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## Healthcare executives walk a difficult line

by David Lichter  
NACC Executive Director

Some time ago, a mission leader friend encouraged me to subscribe to the [e-alerts of Modern Healthcare](#) to help me stay tuned to important healthcare topics. It has been instructive, as each day some headline reminds me of the challenging times in our ministry settings. Headlines in recent months have included topics such as:

- Home healthcare minimum wage enforcement delayed six months
- Payment reform puts medical-device industry on the defensive
- More U.S. hospitals to receive 30-day readmission penalties
- More Pioneer ACOs bow out citing dim prospects for reward
- Hospitals' uncompensated care will drop \$5.7 billion this year: HHS
- Insurers vying for Obamacare business signal healthy exchange markets
- Epic Systems feeling heat over interoperability
- Open Payments website reveals \$3.5 billion paid to docs, hospitals
- ACOs, other delivery reforms shift job roles at hospitals

Browsing these articles reminds me of the pressures healthcare executives experience in trying to navigate their organizations through the uncertain waters of payer mixes, ACOs, data systems, insurances, readmissions, and many other variables that influence the difference between solvency and heavy losses. One member recently told me that her system is losing millions monthly. These are enormous pressures on executives.

Yet in the midst of this, we believe in the vital importance of the spiritual care ministry. We are deeply aware of the people we serve, their search for meaning in the maze of treatment and procedure options before them, and their need for their stories to be heard and their preferences respected. As our executives are appropriately concerned about market share and reimbursable services, how can we align with their concerns while we also align patient goals to care plans, which is our ministry? Recently we made available [a few documents](#) that attempt to prepare us to address some executive concerns.

However, I would like to add one other obvious but important perspective: changing "executive" from an adjective to a noun. These are concerned executives, men and women who carry an enormous responsibility for the field, their employees, and their patients and families. Trying to do more with less is their daily concern — trying to keep the "care" in healthcare, wanting not to view patients as market share or revenue sources, but people filled with dignity and bearers of our common humanity. In the 2012 CHA Pastoral Care Survey, one chief executive officer saw the role of spiritual care as "to act in a leadership role in assisting in the development of a culture of respect and dignity for others, and healing for all."

I know part of my prayer these days is for those men and women whose business expertise is being extremely challenged in these times marked by so many unknowns, as they are expected to try new models of service with diverse payer mixes. How do I hold them in prayer, how do I better understand the business environment within which I serve, how can I find new ways to better position what chaplaincy can offer in these diverse service settings?

The self-examination questions can go on, but at the heart of this questioning is the single resolve that we remain personally grounded in the Spirit, and be the source of healing and hope to all those with whom, to whom, and for whom we serve, including our concerned executives. To that end, you might also find helpful an article in [the most recent issue of Health Progress](#), "The Quality of Mercy: Pope Francis and Health Care." It offers some helpful reflections on healthcare.

May we continue the healing ministry of Jesus.

Blessings,

David A. Lichter, DMin  
Executive Director

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## Telechaplancy: Personal (but not in-person) spiritual care

by Rev. Amy Strano

*"My mother is turning 70 yrs old. She is fighting with cancer and is currently going through radiation. This has been the biggest fight of her life and I would like to request prayer for her. Our family is struggling and fighting along with her and ask that you pray for all of our well being as well. I thank you for giving me this chance to share and request prayer for the most wonderful loving mother any daughter could ask for."*

As chaplains, we have heard requests for prayers such as this by the bedside countless times. And yet as healthcare changes in this country, more and more people are being seen as outpatients. They and their families have the spiritual distress that comes with illness and the possibility of loss — but often without access to the professional chaplaincy care they need. This is true as well for those who are grieving.

Recognizing this unmet need, HealthCare Chaplaincy Network launched two new online initiatives this year: the websites [ChaplainsOnHand.org](http://ChaplainsOnHand.org) and [CantBelieveIHaveCancer.org](http://CantBelieveIHaveCancer.org). Both websites offer the best we know in spiritual care. We created these sites for everyone — whoever you are, whatever you believe, wherever you are.

HealthCare Chaplaincy Network chaplains come from many religious traditions, such as Catholic, Protestant, Jewish, Muslim, and Buddhist. We take a multifaith approach to spiritual care, understanding that regardless of religion or beliefs, in time of pain people often feel afraid, angry, or lonely. Many ask, "Why is this happening to me?" or "What now?" We wanted to create a way for them to be heard in those moments.

The response has been enthusiastic. From the mid-January 2014 launch through early October, there have been close to 90,000 website visits from 132 countries, with most from the U.S. One-third of visits have come from smartphones and tablets, which is higher than average for most nonprofits and reflects the work done to make the site user-friendly across device types.

Knowing the skill and compassion chaplains bring to the bedside, we wanted a way for people beyond hospitals to be able to directly connect with a professional chaplain. And so our websites include the HIPAA-compliant service "Chat with a Chaplain," which lets people contact us via phone, video calls, and email requests. The toll-free number is 844-CHAPLAIN (844-242-7524) and it can be accessed at [chaplainsonhand.org/cms/get-help](http://chaplainsonhand.org/cms/get-help).

