

ADVANCING THE INTEGRATION OF SPIRITUAL CARE IN WHOLE PERSON CARE

Caring for the Human Spirit

magazine

SPRING/SUMMER 2024

CMS CHAPLAIN
SERVICES CODES:
**THE TICKET
TO A SEAT AT
THE TABLE**

FIRST RESPONDER
CHAPLAINCY IN THE UK:
**CHAPLAIN
JACQUETTA
GOMES**

SACRED PSYCHOLOGY:
**A GUIDE TO
SPIRITUAL
COUNSELING**

A HEALTHCARE CHAPLAINCY NETWORK™ PUBLICATION

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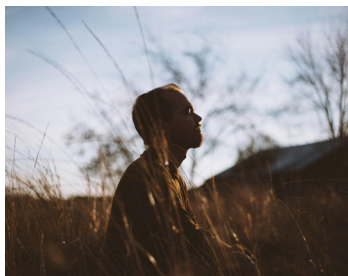
Alan V. Schwartz

HealthCare Chaplaincy Network™ is a global health care nonprofit organization that offers spiritual-related information and resources, and professional chaplaincy services in hospitals, other health care settings, and online. Our mission is to advance the integration of spiritual care in health care through clinical practice, research and education in order to improve the patient experience and satisfaction, and to help people faced with illness and grief find comfort and meaning—*whoever they are, whatever they believe, wherever they are*. We have been caring for the human spirit since 1961.

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A LETTER FROM REV. ERIC J. HALL

Dear Colleagues,

Today we bring back the popular Caring for The Human Spirit Magazine® in a form that will continue to be informative, educational, cutting-edge, and earth-friendly. The Caring for the Human Spirit Magazine® is important because it gives voice to the field of spiritual care and the chaplaincy profession. It touches on executive leadership, interdisciplinary relationships, legislative agendas, new chaplaincy students, educators, researchers, and the list can go on.

I know of nothing more important than stating our case, promoting our value, and integrating spiritual care into every crevice of society. People are hurting and we have something to say that can heal. Our institutions are struggling and we have support to offer. Our country is polarized and we can help. We walk into dark places where we stand with those who are suffering. We walk into places where we stand with and support those who are bringing hope, joy, and meaning. Every generation encounters challenges. You and I are surrounded by ours. I believe we have a contributive response to our challenges.

This is your magazine. This is your voice to hundreds of thousands who will read it. Submit your research, articles, opinions, hopes, and dreams. Forward your enthusiasm, your insights, your successes and failures. I believe our collaboration can change the field of spiritual care and the profession of chaplaincy while also empowering all readers. I hope you think so too.



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I CARRY THEIR MEMORIES FOR THEM IN MY HEART

Alzheimer's disease is a degenerative brain disease and the most common cause of dementia. Dementia is characterized by a decline in memory, language, problem-solving, and other cognitive skills that affect a person's ability to perform everyday activities. This decline occurs because nerve cells (neurons) in parts of the brain involved in cognitive function have been damaged or destroyed. In Alzheimer's disease, the damage and the destruction affect parts of the brain that enable a person to carry out basic bodily functions. There are several types of dementia: Alzheimer's/dementia, Vascular dementia, dementia with Lewy bodies, mixed dementia, frontal temporal lobe, and Parkinson's disease, to name a few.

My mother was diagnosed with Alzheimer's dementia at the age of 66 years. Though I didn't have much family support during the early days of her illness, I chose to care for her in the comfort of her home. I did have a core group of church leaders with whom I served, who supported and encouraged me in every possible way that they could. Fellow chaplains at work even kept a watchful eye to ensure I maintained an emotional balance. The year I was informed about the Alzheimer's Association, I attended their caregivers' support group. The meetings gave me a sense of relief and comfort to meet others walking the same path. The workshops and conferences I attended informed and educated me regarding the type of care and resources that were available. I also learned how to select the medical specialties my mother needed.

When I was growing up, my mother was not only a public speaker but a singer as well. When she lost her ability to communicate verbally, I had to learn to navigate a new way to connect. I was no longer simply responsible for making major decisions for my mother, I was also her voice. Between the information learned in groups and all the resources that the Delaware Valley Alzheimer's Association staff and The New York Chapter Association made available, I ensured my mom received the best of care and support. My mother died in 2012, and I carry her memories in my heart. I am most grateful we could have a meaningful connection during that time in her life.

In 2017, I began working with geriatric

patients who live with some form of dementia. I love working with this population of patients as they are precious to me. The care that I gave my mother qualified me for this assignment. In 2017, I began providing chapel service at the nursing home on Tuesdays and Fridays. In 2020 many of my residents who attended chapel services faithfully became sick with COVID-19. Having a form of dementia caused them to be helpless against this disease. All I could do was sit and pray with them during their final moments as we did not know how rapidly they would be taken away from us in death. I will never forget the faces of the many ones that left an imprint in my heart. I personally attended extensive behavioral health therapy/grief therapy for over four months due to the trauma of losing so many patients and colleagues so quickly. I will always be grateful for the team that I worked with as they all stood in the gap for the absent family members. They worked consistently to help in giving comfort care to me.

There is yet a remnant of my Tuesday and Friday groups that remain. Many were sick, and at times so very close to death. Oftentimes, we were on the edge of our seats praying and hoping that they survived. Those who remain now meet with me on Friday mornings for service. Though they have no memory of those whom they shared meals with, I carry their memories for them in my heart. They have no memory of those they played bingo with, but I carry their memories in my heart. They have no memories of those other residents they worshiped with and spent holidays with, but I carry their memories in my heart. They have no memories of the year of devastation that rocked this country, but I carry their memories for them in my heart. Oftentimes, during the services we have together on Fridays, I share with them their memories that I carry in my heart as they have no memories of just how sick they were and how they needed to be nursed and nurtured back to health. This remnant of patients who remain have a form of dementia that has robbed them of their past, yet I still carry their memories in my heart. I encourage and remind them that they are strong fighters as I carry their memories in my heart.

In November 2021, I was honored for consistently serving patients in the nursing home during the pandemic that rocked

this country. The board of directors of HealthCare Chaplaincy Network held The Wholeness of Life Gala in New York and honored chaplains for their extraordinary service during the COVID-19 pandemic. It is nice to be honored, but I do this in memory and honor of my mother. I advocate every chance I get and engage in any way I can to support the memories of others that I carry in my heart. I attend district office meetings with my members of Congress, in person and virtually. I participate in my member of Congress town hall meetings and have attended the Alzheimer's Association forum in person and virtually. I have attended the meetings on Capitol Hill and the Senate Committee hearings. I also represent the association at health expos all on behalf of the memories I carry in my heart.

As chaplains, we must be creative to extend our repertoire and helping techniques beyond those based on rational conversation and the ability to remember. To meet the spiritual needs of this group of patients with dementia, there must be a lively respect for their ongoing dignity and worth as human beings whom God has created. Lastly, when they can no longer remember, we must carry their memories for them in our heart.

