

**Survey of COMISS Network Organizations:
Recent Research Publications and Current Research**

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INTRODUCTION

This paper is a report on a survey of the COMISS Network organizations and their constituency seeking information on recent research publications and current research in progress in the field of specialized ministry.¹ COMISS (The Network on Ministry in Specialized Settings) has been in existence since the 1970's.² The COMISS Network is a forum for dialogue and action among four distinct pastoral care and counseling communities:

(1) Professional Accreditation and Certification Organizations - which certify professional chaplains and pastoral counselors to perform ministry or to train for professional pastoral care;

(2) Religious Endorsing Bodies - which endorse professional chaplains and pastoral counselors to perform ministry in specialized settings;

(3) Professional Pastoral Care Organizations - which exist as groups of chaplains and/or other pastoral care professionals whose work focuses on ministry in specialized settings;

(4) Chaplain and Pastoral Counselor Employing Organizations - which utilize the services of chaplains or pastoral counselors certified by one of the Certifying Organizations of COMISS Network.

COMISS is involved in national and international initiatives – such as Pastoral Care Week and The COMISS Commission for Accreditation of Pastoral Services (CCAPS) -- making the organization well-known among chaplain and pastoral counseling professions. More information on the COMISS Network can be found at <http://www.comissnetwork.org>.

SURVEY PURPOSE

The idea of conducting a survey of the COMISS Network membership was inspired by the COMISS Medal acceptance speech given in 2012 by The Rev. Dr. Walter J. Smith, S.J., President and Chief Executive Officer of HealthCare Chaplaincy. The purpose of the survey was to learn of

¹ An earlier version of this paper was presented as a Plenary Address to the COMISS Network Forum, January 14, 2013.

² This information about the COMISS Network is taken from their website: <http://www.comissnetwork.org>.

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current research and publications through soliciting self-report citations from the COMISS constituency.

SURVEY METHOD

In December, 2012, I asked Will Kinnaird to forward an email to the COMISS Network mailing list. That email read:

A synopsis of current research is being planned for the COMISS Network Forum meeting January 13-14, 2013. I would welcome receiving information that you and/or your constituents have published in the last year in the field of pastoral care, pastoral counseling, CPE, specialized ministry, or religion. This information can come to me via mail and/or email in the form of a citation, abstract, or other electronic form. Feel free to forward this email to others that you feel might have research news to share. Also, if you know of research in process that would like some recognition, I would welcome that information as well.

In response to the email query, I received about a dozen responses with citations and information on current research. Several authors also sent abstracts and/or the original articles.

SURVEY REPORT CONTENTS

This survey report includes the following:

- Introduction and survey analysis
- Bibliography of citations received
- Current research and grants including the HCI/Templeton Grants
- Resources for research within the COMISS Network constituency
- Suggestions for future research
- Appendix A: Lists of Publications and Research received from Fitchett, Grosseohme, King, and Virginia Commonwealth University
- Appendix B: Author – Contributor List and Tabulation
- Appendix C: Publication Mapping

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BIBLIOGRAPHY OF CITATIONS RECEIVED

From the materials received I created the bibliography below. In addition, I also looked at everything that had been mentioned on the ACPE Research Network in 2012 and included those articles in the bibliography as well.

In the bibliography, where abstracts were available, I incorporated all or part of the information available. George Handzo also asked me to include news of the HCI/Templeton Grants, and that information (from the HCI website) is on page 22.

Several authors sent me a list of several articles and research projects. I have incorporated their bibliography into the survey and have included their initial communication in Appendix A.³

ANALYSIS OF SURVEY BIBLIOGRAPHY⁴

The survey responses combined with information on the ACPE Research Network website included 45 publications -- 42 articles, 1 research dissertation, and 2 chapters in books.

Most articles had several contributors in addition to the primary author. A tally of the citations indicates that the 45 publications involved 108 different individuals who served as either principal author/investigator and/or contributor. So most publications were the result of the collaboration of several researchers for an average of 2.4 collaborators per study. Of the 45 studies, there were 32 principal authors.

The following table shows the number of studies for which an individual was a principal investigator or author.

