

# Vision

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## Conference 2016: Chaplains make new connections, illuminations, and spirits

**By David Lewellen**  
***Vision* editor**

Four hundred chaplains gathered in Chicago to sing, talk, pray, learn, and socialize, to honor their profession and try to advance it, and to consider how to make all things new.

Conference task force chair Rod Accardi, who said that he came to his first NACC meeting 35 years ago, praised the task force for the nine months of work that went into the gathering, and noted that it had drawn chaplains from 47 states.

Bev Beltramo, who gave the reflection at the opening prayer service, said, "It was never, ever any plan of mine to be standing up here like this." And most people in the room, she guessed, probably also felt similar surprises along their journey to chaplaincy. In the NACC's 51st year, "there are many challenges and many questions we haven't begun to ask. But we stand on a foundation of love and courage," she said. "We may never have imagined the church as a door that would be open to us. But here we are."

The altar cloth that made its debut last year, inscribed with the names of more than 500 deceased NACC members, returned to the conference this year, and candles were lit for those who have died since the previous gathering.

"I'm really impressed with the quality of the speakers," said first-time attendee Erin McCarthy of Worcester, MA. In her long-term care position she has no other chaplains in her building, and "it's really nice to connect with people."



At the banquet Saturday night, former supervisor Sr. Cyrilla Zarek, OP, was greeted with cheers, whistles and a standing ovation when she was introduced as the first woman to join the NACC, in 1973.

"I have fulfilled my goals. God was so good to me," said Sr. Zarek, who will be 88 in May. In retirement with her religious congregation, she maintains a ministry of prayer and presence. Several women, including some she had supervised or mentored, as well as strangers, came up to her after the banquet to thank her for her pioneering role. She and Fr. Dick Tessmer put together the forerunner of the Certification Commission in the 1970s to begin providing CPE. "It was rough," she said, "but we loved what we were doing." And pointing to the altar densely inscribed with the names of deceased members, she said, "I bet I knew half the people on that tablecloth."

Kay Gorka, manager of spiritual care at Providence Health in Spokane, WA, received the NACC's Emergent Leader Award. Jane Mather, presenting the award, said, "If you've ever heard Kay laugh, that's the best antidote you'll ever hear to the belief that chaplains are sad."

Sr. Mary Skopal, SSJ, director of pastoral care at Bon Secours Health System in Baltimore, received the Distinguished Service Award. "The chaplain offers the listening ear and the caring heart of healthcare," she said. "Our presence shows that someone cares, and ultimately that God cares."

The Outstanding Colleague Award went to the Supportive Care Coalition, an umbrella Catholic group that advocates for palliative care. “This is kairos time,” said executive director Tina Picchi, a certified chaplain who took a moment to reflect on her journey to being a national voice for spiritual care at the end of life.



Conference attendees got to choose among a wide variety of workshop topics during the four-day conference. In a discussion of spirit as a vital sign, Mary Elizabeth Allen encouraged chaplains to begin recording a patient’s spirit by asking them to rate it on a scale of 1 to 10, using the pain scale that has become widely accepted as a fifth vital sign. “We’re doing great on the body and better on the mind, but spirit not so much, if you ask me,” she said.

Allen said that all children’s hospitals have low Press-Ganey scores for meeting emotional and spiritual needs, and simply asking the question on a regular basis can help raise them. “If you have a will to live, it’s going to get you down the road,” she said. “Nurses see it.” It should be recorded on every shift with every patient, she said, on a 1-10 scale, or, for children too young to count, on a smiley-face scale.

She defined spirituality as the way we make meaning, sense and purpose of life, and the relation to self, others, the physical world, and the holy. “I can lay my hand on you, but it’s an inside job,” she said. “It’s between you and your creator.”

Joan Bieler and Jeanne Wirpsa of Northwestern University discussed their attempt to create an online community for chaplains, similar to those that exist among teachers for support and professional development. Their pilot project in 2013 and 2014 ran into institutional obstacles and did not attract a critical mass of users, and they concluded that an online community also benefits from having an offline component as well.

In a session on mindfulness, Kristie Zahn said that compassion fatigue differs from burnout, and hospital staff need to practice healthy boundaries. Finding someone to talk to is important, she said. Mindfulness takes attention, as does the willingness to love and forgive oneself.

The practice of joy is also important. Zahn said that at a Native American workshop, she was disappointed to learn that her power animal was a hummingbird. But the leader told her, “You don’t need the medicine of the mountain lion.” In contrast, she needed to think about the hummingbird, which flies from flower to flower and sees joy in it. “Where do you put your attention, your time, your energy? Take time for joy.”

In a workshop on end of life and bereavement support, Elizabeth Lenegan reminded chaplains not to use the famous “stages of grief” approach. It might have been useful 40 years ago, she said, but now we recognize that “when we put patterns to grief, we do an injustice to grievers.” The idea of “acceptance” is particularly problematic, she said; she prefers to think of it as “reconciliation.”

“Grief is work,” she said. “It’s the hardest work you’ll ever do in your life.”

During a workshop on charting, Jerry Kaelin said that in maybe 10 percent of cases, the chaplain will hear something that is important to tell the medical team. In that case, a narrative of five sentences or less is appropriate for the EMR. However, chaplains have different needs when communicating with each other from shift to shift, and the Epic system that Kaelin uses at Loyola University Medical Center has been customized to allow that.

