm’ about chaplaincy

By Blair Holtey, MDiv

In ancient times “awareness” was synonymous with “a wake up.” Too many Catholics are sleeping, and someone needs to set their alarm clocks so they are aware that it’s time to go to work as chaplains. In the following paragraphs I will attempt to illustrate how I’ve gone about the business of sounding the alarm.

In Isaiah, we read that God’s thoughts are not our thoughts, nor his ways. Well, here are 10 thoughts and ways I go about recruiting for chaplaincy ... God’s or not!

1. Maya Angelou is credited with saying: “The idea is to write it so that people hear it, and it slides through the brain and goes straight to the heart.” I don’t know about you, but when I go to Mass I want to hear a good homily. I want the priest or deacon to connect the Scripture with what is going on in my personal life. I think, “If they don’t tell a story of how the message relates to them in their lives, how can I relate to their message?” So I begin to drift off. *Always have a prepared testimony in your pocket that speaks of your passion about your work as a chaplain.*

2. I asked two nurses why they enjoy drawing blood everyday. Both gave me a similar reply, “I enjoy meeting different people.” I came back with “But you can do that at a party.” Another response came back “... and I get to help them help others.” I tell people I’m a chaplain because I’m having a good time utilizing my skills for others. What is your line? *You need a slogan to promote your unique service.*

3. As a cub scout I was constantly reminded, “be prepared.” We hear the same quote every summer because of hurricane season here in Florida. Not only should you have a prepared testimony about your work, *be prepared with some tools.* I still use some of the knots I learned to tie as a kid. One of my favorite tools is a set of my own questions for people who I think might make good chaplaincy candidates. I remember being asked by a grade school teacher if I had ever thought about a religious vocation. That thought stayed with me for years.

4. In 1985, I was hospitalized for two weeks. Of the many staff people who visited me, I can recall the names of my chaplain and my surgeon. It struck me that the chaplain’s role left a lasting impression. Do you recall how a fellow chaplain has served you? *Don’t underestimate your role.*

5. *Think outside the box.* I once asked a doctor, “What exactly do you think I do?” He responded, “Pray with people!” Sound familiar? I later went to see his patient with my guitar in hand. The old song that I sang at her bedside left her cheerful. She asked me if she might request her doctor to prescribe more of “that medicine.” *Such pastoral visits seem to strike a positive note, possibly because they are not stereotypical encounters with a chaplain. Share them!*

6. *Everyone is a potential chaplain.* A fellow once came into my office to talk about volunteering and “giving back” to the community. He enjoyed talking about various theological and philosophical topics. One day I brought up the topic of chaplaincy. The more he heard about it, the more it intrigued him. Months later he was applying to get into a CPE program and ready to leave his law practice.

7. It’s amazing how much people enjoy hearing themselves talk. *Try to get a feeling for their prior experiences and their hopes and plans for the future.* The next thing you know, you’ve established rapport and trust. They may have a story that’s wilder than your stories and the next thing you know you may have them thinking they could be your next Director of Pastoral Care.

8. *Environment is crucial.* While kayaking down a river with my father-in-law I learned how he went about designing airplanes and models for flying saucers. He had even built his own canoe. The environment provided for a flow of free thought. I learned a lot about the design of floating devices and even more about my wife’s father. I share this because it reminds me that the best place to recruit for chaplaincy is where people feel most comfortable. In days when moms stayed home, it is said that most sales were completed at the kitchen table.

9. *Every conversation has potential.* A friend of mine in sales tells me everyone is a customer. I was on the phone with an individual who was thinking about CPE and wanted to know more about it. However, before he proceeded to explain about how he was called to ministry, I asked if he wouldn’t mind talking about what he does currently for a living. He told me he’s a recording artist. Timing is everything! I changed the subject and inquired further because I was looking for a recording studio.

In this scenario you may have thought I’d be telling you how I was going about the task of recruiting chaplains. In fact, the fellow inquiring about chaplaincy almost lost out on an opportunity to meet a customer – me. Everyone is a customer! *Never question how God draws people together at the right time and place.* When our conversation ended (about CPE), ironically, he thanked me for calling, when in fact, he initiated the call!

10. Last but not least, add to this list of strategies. I believe Plato is credited with saying “Necessity is the mother of invention.” If you’ve reached this far into the article, either you’re trying to go to sleep, at work passing time, or thinking of a better way to write this article (see No. 7 above). Try different stories that seem to grab the attention of your friends and family. Once they’ve passed the litmus test, try it on “normal” people. And, of course, when all else fails, *pray!*

*Blair Holtey is staff chaplain for Morton Plant Mease Health Care at Mease Countryside Hospital in Safety Harbor, FL.*



## God's guidance to chaplaincy came via the Internet

By **Melissa Casanta-Floryance, MA**

**A**fter witnessing the death of a child in the pediatric cardiac intensive care unit, while I was caring for my own niece in the room next door, I wondered, where were the “holy” people to comfort the sobbing mother, the frantic doctor, and the other staff and family members? At that time, I never knew there was such a job title as “chaplain.”

Thankfully, my niece survived a heart transplant, now 10 years ago. Furthermore, I was changed as well, as this experience of *being* with her in her time of suffering, as well as witnessing the suffering of the patients, families, and staff on the pediatric cardiac unit, left an indelible impression on me. I now realize that many of my gifts of empathy, communication, compassion, and many others came out in a way that was more “complete” in me than when I was teaching elementary school.

Interestingly, I earned an AmeriCorps scholarship that enabled me to pursue a master's degree. I learned that I could seek out a master's in *any* field, including theology. One day, researching graduate programs in theology online, I found myself surfing many websites and reading about what one “does” with a degree in theology.



I discovered the title of “chaplain” since it was high on the alphabetized list of possible professions. As I read about it, I instantaneously realized that I had the gifts and foundational skills to be a chaplain. I felt like God had guided my fingers on the Internet and introduced me to a profession that I never even knew existed. I then “googled” the following phrases “association for chaplains” and “clinical pastoral education.” In one fell swoop I discovered both the ACPE and NACC.

In short order, I was accepted into a graduate program in my local area. I am happy to say that on my second day of my first unit of CPE, I felt at home, as if I was in the perfectly right place, at the perfectly right time. Now, three years later, I have completed my master's degree and two units of CPE, with additional CPE to be completed this year so that I may become a Board Certified Chaplain. Thank goodness for God's online guidance — what a tremendous career counselor I had in my home office right on my computer!

*Melissa Casanta-Floryance, a former bilingual elementary school teacher, recently graduated from Cardinal Stritch University in Milwaukee with a Master of Arts in Lay Ministries. She has completed two units of CPE and looks forward to completing additional units in the next year.*

## How do I indicate education activities for certification renewal?

**Q**When the Certification Commission reviews my renewal of certification materials, what is helpful to them on the Education Report Form?

**A**It is helpful to be as specific as possible in your description of activity. You should include the title and author of books, articles, and audio/video recordings, names of presenters and titles of programs.

In addition, it is helpful to indicate in parentheses next to the activity whether it is a book, article, audio/video recording, seminar, workshop, conference, etc. For seminars, workshops, conferences or presentations, please designate each activity as “A” for attended or “P” for presented. Remember at least five hours of continuing education in each category documented annually are to reflect your attendance at, rather than the presentation of seminars, workshops, or conferences.

For example:

Description of Activity:

Providence Center for Health Care Ethics “Creative and Controversial Ways to Manage Addiction” with Timothy

Christie, Ph.D. (audio conference) (“A”)

Dates:

May 15, 2007

Hours:

1.5

Routine activities which occur as part of your professional job responsibilities may not be submitted as continuing education activities.

**Q**Who can I arrange to be a peer reviewer for me for renewal of certification?

**A**For chaplains, the peer reviewer must be an active or retired, certified NACC member (chaplain or CPE supervisor) who may not have a reporting relationship with the peer reviewer (CP 233.2).

For CPE supervisors, a peer review must be conducted with at least two other CPE supervisors, one of whom must be an active or retired, certified NACC CPE supervisor. The CPE supervisor arranges the composition of the peer review team avoiding anyone with whom he/she has a reporting relationship (CP 531.3).



# Thank you to our volunteers.

The NACC wishes to thank the following members who made the spring 2010 certification weekend possible:

## Interviewers

Ms. Cheryl M. Amrich, Brighton, MA  
Rev. Richard H. Augustyn, Buffalo, NY  
Sr. Kathleen J. Brady, OP, Milwaukee, WI  
Mr. Willard J. Braniff, Mishawaka, IN  
Sr. Anne K. Breitag, OP, Saginaw, MI  
Mrs. Kathleen B. Brown, Elmwood, WI  
Rev. Michael E. Burns, SDS, Milwaukee, WI  
Rev. Timothy F. Bushy, Gilbert, AZ  
Sr. Maryann Calabrese, CND, Bronx, NY  
Ms. Mary Anne Cannon, Oak Lawn, IL  
Mrs. Diane E. Clayton, Carmel, IN  
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Bro. Edward M. Smink, OH, Atascadero, CA  
Ms. Patricia B. Snyder, South Glastonbury, CT  
Ms. Judith Talvacchia, Medford, MA  
Sr. Julia Wiegerling, CSA, Fond du Lac, WI  
Sr. Ramona Williams, SP, Westfield, MA

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Sr. Germaine A. Hietpas, OP, Appleton, WI

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Rev. Richard O'Donnell, OSCam, Wauwatosa, WI

## In-Kind Donations

We are especially grateful to the number of institutions who gave in-kind donations to allow their sites for our certification interviews:

Saint Francis Care – Pastoral Care Department, Hartford, CT  
St. Joseph Hospital – Spiritual Care Department, Orange, CA

The following individuals also gave in-kind by not requesting reimbursement for diverse personal expenses:

Ms. Nancy K. Cook, Gilbert, AZ  
Mr. Michael J. Doyle, Evanston, IL  
Ms. Janice A. Labas, Killingworth, CT  
Dr. Anne Murphy, Evanston, IL

Sister Marian I. Louwagie, CSJ  
Cancer treatment  
Woodbury, MN

Sr. John Marie Stack, OSF  
lymphoma cancer  
Aston, PA

Fr. Art Schute  
Death of his father,  
Arthur Edward Schute

Tom Regan's granddaughter,  
Kathryn Rose, born with many  
developmental issues  
Garden City, NY

Marcella Keefe-Slager  
Lung cancer and treatment  
Jackson, MI

Mary Pawicz  
recovering from  
shoulder surgery  
Milwaukee

Kelly Elizabeth Sexton  
daughter of Melyssa Sexton  
cancer  
Gearhart, OR

Gloria Troxler  
Preventive chemotherapy  
after ovarian surgery  
Baton Rouge, LA

