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Questions and answers about the revised NACC Standards

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

Q What was changed in the 302 Theory of Pastoral Care section?

A Only two standards were revised in 302 Theory of Pastoral Care Section: 302.21 and 302.5.

302.21 Demonstrate an understanding of scripture, current theology, ecclesiology, sacramental theology, and Catholic social teaching.

It now reads: 302.21 Demonstrate an understanding of Vatican II and Post-Vatican II documents of the Church, Systematic/Foundational Theology, Scripture, Theology of the Trinity, Christology, Ecclesiology, Sacramental Theology, Catholic Social Teaching, Canon Law, Ecumenical and Interreligious Practice.

These additions of several theological disciplines align with the intellectual competencies expected in the USCCB Standard Three: Intellectual which are: Vatican II and Post-Vatican II documents of the Church, systematic/ foundational theology, scripture; theology of the Trinity, Christology, ecclesiology, sacramental theology, liturgy; spirituality, ethics/moral theology, social and ecological justice, pastoral theology, canon law.

While the NACC cannot expect that a certification applicant has a graduate-level course in each of these areas, the USCCB introduction to Standard Three expresses that an applicant should demonstrate “understanding of the breadth of Catholic theological and pastoral studies as well as the intellectual skill to use that knowledge in ministry with God’s people from diverse populations and cultures.” This statement emphasizes both understanding and an integration of that understanding into one’s chaplaincy ministry. Applicants should also be able to show where they have been exposed to each of these topics, whether in a course, a workshop, a webinar, reading, or other means, as well as provide examples of how this understanding influences how their approach to their chaplaincy practice.

302.5 added “and practical,” as it is important to evidence in one’s professional practice how one applies what one knows about group dynamics and organizational behavior.

Q What was changed in the 303 Identity and Conduct section?

A This section added a new first standard, plus another specific standard that read:

303.1 Articulate an understanding of the responsibility of the public nature of a chaplain’s role.

303.11 Articulate an understanding of one’s baptismal call and chaplaincy as a ministry of the church

The USCCB Standard Two: Spiritual included the competency, “An understanding of their role as a public minister.” The NACC could readily embrace this competency because of the public nature of a board-certified chaplain, who represents the chaplaincy profession with its code of ethics. This USCCB standard also included this competency: “An understanding of their baptismal call and the ecclesial elements of ministry.” That competency again could readily be adapted, as most NACC applicants see their chaplaincy ministry as a “call” to serve. It seemed best to place these standards at the beginning of all these Identity and Conduct standards, as they seemed to provide a motivational basis (one’s identity flows from one’s calling to chaplaincy) for the standards to follow.

The other additions to this Identity and Conduct section are in Standard 303.8 Attend to one’s own physical, emotional, and spiritual well-being. This standard already had a special standard under it, 303.81 Articulate a spirituality grounded in a relationship with God, self, and others. Now two more standards specify ways to attend to one’s own physical, emotional, and spiritual well-being:

303.82 Demonstrate one’s commitment to ongoing faith development and spiritual growth.

303.83 Demonstrate life-work balance skills, including time management.

The USCCB Standard Four: Pastoral identified two competencies — balanced lifestyle skills and time management skills — that seemed to be worthy additions to this 303.8 standard, as they are very important to a board-certified chaplain’s overall care for him- or herself.
**Q** What was changed in the 304 *Pastoral* section?

**A** This section added two new standards at the end:

304.10 Demonstrate skills in organization, leadership, or supervision of others, as needed.

304.11 Facilitate group processes, such as family meetings, post-trauma, staff debriefing, and support groups, and provide conflict management as needed.

Standard 304.10 was finalized after much discussion, as the Standards and Certification Commission members tried to address several new realities in our profession. The USCCB Standard Four; *Pastoral* included the competency of organizing and supervising of volunteers. We know that in most settings where board-certified chaplains are employed, the use of volunteers is or will be a reality, and this competency is important. However, the commissioners also saw the need for a board-certified chaplain to organize, lead, and supervise others, besides or beyond volunteers, such as other members of a pastoral care department. While not all board-certified members will become directors of pastoral care departments, any board-certified member should be able exhibit this skill.

Standard 304.11 was not a competency in the USCCB standards, but reflects another development in our services. More and more board-certified chaplains are required to be good group facilitators as the breadth of chaplaincy services expands, especially among staff.

**Q** What changed in the 305 *Professional* section?

**A** This section only added one standard at the end:

305:7 Articulate how primary research and research literature inform the profession of chaplaincy and one’s spiritual care practice.

This also was not in the USCCB standards, but represents an important growth in the profession. Since the 2004 adoption of the Common Standards, research of chaplaincy has grown. When the *Standards of Practice for Professional Chaplains in Acute Care Settings* were developed and endorsed in 2009, it included Standard 12 Research: The chaplain practices evidence-based care including ongoing evaluation of new practices and, when appropriate, contributes to or conducts research.

The expectation here will be how familiar an applicant is with the research literature on chaplaincy and how the applicant can relate insights from research to his or her own chaplaincy profession.

**Final comments**

As you can see, these revisions do not reflect a major overhaul of the 2007 Standards; instead, they are helpful additions that capture the evolution of the board-certified chaplain’s role. The NACC Certification and Standards Commissions’ members, as well as the NACC Board of Directors, realize that these NACC Standards for certification are vital to the chaplaincy profession. We have been in dialogue with the other cognate members, especially the Association of Professional Chaplains, during these months of review and revision, and are committed to work with our cognate partners on any further review and revision of the *Common Standards for Professional Chaplains*. We look forward to furthering our collaboration and advancing the profession together.
Why did we revise our Certification Standards and Procedures?

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

I hope most of our NACC members know that the Common Standards for Professional Chaplaincy document was one of four foundational documents that were affirmed in 2004 in Portland, Maine, by the boards of what was known then as the Council on Collaboration. The six organizations were: American Association of Pastoral Counselors, Association of Professional Chaplains, Association for Clinical Pastoral Education, Canadian Association of Spiritual Care, National Association of Catholic Chaplains, and National Association of Jewish Chaplains. Together, they represented over 10,000 members who serve as chaplains, pastoral counselors, and clinical pastoral educators in specialized settings as varied as healthcare, counseling centers, prisons, and the military. Collectively, these documents established a unified voice for the six organizations that affirmed them. They describe for the NACC and the other organizations what it means to be a professional. They remain a very important step to position chaplaincy as a profession among other healthcare professions. The four documents were:

- Common Standards for Professional Chaplaincy
- Common Standards for Pastoral Educators/Supervisors
- Common Code of Ethics for Chaplains, Pastoral Counselors, Pastoral Educators and Students
- Principles for Processing Ethical Complaints

Over the next three years, the NACC Standards Commission added standards that provided the Catholic elements in those Common Standards, and developed procedures unique to NACC. Those became the Standards for Ethics, Certification, and Renewal of Certification (www.nacc.org/docs/certification/NACC Standards October 2013.pdf”), approved by the United States Conference of Catholic Bishops’ Commission for Certification and Accreditation (USCCB/CCA).

In 2009, the NACC began to submit materials for certification according to these standards, and those renewing certification also began to submit their ongoing education and continuing education hours according to these new standards and procedures.