So far, close to 2,000 people have contacted us directly. It is often spiritual first aid. Our chaplains listen, offer theological reflection and prayer, and help the caller connect with local resources. Sometimes that is within a local faith community, sometimes it's with emotional support groups or community centers.

We are beginning to see differences between inpatient chaplaincy and outpatient telechaplancy care. In a hospital, a chaplain may visit a patient multiple times. With "Chat with a Chaplain," the chaplain often has only one encounter. A hospital chaplain has access to the patient's name, medical information, and all the visual cues that come with an in-person visit. On the phone or email, the chaplain has very limited information — only what the person provides. The chaplain is also alone as a spiritual first responder, rather than as part of an interdisciplinary team. This has raised challenges, particularly in the area of mental health concerns. Our chaplains cannot request a psych consult, but have been trained in how to encourage callers to seek the help they need.

With "Chat with a Chaplain," it is the person in spiritual need who initiates contact. They may not even fully understand what a chaplain is, but they are taking the initiative in the hope of seeking help, contact, and support. Often the call or email ends in appreciation.

As we develop this service, we see best practices beginning to emerge. It was vital that "Chat with a Chaplain" be HIPAA-compliant. Challenges included how to capture clinical encounter data safely and accurately and how to protect the client's personal health information across all platforms. After much consultation, we determined we would encrypt the initial email requests we received before sending them to chaplains. We trained chaplains to respond to the spiritual pain rather than the health condition, and to chart encounters in our secure database.

HealthCare Chaplaincy Network is a national healthcare organization that helps people faced with illness, suffering and grief find comfort and meaning in hospitals, online, and elsewhere. Our mission is to advance the integration of spiritual care in healthcare through clinical practice, research, and education in order to improve patient experience, satisfaction, and outcomes.

Caring for the human spirit remains central in our administrative offices when we begin our weekly staff meetings by reading aloud prayer requests that have come in through [ChaplainsOnHand.org](http://ChaplainsOnHand.org) and [CantBelieveIHaveCancer.org](http://CantBelieveIHaveCancer.org). Holding them in prayer has transformed the office culture. Caring for the human spirit comes alive when strangers are entrusting us with their stories, their fears and their greatest hopes. Collectively, in silent reflection, we carry these with us throughout our day.

*Rev. Amy Strano is manager of programs and services at HealthCare Chaplaincy Network and an ordained Unitarian Universalist minister.*

## Outpatient chaplaincy: Mercy goes where the people are

by David Lewellen  
Vision editor

When Mercy Health System realized that out of its 3.2 million annual patients, at least 95 percent were outpatients, the pastoral care department realized that something had to change.

All of its resources were concentrated in the system's hospitals, but "we had to reach out beyond the bedside," said Dorothy Sandoval, BCC, who recently retired as director of pastoral services for the system's facilities in Missouri and Arkansas.

Ken Potzman, director of Mercy's East Community, set up an email system for workers to reach out to chaplains, which has produced a steady stream of referrals.

Several pilot programs over the past five years have now advanced to the point where they can be expanded. Mercy assigned one chaplain, Kandi Mount, to serve an outpatient clinic headed by a doctor who thought holistically. Mount spent four hours a day rounding in the clinic, and was integrated into the color-coded flag system, so she could know which patient in which examining room had requested a chaplain. When patients had to be transported by ambulance to the hospital, she would wait with them and pray with them, and call ahead to the hospital's pastoral care department.

Mount's responsibilities expanded to five clinics in northwestern Arkansas, and the electronic records system allowed nurses to refer patients to her with the click of a mouse. In order to serve five clinics, she began doing visits by phone. "It's been very well-accepted by chaplains and patients," Sandoval said. "Everyone uses electronics nowadays. People are comfortable praying over the phone, and they're comforted by the fact that we reached out and cared."

The phone program has also been expanded to all new cancer diagnoses; one month later, trained volunteers call those patients, ask if they want to see a chaplain when they come in for infusion, and pray with them if requested.

Mercy wants to expand the program, but does not have the budget for more people, Sandoval said. So hospital-based chaplains have been assigned clinics to visit one day a week. "Building relationships and trust with the staff is very important," she said. "You have to consistently show up on the day you're supposed to."

Chaplains have given 10-minute lunchtime presentations to clinic staff on how to recognize patients' spiritual needs, and, Sandoval said, "Last year, we hit on our best idea. We would do the spiritual assessment, but [nurses] would do the screening. If we could make it simple and easy, they could put it in their workflow." Now, along with taking blood pressure and asking about medication, nurses at participating clinics ask patients if they have spiritual or emotional needs. If the answer is yes and the distress fits one of seven or eight categories, "that's an automatic referral," Sandoval said. Since introducing the system, referrals at the participating clinics in six months have jumped from 75 to 245.

The next step, Sandoval said, is to make the referral as simple as clicking a button on the electronic record; right now, clinic staff need to call or email the pastoral care office. She is optimistic that that will soon follow, since the program is a finalist for a Mercy innovation award. "We were really excited to be up there with the cardiologists and so forth," Sandoval said. "It felt like our Academy Awards."