**Rev. Chaplain Shirley M. Dash
BCC**

"When I sit at the table, I speak in honor of those that have been silenced from Alzheimer's/Dementia. I am their voice."

About the Author

Shirley M. Dash is an advocacy leader making a difference with policy efforts. She has been an Ambassador for the Alzheimer's Association since 2014 and is the Liaison assigned to several members of Congress. She is a Licensed Ordained Minister, with a degree in Health Science. She is a Certified Clinical Staff Chaplain in both hospital and nursing home settings under the Leadership of Trinity Health System and Penn Health System. She also currently serves at Victory Christian Center Church where she is a member. She has had the privilege to teach students in the ordination process Basic Clinical Pastoral Education as one of several Adjunct Instructors at the University of Penn Pastoral Care Department.

Information and definitions used in this article were originally noted by Dr. Stephen Sapp and the Alzheimer's Association.



First Responder Chaplain Division of the SPIRITUAL CARE ASSOCIATION

Are you a fire, police, or first response chaplain? Are you a volunteer or community leader looking for more training in spiritual care for crisis, trauma, and disaster first response?

Then the First Responder Chaplain Division of the Spiritual Care Association is perfect for you!

The First Responder Chaplain Division of SCA focuses on the spiritual dimension of professional first response practice including professional chaplains, volunteers, community leaders, and all members of a first response team.

Join Us!

EARN YOUR CRISIS, TRAUMA, AND FIRST RESPONSE CERTIFICATE

The Crisis, Trauma, and First Response Certificate Course for Chaplains provides the basic and fundamental skills and knowledge needed in order to provide chaplaincy spiritual care to those people who have been impacted by an emergency, crisis, trauma, or disaster. Upon completion of this online, self-guided course, you will earn the Crisis, Trauma, and First Response Certificate.

DOWNLOAD THE FIRST RESPONDER CHAPLAINCY TRAINING MANUAL

The SCA's comprehensive training manual is a resource for those who currently provide spiritual care as members of a first response team, or who desire to begin a chaplaincy component within their team. Drawing on national expertise in the fields of first response, emergency, and disaster chaplaincy and volunteer management, this manual addresses key areas such as diverse and vulnerable populations, communication skills, psychological first aid, and more.

Learn More at www.spiritualcareassociation.org/first-responder-chaplains

SACRED PSYCHOLOGY - A GUIDE TO SPIRITUAL COUNSELING

(The Zen of Being Well)

Dr. Brenda Shoshanna

"THE WHOLE WORLD IS MEDICINE. WHAT IS THE ILLNESS?"

There are many counselors and healers who come along with all kinds of cures without ever stopping to ask the basic question, What is the illness we're suffering from?

Healers want to heal. They feel it is their job to make their patients better. The goal of most of these cures is to stop the pain, offer relief, respite, comfort. These healers seek tranquilization, numbness, relief. This, of course, is based upon the assumption that pain is bad, a symptom of something gone awry in our bodies, lives or minds. But this is not necessarily true. Pain can be a great teacher, a wake-up call urging us to connect with parts of ourselves and others that we have overlooked or disowned.

PAIN IS SIMPLY PAIN

There is a difference between pain and suffering. Pain is simply pain. Suffering is what we add to it. Pain cannot be avoided in life. To try to avoid pain is part of the sickness. The more we are able to experience the pain, accept and dialogue with it, the sooner our pain subsides. We do not need to explain pain away. Often we cannot figure it out. We can, however, receive it. In the simple receiving, the pain transforms into something quite different. Not only does the pain transform, but more importantly, we do as well.

If we spend our lives running away from painful moments, we shut out a great deal of what life brings us, both the painful and the joyful. When we are willing to accept our experience just as it is, a strange thing happens: it has an opportunity to transform into something else. When we avoid pain, struggle not to feel it, pain turns into suffering. Pain often cannot be avoided. Suffering can. As we learn the difference between them, many fears subside.

Pain is a communication system. It can be a gift from our inner wisdom, warning us that we are out of balance in ways we never imagined. And that there is a larger direction for our lives, one we are not presently in touch with.

them. So much anxiety and sense of failure comes from believing that we are the ones who heal.

SACRED STEPS OF HEALING

Step One: Completely Get Rid Of The Idea That You Can Heal Anyone.

No one can ever heal another. No one else ever has your answers or can even imagine what healing truly means for another



It is dangerous to want only to get rid of pain and to think that We are the healer. Many healers think they know more about what is wrong than their client does. They do not. It is not the job of the healer to imprint their notions upon another. The job of the healer is to create an atmosphere in which the patient can get in touch with what is needed, what is truly healing for

person. Only the person themselves know. **There is One Within That Knows The Way.** We do great damage to others and to ourselves by disrespecting that fact. We offer great support and courage when together we make the acquaintance of and honor **The One Within.**

A spiritual counselor can create an



environment that facilitates healing. Part of creating that healing environment is being fully aware that the healer is not better, wiser, or stronger than their patient. The healer does not raise themselves above the patient or make the patient feel weak or inadequate in any way. It is important for the healer to realize that the patient is a gift to them, showing them what it means to truly heal. And in each moment of their interaction, the healer is truly healing himself. If this is forgotten, the very basis for true health is dismantled and power-based ego trips can begin. When a healer creates dependency or feelings of weakness, confusion and helplessness in another, this healer is causing harm.

“When Others Are Wrong, I Am Wrong”

Many forms of healing are based upon defining what is right, what is wrong, what is sick, what is healthy. Usually, one particular mode of healing is right and others, wrong. Viewing the world this way, it's easy to become constrained and limited.

In Zen we say, “When others are wrong, I am wrong.” This is the antithesis of arrogance. I am wrong for viewing others as wrong. Also, as I am others, if they are wrong, I must correct the error in myself as well. I do not praise myself and blame others. All blame placed upon others is

clearly seen to be simply negativity in my own mind.

When one works as a spiritual counsellor or healer, Who you are speaks so loud, others cannot hear what you say. The greatest action any healer can take is to train in their own authenticity.

TRAIN IN YOUR OWN AUTHENTICITY

**“Do not look at the faults of others, Look at your own deeds, done and undone.”
-Buddha**

In the practice of spiritual counseling, we pull our attention forcefully away from preoccupation with the faults and deeds of others and look deeply at ourselves. It is our own actions we account for. If we feel there is something wrong with everyone we meet, that we have to fix, change or instruct them, that is certainly the time to look within.

**“Do not seek to straighten another.
Do a harder thing instead,
Straighten yourself.”
- Buddha**

The true basis for healing arises when we are able to help the patient fully listen to, welcome and trust themselves, to return to that which is deepest and most healing within.

The job of a spiritual counselor is to accompany the patient in the journey they undertake, to lend support and courage, not to interfere. When we interfere with another person's process, or categorize them in some way, we are diminishing their natural ability to heal. And we are also robbing them of faith in themselves.