While we were adding the Catholic elements to the Common Standards, the United States Conference of Catholic Bishops published in the fall of 2005 a new, groundbreaking document, Co-Workers in the Vineyard of the Lord, to address new realities in church’s life and ministries. With the growth and diversification of Catholic population, the expanded and diversified lay participation, and the emerging roles of laity in the administration and financial management of parishes, Co-Workers established a framework for the preparation and formation, authorization, and forms of leadership for lay people who assume pastoral leadership roles, especially in parish settings that needed “pastoring” without a pastor. “Lay ecclesial ministry” was the term used to describe this form of ministry, but Co-Workers cautioned that it was a generic term to identify a “developing and growing” ministerial reality in the church, not a specific position title or ranking.

An important historical point here is that in 2004, one year before Co-Workers, the bishops informed the NACC Board of Directors that we would continue to certify professional chaplains, but when lay members seek ecclesial endorsement of their respective ordinaries, the endorsement request is as a “lay ecclesial healthcare minister.” Another article will address this reality. Bishop Dale Melczek’s July 2004 article in Vision can be read at www.nacc.org/vision/articles/use-of-title-chaplain.asp. For the past 10 years it has been NACC’s practice to seek endorsement of its lay members in this way.

In recent years, the NACC Standards Commission began to study the content of Co-Workers. We found that the human, spiritual, intellectual, and pastoral elements of formation from Co-Workers aligned rather well with the four headings of the 2007 NACC Standards for Certification: theory of pastoral care, identity and conduct, pastoral, and professional. The theory of pastoral care standards lined up closely with the intellectual formation of Co-Workers. The identity and conduct standards aligned with the human and spiritual formation of Co-Workers. The pastoral and professional standards aligned with the pastoral formation of Co-Workers.

When the USCCB established in 2012 the new Subcommittee on Certification for Ecclesial Ministry and Service, it published revised Certification Standards for Specialized Ecclesial Ministers based on Co-Workers (www.usccb.org/beliefs-and-teachings/how-we-teach/catholic-education/certification/upload/Certification-Handbook-2012-2.pdf). This was timely, as in fall 2013, the NACC Standards Commission was able to conduct a crosswalk (document located at www.nacc.org/docs/certification/Part Two Section 2 0 Crosswalk USCCB Competencies NACC 2007 Standards prior to revisions.docx - see yellow highlights) between the NACC Standards and the USCCB standards/competencies, and discovered competencies in the USCCB Standards that needed to be incorporated into ours. The NACC Standards Commission proceeded to draft revised standards that incorporate those USCCB competencies. The NACC Certification Commission further reviewed and made recommendations to the standards.

The revised standards were finalized in April 2014, and approved by the NACC Board of Directors at its May meeting. They were then sent in July to the USCCB Subcommittee on Certification for Ecclesial Ministry as part of our seven-year report for the renewal of NACC Standards and Procedures. The full report was reviewed and the revised Standards and Procedures were approved for another seven years (2015-2021).
Standards Commission takes pride in revisions

By Nancy Cook

This has been an exciting time to serve on the Standards Commission. We have adopted new standards for palliative care, and, most significantly, our NACC Standards have been renewed for seven years. It took a major effort for the Standards Commission to prepare NACC Standards and procedures for the USCCB’s Committee on Catholic Education’s Subcommittee on Certification for Ecclesial Ministry and Service.

Working towards a July 2014 submission deadline with preapproval from the Board, the Standards Commission vigorously reviewed NACC Certification Standards and procedures, aligning them to the USCCB National Certification Standards for Lay Ecclesial Ministers. We also decided that at this juncture it would be appropriate to review revision recommendations from the NACC Research Task Force and the 2011 Spiritual Care Collaboration Task Force. In all of this work, we had to consider the Common Standards we share with our cognate group APC, NAJC, and CASC.

Our process included a crosswalk of the NACC Standards and the USCCB competencies. This gap analysis helped to determine how well our 2007 Standards aligned with the USCCB competencies and how to recommend revisions. USCCB competencies fall under four standards: Human, Spiritual, Intellectual, and Pastoral. The NACC Standards 303.7 and 302.21 illustrate our process and outcomes.

Standard 303.7 Attend to one’s own physical, emotional, and spiritual well-being aligns, without revision, with the USCCB competency of Balanced Life Skills of Standard Four: Pastoral. However, 302.21 required revision for alignment.

Standard 302.21 Demonstrate an understanding of scripture, current theology, ecclesiology, sacramental theology, and Catholic social teaching was aligned with USCCB’s Standard Three: Intellectual with 15 corresponding competencies. To meet the gap, Standard 302.21 was revised to read, Demonstrate an understanding of Vatican II and Post-Vatican II documents of the Church, Systematic/Foundational Theology, Scripture, Theology of Trinity, Christology, Ecclesiology, Sacramental Theology, Catholic Social Teaching, Canon Law, and Ecumenical and Interreligious Practice.

The Standard 302.21 revision, as with all revisions, required the Standards Commission to identify affected areas. For example, the revisions must be addressed with the Certification Commission and by extension the certification interviewers and future applicants. Coordination was also required with the Education Advisory Panel for an overall education plan. Additionally, we considered how the revisions may affect future CPE instruction.

This was significant work that we took with confidence to the USCCB. I would like to thank our Standards Commission members, Peg McGonigal, Wendi Steinberg, and Sr. Helen Waugh. And a special thank you to members Cheryl Wilson Weiss, who constructed the crosswalk, and to Bob Barnes, who has an incredible and helpful memory on the history of the Standards.

Nancy Cook, MDiv, MSW, BCC is regional director of spiritual care at CHRISTUS Health in southeast Texas.
Certification applicants have a year to adjust to new standards

By Mary Davis

By now, most of you know about the revisions to the NACC standards, which reflect our steadfast commitment to maintain our Catholic identity, our determination to keep current with professionalism in chaplaincy, and our collaborative relationship with the United States Conference of Catholic Bishops.

The Certification Commission is highly committed to ensuring sufficient time in reflection and education before anyone is certified according to the new standards. We want to be sure that all members fully understand the additions. Anyone who serves as an interviewer or who educates interviewers must be well versed in the new standards, particularly in how they apply to certification.

To that end, we are working on how applicants will address the new standards throughout their written materials. We will update the Narrative Writing Guide, which many applicants have already found to be a helpful tool in formulating their narrative statement. We are working with the Interview Team Educators to determine how the standards will be assessed from the written materials and within the interviews, and what types of questions would best guide both interviewers and applicants. For NACC members who will be preparing to renew certification, we are updating materials to show how the new standards reflect on current practice and updated professional expectations.

In general, most of 2015 will be dedicated to providing training on these revised standards to NACC membership in general and to NACC volunteers serving as interviewers, Interview Team Educators, and Commission and Board members. Education will take varied formats – e.g. articles in Vision, workshops at the National Conference, audioconferences, mentorship, etc.

At this time, we expect that the February 2016 application deadline will be the first time that applicants will be expected to provide materials based on the revised standards. We are prepared to monitor this process and adjust timelines as needed so that the integrity and meaning of the revisions are promoted intentionally, understood clearly, and held sacredly.

