

ACPE NEWS

NORTH CENTRAL REGION

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MAY 2001

RD Ramblings. . .

Annual Meeting News & More



Gary Sartain

The ACPE Annual Meeting concluded in Vail on Saturday, May 5. There were several items of import:

♦ First, it became abundantly clear that there was a strong consensus across ACPE that we did not want an organic merger with APC and/or NACC, but that we wanted to continue to explore less invasive forms of collaboration. The ACPE Board of Directors took action to declare further exploration of organic merger with APC & NACC closed. We will remain ACPE!

The ACPE Board of Representatives moved the following:

“We appreciate the thorough and visionary work of the collaborative steering committee. The ACPE Board has heard the collective voice of the membership of ACPE, and it is clear that we are not prepared to join with ACPE and NACC in an organic merger.

“Acknowledging the sense of our members, we will continue to seek ways to cooperate with other pastoral/spiritual care groups. The Board will address this at its November meeting and determine a means by which continuing dialogue will be accomplished and funded. The Board encourages such collaboration also be undertaken at local and regional levels.”

♦ Bills are currently in the House Ways & Means Committee and the Senate Finance Committee that would expand medicare reimbursement for “nursing and allied health care professionals” to include non-hospital providers. We will be asked to contact our congressional leaders in support of this, because

it has significant positive implications for CPE in non-hospital settings. There will be details soon in the ACPE News and on the ACPE website.

♦ Congratulations to **Jay Hillestad** (Fairview CPE Center, Minneapolis, MN) and **Augustin “JoJo” Orosa** (St. Luke’s Medical Center, Milwaukee, WI), who were granted Associate Supervisor status! Congratulations to **Dixie Potratz Lehman** (Meritcare Health System, Fargo, ND) who was granted Full! Congratulations to **Edith Torveig Finsaadal and Lake Forest Hospital** (Lake Forest, IL) who were granted Accredited Membership in ACPE. (They were previously a satellite of Rush-Presbyterian-St. Luke’s Medical Center, Chicago, IL.)

♦ Congratulations to **Finley Brown, Clyde Burmeister, David Middleton, George Paterson, and Rock Stack**, who were granted Supervisor Emeritus status by ACPE.

♦ And, finally, congratulations to **Oz Anderson**, who was one of four 2001 recipients of the “**Christus in Mundo**” award for distinguished service in the area of specialized ministry in the Evangelical Lutheran Church in America. He



Oz Anderson receives “Christus in Mundo” award from Don Stiger.

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RD Ramblings

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received his award at the Lutheran denominational breakfast. Up to four awards are given once every three years at the Lutheran Triennial gathering for people in specialized settings, commonly known as “Zion”. Oz was unable to attend that gathering, hence the use of this venue. Two of this triennium’s other recipients were also connected with ACPE: **Bryn Carlson** and **Peter Steinke**.

Other News:

2002 ACPE Fee Schedules are now available on the NCR website for budget planning purposes. Click the tab entitled “Fees: ACPE & NCR”.

We welcome **Kathy Turner** to our Region. Kathy is joining **Jeff Billerbeck** at Meriter Health Service in Madison, WI. Kathy is coming to us from Akron, OH. We are also welcoming several NACC Supervisors who have or are completing the reciprocity process to become certified by ACPE: **Gene E. Sitzmann** from Cherokee Mental Health Institute, Cherokee, IA; **Linda Bronersky** from Loyola University, Chicago, IL; **Eric A. Erickson**, Franciscan Skemp, LaCrosse, WI; and **Judith Oland**, St. Mary’s Medical Center, Duluth, MN.

Mary Ann Weigel, our new regional representative to the ACPE Professional Ethics Commission attended her first Commission meeting in Vail. She replaced **Ken Siess**, who is now national chair. **Susan Breiner**, **Will Wagner**, Mary Ann and I all participated in a workshop led by ACPE legal consultant Ann Underwood. **Kathy Turner** was also in attendance. Sue, Will, Kathy and **Larry Shostrom** have all now had training that will allow them to participate in regional review and/or regional hearing panels if the necessity arises.

St. Mary’s Medical Center, Green Bay, WI has withdrawn their accredited member status effective April 13, 2001 due to their inability to find a part-time Supervisor. We are grateful for the service they have provided in that area over the years and regret they found this step necessary.

Shelly Hartsook Bergstrom, Edward Hospital, Naperville, IL, has cancelled her summer CPE unit and taken a medical leave of absence to care for her husband who is seriously ill. She invites peers’ calls at home at 630-717-1729. She can also be reached by e-mail at s.bergstrom@gateway.net.

