

Caring Connections

An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling



Change and Changing

The Purpose of Caring Connections

Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling is written primarily by and for Lutheran practitioners and educators in the fields of pastoral care, counseling, and education. Seeking to promote both breadth and depth of reflection on the theology and practice of ministry in the Lutheran tradition, *Caring Connections* intends to be academically informed, yet readable, solidly grounded in the practice of ministry, and theologically probing. *Caring Connections* seeks to reach a broad readership, including chaplains, pastoral counselors, seminary faculty and other teachers in academic settings, clinical educators, synod and district leaders, others in specialized ministries and concerned congregational pastors and laity.

Caring Connections also provides news and information about activities, events and opportunities of interest to diverse constituencies in specialized ministries.

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When the Inter Lutheran Coordinating Committee disbanded a few years ago, the money from the “Give Something Back” Scholarship Fund was divided between the ELCA and the LCMS. The ELCA has retained the name “Give Something Back” for their fund, and the LCMS calls theirs “The SPM Scholarship Endowment Fund.” These endowments make a limited number of financial awards available to individuals seeking ecclesiastical endorsement and certification/credentialing in ministries of chaplaincy, pastoral counseling, and clinical education.

Applicants must:

- have completed one [1] unit of CPE.
- be rostered or eligible for active roster status in the ELCA or the LCMS.
- not already be receiving funds from either the ELCA or LCMS national offices.
- submit an application, including costs of the program, for committee review.

Applicants must complete the Scholarship Application forms that are available from Christopher Otten [ELCA] or Brian Heller [LCMS]. Consideration is given to scholarship requests after each application deadline. LCMS deadlines are April 1, July 1 and November 1, with awards generally made by the end of the month. ELCA deadline is December 31. Email items to Christopher Otten at christopher.otten@elca.org and to Brian Heller brian.heller@lcms.org.

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Call for Articles

Caring Connections seeks to provide Lutheran Pastoral Care Providers the opportunity to share expertise and insight within the wider Lutheran community. We want to invite any Lutherans interested in writing an article or any readers responding to one to please contact one of the co-editors, Diane Greve at dkgreve@gmail.com or Bruce Hartung at hartungb@csl.edu. Please consider writing an article for us. We sincerely want to hear from you!

And, as always, if you haven't already done so, we hope you will subscribe online to *Caring Connections*. Remember, a subscription is free! By subscribing, you are assured that you will receive prompt notification when each issue of the journal appears on the *Caring Connections* website. This also helps the editors and the editorial board to get a sense of how much interest is being generated by each issue. We are delighted that our numbers are increasing. Please visit lutheranservices.org/caring-connections-archive and click on "Subscribe to our newsletter" to receive automatic notification of new issues.

Editorial

Bruce Hartung

PROFESSIONALLY GROWING UP embedded in the pastoral counseling movement of the 1960's (I entered Garrett-Evangelical Theological Seminary/Northwestern University's Ph.D. program in pastoral care and psychology in 1967), I entered an interdenominational world of ministry, an inter-faith world of the American Association of Pastoral Counselors, and an inter-Lutheran cooperative world that was the Lutheran Council in the USA (LCUSA). It was a cooperative effort of four Lutheran churches (Lutheran Church in America, American Lutheran Church, Lutheran Church—Missouri Synod and Synod of Evangelical Lutheran Churches) whose membership included about 95% of Lutherans in the United States and was the successor organization to the National Lutheran Council. Founded in 1967, LCUSA existed until 1988 although the LCMS withdrew in 1977.

A cooperative (note that this is already the third time this word appears here) organization, specialized pastoral ministries flourished in its midst. Joint conferences of Lutheran chaplains and pastoral counselors were held, some specific discussions were hosted (I and Dr. Robert Preus were both speakers at one of these), and things like endorsement and support were handled through LCUSA for all the Lutheran church bodies.

Times, relationships, and organizations have changed. Cooperation among Lutherans has changed. I lament that. Cooperation where possible became a part of my very being; my mindset was to join together with whomever would get the needed job done. Among Lutherans in the United States, cooperative endeavors have become increasingly hard to maintain. There is an old general systems phrase related to conflict and differentiation: hold your ground and stay connected. I see a lot of holding one's ground; I see a lot less of the staying connected part of this phrase. And it is that that I lament.

The Inter-Lutheran Coordinating Committee on Specialized Pastoral Care disbanded. The Inter-Lutheran Coordinating Committee on Ministerial Health and Wellness, a committee that I and the sainted Pr. Craig Settlage founded, is no longer. We Lutherans held our respective ground, but we also stayed connected. The loss of that connectedness is, as the reader can obviously tell by now, what I lament.

There is an old general systems phrase related to conflict and differentiation: hold your ground and stay connected.

This Journal, *Caring Connections*, is one of the last remaining (or perhaps is the last remaining) arena in inter-Lutheran connection. It is, by definition, "An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling and is written primarily by and for Lutheran practitioners and educators in the fields of pastoral care, counseling, and education." Its goal to maintain conversation and

contact between Lutheran practitioners is what drew me to accept the invitation to become one of the editors.

The reader will see this struggle in the first two articles in this issue of *Caring Connections*. Written by Prs. Brian Heller (LCMS) and Christopher Otten (ELCA), both write thoughtful and compelling articles. At the same time, their divergence is clear. But that is what this journal is about. There are two thoughtful and compelling perspectives, and they exist together among the pages of the same issue in the same journal. I rejoice in this.

My hope is that this inter-Lutheran cooperative, connected and practical-close-to-the-ground venture of writing and sharing the practices of pastoral care and counseling will not only continue but also will expand. The Pauline picture of the body, with the absurdity of an all-nose or all-ear body clear, requires us to hold our ground and stay connected. Noses do not become eyes, nor do ears become hands, but we are all parts of the body of people who seek to follow Jesus. That we stay connected as much as we possibly can seems a non-brainer.

We owe a lot to our writers. **Brian Heller** and **Christopher Otten** recognize some of the changes in chaplaincy and in church experience, support, and organization of these vocations, as well as move us into thinking about the future. **Shawn Mai** reflects on the changing world of clinical pastoral education. **Alexandra George** identifies changes in hospital chaplaincy as she has seen them. **Erik Neider** takes up the notion of chaplaincy as specialists in change management. **Bruce Pederson** closes this issue with a response to the last *Caring Connections* issue, 2023.4.

Speaking of the last issue: it was a celebration of the twenty years' existence of this journal. That we stand on the experience of its first twenty years gave us impetus to focus on chaplaincy change and its future course.

If you wish to author an article on a feature of your practice of pastoral counseling or chaplaincy, contact one of the editors, hartungb@csl.edu or dkgreve@gmail.com.

If you wish to financially support this journal, here are the ways to do so via LSA:

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If you wish to respond to the articles in this issue, please do so directly to one of the editors.

I hope this journal helps your holding your ground (being differentiated) and staying connected (being in ongoing relationship). Be well!

Chaplaincy 2024 and Beyond – ELCA

Christopher Otten

FIVE YEARS AGO, I was asked to author an article for *Caring Connections* about the “state of Chaplaincy” within the Evangelical Lutheran Church in America (ELCA). At that time, I had the task to identify, endorse, deploy, and support clergy as Federal Chaplains. The ELCA had 170 Chaplains serving in Federal agencies all around the world. Then COVID-19 struck as a global pandemic. During those two plus years of disruption, shut-downs, and a public health emergency, the Assistant to the Presiding Bishop ministry expanded and shrunk. It expanded in that I became the Senior Director of the ELCA Chaplain Corps and Specialized Ministers. Instead of just those 170 Federal Chaplains, the ministry grew to embrace all Chaplains – Federal as well as those serving in hospitals, hospices, and healthcare systems, and those who minister in retirement communities, nursing home facilities, and local prisons.