³ The extensive survey responses from Fitchett, Grosseohme, and King are found in Appendix A.

⁴ See Appendix B for a table containing a complete list of authors, number of publications, and number of items as principal author/researcher or contributing author/researcher.

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Principal Authors/Investigators (PA/PI)	Number of Publications as Principal Author
1 individual was PA/PI for	6 studies
1 individual was PA/PI for	4 studies
2 individuals were PA/PI for	3 studies
1 individual was PA/PI for	2 studies
27 individuals were PA/PI for	1 study
TOTAL - 32 individuals were principal authors/investigators for a total of 45 publications	

*Publication Mapping*⁵

The 42 articles in this study appeared in 25 different publications.⁶ As might be expected, pastoral care/chaplaincy journals had the heaviest concentration of articles and accounted for 43% of the articles cited. This means, however, that the majority of publications by our survey respondents are in journals outside the field of chaplaincy. Those interested in this phenomenon of the distribution of chaplaincy-related articles in a wide variety of journals will want to read the forthcoming outstanding article by Johnson et al.⁷

Journal	Number of Articles
Chaplaincy Today	4
Journal of Health Care Chaplaincy	8
Journal of Pastoral Care and Counseling	3
Journal of Religion and Health	3
Total	18

⁵ Appendix C contains a complete list of publications and the number of articles in each.

⁶ The survey found 42 articles plus 3 other works: 2 chapters in books and 1 PhD dissertation.

⁷ Johnson, E Dodd-McCue, D Tartaglia, A McDaniel, J (forthcoming) *Mapping the Literature of Health Care Chaplaincy* Journal of the Medical Library Association.

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BIBLIOGRAPHY OF CITATIONS RECEIVED

Ai, A Wink, P and Shearer, M (2011). *Secular reverence predicts shorter hospital length of stay among middle-aged and older patients following open-heart surgery.* Journal of Behavioral Medicine, 34(6):532-541.

ACPE Research Network article of the month for March 2012. For a summary and comment by Chaplain John Ehman, University of Pennsylvania Medical Center-Penn Presbyterian, Philadelphia PA, see: <http://www.acperesearch.net/mar12.html>

Aist, C (2012) *The Recovery of Religious and Spiritual Significance in American Psychiatry.* Journal of Religion and Health, 51(3):615-629.

ABSTRACT. Reviews a body of data that identifies underlying influences that have contributed to an evolving change in American Psychiatry toward a more positive and receptive stance toward religion and spirituality over the past three decades. This development, surprising in light of the remedicalization of psychiatry and its predominantly neuro-biological orientation, is attributed to five foundational ideas that have helped to leverage this change. These are significance of culture, creative power of ritual, psychic function of belief, neuro-biology of spirituality, and relevance of recovery narratives. The impact of these factors for psychiatric assessment and treatment is described, as well as the contribution of the Oskar Pfister legacy and award to the ongoing dialogue between religion and psychiatry. Adapted from the American Psychiatric Association's 2011 Oskar Pfister Lecture in Religion and Psychiatry.

Berg, G Crowe, R Borchert, S Siebert, J Lee, F (2012) *Predicting the Importance of Hospital Chaplain Care in a Trauma Population.* Kansas Journal of Medicine, 5(3).

ABSTRACT. The purpose of this exploratory study was to determine if the importance of chaplain care is associated with and could be predicted by patient or injury characteristics. Methods. A telephone survey of recently discharged trauma patients was conducted. Logistic regression analyses were conducted to determine what factors are associated with the importance of chaplain care and satisfaction with chaplain care.

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Results. Self-reported religious affiliation was associated with the importance of chaplain care and importance of chaplain care was associated with satisfaction with chaplain care. Conclusions. The value of chaplain care cannot be measured by patient characteristics, therefore, chaplain care should be offered to all patients and families.

Blanchard, J Dunlap, D Fitchett, G (2012) *Screening for spiritual distress in the oncology inpatient: a quality improvement pilot project between nurses and chaplains.* Journal of Nursing Management, 20(8):1076-84.