Fr. Bob Nee  
Intractable epilepsy  
Cambridge, MA

Sr. Hilda Mallet, MHS  
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Lafayette, LA

Fr. Kevin Ikpah  
Eye troubles  
Blue Springs, MO

Sr. Micheletta McGee, RSM  
Pancreatic cancer  
Drexel Hill, PA

Lourdes B. Ruta  
(wife of Peter Ruta)  
In recovery  
Milwaukee, WI

Joyce Fink  
Heart attack, recovery from  
open heart surgery  
Bethlehem, PA

Fr. Bill Spacek  
Detached retina and other  
eye issues  
Baltimore, MD

Sr. Rita Rzeppa, IBVM  
recovering/rehab from  
knee surgery  
Chicago, IL

Sr. Nancy Crane, OP  
Cancer treatment  
Akron, OH

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

## 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.

# Muslim, Christian, Jew seek common ground, mutual understanding in 'The Faith Club'

**By Susanne Chawaszczewski, PhD**  
**Certification and Education Coordinator**

*"We were all so connected, I was realizing. Our traditions built upon one another like bricks in a foundation with each new brick being supported by the old.... 'The greatest of the commands is this: to love God with all your heart, soul, mind, and strength and to love your neighbor as yourself'.... So now when I remembered Jesus' command, I thought of Priscilla and other Jews reciting the Shema. And I remembered other ways Jesus' idea was expressed, as in the rule of the Jewish leader Hillel, 'What is hateful to you, do not do to others,' and I remembered Muhammad's declaration, 'None of you is a believer until you love for your neighbor what you love for yourself.'" The Faith Club, p. 173*

"The Faith Club," published in 2006, provides us with the account of a journey taken by three women in New York City following Sept. 11, 2001.

Originally, Ranya, Suzanne, and Priscilla got together to write a picture book for their children that would highlight the connections between their religions. This initial idea spawned years of conversation in what they termed "The Faith Club." Through their sometimes weekly meetings and conversations, they wrestled with issues of personal faith and with similarities and differences between their three religions. The struggle was also internal, as they grappled with their own personal fit into their respective religions.

The book is organized by themed chapter, and each chapter contains sections written by Ranya, Suzanne, and Priscilla as well as actual transcripts of their conversations. This style of writing allows the reader to get a glimpse into the very personal conversations among the three women and also see their own reflections on those conversations outside of their meeting time together.

Ranya, describing herself as an American Muslim of Palestinian descent, is on a search for a community in New York City where she can fit in. She does not wear the traditional Muslim dress nor can she find a mosque where women are welcome. While she prays throughout the course of her day and carries the Quran\* in her purse, she does not engage in the traditional prayer five times daily. Ranya describes her God as a poetic rationalist who appeals to her mind and heart.

Suzanne describes herself as an ex-Catholic, embracing the Episcopal religion. She had spent 12 years in parochial

schools but did not have much of a theological understanding of Christianity. Because of her more liberal viewpoints, she chose to leave the Catholic Church. She has an emotional attachment to her faith and Suzanne's God can be described as the God of passion and love.

Priscilla grew up in a Jewish family, where her mother and father only sometimes observed their religious traditions. She attended a Hebrew day school and later a Quaker girls' school. Her family went to temple on important Jewish holidays. She describes herself as a reform Jew, but also does not practice many of the traditions of her faith. From the beginning, Priscilla even questions whether she believes in God. And when she does believe, Priscilla's God can be characterized as the God of mitzvahs (good deeds or acts).

As we progress through the book, we find several themes emerge. First and foremost is that of the personal struggle. Suzanne describes Ranya, the one who initiated this faith club, as on a "jihad" — a word I later learned to mean an inner struggle. She was struggling to define her Muslim faith" (p. 12). We see that all three women are engaging themselves in this same kind of personal struggle. Priscilla is trying to define her own place

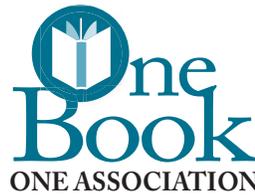
as a Jew. Suzanne, while steadfast in her faith initially, begins to have doubts and questions later in their conversations. This inner struggle coincides with the personal journey that each of these women clearly undertakes as the work progresses.

Another theme that I found most engaging stems from the many conversations revolving around politics and religion, especially as they relate to the Israeli-Palestinian conflict. Both Ranya and Priscilla have definite opinions about the political issues, religious issues, and issues of isolation for both of their traditional religious communities. And they both struggle with trying to articulate their thoughts and feelings as they relate together to this conflict.

This leads to another important theme, which is the confrontation of their own and each other's stereotypes. Some really heated discussions take place, occasionally causing hurt feelings. But when they really stop to take the time to engage each other, even in heated debate, openness emerges between them that allows them to get through the harsh words to the core of their belief systems. I have always been a fan of open confrontation when differences emerge because I believe that is the way we learn. Unfortunately, there are many in our communities who feel uncomfortable doing this and perhaps that is why this theme in the book appealed to me so much.

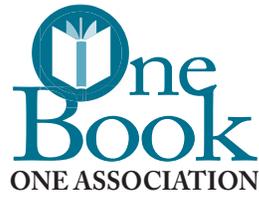
Through the confrontation of stereotypes, the women share key texts from their own traditions including the Old Testament, Quran, New Testament, as well as prayers. These texts allow the readers to see just how much the three faiths have in common through their historical traditions and documents. The idea of humility, which allows each of the

Through their sometimes weekly meetings and conversations, they wrestled with issues of personal faith and with similarities and differences between their three religions. The struggle was also internal, as they grappled with their own personal fit into their respective religions.



## Three authors, three faiths, three friends

**Ranya Idliby** is an American of Palestinian descent. Growing up, she spent many years in both Dubai and McLean, VA. She graduated from Georgetown University with a bachelor of science degree from the School of Foreign Service. At the London School of Economics she earned her M.S. in international relations. She lives in New York City with her husband and two children.



*Ranya Idliby, Suzanne Oliver, and Priscilla Warner*

**Suzanne Oliver** has worked as a writer and editor at *Forbes* and *Financial World* magazines and was the managing editor of *Smartmoney.com*. She was raised in Kansas City, MO, and graduated from Texas Christian University. Currently she lives with husband and three children in New York City and Jaffrey Center, NH.

**Priscilla Warner** grew up in Providence, RI, where she began her interfaith education at a Hebrew day school and

then at a Quaker high school. A graduate of the University of Pennsylvania, she worked as an art director at various advertising agencies in Boston and New York. She lives with her family in a suburb of New York City.

You can read more about the authors on their website at [www.thefaithclub.com](http://www.thefaithclub.com).

## Join One Book, One Association Committee

If you are interested in serving on a committee to choose the 2011 “One Book, One Association” selection, please contact Susanne Chawaszczewski at 414-483-4898 or [schaw@nacc.org](mailto:schaw@nacc.org).

### Obtain a copy of “The Faith Club”

There are many ways for you to get a copy of “The Faith Club.” You may want to check with your local public library or a local bookstore. Books are also available to order online at such places as [www.amazon.com](http://www.amazon.com) or [www.barnesandnoble.com](http://www.barnesandnoble.com). For your reference, the paperback edition’s (2007) ISBN Number is 978-0-7432-9047-0.

### Check into Continuing Education Hours and opportunities for involvement

As a community, when we read one work together, it brings opportunities for us to have common ground and a common place to begin our conversations. This project encourages both individual and community involvement. While we may not always agree with what is written, it is important to discuss both the positive elements of the book and those areas in which we are challenged. Here are some ways in which you can read and reflect with your companions in the NACC.

- ▼ Read “The Faith Club” and explore the resources provided in *Vision* and on the website to enrich your own experience.
- ▼ Write a reflection on a passage or aspect of the book. Send the reflection to the NACC national office for publication in *Vision* or on the website.
- ▼ Start your own local Faith Club (see the “How to Start a Faith Club” at the end of the book or at [www.thefaithclub.com](http://www.thefaithclub.com) for information).
- ▼ Host a gathering and book club discussion. This is a wonderful opportunity for you to connect with members in your area or even via email. The NACC can help you to organize the gathering. If you are interested in hosting an event, contact Susanne Chawaszczewski at [schaw@nacc.org](mailto:schaw@nacc.org) or 414-483-4898. We can publish the information in *NACC Now*, *Vision*, and on the website. Additionally we would be happy to email the members in your area about the gathering.

Utilize these opportunities when preparing for renewal of certification. Please see the Renewal of Certification information found on our website at [www.nacc.org/certification/renewal.asp](http://www.nacc.org/certification/renewal.asp).

women to confront their own stereotypes, is very important to this discussion of the key texts.

Finally, the book gives a fairly extended section at the end in which all three authors answer questions, in which there is a description (albeit limited) of some of the major tenets of each of their respective religions (Christianity, Islam, Judaism), and then ideas are presented for how to start your own faith club including questions that you can ask yourselves and the others

you engage with.

As you explore “The Faith Club” as I did, I encourage you to take time to reflect on both the passages and stories you liked in the book, and also any areas that caused you some dissatisfaction. Balancing what we see as affirming with that which is challenging in the book, we will be able to be “in the moment” with the story in a more profound way.

\*This spelling of “Quran” is how it appears in “The Faith Club”



*Vision* interview:

## Authors describe benefits of leaving faith ‘comfort zones’

**A**uthors Priscilla Warner and Suzanne Oliver agreed to an interview with Laurie Hansen Cardona, *Vision* editor. What follows is an email conversation about their faith club experience and its effect upon their lives.

**Laurie:** The three of you clearly made the decision to leave your faith “comfort zones” when participating in The Faith Club. In your view, having had the experience that you did, is it important for people to do so? Many people, as you know, never do; they are content to live their lives knowing little about the faith lives of persons of other religions.

**Priscilla:** It is not easy to leave a comfort zone of any kind, but I do believe that, as Ranya stated in *The Faith Club*, true growth comes when we put ourselves in unfamiliar situations, where preconceived ideas and theories are often no longer relevant, where we have to dig deep down into our souls, hearts and minds, admitting who we are and what we really think. I would never have known as much as I now do about life, death, and all that comes in between the two had I not been taken out of my comfort zone by two strangers who came from very different backgrounds than I did.

By the way, people facing their death are probably very far out of their comfort zone, and I would imagine the learning curve is quite steep. All the more reason why faith is challenged and sensitivity to a patient’s spiritual inclinations is of paramount importance.