The “ELCA Chaplain Corps and Specialized Ministers” now number 680 Chaplains, embedded near and far, ministering with care and compassion through Word, Sacrament, and Service to all, in pluralistic and diverse settings. Those Chaplains serve Lutherans of all varieties, as well as Baptist and Buddhist, Muslim and Methodist, Anglican and agnostic, Wiccan and Wesleyan, Hindu, and nondenominational holiness traditions. It is a pluralistic, diverse, and challenging extension of congregational ministry beyond the “bricks and mortar” of traditional church buildings that requires a strong Biblical and theological identity to bring a ministry of presence into the most trying of human conditions: death and

deployments, disease and medical care, ethics, and incarnational care. While the numbers of Chaplains who are called locally, through their geographic Synods, has increased, the number of ELCA Chaplains serving Federally has declined, following the trend of military recruitment in general, as our Armed Forces struggle to attract the next generation of those who will wear the uniform.

Much the same can be said for medical care, as a physician from Duke Medical Center told me. Many physicians and nurses are looking for the exit doors, after carrying the incredible stress of COVID, and they are not recommending the career field to their children. At the root of much of the stress for military as well as medical recruitment is the question: does anyone care? Who cares for the caregivers? And if the work of caring for this world is going to go unheeded and underappreciated, what is one to do? These workers want meaning and purpose.

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It is in this environment that Chaplains have an opportunity for spiritual care! Societies throughout history have identified certain vocational callings that require an oath. We do that for all US military members who don the uniform. We still have pinning ceremonies with an oath as a rite of passage for Nurses. Physicians are required to take the Hippocratic Oath. Police and civil servants must swear an oath to protect and serve their various roles. But who loves, cares for, supports, and appreciates these sworn servants? I would argue, “Chaplains!” And yet the number of clergy going into Chaplaincy is in decline. At the formation of the ELCA, we had 700 Federal Chaplains. As of 2024, we have 120. Why? What is going on?

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Formation

The traditional training for a Lutheran clergyperson was a bachelor’s degree, three years of residential training, and one year of an internship (or “vicarage”) in a congregation. Clergy were trained to be generalist with a solid Biblical foundation, confessional commitments, and a general, rudimentary knowledge of pastoral care and educational applications for a congregation of 80–150 people. But to function as a Chaplain, and to gain valuable self-reflection on one’s own identity, one unit of clinical pastoral education (CPE) was added in the ELCA.

The cost effectiveness of such a formation process in a post-COVID world has become challenging, which is why the ELCA established its Fund for Leaders scholarship program, to include a Federal Chaplaincy endowment for those discerning a vocation in the Federal government. The scholarship fund to underwrite CPE training remains to be established. The demand for increased CPE has become a requirement for Chaplains in institutional settings. One unit is the bare minimum. Four units of CPE is the standard. As most schools, universities, and seminaries have gone online, Lutheran institutions have struggled. Valparaiso University is set to cut many majors, including theology and pastoral formation undergraduate programs. Concordia University, Ann Arbor, is beset with operational debt. Lutheran Theological Seminary of the South has announced the closure of its Columbia, SC, campus and will move to Hickory, NC to become a graduate program of Lenoir Rhyne University. The fact is that education and formation are expensive. Buildings suffer delayed maintenance while online education becomes the model of the wider educational world.

How does one learn face-to-face, speaker-to-listener skills and pastoral care formation sitting in front of a computer? Innovative programs need to emerge that include hybrid models. Information and the “brain trust” of a body of knowledge can be acquired online. But holding another person’s story in sacred space and trust, bringing that person’s vulnerability and transparency into the presence of God is

an incarnational act. It involves body language, listening, trust and sensitivity that cannot be learned through online education. Clinical pastoral education and face-to-face time are needed. In response to these needs in formation, Luther Seminary in Minnesota has developed a Chaplaincy track within its hybrid learning model. In its first year, it will continue to grow.

Finances

The LCMS and the ELCA models of funding their churchwide and synodwide ministries have changed. Long gone are the generous grants from Aid Association for Lutherans (AAL) and Lutheran Brotherhood (LB). Thrivent has discontinued its level of funding from those predecessor organizations to our Lutheran church bodies. This has affected the amount of support and funding available to Chaplain programs across the board, even as hospital systems downsize their Chaplain Corps in cost-saving measures that are detrimental to wholistic patient care.

Clinical pastoral education is expensive. CPE educators take years beyond seminary graduation to hone their skills, develop their programs, and teach cohorts of seminary students/interns. While most employers require CPE for employment, as well as Board Certification within two years of hire, they ordinarily do not fund the requirement. Chaplaincy requires a kind of entrepreneurial risk to invest in the quality training that opens doors into institutional settings.

Fellowship

It is no secret that the Chaplaincy world has suffered as result of the dissolution of an amicable working relationship between the ELCA and the LCMS. Lutheran Christians are cousins in the faith with the same Lord, same Scriptures, same Confessional commitments, and the same interpretative lenses of law/gospel, saint/sinner, and church/state. But instead of supporting one another and our Chaplains, our churches have held each other in suspicion, talked past each other, and refused to sit down to discuss our differences. That dissolved the community of Lutheran Chaplains training together, meeting for annual fellowships, and speaking with any unified voice, either to the larger Christian community or to the Chaplain community in which we are embedded.

The divisions that exist are not about Jesus, nor the creeds, nor about the Lutheran Confessions. Rather, our wounds are caused by women's ordination even while there have always been female Christian, spiritual caregivers through the history of the church. Our divides over the LGBT+ community separate us even though almost all our families include someone who is a part of such identified communities. Even wearing a mask in a hospital or in the military, where it is

In response to these needs in formation, Luther Seminary in Minnesota has developed a Chaplaincy track within its hybrid learning model.

required by employment law, is seen as a faith divide rather than a simple public health measure.

The ELCA Vision for the Future of Chaplaincy

Acts 10 and 11 (if not chapters 10 through 15) provide a template for the future of the ELCA Chaplain Corps amid these turbulent and tumultuous times.

Cornelius was a man under oath to the Romans; a centurion soldier and leader. But try as faithfully and earnestly as he might through almsgiving and prayer, in whatever Roman religion that he practiced, he was still searching for God — the God who wants to be found and who is revealed as light, grace, and truth in Jesus. In his spiritual struggle, he sent two of his slaves and one of his soldiers off to bring Peter back to him for spiritual care. Through a bizarre dream — not through the Scriptures nor through the sacraments nor through confession and absolution — but through a dream. God was working in Cornelius' life. God can work wherever and whenever God wills.

God was working in Cornelius' life. God can work wherever and whenever God wills.

Enter Peter, who was reluctant to hold Cornelius' story in sacred space. Why? Cornelius was not circumcised. He was not an Israelite. He was not even baptized. He had no commonality with the God of Israel as Peter had come to understand Jesus. Though his initial reaction was to stay away, Peter recognized the Spirit working in the world and went toward the need rather than keeping the Gospel sequestered — a theme which resolved itself in Acts 15 at the first church council in Jerusalem. Peter was compelled to go, compelled by his own bizarre and repeated dreams. Peter went with his knowledge of the Scriptures. Peter went with his own experience. But most importantly, even though he acknowledged “I am only a mortal.” (Acts 10: 26), Peter brought the story of God's grace and forgiveness into Cornelius' life. Three years of ministry with Jesus, and the year(s) of ministry formation in the first nine chapters of Acts had brought Peter to this point of offering himself as a useful tool to God, beyond the walls of any church, outside of the doctrines and practices of Israel, and into the lived reality of someone completely “other” to him.