In a Sunday workshop on compassion fatigue, Jim Manzardo and two colleagues from Lurie Children's Hospital in Chicago described the debriefings that they conduct immediately after difficult cases — preferably during the same shift. The 15- or 20-minute gatherings include anyone on the floor who felt affected by the incident, and differ from critical incident stress debriefings because they include an element of ritual and they address both medical and emotional aspects of the case.



All of the conference's floral arrangements were created by Fr. Rich Bartoszek, a member of the steering committee who was a professional florist before coming to the priesthood later in life. Today, he said, he works with flowers "only out of need." But as a landscape architect, he also designed the gardens that the hospice rooms overlook at Beaumont Hospital-Grosse Pointe in Michigan, where he is director of spiritual care.

## The steps we take to make all things new

**By David Lichter**  
**Executive Director**

This issue of *Vision* quickly follows our 2016 National Conference held April 22-25 in Chicago. The contributors worked to capture their thoughts and insights so that you, our members, get a glimpse of this annual event, and gain resources for your professional ministry. We are grateful to all who contributed.

I continue to be awed each time we gather for this event. My guesstimate is that it's the first time for one-third of the participants; one-third are members who missed last year or several years due to time and money; and about one-third come every year. This mix of participants creates a rich, vibrant community of seekers of insights, of networking partners, of resources, and of spiritual nourishment that reminds of why we do what we do. We are deeply grateful to all of you who participated.

Also, we are grateful to the many members who were able to join us for the opening prayer service and the four plenary talks via video streaming. I hope you also felt part of the gathering.

While other authors of this issue are providing overviews of the speakers and workshops, I want to use the remainder of this column to highlight two points.

First of all, at the business meeting I shared both NACC's current financial state and our key strategic initiatives. The Board of Directors met prior to the Conference to determine and refine key initiatives that will contribute to NACC's long-term mission and direction on behalf of the profession. I personally am very grateful to them for providing me their priorities and support. Let me highlight those initiatives here:

1. Providing leadership for preparing and supporting diverse Catholic ministries involved in spiritual and pastoral care: The NACC, with its mission to continue the healing ministry of Jesus in the name of the Church, is exploring how best to provide leadership with key Catholic ministry partners to offer the highest quality of pastoral care for the most vulnerable by ensuring the appropriate preparation for those ministering in those diverse pastoral settings. We are beginning a planning process to share current practices, and systematically identify:
  - Those with the most critical pastoral care needs;
  - The type of pastoral care needed;
  - The competencies required to meet those needs;
  - The diverse ministries (e.g. board-certified chaplains, pastoral associates, volunteer pastoral visitors) needed with these competencies;
  - The standards/training/formation required to obtain those competencies;
  - An agreed-upon organizational approach to provide the ministry preparation needed.
2. Expanding membership categories: In light of the first initiative, the Board will determine what membership categories are needed for institutions, dioceses, and graduate programs that see the value of a relationship with NACC and one another to support the preparation for the diverse pastoral care ministries.
3. Determining other certification categories: NACC has been approached to consider somehow recognizing those who have been prepared for the diverse pastoral care ministries other than

board-certified chaplains. The NACC Certification Commission will make recommendations to the NACC Board of Directors.

4. Diversifying financial resources: This year we are exploring the interest of Catholic foundations to support NACC initiatives and partnerships to improve the formation and support of those providing pastoral care. We have begun to qualify and approach foundations.
5. Creating alliances with other Catholic chaplaincy organizations: The USCCB Subcommittee on Certification for Ecclesial Ministry and Service, which approved the NACC Certification Standards and Procedures, has also supported dialogue among the diverse Catholic chaplaincy groups to find ways to collaborate, to advocate for the chaplaincy ministry and to consolidate administrative needs. NACC has begun such a dialogue with the American Catholic Correctional Chaplains Association.
6. Engaging our bishops on the value of our chaplaincy ministry: Bishop Donald Hying, our USCCB episcopal liaison, has already sent a letter to the archbishops of the USCCB provinces requesting a spot for an NACC representative on a provincial meeting agenda to share our mission and to seek ways to encourage the chaplaincy ministry. We are grateful for Bishop Hying's initiative, and we have begun to receive responses.
7. Collaborating with our cognate partners on revisions of Common Standards: This has been exciting work over the past months. The Common Standards revision is being approved by each of the five cognate partners' boards (ACPE, APC, CASC, NACC, and NAJC), and should be ready for release this summer. Also, the same five cognate groups are revising/updating the 2001 white paper on professional chaplaincy. The result will be available electronically as an entire document or in sections for member usage and promotion of chaplaincy.

I hope this provides you a glimpse of NACC's several vital initiatives that contribute to our long-term mission and direction.

The second item I want to comment on is the recent announcement by HealthCare Chaplaincy Network that it is creating the Spiritual Care Association. As a reader of this column and a member of NACC, you can see that we are working with many Catholic stakeholders and our cognate partners to advance and strengthen chaplaincy. So the unexpected announcement that HCCN is forming the SCA, their reasons provided for doing so, and their portrayal of our cognate groups left many of you troubled and confused about this proposed certification — which requires less education and clinical training and does not meet the competence outlined in the Common Standards, but is being marketed as “the new generation of Common Standards for professional chaplaincy.”