**Laurie:** One of the reasons that I think members of our association will be drawn to your book is that chaplains find themselves ministering to people of many different faiths. Often, if the situation allows, they try to locate a rabbi, imam or other cleric to minister as well. Other times, for example, in an emergency situation, there is no time for that. Some chaplains express concerns about offending patients by praying their prayers. Would you be opposed to someone of a different faith tradition praying with you at a time of grave illness, even when nearing the end of life?

**Priscilla:** That is a really provocative, interesting question, and one that we never asked each other directly in our faith club experience. Actually, before I met Suzanne, I was uncomfortable even staying in a hotel room that had a crucifix on the wall. As I related in the book, I removed the crucifix from the wall of a small hotel in Italy because it made me uncomfortable. I feel quite differently now that Suzanne and Ranya have each shared their feelings about Jesus with me. I would be comforted by the crucifix since I now know much more about the universal, loving, powerful lessons Jesus taught. Jews get very little information about Jesus, and I do think that ministers, in particular, might want to factor that into anything they might say to a person close to death. I would suggest that they ask if someone would like to know about the prayers of other faiths, and then explain the prayers before they are used. So many people know so little of other faiths’ holiest texts.

Death is something I have thought about a lot, and discussed with Ranya and Suzanne. It is also an important element in our

book, as we have all experienced losses. I felt closer to Suzanne after she shared with me her anguish and the comfort she was able to access after the death of her sister. We were both healed as we discussed the commonalities of the grieving process. In the book, I say that “Jews do death well,” and I still think that’s true. But I think death is what binds us all.

As a reform Jew who’s been given no promise of an afterlife, I am intrigued by other religions’ views of the afterlife, but I can’t honestly say that they will be of comfort to me on my deathbed.

I would like to say that I am extraordinarily honored and humbled that our book has been selected to be read by these extraordinary people (chaplains). Both of my parents, at the end of their lives, have been cared for by people who were not Jewish, and I marveled at the kindness and compassion of people whose backgrounds were different than my parents, who cared for them, plain and simply, with love. Nothing is more holy.

**Laurie:** What has your experience in *The Faith Club* taught you about reaching out to persons of other faiths?

**Suzanne:** It is absolutely crucial in our increasingly religiously mixed neighborhoods and in our world neighborhood that we understand the variety of religious beliefs and practices that influence our neighbors. There are both practical reasons for this, such as recognizing the need for prayer spaces and holiday practices; political reasons, such as understanding the roots of the Palestinian-Israeli conflict or the difference between peaceful Islam and the radical Islamism that inspires terrorists; and religious reasons, such as enriching our own prayer and faith life through learning the theology of another religion.

**Priscilla:** My life is so much richer as a result of knowing people from many different walks of life. We’ve been to more than 100 cities across the country, and met thousands of people whose faces I can still see, whose stories moved us to tears. What we all had in common was a curiosity about people who are “different” than we are, and a strong desire to find common ground of any kind.

**Laurie:** Listening is key to a chaplain’s ministry. It seems to me what took place in *The Faith Club* was real listening, that was more than passive. It was a deep listening that even involved challenging each other along the way. Can you explain how you learned to listen to each other in such a purposeful manner?

**Suzanne:** I learned to practice non-defensive listening. Often we interpret other people’s beliefs as a judgment of our own. As a result, we become defensive when we don’t agree with the beliefs of our discussion partner. Our unconscious tells us that we both can’t be right. As a result, we may engage in aggressive or attacking avenues of dialogue, which prevents learning.

It is important to let our ego rest and recognize that the beliefs of another are not necessarily a negation of our own.

**Priscilla:** I learned not to interrupt! That sounds so simple, but it really is important. I used to listen to someone in order to formulate a response, and that diminished the power of the



message I was supposed to be listening to. True listening means being in the moment, truly trying to be in someone's skin, head and life. I learned how to ask questions that had nothing to do with me, my thoughts or opinions. I will probably always be a person who asks questions, but now hopefully I will listen very carefully in between them!

**Laurie:** Most of us like to think of ourselves as open-minded, and I would think you did, too, or you wouldn't have considered establishing and being part of The Faith Club. Yet you found that you, too, harbored stereotypes and prejudices. How difficult was it for you to admit them to yourselves and others? Why was it so necessary to do so?

**Suzanne:** Stereotypes are an unfortunate fact of the human thought process. We are wired to create them as a way to inform our interactions with others. We bring to bear all we know about a certain "type" of person whenever we engage in an interaction with a new acquaintance. It actually requires effort to "unlearn" the stereotype. The gift of that is allowing each person in every new encounter to be themselves, not just an amalgam of all those who appear to be like them.

**Priscilla:** I did think I was fairly open-minded and that I'd had an eclectic, interfaith upbringing. But I still stereotyped Suzanne as a "rigid" believer who quite possibly harbored anti-Semitic feelings. And I stereotyped Ranya as an unusual example of a modern, friendly Muslim woman, thinking that a Palestinian would never be able to be so gracious to a Jew.

We all stereotype people. I might, in fact, hold stereotypes of a Catholic chaplain, truth be told! I would love to sit down face to face and discuss that! Because those kinds of conversations no longer scare me. I try to stay as open as I can when talking to people. Life without provocative conversations seems empty after the heated ones we had in The Faith Club!

I now think I was arrogant to assume that I knew what someone must be thinking. If we're humble (my favorite trait in a person) we can freely admit that our preconceptions are probably quite simplistic, at the very least, and dangerously inaccurate, at the very worst.

**Laurie:** What was/is the role of doubt in your faith journey? Is your own faith life strengthened by what you learned about each other's religions?

**Priscilla:** I didn't even know if God existed at the outset of this experience. And I must say that my definition of God is constantly shifting, which I find exhilarating. I like to redefine my faith over and over again; it keeps me feeling constantly alive and on my toes. It used to make me anxious to live with doubt. I think it takes courage to live without having all of the answers to very complex questions. It isn't easy. I get a lot of help on all fronts, wherever I can find it! And that's where the interfaith component is so important for me. Something I might find painful or vague or challenging is something that another person of my own faith or another might have an easier time understanding, explaining, and sharing with me.

**Suzanne:** I firmly believe the words of my priest that are printed in The Faith Club: The opposite of faith is not doubt, it's certainty. Learning does not occur without questioning, and faith does not live without doubt.

After my interfaith dialogue, I am more confident about the

existence of God because I recognize that God is not confined by creeds that I often find it difficult to believe in. God is powerful and free to make God's self known in whatever way God can reach people.

**Laurie:** What difference has it made to you in your own faith life that you discovered the common ground between the Muslim, Christian and Jewish faiths?

**Priscilla:** I can walk into a house of worship anywhere in the world, from a mosque in the Middle East to a cathedral in Boise, Idaho, and feel comfortable, comforted, intrigued and inspired. I read the newspaper headlines differently, not thinking of Muslims in Turkey or Christians in Africa as strangers with ideas I could never relate to. I am on common ground with people in all different kinds of places.

**Laurie:** Have you contemplated what might be the result if there were faith clubs like yours all over the country or the world?

**Suzanne:** Certainly we hope that Faith Clubs form all over the world, and we have some evidence that is the case. We have heard from hundreds of people in the U.S. involved in Faith Club discussions, and even people in Morocco and other Muslim countries who are involved in an online Faith Club group on Facebook. People have learned to appreciate and love friends, neighbors and new acquaintances through the template of our Faith Club discussions. One story comes to mind of a Presbyterian minister I met in Connecticut who was approached by two Muslim women who lived in her church neighborhood. They brought a copy of the Faith Club and asked if the minister would be interested in helping them start a dialogue group. Voila! New relationships were made and friendships formed.

**Priscilla:** We hear from people all the time, and they share stories with us. Some people who never spoke to those of another faith are now meeting regularly with people of all faiths, and that is thrilling. One thousand people came to see us in Oklahoma, almost as many in North Carolina, Detroit, San Diego and Palm Beach. That's quite a range in terms of socio-economics and ethnic diversity as well! One minister said it sounded like we were trying to build a "passionate middle," and I like that concept. Someone else asked us if we were "preaching to the choir" and we said perhaps, but maybe the choir isn't singing loud enough! Now we hear voices of all kinds singing loud and clear! Our book is being used in churches, synagogues, mosques, community centers and colleges all over the country.

**Laurie:** Maybe this was in the book and I missed it.... Did the children's book ever get written or is that still in the works?

**Priscilla:** Still in the works! Now that we've slowed down in our traveling we are going to take a crack at it!

**Suzanne:** Have faith!

We all stereotype people. I might, in fact, hold stereotypes of a Catholic chaplain, truth be told! I would love to sit down face to face and discuss that! Because those kinds of conversations no longer scare me.

## Ponder these questions after reading 'The Faith Club'

While "The Faith Club" has excellent resources at the back of the book for beginning your own faith club discussion, here are some questions to ponder as you move through the book:

1. How did the book's format (a three-way memoir written in first person) contribute to the overall feel of the book? At what points did the women write different versions of the same events? (One specific example can be found when Ranya confronts Priscilla about the Israeli/Palestinian conflict, pages 129-138). How do each woman's individual prejudices and religion color her interpretations of the discussions?
2. How does each woman's role as a mother influence the direction and tone of the Faith Club? Would the club have been different if it included both mothers and women with no children? How did the children play a role in the challenges to each woman's faith?
3. To which woman did you most relate, and why? Was it the one you expected to when you began the book? If you identified with one of the women because you share her religious beliefs, did you agree with her presentation of your faith? What did you disagree with, and why?
4. Much of the first half of the book deals with Suzanne's and Priscilla's struggles to define anti-Semitism and to confront their prejudices about the other's faith. Did you feel that Ranya was unfairly relegated to the role of "mediator" (p. 46), or did she



welcome it? "For months, I had to bide my time patiently" (p.126). Why do you think Ranya waited to bring up her own struggles with Suzanne's and Priscilla's faiths?

5. On page 106, Ranya says, "The more that science reveals about the wonders of life and the universe, the more I am in awe of it." Do you think this combination of science and faith is realistic, or must one ultimately take precedence over the other?
6. Suzanne's first sentence speaks of the "cozy, homogenous community" at her Episcopal church. What is Priscilla's "comfort zone?" What is Ranya's? How does each woman step out of her individual cozy and homogenous comfort zone, and in what ways does each of them remain there?
7. On page 147, Priscilla wonders if worrying is "a form of gratefulness." What do you think she means by this? Does Priscilla's worry ultimately strengthen her faith? How does each woman show gratitude in her life and in her faith?
8. On page 204, Craig Townsend tells Suzanne, "The opposite of faith is not doubt, it's certainty." What does he mean by this? Is doubt necessary for true faith?
9. In Chapter 12, "Intimations of Mortality," the women discuss their differing views about death and the afterlife. Which understanding of death was most comforting to you? Which image of the afterlife was most comforting? Are they from the same religion?
10. When Priscilla confronts Suzanne about her confession that she was uncomfortable being mistaken for a Jew, Ranya says, "She wouldn't want to be a Muslim either." Do you agree? Why or why not? Is Suzanne's discomfort an inevitable result of being a member of the majority, of "not (being) forced to accommodate (herself) to the culture, religion, or even friendship of minorities?"
11. Ranya provides a vivid description of her own method of prayer on page 175: "My prayer is essentially a form of meditation in which I singularly apply my limited human physical capacity to try to connect with that omnipresent universal unknown force: God." (Suzanne's description of her prayer is on page 162; Priscilla's is on page 175.) How is each woman's method of prayer different? How is it similar? How do Suzanne's, Ranya's, and Priscilla's prayer styles reflect the differences and similarities in their childhoods?