Faith In Oneself is one of the most powerful medicines available. Yet all of society conspires to take that away. Why is Faith in Oneself so dangerous? How can we re-claim it for ourselves and others?

These are the questions that spiritual counselors must dwell upon. Notice each time faith in yourself is wavering, see what has caused it to happen, and strengthen yourself immediately. Remind yourself of the truth. **Lack of faith in oneself is poison.**

Step Two: Know The Difference Between Medicine and Poison

**Throw away the poison and
take the true medicine.**

A spiritual counselor must know the difference between medicine and poison. Some give poison, thinking they are giving medicine. Or they give what they think is medicine for them, not necessarily for another.

**Exercise: What Do You Think Is Medicine?
What Do You Think Is Illness? Take time to
dwell upon that.**

Sometimes medicine turns to poison and the other way around. Vigilance is needed. What has been good for someone, may no longer be useful. What has been painful may suddenly cause them to grow. It is necessary to be awake to what is happening in the other person, the way they are changing and what they truly need and want.

WHEN MEDICINE TURNS INTO POISON

Most of the time we live in the world not knowing what is medicine and what is poison. We don't know what we really need, what will make us strong, healthy, clear and



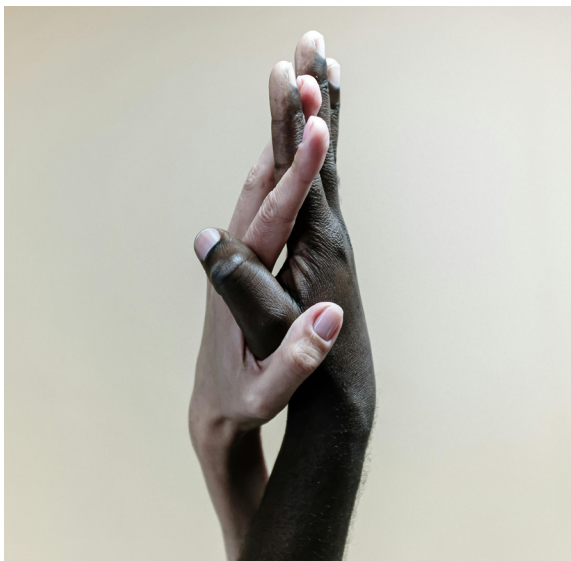
compassionate and what will cause a lot of anguish. We think if we like something, it tastes good, and goes down well, that it is going to be good for us. If we like a person, if they're sweet, kind, charming, it's medicine. We want to run to that kind of person, food, or experience. We go to whatever tastes sweet and delicious, and then things suddenly change and we become dismayed. A great Zen Master, Soen Roshi, always said, "Do not avoid bitterness."

So many come to a therapist and say, "My relationship started out so wonderfully, he was so sweet, kind, and charming. Now it's a mess. I was betrayed!"

Of course, we are never betrayed by a person, only by our own false expectations. In fact, when a person is in a relationship that seems so sweet and lovely, where everything they want is being supplied, this person may not understand why they are feeling worse, becoming weaker, more dependent and afraid that the partner might go away. If the situation is weakening you, it's poison.

On the other hand, we can become involved with people and situations that are terrifically bitter, that we don't like. These are painful and we want to run away. Some people in these situations keep asking, "Why can't I be in a relationship where things are normal and healthy? How come I'm always being yelled at? I don't deserve treatment like that. I'm getting out of here." They are also not aware of how strengthening it can be to taste and digest both the sweet and the bitter, not to have to grab for one and run from the other all the time.

Exercise: Take a look and see what you give another. Is it medicine or poison for



them? Will it help them feel nourished and grow or constrict them? Will it make them weaker, insecure and make them feel badly about themselves?

WHAT IS THE SICKNESS?

What is something in your personal life that you would consider sickness, physically, psychologically, or spiritually? How are you treating it? What medicine are you taking? Look at the situation again and again. Now once again, look at the medicine. Can you see it all differently? Is there another way of viewing the sickness, another way of finding a cure?

The job of a healer is to become a Wayfarer, to open their minds and accompany whomever comes to them, wherever that person wants to go. To accompany them without judgments or condemnation, in love, faith and trust. As we accompany another, they have the support and safety to open up and discover who they truly are and what is needed now.

The job of a healer is also to work on themselves until this is how they feel with each and everyone who comes their way. The reward is to take many journeys with others, journeys you might never have embarked upon yourself. And to thank the person for having offered you that opportunity. It is a gift you are being given. Handle it with care.

Trained in psychoanalytic, psychodynamic, humanistic, and transpersonal approaches,

Dr. Brenda Shoshanna has spent almost 30 years working as a psychologist who integrates Zen practice into everything she does, including working with clients. In her practice, she focuses on an individual's gifts and strengths. She believes that as these aspects grow stronger, defenses fall away by themselves. Shoshanna is dedicated to integrating psychology and spirituality and applying it to everyday life. She has taught at Adelphi University, Marymount College, Barnard, and has offered more than 500 talks and workshops on all aspects of psychology, spirituality, fulfilling one's potential, and creating authentic peace of mind.



The Catalog for All Things Spiritual Care

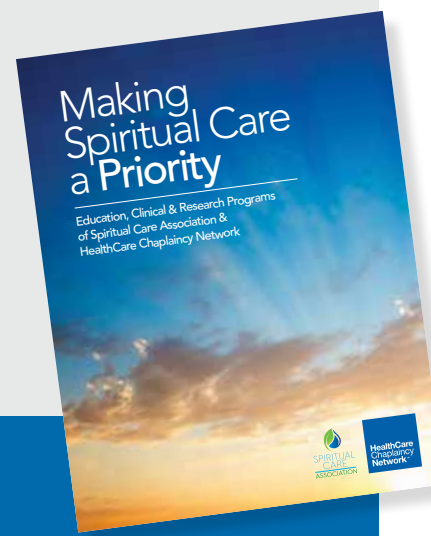
HealthCare Chaplaincy Network and the Spiritual Care Association are the leaders in research, education and clinical care. Since 1961, we have been working to make spiritual care a priority and have created educational opportunities, programs and services to assist spiritual care providers and institutions of a variety of fields the guidance and formation that will meet their specific needs.

Want to know more?

You'll find information on SCA's

- Annual Caring for the Human Spirit Conference
 - University of Theology and Spirituality
 - Learning Center
 - Health Care Chaplain Division
 - Nursing Division
 - First Responder Chaplain Division
 - Hospice Division
- And more

Our comprehensive Catalog on Spiritual Care is available by visiting
<http://healthcarechaplaincy.org/docs/priority/catalog.pdf>





Hospice Division of the



SPIRITUAL CARE ASSOCIATION

The SCA's new Hospice Division focuses on the spiritual dimension of professional practice including professional chaplains whose specialization is in this setting, as well as community leaders serving as chaplains or spiritual care generalists, and all members of a hospice team.