Mary Davis, BCC, is a member of the NACC Certification Commission and regional director of spiritual care and education for CHRISTUS Santa Rosa Health System in San Antonio, TX.
Standards call for research-informed co-workers

By Austine Duru

For the first time in the history of the NACC, research has become a required competency for certification of chaplains. This development mirrors the growing trend nationally and internationally.

In May 2014, NACC Board of Directors approved the revised standards for certification and recertification of chaplains. Several were added, including three standards that specifically speak to research and research literacy relevant to professional chaplaincy:

Standard 305.7: Articulate how primary research and research literature inform the profession of chaplaincy and one’s spiritual care practice.

To meet this new standard, applicants should be able to read, understand and explain substantive research work published in peer-reviewed journals. Applicants should be familiar with the research work currently available in healthcare chaplaincy and be able to integrate the findings into their pastoral practice.

This new research standard serves a dual purpose. First, it is an effort by the NACC certification commission to stay faithful to the church by aligning the NACC standards with elements of formation from the Co-Workers in the Vineyard of the Lord (USCCB, 2005). This document offers some guidelines around best thinking and practice in the formation of those called to lay ecclesial ministry in the church, and affirms all who are called to serve in this unique role.

Secondly, the new standards attempt to bring the certification process of the NACC current with emerging trends in professional chaplaincy. By adding these standards, the association is also affirming what has already been said in Co-Workers: “Adult learners need a variety of learning methods that maximize participation and draw on participants’ experience. These may include small groups, lectures, discussions, independent research, guided learning projects, theological reflection on field experience, and use of technology (e.g., teleconferencing, distance learning)” (USCCB, 2005).

The NACC Board of Directors also approved the newly revised standards for specialty certification in palliative care and hospice. Two of these new specialty standards are worth noting:

Standard 604.2: Keep current and participate in evidence-based, research-informed best practices in chaplaincy and spiritual care.

Standard 604.3: Integrate chaplaincy care into the organization through appropriate measures, such as policies and procedures, use of evidence-informed spiritual screening, history taking, assessment and documentation processes and education of the interdisciplinary team about the role of the professional chaplain.

To meet this standard, the applicants should be able to show that they are familiar with published research work on the subject, able to critique and evaluate published research work, integrate the findings into their practices, and show sufficient skills to participate in developing and carrying out primary research in chaplaincy.

The new NACC standards coincide with the creation of a Joint Research Council by APC in collaboration with other professional chaplaincy organizations. “Its three primary goals are to: 1) enhance communication among colleagues with mutual interests and in different organizations about research-related educational opportunities, educational resources, research opportunities; 2) collaborate in advocating for research efforts and research literacy and compare strategies being used to move this agenda forward; and 3) provide a central place to identify and disseminate information about opportunities for chaplaincy-related research” (Ehman, 2014).

Already, in a move to establish uniform standards of care, APC approved the Standards of Practice for Professional Chaplains in Acute Settings that specifically address research competency. Standard 12 specifies, "The chaplain practices evidence-based care including ongoing evaluation of new practices and, when appropriate, contributes to or conducts research." (APC, 2009).

The shift to evidence-based interventions in pastoral care represents next steps in the evolution of pastoral care, dating at least from the Portland Agreement of 2004. The importance of research in this next phase of healthcare chaplaincy has received greater recognition and has been consistently documented (Fitchett, G, 2011; Bay & Ivy, 2006; Flannelly, Liu, Oppenheimer, Weaver, & Larson, 2003; Gleason, 2004; Koenig, 2008; VandeCreek, 2002; Weaver, Flannelly, & Liu, 2008). A few years ago, Fitchett made a remarkable proposition when he wrote, “Health care chaplaincy should become a research-informed profession in the next ten years” (Fitchett, 2002). Twelve years in, evidence-based pastoral care has become a reality.

This call to support spiritual care and pastoral interventions with research has gained acceptance as chaplaincy organizations
realize that research can preserve the future of chaplaincy and at the same time make pastoral care an effective ministry. Research literacy webinars and lectures are being offered across the board for chaplains and chaplain educators. This is indeed remarkable.

The benefits of evidence-based pastoral care are real, but so are the challenges involved. While research helps us connect the dots in efficient pastoral care and develop new models of care delivery, it need not represent a major renunciation of chaplains’ tried and tested practices. Rather, it adds to the knowledge base of chaplains and continues to build on the established traditions, albeit with new evidence. As the research becomes more refined, the standards will certainly be raised for chaplains to perform at much higher integrated level and become more efficient.

As chaplains do more research, they should take care to ensure that their work uses proven methodology and is of high quality. Also, some questions have been raised around informed consent in the use of patient narratives. A central ethical dilemma, notes David McCurdy, would be “striking a balance between protecting patients and providing sufficient detail to make case studies useful” (McCurdy, et. al., 2011).

The future of professional chaplaincy is exciting. I hope that NACC, through its pioneering efforts, will continue to contribute to this future by helping to share substantive research works that are transforming the field of chaplaincy. Professional chaplains must understand the changing landscape of healthcare delivery, without getting too caught up in the debate whether evidence-based research is an oxymoron or a paradox.

Austine Duru, BCC, is director of mission and pastoral care at St. Elizabeth Regional Medical Center & Nebraska Heart Hospital in Lincoln, NE.

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The Approval of Standards - A USCCB Perspective

By Harry J. Dudley

I was grateful to know that members of NACC might like to know more about how the USCCB Subcommittee on Certification for Ecclesial Ministry and Service approves standards and procedures for certification. Much of the work by your executive director and board to prepare the materials was behind the scenes, and I am grateful for the opportunity to help highlight just how much work they actually did. In fact, NACC’s process will now be promoted as a best practice and model for others!

There are actually three stages of the review process: the initial USCCB office review, a peer committee review, and the actual subcommittee review.

**USCCB Office Review:** We review all submitted documentation, give recommendations to the organization, and try to determine if the revised materials are complete enough for the next step in the process, i.e. the peer review. We are happy that a diocesan staff member whose standards were approved this year called this “coaching for success.”

Our primary focus is to be sure that no one is rejected for incompleteness. We try to ensure that all requested documentation has been included as outlined in our online handbook (see [www.usccb.org/certification](http://www.usccb.org/certification) for a more complete list). We provide templates for all sections. In the case of NACC, an important question was: How does the organization use and educate members on the use of the “Ethical and Religious Directives for Catholic Health Care Services?”

Your board and staff were in constant dialogue with us to be sure that all was done as thoroughly as needed. Once we could agree that all was ready, documentation was moved to the Peer Review Committee.

**The Peer Review:** Each peer review includes at least three people: a bishop, an office staff person, a consultant, and/or an adviser from a similar organization. The bishop chairs the whole process. The members of this committee review all annual reports since the last approval and the communications to date with the office. During this step, the national organization representative is asked to be ready to answer any questions about: the demographics of the members and how they reflect the diversity of those served; the consultation process used in developing the standards and procedures; the formation and ongoing education both of candidates and of those who implement the certification process; and whether a process is in place for ongoing review and revision of certification standards.

Based on the answers to these questions, the peer review committee makes a recommendation to the Subcommittee to: approve (seven years); offer limited approval pending minor changes (three years or less); or delay approval pending major changes needed. NACC was recommended for approval without hesitation.