The Evangelical Lutheran Church in America follows this model through varied Chaplaincy ministries. Our clergy undergo formation and clinical pastoral education so that they have the proper receptors to perceive when and where God is working in this world, in pluralistic and diverse settings, so that they encounter people like Cornelius and share the grace, hope, and abundant life of Jesus that can transform and sustain people in the midst of disease, deployments, and even death. Chaplains are meaning makers. They help to frame personal experience and provide purpose from a Biblical worldview. We face challenges in our formation, finances, and fellowship, just as the people of God ministered in austere and challenging times in

the book of Acts. Yet they found that Jesus was always one step ahead, by the power of the Holy Spirit, directing them, guiding their steps, providing their needs, and breaking open spaces that would otherwise be closed (Acts 16).

COVID has been a challenging time. It tore at the fabric of community. Christians got out of the habit of worshipping. The church, by every metric, seems to be shrinking. We have experienced a pruning, in the hope that out of the remaining stump, new growth might flourish. Seminaries will undergo a metamorphosis. CPE programs will find added resources to continue. Relationships must heal so that our fellowship can grow stronger in the future. The ELCA seeks to encounter this world so that God's love can be made real to new and diverse people through the ministry of Chaplaincy.



Christopher Otten serves as the ELCA Endorser for Federal Chaplains and, as of June 2021, for all the chaplains, pastoral counselors and clinical educators under synodical calls in the ELCA. Chaplain Otten retired from the Air Force in February 2020 as the full-time support Chaplain for the 175th Wing of Maryland's Air National Guard, responsible for the spiritual welfare and morale of 1,500 personnel and their families. As a military chaplain, he has had numerous deployments and critical assignments over the years.

He was ordained in 1995 after completing his BA in Philosophy at Nyack College, New York, and his MDiv at Concordia Seminary, St. Louis, Missouri. His Clinical Pastoral Education was at Laclede Groves (Webster Groves, MO) and his Internship at Bethany Lutheran Church (Alexandria, VA). He has served congregations as a Pastor, Assoc. Pastor, and Sr. Pastor in the DC/MD/VA area, as well as Wahiawa, Hawaii; Cleveland, Ohio; and McAllen, Texas.

Chaplain Otten, who grew up in Greensboro, NC, now lives in Baltimore, MD, with his teenage son, Elliott Samuel, and their Pomeranian dog, Augustus, as well as Rehoboth Beach, DE, with his partner, Timothy P. Credle, originally from Remsen, NY. He commutes into DC, where he works in the ELCA's Capitol Hill office.

Meeting the Challenges of this World:

LCMS Specialized Spiritual Care Ministry in the 21st Century

Brian Heller

Introduction

In the movie, “The Guardian,” Coast Guard rescue swimmer Ben Randall takes on a new role as the senior instructor at the Coast Guard’s elite “A” school that trains rescue swimmers. After making a controversial decision to improve the quality of the training, Randall remarks to the school’s senior leadership, “There’s a gap between training and what happens out there...I intend to narrow that gap.”¹ LCMS Specialized Care workers are the elite “rescue swimmers” of church workers. Responding to souls struggling with suicide ideation, trauma, and death constitutes a usual day in the life of these workers serving in chaplaincy roles. Yet, there is a similar gap to what Randall laments in the formation of Lutheran Specialized Care workers with respect to being equipped for the sobering task of spiritual caregiving. It is the intention of LCMS Specialized Spiritual Care Ministry (Specialized Care) to close this gap.

It really is no surprise that the landscape of chaplaincy is changing. The onslaught of changes happening in American society are mirrored in the spiritual care world. Earlier challenges in chaplaincy roles such as interdenominational and interfaith relations have become magnified by issues such as gender dysphoria, same-sex relations, and abortion. Within this challenging context, LCMS Specialized Spiritual Care Ministry is blessed to explore new and exciting opportunities as we prepare our church workers to confront these situations, unwavering in their theological convictions yet also speaking the truth in love (Eph. 4:15).

Back to the Basics

In order to faithfully address the challenges of the future, we must continue to learn from our past. Today, a stigma exists in the LCMS and other denominations that those serving in chaplaincy roles are “less than” a traditional parish pastor or church worker. I have personally experienced this, when, serving in a chaplaincy role, a visiting pastor asked me why I was “wasting my ministry” serving in an institutional setting. Though not always fair, this stigma associated with institutional chaplains arises from some truth. Within the LCMS, several institutional chaplains have come from congregations

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1 *The Guardian*, directed by Andrew Davis (Burbank, CA: Buena Vista Studios, 2006), DVD.

where church leadership has forced them out or they were directly placed into a chaplaincy role by a seminary due to concerns regarding their ability to serve well in a congregation. This has not always been the case. The LCMS has a rich history with church workers serving in chaplaincy roles. Rev. Enno Duemling, a forefather of LCMS chaplaincy, argued in his 1946 text *The Lutheran Ministrant* that those serving in chaplaincy roles should be “...men of wide and varied pastoral experience, having proven his worth as a parish pastor.”² In the early 1900s, it was expected that church workers serving in chaplaincy roles would be the best of the best. LCMS Specialized Care’s vision is to return to that past reality. In order to accomplish this, Specialized Care has undertaken new endeavors which shall be discussed in more detail.

In the early 1900s, it was expected that church workers serving in chaplaincy roles would be the best of the best. LCMS Specialized Care’s vision is to return to that past reality.

Additionally, Specialized Care has become intentional about the language being used. The ministry area itself has undergone a name change in an effort to be clearer about the work being done and the workers serving in these fields. Though there were a plethora of reasons for the name change, there were two that stood out above the rest. First, the acronym for the previous name, *Specialized Pastoral Ministry (SPM)*, was frequently confused with *Specific Ministry Pastor (SMP)*³ and resulted in both ministry areas dealing with inquiries that would end up in the wrong spot. In fact, during my first few weeks serving in my role, I encountered several church workers who did not realize that there was a difference between SPM and SMP. The name change has helped differentiate the important work that both ministry areas do.

The name change was also brought about to recognize the differences that exist between pastoral care and spiritual care. Biblically speaking, pastoral care involves bringing the Word and the Sacraments (specifically, the Lord’s Supper and Absolution) to comfort hurting souls. Within the LCMS, only ordained pastors provide pastoral care. Spiritual care, however, is broader. Spiritual care involves providing encouragement, listening, reading Scripture, prayer, and the like. All Christians are able to provide this spiritual care to hurting souls. Thus, the name change to “spiritual care” is more aligned with the work that all of our rostered church workers do.

Lutheran Visitation Education

To fill the void between theological and practical education, Specialized Care has developed its own Lutheran spiritual care training program to equip professional church work students and rostered church workers with spiritual care giving skills that include the sciences (such as family systems theory) that inform the care

² Enno Duemling, *The Lutheran Ministrant* (Waukesha: Northwest Publishing House, 1946), 9.

³ The Specific Ministry Pastor Program (SMP) is a distance-based, specialized program of theological education available at both LCMS seminaries.

given but are rooted in the rich heritage of Lutheran and Scriptural approaches to spiritual care.

But what about Clinical Pastoral Education (CPE)? Doesn't CPE accomplish the same goal? To be sure, the LCMS has historically had a strong relationship with the Association of Clinical Pastoral Education (ACPE). In fact, LCMS church workers were charter members of ACPE when it came into existence in 1968. However, times have changed. Now, 56 years later, ACPE has adopted an increasingly progressive stance on social issues. For example, at their 2023 annual conference, ACPE hosted workshops titled, "Words Matter: Training Chaplains on Utilizing Racial and Gender Inclusive Language in Spiritual Care," and "Teaching Gender and Sexual Diversity for CPE Students," to name a few. Unsurprisingly, the content of both sessions was rooted in worldviews opposed to confessional Lutheran theology.