It supports the advancement of the spiritual care component of hospice services as an essential aspect of high-quality whole person care for all including the professional providing the care.

Why Join?

If you are a

- Professional board certified (BCC, APBCC, APBCC-HPC) or credentialed chaplain (CC) or a chaplain candidate who wants a specialization certification in hospice and palliative care
- A community leader providing spiritual care within a hospice organization who wants a certificate demonstrating your knowledge and skill
- A member of a hospice team interested in incorporating spiritual care into your practice

The Hospice Division of the Spiritual Care Association is perfect for you.

Palliative Care Courses

Delivering quality spiritual care to palliative care patients requires both the chaplain as the specialist and involvement by the other members of the interdisciplinary team as spiritual care generalists. The hundreds of health care professionals who have completed these courses such as Fundamentals of Spiritual Care in Palliative Care and Advanced Practice Spiritual Care in Palliative Care say that as a result they have significantly enhanced their knowledge and skills to deliver spiritual care in palliative care settings.

Hospice Chaplaincy Certificate

This online, self-guided course is designed for those interested in the specialized work as a chaplain within a hospice team. Its purpose is to empower learners with the basic skills and knowledge needed in order to provide care to persons and families who are admitted to hospice as well as to contribute effectively as a member of the hospice interdisciplinary team.

Chaplaincy Management Training Program

Leading a successful chaplaincy department is filled with opportunities and challenges. Many directors have requested tools and training to provide successful leadership to support their staff and provide quality spiritual care to patients, family, and staff. This is a 4-month program that is ideal for current or aspiring directors of chaplaincy/spiritual care departments of any size.

Learn more about SCA's Hospice Division at
www.spiritualcareassociation.org/hospice



Nursing Division of the SPIRITUAL CARE ASSOCIATION

Belong to a supportive professional community that welcomes both novice and seasoned nurses interested in spiritual care

The Nursing Division of SCA welcomes nurses interested in learning and sharing best-practice nursing spiritual care and self-care through education, networking, mentoring, and obtaining a myriad of resources. [Join Us!](#)

Benefits include:

- Online training to become a Spiritual Care Generalist
- Earn valuable CNEs
- Leadership and Coordination Webinar Series for Nurses
- Discounted registration for the Annual Westberg Symposium at the Caring for the Human Spirit® Conference
- Complimentary subscriptions to the Journal of HealthCare Chaplaincy and the Caring for the Human Spirit® Magazine
- Receive Spiritual Care Tips of the Day and regular newsletters
- Access to current best-practice standards of spiritual care for those of all faiths and no faith preference
- Be notified of new research publications related to spiritual care and the specialty practice of faith community nursing
- Meet other nurses interested in spiritual care across the nation
- And so much more!

Learn more:

www.spiritualcareassociation.org/nursing

PROFESSIONAL DEVELOPMENT AND SUPPORT FOR FIRST RESPONDER CHAPLAINS

Chaplain David Pascoe, Director of Chaplain Community Life, Spiritual Care Association, reports on providing crisis and trauma training for chaplains.

In a world increasingly at a loss for comfort and support in times of suffering and crisis, there are men and women of all religious backgrounds, faith systems, and world views called to serve their fellow human beings with compassionate care. They are called chaplains. In the UK, their role in hospitals, hospices, elder care, and other medical settings has been an essential component of whole-person care and well-being for centuries. Chaplains also have a long history of serving in the armed forces, in education, and in prisons. Outside these traditional settings, there's a special breed of chaplains who provide spiritual and emotional support in times of crisis to the public and to those professionals in police, fire, EMS, and all manner of disaster response services. These individuals are called First Responder Chaplains. The primary responsibility of a First Responder Chaplain is to provide emotional and spiritual care to First Responders, their families, and civilian employees of First Responder agencies.

Just as vital, however, is being dispatched to a critical incident to help care for individuals and family members who have been affected by an emergency, crisis, trauma, disaster, or an unexpected traumatic death. Unlike other chaplains in health care and the military, for example, most First Responder Chaplains serve as volunteers. The training and certifications they receive to help them serve with confidence can vary widely. So can any after-care available to the chaplains themselves to help them deal with the emotions they feel after being exposed to human suffering and loss. Since 2006, an American organisation called the Spiritual Care Association (SCA) has been providing training and education to First Responder Chaplains that is focused on evidence-based best practices in spiritual care, an element often missing in the training of chaplains serving in first responder roles (www.spiritualcareassociation.org).

SCA also runs a support programme called Communities of Chaplains, which offers chaplains the chance to meet with others once a month via Zoom for collegiality and confidential mutual support. (<https://www.spiritualcareassociation.org/communities-of->



Responder training certificate is **Chaplain Jacquetta Gomes**. In June of 2022, she successfully completed the "Crisis, Trauma, and First Response" certificate course, a self-paced online training programme. She is seen here at the time with her certificate.

A Buddhist since her youth, Jacquetta is acknowledged as the world's first ever female Buddhist Fire Chaplain. In 2014, Jacquetta made history for women in her faith upon becoming a fire chaplain for East Sussex Fire and Rescue Service. Now, on the 10th anniversary of becoming a Fire Chaplain, Jacquetta volunteers with the Fire Fighters Charity. She was their first Fire Chaplain when their multifaith chaplaincy was launched in Inter Faith Week in 2015. This organisation supports all serving and retired fire and rescue service personnel, their dependents, and other eligible members of the UK fire services community throughout their lives, helping them to live happier and healthier. As the daughter of a firefighter herself, Jacquetta is keenly aware of the bonds between people working in the Fire Service. "We see the Fire Service as a family," she says. As a Buddhist, Jacquetta says including her experience of mindfulness has been beneficial for her role as a Fire Chaplain. The five daily remembrances of Buddhism - I am of the nature to age; I am of the nature to get ill; I am of the nature to die; everything will be separated from me that is pleasing; I am the owner of my karma - are also relevant.

[chaplains/](https://www.spiritualcareassociation.org/divisions/first-responder-chaplains/) Some communities are only for First Responder Chaplains while others are geographically based and include chaplains from all walks of life. The first recipient in the UK of SCA's First

Since joining the Spiritual Care Association, Jacquetta has found many opportunities to learn and grow as a spiritual care provider. SCA's First Responder Chaplain Division (FRCD) focuses on the spiritual dimension of professional first response practice. (<https://www.spiritualcareassociation.org/divisions/first-responder-chaplains/>). "I wish I had had this training in the essentials of providing spiritual care when I first became a Fire Chaplain ten years ago," Jacquetta says. "It's important to know that as a person of faith, you must be open to people of all religious backgrounds including those who have none, and that this is not an opportunity to proselytize or promote your own faith as having all the answers to life's challenges." The SCA training course Jacquetta took included topics such as working with diverse and vulnerable populations, communication skills, psychological first aid, spiritual screening and assessment, dying, death, and grief, and more. It also covers skills development in caring for members of the first response team and identifying important issues such as burnout and compassion fatigue. Jacquetta recently joined the new SCA FRCD Advisory Committee. For her part, Jacquetta values the connections and support she has made with other First Responder Chaplains in the USA and beyond by being an active member of SCA's Communities of Chaplains programme. "These monthly Zoom calls have become a safe place for me to share issues of personal and professional challenge, as well as to meet new people working as chaplains in health care, police, fire, and other emergency service settings. I highly recommend this resource."