ABSTRACT. *Aims:* A quality improvement initiative of nursing/chaplain collaboration on the early identification and referral of oncology patients at risk of spiritual distress. *Background:* Research shows that spiritual distress may compromise patient health outcomes. These patients are often under-identified, and chaplaincy staffing is not sufficient to assess every patient. The current nursing admission form with a question of 'Any spiritual practices that may affect your care?' is ineffective in screening for spiritual distress. *Method:* Ten nurses on the oncology unit were recruited and trained in a two-question screening tool to be utilized upon admission. *Results:* Six nurses made referrals; a total of 14 patients. Four (28%) were at risk of spiritual distress and were assessed by the chaplains. *Conclusions:* Nurses are interested in the spiritual well-being of their patients and observe spiritual distress. They appreciate terminology/procedures by which they can assess more productively the spiritual needs of their patients and make appropriate chaplain referrals. *Implications for Nursing Management:* The use of a brief spiritual screening protocol can improve nursing referrals to chaplains. The better utilization of chaplains that this enables can improve patient trust and satisfaction with their overall care and potentially reduce the harmful effects of spiritual distress.

Clark, S. King, S & Harrison, D (2012) *How to talk to patients about religion and spirituality.* Current Psychiatry, 51(10):51.

Cotton, S Grosseohme, D McGrady, M (2012). *Religious coping and use of prayer in sickle cell disease.* Pediatric Blood and Cancer, 58(2): 244-249. PMID:21319290.

Cotton, S Pargament, K Weekes, J Grosseohme, D McGrady, M Luberto, C Leonard, A & Fitchett, G (in press). *Spiritual struggles, health-related quality of life, and mental health*

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outcomes in urban adolescents with asthma. Research in the Social Scientific Study of Religion.

ABSTRACT. This study examined (1) whether spiritual struggles were uniquely associated with health-related quality of life (HRQoL) and mental health outcomes, after accounting for negative secular coping, and (2) whether changes in spiritual struggles over time were associated with changes in these psychosocial outcomes among urban adolescents with asthma. Adolescents (N=151-Time-1; N=132-Time-2) completed multiple self-report measures. Descriptive statistics, difference scores, and hierarchical multiple regressions were calculated. Results indicated that (1) more spiritual struggles were associated with greater depressive and anxiety symptoms and worse psychosocial HRQoL at baseline; (2) changes in spiritual struggles were significantly associated with changes in depressive symptoms longitudinally; and (3) spiritual struggles significantly accounted for 4-9% of the unique variance in these outcomes. Findings suggest screening for spiritual struggles when caring for these adolescents.

Feinstein, M Liu, K Ning, H Fitchett, G Lloyd-Jones, D (2012). *Incidence of cardiovascular risk factors and subclinical cardiovascular disease between young adulthood and middle age across levels of religious involvement: The Coronary Artery Risk Development in Young Adults (CARDIA) Study. Preventive Medicine, 54(2):117-21.*

ABSTRACT. *Background:* Religious involvement has been associated with improved health outcomes but greater obesity in older adults. No longitudinal study of young adults has examined the prospective association of religious involvement with incident cardiovascular risk factors (RFs) and subclinical disease (subCVD). *Methods:* We included 2433 participants of the CARDIA study, aged 20 to 32 in 1987 when religiosity was assessed, who were followed for 18 years. Multivariable-adjusted regression models were fitted to assess prospective associations of frequency of religious participation at baseline with incidence of RFs and prevalence of subCVD after 18 years' follow up. *Results:* The high frequency of religious participation was associated with a significantly greater incidence of obesity in unadjusted models (RR 1.57, 95% CI 1.14-1.73) and demographic-adjusted models (RR 1.34, 95% CI 1.09-1.65) but not after additional adjustment for baseline RFs (RR 1.17, 95% CI .97-1.41). When religious participation was treated dichotomously, any religious participation, compared with none, was associated with significantly lower subCVD. *Conclusions:* Frequent religious participants are more likely to become obese between young adulthood and middle age; this association is confounded by demographic and other factors. Nonetheless,

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young adults with frequent participation may represent an opportunity for obesity prevention.