To be sure, the LCMS has historically had a strong relationship with the Association of Clinical Pastoral Education (ACPE). In fact, LCMS church workers were charter members of ACPE when it came into existence in 1968.

Furthermore, ACPE certified educator Jeremy Gilmore, in his article, "Blessings and Cursings: The Liberating Gift of Profanity in Clinical Pastoral Education," provides a vignette of a time when he encouraged a piously Christian CPE student to "...practice swearing in supervision times with me."⁴ This "encouragement", of course, is at odds with biblical theology, where Scripture states in several places that there be "...no filthiness nor foolish talk nor crude joking, which are out of place, but instead let there be thanksgiving" (Eph. 5:4). In the past year, two LCMS students have reached out to me to help reconcile issues that arose with their ACPE certified educators revolving around their conservative approach to spiritual care.

In fairness, I have personally had a positive experience in CPE and was blessed with educators that respected my conservative theology. There are several CPE centers that do well in training their students to be excellent spiritual care providers, many of which I recommend to LCMS students seeking that type of clinical education. But, the number of requests for an alternative spiritual care training program from LCMS church workers and professional church work students continues to increase. The division between ACPE and an LCMS understanding of spiritual care also continues to deepen. So, what do you do when the traditional "A" school is no longer meeting the training needs of our elite church workers? You develop your own!

In answer to our church workers' requests, Specialized Care is excited to announce the launch of our own spiritual care training program, Lutheran Visitation Education (LVE). LVE is a spiritual care training program that retains the rigor and

4 Jeremy Gilmore, "Blessings and Cursings: The Liberating Gift of Profanity in Clinical Pastoral Education," *Journal of Pastoral Care & Counseling* 74, no. 3 (September 2020).

high educational standards of one unit of CPE while also utilizing and incorporating the rich heritage of Lutheran spiritual care. Yes, students still write verbatims, learn various psychological and social theories, and participate in individual supervision sessions like they would in a traditional CPE unit, but this education will also be supplemented by digging into our past and learning from Biblical approaches to spiritual care from Jesus and St. Paul, the early church fathers like Gregroy the Great and St. Augustine, and, of course, the Lutheran fathers of Martin Luther, Johann Gerhard, C.F.W. Walther, and many more. LVE intentionally integrates the spiritual care practices of the past in training students to meet the challenges of the future by keeping the theology of the cross as the focal point of the training curriculum. LVE also serves a role in introducing students to a CPE-like experience in an LCMS environment with LCMS instructors and peers. Though LVE will be able to be recognized as a CPE-equivalent training module at select institutions, LVE does well to help prepare LCMS church workers and students who desire to serve as full-time chaplains for their next CPE experiences.

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Just as rigorous training necessitates the formation of military special operations forces such as rescue swimmers, rigorous training is also necessary for the formation of church workers serving in specialized contexts. The author hopes that LVE may be seen as the “A-school” formation training across the LCMS as a program that works and narrows the gap between traditional church worker formation and the reality that church workers serving in chaplaincy roles face daily.

Ecclesiastical Endorsement

Along with LVE, another significant change Specialized Care has made was with respect to Specialized Care ecclesiastical endorsement. Previously, ecclesiastical endorsement was treated as a “one-size fits all.” Any LCMS church worker seeking ecclesiastically endorsement from this office would be required to complete 4 units of CPE, submit a substantial amount of paperwork, and interview with various committees. Again, the landscape of chaplaincy roles has changed. Several pastors and deaconesses find themselves in situations with the desire to serve in a chaplaincy role part-time (such as a volunteer with a local police/fire department) and be endorsed but are unable to complete the 4 units of CPE required for ecclesiastical endorsement. In recognizing the diversity of our church workers and their evolving situations, Specialized Care has redesigned the ecclesiastical endorsement process to make endorsement more accessible. LCMS ecclesiastical endorsement for specialized care church workers now has three different tiers: Primary, Standard, and Fellow.

- **PRIMARY-** The primary endorsement is one of the two new additional tiers added to ecclesiastical endorsement. Primary endorsement is designed for church workers serving part-time in a specialized setting or as an initial endorsement where with the continual growth and development of the Specialized Care worker, it will lead to the standard endorsement. This endorsement requires only one unit of CPE or unit of LVE and is a great opportunity for church workers serving in part-time chaplaincy roles to stay connected with the wider Specialized Care Worker community in the LCMS.
- **STANDARD-** The standard endorsement is the tier that is equivalent to the previous ecclesiastical endorsement process. Specialized Care workers that have previously attained ecclesiastical endorsement have been transitioned to this endorsement level. This endorsement is designed for rostered church workers serving full-time in a specialized setting and has many of the same requirements in place from the previous endorsement process.
- **FELLOW-** The second new tier of ecclesiastical endorsement is the Fellow endorsement. This endorsement is reserved for select Specialized Care workers who have successfully achieved standard Specialized Care endorsement, have attained highly developed skills in the art of spiritual care, and have also demonstrated multi-year leadership experience. In other words, these workers are the best of the best, the “SEAL Team 6”⁵, if you will, within Specialized Care. Fellows would be called upon to serve in a variety of ways, including serving as mentors for church workers new to specialized care settings, contributing scholarly articles to the Specialized Care field that they are passionate about, and serving on various consultation and interview committees, to name just a few possible opportunities.

This ensures that our endorsed church workers stay connected with us, supported by us, and continually encouraged to remain rooted in their Lutheran heritage in an increasingly secular world.

In addition, all endorsements are now time-bound and require renewal every 2–3 years, depending on the endorsement level. This ensures that our endorsed church workers stay connected with us, supported by us, and continually encouraged to remain rooted in their Lutheran heritage in an increasingly secular world.

Guiding Principles for 21st Century Chaplaincy

As LCMS Specialized Care faces the ministry opportunities presented by the increasing changes in society, there are a few guiding principles that lay behind the changes to our existing resources and structure, informing the development of new initiatives. Some of these include:

5 SEAL Team 6 is viewed as one of the most capable fighting forces in the Special Operations Forces community.

Spiritual Paramedics:

Not only are we striving to have Specialized Care workers be recognized as elite church workers, but it is important to frame their work appropriately. Specialized Care workers can be seen as “spiritual paramedics.” They often do not have long with those entrusted to their care (especially in hospital settings) but they provide spiritual care to triage acute needs. This is done through active listening, works of love, and deeds of kindness. If the person they are caring for is a Christian, they can share Scripture and pray with them. The goal of these spiritual paramedics is to connect those whom they serve to the hospital, that is, the Church, and to the physician of souls, the pastor. There, in the hospital (church), where Christ has promised to deliver His gifts through His undershepherds, is where true healing for hurting souls takes place. It is essential that Specialized Care workers have strong, trusting relationships with local LCMS clergy so that, if/when the opportunity presents itself, referrals to local LCMS congregations can be made for continued pastoral care.

The goal of these spiritual paramedics is to connect those whom they serve to the hospital, that is, the Church, and to the physician of souls, the pastor.

Practical Advice for Those Serving in Chaplaincy Roles:

- Be in the Word yourself. Be confident that you know your stuff! Receive the Lord’s Supper often, continually confess your sins, your failures, all of it, and receive Christ’s eternal forgiveness that He won for you on the cross. Take comfort in your baptismal identity, assured that you are Christ’s own, He has bought you with His holy, precious blood, and you are an heir of eternal life. No matter what lies this world, your own sinful flesh, and Satan tell you, remember that you belong to Christ.
- Do not hold yourself to a 100% “success” rate, with success being however you define it. Realize that you can’t control the outcome of situations, but you can evaluate yourself with the following questions. Have I used my time wisely to show love to those under my care? Have I adhered to the theology of the cross? Did I do what the Lord has asked of me? Have I done what I promised to do with this job? Have I done everything faithfully and well? Leave the outcomes to the Lord!