First Responder Chaplains in the UK who are interested in joining a group can email an enquiry with the details of their role to Chaplain David Pascoe at communitylife@spiritualcareassociation.org.

Reprinted with permission from FIRE magazine, March 2024. FIRE is the leading magazine in the UK for all the latest fire news on fire safety and prevention, technology and products, the fire community and events. Visit the website, www.fire-magazine.com.

THE ART OF LISTENING

By Barry K. Surratt, MAGTS, BCC, SEC, CCC

MASTERING THE ART OF EMPATHETIC LISTENING

Besides being present, listening is the most important skill for chaplains and caregivers to master during patient visits. While essential to the pastoral care visit, its mastery is most difficult. As chaplains, we can all reflect on visits when we didn't listen well and struggled with fix-it reflexes. Are we genuinely listening when we interact with others? Every conversation offers an opportunity to dig deeper and understand why we react the way we do. Whether we're trying to help, teach, comfort, or guide, we must assess our self-centered needs in those interactions. Take a moment to think: Are we interrupting, rushing, or avoiding because we're uncomfortable? Are we projecting our emotions onto others? Consider how our responses are shaped by our experiences and emotions. Avoiding these impulses is crucial for effective, empathetic listening.

Empathetic listening is not just a skill but a formidable instrument capable of transforming relationships and interactions with patients. For those in caregiving roles, mastering this art offers a pathway to forging deeper connections, fostering trust, and cultivating understanding. In this discourse, we explore empathetic listening, illuminating its definitions, examples, and the skills requisite for becoming a more adept listener. This journey of mastering empathetic listening can significantly contribute to personal growth as chaplains, offering new perspectives and insights.

Empathetic listening is a dynamic process that involves not just hearing but truly understanding the other person's perspective. It's about making an emotional connection and finding common ground to respond more meaningfully. As chaplains, our role is to listen and understand deeply. Regrettably, it is all too common to engage in merely transactional listening, where responses are offered hastily, and advice proffered without establishing a genuine bond. Such interactions often leave individuals feeling unheard and unattended.

Attentiveness and responsiveness during conversations involve directing our full

focus
toward

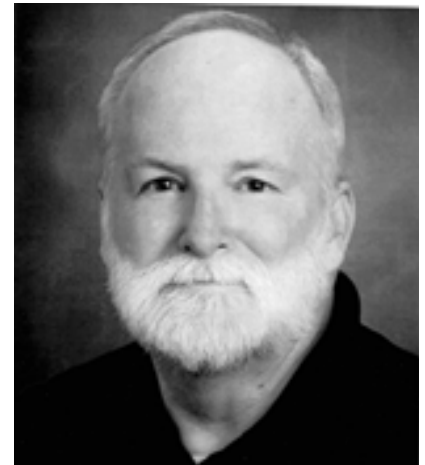
the speaker, discerning verbal and non-verbal cues, and reflecting on their conversation to grasp their perspective authentically. Furthermore, empathetic listening necessitates the application of critical thinking, enabling one to delve beneath the surface of spoken words and comprehend the underlying emotions and motivations. One common method is ascribing themes to the patient's narrative or story.

To practice empathetic listening, we must listen patiently to what the other person is saying, even if we disagree with their conclusions. Read that last sentence again... to listen patiently even if you disagree with them, for our role as spiritual care providers is not to correct, rebuke, or counsel but to journey with the person through this pain, problem, and/or crisis. The goal is to create connection, understanding, and a feeling of being heard by the person speaking. The word – practice – is key in empathetic listening because, if the truth be told, listening is hard work, listening to understand is harder, and listening with a non-judgmental attitude takes effort to suspend our embedded theology and act deliberately.

MASTERING THE ART OF VALIDATION

It is important to show acceptance, though not necessarily agreement, by simply nodding or injecting phrases such as "I understand" or "I see." Learn that the goal is connection, not correction. If we are solely concerned about their progress and not the process of listening to understand, we often short-circuit any meaningful change in the person's outlook. Remember the saying, 'A person convinced against their will is of the same opinion still?' While the jury is still out on the original author (possibly Samuel Butler's 7th-century poem *Hudibras*), the adage especially applies to our understanding of the art of listening. Our role is not to convince anybody of anything but to provide a supportive, listening presence that allows the speaker to vent their emotions and reach the best conclusion or outcome for them. All such efforts to influence by responding without understanding will certainly fail, and alas, the person leaves our presence more defeated and discouraged than when they arrived.

Let's journey into the world of a beloved



Disney Pixar film, **Inside Out**. This film offers a unique perspective on emotions, depicting them as personified entities that influence our actions. Memories are portrayed as vibrant orbs, stored away each night. The main characters, Joy, Sadness, Anger, Fear, and Disgust, work together to navigate the mind of their host. This film provides a rich illustration of empathetic listening in action. Consider the importance of empathetic listening after you observe Joy's attempts to cheer up Bing Bong (the elephant) or motivate him, or Sadness's approach to sitting with HIM in pain and validating what they're going through with reflective statements, empathy, affirmation, etc.

Click on this link to watch this short video from the [2015 Pixar movie – Inside Out](#).

Whose response (joy or Sadness) results in the creation of relationship, support, and empathy? Can you think of times in your own life when someone tried to cheer you up instead of just being present and listening to you share your pain? Can you remember how you felt when they validated your emotions? This movie scene illustrates how important listening with understanding can be when providing pastoral care to someone who is hurting.

MASTERING THE ART OF AFFIRMATION

It's OK to say, 'I'm sorry,' once, but silence in the midst of pain speaks more than an echo. Here are some phrases to employ in these situations:

- That must have been really hard

THE ART OF LISTENING



Joy



Sadness



Anger



Fear



Disgust

- That sounds really bad
- I can't imagine how difficult that would be for you

One of my CPE supervisors encouraged me to utilize something he called 'Therapeutic Grunts'. A grunt can signify affirmation, particularly in informal or non-verbal communication, and serve as a concise expression when words are minimal or unnecessary. These sounds tell the speaker that you're listening and tracking with them by giving verbal feedback without words. Sounds like 'Uh huh' or 'Mmmhm' are non-verbal affirmations encouraging patients to speak up and share more because you show them your attentiveness and desire to hear their stories.