Diane Greve and City of Lakes Transitional Care Center held a celebration of their ACPE Accreditation on the Feast Day of St. Benedict – March 21, 2001 – since they are part of the Benedictine Health System in Minnesota. St. Mary’s Hospital, Duluth, long an NACC training site, will soon also offer ACPE CPE under a satellite arrangement with City of Lakes, since they, too, are part of the Benedictine system.



A resident and volunteer give glory to God for CPE at City of Lakes.

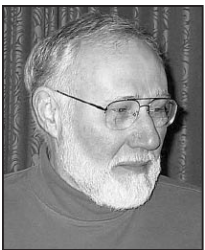
George Fitchett and his colleagues at Rush-Presbyterian-St. Luke’s Medical Center are feeling a need to provide students with **specific behavioral descriptions/measures of the new CPE Outcomes**, especially for Level I. If you have developed any such descriptions or measures, please contact him.

The Spring, 2001 Pacific Region Newsletter urged centers offering stipends to **clarify policies regarding the status of Clinical Pastoral Education Residents**, noting that problems can arise from a lack of clarity between being a student and being an employee. Employee rights may differ for student rights in the event of conflict. Contracts should indicate the integral nature of the CPE program and Resident status and make clear that an interruption of the student relationship terminates any employee status (at the employer’s discretion). The contract should clearly specify a probation period. Contact Pacific Region – ACPE, 225 Anita Court, Redlands, CA 92373 for a copy of UCLA’s contract which is an excellent prototype.

NCR Supervisor Retirements Leave Openings in Region

Rock Stack retired from University Good Samaritan Center in Minneapolis on January 2. **George Franke's** last day of work at Victory Health Services in Waukegan, IL is May 31. **John Serkland** will retire from North Dakota State Hospital in Jamestown, ND on June 8. And **Don Dinsmore** will leave Wausau Hospital, Wausau, WI on July 2. Good Samaritan Society has and will continue to contract with Sheryl Stowman and Jim Tonneson as they restructure. However, Waukegan, Jamestown and Wausau are all sites where we need and hope to quickly find replacements. If you are interested or know someone who is, please contact our Regional Director. These must be excellent places to work. George has been in Waukegan since 1979; Don in Wausau since 1984; and John in Jamestown since 1992!

Rock Stack did his supervisory training at Rush-Presbyterian-St. Luke's, Chicago, IL with Jim Gibbons. He became an Associate under Henry Taxis at Hzelden Foundation, where he worked from 1969 to 1993. He then supervised with Good Samaritan Society



George Franke

George Franke did his supervisory training at Allentown State Hospital and served Interfaith Chaplaincy Services from 1974 to 1978 before going to Victory Health Services.

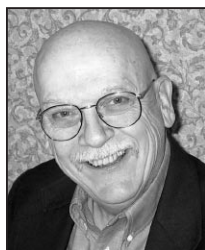
John Serkland became an Acting Supervisor in 1981, while serving as Director of the Richmond Wholistic Health Center, Richmond, Indiana. Not long after becoming "acting" he joined Bob Jais and Al Merwald at Northwestern Memorial Hospital in Chicago, becoming a (full) Supervisor in 1985. He also supervised at the University of Texas - M.D. Anderson Cancer Center (1986-1991) and rounded



John Serkland

out his career at North Dakota State Hospital from 1992-2001.

Don Dinsmore did his supervisory training at University of Virginia Medical Center. He worked at the University of Mississippi Medical Center from 1977 to 1984, when he went to Wausau.



Don Dinsmore



Chaplain/SIT Audrey Zimmerman and the Music Therapy Department at University Good Samaritan Center sing to Rock Stack (center, seated) at his retirement party.

When Rock retired, the Music Therapy Department and Chaplain/SIT Audrey Zimmerman at University Good Samaritan Center wrote and sang the following to him at his retirement party. We share it in honor of all four retirees. Their contribution to our Region has been enormous:

Rock Is Leaving

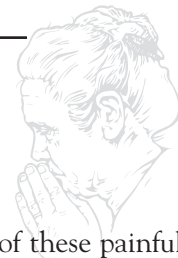
(Sung to "Rock of Ages")

Rock's an aging retiree;
He's done his time, and now he's free;
He's been a friend, a real good bud;
A debt to him we think is owed;
We've all won, yes, that's for sure;
Today we praise his healing power.