Throughout the system, everyone realizes that the center of gravity is moving from the hospitals to the clinics, and Sandoval said that even hospital-based chaplains, for the most part, now do only referrals instead of trying to visit everyone on their floor. "We're teaching chaplains that they have to do ministry differently," she said. "Some are on board; some are sitting on the fence; some have opted to retire or leave the system." But, she continued, "There's room for everyone. You're still ministering on the phone; you're still listening and caring."

Mercy is also offering spiritual formation to clinic-based healthcare workers, which also serves to raise awareness of chaplaincy in new settings. Specialty clinics see the need more acutely, because their patients tend to have more life-threatening illnesses. "They're so excited to have our services," Sandoval said. "We're an added resource for patients. Our clinics are desperate to give them every care they can give them. ... When we get one or two who are open to it, the others see the results and follow."

## Comprehensive senior care also includes in-home spiritual care

by David Lewellen  
*Vision* editor

Home healthcare and senior centers that want to serve the whole person are also beginning to include spiritual care in their services.

Chaplain Karen Nehls recently retired from Community Care, a PACE model organization in southeastern Wisconsin. Her spiritual care, whether at the group's facilities or on the road in clients' houses, was part of the integration of all aspects of care for the senior population who need some help to remain in their homes.

The organization runs a day care center during the week and offers medical service, meals, van transportation, laundry, and basically "everything but surgery," Nehls said. And that long list, for the past nine years, has also included spiritual care. "We would see them before the hospital, when they're in the hospital, after they're discharged to the nursing home, and in hospice," she said.

The care team meets in the morning to discuss the caseload, and after that Nehls was usually in her car, on her way to see her first patient. In addition to the morning or evening visit of a nurse assistant, a chaplain is in a position to offer some extra attention, and can also learn from the home environment and support family and caregivers, if needed.

Toni Kesler, the palliative care and ethics manager for Community Care, said that the organization did a study years ago that showed that "especially for the older population, spirituality is part of their life, and something they need to do their life's business." That was the impetus to create the position that Nehls filled; the organization now has two full-time chaplains, including one fluent in both English and Spanish.

Nehls' caseload, largely losing mobility, was sometimes in danger of losing their connection to church, so in a sense she could bring church to them. Many patients form a relationship with both the chaplain and the pastor of their home church. In one case, Nehls said, she visited on Tuesday and the pastor of the patient's Baptist church visited on Thursday, "and he said that we each gave him something different."

Sometimes, patients who were unreligious or unchurched would request visits. "It's awkward, because you can't pray," Nehls said, "but you look at what else gives them spiritual comfort."

"I found it very fulfilling," Nehls said. "I grieved more when they died. It was easier to do funerals and to console the family." She had a typical ongoing caseload of about 100 people, seeing them anywhere from monthly for more casual relationships to twice a day for someone dying in hospice. "It was a lot of time in the car by myself," she says. "I could reflect while I was driving and prepare ahead." Sometimes, she'd have "someone dying in Racine and someone dying on the north side of Milwaukee, so there was a lot of going back and forth. ... There was so much unexpected or surprising — you had no idea what direction the day was going to go."

Nehls' first career had been as a nurse, and working as a mobile chaplain became "an extension of what I would have liked to do more as a nurse." She would encourage her spiritual care patients to do legacy work, to go through their life, ask what is important to them, write letters to important people in their lives.

While keeping herself busy in retirement, Nehls has been volunteering for the Red Cross and suggesting that that organization do more. Although the Red Cross values its neutrality, she pointed out, "We really don't do religion. We ask questions and follow up." Eventually, she hopes, even local Red Cross chapters might have a professional spiritual care component for small-scale disasters, such as working with families who have lost their homes to fire.

Kesler said the PACE model is spreading, but programs don't always offer spiritual care at the start. But as they grow, they find that "spiritual needs are as important as physical, mental, and emotional needs." A program that offers palliative care, she said, should automatically include a spiritual component: "If they're going to die in the program, we have to have the means to meet their spiritual needs."

## Focus on patients' spiritual health, not distress

by Matt Kronberg

Healthcare is rapidly changing to focus on prevention, wellness, and coordination of more holistic care, and spiritual care professionals are a part of this massive shift.

As spiritual care providers, we must focus on not only the patient and family but the health system and common good of society. In a [Huffington Post article](#), Jeffrey Levi wrote, "Our country has a *sick* care system rather than a *health* care system." In large part, I believe this observation is true — and it applies to spiritual care professionals.

Recently I served on a team to update our system's electronic spiritual assessment form, and we realized that phrases identifying spiritual strengths and assets were sparse at best. Our focus had been on spiritual distress rather than spiritual resources and strengths.

Western medical practitioners are realizing — albeit slowly — that the goal is not merely to reduce a patient's symptoms; it is to bring overall health and healing. Spiritual care professionals may be wise to consider this perspective as well. Instead of just symptoms of spiritual distress, perhaps we should look at the big picture, engage a person's spiritual assets and strengths, and help to bring long-term spiritual health. In so doing, we may do well to rethink whether an immediate "outcome" after a spiritual care "intervention" is realistic — especially since our patients are often very sick, and also have shorter and shorter hospital stays.