**Subcommittee Review:** Next, the bishop member of the peer review committee submits his recommendation to the Subcommittee on Certification for Ecclesial Ministry and Service. When the subcommittee reviews the recommendation, it checks whether all questions raised by the previous two reviews have been answered adequately and whether there are any minor changes or recommendations to be addressed and reported on in the first annual report.

At the end of this review, the subcommittee votes on whether the recommendation of the peer review committee will be accepted or amended.

NACC’s letter of approval was sent Sept. 15, 2014, to David A. Lichter, the executive director, and to the chair of the NACC board, Ms. Bonnie Burnett, M.Div. We commended NACC for the great care and detail in revisions and for the addition of the fine educational supports in the NACC Now e-newsletter. We also praised the board’s walk-through process in revising the standards, which clearly showed the lessons learned, and the materials added because of the correlations done to National Certification Standards.

The subcommittee did offer recommendations for further consideration for NACC to respond to in its next annual report. The material submitted was exceptionally well-done. Subcommittee members acknowledged that none of the recommendations made would give cause for denying approval. The recommendations were offered for NACC’s consideration as the organization continues to refine and improve its efforts.

History indeed repeats itself. NACC, in its earlier structure, was the first organization to request approval of national standards for ministry and is once again the first organization to be re-approved by the new subcommittee. Kudos to the NACC staff and board for an incredibly well-done job.

*Harry J. Dudley is associate director for certification of ecclesial ministry for the United States Conference of Catholic Bishops.*
Palliative care and hospice now have specialty standards

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

In 2012, the NACC leadership began discussions with the Supportive Care Coalition (www.supportivecarecoalition.org), a national coalition of Catholic healthcare organizations, who believe that palliative care is a hallmark of Catholic healthcare, intrinsic to its healing mission. Palliative care embodies an enduring commitment to provide compassionate, high-quality, person-centered care for the seriously ill and their loved ones by anticipating, preventing, and relieving suffering. Many NACC chaplains have been called to serve on palliative care interdisciplinary teams, and many already work in hospice settings. Many organizations are now requiring some form of specialty certification to work in these specialized settings.

In May 2013, the NACC Board of Directors approved the development of a specialty certification in palliative care and hospice. The Certification Standards and Procedures for Palliative Care and Hospice were produced through the diligence and dedication of a work group with representatives of NACC Certification Commission, NACC Standards Commission, and the executive director of the Supportive Care Coalition. The NACC Board of Directors approved the result in October 2013.

An applicant for this specialty certification must already be board-certified with the NACC. Thus, these standards do not further include expectations regarding Catholic ministry identity, but they do cover the Ethical and Religious Directives for Catholic Healthcare. (Part Two, Section 6.0).

In spring 2014, the NACC initiated a pilot project with six seasoned palliative-care chaplains to test the specialty standards. In June, several interviews were conducted with NACC members who participated in the pilot project.

Much was learned about the strengths and weaknesses of the process. The implementation team decided not to revise the standards, but to focus revisions on how to describe the intent behind and approach to this specialty certification, the interview itself, and what materials to ask for. Those revisions were approved at the NACC Certification Commission’s November 2014 meeting and are now available here.

The Palliative Care and Hospice Specialty Certification Standards were part of the standards that were approved by the USCCB Subcommittee.
Helpful resources for CPE supervisors and Catholic students

By Mary T. O'Neill

There have been many changes in the NACC Standards over the past several years. When our centers were accredited by USCCB/CCA, we needed to find ways to respond to the NACC Standards, while giving special attention to the USCCB/CCA Standards that were common to all USCCB/CCA accredited centers. Now that our accrediting agency is ACPE, we need to demonstrate how we comply with the ACPE Standards and learning outcomes for levels I, II, and supervisory education. The opportunities and challenges continue to keep us engaged, attentive, and responsible in the CPE curriculum.

This article will attempt to give some helpful hints to CPE supervisors who are working with students who anticipate NACC certification as chaplains.

Historically, members of the various cognate groups for chaplains worked together to formulate the Common Standards. These were approved for all groups in 2005. While NACC was well-represented on those working groups, some significant elements of our Catholic identity were not included in the Common Standards. Our Standards Committee studied the document carefully and added to the Common Standards the elements of our theology and pastoral practice that were not covered. We have been working with these since their approval in 2007. The additions were identified by indentations in the left margins.

More recently, when the USCCB reorganized and discontinued accreditation for CPE programs, they requested that all the training programs conform to the formation outlined in the document Co-Workers in the Vineyard of the Lord. Therefore, our adopted Common Standards, with the additions made in 2007, were once more reviewed and aligned with the Co-Workers document. Consequently, some additional Standards were added to comply more directly with the pastoral letter. These have been approved by the subcommittee of the USCCB. As has been our custom for many years, the local ordinary endorses as "lay ecclesial ministers" and the NACC certifies endorsed persons as "chaplains."

Students are responsible for their own learning and for knowing the requirements of the profession. Nonetheless, the CPE supervisor can alert the student to the requirements and available resources. The following are some suggested ways of assisting students who are Roman Catholic and who are in groups with peers who are of other faith traditions:

1. Align Catholic students’ learning goals/contracts with NACC Standards. (Standards 300s)
2. Have a list of Catholic theological books that they can read to learn more about Catholic theology and practice (Standard 302.21).
3. Verify that their theological education included the required subjects (302.21 scripture, current theology, ecclesiology, sacramental theology, and Catholic social teaching)
4. Have students read current and full research articles (not abstracts or briefs) and learn the language of research, perhaps sparking interest in the field of research (Standard 305.7).
5. Read books, listen to CDs, and find articles that inform, educate, and evoke reflection and growth. (303.11, 303.82, 303.83, 304.11).
6. Locate an online or local university course in an area of deficiency.
7. Be alert to webinars and conferences, that address Catholic social teaching, medical ethics, etc.
8. Have library, online, and other resources to improve competency.
9. Help students integrate theory and practice by adding to the verbatim reflection questions to strengthen the articulation of competencies.

Some easily available resources to begin with:

- USCCB website at www.usccb.org has abundant resources and links to Catholic social teaching documents and encyclicals.
- Center for Catholic Studies, John A. Ryan Institute for Catholic Social Thought, University of St. Thomas, 2115 Summit Ave., St Paul, MN, (651) 962-5200
- Catholic audio and video courses (Now You Know Media, 12115 Parklawn Drive, Unit B, Rockville, MD 20852)
- Catholic Health Association at www.chausa.org resources, especially for ethics, ERDs, mission
- Encyclopedia of Catholicism, Richard P. McBrien, general editor

This is by no means an exhaustive list, but rather a sampling of some resources and ideas to integrate knowledge and practice. Hopefully, it will help both supervisors and students be better prepared to engage the changes in the NACC Standards. Please feel free to share any ideas or practices that can enrich or enhance this learning process.

This topic will be expanded upon at the upcoming annual conference in Arlington, VA, in workshop SA10. See you there!

Mary T. O’Neill, BCC, D.Min., is vice president for spiritual care and pastoral education at Catholic Health Services, Long Island, NY.
In the future, certification may not mean competency

By Michele LeDoux Sakurai

“For I know the plans I have for you,” declares the Lord, “plans to prosper you and not to harm you, plans to give you hope and a future.”

