Continuing the Healing Ministry
Catholic Chaplaincy Today

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2014 University of Dallas Ministry Conference

NACC Mission

Concluding phrase of the NACC mission statement:

“Continuing the healing ministry of Jesus in the name of the Church”

Our Experience

- We live the profession of spiritual care
  - chaplains, directors of pastoral care, in acute care, long term care, hospices
  - Variety of settings where we tend to spiritual and emotional needs of patients or residents, families and loved ones, associates and colleagues.
  - Professional Standards/Certification
Our Experience

- Also a vocation and ministry
  - motivated by our faith
  - lived in relationship to our faith community and those who lead these faith communities.

Questions

- What is our lived experience of living the chaplaincy profession as a vocation and ministry?
- How is this a ministry of the Church that continues the healing ministry of Jesus?
- How is chaplaincy a profession?

Desired outcome

- Renewed and confirmed in our profession
- Motivated by and rooted in our call to ministry
Vocation and Profession

Distinct yet Parallel

Vocation: Ministry as Call

- Historically "way of life" – state of life (permanent and total)
  - 2005 study (DeLambo)
    - 73.1% - call as lifetime of service
    - 54.2% - most influential factor to lifetime pursuit – “call from God”
    - 69.3% - “response to God’s call” among top 3 reasons for doing what they do

Ministry as Call

Ministry in the middle

Broad - God’s call to discipleship

Narrow - state of life
Ministry as Call

Within universal call to holiness
- Specified within broader call to mission
  - "in and through"
  - "on behalf of"

Rooted in personal

Discovered through relationships
- Family
- Friends
- Colleagues
- Faith companions

Discerned with and through Church
- Triune God – relational source
  - Jesus proclaim good news
    - Initiation Sacraments
  - Spirit's Charisms – community benefit
- Church – communion
  - Trinity: source/fruit
  - Common dignity
  - Mission shapes whole Christian
In the name of the Church:
Spiritual Care Ministry

Structural/Oversight Realities
- NACC – 1965
- USCCB Subcommittee on the Certification of Ecclesial Ministry and Service
- USCCB Liaison
- USCCB Episcopal Advisory Council

In the name of the Church:

Theological/Pastoral Realities

Spiritual Care as LEM
- Church’s Pastoral Care of the Sick
- Parish ministry to sick
- Chaplaincy as a specialized ministry
  - Beyond/yet part of diocesan ministry
  - Recognized with Professional Certification
Relationship to the Larger Church

- LEM formation vs. certification
- Ecclesial endorsement of BCC lay chaplains as “lay ecclesial health care ministers”

Place of chaplains within the larger ministry of dioceses

- Relationships
- Integration
- Recognition

Formation/Certification

- Formation Needs
  - Critical human qualities to form wholesome relationship and to be instruments of God’s love and compassion
  - Spirituality and prayer practice to root/ground/animate
  - Adequate knowledge and intellectual skill to use
  - Practical pastoral abilities call for
- CPE and Certification Expectations
Formation/Certification

Discernment and Affirmation Process

- “As a ministry of the Church, our NACC members recognize their call to serve requires a discernment and affirmation process structured by the Church and approved by the bishop(s). The seminary process for priests is clear. In the case of lay people who are considered by the Church for lay ecclesial ministry, this discernment and affirmation process may vary from diocese to diocese.”

“Bishop Melczek’s comments cited above refer to NACC’s certification process as part of that discernment and affirmation process for our members. Our certification process is intended to provide an assurance that our board certified members are prepared for this specialized ministry and will represent the Church.”

(2-11-11 David Lichter letter to Bishops, NACC Episcopal Council endorsed)

Ecclesial endorsement of BCC lay chaplains as “lay ecclesial ministers”

- Your letter of endorsement conveys two messages.
  - First of all, it implicitly is an affirmation of the NACC process that informs you that a person’s call and preparation align with the ministerial competencies and expectations found in NACC’s USCCB/CCA approved Standards for Certification.
  - Secondly, while endorsement is neither an authorization nor an appointment, its most common understanding is that it affirms that the person is “in good standing” and has the disposition or character to serve.
    - In most cases in considering whether to endorse a lay person, you rely on the recommendation of the person’s pastor. Hopefully, over time you will be able to personally meet with our member to get to know him/her whenever possible.

(2-11-11 David Lichter letter to Bishops, NACC Episcopal Council endorsed)

A statement of ministry

The NACC offers an enormous advantage to the Church in assisting the bishops in the oversight of this vital ministry.

It also assures the people whom we serve that those who minister to them on behalf of Jesus and his Church are grounded in Catholic theology, adhere to the ‘Ethical and Religious Directives,’ and extend the ministry of the Church with the formal approval of the bishop.”

Bishop Melczek, 2004, letter to bishops.
Chaplaincy as a Professional Spiritual Care Ministry

Spirituality and Health Care

- Definition
  - Meaning/purpose
  - Connectedness

Moment  Self  Others  Nature  Sacred

Hallmarks of a Profession

1. Institution – Service
2. Need
3. Decision-making
4. Disciplined knowledge base
5. SKA’s

Association – structured accountability
Holds itself accountable
Preparation/acceptance
Build/hold public trust
High motivation/commitment

Characteristics of a profession (www.adprima.com/profession.htm) by Robert Kizlik, Ph.D.

1. Service

- Health Care and other essential service
- Spiritual Care Services
  - Making Health Care Whole: Integrating Spirituality into Patient Services, Christina M. Puchalski, MD, and Betty Ferrell, RN, PhD
How do we contribute?