As you know, within a week of the announcement, NACC, along with our cognate American partners — ACPE, APC, and NAJC — sent an open letter to our members affirming our commitment to the Common Standards and to our ongoing collaborative effort to improve our approach to preparing, certifying, and supporting our members.

Let me reiterate what I wrote in the May 2 edition of NACC Now:

HCCN has provided and continues to provide research, education, and advocacy for the profession of chaplaincy. Much of it is helpful. However, HCCN'S development of the SCA, its aggressive marketing to recruit cognate members, its promotion of its certification and credentialing as THE way forward for the profession, and its decision not to engage the cognate groups, evoke troubling reactions.

NACC leaders remain committed to our strong and invaluable collaboration with our cognate partners to improve our profession, and to adhere to the Common Standards as the gold standard for the profession of chaplaincy. We will seek to explore in the future viable options for partnership with HCCN. A future task will be to engage in research to ensure that our

certification processes and competencies outlined in the Common Standards are effective to address the needs of those we serve. Each of you offers evidence of our commitment to the pursuit of best practice and the provision of quality care.

We, as NACC members, continue the healing ministry of Jesus in the name of the Church. We do this as professional board-certified chaplains, along with many others who seek to provide the best spiritual care to those most in need. I continue to believe and live by the theme of the 2016 Conference, “Behold, I make all things new!” In the midst of many challenges and unknowns, we trust the guidance and gifts of the Spirit through our NACC leaders, and through all of you, our members.

## Love yourself as you love others, White reminds audience

By David Lewellen  
Vision editor

Take time for yourselves and don't be afraid to say no, Vanessa White told NACC members in her high-energy plenary speech.

Pacing around the stage and using the altar for effect, White, an assistant professor of spirituality and ministry at Catholic Theological Union, told the gathering about the various holes she has fallen into in her life — some far more often than once. "I'm concerned about the un-health of ministers," she said. "We have perpetuated unhealthy ways of being role models who work 24-7 saying yes to everything." Once, she said, she felt drained and decided to add something restorative to her schedule — "so I did high-school retreats" — which drew a guffaw from the audience.

But in truth, she was just crowding more things in, including teaching others about spirituality and health when she had little of either. "All of us have holes that we fall into," she said. "I fall into the hole of saying yes. Of starting tomorrow."

"A lot of us are able to talk a good talk," White said. "Hello? We know what others should be doing, but we're not doing it ourselves." She herself had no spiritual director for five years, she said, adding "As long as you hide your illness, you cannot be cured." Thinking about the second great commandment to love your neighbor as yourself, she asked, "How do we love ourselves? Loving myself? I thought that was selfish. But if you do not love yourself, how you love others? And God will be out of balance."

Papers rustled and pens clicked as White put up a slide of five practices for busy chaplains: Honor the body, take sabbaticals, enjoy life, cultivate an attitude of gratitude, and pray.

The body is a temple, White said, and no one would throw trash in a sanctuary, so we should avoid eating highly processed food. At prior times in her life, she said, "my car became my cafeteria." She told the story of how her sister fell ill and went to the emergency room, where the staff said she was dehydrated and hooked her up to an IV. "That was the most expensive water she ever had," she said, deadpan. "If you can't think of something, drink some water. Your thought will come back." (In the hallways and exhibit area, that line was often repeated during the weekend at any temporary memory lapse.)

Forcing herself to block off sabbatical time, even if it's only a few hours a week, has been vital, White said. It can be a time to do any restorative self-care activity. "Not taking sabbatical is saying that you're greater than God," she said. She encouraged chaplains to make a list of their top 10 favorite things; if they go a month without doing any, it's a danger sign.

During the question period, White re-affirmed that she does block off sabbatical time every week, and she lost weight with the help of the book *Food Rules* by Michael Pollan. In encouraging her listeners to say no sometimes, she said, "The good news is, there is a God. The better news is, it's not you." Saying no to more responsibilities, she said, forces bosses to look further and to give others a chance to carry out a mission.

## **Carol Taylor: When cure is off the table ...**

**By Austine Duru**

“When cure is off the table, where do we turn for healing?” This was the question posed by Dr. Carol Taylor during a plenary speech at the 2016 NACC national conference in Chicago. Taylor, a senior clinical scholar in the Kennedy Institute of Ethics at Georgetown University and a professor of medicine and nursing, suggests that chaplains may have the key to inspiring and enabling hope in the seriously ill and dying. She affirmed that “remaining hopeful in a global community marred by war, increasing attacks of violence, and profound inequities that leave millions dying of hunger, thirst, and treatable diseases is at best a challenge.” The session explored why hope matters and strategies for enabling it.

Dr. Taylor framed her presentation around the message of Pope Francis in *Church of Mercy*, where he writes, “Spreading the Gospel means that we are the first to proclaim and live the reconciliation, forgiveness, peace, unity, and love that the Holy Spirit gives us.”

But against the backdrop of the harsh economic and political climate, “how can we be that authentic, hope-filled presence?” she asked. She pointed out that based on a 2014 Institute of Medicine report, dying in America is harder than it has to be. Part of the reason is that the American healthcare system is poorly equipped to care for patients at the end of life. Another factor is that major gaps still exist in the effort to improve access to hospice and palliative care, such as the shortage of palliative care doctors, lack of honest conversation among providers, and inadequate support for ill and dying patients. All of this, she says, makes the work of frontline healthcare staff, including chaplains, much more challenging.