Reprinted from Simon and Schuster with text found at [http://books.simonandschuster.net/Faith-Club/Ranya-Idliby/9780743298629/reading\\_group\\_guide](http://books.simonandschuster.net/Faith-Club/Ranya-Idliby/9780743298629/reading_group_guide).

### The Faith Club

<http://www.thefaithclub.com/>

The Faith Club website has the best collection of resources for the reader including:

- ▼ Information on the book
- ▼ Author information
- ▼ Information on how to start your own Faith Club
- ▼ A blog that you can contribute to after reading the book
- ▼ Interfaith Links
- ▼ Frequently Asked Questions
- ▼ Book Club Reader's Guide

Resources from Simon and Schuster, publisher, on "The Faith Club" <http://books.simonandschuster.com/Faith-Club/Ranya-Idliby/9780743298629>



## Lay married mom followed her own path in chaplaincy



**Name:** Mary D. Davis

**Work:** Interim director of spiritual care and CPE supervisor, CHRISTUS Santa Rosa Health System, San Antonio, TX

**NACC member since:** 1982, at least. I boycotted certification until I could be certified as a “chaplain” rather than a “pastoral associate!” That change occurred in 1984; the discussions

about “lay ecclesial ministers” evokes that time frame and mindset again.

**Volunteer service:** Presently serving as chair of Appeals Panel; have served on certification interview teams, the Certification Commission, the Editorial/Marketing Committee, and varied regional committees.

**Book on your nightstand:** anything non-work related, probably by Picoult, Coben, Shreve, or Berg.

**Book you recommend most often:** To students: “Images of Pastoral Care,” by Robert Dykstra; personal growth classics for me are: “A Hidden Wholeness: the Journey Toward an Undivided Life,” by Parker Palmer, “The Dance of the Dissident Daughter,” by Sue Monk Kidd, and “Listening for God,” by Renita Weems.

**Favorite spiritual resource:** A journal I’ve made over the years that continues to grow, with excerpts from books or articles, photos of family at varied stages/ages, cartoons, mandalas to color, and quotes.

**Favorite fun self-care activity:** Reading novels, thrillers.

**Favorite movie:** Recent times? I liked “Avatar” more than I thought I would. “The Constant Gardener” stays with me when I’m asked about movies — it touched and disturbed me deeply.

“What about Bob?” is pure comic relief.

**Favorite retreat spot:** Omega Retreat Center in Boerne, TX, at the open-air top level of their Tower building.

**Personal mentor or role model:** I have had to make my own way for the most part — I knew no lay married mothers who were chaplains or CPE Supervisors. I’m still figuring it out.

**Famous/historic mentor or role model:** Famous people are heralded, but I am more impressed by the unsung everyday holy people living out their faith in the mess and joy of daily life.

**Why did you become a chaplain?** When I was 15 years old, my older sister died. As we all know, people say some inane things in the attempt to comfort others at such times. In the arrogance of adolescence and the anger stage of my grief, I made a vow “to learn how to minister to people and teach others how to do it better.” I hope that is what I have done and am doing with my vocation.

**What do you get from NACC?** Resources, most recently through the NACC Now publication.

**Why do you stay in the NACC?** Catholic connection for certification, and related to having a USCCB/CCA accredited-CPE Center.

**Why do/did you volunteer?** In the interest of strengthening the competence and ethics of the certification process, and to have a connection with peers — otherwise I don’t see or talk with them due to geographic distance and expense.

**What volunteer activity has been most rewarding?**

Assisting appellants to have a positive outcome regardless of the final decision made on their behalf.

**What have you learned from volunteering?** My colleagues balance compassion with competence.



## He sees it as a privilege to be there when human, holy intersect



**Name:** Jim Kunz

**Work:** Staff chaplain at Saint Marys Hospital/Mayo Clinic, Rochester, MN.

**NACC member since:** 1986

**Volunteer service:** leadership in our region as well as on the national level; currently leadership for Central Prairie Chaplains; working on Summit '09 and chairing the NACC Conference in St. Paul in 2010.

**Book on your nightstand:** “Going Blind” by Mara Faulkner, OSB

**Book you recommend most often:** “The Enduring Heart: Spirituality for the Long Haul,” by Dr. Wilkie Au

**Favorite spiritual resource:** polyphony of the Renaissance period

**Favorite fun self-care activity:** cooking, music and biking

**Favorite movie:** “Dr. Zhivago”

**Favorite retreat spot:** Winona, MN

**Personal mentor or role model:** Richard Rohr, OSF

**Famous/historic mentor or role model:** Gandhi

**Why did you become a chaplain?** I value connecting with people at such important times in their lives. The holy and the human often intersect during the time of illness. It is a privilege to be part of such times.

**What do you get from NACC?** I receive so much in terms of the professional support that is offered in my work as chaplain as well as the collegial relationships that develop.

**Why do you stay in the NACC?** I very much value the many connections and contributions that the organization makes to my work and life.

**Why do/did you volunteer?** It is very fulfilling to make some small contribution to an organization that has benefited me so much.

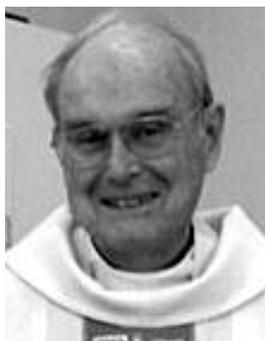
**What volunteer activity has been most rewarding?**

Chairing this year’s conference was certainly a highpoint for me.

**What have you learned from volunteering?** I have learned the great benefit of being a part of collaborative efforts and stretching myself in who I am and what is possible in working with others.



## Q&A with Father Thomas B. McGrath, SJ, CTR, BCC



**By Laurie Hansen Cardona**  
*Vision* editor

*Home for Fr. Thomas B. McGrath, a retired chaplain from the U.S. Naval Reserve, is the island of Guam in the western Pacific Ocean, where he has lived since 1969. He is currently Catholic chaplain at the U.S. Naval Hospital there. An NACC member since 1999, he resides about five minutes from the hospital's emergency room at the Agana Cathedral Basilica rectory.*

*Father McGrath, a member of the naval hospital's Healthcare Ethics Committee, is also a member of the Ethics Committee and Institutional Review Board of Guam Memorial Hospital and hospice chaplain for Health Services of the Pacific. The Jesuit priest agreed to answer questions about his ministries for readers of Vision.*

The pastoral work at the USNH is more one-on-one in visiting patients. I find that patients have a good memory of past acts of kindness. They remind me that I had been there in the ER when a father died or I had cared for a mother who was in the hospital last year. The work tends to be more in-depth and lasting.

were recovered intact. Later I attended the Memorial Service at Andersen Air Force Base.

**Q** First, please tell us a little about Guam.

**A** The island, located about 3,300 miles west of Hawaii, is 270 square miles in size. The weather is in the high 70s to 80s most of the time. We are in a typhoon zone from July-November. Guam is one of five U.S. territories with a civilian-elected government. We have a representative in the U.S. Congress, but without a vote on the floor of the House. Today we have a tourist industry, mostly from Asia.

**Q** Can you describe your typical day as a hospital chaplain?

**A** The usual round of visitations to the ICU, ER and other departments easily fill out a day with occasional calls over the night hours. Guam Memorial Hospital is the civilian hospital that services the entire island of Guam. But if a patient requires emergency service due to serious risk to life, then they will come to us first. They range from tourists who have drowned, seniors who have passed away with several medical complications including diabetes, suicides, and crew members of a B-52, Raider 21, from Barksdale, LA, lost when their aircraft went down at sea on the annual celebration of Liberation Day July 21. On this occasion the remains of the pilot and navigator

On the anniversary of this tragedy, the Air Force brought back family members to the island. Most people on the island at the time of the crash into the ocean had already transferred to other duty stations. I spoke at the service and was able to relate how the two men, the navigator and the pilot in command, were brought after the crash in the morning into our naval hospital from the sea about 17:30. We took them to the second floor from the ER where Air Force doctors took over the situation. I was able to relate that they were in flight suits with boots on. I prayed over both of them individually as best I could. I received a card from the pilot's father later telling me how his son was a good Catholic, and he was glad a priest had prayed for him. In effect, I was the only one participating in the prayer service who had seen them and been there.

We have received crew members from a Sub-Tender after the steam pipes burst. The entire hospital responded to the needs of the injured service members and the needs of their families. Some did not make it and others went off by air to the Burn Center in Texas. On another occasion we were with crew members of a submarine that collided with an underwater mountain off an island in Micronesia. A patient was airlifted by helicopter to the hospital from the boat.

**Q** How did your work as a chaplain with the Naval Reserve differ from your current work?

**A** I was with the Naval Reserve 20 years. The work took me to different commands and locations: I flew in Patrol Planes in the Pacific as far as Kure and MidWay and in the Atlantic off the Coast of Maine. I went to Sea Trials on a Fast Frigate out of Pearl Harbor. I gave the invocation and benediction at the Arizona Memorial in Pearl Harbor on Memorial Day more than once. I visited the Brig at Pearl Harbor and the service men sent to the Hawaii State penitentiary. Though the time was brief, the work was intense.

The pastoral work at the USNH is more one-on-one in visiting patients. I find that patients have a good memory of past acts of kindness. They remind me that I had been there in the ER when a father died or I had cared for a mother who was in the hospital last year. The work tends to be more in-depth and lasting.

The other level of pastoral work on the weekends is directed to the Catholic community of the Chapel of Hope. We have CCD with first Communion and confirmation classes. There are also a number of baptisms.

**Q** In what way does your history with the Naval Reserve help you to understand the challenges faced by veterans at the naval hospital?

**A** I was more of a weekend warrior and my reserve time isn't that relevant. I find that I must listen closely and hear the story of post-traumatic stress disorder (PTSD) for example. That gives me a background to relate a little better to the next person I have the privilege of serving. Veterans have constant problems trying to obtain a higher percentage of disability, transportation to Hawaii (Tripler) or San Diego (Balboa) for treatment not available here, such as the heart.