Jeremiah 29:11

Certification is a process that validates the skills of chaplains. Every chaplain shares the journey of an advanced degree, four or more units of CPE, endorsement, and sitting before an interview committee prior to being recommended for certification by the Commission. In my training, the process was fondly referred to as “birthing barbed wire.” It takes years, and the assumption has always been that if certified, a chaplain has evidenced the competencies of 40 standards.

Imagine our surprise, during our hospital’s last accreditation survey, when the surveyors told us that neither certification nor licensure necessarily provides assurance of competency. The surveyors expected that professional competencies would be evaluated annually.

The disciplines scrutinized in this particular survey did not include chaplaincy. Yet healthcare seems to be moving toward a stronger commitment to skill assessment as a way to make patients safe. If the discipline of spiritual care is to be remain fully engaged as part of the care team, it may require a more systemized approach to competency assessment.

Historically, when hiring a certified chaplain, it was unnecessary to note all 40 competencies in the job description; “certified” said it all. Annual evaluations may or may not specifically address these competencies; in many institutions, the evaluations focus more on the goals of the organization to meet its strategic initiatives. The competencies of the chaplain may be noted as meeting professional competencies under a specific category, such as “customer service,” and still not ultimately meet the expectations of accreditors.

To meet surveyor expectation, we needed to identify an assessment tool, which was easy. The NACC Standards list the competencies that the major certifying bodies share, and we created a template using much of the hospital system’s terminology from our annual evaluations. For each NACC Standard, two categories were identified. The mode of verification is simply how the competency was revealed (demonstrate, verbal response, education, performance improvement monitors, etc.). The vehicle for verification describes detail of the mode (staff/patient feedback, chart review, presentations, one-on-one interaction between director and chaplain, committee participation, etc.).

The chaplain is assessed for skill status: meets, skill development in progress, does not meet competency, or advanced skill evidenced. For a “skill development in progress” or “does not meet competency,” a development plan is created to follow the chaplain’s progress.

Below is an example of how a template might be used to assess a chaplain needing development in several areas.

Using the NACC Standards for annual assessment benefits spiritual care as a discipline in at least four ways:

1. The standards are shared by the major certifying bodies in North America, giving the competencies a common language and understanding across the discipline.
2. Such a tool encourages a stronger accountability for the discipline by both directors and chaplains.
3. It provides managers/directors a means to track chaplain improvement over time.
4. It creates continuity (for development, education, and discernment) for chaplains between each five-year renewal of certification.

All disciplines will be expected to strive towards improvement and greater efficiency; spiritual care will not be exempt. This tool is an attempt to create options for assessment that can move chaplaincy as a discipline forward in healthcare. If you or your department carries a best practice for annual assessment/evaluation of spiritual care provision, please share your wisdom with the NACC. Together we can create the tools to better serve our patients and residents.

_Michele LeDoux Sakurai, BCC, is manager of mission and pastoral care at Providence Health Care Stevens County in Colville, WA._

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**Utilizing NACC Standards to Evaluate Chaplain Competencies: An Example**

Name: Chaplain A
Certification: NACC/APC/NAJC/CAPPE (circle one)
Organization: B A Catholic Medical Center
Date of Competency Assessment: December 15, 2014

**Mode of verification:** O = Direct Observation; D = Return Demonstration; VR = Verbal Response; ET = Education/Training; PI = Performance Improvement Monitors

**Vehicle of verification:** Staff/pt. interaction & feedback; 1:1 interaction (Director & Chaplain); meeting education requirements of institution; by certification; chart review, presentations; communications; committee participation; awards/recognition. (This is not an exhaustive list of possibilities)

**Skill Status:** M = meets; SD = skill development in progress; DN = does not meet competency; A = Advance (for staff who act in interim leadership role)

<table>
<thead>
<tr>
<th>Ref. # (NACC)</th>
<th>Summary of Standard (green = specifically articulated in Job Description)</th>
<th>Mode</th>
<th>Vehicle</th>
<th>Skill Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>302.1</td>
<td>Articulate a theology of spiritual care that is integrated with theory of pastoral practice.</td>
<td>VR D</td>
<td>Staff/pt. interaction &amp; feedback</td>
<td>M</td>
</tr>
<tr>
<td>302.2</td>
<td>Incorporated a working knowledge of psych/soc disciplines and religious beliefs/practices in the provision of pastoral care.</td>
<td>VR D</td>
<td>Chart review, committee participation</td>
<td>M</td>
</tr>
<tr>
<td>302.21</td>
<td>Demonstrate an understanding of scripture, theology, ecclesiology sacramental theology and Catholic Social Teaching.</td>
<td>D</td>
<td>Committee participation</td>
<td>M</td>
</tr>
<tr>
<td>302.3</td>
<td>Incorporate the spiritual &amp; emotional dimensions of human devel. Into the practice of pastoral care</td>
<td>ET</td>
<td>Chart review</td>
<td>M</td>
</tr>
<tr>
<td>302.4</td>
<td>Incorporate a working knowledge of ethics appropriated to pastoral practice.</td>
<td>ET D</td>
<td>1:1 interaction</td>
<td>M</td>
</tr>
<tr>
<td>302.41</td>
<td>Demonstrate an understanding of the ERDs.</td>
<td>ET D</td>
<td>1:1 interaction</td>
<td>M</td>
</tr>
<tr>
<td>302.5</td>
<td>Articulate a conceptual understanding of group dynamics and organizational behavior.</td>
<td>VR</td>
<td>1:1 interaction</td>
<td>M</td>
</tr>
<tr>
<td>303.1</td>
<td>Function pastorally in a manner that respects the physical, emotional, spiritual boundaries of others</td>
<td>O</td>
<td>Staff &amp; patient interaction</td>
<td>M</td>
</tr>
<tr>
<td>303.2</td>
<td>Use pastoral authority appropriately</td>
<td>O</td>
<td>Staff &amp; patient interaction</td>
<td>M</td>
</tr>
<tr>
<td>303.3</td>
<td>Identify one’s professional strengths and limitations in provision of pastoral Care.</td>
<td>VR</td>
<td>1:1 interaction</td>
<td>M</td>
</tr>
<tr>
<td>303.31</td>
<td>Demonstrate the ability to be self-reflective</td>
<td>O</td>
<td>1:1 interaction</td>
<td>M</td>
</tr>
<tr>
<td>303.4</td>
<td>Articulate ways in which one’s feelings, attitudes, values, and assumptions affect one’s pastoral care</td>
<td>D</td>
<td>1:1 interaction</td>
<td>M</td>
</tr>
<tr>
<td>303.5</td>
<td>Advocate for the persons in one’s care.</td>
<td>D</td>
<td>Staff/pt. feedback</td>
<td>M</td>
</tr>
<tr>
<td>303.6</td>
<td>Function within the Common Code of Ethics for Chaplains, etc.</td>
<td>VR</td>
<td>Via Certification</td>
<td>M</td>
</tr>
<tr>
<td>303.7</td>
<td>Attend to one’s own physical, emotional, and spiritual well-being.</td>
<td>1:1 interaction</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>303.71</td>
<td>Articulate a spirituality grounded in a relationship with God, self, and others.</td>
<td>D</td>
<td>1:1 interaction</td>
<td>M</td>
</tr>
<tr>
<td>303.8</td>
<td>Communicate effectively orally and in writing.</td>
<td>D</td>
<td>Dept. meetings, communications/p&gt;</td>
<td>M</td>
</tr>
<tr>
<td>303.9</td>
<td>Present oneself in a manner that reflects professional behavior/dress &amp; includes timely attendance.</td>
<td>D</td>
<td>Kronos (time-keeper), staff &amp; pt. feedback</td>
<td>M</td>
</tr>
<tr>
<td>304.1</td>
<td>Establish, deepen, and end pastoral relationships with sensitivity, openness and respect (active listening, non-judgmental, compassion, approp. Boundaries)</td>
<td>D</td>
<td>Staff and pt. feedback; 1:1 interaction</td>
<td>M</td>
</tr>
<tr>
<td>304.2</td>
<td>Provide effective pastoral support that contributes to the well-being of patients, families, and staff (regular in pt. visits and responds to referrals)</td>
<td>D</td>
<td>Staff and pt. feedback; chart review</td>
<td>M</td>
</tr>
<tr>
<td>304.3</td>
<td>Provide pastoral care that respects diversity...</td>
<td>D</td>
<td>Staff/pt. feedback, chart review</td>
<td>M</td>
</tr>
<tr>
<td>304.4</td>
<td>Triage and manage crises in the practice of pastoral care.</td>
<td>D</td>
<td>Staff/pt. feedback, chart review</td>
<td>M</td>
</tr>
<tr>
<td>304.5</td>
<td>Provide pastoral care to persons experiencing loss and grief</td>
<td>D</td>
<td>Staff/pt. feedback, chart review</td>
<td>M</td>
</tr>
<tr>
<td>304.6</td>
<td>Formulate/utilize spiritual assessment in order to contribute to plans of care.</td>
<td>D</td>
<td>Chart review, presentation</td>
<td>M</td>
</tr>
<tr>
<td>304.7</td>
<td>Provide appropriate religious/spiritual resources...</td>
<td>D</td>
<td>Staff/pt. feedback</td>
<td>M</td>
</tr>
<tr>
<td>304.8</td>
<td>Facilitate worship/spiritual services appropriate to diverse settings/needs.</td>
<td>D</td>
<td>Worship &amp; Spiritual services</td>
<td>M</td>
</tr>
<tr>
<td>304.9</td>
<td>Facilitate theological reflection in the practice of pastoral care.</td>
<td>D</td>
<td>Chart review, staff/pt. feedback</td>
<td>M</td>
</tr>
<tr>
<td>305.1</td>
<td>Promote integration of Pastoral/Spiritual Care into life of institution.</td>
<td>O</td>
<td>Staff and pt. feedback</td>
<td>DN</td>
</tr>
<tr>
<td>305.2</td>
<td>Establish/maintain professional/interdisciplinary relationships.</td>
<td>D</td>
<td>Staff feedback, 1:1 interaction</td>
<td>M</td>
</tr>
</tbody>
</table>
### Areas for Improvement and Time Line:

<table>
<thead>
<tr>
<th>NACC Standard &amp; Skill Need</th>
<th>Summary</th>
<th>Description of Area for Improvement</th>
<th>Next Steps</th>
<th>Review time line</th>
</tr>
</thead>
<tbody>
<tr>
<td>305.1 DN</td>
<td>Promote integration of Pastoral/Spiritual Care into life of institution</td>
<td>Chaplain A's focus on direct care has not extended to greater integration to date. As a result, staff assume that chaplains' roles are restricted to only patient care. This has been discussed over the last 2 quarters as a need.</td>
<td>To promote integration of Spiritual Care through in-services for her direct care units. (Two in-services over the next 60 days.)</td>
<td>Jan. 15 for update</td>
</tr>
<tr>
<td>305.3 SD</td>
<td>Articulate an understanding of institutional culture etc.</td>
<td>Chaplain A struggles with utilizing a chain of command effectively thus resulting in</td>
<td>Check assumptions with Director prior to moving forward with concerns or problems. (Log these events for 1:1)</td>
<td>Jan. 15 to discuss log entries.</td>
</tr>
<tr>
<td>305.6 SD</td>
<td>Foster collaboration with clergy/faith group leaders.</td>
<td>Chaplain A reports that she is challenged by clergy whose faith stance she perceives less than helpful to patient. She fears that</td>
<td>When confronting a time that collaboration is blocked by</td>
<td>Jan. 15 or before this time as</td>
</tr>
</tbody>
</table>
this perception can risk alienating clergy.

perception, ask for assistance of chaplain peer or Director. To aid in an effort to move towards detachment, read Richard Rohr: Naked Now; Everything Belongs; or Immortal Diamond.
Newly Certified Members!

Congratulations to the following NACC members who have been approved for Chaplain Certification following their interviews in Fall 2014.

**Rev. Celestine Afugwobi**  
Rialto, CA

**Rev. Jacob Asiedu-Frempong**  
Lake Worth, FL

**Mr. Jacob T. Belton**  
Clearwater, KS

**Mrs. Kathleen S. Bergman**  
Elk Grove Village, IL

**Rev. Joseph C. Cain**  
Austin, TX

**Mr. Michael J. Corrigan**  
Wichita, KS

**Mr. Roberto Cortés**  
Milwaukee, WI

**Mr. Angelo A. De Lorenzo**  
Washington Cros., PA

**Mr. Brent J. Derowitsch**  
Minneapolis, MN

**Sr. Appolonia N. Egbuchulem**  
Newark, NJ

**Rev. Fidelis O. Ezeani**  
Nyack, NY

**Mrs. Katherine A. Gale**  
Miramar Beach, FL

**Ms. Regina C. Gavin**  
Needham, MA

**Sr. Anna Christina Hennig SND**  
Cleveland, OH

**Rev. Alphonsus A. Ihuoma**  
Rochester, MN

**Ms. Lauren E. Jackson**  
Carmel, IN

**Mrs. Kathleen G. Kaskel**  
Mountaintop, PA

**Rev. Simon J. S. Kimaryo AJ**  
Parma, OH

**Rev. Augustine Kizhakkedam OCD**  
St. Louis, MO
Mr. Nelson Lao
San Francisco, CA

Mr. Slawomir Lomnicki
White Lake, MI

Mrs. Gina Lyke
Schaumburg, IL

Sr. Teresa Maher CPPS
Alta Loma, CA

Ms. Diane G. McCarthy
Woburn, MA

Deacon Michael F. Mullarkey
Brick, NJ

Rev. Anselm I. Ofodum
Lafayette, LA

Rev. Ignatius A. Okonkwo
Elk Grove Village, IL

Mrs. Judith B. Reyes
Chicago, IL

Ms. Marie C. Stein
Akron, OH

Mrs. Mary Lou Swinerton
Medina, OH

Mr. Ronald J. Tremblay
Tulsa, OK

Mrs. Monica A. Unti
Stow, OH

Ms. Catherine Valeriote
Calabasa, CA

We also welcome a new NACC chaplain through the NCVACC recognition process:

Rev. Thomas M. Dieter
Seminole, FL
2015 brings yearlong celebration of NACC’s jubilee

Blessings to you in the 50th jubilee year for the NACC.