It is unsettling to learn that research suggests that people are not coping very well at the end of life. Increased social isolation has been found to be one of the most lethal problems in long-term care, Taylor said, and people “keep waiting for the pill that make life less lonely.” One in three seniors in the United States now suffers from dementia.

Taylor discussed some very public figures who have recently engaged media attention and perhaps shifted public opinions and policies on end-of-life issues. Ezekiel Emanuel, Brittany Maynard, Lauren Hill, Oliver Sacks, and Paul Kalanithi all have something to teach us.

An interesting contrast is the story of Brittany Maynard, 29, who used Oregon’s death with dignity/assisted suicide law, versus Lauren Hill, 19, who was determined to live fully and died with family, friends, and community around her. Both women captured our imaginations, both were dying from brain cancer, but they embraced radically different paths. “Both taught us to cherish life — that nothing is greater than the human spirit.”

Taylor continued, “How do we play midwife to the folks for whom that inner spark is under layers of darkness? As the sands burn our feet as we enter into the holy ground of individuals and families, what do they get when they get each of us?” She told her audience, “The world needs you. Recognize your role at the table. We need your help in learning how to do this better.”

She sees chaplains as messengers of hope in a broken world, and walked participants through the six circles of hope following a challenging diagnosis: Hope for sudden and long remission of disease; hope for pain-free existence; hope for resolution of interpersonal relationships; hope for self-forgiveness; hope to be remembered well; hope to meet our God who know us best. Questions of value and meaning

are very significant in the healing process, she said, and chaplains need to understand the kind of presence or companioning that engenders hope. When age, infirmity, and serious illness threaten our very sense of self and continued existence, despair is a real option. With assisted suicide now legal in some states, more are likely to choose this option. “If it’s true that each and every human being lives by hope, each and every human being expects hope, is hoping for hope (Pope Benedict) — then we as spiritual caregivers need to be skilled in cultivating hope.”

Taylor noted, “If spirituality is going to mean anything, it needs to be at this deep, profound level — where we are willing to engage the questions about meaning and worth, so that we can be witnesses to forgiveness, to reconciliation, to patience, to a God who never turns his gaze away from us.”

She concluded by challenging chaplains to act with courage, take their place at the table, find ways to influence those around them, seek what needs to change, and find opportunities to start crucial conversations. But above all, she urged them to channel God’s healing presence in a world plagued by loneliness, hopelessness, and pain.

*Austine Duru, BCC, is the regional director of mission, ethics, and pastoral care at SSM Health in Madison, WI.*

## **Sofield finds the humor of resilience**

**By David Lewellen**  
**Vision editor**

Br. Loughlan Sofield, ST, proved to the NACC conference that resilience can be very funny.

Sofield, an author, speaker, and counselor with the Missionary Servants of the Most Holy Trinity, spoke on the importance of resilience in returning to God, but punctuated his talk with jokes that kept the ballroom laughing.

“You can’t make all things new,” he said, playing off the theme of the conference, “but you can make one thing new — yourself.”

“Everything I say to you is common sense,” Sofield said. “You already know it. I’m reinforcing it.” Collaboration, compassion, integrity, are important, he said, but the greatest quality is to be filled with life.

Sofield said that sympathy is feeling what another person feels, and empathy is imagining what it would be like to be that person, but compassion is a spiritual term missing from psychiatric dictionaries. Active listening is compassionate, he said, and “what makes people sick is not being listened to.” And that is the major gift and responsibility of chaplains, he said.

Before talking about the positive presence of life, Sofield ran down a list of things that can drain it — anger, loss, failure, and burnout. “Is it possible that anyone who’s a chaplain could ever burn out?” he asked, drawing laughter. Symptoms, he said, include identifying oneself with one’s ministry: “Listen to them. They’re boring — because all they ever talk about is their ministry.” But it can progress to exhaustion, withdrawal, depression, and terminal cynicism and free-floating hostility.

“Who in your life have you given permission to challenge you?” he asked. “Who do you allow to minister to you? Are you as forgiving and loving and compassionate to yourself as you are to the people you minister to?”

Sofield said that he once gave a presentation on the constructive role of anger to a room full of bishops, and one said sternly, “Young man, anger is one of the seven deadly sins.” But, he continued, that word has been replaced by “wrath,” defined as a behavior, not a feeling, since no feeling is bad in itself.

“There’s only one treatment for anger, and it’s forgiveness,” he said. “I’m not saying it’s easy.” But holding on to anger is “dying on behalf of someone I don’t even like.” Forgiveness does not condone the action of the other person, and it is not the same as reconciliation, which takes two — but we all control forgiveness. “You don’t have to tell someone you forgive them. Let’s get that straight.” And forgiveness is necessary every time the memory recurs, which is the power of Jesus’ injunction to forgive “seventy times seven.”

In dealing with loss, “you can’t learn to say hello until you learn to say goodbye,” Sofield said, but “grieving is never completed.”