**Q** In which wars did the veterans to whom you minister serve and what are their particular challenges?

**A** We now have some veterans from the Korean War (the Forgotten War). I recently met a man who had suffered the effects of Agent Orange from that war. He was stationed at the DMZ and that area was sprayed intensely.

Many are from the Vietnam War and have varying degrees of disability. The Army men have PTSD and many pains with back and legs and the results of Agent Orange. Guam has a high percentage of veterans per capita in military service. I know one man from the Navy who had exposure to Agent Orange and his first child was born healthy but the second had spina bifida and receives compensation for this.

We have many in the National Guard, who have served multiple tours in Iraq and Afghanistan. A number of young men and women from Guam and the Micronesian islands are in their number. They are prayed for in the daily liturgy in our prayer chapel within the hospital.

**Q** What other ministries are you involved in?

**A** I give an eight-day directed retreat, retreats in daily life, and some spiritual direction. I am confessor for the Carmelite Nuns and help on weekends at the Agana Cathedral Basilica, and I offer a Sunday Liturgy at the Skilled Nursing Unit of Guam Memorial Hospital (this is held in a long hallway where the patients are brought in their beds and wheelchairs, and some family members are usually visiting with them). We use many of the vernacular songs because most patients don't care to read but prefer to listen. The hymns are deep in their memories.

I also work as a home hospice chaplain for Health Services of the Pacific (HSP). Many times it is an adventure to find the house of the patient. I get into places I never dreamed existed. One wife of one patient wanted a religious wedding and a wedding ring for his wife. I arranged for the wedding and HSP arranged for the ring. The patient wanted to see the island once more, a little bus was arranged, but the patient went to God before it happened. The other day as we prayed the Litany of the Saints for a patient, I asked her to pray for me as we said prayers for her. It was a deeply moving experience.

The HSP sent me to "Dougy Center" in Portland to learn about children helping children to grieve at the loss of a loved one. We are working on the development of this concept here.

**Q** What aspects of the culture of Guam do you admire? What challenges do Guam and its people face?

**A** Guam is exceptional for its hospitality. In terms of challenges, the worldwide economy and the economy here have suffered, so deficits are in evidence for the government every year.

There is a compact of free association between the Federated States of Micronesia (Yap, Pohnpei, Chuuk, Kosrae), another for Palau, and one also for the Republic of the Marshall Islands. Their citizens can come here and work without visas. They work and provide valuable services, especially in caring for the sick and the elderly in their homes. Their children go to school and sometimes the preparation is lacking for school on Guam. We have "no child left behind" at work in education. This can be a big problem.

Some 5,000 Marines and their families will come to Guam by 2014. This will create pressure on water, power, the port, and the roads. Billions will come from Japan and the United States, for construction. Many H-2 workers will come for the work.

Plans are underway to build a private hospital to ease the pressure on Guam Memorial Hospital, and the Navy expects to build a new naval hospital by 2014.

## NACC member's book focuses on leadership

**N**ACC member Patrick Chudi Okafor, chaplain at Stony Brook University Hospital, Long Island, NY, has written a book titled "Self-Confrontation, Self-Discovery, Self Authenticity and Leadership: Discover Who You Are and Transform the Leader in You."

Published in 2009 and available on Amazon.com, the 139-page paperback guides the reader through the journey of self-discovery that can lead to leadership. He defines terms related to leadership and discusses leadership theories,

their implications as well as leadership styles.

The author sees leadership and personality as inseparable elements and uses the Enneagram to analyze personality. He offers Enneagram profiles of "exemplary leaders," including Moses, Mahatma Gandhi, Nelson Mandela, Martin Luther King, Jr., Mother Teresa, and Pope John Paul II.

Mr. Okafor received a PhD in educational administration and supervision from St. John's University in Jamaica, NY.

# Accountability: Charting Chaplain Service Hours provides picture of chaplains' ministry

By Peter T. Mayo, MDiv, MA, BCC

How do chaplains account for themselves? We can give all sorts of numbers but quantity does not mean quality. For that matter neither does an accounting of time spent in a given activity or place of ministry. I personally think the only way to be assured of the quality of a chaplain's work is in ministry case study presentation for peer review. Still, as a director, I am interested in how the chaplains in our department spent their time.

A few years ago, Fr. Dean Marek shared his model that tracked ministry service events and the time spent on them. It was presented at the 2007 Mission Leaders Seminar with a workbook: *The Impact of Pastoral Care Gathering Pieces of the Story*. It also classified those service events in meaningful categories. One of the concepts he used was the Relative Resource Unit (RRU). The service event that takes the least amount of time to deliver (has the lowest RRU) is the Baseline Service Event which provides a basis for 1 Unit of Service (UOS). Great idea, except the RRU and therefore the UOS will vary from one hospital or ministry setting to another. It is not universal and cannot be used for benchmarking or comparison with other institutions. Since it is often expressed to a decimal point and reporting is done on a monthly and yearly basis, I have found it more helpful to use a measure anyone can understand: the Chaplain Service Hour (CSH) which is simply 60 minutes. Another measure I have found helpful is the Chaplain Days Worked (CDW). Two chaplains working two shifts in a single day would be 2 CDW. At the end of a month we can determine CSH/CDW in the different categories of ministry. We can also compare each chaplain's time in a month and compare month to month. We use a little different categorization than Fr. Marek. It can be summarized in six main categories: Patient, Family, Staff, Hospital Wide, Community, and Department (See graph).

The CDW then gives us the time and activities of the average day for a month. All this has been done using Microsoft® Excel® on a daily basis. We each have our own individual timesheet with each day of the month that can be updated several times a day. The director combines them on the

		T=Time in Service Hours										# = Service Events				
		Chaplain 1		Chaplain 2		Chaplain 3		Chaplain 4		Chaplain 5		Total		Total		
		T	#	T	#	T	#	T	#	T	#	T	#	T	#	
<b>Patient Ministry Visits</b>																
<b>In-Patient</b>																
Advanced Directives						0.92	3					0.92	3			0.01
Routine Initial Contact		14.33	104	8.25	41	38.00	315					60.58	460			0.99
Follow-up Spiritual Care		3.45	20	6.75	30	15.50	94					25.7	144			0.42
Referrals						1.25	3					1.25	3			0.02
Communion		8.42	56	8.50	42							16.92	98			0.28
<b>Total In-Patient Visits</b>		<b>26.20</b>	<b>180</b>	<b>23.50</b>	<b>113</b>	<b>55.67</b>	<b>415</b>	<b>0</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>105.37</b>	<b>708</b>			<b>1.71</b>
<b>Out Patient</b>																
Cancer Center Ministry		0.75	5									0.75	5			0.01
Surgical, Cardiac or Other Testing		0.33	1			1.67	10					2	11			0.03
ER & Quick Care		1.90	9			1.25	8			2.00	3	5.15	20			0.08
<b>Total Out Patient</b>		<b>2.98</b>	<b>15</b>	<b>0.00</b>	<b>0</b>	<b>2.92</b>	<b>18</b>	<b>0</b>	<b>0</b>	<b>2.00</b>	<b>3</b>	<b>7.9</b>	<b>36</b>			<b>0.13</b>
<b>Total Patient Visits</b>		<b>29.18</b>	<b>195</b>	<b>23.50</b>	<b>113</b>	<b>58.59</b>	<b>433</b>	<b>0</b>	<b>0</b>	<b>2.00</b>	<b>3</b>	<b>113.27</b>	<b>744</b>			<b>1.84</b>
<b>Family Ministry Visits</b>																
Crisis/Trauma Care				1.00	2							1	2			0.02
Deaths Attended		2.12	3							2.00	1	4.12	4			0.07
Ethics Consult												0	0			0.00
Family Care		2.45	14	2.75	17	6.00	43					11.2	74			0.18
Referral for Family Care												0	0			0.00
Funeral/Wake/Bereavement												0	0			0.00
Codes												0	0			0.00
Care Conference & Referral												0	0			0.00
<b>Family Ministry</b>		<b>4.57</b>	<b>17</b>	<b>3.75</b>	<b>19</b>	<b>6.00</b>	<b>43</b>	<b>0</b>	<b>0</b>	<b>2.00</b>	<b>1</b>	<b>16.32</b>	<b>80</b>			<b>0.27</b>
<b>Staff Ministry</b>																
Ethics Consult		0.50	1									0.5	1			0.01
Cancer Center Staff												0	0			0.00
Rounds (In-Patient)		1.25	6	9.50	55	7.17	32					17.92	93			0.29
Staff care		3.92	24	4.75	30	6.00	35					14.67	89			0.24
Rounds (Out Patient)		5.00	21	0.50	3	4.50	31					10	55			0.16
<b>Total Staff Ministry</b>		<b>10.67</b>	<b>52</b>	<b>14.75</b>	<b>88</b>	<b>17.67</b>	<b>98</b>	<b>0</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>43.09</b>	<b>238</b>			<b>0.70</b>
<b>Hospital Wide Ministry Events</b>																
Management & Committee Meetings		14.08	12									14.08	12			0.23
Rounds (Visitors & Others)		1.75	8			3.28	13					5.03	21			0.08
Staff Development/teaching												0	0			0.00
Public Prayer		1.83	9	1.83	9	2.50	10					6.16	28			0.10
<b>Total Hospital Services</b>		<b>17.66</b>	<b>29</b>	<b>3.63</b>	<b>18</b>	<b>5.78</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>25.97</b>	<b>61</b>			<b>0.37</b>
Meetings & Care Conferences		0.25	1			5.17	10					5.42	11			0.09
Non-meeting Activities		7.25	6	13.00	15	2.42	6					22.67	27			0.37
<b>Total Hospital Services</b>		<b>25.16</b>	<b>36</b>	<b>14.83</b>	<b>24</b>	<b>13.37</b>	<b>39</b>	<b>0</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>53.36</b>	<b>99</b>			<b>0.87</b>
<b>Senior Services</b>		<b>38.08</b>	<b>6</b>	<b>57.00</b>	<b>10</b>	<b>28.83</b>	<b>5</b>					<b>123.91</b>	<b>21</b>			<b>2.01</b>
<b>Community Service Events</b>																
Office Drop In		3.42	11	2.42	14	3.08	13					8.92	38			0.15
Phone Visits				0.17	1	2.67	32					2.84	33			0.05
Community Benefit		3.25	5			4.00	4					7.25	9			0.12
<b>Total Community Services</b>		<b>6.67</b>	<b>16</b>	<b>2.59</b>	<b>15</b>	<b>9.75</b>	<b>49</b>	<b>0</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>19.01</b>	<b>80</b>			<b>0.31</b>
<b>Departmental Service Events</b>																
Continuing Education		2.50	2	2.50	3							5	5			0.08
Supervisory		6.08	12	1.50	8	2.50	4					10.08	24			0.16
Meetings		2.33	3			2.42	3					4.75	6			0.08
Administration		38.08	20	12.50	14	13.08	19					63.66	53			1.04
Chapel Care		0.50	2	6.75	8							7.25	10			0.12
Volunteer Coordination		0.17	1									0.17	1			0.00
Professional Organization		0.17	1			2.92	7					3.09	8			0.05
<b>Total Departmental Services</b>		<b>49.83</b>	<b>41</b>	<b>23.25</b>	<b>33</b>	<b>20.92</b>	<b>33</b>	<b>0</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>94</b>	<b>107</b>			<b>1.53</b>
<b>Total All Services</b>		<b>164.16</b>	<b>363</b>	<b>139.67</b>	<b>302</b>	<b>155.13</b>	<b>700</b>	<b>0</b>	<b>0</b>	<b>4.00</b>	<b>4</b>	<b>462.96</b>	<b>1369</b>			<b>7.53</b>
Breaks & unaccounted time		6.33	21	4.33	17	2.67	16					13.33	54			0.22
<b>Total Time</b>		<b>170.49</b>	<b>384</b>	<b>144.00</b>	<b>319</b>	<b>157.80</b>	<b>716</b>	<b>0</b>	<b>0</b>	<b>4.00</b>	<b>4</b>	<b>476.29</b>	<b>1423</b>			<b>7.74</b>
% Patient		17.1%		16.3%		37.1%				50.0%		# 23.8%				
% Family		2.7%		2.6%		3.8%				50.0%		# 3.4%				
% Staff		6.3%		10.2%		11.2%				0.0%		# 9.0%				
% Hospital		14.8%		10.3%		8.5%				0.0%		# 11.2%				
% Cornerstone		22.3%		39.6%		18.3%				0.0%		# 26.0%				
% Community		3.9%		1.8%		6.2%				0.0%		# 4.0%				
% Department		29.2%		16.1%		13.3%				0.0%		# 19.7%				
% Break & Unaccounted		3.7%		3.0%		1.7%				0.0%		# 2.8%				
		100.0%		100.0%		100.0%				100.0%		100.0%				
CDW		21		18		20				0.5		59.5				
CSH/CDW		7.8		7.8		7.8				8.0		# 7.8				