MASTERING NON-VERBAL COMMUNICATION

Nonverbal communication is the first communication we receive from and give to another person. Studies have found that the total impact of a message is about 7% verbal, 38% tone of voice, and 55% nonverbal (body posture, gesture, eye contact, facial expression, etc.).

Attending well involves being aware of our own nonverbal messages that could create barriers and attending carefully to the nonverbal clues a person is sending us. It is worth bearing the following in mind: Even if the person cannot see you, body language can be detected by sound, tone, etc.

- Avoid physical barriers between you and the other person and try to sit at an equal height.

- If the person is a wheelchair user, try to find a seat equal in height to the wheelchair.
- Be sensitive to the space between the seats; people will feel comfortable at different distances.
- Keep your arms uncrossed (even with non-sighted people) and avoid fiddling or distracting movements.
- Face the person and maintain comfortable eye contact, ensuring that this does not become a fixed stare. People with vision impairment can also tell if you are not facing them when talking to them.
- Sometimes, it is helpful to use a light touch of the hand of someone who is visually impaired to indicate the distance you are sitting in relation to them.

SUMMARY

Theologian John Powell said, 'In true listening, we reach behind the words, see through them, to find the person who is being revealed. Listening is a search to find the treasure of the true person as revealed verbally and nonverbally. There is the semantic problem, of course. The words bear a different connotation for you than they do for me. Consequently, I can never tell you what you said, but only what I heard. I will have to rephrase what you have said and check it out with you to make sure that what left your mind and heart arrived in my mind and heart without distortion'.

Empathic listening is being attentive and responsive to what others say during conversation. It results in making an emotional connection with the other person and finding similarities between

their experience and your own so you can give a more heartfelt response. It takes a lifetime to perfect and should always be at the top of our action-reflection goals list. This ability helps patients feel heard and understood when you listen attentively as they share something difficult or painful; it is important that you are fully present and focused on what they are saying.

Listening requires more than just hearing words; it encompasses a psychological engagement with the speaker. It necessitates a genuine desire to comprehend the other person, an attitude of respect and acceptance, and a readiness to broaden one's perspective to understand the speaker's point of view.

I hope the goal of listening better is near the top of your top ten chaplain skills list, as it is in mine!

Barry K. Surratt has served in professional chaplaincy for 16 years in various settings, including healthcare, hospice, and veterans. He serves with Christian Chaplains and Coaching, has completed his Supervisor-Educator Candidate training, and will sit for board review this summer. He is the Director of Chaplain Training for the Idaho Chaplains Association and resides in Boise, Idaho.

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CMS CHAPLAIN SERVICES CODES: THE TICKET TO A SEAT AT THE TABLE

Healthcare chaplains have long complained that they don't get a seat at the table with their medical peers to advocate with hospital administrators for the benefits of spiritual care to patient health outcomes. Although the importance of attending to a patient's spiritual, religious, and existential needs is a well-documented aspect of whole-person care¹, the inclusion of spiritual and chaplaincy care as integral to patient care has lagged. Why is this? After all, professional healthcare chaplains have long been recognized as the spiritual care leaders on the healthcare team responsible for assessing and meeting the special needs of patients and their loved ones². Even healthcare administrators have consistently valued the role that chaplaincy plays in the spiritual and emotional life of their institutions. So why have chaplains been excluded from their organization's institutional decision-making table for so long?

As Director of Chaplain Community Life for the Spiritual Care Association (SCA), I meet online with groups of chaplains around the country each month for professional connection and mutual support. Some of the stories chaplains tell have given me an

insight into a key problem our profession faces. One chaplain recalled the role she often plays for bedside nurses when there is a distraught family on the floor: "They have been arguing in the patient's room all morning, and it's disturbing the whole place. Can you go in there, chaplain, and do that thing you do?" Another recounted a not-uncommon incident in the ICU. "The family has spent two days unable to decide to discontinue life support for their mother. The staff are at their wit's end. Will you please go in and work your magic on them?" In both cases, the chaplain was able to perform a valuable service for the overworked staff, the grieving family members, and ultimately for the end-of-life patients themselves. The problem is that their clinical colleagues had no idea what it is that chaplains do and how we do it. In too many cases, chaplaincy is an anecdotal profession whose benefits are generally appreciated but whose clinical work is poorly understood³. How can chaplains claim their rightful place at the table with their clinical colleagues when their presence is welcomed and respected but their work is not clinically understood?

Recently, the Centers for Medicare and Medicaid (CMS) made a significant

contribution to the profession of chaplaincy when they authorized three procedure codes that can be used in the Electronic Medical Record (EMR) specific to chaplain services provided in the direct care of patients⁴. These three alphanumeric codes, known as HCPCS codes, are part of the Healthcare Common Procedure Coding System maintained by CMS, which are a set of standardized codes used to describe medical procedures, services, and supplies that are provided to patients. Historically, chaplaincy has been almost entirely excluded from this system. With the introduction of the CMS chaplain services codes, however, chaplains will now be on a more equal footing with other healthcare professionals in recording the clinical work in which they engage. While these codes cannot be used at present to bill directly for chaplain services provided, they do give chaplains visibility for their contributions to a patient's overall care through spiritual assessment (Q9001), individual spiritual counseling (Q9002), and group spiritual counseling (Q9003). The data provided from using the codes will for the first time provide a greater sense of the impact and quality of chaplaincy on patient care, along with greater ease for including chaplains in bundled payment options. For details on the codes, and specifics about language, terminology, usage, and implementation, SCA has created a website and helpful training course at <https://www.spiritualcareassociation.org/cms-codes-for-chaplains/>.

The three chaplain services codes were approved only after many years of advocacy by SCA's parent company HealthCare Chaplaincy Network (HCCN) with the support of other health care organizations. "Achieving these codes is a

CMS CHAPLAIN SERVICES CODES - THE TICKET TO A SEAT AT THE TABLE.

small step, but it indicates that CMS now sees chaplaincy as a profession in health care and provides a strong argument for our presence there," says Rev. Eric Hall, President & Chief Executive Officer of SCA and HCCN. "There has never been a more unique or transformational time for the profession of chaplaincy than now."

While these codes are a beginning point for gathering data on chaplain interventions in patient care consistently across health care systems, they do not account for the full range of activities chaplains engage in beyond direct patient care, for example in family care, staff care, education, and administrative work. At a workshop during the 2024 Caring for the Human Spirit Conference, Rev. Dan Borchers, MDiv, BCC, a chaplain at Froedtert Holy Family Memorial Hospital in Wisconsin, presented the findings of a six-week study he and other hospital chaplains performed in recent years to educate a new manager, who challenged them with "I need to know what you people do so I can support you." Each chaplain then meticulously recorded their activities by category for the following six weeks. When Borchers compiled them all into one spreadsheet, he discovered that only 25% of their time was spent in direct patient care, the sort of care that could be documented using the CMS chaplain services codes. The rest of their time was spent mostly on staff care, rounding, charting, and general office work.