## **Fitchett describes present and future of spiritual care research**

**By David Lewellen**

***Vision* editor**

George Fitchett, one of the country's leading researchers on spiritual care, gave the NACC conference a lighthearted primer on the uses of data in a field built on compassion.

"I love research," said Fitchett, the director of research in the Department of Religion, Health, and Human Values at Rush University Medical Center in Chicago. "Is that like flossing every day?" But after the laughter stopped, he continued, "Research helps us answer: How do I know that the care I provided today was the best possible care I could give?" Most chaplains, he said, don't need to (and shouldn't) do research of their own, but all should be able to read a study critically.

Fitchett, an APC-certified chaplain and supervisor, has been among the pioneers of spiritual care research for more than two decades; he joked about getting training in epidemiology and then being asked to lead a department at Rush. Today, he said, "we are moving toward considering research a core component of what we do."

But, he added, "I see research every day that I do not understand." But once chaplains have mastered the basic learning curve, he said, they can ask colleagues for perspective, or call the authors of the study for more context. "Researchers love to provide explanations," he said. "They're lonely people."

Fitchett ran through some basics of different types of evidence before presenting results of various studies on spiritual care and patient outcomes, such as the importance of spirituality and religion in the coping skills of patients with cancer or with mental illness. He illustrated results of studies with graphs and tables, and many in the audience pulled out their phones to take pictures.

He described factors measured in the model of the Personal Dignity Inventory, such as loss of role and loss of control, which could be described as spiritual pain. Screening tools can identify patients who exhibit those symptoms, and then direct chaplains to visit them.

Ultimately, Fitchett said, this kind of research might produce evidence-based answers to the perpetual question of how many chaplains a particular facility needs. He showed results from an Israeli study that showed that patients with prior experience of spiritual care were three times more likely to request to see a chaplain.

"Outcome language is still a different language for us," he said, since chaplains have always concentrated on the process of helping a patient. "We need to learn to be bilingual." But CPE programs need to teach research literacy, he said, and very soon, the first class of eight chaplains to enroll for a master's degree in public health will be announced under the terms of the Templeton Foundation grant that he and Dr. Wendy Cadge are administering. He encouraged his audience to apply to be part of the next cohort.

During the question period, the topic of Healthcare Chaplaincy Network's new certification program was raised. Fitchett said that he had been asked to participate in the project and declined. Although the idea is creative, he said, the lack of collaboration with the cognate groups is a strike against it.

## **Newly certified chaplains feel grace of missioning ceremony**

**By David Lewellen**

***Vision* editor**

Thirty newly certified chaplains received their certificates and the blessings of their colleagues at the missioning ceremony at the NACC conference.

“It was beautiful; it was breathtaking,” said Becky Goff of Montgomery, AL. “It was a very touching cap to a long journey.”

Bishop Donald Hying of Gary, IN, the NACC’s episcopal liaison, thanked the newly certified “for the beauty and power of your ministry, for the depth of your faith, for the love in your heart to do what you do.”

Hying talked about the difference between everyday chronos time and kairos time, the moments of grace that break through the ordinary — such as the day when his dying mother turned to his father and asked, “Did I love you enough?” In his father’s answer — “Of course you did” — Hying saw “a kairos moment, when time stops and we enter into the world of another human being. ... In these moments, we are privileged to witness God’s love and mercy, his presence and power.”

Jesus practiced “radical compassion, all-embracing love,” Hying said. “That’s how we are called to love. It’s a pretty tall order, to put aside our beliefs and preconceptions and fears.” As professional chaplains, he told his audience, “you are on the frontiers of what it really means to evangelize, to become the incarnation of God’s love.”

After the congratulations and the group photo, John McCullough of Chicago said, “I didn’t realize that actually receiving the certificate itself would bring back all the memories of what I went through to accomplish it.”

“I’m very excited to come back to this ministry in the presence of people from all over the country,” said Fr. John Melepuram of Abingdon, PA, who renewed his certification after letting it lapse two decades ago.

Feeling the blessing from the bishop and the others in the room was “very affirming,” said Kathleen Kelleher of Quincy, MA. “I got a charge. I also feel the responsibility of being part of a community — but also supported.” Becoming a chaplain, she said, was “an invitation from God and a lot of work. But doors kept opening, and I kept walking through.”

## **Life-giving relationships sustain newly certified chaplain**

**By Cynthia Dwyer**

“Come and see,” my mentor said when I discerned to seek certification with the NACC. So thanks to the NACC sponsorship program, I attended the St. Louis conference in 2014. I met so many people and felt I had indeed found my professional spiritual home. I consulted with the Canadian Association of Spiritual Care about seeking certification with the NACC. Based on our common standards, reciprocity process, and the fact that the bulk of my CPE was done at Beaumont in Michigan, they gave me their support.

Last year in Arlington, VA, I looked longingly at the group of newly board-certified chaplains. A longtime BCC said, “This could be you.”

And after a lot of hard work supported by my mentor, Jim Letourneau, the NACC office, and many colleagues, family, and friends, and an interview trip to San Diego, on Aug. 5, 2015, I read the words, “Congratulations! On the basis of your pastoral work, your written materials, and your meeting with the interview team, you are granted certification with the National Association of Catholic Chaplains.” Saying I was elated is an understatement.