After reading an article about doctors prescribing walks and time in nature, my wife recently asked me, "So, what kind of prescriptions do chaplains give patients?" I paused, wanting to have a profound answer, before saying, "Uh, hmmm. We don't really give prescriptions."

But why not?

Rather than hope for "outcomes" — such as improved coping, a smile, or decreased pain — as a result of a spiritual care visit at the bedside, shouldn't we consider "prescribing" spiritual practices? Shouldn't we determine how best to partner with local clergy for follow-up care, give a prescription to watch a sunset, or equip patients and family members to utilize proven practices such as meditation or centering prayer? Doctors are starting to do it. Why don't chaplains? Other than our own expectations and paradigm, what prevents us from prescribing talking to a friend 3x a week for 15 minutes, writing a psalm of lament, or learning a spiritual discipline?

Throughout the history of faith-based healthcare, the spiritual practices have played a vital role. Those called into the healing ministries who served as a catalyst for our modern health care system were very committed to spiritual practices. From prayer to fasting to the Eucharist, the tradition of spiritual practices as a key aspect of healing goes deep. Yet the value is not merely in the tradition; it is in actually doing the spiritual practices — for such practices can open an avenue of grace and healing for all who partake.

I hope we can further develop current resources and compile a catalog of prescriptions of spiritual care practices for the healthcare setting. In Adele Calhoun's *Spiritual Disciplines Handbook* (IVP Books, 2005), she presents 55 spiritual disciplines from a range of ancient and contemporary traditions. Classic disciplines such as fasting, solitude, contemplative prayer, and *Lectio Divina* are explained and explored. Other lesser-known examples are also explained, such as Unplugging, Rule for Life, and Slowing. Such practices could be initiated in the inpatient setting and used in outpatient contexts, as well. A range of spiritual practices could be identified and taught to patients and families to enhance their well-being. It would be vital, as well, to coordinate with faith community leaders to do follow-up spiritual care. In so doing, chaplains would serve as a key resource for both the hospital *and* for the community.

The time is right for chaplains to further leverage our expertise in spiritual practices. By tapping into this already well-established healing resource, our patient encounters will influence a person's spiritual health well beyond the hospital campus. We, too, can develop a continuum of care that may enhance our patients' overall spiritual well-being.

*Matt Kronberg, MDiv, BCC, is director of spiritual care for the Dignity Health Central Coast Service Area in Santa Maria, CA.*

## Spiritual care providers can find a new basket of skills

by Janet Stark

Chaplains have traditionally excelled at providing spiritual/faith care, but we need to learn to become better health professionals. A chaplain is part of the medical team and needs to understand medical policies and practices. Any related education that connects with quality of life and a person's well-being is something that we should seek out — for example, mental health, staff burnout and compassion fatigue; suicide prevention; elder abuse; and post-traumatic distress syndrome.

The goal is to have hospital administrators, directors and managers automatically think of calling on the spiritual care department for assistance in a whole new basket of competencies. We don't want them waiting for a specifically religious need before realizing that spiritual care can be of immense help!!

Based on my experience providing this type of education at the provincial and national levels in Canada, I believe chaplains need to be better aware of community health programs and services, since they are often the ones who can inform patients and families. They should understand the admissions, transfers and discharge procedures and be able to help families navigate these paths.

Chaplains also need to provide education to the rest of the health team in order to be seen as an appropriate resource for holistic health and wellness and quality of life. We need to learn the language of healthcare — *evidence-based research; best practices; budget process* — and understand the acronyms and lingo that are used by the rest of the health team.

Consider the impact parish nursing can have on a community. It is an arm of a congregation's ministry that concentrates on the specific needs that relate to the mental, physical, emotional, and spiritual health of its members. Chaplaincy should seek opportunities and overlaps, linking with and promoting parish nursing.

A parish nurse is a registered nurse who, in response to God's call, applies nursing knowledge and healing gifts within a faith community. In these times of stretched health resources, a parish nurse can help provide a much-needed link between an individual and the formal health system.

Primary roles include health advocacy (ensuring that parishioners' health needs are being met, navigating the complex health system, acting as liaison between health service and individuals); health education (presenting educational programs and information dealing with health and wellness issues); health counseling (meeting with parishioners to discuss and listen to concerns of a mental, physical, emotional, or spiritual nature); resource referral (linking to local health agencies and other service providers); and volunteer coordination (training and supervising volunteers to assist with the ministry in the congregation). Chaplains can certainly see ways in which their gifts might complement those of an existing parish nurse program.