"These codes are not the be-all and end-all for health care chaplaincy, and they are far from describing the full extent of what chaplains do," admits Rev. George Handzo, Director of Health Services Research and Quality at HCCN. "They are the result of 5 or 6 years of advocacy with CMS, and they provide us for the first time with a way to collect standardized measures that will eventually allow researchers to determine what chaplains do, how much of it they do, and what impact they have on health care outcomes." The codes will also allow the reporting and measurement of chaplaincy's contribution to newer healthcare drivers such as accountable care and health equity. By having them in an institutional EMR, multiple correlations will be possible to establish the relationship between chaplaincy visits, assessments, and outcomes including length of stay, site of death, and patient satisfaction scores.

That's the future promise, but what about today? "This is all about the field of spiritual care, the profession of chaplaincy, and the welfare of our patients," says Hall. "It's advocating time!" According to healthcare commercial intelligence company Definitive Healthcare, 96% of U.S. hospitals now

use an EMR system⁵, with software produced by Epic Systems and Cerner making up 60% of the market. All EMRs use HCPCS codes for coding and billing to record the medical procedures, services, and supplies they provide to patients. At the time of this writing, Epic now includes the three chaplain services codes in its Foundation System. Exactly how chaplains and chaplaincy managers can begin incorporating the codes into their charting will vary depending on the type of EMR in use at their institution and the process by which their IT support department updates code accessibility and workflows.

So what can you do right now to move the profession of chaplaincy along? SCA's website recommends three things: planning, advocacy, and commitment⁶. Now is not the time for chaplains to bury their heads in the sand and say, "This doesn't affect me." Chaplaincy managers and their staff should first begin planning how to incorporate these chaplain services codes into their charting and reporting systems in the near future. Second, they must become vocal advocates with their institution's IT support staff to help make these chaplain services codes available to them and to modify workflows and charting templates for their use. Last, chaplains and their managers must commit to using these HCPCS codes consistently with every patient encounter, just as their clinical colleagues in other disciplines do. Once the codes have been incorporated into major EMR systems, have been implemented by administration, and embraced by staff chaplains through the diligent work of chaplaincy managers, then the profession of chaplaincy will have the opportunity to aggregate, analyze, and report on consistent data, not only across multiple chaplains and multiple service lines but across multiple entities nationally. And bringing this quantifiable data on the impact of chaplaincy may just be the ticket chaplains need to a permanent seat at the decision-making table.

Chaplain David Pascoe, MA, BCC (retired)

Chaplain Pascoe is the Director of Chaplain Community Life for the Spiritual Care Association. He retired from full-time work in health care in December 2020 after 4 years as a hospice chaplain and 8 years as lead chaplain and manager of palliative care and bereavement at a children's hospital. Out of concern for the well-being of his colleagues, he engaged in the emotional support of staff and was instrumental in bringing the Schwartz Center Rounds to several hospitals in

the state of Utah. For his contributions to patient, family, and staff support in pediatric care, Chaplain Pascoe received an award as The Schwartz Center's National Compassionate Caregiver of the Year Finalist, 2016.



ABOUT THE AUTHOR

Author, speaker, and academic consultant Thomson K. Mathew is a third-generation minister. He is a graduate of Bishop Moore College, Yale University Divinity School (MDiv, STM), Oral Roberts University (DMin) and Oklahoma State University (EdD). He is Professor Emeritus and Former Dean of the College of Theology and Ministry at Oral Roberts University. He speaks at conferences internationally on Spirit-led ministry, leadership, pastoral care, healing, and Christian/Theological education.

Learn more about the author at his website:

<https://thomsonkmathew.com/>



THE LABYRINTH THAT IS MY BODY

I do not write until I feel I have something worthwhile to say.

I do not get tattooed until I feel there is something worth carving into my skin.

That's why I have not written much lately. And that's why I have only two tattoos. One is a St. Brigid's Cross, marking my pilgrimage to Ireland and Iona. The other is a scallop shell marking my walking the pilgrim road called the Camino de Santiago in Portugal and Spain.

Both pilgrimages are in my past. And both pilgrimages are ongoing. Pilgrimage as both outer journey and inner journey captured my heart. I felt I had discovered an ancient secret hidden in plain sight. That secret is life is not linear, to live is not to march in a straight line. A life lived deeply is a wondering, wandering life, a life that often loses the clear and straight path. On this pilgrim path one meets strangers that become friends, one loses friends whom one thought were in one's life forever. One feels hunger, thirst, and weariness, doubt and grief. One may look

into the darkness, especially the darkness that dwells in the depth of one's own heart. One meets one's own vulnerability and feels one's own feet of clay. And one can find wonder, beauties to sear the heart, renewal like an unexpected oasis in a desert of dust.

The visible, physical path that one is privileged to walk teaches us all that the pilgrim road is actually everywhere. Iona, Glendalough, Kildare, Jerusalem, Rome, Santiago, Chartres...they are everywhere.

The labyrinth makes this visible.

The classical Chartres-style labyrinth provides in a brief and small space these moments of pilgrimage. Initially, the path to the center seems clear. But soon it swerves and leads one away from the clear and straight path. One spends a lot of time on the margins where frankly, when I would walk a labyrinth, I would often feel conspicuous and a little foolish. Then the center seems to be accessible again, only to lead away once more. And when one does finally arrive at the center, after a

time one must turn and follow the pilgrim path out again. The point is not to stay basking, but to return to one's ordinary life. But of course, there is nothing "ordinary" about life. So we learn, over and over again.

These are among the pilgrimages that I have chosen. Now I walk, or hobble, or limp, or on good days amble, on a pilgrim path that my body chose for me.

"Severe arthritic narrowing," said the X-ray taken after I haunted the offices of chiropractors and massage therapists and a physical therapist. For all of their skillful pulling and cracking and tugging and kneading I received, at best, temporary and partial relief. My legs and hips, which had done almost everything that I asked of them for these many years, slowly and inexorably refused to do so. Pain, chronic pain, and disturbed sleep. Walking slow, then hobbling, then not even hobbling with canes and staff. I acquired a deep empathy for those crossing slowly and painfully in front of my car with walkers or crutches. I became close to homebound as leaving the house was a major chore and reasons to stay home came more and more easily. In public, I was either ignored or had doors held for me by kind and more mobile people. I smiled and thanked them, trying not to envy the ease with which they strode away, gliding over the ground as I used to not long ago.

Our culture tends to blame the sick for being sick: one must have done something, or not done something—the wrong food or not enough water, or substance use, or too little exercise, or not the right kind of exercise. Our culture assumes some sort of "normal" mobility so, if one cannot do so, it must be one's own fault. It's an extra burden to lay on the shoulders of we who can barely support our own weight as it is.

"It's after use, long use" affirmed the kind PT. I heard this as a kind of absolution, and the strange guilt for being ill dropped away. For after all, I have used these legs and these hips.