I celebrated back in August with family and friends, but I knew I also had to go to the NACC conference in Chicago to celebrate. To be with people who understood what it meant to be newly certified. To also celebrate with Jim and the other special people who took an interest in me, personally demonstrating the mission and vision of the NACC. Although I live and work in Canada, I have felt the support of the NACC through these life-giving relationships.

The ceremony and conference were important for me for many reasons. Although I could not adequately thank the many people who supported me, it was a special opportunity to feel the accomplishment together. It meant so much to me to see so many smiling faces, especially Jim and the other people in attendance who walked so closely with me. It was a sense of completion. During the conference in Chicago, I was struck by the sudden realization that board certification was an entrance, a new beginning.

My new journey begins with the privilege of becoming a NACC country liaison for Canada. Hotel Dieu Grace Healthcare’s leadership, staff and volunteers have walked this journey with me as well, and they celebrated with me again after the ceremony in Chicago. I am learning right along with them what it means to be a board-certified chaplain with the National Association of Catholic Chaplains. I look forward to walking this new stage of the journey together.

*Cynthia M. Dwyer, BCC, is a staff chaplain at Hotel Dieu Grace Healthcare in Windsor, ON.*

## **Embracing the divine milieu: The NACC Conference retreat**

**By Dennis McCann**

By the end of our day of reflection before the NACC conference, most of us agreed that if nothing else of value came from the rest of the conference, this day was worth the entire price of admission. Monica Meagher, a spiritual director and teacher of Ignatian spirituality at Marquette University, arranged the day in themes, each more profound than the next. She arranged 10 tables of six participants each to form what she referred to as “wisdom circles.” Each presentation began with a contemplative reflection followed by a reading and then a group sharing of our thoughts and insights.

The overall intent was to introduce us to a new way of looking at the spiritual exercises of St. Ignatius Loyola. This new way required us to reflect on the work of Ignatius and view it through the insights and cosmology of Teilhard de Chardin. Thus, we considered the spirituality popular at the time of Ignatius, which focused on the individual, sin, and personal salvation, and envisioned it through the eyes of Teilhard, who, with the benefit of science, expanded this view into what he called the “Divine Milieu” — a world evolving collectively toward the “Omega Point” or Divinization into Christ.

The themes we reflected on included imaginative play; the divine milieu; constant creation: the divine unfolding; radical receptivity: finding God in all things; the mysticism of service; and the divine indwelling. Monica Meagher invited us to explore this way of seeing as inspired by *The New Spiritual Exercises: In the Spirit of Pierre Teilhard de Chardin* by Louis M. Savary. She told us that in this work we would find 17 basic principles that give a new and deeper understanding of the spiritual exercises of St. Ignatius. We began to reflect on our own work as chaplains through these themes. We spoke about many themes, including human suffering, physician-assisted suicide, addiction and the presence of God in our work.

Monica Meagher took us through many profound theological concepts. Her passion for both Ignatian spirituality and the work of Teilhard de Chardin is contagious. She led the group from a view of God as transcendent to a God who is immanent to a God who is omnipresent, in the Teilhardian sense of the One who creates and participates in this atmosphere of divine love or divine milieu. We learned that all of us knowingly or unknowingly are part of this milieu, and that we as chaplains can be especially sensitive to helping to bring this divine milieu into our own awareness and into the awareness of those we serve.

Back at my hospital I intend to share this with my department of 17 volunteers and perhaps create a few “wisdom circles” of our own. I may even try to entice a few of them to journey the 30-day New Exercises with me. What a wonderful and rich gift this was to take away from a one-day retreat. Thank you, Monica Meagher, wherever you are!

*Dennis McCann, BCC, is head of pastoral services at Middlesex Hospital in Middletown, CT.*

## **Disaster Spiritual Care: A feeling of gratitude**

**By Mary T. Tracy**

A few dozen of us chaplains gathered during the recent NACC conference for Red Cross Disaster Spiritual Care training, and I have been trying to work out why my main response is a feeling of gratitude.

I have some theories. It could be because my Christian identity has convinced me of the truth and beauty paradoxically central to the Christian story. Perhaps it comes from my chaplaincy work, dedicated to serving others and yet finding the truth of St. Francis' prayer that in loving and serving those most in need, I see how much I need the love of Christ and find myself so richly loved and cared for by others. Or perhaps my gratitude comes from being surrounded by so many caring individuals committed to this same understanding that God's love, working through even a tiny remnant, can actually save the world. Whatever the reasons, the training by my colleagues left me with a powerful sense of gratitude.

Certainly I learned more acronyms than I expected. Aside from DSC for disaster spiritual care, there were also MARC (multiagency resource center), DRO (disaster relief operation), VST (victim support task), and ICCT (integrated care condolence team), to name a few. I also learned a new appreciation for the history and progress made by a few pioneering colleagues who have carved out a respected place for good care of souls in all traditions and faiths during crises and disasters.

Perhaps most movingly, I learned some of what these same pioneers have suffered and survived by voluntarily entering into the aftermath of 9/11, Hurricane Katrina, Hurricane Sandy, Newtown, and other disasters. I am convinced that the Communion of Saints walks among us, and sometimes they are disguised as Red Cross DSC agents — well-trained, uniformed, respectful of the chain of command, and focused on the conviction that their work can make all the difference, whether it is a two-week volunteer stint at a disaster site, an evening response to a local residential fire, or an afternoon educating community partners about smoke detectors. Thank you, Tim Serban, Stan Dunk, Jon Wilson, and all those who train, respond, and carry the light into bleak places.