Conclusion:

Yes, there may be a gap in the formation of Specialized Care workers between their education and their practical experience, but this is a challenge that LCMS Specialized Care passionately addresses head-on through new initiatives such as the development of spiritual care training program and revising our ecclesiastical endorsement process to better meet the needs of our church workers. Through these

various changes, it is my hope that the LCMS Specialized Care worker will once again be viewed as they were through Duemling's eyes, as an "elite" church worker, the best of the best, the ones who will go into the trenches to reach the lost, hurting, and broken with the comfort of Christ crucified for them.



The Rev. Brian Heller currently serves as the manager of Specialized Spiritual Care Ministry for the LCMS. Previously, he served as a chaplain at Lutheran Senior Services in St. Louis, MO and as a parish pastor of Holy Trinity Lutheran Church in Walnut, IL. Brian is a graduate of Concordia University Chicago, where he received a B.A. in Political Science. After CUC, Brian went on to receive an M.Div. and STM from Concordia Theological Seminary, Fort Wayne. Brian is currently a Doctorate of Ministry student at CTSFW, focusing on creating a distinctively Lutheran practical care program for L.C.M.S. church workers. Brian is blessed with a wife, Jennette, an alumnus of Concordia Nebraska, and three young children.

Future directions for ACPE, CPE, and Chaplaincy

Shawn Mai

I AM AN ELCA LUTHERAN PASTOR serving under call from the Minneapolis Area Synod of the ELCA. Currently, I am an ACPE Educator at Park Nicollet Methodist Hospital CPE Center in St. Louis Park, Minnesota. I am an active member of West Denmark Lutheran Church in Luck, Wisconsin, where I sing in the choir, serve on the pastoral support committee of the church council, and am fed by great preaching and outstanding hospitality and farm-to-table food served up often at West Denmark potlucks.

For the last four years I have served on the Executive Committee of the Association of Clinical Pastoral Education Board of Directors. I served two years as chair-elect and two years as chair. I was asked if I would write a piece as part of this issue on future directions in the world of ACPE, CPE, and chaplaincy. As I began thinking about this article, I appreciated the opportunity to do some reflecting on my time on the ACPE Board and how that experience has shaped some perspectives about the world of spiritual care and education.

If I had authored this article four years ago, it would be describing a consolidation of the two large spiritual care and education associations in this country. In November 2019, I attended my first meeting of the consolidation process between the Association of Professional Chaplains and the Association of Clinical Pastoral Education. From 2019–2022 there was much visioning and dreaming about what a unified organization might mean for the field of spiritual care and education. Unfortunately, the consolidation did not happen, but the process unearthed a need for a coalescing of the work that has been done in the development of professional spiritual care. The field of chaplaincy looks much different today than it did 10, 20, or 30 years ago. There has been an integration of chaplaincy into the health and spiritual wellbeing of people in the health care system, emergency and first responders, prisons, corporate settings, and in a wide variety of community settings.

Unfortunately, the consolidation did not happen, but the process unearthed a need for a coalescing of the work that has been done in the development of professional spiritual care.

When it became clear that a consolidation was not going to happen, the ACPE Board embarked on a strategic planning process. This work along with ACPE's ongoing recognition with the US Department of Education, ACPE's work on becoming an anti-racist/anti-bias organization, and the experience and impact of a pandemic began shaping the work of the association in powerful ways. What became apparent is that the connective tissue of ACPE was important. How we maintained in person

relational connection (especially after the disconnection caused by the pandemic) was important. Continuing to understand and address systemic racism within and outside of ACPE needed to be a priority. It also continued to be clear that our recognition by the US Department of Education was important in strengthening our processes as a professional organization as we mature as professional spiritual care givers.

Although ACPE and APC did not formally consolidate, both organizations continue to provide a standard of training and board certifying that serve professional spiritual care giving. Their work together will continue to support a solid foundational undergirding for this important work. As is the case with any growing entity in a capitalistic system, organizations have emerged who engage in “pseudo-science” to give the appearance of evidence-based practice in the profession.

Supporting research on the impact of spiritual care and education has continued to help expand the understanding and reach of our work as chaplains and chaplain educators.

Supporting research on the impact of spiritual care and education has continued to help expand the understanding and reach of our work as chaplains and chaplain educators. Transforming Chaplaincy has emerged as a leader in supporting solid scientific research. I asked Paul Galchutt, an ELCA chaplain colleague, to comment on the role and power of research in the field of spiritual care and education. I included Paul’s footnotes below, and here are his comments:

The story of chaplaincy within healthcare will forever be shared in an important anecdote illustrating compassion and describing skill-based professional spiritual care that made a difference. For these illustrations to gain strength within evidence-based practice (Hoffman et al., 2017) they need to be constructed as narrative case studies (Fitchett, 2011) reflecting the expertise and interventions of spiritual care practitioners along with their observed healing outcomes. The stories, however, do not go far enough without broader and larger empirical (quantitative and qualitative) research studies. In recent years, the number and strength of these studies have grown to a point where the field is urging the routine integration of spiritual care when supporting anyone in serious illness circumstances (Balboni et al., 2022). A recent single randomized control trial in the intensive care unit, for example, demonstrated that when chaplains offer early intervention compared to usual care with patients and family members, anxiety decreases and spiritual well-being increases. These kinds of results are arguably not possible without the advanced training that occurs within clinical pastoral education fostering skill development and emotional intelligence growth (Jankowski et al., 2008).

References

Balboni, T. A., VanderWeele, T. J., Doan-Soares, S. D., Long, K. N. G., Ferrell, B. R., Fitchett, G., Koenig, H. G., Bain, P. A., Puchalski, C., Steihauser, K. E.,

Sulmasy, D. P., & Koh, H. K. (2022). Spirituality in Serious Illness and Health. *JAMA*, 328(2), 184–197. <https://doi.org/10.1001/jama.2022.11086>

Fitchett G. (2011). Making our case(s). *Journal of health care chaplaincy*, 17(1–2), 3–18. <https://doi.org/10.1080/08854726.2011.559829>

Hoffman T, Bennett, S., & Del Mar, C. (2017). Introduction to evidence-based practice. In Hoffman T, Bennett, S., & Del Mar, C. (Eds.), *Evidence-based practice: Across the health professions* (pp. 1–15). Elsevier.

Jankowski, K. R., Vanderwerker, L. C., Murphy, K. M., Montonye, M., & Ross, A. M. (2008). Change in pastoral skills, emotional intelligence, self-reflection, and social desirability across a unit of CPE. *J Health Care Chaplain*, 15(2), 132–148. <https://doi.org/10.1080/08854720903163304>

Torke, A. M., Varner-Perez, S. E., Burke, E. S., Taylor, T. A., Slaven, J. E., Kozinski, K. L., Maiko, S. M., Pfeffer, B. J., & Banks, S. K. (2023). Effects of Spiritual Care on Well-Being of Intensive Care Family Surrogates: A Clinical Trial. *Journal of pain and symptom management*, 65(4), 296–307. <https://doi.org/10.1016/j.jpainsymman.2022.12.007>

This is a time of opportunity. We live in a time when people are experiencing suffering as the result of profound disconnection. At the same time, we are learning more about how connection improves health and well-being, an impact on how science helps us understand our work.

All of this impacts the role ministry plays within and without the Lutheran Church. As we experience the changing way ministry happens, we need to understand that the spiritual needs of people remain. Human beings continue to make meaning and they continue to hunger for connection. Just because the ways we approached ministry in the 1950's, 1980's, and 2000's are not working the same way in 2024, it does not mean we do not have work to do as a church. The discipline of chaplaincy grows out of the ministry of our predecessor Lutheran bodies who built hospitals, senior care, colleges, and social service agencies.