There has been dramatic use. 11 years of martial arts. Those flying kicks and the midair twists never did feel very good. Endless walking over rural trails in the Philippines. The miles walked alone over the green grass and heather of Iona and Ireland. Those 151 miles in Portugal and Spain to Santiago. The miles of walking hospital corridors only to stand for hours at deathbeds. I developed a gentle slow sway that would put the weight first on one leg, then the other when I had to stand at such times.

There has been less dramatic use. Walking down endless sidewalks, on forest trails, on beaches. Running almost without stopping on endless summer days as a





kid. Twisting and swaying in rhythm in the act of lovemaking. Walking the dog with my growing children, even after the dog was long dead and gone.

Most of the use I didn't even pay attention to at the time, a privilege that I did not recognize as such.

Now every step involves paying attention.

The surgeon watched me stagger only three steps. "That's fine" he said. I sat, and disbelief washed over me like chill water as he proceeded to tell me how he was going to cut open my hip and take out the bone and joint that had served me but that was no longer serving me. In its place, a rather large piece of titanium. "You'll feel better almost immediately, and in a year you'll be walking normally." Coping with humor, I think I said "Stronger, faster, better..." Then to my own surprise I teared up and told him that the past months had been hard. He listened compassionately and offered no comment. For that I was grateful. The listening was all.

There is much I could say about the surgery itself and about the initial unpleasant three days. I could speak about the following days when things improved. Not steadily—there have been good days and not-so-good days. But now I amble along with just a walking staff. That staff is the same one that I used on the Camino de Santiago. I guess it's true what they say, that the Camino only begins when one has returned.

And it never ends.

But this unexpected, unplanned, and unwanted journey has been a pilgrimage, not on the marked path to Santiago nor in the familiar pattern of a labyrinth, but

in the uneven, and surprisingly unfamiliar labyrinth that is my body. I cherish it now in a way that I did not before. I am far, far closer to my death than to my birth. Even when I awake stiff and sore I am deeply grateful that I have woken up at all. The piece of steel hammered and cemented into my bones feels like a silent partner. The kindness of my spouse, of my family, of many others are my needed companions on this Road.

As I stretch, as I amble about the house, I feel my years and all my journeys graven into my legs and hips. I feel my life lived, a life that has been privileged for the experiences I have had. I long for more of this life, to see my children continue to master their lives and change the world for the better. I am keenly interested in seeing what kind of person my infant granddaughter will continue to grow into being. She learns to walk as I re-learn to walk.

And I long for the grace to let go of this life once it is clear that I have used up what has been freely given to me.

I lay my hand over the large scar carved onto my hip and close my eyes, feeling beneath my hand the entrance to the pilgrim path, to the labyrinth that is my body.

(The Rev.) Kurt Neilson, BCC, CPE Supervisor

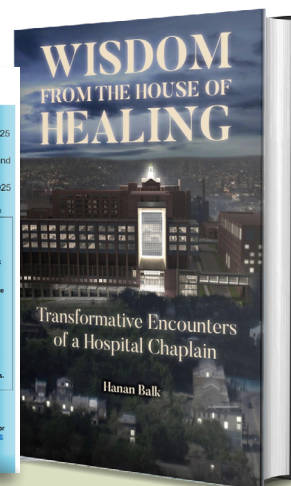
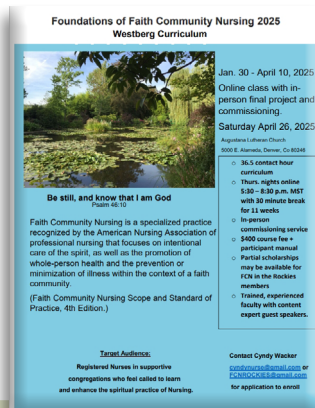
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Pastoral Services, The Christ Hospital Network,

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Thinking About Becoming a Health Care Chaplain?

The Health Care Chaplain Division of the Spiritual Care Association focuses on the spiritual dimension of professional health care chaplains in a number of varied clinical settings. SCA, in partnership with its 65-year old affiliate, the HealthCare Chaplaincy Network (HCCN) supports the advancement of health care chaplaincy and spiritual care as an integral aspect of whole person care for all.

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SCHOOL OF PASTORAL MINISTRY

The Master of Divinity degree in Pastoral Ministry is targeted to the professional chaplain, spiritual director, spiritual care provider, thanatologist and other professionals who want to utilize worship, ritual, liturgy, preaching and theological reflection to assist in their ministry. Often, they are interfaith and would like to perform weddings and funerals in order to facilitate healing in their clientele. We offer this degree to assist them in this process.

- *M.Div. in Pastoral Ministry*

THE ANDREW E. SLABY, MD, PHD, MPH SCHOOL OF SPIRITUAL CARE

Our Spiritual Care degree allows professional care providers to expand their education to include working with individuals' spiritual needs as well as their biological, psychological, and sociological needs. It is designed for the multidisciplinary pastor, spiritual director, minister, clergy, chaplain, or others who would like to grow their knowledge and skill set in the area.

- *M.Th. in Spiritual Care*

SCHOOL OF CLINICAL PASTORAL PSYCHOTHERAPY

Our PsychoSpiritual Counseling degrees focus on allowing professional care providers to expand their education to include working with a person's spiritual needs. The curriculum supports those in the professional helping industry as well as those who have focused on Spiritually Integrated Psychotherapy.

- *D.Th. in Clinical Pastoral Psychotherapy*

SCHOOL OF SPIRITUAL CARE NURSING

Capstone has partnered with experts in the fields of nursing and spiritual care – including the Westberg Institute for Faith Community Nursing – to offer those who are interested in parish nursing, or interfaith nursing, a rich and in-depth degree in the art of spiritual care from a nursing vantage point.

- *M.Th. in Spiritual Care Nursing*

GRADUATE ACADEMY OF CPE SUPERVISION (GACS)

Our Graduate Academy offers updated, contemporary Clinical Pastoral Education (CPE) and Training. CPE centers in the past have traditionally created dividing lines similar to the silos in the medical care industry. GACS takes a different path, combining major areas such as pastoral psychotherapy, skills, formation, and interfaith and multifaith approaches. We train future supervisors in CPE who can appreciate, integrate, and apply all of these aspects of chaplaincy. We take CPE back to the days of Boisen and Cabot while addressing today's challenges.

- *Clinical Pastoral Education*



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We are excited to announce our inaugural class of First Responder Board Certified Chaplains. Hoping to raise the bar and challenge the current level of First Responder Chaplaincy SCA has created a specific board certification for this profession. These individuals have met or exceeded SCA requirements and are awarded BCC-FR designation. They each have committed to working with SCA to determine the scope of practice, outcomes, necessary education, appropriate equivalencies, educate the field, and assist other First Responder Chaplains in obtaining board certification. We congratulate them all! For more information please go to:

www.spiritualcareassociation.org





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