*Mary T. Tracy, BCC, is a chaplain at Mercy Medical Center in Baltimore, MD.*

## **Anointing of the spirit; anointing of community**

**By Michele LeDoux Sakurai**

Listen ... God surrounds us with abundant love. Listen ... The flowing, gentle melody of a single flute reveals the sacred space that we have entered.

This introduction to the Service of Anointing was a powerful moment for centering. Led by Fr. Richard Bartoszek, who served as the 2016 NACC conference chair for liturgy, the participants once again experienced the best that both church and community have to offer. Consistent with all the services during the conference, this time of anointing wove the beauty of music, prayer, and ritual that revitalized and renewed all who attended.

As the music introduced and grounded the participants, the proclamation of the Gospel of Mark 2:1-12 and the words of insight and compassion by Chaplain Bridget Deegan-Krause inspired a sense of awe. Yes, the love of God is timeless, and it is radical. Chaplain Deegan-Krause focused her reflection on the fidelity, the compassion, and the creativity of the four friends in Mark's Gospel. These friends would not be discouraged by the barriers they encountered. They chose another route and lowered their sick friend through a roof in their attempt to reach Jesus. They "broke through the roof" to gain our Lord's healing. What faith these friends exhibited! What a bold action! It is this bold action that delighted Jesus.

We, as a community of faith, best reveal the love of God when we act boldly together in service to address the needs of another. Chaplain Deegan-Krause's words of invitation grounded and empowered those of us at the tables as we stood in solidarity with those requesting this wondrous sacrament. Five celebrants moved from table to table sharing the anointing of healing and of community; all found renewal. The abundance of God's love reverberated and was given voice in the words of the final hymn, *Healing River of the Spirit*,

"Bathe the flows to bring release; plunge our pain, our sin, our sadness,  
Deep beneath your sacred springs, weary from the restless searching that has lured us from your side.  
We discover in your presence, peace the world cannot provide." Amen.

*Michele LeDoux Sakurai, BCC, is manager of spiritual care at Providence Health Care-Stevens County in Colville, WA.*

## **NACC business meeting considers new directions**

**By David Lewellen**

***Vision* editor**

The National Association of Catholic Chaplains is in good financial shape for now, but the trend lines are troubling.

At the annual conference's business meeting, Executive Director David Lichter said that the association has net assets of \$1.1 million, slightly more than a year's budget, which is considered a good margin. But forecasts for revenue, as well as for membership, point downward. Current membership is 2,186, and Lichter said that the NACC has been budgeting for an annual membership drop of 4 percent. The average age of a certified member is 61, he said, and he has been telling bishops and educational programs that "the presence of Catholic pastoral care in hospitals is in jeopardy unless more women and men are encouraged to consider chaplaincy as a ministry."

Looking for long-term solutions, the NACC is exploring how best to coordinate efforts with other Catholic ministry groups to provide the highest quality pastoral care where it is needed, such as prisons, airports, and parishes. Through a letter from Bishop Donald Hying, the episcopal liaison, the association has also reached out to archbishops to get on the agenda of provincial meetings. The NACC is considering adding membership categories so that dioceses or other organizations could join, and is discussing other levels of certification categories. "This wasn't thought up in the last two weeks," Lichter said, alluding to the recent move by HealthCare Chaplaincy Network to create a competing organization with lower standards.

Elaborating on that development, Board Chair Mary Lou O'Gorman praised the quick and unified response by the NACC, APC, NAJC and ACPE. "We believe the Common Standards are the gold standard," she said. Along with ecclesial endorsement, "It roots our identity and makes us accountable and credible."

During the question period, new board member Tim Serban said that the NACC would be willing to work with HCCN, if an invitation were extended, rather than "just play offense or defense." But, he pointed out, disruption can represent opportunity.

Serban also announced that four candidates will compete for two open spots on the Board of Directors, to be elected this summer and take office in January. The four are Bev Beltramo, Nancy Cook, Carolanne Hauck, and Hyun Underwood.

## **Jewish wisdom book offers guidance for growing older**

**By Juli Dickelman**

Rabbi Dayle Friedman presented at last October's sixth International Conference on Ageing and Spirituality in Los Angeles. Friedman is a chaplain, teacher, social innovator, spiritual guide, and scholar whose career has focused on aging, long-term care, and dementia spiritual care.

Inspired by her presentations, I picked up a copy of her latest book, *Jewish Wisdom for Growing Older: Finding Your Grit and Grace Beyond Midlife* (Jewish Lights, 2015, 176 pp., \$16.99), which offers "provisions for the journey" of aging — for professional and lay caregivers as well as for those of us who are personally navigating the sometimes complex journey "beyond midlife."

With wisdom rooted in ancient Jewish tradition, the Torah, the tools of Midrash and sacred story, Friedman challenges us to "grow whole, not old." She offers guidance to help us find our way with resilience, courage, and blessing so as to develop that "grit and grace" necessary to enter this sometimes desert of aging.