There is so much to be thankful for as we enter this 50th year of the NACC mission. We are grateful to the U.S. bishops who had the foresight and courage in 1965, after Vatican II, to establish the NACC to ensure a training course for hospital chaplains. As Catherine Elliot noted in her 1975 *A History of the National Association of Catholic Chaplains*, the statement of purpose included the following points:

1. The general objective of this association shall be to assist the chaplain toward the realization of progressively higher ideals, with attendant spiritual, intellectual, and personal characteristics, in the pastoral care of patients and staff in the institution.
2. To encourage the development of all phases of Catholic life as they relate to institutional practice.
3. To afford members an opportunity to communicate with each other and become familiar with resources of all health organizations.
4. To develop themselves as genuine Christ-like chaplains, after the example of the Divine Healer of Souls.
5. To encourage and promote education and training of priests as chaplains through national, regional, and local meetings, and through training programs.

The NACC has not wavered from reinterpreting and renewing itself in light of this initial charter as it responded to diverse needs and times of history. For this we are grateful.

For those of you who were part of the NACC when it celebrated its 40th anniversary, you will remember the substantive and impressive book, *40th Anniversary Reflections: Wellsprings of Our Journey: 1965-2005*, produced by former *Vision* editor Becky Evans, with assistance from David Lewellen, our current *Vision* editor. While that booklet is out of print, we will be reproducing a PDF copy for online reading.

We plan throughout 2015 to keep this celebration before us, including the 2015 conference with its jubilee theme “Honoring the Gift,” local/regional events, and many articles in both NACC Now and *Vision*. Reflections will honor the past by looking forward. The introduction to that 40th anniversary booklet quotes Fr. Richard Tessmer’s emphasis on the importance of history, and offers his insight, “The past thus becomes the first step into the future.”

We so deeply realize that we celebrate this golden jubilee in uncertain times for healthcare and the role of our chaplaincy profession. Yet we are deeply grateful for the many NACC leaders who before us chartered in turbulent waters and uncertain times. We value their vision and courage, and seek to continue the healing ministry of Jesus in the name of the church.

I am so honored and humbled to be part of the NACC at this juncture of its history, and so look forward to celebrating this jubilee year with you!

Blessings,

David A. Lichter, D.Min.
Executive Director
History and mission of NACC ignite passions

By Karen Pugliese

One wintry December morning 31 years ago, I received a letter informing me that I was now a certified chaplain. Shortly thereafter I successfully met with a committee for advanced certification in rehabilitation medicine. As I prepare to renew my certification in 2015, I am also preparing for our new certification in palliative medicine. Opportunities for our professional advancement continue to abound within NACC!

I began attending annual conferences and was deeply impressed by the strong women leaders within NACC, such as Sisters Helen Hayes, Anita Lapeyre, and Monica Lucas. And by sisters in leadership roles like Kay Sheskaitis and Maryanna Coyle who were deeply connected to NACC in service. But perhaps I was most inspired by Flo Smithe, a certified chaplain and the first woman CPE supervisor, who like me, was also the mother of a large, active and growing family in the Chicago suburbs.

But as the NACC reaches its 50th anniversary, I don't just want to reminisce. I want to honor the passion that the ministry of chaplaincy ignited in me and so many others — passion for the possibilities in ministry, passion for professionalism in ministry, and passion for the power of effective partnerships for advancing our profession. Although I will only touch on a few highlights, I hope my story can encourage others.

In 1984, NACC was organized by regions, and I quickly became involved in Region 7. I fondly remember liturgies and Certification Commission gatherings with our executive director, Fr. Joe Driscoll, at his home in Milwaukee. I attended almost every annual conference, benefiting from opportunities to both give and receive continuing education.

During my career, I have been blessed with opportunities to work with people, organizations, and environments in significant transition. When I accepted nomination to the Board of Directors in 2004, we were entering a period of great transition, and I felt called to help establish a meaningful and sustainable vision for the future of professional chaplaincy. In accepting the role of board chair, one of my initial challenges was planning and implementing our first visioning retreat, facilitated by Rod Accardi.

After a theologically grounded, reflective, and prayerful discernment process, we then talked with guests who sketched their vision of the future, and guided us in exploring where our energy and enthusiasm were leading us. We had also interviewed 12 leaders in the church, in ministry (several from our cognate organizations), mission, transformational development, and education. One was John Reid, founder and co-director of The Reid Group, a national church consulting and mediation company, NACC Interim Executive Director Fr. Tom Landry and I proposed that the board hire The Reid Group to plan our NACC Vision and Action Initiative. We were committed to deeply involve NACC membership in the process.

Seventeen members were invited to serve on the Planning Committee along with Fr. Landry, myself, John Reid, and Maureen Gallagher (Reid Group consultant in Milwaukee). Bishop Dale Melczek, our Episcopal advisor, served as ex officio member. The group drafted a five-year plan to be presented at the annual conference in March, 2007. The prayerful, planful, and playful work of these dedicated and deeply committed chaplains engineered a bridge to the future while helping to heal individual and communal wounds.

A membership that felt disconnected from leadership became actively involved through email responses to drafts of the new goals posted on the website. Phone call focus groups and special-interest meetings sparked new energy. Monthly articles in Vision, local gatherings, and recruitment for opportunities to serve on expanded committees and the Board of Directors engaged members in a way that generated deeper commitment and ownership. Personally, I am proud of initiating the change in our professional credential designation from “NACC Cert.” to “BCC.” Throughout this process, participants formed deep and meaningful relationships with colleagues we might not have known otherwise, and who continue to serve NACC in many capacities.

NACC navigated several more transitions in my closing years on the board. We moved the national office to more practical and cost-effective office spaces. When Fr. Landry was called back to his diocese in Massachusetts, the board engaged in a prayerful and reflective nationwide search process facilitated by The Reid Group. Our quest culminated with the selection of David Lichter, D.Min., who joined us in August of 2007. David’s commitment to mission, his collaborative leadership style, team orientation, strategic abilities, and expertise in diverse planning and fundraising efforts continue to serve us well. He has traveled the country providing continuing educational and theological reflection programs while keeping costs amazingly low. I was blessed to work with both men, and to foster lasting personal and professional relationships with members of the NACC national office staff over the years.

One of my greatest joys was collaborating with our cognate partners in ministry. I feel some sadness that my vision for our coming together in a more formal organizational union never materialized, but I am comforted by the words of Archbishop
Oscar Romero: "No pastoral visit brings wholeness. ... No program accomplishes the Church’s mission. No set of goals and objectives includes everything. ... We cannot do everything, and there is a sense of liberation in realizing that. This enables us to do something, and to do it well. It may be incomplete but it is a beginning, a step along the way, an opportunity for the Lord's grace to enter and do the rest. ... We are prophets of a future not our own."

Thirty-one years later, I am grateful to have been a part of NACC’s journey — incomplete, but a beginning, a step along the way into a future not our own.

Karen Pugliese, BCC, is an advanced practice chaplain at Central DuPage Hospital in Winfield, IL, and served on the NACC Board of Directors from 2004 to 2010.
Chaplain Overboard!

By Joseph G. Bozzelli

Editor’s note: With this story, we begin a regular feature for Vision and NACC Now in 2015. To celebrate our 50th anniversary, we will be sharing chaplains’ most memorable stories of moments when their work and their mission suddenly came into focus.