Fitchett, G (2012). *Next steps for spiritual assessment in health care*. In M. Cobb, C. Puchalski, & B. Rumbold (Eds.), Oxford Textbook of Spirituality in Healthcare (pp. 299-305). Oxford: Oxford University Press.

Fitchett, G Benjamins, M Skarupski, K Mendes de Leon, C (2013). *Worship Attendance and the Disability Process in Community-dwelling Older Adults*. The Journals of Gerontology Series B: Psychological Sciences and Social Sciences; 2013 Jan 16 [Epub ahead of print] doi: 10.1093/geronb/gbs165

ABSTRACT. Objectives. We examined the contribution of religious involvement to age-related declines in health by examining the association of worship attendance with measures of different stages in the disability continuum. **Methods.** Participants included 5,863 Black and White older adults from the Chicago Health and Aging Project. Worship attendance was coded in 3 levels: very frequent (several times a week or more), frequent (several times a month) and infrequent (several times a year or less). Measures of disability included self-reported IADL and ADL disability as well as observed physical function. **Results.** In multiple regression models adjusted for demographic factors, compared to those with infrequent worship attendance, those with frequent or very frequent attendance had lower levels of IADL and ADL disability and higher levels of physical performance at baseline. These associations remained significant in models that adjusted for health and cognitive status. There was no association between frequency of worship attendance and change in disability or physical function over time. **Discussion.** These results suggest that more frequent worship attendance does not contribute to slowing the progress of disability in late life. Future research is needed to better understand the development of the differences in disability associated with worship attendance observed at baseline.

Fitchett, G Grossoehme, D (2012). *Health care chaplaincy as a research-informed profession*. In S Roberts (Ed.), Professional Spiritual and Pastoral Care: A Practical Clergy and Chaplain's Handbook (pp. 387-406). Woodstock, VY: SkyLight Paths Publishing.

Fitchett, G Lyndes, K Cadge, W Berlinger, N Flanagan, E & Misasi, J (2011). *The role of professional chaplains on pediatric palliative care teams: perspectives from physicians and chaplains*. Journal of Palliative Medicine, 14(6):704-707. DOI: 10.1089/jpm.2010.0523

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ABSTRACT. *Context:* Pediatric palliative care (PPC) specialists recognize spiritual care as integral to the services offered to seriously ill children and their families. Little is known about how PPC programs deliver spiritual care. *Objective:* The goal of this pilot study was to begin to describe the role of professional chaplains in established PPC programs in children's hospitals in the United States. *Methods:* In 2009 we surveyed 28 PPC programs to ascertain how spiritual care was provided. Of the 19 programs with staff chaplains who met additional study criteria, we randomly selected eight to study in detail. Based on interviews with the medical director and staff chaplain in these eight programs, we qualitatively delineated chaplains' roles in PPC. *Results:* Twenty-four of the 28 surveyed programs (86%) reported having a staff chaplain on their clinical team. Among the 8 interviewed programs, there was considerable variation in how chaplains functioned as members of interdisciplinary teams. Despite these variations, physicians and chaplains agreed that chaplains address patients' and families' spiritual suffering, improve family-team communication, and provide rituals valued by patients, families, and staff. *Conclusions:* Our survey of these PPC programs found that spiritual care was typically provided by staff chaplains, and our interviews indicated that chaplains appeared to be well-integrated members of these teams. Further research is needed to evaluate how well the spiritual needs of patients, families, and staff are being met, and the organizational factors that support the delivery of spiritual care in children's hospitals.

Fitchett, G Tartaglia, A Dodd-McCue, D Murphy, PE (2012) *Educating Chaplains for Research Literacy: Results of a National Survey of Clinical Pastoral Education Residency Programs.* Journal of Pastoral Care and Counseling, 66(1).