Through the labors of his hands,
Rock's met residents' demands.
Yes he's filled with song we know;
The Spirit's love from him does flow.
Now without him we're on our own;
Oh we're left to cry and moan!

In the chapels his voice would ring.
He's got rhythm when he sings.
His theology is grand;
He's helped many understand.
Rock is deep with a reach that's high.
Rock, carry on, we say goodbye!

Screening for Spiritual Risk



By George Fitchett, D.-Minn.

Many chaplains I talk to are excited by recent research that demonstrates the positive health effects of religion. However, I believe the emerging research about the negative health effects of some types of religious coping may prove to be more important for our field. This research provides chaplains with a basis for 1) documenting the level of spiritual risk in any group of patients, 2) identifying patients who need spiritual care, and 3) documenting the contribution spiritual care can make to measurable outcomes such as recovery and/or psychological adjustment to illness.



George Fitchett

I first thought of the concept of spiritual risk as I was reading a study by Oxman and colleagues about factors associated with post-operative mortality in older adults who have heart surgery. This team found five factors were associated with greater risk of death in the six months after surgery: being age 70 or older, severe pre-operative impairment in activities of daily living, previous cardiac surgery, extreme social isolation, and reporting no strength and comfort from religion.

As I reviewed the paper, I wondered who were the patients who reported they received no strength and comfort from religion. Gallup polls and other surveys tell us that Americans, especially older Americans, are pretty religious, only 5 to 11% say they have no religious affiliation. But 37% of Oxman's sample said they received no strength and comfort from religion. I began to wonder whether some of the people who checked the "no strength and comfort" box might actually be people for whom religion was a source of discomfort, but that was not one of the choices in the survey.

Data from studies of three different groups of medical patients allowed me to test my hunch. Those who checked "no strength and comfort from religion" in these studies were not happy non-believers, but believers with painful and conflicted religious feelings including feeling abandoned or punished by God and feeling angry with God about their illness.

In these studies we used a good measure of these painful and conflicted religious feelings, the Brief RCOPE, developed by Kenneth Pargament, a psychologist at Bowling Green State University, and colleagues. It assesses both negative religious coping, the painful and conflicted feelings already noted, as well as positive religious coping. Pargament and Harold Koenig used this instrument in a study of 595 hospitalized older adults and found that higher levels of negative religious coping were associated with greater risk of death over a two year follow-up. My colleagues and I found that higher levels of negative religious coping were associated with poorer recovery of independence in activities of daily living in 96 medical rehabilitation patients followed over a four month period. In preliminary studies we have also found higher levels of negative religious coping are associated with poorer psychological adjustment among out-patients in a diabetes clinic. Jim Gibbons and colleagues have similar findings from out-patients with congestive heart failure.

Pargament's scale can be used to document and communicate the level of spiritual risk in our patients. Cardiac surgeons and administrators may be interested in knowing the proportion of their older heart surgery candidates who have levels of spiritual risk associated with poor post-operative outcome. Being able to document the level of spiritual risk in the patients we serve may help us make a case for maintaining or expanding the resources available for spiritual care. Among the three groups of medical patients we have surveyed, the prevalence of risk ranges from 13% to 30% depending on the patient group and the specific measure of risk employed.

Using Pargament's scale, or some other measure of spiritual risk, can also help colleagues make better referrals. Identifying patients with spiritual risk can help chaplains decide which patients they will visit and which patients need more in-depth spiritual assessment and spiritual intervention.

When spiritual care is focused on patients with identified spiritual risk, I believe chaplains visits will make a measurable difference in recovery and/or psychological adjustment. Many chaplains are aware of the need for studies that demonstrate that spiritual care makes a

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Spiritual Risk _____

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difference. I am confident that if we focus such studies on patients with spiritual risk that we will be able to demonstrate that spiritual care makes a significant contribution to their healing and adjustment.

A more thorough discussion of the whys and hows of screening for spiritual risk can be found in the special issue of *Chaplaincy Today*, Vol 15, No 1, 1999. Copies of this issue can be obtained from the Association of Professional Chaplains, 847-240-1014. The issue contains several different tools that may be used to screen for spiritual risk, including Pargament's Brief RCOPE.

References

Fitchett, George, Rybarczyk, Bruce D., DeMarco, Gail A., and Nicholas, John J. (1999) The Role of Religion in Medical Rehabilitation Outcomes: A Longitudinal Study. *Rehabilitation Psychology* 44(4):333-353.