*Janet Stark is a certified multifaith chaplain and spiritual care manager at Brockville General Hospital in Brockville, Ontario.*

### **Tips to better integrate with the clinical interdisciplinary team:**

- Be sure nurses realize that you have the patient's and family's permission to be part of their care team.
- Be sure clinical staff know that you are available to help provide spiritual care, bereavement care and stress management for them personally.
- Make the referral process easy! A call, email, note, or tap on the shoulder, as opposed to a formal form that takes time to find its way into your inbox and your attention.
- Be ready to use the term "culturally appropriate" care in place of "religious or spiritual care." In the multifaith/multiculture environment, "culturally appropriate" is a term health professionals understand and accept.
- Provide mandatory annual education sessions to improve the healthcare provider's comfort and skill in providing appropriate bedside spiritual care.
- Do a really good job of explaining the role of spiritual care during new staff orientation. Sometimes this is the only opportunity to develop a positive connection with staff and get them on board with spiritual care.
- Attend multidisciplinary patient rounds and have a voice at the table. Offer to assist with family or team meetings. Be prepared to facilitate in conflict resolution and have training in family dynamics.
- Rarely say no to requests, even when they overlap with social work or recreation therapy. These interventions often lead to positive spirit care.
- Get to know and build rapport with physicians; present on spiritual and religious care to medical advisory committees.
- Broaden what traditional spiritual and religious care have provided. Offer to intervene in cases that require conflict resolution, patient advocacy, elder abuse, patient complaints, etc.
- Be part of the disaster planning group and be ready to engage the support of area churches.

## Chaplains can serve valuable role on ethics committee

by David Lewellen  
*Vision* editor

Chaplains may not be professional ethicists, but they can make a role for themselves in ethics consultations.

NACC member Mark Skaja, vice president of mission integration and spiritual care for Mercy Health in Cincinnati, said that many major academic and research hospitals employ ethicists, but chaplains have many of the skills necessary in developing consensus at a formal consultation, such as group facilitation and prior knowledge of the patient and family.

A chaplain is one of the first calls for a formal consult, Skaja said. Knowledge of the family dynamics "may not be an ethical issue per se, but it's still an issue that has to be dealt with." Chaplains are also equipped to know about religious and cultural issues that may arise, for instance, with Jewish and Muslim requirements about the body of the deceased, or the beliefs of Jehovah's Witnesses about medical care — or at least, the chaplain knows the right person to call.

"Chaplains can provide much-needed wisdom in ethical situations that have moral and values concerns," said Janet Stark, spiritual care manager at Brockville General Hospital in Ontario. "Other members of the team may be proficient at the legal and professional standards of an institution, but a chaplain brings as well, a personal perspective grounded in sanctity of life, autonomy, and faith-based beliefs."

If the patient cannot speak for himself or herself, Skaja said, "that's where the documents come into play." Although living wills and advance directives are more common than they used to be, and some individual cities and hospitals have done a good job of publicizing the issue, it is still far from a majority.

Many Mercy hospitals ask chaplains to help patients and families with the advance directives -- not for filling out paperwork, Skaja said, but for putting them at ease and asking questions to guide their thoughts and help them form conclusions.

Being hired as an ethicist usually requires a Ph.D. in the field, but chaplains can certainly learn more and carve out a role for themselves. Stark said, "Difficult dilemmas where there is no best outcome often welcome the support and navigation of decisions from a compassionate chaplain who understands and accepts faith perspectives of the patient and family. Such dilemmas often involve end-of-life decision-making, organ donation, suicide prevention, pre-natal care, etc."

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## Four noted plenary speakers to honor 50th anniversary conference

by Jack Crabb, SJ  
Plenary Speaker Chair

In this Jubilee year for our association, we have arranged for some very gifted plenary speakers. Some are known personally to us, such as Fr. Joseph Driscoll, former executive director and president of the NACC. Others we may recognize by name, such as John Allen Jr., a prize-winning journalist known for his coverage of the Vatican for the *National Catholic Reporter* or the *Boston Globe*. Debra Canales is well-known in the Hispanic community and healthcare as one of the highest-ranking leaders. She is known also to CHE and Trinity, along with Providence Health. Ann Garrido, an associate professor at Aquinas Institute of Theology in St. Louis, is a sought-after speaker on the spirituality of administration.

These speakers will bring the gift of their presence to honor us at our 2015 conference. Each brings gifts and talents to help us celebrate our 50th anniversary and to recognize the value of chaplaincy.

**Fr. Joseph Driscoll** will lead off the celebration with a look back at the NACC and will help us to explore our future. Our NACC executive director for 11 years during some of the most trying and challenging times of our association, Fr. Joe advocated for professional lay chaplains both with the United States Conference of Catholic Bishops and with various offices at the Vatican. As vice president of the Center for Ministry Leadership for the Bon Secours Health System, he has developed a four-level ministry formation program for senior leaders in healthcare in collaboration with leaders from several other healthcare systems. Many former board members remember his amazing cooking skills and tasty meals.

**Debra Canales**, one of the highest ranking Hispanics in healthcare, was recognized in *Diversity Journal's* "Women Worth Watching" in 2012. She is a certified executive coach with a long history of helping executives develop transformational leadership styles. When CHE and Trinity Health formed CHE Trinity, she helped create synergy out of dozens of geographically and operationally diverse groups across 21 states. At Providence Health and Services she serves as executive vice president and chief people and experience officer. She is responsible for human resources, marketing and communications, digital services and community ministry and foundation boards. Our NACC members with Providence Health were overjoyed that we were able to obtain her as a speaker.