- Sacred trust
- Space for personal connections invite others to search for hope and meaning
- Person-centered care
  - Who is this person? How have they lived? Who have they loved? What feeds his/her spirit? What/who is important to them?
  - We’re so much ‘more’ than whatever brought us into the hospital in the first place!

How do we contribute?

- Address resistances/blocks to healing
- To ease suffering - helping access spiritual and emotional strengths/resources when body is besieged

2014 - Where are we coming from?

What has been and is the landscape of Spiritual/ Pastoral Care Environment?
New Focus

Prior
- Initial
- 1-1, family
- Non-anxious presence
- Distress
- Death and bereavement

2014 and forward
- Patient populations
- SC expert
- Build relationships
- Member of team contributing to healing/health outcomes
- Educate/teach others on spiritual needs

New Identity

Prior
- Work in hospital
- Provide pastoral care
- Generally work alone
- Keeper of ministry
- Pastor of staff

2014 and forward
- Work at touch point of service
- SC profession on IDT
- Integral to mission
- Educator/coach/mentor

New Priorities

Prior
- Distress
- See every patient
- Face-to-face
- Respond to crises, codes, deaths, traumas w/in facility
- Only provider

2014 and forward
- Wellness
- Judgment/priority/triage
- Respond to crises, codes, deaths, traumas outside hospital
- Work at highest level of competencies
- Engaging partners in screening and participating in SC
- Teaching
New Roles:

- Change agent
- Innovator
- Educator
- Facilitator
- Team Participant
- Quality Manager
- Advocate
- Administrator

2. Need: Demonstrate need and effectiveness

- **Productivity?** What is being done by chaplains?
- **Quality?** Is what being done contributing to overall patient quality and satisfaction?
- **Effectiveness?** Is what is being done effective?
- **Impact?** Can one identify and measure the outcomes of spiritual care?
3. Decision-Making: Standards of Practice

- With Patients and Families
  1. Assessment
  2. Delivery of Care
  3. Documentation of Care
  4. Teamwork and Collaboration
  5. Ethical Practice
  6. Confidentiality
  7. Respect for Diversity

- Staff and Organization
  8. Care for Staff
  9. Care for Organization
  10. Chaplain as Leader
  - Maintaining Competent Chaplaincy Care
    11. Continuous Quality Improvement
    12. Research
    13. Knowledge and Continuing Education

4. Disciplined Knowledge Base: Research

- 40 yrs. (Herbert) Benson-Henry Institute for Mind Body Medicine
- 1998 The Society for Spirituality, Theology and Health at Duke University
- 2001 George Washington Institute for Spirituality in Health
- Multiple disciplines
5. SKA's: Common Documents

- 2004 – Common Standards for Certification of Professional Chaplains
- 2004 – Professional Code of Ethics
- 2007/2014 – NACC Standards and Procedures
- 2009 – Common Standards of Practice

6. Association: Structured Responsibility

- ACPE
- USCCB – approval
- NAJC – Ongoing Education and Training
- NAJC – Advocacy

7. Holds itself accountable

- Ongoing Education and Training
- Advocacy
8. Preparedness/ Acceptance

- Board Certified Chaplains becoming norm
- SCC Common Standards for Certification
  - Theory of Pastoral Care
  - Identify and Conduct
  - Pastoral
  - Professional
- NACC “Catholic Content” additions
  - USCCB approved

8. Preparedness/ Acceptance

BCC Expectations

- Current endorsement or of good standing with faith tradition
- Professional association membership
- Undergraduate and a graduate-level theological degree (NACC - in theology, divinity, religious studies, pastoral ministry, pastoral studies, or spirituality)
- Minimum of four units (1600 hours) of Clinical Pastoral Education (CPE)
- Renew every 5 years (evidence 50 CEU’s yearly)

9. Build/hold public trust: Define the “Value Proposition”

- “Intrinsic good” vs. “instrumental good”
  - ERD defines pastoral care as a means to an end: “promote health and relieve human suffering” (Introduction to Part 2)
  - Metrics that make the case
- Demonstrating value to CEO, physicians and others
  - Research of Farr Curlin, MD, et al
10. High motivation/commitment

Who are the Catholic chaplains?

Profile: NACC 1994 – 2014

<table>
<thead>
<tr>
<th>Year</th>
<th>Members</th>
<th>Certifications</th>
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<tbody>
<tr>
<td>1994 – 3607 Members</td>
<td>50% Sisters (1809)</td>
<td>58% Certified</td>
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<td></td>
<td>24% Lay (872)</td>
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<td></td>
<td>20% Priests (719)</td>
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<td></td>
<td>4% Brothers and Deacons</td>
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<tr>
<td>2014 – 2328 Members</td>
<td>27% Sisters (588)</td>
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<tr>
<td></td>
<td>17% Priests (404)</td>
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<tr>
<td></td>
<td>4% Brothers and Deacons</td>
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<tr>
<td></td>
<td>65% Certified</td>
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Age Profile: NACC Membership

Age ranges of NACC members (all categories)

- 25-29: 0
- 30-34: 100
- 35-39: 200
- 40-44: 300
- 45-49: 400
- 50-54: 500
- 55-59: 600
- 60-64: 700
- 65-69: 800
- 70-74: 900
- 75-79: 1000
- 80 and older: 1100

Number of members: [chart]
Reflections

Thank You!