ABSTRACT. There is growing evidence that leaders in professional health care chaplaincy recognize the important role of research. The Standards of Practice recently approved by the Association of Professional Chaplains (APC), and especially the standard about research (Standard 12), provide strong evidence that the profession sees research, and research-literate chaplains, as important for its future. The aim of this study was to identify the extent to which Association for Clinical Pastoral Education, Inc (ACPE) accredited clinical pastoral education (CPE) residency programs are preparing their graduates to be the kind of research-literate chaplains described in these Standards. We interviewed CPE supervisors from 26 randomly-selected CPE residency programs. We found 12% of the programs had intentional and substantive research-

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related curricula, 27% of the programs offered some limited exposure to research, and 62% of the programs provided no education about research. We found also that supervisors often defined “research education” in terms of actually conducting research projects. CPE residency programs potentially play a central role in educating research-literate chaplains. Future research should examine the incentives and barriers that influence the inclusion of research education in CPE residency programs.

This was the ACPE Research Network article of the month for April 2012. For a summary and comment by Chaplain John Ehman, University of Pennsylvania Medical Center-Penn Presbyterian, Philadelphia PA, see: <http://www.acperesearch.net/apr12.html>

Flannelly, K Emanuel, L Handzo, G Galek, K Silton, N Carlson, M (2012) *A National Study of Chaplaincy Services and End-of-Life Outcomes*. BioMed Central Palliative Care, 11:10.

ABSTRACT. *Background:* Medicine has long acknowledged the role of chaplains in healthcare, but there is little research on the relationship between chaplaincy care and health outcomes. The present study examines the association between chaplaincy services and end-of-life care service choices. *Conclusions:* The findings suggest that chaplaincy services may play a role in increasing hospice enrollment. This may be attributable to chaplains’ assistance to patients and families in making decisions about care at the end-of-life, perhaps by aligning their values and wishes with actual treatment plans. Additional research is warranted. Available online at <http://www.biomedcentral.com/1472-684X/11/10>

The Flannelly et al article was the ACPE Research Network article of the month in September 2012. For a summary and comment by Chaplain John Ehman, University of Pennsylvania Medical Center-Penn Presbyterian, Philadelphia PA, see: <http://www.acperesearch.net/sep12.html>

Galek, K Flannelly, K. Jankowski, K and Handzo, G (2011) *A methodological analysis of chaplaincy research: 2000-2009*. Journal of Health Care Chaplaincy, 17(3-4): 126-145.

ACPE Research Network article of the month in January-February 2012. For a summary and comment by Chaplain John Ehman, University of Pennsylvania Medical Center-Penn Presbyterian, Philadelphia PA, see: <http://www.acperesearch.net/jan12.html>

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Gleason, J (2012) *Can Chaplains Survive and Thrive with P4P?* Chaplaincy Today, 28(2).

ABSTRACT. In the near future, almost all US health care professionals—doctors, nurses and members of the ancillary disciplines, including chaplains—likely will be paid based on quality of performance, i.e., pay for performance (P4P), by achieving evidence based, best practice, desired outcomes that have a positive impact on institutional bottom lines. This article describes the context, implications for chaplaincy, progress to date and next steps for professional chaplaincy to survive and thrive with P4P.

Grossoehme, D Cotton, S & McPhail, G (in press). *Use and sanctification of complementary/ alternative medicine by parents of children with cystic fibrosis.* Journal of Health Care Chaplaincy.

Grossoehme, D & Fitchett, G (in press). *Testing the validity of a protocol to screen for spiritual risk among parents of children with cystic fibrosis.* Research in the Social Scientific Study of Religion.

Grossoehme, D Opiari-Arrigan, L. VanDyke, R Thurmond, S & Seid, M (2012). *Relationship of adherence determinants and parental spirituality in cystic fibrosis.* Pediatric Pulmonology. 47(6):558-566. PMID: 22170872

Grossoehme, D Ragsdale, J Cotton, S Meyers, M Clancy, J Seid, M and Joseph, P (2012) *Using spirituality after an adult CF diagnosis: cognitive reframing and adherence motivation.* Journal of Healthcare Chaplaincy, 18(3-4):110-120.

ACPE Research Network article of the month for November 2012. For a summary and comment by Chaplain John Ehman, University of Pennsylvania Medical Center-Penn Presbyterian, Philadelphia PA, see: <http://www.acperesearch.net/nov12.html>

Hardy-Duncan, A (2011). *An Examination of Spiritual and Religious Coping and Well-Being and Their Impact on the Health-Related Quality of Life for Patients with Mechanical Circulatory Support* (PhD Dissertation). Virginia Commonwealth University, Richmond, Virginia.