**Ann Garrido**, an associate professor of homiletics at Aquinas Institute of Theology in St. Louis, has been drawn into administration as her school's director of the D.Min in preaching. She admits that she sometimes finds administration draining, even boring, as it fractures her days into "tiny shards of time" that make it impossible to focus on "the big ideas." And yet Garrido has found spiritual gifts in her many years as a theologian, parish minister, and administrator in higher education. In *Redeeming Administration*, she reveals those gifts by examining 12 spiritual habits, presenting a saint who embodies each habit, and showing readers how to experience their administrative work as a crucial ministry of the Church. Most recently, she oversaw a three-year grant project that established new best practices for conflict management. She now commits half-time to travelling for conflict education and mediation work with Triad Consulting Group, an arm of the Harvard Negotiation Project in Cambridge, MA. She is married to a very patient husband and has one college-aged son who plays a mean ukulele.

**John L. Allen Jr.**, a renowned journalist with unmatched access to the Vatican, will close our conference on Monday. He is associate editor of the *Boston Globe* after 16 years as the prize-winning senior correspondent with the *National Catholic Reporter*. He also serves as the senior Vatican analyst with CNN. He is a popular speaker on Catholic affairs both in the United States and abroad. *The Tablet* of London has called Allen "the most authoritative writer on Vatican affairs in the English language." Allen's work is admired across ideological divides. Liberal commentator Fr. Andrew Greeley called his writing "indispensable," while the late Fr. Richard John Neuhaus, a conservative, called Allen's reporting "possibly the best source of information on the Vatican published in the United States." His weekly Internet column, "All Things Catholic," is widely read as a source of insight on the global Church. Allen's most recent book is *The Global War on Christians: Dispatches from the Front Lines of Anti-Christian Persecution*. John divides his time between Rome and his home in Denver, CO. He grew up in western Kansas and holds a master's degree in religious studies from the University of Kansas. His latest work is with [www.cruznnow.com](http://www.cruznnow.com).

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## We'd like names of deceased NACC members

The theme for our 2015 national conference is "Honoring the Gift." While we are celebrating our 50th anniversary as the NACC, it seems appropriate to think about all those who have been a gift to our ministry, especially our colleagues who have called us, nurtured us, and guided us and now are home in the Kingdom of Heaven. At our upcoming conference, we would like to remember all of our NACC member colleagues who are deceased.

We ask that you submit any names of member colleagues and friends whom you have ministered with, or who have been a part of your journey and have been a gift to your ministry. Please submit their names to Jeanine Annunziato at the NACC office at [jannunziato@nacc.org](mailto:jannunziato@nacc.org). We want to remember all of these people at one of our liturgies and we need your help to make sure we do not miss anyone. Even if you think someone else may have sent in a name, please do not hesitate to include it on your list.

Gratefully,  
Rich Bartoszek, Conference Liturgy Chair

## 2015 50th Anniversary Conference Theme: Honoring the Gift

by Beverly Beltramo, BCC  
Conference Task Force Chair

*"In this 50th Jubilee year, we honor the gifts of our association, the depth of our theological roots, the richness of community, and our shared accountability for this profession. We honor our own unique ministry and call as we nurture that call to remain vital and healthy. And we honor the gifts of others, and lead as the future unfolds."*

As the chair for the 2015 NACC National Conference, I would like to invite each one of you to join us for this very special time in our association as we gather next March to celebrate our 50th!

The theme for the conference speaks about honoring the many gifts we have received. As we celebrate 50 years — our Jubilee! — it feels so appropriate to stop for just a few minutes and open our hearts with gratitude to the many blessings we have received from this association, from each other, from our patients and colleagues, and perhaps most of all, from the ministry itself.

Our time together in March will be about honoring those gifts. We will celebrate our rich and amazing history and we will look to the future and explore the many ways our chaplaincy, and healthcare as well, are changing. And finally, we will look within our own pulled-in-too-many-directions spirits, and reconnect to the call to ministry that brought each of us to this holy and amazing work.

I know that for many of us, budgets — both personal and professional — are much too tight. Perhaps you have never attended a national conference before? This is the time. For those of us who have the ability, I encourage you to consider a scholarship gift so that someone else might have the opportunity to attend.

Finally, I need to tell you about this extraordinary team of creative thinkers who are working hard to make sure that this will be a time to remember! I am so honored to work with Fr. Jack Crabb, plenary chair; Bridget Deegan-Krause, workshop chair; Fr. Rich Bartoszek, liturgy chair; and Deacon Tom Devaney and Victoria Lucas, our local arrangements chairs. We have been meeting via phone each week for the past two months (with incredible support from Jeanine Annunziato and David Lichter!) to plan, pray and prepare. We are so excited about what we see coming together—I hope you will be too!

Blessings to each of you in this, our NACC Jubilee year. May you reconnect to your work, your ministry, and your call in a sacred and joyful way!

Come to the celebration! We'll see you there!

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## Explore the gift of a good workshop

by Bridget Deegan-Krause  
Conference Workshops Chair

It takes a lot to put together a good conference workshop. One researches and selects a topic, prepares clear objectives, and develops a compelling description. Then the hard work begins, crafting solid content and preparing the right structure that will help a group of diverse participants learn and grow.

Our theme, "Honoring the Gift," is well-reflected in the efforts of those who will share their expertise and creative gifts for our March conference. NACC chaplains are joined by a small but mighty array of colleagues from complementary disciplines who are carefully crafting rich learning opportunities for all of us.