In Chapter 5, "Wandering in the Wilderness: Caring for our Fragile Dear Ones," Friedman reminds us that God did not leave the Abraham and his people without sustenance on their journey. How do we recognize and draw from the resources available to us? Wisdom, guiding pillars of cloud and fire, may be found in the values of our own traditions providing "orientation amid the swirl of decisions and dilemmas that surround us."

As the Israelites carried their portable sanctuary with them, the rabbi asks us, what are *our* connections to the Divine on this aging journey? Can we know sanctifying moments for ourselves and in our care of our elders? And when we feel isolated and invisible as caregivers or as elders, we are reminded that God instructed his people to make that sanctuary so that "I may dwell among them" (Exodus 25:8). Friedman points out it may be easy to miss the surprising aspect of this order: "The result of joining together to construct a holy space is not that God will dwell within *it*, but rather that the Divine will be found in the midst of the people. ... We can find grounding, inspiration, and support when we are in a barren place ... by being in relationship, in community."

The book explores themes of shifting relationships, loss, letting go, dementia, resistance, forgiveness, using prayer and ritual. Each chapter offers reflections from scripture, the Talmud, a variety of authors across academia, other cultures, and religions; a practice (guided meditation or exercise); and a blessing. An appendix offers suggestions and guidance for book groups or wisdom circles.

We can be inspired by Rabbi Friedman's work and the faith that birthed our own. Mining the richness of our roots through an expert's eyes, hearing familiar stories with fresh perspective deepens our professional work and personal journeys. As she writes, "May you be sustained by the Source of compassion and life itself in this daunting, but sacred terrain."

*Juli Dickelman, BCC, is a chaplain educator at Providence Health Care in Spokane, WA.*

## Pastoral psychotherapy resource can help chaplains

By John Gillman

Felicity B. Kelcourse and K. Brynolf Lyon (eds.), *Transforming Wisdom. Pastoral Psychotherapy in Theological Perspective*. Eugene, Oregon: Cascade Books. 2015. 255 pp. \$30.

The editors, both on the faculty at Christian Theological Seminary in Indianapolis, have assembled contributions from more than a dozen pastoral psychotherapists, who offer theological perspectives primarily from a Christian viewpoint. Although chaplains are not the intended audience, NACC members may find several of the essays relevant to the work we do.

K. Brynolf Lyon, in "Prelude: Why This Book," argues that pastoral psychotherapy is to be rooted in a distinctive theological perspective while embracing religious and cultural diversity. This could also be said about chaplaincy. In a second article, "Group Psychotherapy as Metanoetic Liturgy," Lyon reflects on how the Other may be experienced in group psychotherapy, calling its members toward metanoia. In another introductory chapter, Felicity Kelcourse offers a cursory historical overview of pastoral psychotherapy. Pamela Cooper-White, in "On Listening: Taming the Fox," mines the metaphor of taming, taken from *The Little Prince*, to remind readers of the greater therapeutic value of listening (including silence) compared to active interventions.

Phillis Isabella Sheppard, in "Culture, Ethnicity, and Race: A Womanist Self," calls for a theological anthropology that includes culture, gender, class, ethnicity, and race. Her attention to the theological dimension is thin compared to the psychological. In "Sexuality-Affirming Pastoral Theology and Counseling," Joretta L. Marshall encourages counselors to deepen their awareness of their own sexual and spiritual narratives and consider how these may get in the way of positively engaging clients. Felicity B. Kelcourse and Christopher Ross, in "Personality, Individuation, Mindfulness," provide a lucid summary of Jungian personality types and mindfulness meditation techniques.

Matthias Beier, "Assessing Faith: Beneficent vs. Toxic Spirituality," argues that, contrary to Pargament, Cooper-White, and Koenig, the health or harm of faith is best assessed by examining the experience of existential trust or fear within the human spirit itself. While Steven S. Ivy intends his comments about "Professionalism and Ethics" for pastoral counselors, much of what he says also applies to chaplains. Ryan LaMothe, in "The Art and Discipline of Diagnosis," sketches four interpretative frameworks for making a pastoral diagnosis.

Carrie Doehring, "Post-traumatic Stress Disorder: Coping and Meaning Making," peruses ways that counselors can support trauma survivors with attention to life-giving theologies of suffering that are coherent with the beliefs of clients.

Insook Lee, in "Initial Interview," reminds the practitioner that initial interviews are to be carefully structured with attention to the holding environment, therapeutic alliance, information gathering, assessments, and treatment plans. Looking at "Individuals: The Therapeutic Relationship," Chris R. Schlauch examines the contours of therapeutic relating, reminding the reader that change and healing come through the quality of the relationship itself. James Furrow, in "Helping Couples find Faith in Love," explores how emotionally focused couples therapy can be a powerful therapeutic approach.

Suzanne Coyle, in “From Systems to Narrative Family Therapy,” incorporates perspectives from liberation theology, thus offering family members an opportunity to consider how they might experience the God of compassion and freedom as empowering. Finally, Ann Belford Ulanov, in “Coda: Self-Care for the Least of These,” following Jung, suggests that the therapist (and, I would add, the chaplain) is to be included among the “least of these” (Matt. 25:32-45), and hence we need to find ways to nourish our souls and refresh our spirits.

There is much wisdom to be gleaned from the essays in this volume. My main criticism is that several contributors give insufficient attention to the integration of theological perspectives.

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