There was hardly any wind at all the day that a friend and I decided to go sailing. In fact, the wind was so mild that we debated whether to sail at all. But our hearts were set on sailing, so off we went in my little boat.

Maybe I was preoccupied with helping my friend get situated, but for some reason, instead of untying the rope that allowed the main sail to move freely, I still had it secured. Did I tell you that there was hardly any wind that day? Anyway, shortly after we pushed off from the dock, a sudden gust of wind caught the main sail, causing us to shift our weight, which tossed my friend and me into the water and flipped my boat on its side.

After surfacing, we both checked to make sure we were OK. Besides being embarrassed and a bit stunned, we were both fine. The sails, designed to be filled with air, were now filling rapidly with water. They had so much water we were unable to right the boat. So there we were, treading water and trying to figure out what to do next.

Suddenly a pontoon boat pulled alongside our sinking vessel. “Need a little help?” the pontoon captain called. Desperately treading water because I neglected to wear a life jacket (remember, there wasn’t much wind that day), I chokingly replied, “We sure could, thanks!”

“No problem,” he replied, as he threw a rope for me to attach to the boat. Meanwhile, my friend made it safely aboard the pontoon boat. As I was treading water and trying to fasten the rope, the captain cried out, “Hey, I know you! Aren’t you a chaplain at St. V’s?”

“Yes,” I said, sarcastically saying to myself, “maybe we can save the introductions until after my catastrophe-at-sea ordeal is over.” He continued, “Yes, I remember, you were with me six months ago when my daughter died in the ICU unit.”

The memory suddenly came to me as the urgency of my crisis sank. I had been called to be with him when his 24-year-old daughter had died, unexpectedly. Earlier that day she was found unconscious at home, and despite everything that the doctors could do, she died. The sadness of that night came quickly back to me. I muttered something like, “Yes, Mr. Smith, I remember ... such a shock ... so very sad.”

I tied the rope to my boat and got aboard his. We talked briefly about that evening, his daughter’s death, and his subsequent healing. Drenched and shivering, it was difficult to offer much support. He towed my water-laden craft back to the dock. I thanked him for his help and said goodbye.

I’m not sure why this incident holds such meaning for me. Maybe it’s because it’s such an unusual moment. After all, what are the odds that of all the people to come to my rescue, it was the father of a patient I was with when his daughter died? Was this just a coincidence, or something more?

I’d like to believe that it was something more, like a “God thing.” It’s as if God used that moment to support this father in some way. By helping me, maybe the father was able to feel a sense of giving back, for the support that I hope I gave him when he was in need. Or maybe our chance encounter helped him in his grief, by just talking with someone who was there when his daughter died. Perhaps, our meeting was more for my benefit. He helped to remind me of the important role that chaplains can have on a person’s life.

I imagine that there can be several ways to try to make sense of such a random encounter. It may not be necessary to try to find meaning in it at all. But I’d like to believe that for some reason, God brought this father and me together, again. This day, we shared in common how unexpected events can alter your life. Certainly, his daughter’s death had altered his life far more than a gust of wind had altered mine. But the lesson for me is to hold on to the belief that regardless of the events that happen in our lives, the winds of God’s grace and love are always with us to guide us on our journey. It just helps to make sure that we have our sails properly aligned.

Joseph G. Bozzelli, D.Min., BCC, is director of pastoral care services at St. Elizabeth Healthcare in Edgewood, KY.
Conference time is drawing near; please register!

Dear NACC Friends,

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

Our conference theme 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 NACC, from each other, from our patients and colleagues, and perhaps most of all, from the ministry itself.

Our time together will be about honoring those gifts. We will celebrate our rich and amazing history, we will look to the future and explore the many ways chaplaincy – and our ministry settings as well – are changing. And finally, we will look within our own 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 are tight. Give thought to how you might be able to make this possible. Consider that the conference hotel offers a free shuttle from the airport; conference registration includes a continental breakfast on three days; and the NACC offers scholarships and roommate programs. All may help bring costs within reach. We want to make it possible for you to come!

Our plenary speakers are nationally respected, the pre-conference sessions promise to be times of great learning, the workshops will feature some of the leading voices in our profession, and the prayer (as always) will touch your spirit. The annual pre-conference day of reflection will be held at the Washington Retreat House and we’ve even set aside some sabbath time Sunday afternoon to explore the special sites of our capitol—you can either go on your own, or sign up for one of our outstanding group experiences (more information to come on these in January). Oh, and by the way, we’ve also got a great party planned! This year is one you don’t want to miss!

On behalf of the entire conference team – Rev. Jack Crabb, SJ (Plenary Speakers/Board Liaison), Bridget Deegan-Krause (Workshops), Rev. Rich Bartoszek (Liturgy), Deacon Tom Devaney and Victoria Lucas (Local Arrangements) – I invite you to join us as we celebrate 50 years of rich and wonderful ministry.

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

Beverly M. Beltramo, D.Min, BCC

IMPORTANT DATES AND POLICIES

**Friday, January 23, 2015:** Last postmark or fax date for Early Bird registrations.

**Wednesday, February 4, 2015:** Last guaranteed date to book room reservations at special conference prices. After this date, the hotel will not hold our room block; therefore these rates and availability of rooms will not be guaranteed. Please reserve your room early. Confirm your departure date when you register.

**Friday, February 6, 2015:** Last date to receive registrations by mail, fax, or online. All subsequent registrations will be taken onsite only.

**Friday, February 6, 2015:** Last date to receive written cancellations that are eligible to receive a refund of registration and meal ticket fees (minus $50 processing fee). After this date, no registration will be refunded. Refunds cannot be made for inclement weather affecting travel.

**Registering for the Conference**

The NACC has a **NEW online registration portal** for conference registrants. This new feature provides all interested participants with the opportunity to register and/or pay for the conference online. There are three options for registering and paying for the conference:

1. Register online using the NEW registration portal and pay with MasterCard or Visa Credit Card. (see below for link)
2. Register online using the NEW registration portal and indicate you wish to be invoiced and will mail your payment. (see below for link)
3. Complete a paper registration form and mail the form with your payment (check/money order) to the NACC office.
To register online and receive the NACC member registration rate, you will need to log into the registration portal using your **NACC WebLink Portal username and password**. In December, your WebLink Portal username and password* were emailed to you; if you cannot locate your username and password, please contact the NACC office directly.

* Note that your portal credentials will be different from your usual nacc.org website credentials for viewing Member Pages. If you don’t know your portal username and password please contact the office.

**2015 Conference Flyer and Registration Forms**

**Information**

2015 Conference Flyer (PDF) - go to www.nacc.org/docs/conference/2015/Conference Flyer.pdf

List of Workshops (includes presenters and objectives) (PDF) - go to www.nacc.org/docs/conference/2015/Workshop List (presenters titles overview objectives).pdf

**Registration**

Note that you must print these forms out and then fill in your information (they cannot be filled out online)

2015 Conference Registration form (PDF) - go to www.nacc.org/docs/conference/2015/Conference Registration Form.pdf

2015 Day of Reflection (Retreat) Registration form (PDF) - go to www.nacc.org/docs/conference/2015/Day of Reflection Registration Form.pdf

**NEW!** Conference registration portal - To register online go to:


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