department sheet. It was cumbersome at first and a stopwatch was helpful just to become more aware of how much time we actually spend. After that we estimate. Still, I think we get a pretty good picture. My thanks to Fr. Dean Marek.

Peter T. Mayo is director of pastoral care at Via Christi Hospital in Pittsburg, KS.

# Mayo Clinic's approach to promoting spiritual research reviewed

By **Mary E. Johnson, MA, BCC,**  
**Dorothy Bell, MS, RN-BC,**  
**Mary Eliot Crowley, OSF, MA, and**  
**Katherine Piderman, PhD, BCC**

This is a story of partnership. In 1992 a group of chaplains, nurses and physicians met to discuss the spiritual research chaplains were conducting at the Mayo Clinic. It was a brief meeting because there were no studies being conducted at the time, generating some concern among group members about the absence of research activity. It was concluded that chaplains should return patients' confidence with efforts to learn from pastoral experience through the conduct of spiritual care research. The group began to discuss spiritual care research questions of common interest, each through the lens of her/his own discipline.

Over time the group acquired more comprehensive information about spiritual care research being conducted elsewhere in the United States and around the world. Although the volume of published religious and spiritual care research is impressive, it was surprising to learn that there didn't appear to be a forum reserved for the sharing of this research. So the group began planning a conference focused solely on spiritual care research.

## A multidisciplinary approach to planning

A review of the spiritual care research literature reveals that nurses, psychologists, and sociologists conduct the bulk of this work. In that spirituality and spiritual care research are not the property of any one discipline, the conference planning group sought to partner with multiple disciplines in designing a conference that would be representative of the best of these areas of research.

From the very beginning the planning group included chaplains, nurses, physicians, and educators. More recently a social worker and a reference librarian have joined the group. Another crucial collaboration has been with professional conference planners in the field of continuing nursing education. Their expertise has resulted in a long series of successful conferences, avoiding pitfalls, and capitalizing on proven approaches. A partnership with the Saint Marys Hospital Sponsorship Board, Inc., the body that shepherds the Catholic identity of Saint Marys Hospital, one of the Mayo Clinic hospitals in Rochester, has also been critical. The Mayo-Franciscan values that guide our human service efforts also provide a backdrop for this conference.

The goals of this biennial conference are to a) promote the conduct of spiritual care research, b) provide a forum for the sharing of spiritual care research findings, c) encourage a multidisciplinary dialogue about the relationship between science and spiritual belief, and d) present research methodologies that further our understanding of spirituality and its impact on wellness, suffering, and life.

The first Mayo Spiritual Care Research Conference took place in 1994. The one-day conference featured plenary talks given by national experts in the field of spiritual care research along with numerous presentations given by peer-reviewed spiritual researchers. The first conference was an exciting beginning and provided clear evidence of the interest in a forum focusing on multidisciplinary spiritual care research.

In the years since that first conference a comprehensive approach to marketing this meeting has become important. Including appropriate constituent groups in a conference mailing or electronic promotion is a key component of the conference marketing plan. Contact groups have typically included all chaplaincy credentialing bodies, accredited seminaries and schools of theology, local and regional clergy and pastoral professional groups, parish nurse groups in the upper Midwest, and relevant physician and nursing professional groups that focus on complementary and alternative modalities. Between 1994 and 2008, conference attendance has averaged 360, ranging from 247 to 372 attendees.

## Choosing plenary speakers

The evaluations of conference attendees have consistently indicated the importance of choosing plenary speakers who have made contributions in fields related to the conduct of spiritual care research. These speakers have included spirituality and spiritual care researchers, theologians, authors, actresses, physicians, spiritual directors, nursing leaders, noetic scientists, epidemiologists, psychologists, and developers of scientific instruments. As a group they are representative of many cultures, systems of belief, and perspectives on the work of spiritual care research. Some have brought the tools of science to bear on spiritual questions while others have investigated science through the lens of spirituality. Each has opened further questions and encouraged additional inquiry — the very work of quality spiritual care research.

Over the course of the conference, plenary speakers and abstract presenters have exhibited a broad spectrum of approaches to the questions surrounding the relationships among spirituality, illness, suffering, and life. For example, in a 2002 plenary presentation, Harold Koenig, MD, used an epidemiologic approach to the identification of trends and associations of religious observance across large populations. This approach gave attendees an example of the power of population studies. In 2004, another plenary speaker, David Snowden, PhD, presented his longitudinal study of Roman

The good news is that, over the course of this conference, hundreds of hospital and hospice chaplains have participated as attendees, suggesting an interest in evidenced-based spiritual care.

## Spiritual Research

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Catholic Sisters and dementia. He reported his data, using video illustrations. This approach provided one memorable example of the power of repeated measurement and observation over time. In 2008, plenary speaker Crystal Park, PhD, reminded conference attendees of the complex and intimate relationships spirituality may have with numerous other aspects of the human experience as she presented her investigation of the impact of traumatic events on personhood and self concept.

### Multidisciplinary review of research abstracts

Spiritual care research abstracts are reviewed by a panel of chaplains, nurses, physicians, social workers, and educators. The lens through which a chaplain might review a research study can be markedly different from a physician's perspective. Likewise, nurses and social workers may evaluate the research differently. A variety of voices enrich the multidisciplinary review discussion.

A multidisciplinary research abstract review process has several components. The primary focus of the process is the integrity of the research described in the abstract. Research aims, design and methodologies make up the integrity of the overall research effort. Professional researchers can best evaluate research integrity. Our nursing research and physician colleagues have typically fulfilled this role. In more recent years, chaplains engaged in spiritual care research have taken a more active role in evaluating research integrity described in submitted abstracts.

The results of a multidisciplinary approach to abstract review have been enlightening. Although multiple disciplines have been represented on the faculty of the conference from 1994-2008, the majority of abstract presenters (60%) have been nurses, over half of whom are on the faculties of schools of nursing. This indicates the high level of interest in spiritual research among nurses engaged in education, over half of whom are PhD-prepared teachers. Other nursing representatives include advance practice nurses serving in clinical or education specialist roles, nurse researchers and nurse practitioners.

Fewer than 20% of the abstract presenters possess an advanced degree in theology and only half of these are hospital chaplains. This is not surprising due to the lack of research training in seminary education, limited opportunities for research collaboration, and a scarcity of resources. The good news is that, over the course of this conference, hundreds of hospital and hospice chaplains have participated as attendees, suggesting an interest in evidenced-based spiritual care. It should be noted that only a single physician, parish nurse, statistician, psychologist, and social scientist have presented research abstracts over the 14-year history of this conference. Increasing the representation of these disciplines and others on

the faculty will enhance our efforts at encouraging the multidisciplinary dialogue between science and spiritual beliefs.

### Multiple educational approaches

Multiple educational methodologies are used in this conference. While plenary speakers and abstract presenters employ a didactic approach to their material, attendees prefer interactive and dialogic approaches whenever possible. For this reason interactive sessions have been included in recent conferences, both in plenary and breakout sessions. For example, the 2006 conference included a session during which attendees became research participants, themselves. They completed a survey using a web-based, key pad response system. Results appeared instantly in graph form on a projection screen, encouraging wide participation in discussion. Evaluations of this experience indicated its value as a teaching tool.

As a group, abstract presenters have demonstrated the value of a wide variety of approaches to the investigation of spiritual care research questions. Observational studies, phenomenologic approaches, focus group and survey research, and quantitative methodologies have all been demonstrated in the abstract presentations. Conference evaluations have indicated that attendees find the inclusion of a wide variety of approaches stimulates further thought and, in many cases, more questions. Good research always generates more questions.

### Research methodologies

There is a contrast between much of clinical research and spiritual care research. For example, in the world of clinical research there is often consensus on scientific definitions, methods, and anticipated outcomes. By contrast, the field of spiritual care research lacks consensus about the definition of spirituality. Neither is there agreement on the anticipated therapeutic outcomes of spiritual care interventions. Measuring spiritual care interventions is difficult and their effect seems elusive. These challenges make the gold standard of clinical research — the randomized controlled trial — almost beyond reach. However, the tools of clinical research may be incapable of capturing the effect of spiritual care outcomes, and there may be other research approaches better suited for spiritual research. The hope of the spiritual care conference planning group has been to move this conversation forward.