ABSTRACT. The purpose of this study was to examine the impact of spiritual well-being (SWB) and religious well-being (RWB) and coping styles and methods (CSM) on the health related quality of life (HRQOL) for patients with Mechanical Circulatory Support (MCS). The results suggest that early spiritual assessment with MCS patients may

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promote more timely and effective responses to maladaptive and dysfunctional coping. Patients who use their faith to cope (in distress or not) may also benefit from an increase in emotional and spiritual attention. Spiritual care providers who are knowledgeable about the MCS assessment, surgery, and recovery process could then provide interventions that build resilience and mediate improved outcomes through supportive and directed counseling. The results of this study could possibly inform the future development of interdisciplinary plans of spiritual and emotional care for this patient population and for other chronic illnesses.

Jankowski, K Handzo, G and Flannelly, K (2011) *Testing the efficacy of chaplaincy care*. Journal of Health Care Chaplaincy, 17(3-4):100-125.

ACPE Research Network article of the month in January-February 2012. For a summary and comment by Chaplain John Ehman, University of Pennsylvania Medical Center-Penn Presbyterian, Philadelphia PA, see: <http://www.acperesearch.net/jan12.html>

Johnson, E Dodd-McCue, D Tartaglia, A McDaniel, J (forthcoming) *Mapping the Literature of Health Care Chaplaincy*. Journal of the Medical Library Association.

ABSTRACT. *Objective:* This study examined citation patterns and indexing coverage from 2008-2010 in order to determine (1) the core literature of health care chaplaincy and (2) the resources providing optimum coverage for the literature. *Conclusions:* Health care chaplaincy draws from a diverse body of inter-professional literature. Libraries wishing to provide access to journal literature in support of health care chaplaincy at their institutions will be best able to do this by subscribing to databases and journals which cover medical, psychological, nursing, and religion/spirituality-focused disciplines.

King, S (2012) *Facing fears and counting blessings: a case study of a chaplain's faithful companionship a cancer patient*. Journal of Health Care Chaplaincy, 8(1-2):3-22. DOI: 10.1080/08854726.2012.667315.

King, S Dimmers, M & Langer, S. (Submitted) *Doctors' attentiveness to the spirituality/religion of their patients in pediatric and oncology settings in the Northwest USA*.

King, S Fitchett, G Berry, D (2012) *Screening for religious/spiritual struggle in blood and marrow transplant patients*. Support Care Cancer. [Epub ahead of print]

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ABSTRACT. *Purpose:* A growing body of research documents the harmful effects of religious/spiritual (R/S) struggle (e.g., feeling abandoned or punished by God) among patients with a wide variety of diagnoses. Documented effects include poorer quality of life, greater emotional distress, poorer recovery, and increased disability. This study reports the use of a screening protocol that identified patients who may have been experiencing R/S struggle. We also examined the prevalence and correlates of possible R/S struggle, its association with quality of life, pain, and depressive symptoms and compared the results from the screening protocol with social workers' assessments. *Methods:* One hundred seventy-eight blood and marrow transplant patients completed the Electronic Self-Report Assessment-Cancer (ESRA-C) which included the Rush Religious Struggle Screening Protocol and other measures of quality of life, pain, and depressive symptoms prior to transplant therapy. All participants were assessed by a social worker, 90 % within 2 weeks of the ESRA-C assessment. *Results:* Using the Rush Protocol, 18 % of the patients were identified as potentially experiencing R/S struggle. R/S struggle was not reported in any social work assessments. In a multivariable model, potential R/S struggle was more likely in patients who were more recently diagnosed, male, and Asian/Pacific Islanders. There were no significant associations between potential R/S struggle and quality of life, pain, or depressive symptoms. *Conclusions:* Early identification of patients with R/S struggle will facilitate their referral for further assessment and appropriate intervention. Further research is needed to identify the best methods of screening patients for R/S struggle.

Koenig, H (2012) *Commentary: Why do research on spirituality and health, and what do the results mean?* Journal of Religion and Health, 23(2):460-467.