Just because the ways we approached ministry in the 1950's, 1980's, and 2000's are not working the same way in 2024, it does not mean we do not have work to do as a church.

Over the last 50 years we have ceded the work of spiritual care and education to health care systems. As our health care systems continue to struggle financially, health care dollars cannot support what has been funded in the past, this includes spiritual care and spiritual care education. Ironically, this comes as people in our country are less connected to support through spiritual and faith communities. The

support needs of health care workers have also increased, especially post-pandemic, as more is expected, and resources are stretched thin.

Maybe this means that we revisit who we have been as a Lutheran ministry in the United States. Our predecessors built and supported institutions that have long served the community. When my students show up for a CPE internship or residency, two questions I push them to ask as they enter a patient's room are "who are you" and "why are you here?" Those same questions seem to make sense as we discern our work as chaplains and a church in a world that is suffering. Those questions are not altogether different than the questions Jesus' asked to those he encountered in the Gospel. How do we collectively and personally answer those questions?

Blessings to you in your faith journey, professional and personal development, and as you continue to sink into what transformation (living into your baptism) means for you,



Shawn Mai is an ELCA pastor serving under call from the Minneapolis Area Synod as an ACPE Educator at Park Nicollet Methodist Hospital CPE Center in St. Louis Park, MN. He was ordained in 1992. Shawn has served as an associate pastor at Central Lutheran Church in Minneapolis, as a hospice chaplain with Fairview Hospice, as Director of Spiritual Care for Walker Methodist in Minneapolis, as a Manager and system Director at Allina Health, and Manger of CPE at Park Nicollet. He lives in downtown Minneapolis with his husband Chuck and Daschund Frieda. They have two grown children and three grandchildren. Shawn and Chuck also have a lake residence in St. Croix Falls, WI. Shawn is an active member of West Denmark Lutheran Church in Luck, WI.

Chaplaincy: Change Through My Eyes, or Moving the Needle, or What a Time to be Alive

M. Alexandra George

I ENTERED THE CHAPLAINCY FIELD IN 2005 as my first call ended at Zion Lutheran Church in Minneapolis, MN. I was accepted into a residency at United Hospital, St. Paul, and that was the beginning of my pursuit of chaplaincy as a career. My social location is that I am an African American woman from the East Coast with religious roots in the Presbyterian USA Church. I came to Minnesota to attend Carleton College in Northfield, MN. After graduation I preferred the pace of the Midwest and decided to make Minnesota my home. I worked at various jobs and then found long term employment at Augsburg Fortress Publishers, a Lutheran publishing house in Minneapolis. I became a music editor and loved my job. There was no pressure to become a Lutheran and I never gave it a thought. I started to use my music skills as a freelance flutist and was invited to play at Lutheran churches around the cities. I became a handbell and choir director at First Lutheran Church, St. Paul. My love of music was fed by the liturgy in the then “new green book.” In 1998. I was led by the Holy Spirit to join First Lutheran Church, St. Paul.

By the time I started my residency I lived in Minnesota for several years and was accustomed to being the only person of color in many settings. Diversity was not commonplace in the Midwest. Chaplaincy was no different as the field continued to attract primarily Christian students, mostly white, and a few students of color. All my student colleagues in my CPE group were white and Christian. During the residency I became familiar with the chaplain world and learned about organizations such as the Association of Professional Chaplains (APC), National Association of Catholic Chaplains (NACC), and the National Association of Jewish Chaplains (NAJC).

Many of the main-line religious organizations endorsed the APC. A career in chaplaincy generally required four units of Clinical Pastoral Education (CPE), endorsement by a church or endorsing organization, clinical experience, and eligibility for board certification. That was the norm for the chaplain world in 2005.

Diversity was limited and there was no plan from the national organization to attract chaplains of color, even though the patient population included people of color and the immigrant presence was growing.

Diversity was limited and there was no plan from the national organization to attract chaplains of color, even though the patient population included people of color and the immigrant presence was growing. LGBTQ+ and transgender students were also limited, and they had to go through an “extraordinary” path to enter ministry or chaplaincy. At the 2009 ELCA Churchwide Assembly a resolution was adopted to

“recognize and support congregations that chose to call a pastor in a monogamous same-gender relationship.” This action moved the needle for the ELCA.

After I completed my chaplain residency, there were very few chaplain jobs in the Twin Cities. Every open position had dozens of applicants which made it a challenge to find a full-time position. I found a day job to pay the bills and worked in on-call chaplain positions four nights a week at different hospitals. Movement in the field started to happen within a few years, and I was called to my first full-time chaplain position at Mercy Hospital, Coon Rapids, MN in 2012.

Fast forward to April 11, 2016. By this time, I moved to a chaplain position at Children’s Minnesota Hospital . I remember the day because I responded to an invitation to view a portion of the Health Care Chaplaincy Network’s HCCN) conference, *Caring for the Human Spirit*. I thought that I would learn about the organization and gain a CEU for my fifty credit APC requirement. I joined the conference, and after a brief chaplain pledge, I thought that I would be cut off. The streaming continued and was able to listen to the next speaker and gain a CEU credit!

Rev. Eric J. Hall, the Executive Director of HCCN began to speak about chaplaincy and the gift that it is to patients and families in health care, and he shared a touching personal story about how a chaplain helped his family in their time of need. I did not know this speaker, nor did I know much about HCCN. Hall presented an engaging reflection on chaplaincy. He started to turn his comments toward the actual process of becoming a chaplain and that it was outdated, and the academic approach was missing the mark on training chaplains to meet the needs of patients and families. He was a voice among many advocating for change, that change was too slow, and that it was time to introduce something new. The new Spiritual Care Association (SCA) was rolled out with deliberate clarity. I sat up in my chair and remember thinking, this is *major change*. My Lutheran mind equated this action to a Reformation-like act. This modern-day Chaplain Reformation posted the 95 theses on a virtual wall. This new organization, the SCA, promised to change the landscape of chaplaincy in several ways and chaplaincy would be accessible to every faith and background.

And yet, in my rational mind, this was a pivotal moment in the chaplain world. Another organization was coming alongside a longstanding major organization to challenge the status quo.

There were many dissenters, and I was among them. We cannot accept another way of doing things! And yet, in my rational mind, this was a pivotal moment in the chaplain world. Another organization was coming alongside a longstanding major organization to challenge the status quo. I resisted and viewed the SCA from afar. I became board certified by APC and continued to watch SCA grow. I was even invited to present a workshop at an SCA conference with a chaplain colleague. SCA quickly established itself nationally and internationally and is endorsed by many

organizations. HCCN is now a household word and a vital part of growth for the future of chaplaincy.

COVID struck in 2020. Our hospitals were hurting, patients were dying, businesses were barely able to hold on or closed and morale was low. Family members lost loved ones and bodies of the deceased lined the streets outside hospitals as there was no place to store them. Masks, gowns, goggles, and gloves became the hospital uniform. Nurses, doctors, chaplains, social workers, and many other staff worked hard to provide care. Chaplains were challenged as care at times was on the other side of a window, on the phone and face time on an iPad. ZOOM gave us permission to use online resources, and many meetings today are still conducted on ZOOM to gain full participation and to save on travel time. Life in the pandemic taught us how to do chaplaincy differently. At Children's MN, care for staff became a focus. The psychosocial team staffed a 24 /7 resource center for staff. Hundreds of staff utilized the services as they were exhausted from the extra work that it took to show up and be present for patients/families. There was fear in the air as we collectively wondered how long COVID would be in our life. We learned to adapt. We also gained flexibility and today we continue to use ZOOM for meetings and Telehealth is also more acceptable and widely used.