In conclusion, the Mayo Spiritual Care Research Conference fills an important educational niche in promoting the value of spiritual care research as a valuable tool for the multidisciplinary team. The proceedings of this conference offer important contributions to ongoing spiritual care outcomes discussions.

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# Does pastoral counseling work?

*A pilot study of delinquent boys suggests the answer is yes*

By Eugene Hausmann, DMin, and Mary Spooner, PhD

## Abstract

This is a study of the relationship between pastoral counseling interventions and recidivism in a small sample of 16 delinquent adolescent males in residential treatment programs where such interventions were routinely available. One or more of three pastoral counseling protocols were utilized with the youths who were assessed as demonstrating one or more of the spiritual needs addressed by the protocols and who were open to the intervention. Analysis showed a significant Spearman correlation ( $r = .588$ ;  $p = .008$ ) between pastoral counseling and low recidivism (measured as re-arrests from discharge to the time of the follow-up contact), suggesting that the pastoral counseling may be a contributing factor to successful treatment.



## Background

There have been several studies correlating religiousness and healthy lifestyles of youth and prevention of delinquency (Koenig, McCullough and Larson, 2001). For example, in what is perhaps the largest study of religion and adolescents ( $n = 34,000+$ ), the Search Institute of

Minneapolis found that “religiousness is positively associated with pro-social values and behavior, and negatively related to suicide ideation and attempts, substance abuse, premature sexual involvement, and delinquency” (Donahue & Benson, 1995). In an important “Report to the Nation from the Commission on Children at Risk,” 33 children’s doctors, research scientists, mental health and youth service professionals claim that “research shows clear correlations between religiosity and good outcomes for young people.... Denying or ignoring the spiritual needs of adolescents may end up creating a void in their lives that either devolves into

depression or is filled by other forms of questing and challenge, such as drinking, unbridled consumerism, petty crime, sexual precocity, or flirtations with violence.” (*Hardwired*, 2003) Yet Koenig, McCullough and Larson cite no studies of religious interventions and recidivism with youths who had already become delinquent and have been incarcerated. This author completed a dissertation study on the therapeutic effects of chaplain time with delinquent adolescents in residential treatment and positive living situations one year after discharge (Hausmann, 2004). This latter study was highlighted by NACC as an innovative

See [Pilot Study](#) on page 24

## Applying this research to our ministry

By Rev. Beth Collier, BCC, MDiv, MA, ThD

### Mayo Clinic’s approach to promoting spiritual research reviewed (P. 21)

I was happy for the opportunity to read this article, as it gives valuable insight into a particular conference providing a forum for spiritual care research. The article’s reach, however, is much broader than that one conference. Not only the conference, but also this article encourages spiritual care research, particularly that conducted by chaplains. By describing the components of the biennial conference, the authors have created the skeletal structure that others may use to create similar local or regional conferences. The end result may be the empowerment of more chaplains to have greater exposure to evidence-based spiritual care research, which may help us to continue to discover and utilize best practices in spiritual care, regardless of ministry setting.

### Does pastoral counseling work? A pilot study of delinquent boys suggests yes (P. 23)

This article is interesting, but may have limited direct application to ministries outside the juvenile (or other) justice system. Within that system, implications of this study

could be used to advocate for the value, and perhaps the necessity, of having qualified chaplains to provide spiritual care services for groups of residents/inmates. Similar cases could perhaps be made for patients/clients in behavioral health settings or with certain behavioral health diagnostic groups, such as chemical dependency, depression, and eating disorders.

Beyond these applications, the article offers a glimpse into other research possibilities. The three spiritual issues addressed (grief and loss, anger at God, and guilt and forgiveness) are common across a variety of ministry settings. Application in medical health settings might be most easily found in outpatient settings, though chaplains in inpatient settings should heed implications of this study for patients of certain diagnostic groups, in particular, diseases or treatment procedures that require lifestyle changes (e.g., in cardiac or lung disease, diabetes, bariatric surgery). It would be helpful to learn in future research what influence chaplain time specifically addressing those spiritual themes listed may have on needed lifestyle changes after diagnosis, which could affect re-admission to hospitals (stretching the concept of recidivism).

## Pilot Study

*Continued from page 23*

program in 2004 (*Vision*, August/September 2004). It focused primarily on group interventions and measured positive contributions to recidivism outcomes due to chaplain time with youths. The study of chaplain time did not distinguish between chaplain time with individuals and chaplain time with groups. This current study focuses on a one-to-one pastoral counseling intervention.

### Participants

In 2003, researchers conducted a follow-up study and were able to contact 196 Holy Cross Children's Services families whose youths were discharged between 1999 and 2002. They obtained detailed information including responses to questions about re-arrests and living situations. There were 16 male youths whose aftercare information was obtained who were involved in four treatment programs where most youths received a great deal of individual pastoral counseling from two chaplains. In other programs, individual counseling was available, but actually utilized in a small percentage of cases. Because of this, this pilot study focuses only on the youth in these four treatment programs. A researcher contacted the 16 youths during the summer of 2003 after their discharge from residential care. The average length of time between discharge and follow-up was 10 ½ months; the actual time ranged from 4 months to 24 months. (The length of time after discharge did not correlate with recidivism ( $p = .089$ ).)

### Procedures

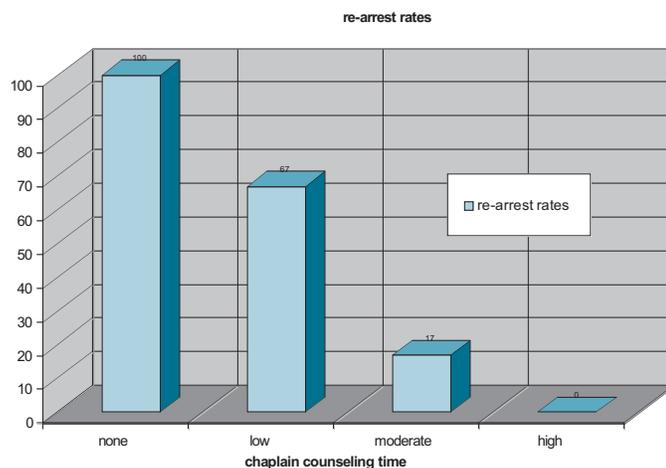
In 1997, the author worked with a team of social workers and clinical supervisors from Holy Cross Children's Services residential treatment programs for juvenile delinquents to develop an electronic system of records for intake, assessment, treatment planning and charting of progress notes. Pastoral services spiritual assessment and treatment protocols were integrated with the social and educational services assessments and protocols in that electronic system. Pastoral services treatment plans were very similar to some of those included in *The Pastoral Counseling Treatment Planner* by James Kok and A. Jongsma (1998). Pastoral counseling treatment protocols are formatted like social service treatment plans, but focus on spiritual distress. In their pastoral care, the two chaplains involved in this study generally used key aspects of three treatment protocols addressing three common spiritual issues: grief and loss, anger at God, and guilt and forgiveness.

### Findings

In the large sample of 196 youths, 25% were counted as recidivists (re-arrested during the study period). By comparison, none of the eight youths in the "high counseling" category (6 hours to 39 hours) were reported for

re-arrests or adjudications. There were only three youths who were re-arrested after discharge to the community. The only case in the "no counseling category" was re-arrested and re-incarcerated 10 months after discharge from residential care. Fifty percent (one of the two) in the "low counseling" category (less than 2 hours) was re-arrested and 17% (one case out of six) in the "moderate counseling" category (2-4 hours) were re-arrested. The data is plotted in Figure one:

**Figure one:** Percentage of re-arrested youths vs. chaplain counseling time



The data at a glance show a significant correlation between pastoral counseling time and a reduction in recidivism. In a Spearman bi-variate correlation of several variables (including length of stay in program, age at intake, program completion, race, length of time after discharge, and chaplain time in groups), the chaplain counseling time was the only variable found to be significantly associated with lower re-arrest rates. None of the other variables were significant. The test of correlation between pastoral counseling and re-arrest returned a correlation of  $r = .588$  with a  $p$  value of  $.008$ . The findings indicate that pastoral counseling accounted for 34% of the shared variance, thus explaining a significant amount of the variance contributing to the likelihood of re-arrest. Although the sample size was small and results should be treated with caution, to see a relationship of 34% suggests that the relationship between this variable and re-arrest should not be overlooked.

For a more detailed account of this study, see the *Journal of Pastoral Care and Counseling* (Fall/Winter 2009) <http://journals.sfu.ca/jpcp/index.php/jpcp/issue/current> (Vol. 63, No. 3,4).

*Deacon Eugene Hausmann is retired director of pastoral services at Holy Cross Children's Services in Clinton, MI, and an NACC certified chaplain emeritus. Mary Spooner is former director of program evaluation at Holy Cross Children's Services.*

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Donahue, M. J. & Benson, P.L. (1995). Religion and the well-being of adolescents. *Journal of Social Issues*, 51 (2), 145-160.

## Finely crafted poems touch themes related to chaplains' ministry

*Under the Influence of Lilacs.* By Deborah Gordon Cooper. Clover Valley Press, LLC, Duluth, MN, 2010. Paperback, 108 pp. \$14.95.

**By Becky Evans, MA**

Recent readers of *Vision* may recall the poem, "The Sparrow," published in the May-June issue. It is one of the new poems in Deborah Gordon Cooper's full-length collection of her poetry from the last 20 years, released in June this year.

Longtime readers may recall the poems of Deborah's work frequently featured inside or on the cover of *Vision* during the 1990s, when I served as its editor and when she was a certified chaplain serving in hospice ministry in Duluth, MN. Now a retired emeritus NACC member, Deborah Cooper spends time enjoying her grandchildren and using her talents as a poet and editor, according to her bio, to teach writing classes for those who are grieving the loss of a loved one, to conduct workshops on the interfacing of poetry and spirituality, and mentor inmates at the St. Louis County Jail. She is the author of four previous collections of poetry and co-editor of an anthology published last year: "Beloved on the Earth: 150 Poems of Grief and Gratitude," an excellent anthology that can serve as a useful tool for chaplains.

I am not an unbiased reviewer, as I have long been an admirer of Deb's poetry and consider her an extraordinarily gifted poet. In the June 2003 issue of *Vision*, I reviewed her beautiful and touching chapbook, "Redirection of the Heart," with poems about the decline of her father suffering from Alzheimer's disease. Nine of those wonderful poems are included in the new book.