Oxman, T.E., Freeman, D.H. Jr., and Manheimer, E.D. (1995). Lack of Social Participation or Religious Strength and Comfort as Risk Factors for Death After Cardiac Surgery in the Elderly. *Psychosomatic Medicine* 57:5-15.

Pargament, Kenneth I., Smith, BW, Koenig, Harold, G., and Perez, L (1998). Patterns of Positive and Negative Religious Coping with Major Life Stressors. *Journal for the Scientific Study of Religion* 37:710-724.

Pargament, Kenneth I., Koenig, Harold G., Tarakeshwar, Nalini, and Hahn, June (2000). Negative Religious Coping as a Predictor of Mortality among Medically III Elderly Patients: A Two-Year Longitudinal Study. Paper presented at the annual meeting, American Psychological Association, Washington, DC.

Request from John Thomas, History and Research Committee

The 1996 Revision of the 1987 20 year NCR History had some faults, but chief among them was the lack of any data about the pioneering role the NCR had in both supervisor and student research. Almost from the beginning funds were allocated for both supervisor and student awards and grants.

In order to remedy that situation, I would appreciate receiving titles of any research completed by NCR Supervisors or by students, along with dates of the research. I would also like to know if the results were published and, if so, where. We do have student research reports from 1975 - 1985, so we need titles of any student research after 1985.

We have no official records of supervisors' research studies except those funded by the History and Research Committee. Thank you for your assistance so that this important part of our history is not lost. I did notice that among those doing student research 1975-1985 were names of present supervisors in NCR!!

John Thomas can be reached at 608-249-6014 (h); 608-257-4845 (w); fax 608-257-4490; or c/o Christ Presbyterian Church, 944 E Gorham St., Madison, WI 53703-1569. His e-mail is: jthomas489@aol.com.

Assessing Student Readiness for ACPE

For the last two years the Dakota sub-region has been developing an assessment tool for measuring student readiness for taking ACPE, using admissions data. In its ninth draft, two different formats of the current tool are now available on the ACPE website (www.ncracpe.org) for wider, experimental use.

Form 9b seeks to compare a potential student's load (expenditures of energy and vitality, both internal and external) with their power (internal and external resources that they have to carry their load) in an attempt to measure what vitality is left (power over load) to add ACPE to their current schedule.

Form 9c is less statistical in nature and relies more heavily on supervisor assessment of the ten ACPE

standards, on a Poor/Fair/Good/Excellent scale, to measure current student readiness for ACPE.

Supervisors are invited to further field test this assessment tool, using either format, and provide mail, fax or e-mail feedback as to value of the tool or recommended changes. Even marking changes on the form itself and sending it would be very helpful. Responses should be sent to Peter Holland by mail at Avera Health, 3900 West Avera Drive, Suite 300, Sioux Falls, SD 57108-5722, or by fax to 605-322-4799 or e-mail at peter.holland@avera.org.

Thank you in advance for participating in this ongoing research to more effectively assess student readiness for ACPE.

DATES TO REMEMBER

September 15-17, 2001

Minnesota area sub-regional retreat, Anderson complex north of Grand Marais, MN

September 16-18, 2001

Wisconsin area sub-regional retreat, Door County, WI

September 21-22, 2001

Chicago Area Sub-regional education event, Radisson Hotel Arlington Heights, Chicago, IL

October 14-16, 2001

NCR Annual Meeting. Wisconsin Dells, WI (Chula Vista Resort)

October 21-28, 2001

Pastoral Care Week

March 10-12, 2002

NCR Committee Convocation, Edgewater Motel, Madison, WI

April 24-27, 2002

ACPE Annual Conference, Hilton Pittsburgh & Towers, Pittsburgh, PA (Commissions meet April 20-24.)

Duggan awarded research grant to study CHF and pastoral care

The History and Research Committee is pleased to announce that Dan Duggan of Gunderson Lutheran Hospital (La Crosse, WI) has been awarded a \$2,000 research grant. His project is designed to demonstrate “that congestive heart failure patients with a low ‘sense of coherence’ (as defined and measured by A. Antonovsky), when provided with pastoral care to address meaning in their life, will exhibit greater positive spiritual well being and quality of life outcomes than patients who do not receive pastoral care”.

Patients who meet inclusion criteria for the research, upon consent to participate, will be randomly assigned to receive usual care at Gunderson’s CHF clinic or to receive the usual care and individualized Pastoral Care. Assessment will utilize four established questionnaires administered in a pre-test/post-test manner at a three month interval. Dan stated that in addition to comparing the benefits of pastoral care in CHF care, they will be able to glean important data about the spirituality of CHF patients.”