COVID waned in the latter part of 2021, and we were able to focus on social concerns such as immigration and health care equity.

COVID waned in the latter part of 2021, and we were able to focus on social concerns such as immigration and health care equity. The Muslim population was growing and MN had the largest census of Muslims in the country. I was promoted to be the Children's Spiritual Care Manager and became involved with Open Path Resources (OPR), an organization that offered East African Muslims an opportunity to learn about chaplaincy and CPE. It was a match as the Muslim community faith practice is integrated within the culture. Children's MN partnered with Allina Health to introduce CPE to Muslim spiritual leaders so that those interested could become chaplains. This was a momentous change for chaplaincy as the path was widened. More religious and spiritual groups have been invited to bring their gifts to chaplaincy. I moved to HCMC in 2022, and continued to work with Open Path to train three Muslim spiritual care leaders to offer culturally specific religious rituals for Muslim families and to learn about the art of chaplaincy.

Conclusion

Currently I am the Spiritual Care Manager at Hennepin Healthcare. I have noticed that the applicants for chaplaincy positions are from diverse backgrounds and have more work experiences in a variety of related fields including spiritual leadership. CPE is the entry into chaplaincy and most applicants completed four or more units. Many applicants are in chaplaincy as a second career, like me, and feel the call to

something greater than themselves. Staff diversity has been increasing in chaplaincy as my two most recent new hires were African American males.

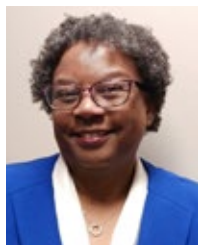
I am noticing a younger group of students that are interested in chaplaincy. Seminarians are witnessing churches close and congregations shrinking in size. They are also seeing the population shift to spiritual, not religious. First unit CPE students at Hennepin last year are preparing for a possible dual career as pastor and chaplain in the community.

As a hiring manager I know that open chaplain positions increased since 2022. Chaplains are valued and growth in the field was an indicator. In a post COVID time, hospitals in the Twin Cities and around the country are struggling to survive. The need for more nurses is a strain on all hospital systems. In 2023 chaplains in local hospitals and nationwide were cut as a cost saving measure. In some cases, the pendulum is swinging back to understaffed chaplain departments that are only able to connect with a fraction of the patient population. Community pastors are in struggling parishes and rely on chaplains to visit their parishioners while in the hospital. This is a challenging time to be in chaplaincy because the foundation is changing.

We encourage patients and families to adjust to change all the time. Chaplaincy must also change as we embrace the world “as is” and the “not yet” world. We can lead the way in embracing the new and not looking back in hope that things will return to the way they were. Nothing ever moves backward, only forward.

I am grateful that the national chaplain organizations are of one mind in asking the questions that need to be asked. What is in the future for chaplaincy? My answer is change. We have the resources to redefine who we are and what we can be. But, we have to be open.

One thing that I know for sure is that in the midst of change, the heart of chaplaincy will remain the same. There will always be a need for a chaplain to bring a calming presence during the chaos of trauma, a hand to hold the bereaved when a loved one is dying, and words of comfort that all will be well. This is our work, and we will be present to offer care, but it may be in a different way. Blessings to all that are leaving a legacy, and to all those that are moving the needle in a new direction to create a new legacy.



Rev. Alexandra George spent most of her career in ministry. As a pastor at Zion Lutheran Church in Minneapolis, she concurrently served as the Executive Director of ZOOM House – a housing ministry started by Zion LC. After her call at Zion ended, she pursued a chaplain residency at United Hospital, St. Paul, MN. During her residency she discovered her passion for patient and staff care, which prepared her for staff chaplain positions and manager positions at Mercy Hospital, Coon Rapids, Children’s Minnesota, and Hennepin Healthcare. George has been called the “chaplain’s chaplain” by some of her colleagues as she has been a role model for CPE students and new chaplain staff.

Chaplains are Change Specialists

Erik Neider

WHAT IS ONE OF THE EARLIEST BIG CHANGES YOU CAN REMEMBER? Was it a divorce? A death of a loved one? One of the first big changes in my life was my father's enrollment at Concordia Seminary in St. Louis. The year was 1985. I was eight years old, and I could not imagine leaving Neider's Nook on Trump Lake in Wabeno, Wisconsin. We lived in a home my great-grandfather had built as a summer cottage, a home my father had lived in most of his life. I could not imagine enduring the changes that my parents were inflicting on my brother and me. I remember curling up in the bottom of my bed one night crying myself to sleep and resolving to stay with the home. My parents and brother could relocate to St. Louis, but I would continue living in my room when the renters moved into our home. I would be right there in Neider's Nook when my family returned for academic breaks. There was no reason things should change for me.

Many people have issues with change. Some insist that we are creatures of habit. Many have a tendency toward the predictable, repeatable, and steady. In many of these people, this tendency increases with time. As children leave home many retirees that I have known settle into a rhythm of life that beats with metronomic stability. There are certain activities for certain times each day, certain activities for certain days of the week, and certain activities for certain times of the year. Often the establishment of routines is accompanied by a sense of entitlement. "I have worked hard to get where I am by adapting to other's ideas. It is high time they adapt to me!" (I have seen this attitude in long-serving members of the military too.) The repeatability of routines brings a form of comfort and the misconception that the world is a stable and safe place. Even if the world must change there is no reason things should change for me.

The local church can be the place where we desire sameness on a deeper scale. Often, we experience the same order of worship, be that traditional or contemporary liturgy, each Sunday. Many people sit in the same pew, park in the same parking spot, and check in with the same people each week. There is a rhythm of congregational programs that repeats from one year to the next. The readings repeat in accordance with the annual or triennial lectionaries. We hear "For I the LORD do not change;"¹ and mistakenly apply that to ourselves. If my work and home life changes at least I can count on my church and my relationship with God to stay the same.

Chaplains often enter our lives because there has been a significant change to our predicted routine. Institutional chaplains take on pastoral care duties and shepherd

The repeatability of routines brings a form of comfort and the misconception that the world is a stable and safe place.

1 The Lutheran Study Bible, 2009. Malachi 3:6a

faith families when we move out of our homes and away from our congregations. Hospital, fire, and police chaplains arrive during crisis. Corporate chaplains help us manage the warp and woof of our vocational identities. Military chaplains provide a bit of all the above, building spiritual discipline and readiness during times of indoctrination when new recruits leave home and providing pastoral care during and after combat. Chaplains show up when we are confronted with the unpleasant reality that things have changed for us, maybe even our church life, especially our relationship with God, and that life will never be the same for us again. The thing chaplains bring is a less anxious presence born out of the blessed assurance of God's love for us in Christ. We communicate that indeed things have changed, but that changed things can be blessed too. God-who-changes-not is always changing you and never leaving you nor forsaking you.

We communicate that indeed things have changed, but that changed things can be blessed too.

The buzzword for this is resilience: the capacity to withstand or to recover quickly from difficulties. The military spends a lot of time, money, and energy building resilience in its equipment and people. Resilience in equipment is relatively easy to develop — build a prototype, subject it to stress, measure its functioning compared to design parameters, and rebuild until it can “take a licking and keep on ticking.” Resilience in people is more nebulous — build them through a training process, subject them to stress, measure their functioning compared to ... to what? Compared to their leaders? Compared to their peers? Compared to their functioning before they entered military service? And rebuild? Unlike equipment which has little capacity for memory, service members are changed by their experiences. They may recover from difficulties, or they may not recover, but they are not static. Every stress reinforces positive coping mechanisms or invites them to investigate and adopt new ones. (Some refer to these as growing edges.) Every stress invites them to strengthen their resolve or challenges them to revisit established assumptions. Every stress invites them to change.