"Under the Influence of Lilacs" contains selections from each of her previous chapbooks, along with 30 new poems. One of my favorite new poems is "Instructions," which ends: "Cast out your gaze like a net / and take everything in / every intricate detail / each small astonishment." Those lines well describe her poetry, in which she masterfully notices intricate details and recreates for us "each small astonishment," which then triggers our own memories, our

## Book Review

own small astonishments. In "Waking from Grief," she ends with a "small astonishment" after noticing the intricate detail on the stump of "some long-tumbled oak / brimming with tender shoots, / delicate leaves / like tiny, upturned hands. / The trees along the beach / cannot contain themselves, / this soft explosion / of new-green."

Her poems are reflections woven from the contrasting threads of the experiences of love and loss, grief and grace, joy and sorrow, nature and the spiritual world. She takes us along as she collects every "shard of light / enough to see by," and with wisdom, exquisite language, and sometimes humor, she helps to mend our hearts, our relationships, and our "unrepaired" world. This is lyric poetry of compassion, celebration, gratitude, and often of prayer, knowing and accepting "that what we hold / won't last / be it a blossom / or a body." The poems are luminous with "unexpected plays of light" that shine and illuminate experiences of living fully with all our frail humanity, while we are transients "just passing through / these bones."

The poems are both personal and universal. The beloved dead are still very close: the presence of a musician mother is felt "in my hands / upon the piano keys," a father is heard whistling a familiar melody at the produce section of the grocery store; a deceased younger brother can be sensed in holding tight his precious sweater, a gift from his wife. "The wall between the living and the dead / is as yielding as a membrane / is as porous as a skin."

I bought several copies of this book at a discount at Amazon.com to give as gifts, including one to a chaplain friend who reported, "I've read several of the poems at our morning rounds." Even if you avoid or don't often read poetry, Deborah Cooper's finely crafted poems are readily accessible and touch on themes and experiences that are part of a chaplain's everyday life and ministry. Reading these beautiful poems will leave you feeling renewed, your "whole soul quieted" as you close the book.

*Becky Evans is retiring again from the NACC sometime this summer after serving for several years as the part-time office assistant specializing in certification renewals. She reads and writes poetry and has had some of her own poems published in small magazines.*

*Hardwired to connect: The new scientific case for authoritative community* (2003). NY: Institute for American Values.

Hausmann, E. (2004). Chaplain contacts improve treatment outcomes in residential treatment programs for delinquent adolescents. *The Journal of Pastoral Care and*

*Counseling*, 58 (3), 215-224.

Koenig, H., McCullough, M. & Larson, D. (2001). *Handbook on religion and health*. NY: Oxford University Press.

Kok, J. R. & Jongsma, A.E. Jr. (1998). *The pastoral counseling treatment planner*. NY: John Wiley and Sons, Inc.

## Book Review

### Book is comforting companion for those grieving a loved one

*Now That You've Gone Home: Courage and Comfort for Times of Grief.* By Joyce Hutchison and Joyce Rupp. Ave Maria Press, Inc., Notre Dame, IN, 2009. Paperback, 178 pp. \$12.95.

By **Bruce Aguilar, BCC**

“One more book about grief! Why read this one?” some chaplains may wonder. If you minister with those experiencing grief around death, “Now That You’ve Gone Home” may well prove useful. If you appreciate connecting faith to life, the book offers this opportunity. And, because of the book’s approach, if you face a death in your own personal life, you may appreciate this volume as an honest and comforting companion.

“Stories and prayers” are what the authors bring, says co-author Joyce Rupp in the Preface. She and Joyce Hutchison also wrote the companion book “May I Walk You Home?” (for caregivers to the very ill). The story-telling begins with 10 “Stories of Grief” told by Hutchison about her husband’s death. Fifteen additional contributors supply the remaining chapters. Rupp writes no stories here, but contributes brief meditations, prayers and suggestions (“For today”) that conclude each chapter. This is a book in a collection format – chapters of stand-alone stories – so brace yourself if you are one who loves to follow the

plot of a novel or mystery or to read an author as he or she unveils a thesis in whatever subject matter.

As the last survivor in her own large family of origin, Hutchison writes that the gift of experiencing her own grief, not her previous years of work in hospice, has taught her to “get into the skin of another’ to empathize, to truly be ‘with them,’ in what they are feeling” (p. 4). She writes in the Jewish and Christian biblical tradition: acknowledging both the reality of suffering and the signs of hope. Suffering includes a deep loneliness – in spite of supportive children – as she eats alone and sleeps alone in the house she and her husband shared. She adds that other forms of suffering have more to do with the responses of well-meaning others.

“No one except the one who is grieving should decide when the time is right to let go of a loved one’s possessions” (p. 24), she says to those whose advice to the bereaved is to get rid of things and move on. She describes the pain of

finally selling the family camper, a favorite of her husband’s for family trips, and watching it disappear down the driveway. Another isolating experience identified by Hutchison is when friends tried to avoid mentioning her husband fearing that this would sadden her. She exhorts readers to recognize a source of hope for the bereaved, “But I was, and am, actually filled with warmth and gratitude when anyone speaks about my husband and when I am able to share memories of him” (p. 40).

The remaining contributors cover a wide array of grief often complicated by other factors: a mother grieving her grade-school child, a young woman whose father dies shortly before her wedding, a man (the only male contributor) whose brother’s violent death seems random, a woman who lost her parent while having no family of her own, a woman whose depressed husband committed suicide, and many more.

To the story of a woman who died without feeling reconciled with her mother (“I Feel Relief. Is That Okay?”), Rupp’s parting suggestion is: “I will allow myself to enjoy the relief I experience and be grateful I can now let go of what I could not repair” (p. 102). This exhortation is also a nice one for chaplains as they finish their workday or an unsatisfying encounter – not to mention our lives outside work!

*Bruce Aguilar is a chaplain at Spaulding Hospital in Cambridge, MA.*

She describes the pain of finally selling the family camper, a favorite of her husband’s for family trips, and watching it disappear down the driveway.

### Blessing cards by Rupp available from Ave Maria Press

A blessing by author Joyce Rupp that appears in “Now That You’ve Gone Home: Courage and Comfort for Times of Grief” is available in the form of a multi-page card that can be given to a friend, colleague or loved one who is grieving.

The cover of the thin 32-page booklet features the words, “May you find comfort: A blessing for times of grieving.” Inside, each two-page spread features a nature photo and a blessing, such as: “May disappointment, anger, guilt or any other hurts that cling to you be acknowledged and set free,” “May you be gentle and compassionate with yourself by caring well for your body, mind and spirit,” and “May the day come when memories of your departed one bring you more comfort than sadness.”

There is an inscription page where the sender may include a personal message. Published by Ave Maria Press, the cost of one multi-page card is \$4.50.

## Tackle soul-cluttering issues in August

By Timothy John Doody, BCC

August is a month devoid of distractions or national holidays. The dogs of summer seem to slink along in the summer heat. August is a good month to take care of accumulated items, a good month for spiritual house cleaning, time to tackle life issues that clutter the soul. A life review is one method to sort through the goals, the accomplishments, the unexpected events, the embarrassments and the blessings we have gathered in our lives. Take a moment, follow the steps for a life review and see where it will lead you.

Step 1: Make a list of your goals. Goals are needed for a life that is fulfilling. A goal does not have to be grand, such as "I will climb Everest this year." It can be as simple as, "I will welcome the day as a gift from God that I am to open today." Rejoice in this day that the Lord made for you. Live each day as it were your first.

Step 2: Our accomplishments are hidden by the immediate tasks confronting us. You are the sum of all your accomplishments. Frank McWade, mural artist, who suffered from spinal arthritis all his life, used his cane as a painting tool. His ever present cane was not a sign of disability but of his accomplishment of being an artist. Carry your cane as a sign of your accomplishment.

Step 3: Unexpected events seem to come out of left field: "I

didn't see that coming." Hindsight provides a clear understanding of unexpected events that give us an opportunity to give thanks to God. Be alert to the sudden influence of the divine in your life.

Step 4: Embarrassments accent the everyday qualities of life. No one is immune from them. Embarrassments remind us of our fragile humanness in a perceived orderly world. Be proud of your embarrassments.

Step 5: Finally, remember the blessings. Blessings are the little taps on the shoulder by God to remind us that we are his. Do not attempt to count them. The blessings are as numerous as the grains of sand at the seashore.

"The unexamined life is not worth living." Socrates' adage is true even in our world of constant distractions. The Greek philosophers emphasize moderation and proportion. The extremes of constant internal retrospection and acting without restraint are not in the philosopher's book of advice. Perhaps they would agree that August is a good month to take the time to step away. Reflect on the past year, and then look forward to the next. Most of all enjoy each day of the life God has given to you.

*Timothy John Doody, of Chicago, IL, supervises pastoral care at Casa San Carlo, a Resurrection Healthcare Senior Residence. Presently he is working on his doctor of ministry degree at the University of St. Mary of the Lake/Mundelein Seminary.*

### Please remember in your prayers

Sister Barbara Marie Link, FSPA, 63, who died March 19 at Villa St. Joseph, in La Crosse, WI. An NACC member, she had ministered as a chaplain with Heartland Home Care and Hospice in Brookfield.

In June 2009, she made her home at Villa St. Joseph while undergoing cancer treatment.

Sister Barbara Marie was born Aug. 22, 1946, to John and Elizabeth (Kuhar) Link in Peoria, IL. She entered the Sisters of St. Francis of the Immaculate Conception, Peoria, in 1964, and transferred to the Franciscan Sisters of Perpetual Adoration in 2003.

Having earned degrees in history, Sister Barbara Marie began her 29-year teaching career as a history/social studies teacher at Normal and Bergan High Schools and Spalding Academy in Peoria. She earned a degree in systematic theology and taught religion and history at Notre Dame High School before leaving the classroom.

## In Memoriam

Sister Barbara Marie then served as campus minister/pastoral staff at St. John Newman Foundation on the campus of University of Illinois-Champaign until she moved to La Crosse in 2003. During the next three years, she earned certification in clinical pastoral education and spiritual direction and taught in the diocesan Lay Ministry Program.

Sister Barbara Marie is survived by her Franciscan community; her mother, Elizabeth Link of Metamora, IL; two brothers, John (Linda) Link of Chillicothe, IL, and Al (Sue) Link of Peoria; two sisters, Jan (Rick) Holman of Metamora, and Midge (Jeff) Barnes of East Peoria, IL; and nieces and nephews.

Her father and her sister, Mary, preceded her in death.

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## Calendar

### July

- 7-9 Interview Team Educators (ITEs)  
Meeting/Training, Milwaukee, WI.
- 8-11 Certification Commission  
Meeting, Milwaukee, WI

### August

- 2 Articles due for the September-  
October issue of *Vision*
- 15 Feast of the Assumption of Mary
- 28 Taboos of Touch in the Healing  
Ministry of Jesus, University  
Medical Center, Maywood, IL