Whether you seek to explore innovation, develop competency, or attend to spiritual formation, I am certain you will find something of interest. Depending on your choice of workshops, you may learn about innovations in grief support; assess your skills for leadership; develop skills in holistic care of staff; build management competencies; explore the latest in charting methods; become a better researcher; learn how to navigate change and help others do the same; explore the history of the NACC; or reflect theologically on the paschal mystery.

To get even more out of your experience, come early for our pre-conference workshops. These high-quality offerings allow you to take a deeper dive into varied topics of great interest to our profession. Longtime NACC leaders Karen Pugliese and Rod Accardi will present on the latest on charting in the EMR environment with an eye to holistic care. Maureen Gallagher and John Reid of the Reid Group will help us assess and develop our critically needed management skills to lead in mission and spiritual care. Back by popular demand, NACC chaplain and pastoral psychotherapist Tina Lightner-Morris will teach us about navigating burnout and fostering resilience through mind/body skills. Acclaimed artist and NACC chaplain Monique Cerundolo will help us enhance our ministry to those living with loss through art, poetry, and ritual. Finally, award-winning musician and hospice chaplain Jesse Paledofsky and his colleague Cheryl Jones will teach us about weaving music into our ministry with multicultural sensitivity.

Our workshop team has worked hard to find the right blend for NACC's learning and development. We are deeply grateful for all who put themselves forward to share a workshop proposal. We look forward to celebrating and learning with all of you in Arlington, VA, in March.

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## What does personal integration look like in a certified chaplain?

by Gordon J. Hilsman

Virtually all certified chaplains can point to at least a few incidents in which a mere handful of words during formative clinical education flung them into a new place of awareness, opening unexpected possibilities in their personal and patient relationships. I cling to several of those momentary sparks of enduring wisdom in my own history.

Once, early in supervisory education, I entered my mentor's office after a group I had led and he had observed. I mumbled something about being lost halfway through the session, and he quietly replied, "Next time you feel that, try sitting back and letting yourself know what you know."

He was beckoning forth my intuitive side that had remained mostly hidden behind an analytic style of the chemistry major I had been. He was suggesting I use them together — current observations, concepts about them, emotions I felt about them, and an intuitive grasp of them all as a whole whose origin would never be known. He was prodding the process of my integration.

Pulling together the various components of a lively, growing person in human development doesn't happen by itself. Neither can we do it ourselves. It happens through our responses to challenging events that include other people. Like many chemical reactions, it requires specific conditions to proceed optimally, and it shakes up the status quo of your personality. Those molecules will now never be the same. They'll be something new.

Some contexts harshly invite furthering our integration, and we can certainly reject the challenge. Romantic engagement and its subsequent intimate loving foray; psychotherapy motivated by genuine pain; major loss conveyed to another through courageous, extensive narrative; clinical supervision and mentoring that is allowed to absorb you; the vividly recognized approach of one's own dying — all of these are situations that cast us into choosing change that both hurts and promises.

Integration includes meeting a crucial moment with authenticity, saying only what you mean but clearly saying it; allowing what you actually feel to affect you and acknowledging those feelings as real and just fine; believing in your current thinking and contributing it; recognizing the implications of a unique moment and embracing them. All of these combined — thoughts, feelings, words, meanings, attitudes, and choices working together — constitute personal integration. It is what is being sought, or ought to be, during a chaplaincy certification.

When someone pins a badge on you that blares "Chaplain," it ought to mean that you carry a fairly well-developed identity born of experience and enough personal integration to render you consistently available to virtually any other person on the planet for authentic engagement. While nobody is ever totally integrated — we have incomplete evolution, of course — true professionals know that a significant level of integration, which can only be subjectively assessed, is required for practicing their craft.

Certification interview teams are looking for applicants to show a level of integration that will allow consistent authenticity in professional practice. Lack of it is more observable than its possession. Super-nice compliance; unacknowledged contentiousness; subtle victim stances; inability to exemplify concepts or to conceptualize about events; humorless stridency; confusing verbosity; extensive nervous monologues; inability to see the interviewers as real people — these are all indicators (and only indicators) that adequate integration was not mustered in that moment. They don't mean the applicant is a lesser human being, or even that she is not functioning as a fine chaplain with many people in need.

We also look for some indicators that demonstrate integration. When interviewers encounter an applicant, a few hints of significant personal integration include:

- Ease of movement between head and heart, what one thinks and what one feels
- Accurate use of concepts — psychological, social work, or theological — in discussing patients and family members
- Apparent awareness of one's own motivation and attitudes, with minimal defensiveness
- Articulation of one's own values, with examples of how they motivate actions and the pursuit of life decisions and directions
- Speaking specifically about one's own painful life events with perspective, insight, and emotional freshness rather than bravado, signs of shame, hints of resentment, or subtle victim tones
- Immediate use of enjoyable situational humor, imagination, and creativity

Interviewers are not looking for worthiness or questioning personal worth. But they need to see a convincing level of integrated performance with relative strangers that parallels effective spiritual care conversations.

And there ought to be no assumption that a given interviewer is more integrated than the applicant.