And what of a chaplain's resilience? Where do we turn when we feel internal resistance to change? As Lutherans we believe, teach, and confess that:

I cannot by our own reason or strength believe in Jesus Christ, my Lord, or come to Him; but the Holy Spirit has called me by the Gospel, enlightened me with His gift, sanctified and kept me in the true faith. In the same way He calls, gathers, enlightens, and sanctifies the whole Christian Church on earth, and keeps it with Jesus Christ in the one true faith. In this Christian Church He daily and richly forgives my sins and the sins of all believers. On the Last Day, He will raise me and all the dead, and give eternal life to me and all believers in Christ.²

2 Luther's Small Catechism, Concordia Publishing House, 2005.

God has affected the greatest change in us and loves us even through those days when we feel like God's gift to nobody. My chaplain identity, grounded in God's Word interpreted by our Lutheran Confessions, reminds me who and whose I am when I am stressed and questioning my resilience, my capacity to endure and embrace yet another change.

When I was eight my parents moved me to St. Louis against my will. We moved again in two years for dad's vicarage, and the year after that back to St. Louis, and the year after that to his first congregations in the Upper Peninsula of Michigan. Each time it got easier. Each time I felt more blessed by the people, places, and experiences that continued to show me how much bigger God's love and kingdom are than I had previously imagined. As of today, I have moved sixteen times, been to forty-seven states, lived in eight, and visited eleven countries. I have served our nation in a slew of uniforms and in a plethora of communities each with their unique experiences of God. I recognize that I have become something of a change specialist. Most days I enjoy the challenges of entering new communities, figuring out how to thrive while taking this next step in my journey, and offer my time and expertise to guide others to do likewise. Chaplaincy allows and encourages me to flex and adapt so that the those in my care who are struggling with change know that there is something on which they can ground themselves. That something is the love of God revealed by the Word shared generously by we-the-transformed journeying toward His glory. Someday I will move back to Neider's Nook and watch the sunset on Trump Lake and be a chaplain in that community too. Bring on the next change!



Chaplain Erik Neider was born in Wisconsin and raised in the Midwest. He lived in the Northeast from 2000–2005 while serving in the Navy's Submarine Service. He attended Concordia Seminary St. Louis from 2005–2010, taking a one-year sabbatical in 2007 to deploy to Kuwait. From 2010–2015 he was Associate Pastor of Immanuel Ev. Lutheran Church in Crystal Lake, IL. In 2015–16 he completed a CPE residency at Advocate Condell Medical Center. In 2017 Erik returned to active-duty service as a Navy Chaplain with the US Coast Guard in Northern California. From 2020–2022, He lived in Sasebo, Japan while serving on USS AMERICA. Since August 2022 he has lived in San Clemente, CA where Erik serves the Marines and Sailors of 1st Marine Division. He and his wife, Joelle, have three children ages 20, 18, and 13.

Letter to the Editors: Beginnings Relating to *Caring Connections*

Bruce Pederson

I WANT TO THANK THE EDITORS for what you continue to do and particularly for the last issue (2023.4) celebrating twenty years of the publishing of *Caring Connections* online (except for the first issue which was a print publication). Thank you also for the invitation calling attention to the archive which continues to be available through the Lutheran Services in America website. What a rich array of insights and wisdom gleaned over these many years that still is available! I also want to add a few missing names and a couple of errors in the beginning reflection by Diane Greve and the closing article by Phil Kuehnert.

Diane mentioned in her reflection that Serge Castigliano was the Director of Specialized Ministry in the ELCA at the time. Serge had left that position and was serving as chaplain at the Seaman's Mission in New York City. He was replaced by Don Stiger. The leaders at the time were Don Stiger from the national ELCA and Dick Tetzloff from the LCMS. The meetings were called by Craig Carlson, the chair of the Chaplain's Network. I had talked to Craig and the national steering committee about the idea of a national journal that would serve all SPC ministries. Craig made the contacts with Don Stiger and Dick Tetzloff to set up the meeting.

I know it sounds a little strange that such a national meeting would be taking place in our basement. We discussed meeting in Chicago, but it turned out that our home was an easy place for all. Craig Carlson was coming from Duluth. Don Stiger had either a relative or friend to visit in the Twin Cities area and Dick Tetzloff's home was in northern Minnesota so he would be heading north to his home from St. Louis when he came to the meetings.

It was these discussions that led to the proposal for *Caring Connections* that was first brought to the Inter-Lutheran Coordinating Committee. I believe that at the beginning the funds came from the national churches but were under the direction of the Inter-Lutheran Coordinating Committee. So, when Phil Kuehnert suggested that "the proposal was after the meeting at our home presented to the people in charge of specialized ministries in the ELCA and the LCMS," that is not accurate. Both leaders were present at the meetings and participated in the development of the proposal, which was then affirmed by the Inter-Lutheran Coordinating Committee.

The Chaplain's Network came into being before LSA (Lutheran Services of America) was formed. It was connected to a long-term care national organization which

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included board members, administrators, other leadership, and chaplains of Lutheran organizations serving seniors. A planning committee worked in the year 1988 and brought a proposal for the election of a steering committee the following year that would communicate with chaplains and do the work necessary for pre-conferences for chaplains and workshop opportunities during the national conferences. Craig Carlson became chair of the Network in 1994 and continued to work with it in various roles until 2012. Craig tells me that the group ceased to exist two or three years after he left.

I did mention the influence of an SPC Journal published under the leadership of Serge Castigliano. There was an article in one of the issues written by Don Tubesing with the title: “Stress, Spiritual Outlook and Health.” I thought that it was so provocative and helpful that I have returned to it many times through the years and have quoted from it often in presentations.

I know that when I was working on what was first called *Chaplain’s Network News*, I often thought about including more substantive articles. Toward the last years of my work with it, I wrote a grant to the Aid Association for Lutherans to give it a new title: *The Link* and move it more in the direction of a Journal. Craig remembers that the amount of the grant was \$4,000. We had a professional designer provide layout and fonts to be used and we published issues for three years.

I noticed that Don Tubesing’s name came up in one of the articles in the last issue of *Caring Connections*. It is at the end of the second article by Amy Blumenshine relating to a book that she, John Siippola, Donald Tubesing and Valerie Yancey wrote with the title: *Welcome them Home — Help them Heal*. It notes that the book was reviewed by Kevin Massey in *Caring Connections* Vol 9 No 2.

I have never met Don Tubesing but am grateful for his writing and the way that it influenced me and led to the conversations and planning that helped create and sustain this publication. I wonder how many have been similarly touched by the writers and the others who have kept this publication alive.



The Rev. Bruce E. Pederson, MDiv., BCC, served as Corporate Director of Chaplaincy Services and Church Relations for Ebenezer Society in Minneapolis beginning in the fall of 1988. He retired from the ELCA Word and Sacrament roster in the fall of 1999 on his 66th birthday but continued in his role at Ebenezer. The following year he was offered and accepted a new half-time position with Fairview Health Services as Manager of Church Relations in the department of corporate community health where he has continued to serve for the past twenty-two years, most recently on a casual basis.

Bruce participated on the Steering Committee of the LSA Chaplains’ Network for six years. He edited and published its newsletter for ten years. The first meeting to consider the possibility of creating Caring Connections took place at his home in South Minneapolis with Craig Carlson of Duluth, Dick Tetzloff (LCMS) and Don Stiger (ELCA) participating. Bruce also served for twelve years as Director of Chaplaincy at Mercy Medical Center and for fifteen years as pastor in both rural and suburban congregations.

In 2010 he was a recipient of the Christus in Mundo and is pictured here wearing the medallion.