*Gordon Hilsman is a retired ACPE/NACC supervisor currently serving as interim supervisor at Massachusetts General Hospital in Boston and a member of the NACC Certification Commission.*

## Advent helps nurture the waiting heart

by Charles W. Sidoti

One of the greatest influences in my spiritual life is an audiotaped lecture called "A Spirituality of Waiting" by the late Fr. Henri J.M. Nouwen. Over the years I have returned to this wonderful recording during Advent, always finding its message fresh and meaningful. I have come to realize that having "a waiting heart," as Fr. Nouwen suggests, not only fits well with the Advent theme of waiting; it also describes a very basic, central stance of the spiritual life.

Fr. Nouwen begins by stating the obvious, that waiting is "something that goes against our grain." Few people look forward to a situation in which they know they will have to wait. Being told that we have to wait seems to force us into passivity. Our society looks at waiting as a "kind of desert between where we are and where we want to be, and we don't like that place," he says. We want to get going.

However, the waiting attitude that sacred scripture invites us to embrace is not passive but rather "active waiting — waiting on God's promise to be fulfilled," which is much different from how we usually think of waiting. The people we meet in the first pages of St. Luke's gospel are all waiting: Zechariah, Elizabeth, and Mary. All of them hear, in one way or another, the words, "do not be afraid, I have something good to tell you." It is then that they are able to wait for something new to happen. The psalms are full of this attitude of waiting: "My soul is waiting on the Lord ... more than the watchman for daybreak." This message reverberates throughout the Hebrew and New Testament scriptures.

During Advent, the community of the faithful wait, as did the waiting Israel, anticipating the coming of Christ into our hearts bringing peace, healing, and wholeness. We will not be disappointed. Some ways we can help nurture the attitude of waiting upon the Lord include participation in the special Advent liturgies; songs and opportunities for community prayer; silent reflection; prayerful reading of scripture; simply having conversations with God; faith sharing opportunities; and the practice of spiritual reading. No matter what we do, we should remember these words from Anthony DeMello's "One-Minute Wisdom" about how Christ comes to us:

"Is there anything I can do to make myself enlightened?"

"As little as you can do to make the sun rise in the morning."

"Then of what use are the spiritual exercises you prescribe?"

"To make sure you are not asleep when the sun begins to rise."

As chaplains, and as stewards reflecting Christ, let us wait, watch, and wonder – together, as the light of Christ born anew begins to rise in our hearts during the holy season of Advent.

*Charles W. Sidoti, BCC, is coordinator of spiritual care at Cleveland Clinic Health System in Cleveland, OH. He is the author of Living at God's Speed, Healing in God's Time and Fortune Cookie Wisdom: A Contemplative Perspective.*

## Mortal Blessings finds sacramental moments everywhere

by John Gillman

Angela Alaimo O'Donnell, *Mortal Blessings. A Sacramental Farewell*. Notre Dame, IN: Ave Maria Press, 2014.

The author credits Andre Dubus, a Catholic fiction writer, for opening her eyes to the sacramental nature of ordinary actions. Yes, there are seven sacraments as taught by the Church, but Dubus believes that when the Catholic imagination is applied to ordinary, everyday life, there are "seven times seventy sacraments, to infinity."

In this brief, moving narrative, O'Donnell tells the story of the last 48 days of her mother's life, from a fateful hip fracture to the final vigil by the bedside under the care of hospice. The author's relationship with her mother, who endured a lifelong struggle with alcohol, was "strained and distant and difficult" (p. 104). Sadly, O'Donnell recounts, her mother developed a distaste toward her, although at the same time her mother could be her fiercest advocate. Yet, in the final weeks of her mother's life, the author found ways to honor her mother through prayer, poetry, and affirmations of reconciliation and appreciation.

The seven chapters in this narrative of grace and surprises reflect how the divine presence is mediated through the sacraments of speech, distance, beauty, humor, the cell phone and wheelchair, witness, and honor. The epilogue, devoted to burial ritual and post-death bereavement, is called the sacrament of memory. O'Donnell is most proud of her mother's beauty; her many ways of pursuing beauty recalls for the author the line from St. Augustine's famous poem, "Late have I loved you, Beauty so old and so new."

I pondered the sacrament of beauty during a recent visit to my own mother, who has been on hospice for over a year and now, mainly nonverbal, is reaching the end of her earthly pilgrimage. Family members and aides keep her hair fixed, her nails painted. Though busy with raising a large family, my mother delighted in tending her roses outside and the African violets within. The latter are now in a raised planter within her gaze just beyond the foot of her bed in the living room of our family home. What most touches me is her Mona Lisa smile that appears from time to time.

Returning to *Mortal Blessings*, I was touched by O'Donnell's description of a farewell scene of her with two sisters and a brother-in-law who celebrated the sacrament of beauty in their mother's room by offering a toast, lifting glasses of wine in her honor. The only quibble I have with the author's poetic point of view through her sacramental lens is naming grief as the "anti-sacrament." I would suggest that their grief was a sacrament of farewell to their mother, in a similar way that Jesus' grief at the death of his friend Lazarus was a sacrament of love to their close fraternal relationship.

The invitation for chaplains is to pay attention to the multitude of sacraments, external signs of the divine presence, in the diverse settings of those we serve.

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