ACPE Research Network article of the month in August 2012. For a summary and comment by Chaplain John Ehman, University of Pennsylvania Medical Center-Penn Presbyterian, Philadelphia PA, see: <http://www.acperesearch.net/aug12.html>

Lemons, J & Grossoehme, D (2012). *"I Didn't Know It Existed Before You Called": Protestant Clergy Experience, Education and Perceptions Regarding Genetics.* Journal of Genetic Counseling, published online 10 October 2012, DOI 10.1007/s10897-012-9538-2.

Lewis, T Yang, F Jacobs, E Fitchett, G (2012). *Racial/ethnic differences in responses to the everyday discrimination scale: a differential item functioning analysis.* American Journal of Epidemiology, 175(5):391-401. DOI: 10.1093/aje/kwr287

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ABSTRACT. The authors examined the impact of race/ethnicity on responses to the Everyday Discrimination Scale, one of the most widely used discrimination scales in epidemiologic and public health research. Participants were 3,295 middle-aged US women (African-American, Caucasian, Chinese, Hispanic, and Japanese) from the Study of Women's Health Across the Nation (SWAN) baseline examination (1996-1997). Multiple-indicator, multiple-cause models were used to examine differential item functioning (DIF) on the Everyday Discrimination Scale by race/ethnicity. After adjustment for age, education, and language of interview, meaningful DIF was observed for 3 (out of 10) items: "receiving poorer service in restaurants or stores," "being treated as if you are dishonest," and "being treated with less courtesy than other people" (all P's < 0.001). Consequently, the "profile" of everyday discrimination differed slightly for women of different racial/ethnic groups, with certain "public" experiences appearing to have more salience for African-American and Chinese women and "dishonesty" having more salience for racial/ethnic minority women overall. "Courtesy" appeared to have more salience for Hispanic women only in comparison with African-American women. Findings suggest that the Everyday Discrimination Scale could potentially be used across racial/ethnic groups as originally intended. However, researchers should use caution with items that demonstrated DIF.

Lyndes, K Fitchett, G Berlinger, N Cadge, W Misasi, J & Flanagan, E (2012) *A survey of chaplains' roles in pediatric palliative care: integral members of the team.* Journal of Health Care Chaplaincy, 18(1-2):74-93. DOI:10.1080/08854726.2012.667332

ABSTRACT. To date, the field of health care chaplaincy has had little information about how pediatric palliative care (PPC) programs meet the spiritual needs of patients and families. We conducted a qualitative study consisting of surveys of 28 well-established PPC programs in the United States followed by interviews with medical directors and professional chaplains in 8 randomly selected programs among those surveyed. In this report, we describe the PPC chaplain activities, evidence regarding chaplain integration with the PPC team, and physician and chaplain perspectives on the chaplains' contributions. Chaplains described their work in terms of processes such as presence, while physicians emphasized outcomes of chaplains' care such as improved communication. Learning to translate what they do into the language of outcomes will help chaplains improve health care colleagues' understanding of chaplains' contributions to care for PPC patients and their families. In addition, future research should describe the spiritual needs and resources of PPC patients and families and

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examine the contribution chaplains make to improved outcomes for families and children facing life-limiting illnesses.

McCurdy, D (2012) *Chaplains, Confidentiality and the Chart*. Chaplaincy Today, 28(2):20-29.

Although not a research study, McCurdy points to the need for research on chaplains' documentation practices and their attitudes about confidentiality and documentation.

McCurdy, D & Fitchett, G (2011) *Ethical issues in case study publication: "Making our case(s)" ethically*. Journal of Health Care Chaplaincy, 17(1-2): 55-74.
DOI:10.1080/08854726.2011.559855.

ABSTRACT. As chaplains develop richly detailed case studies for publication, ethical questions about case study construction and publication are emerging. Concerns about seeking patients' permission to publish material about them suggest additional questions and raise broad confidentiality and privacy issues. Confidentiality-related practices in health care and psychotherapy provide the most extensive guidance for chaplains, but healthcare chaplaincy has roots in religious and professional traditions with distinct notions of confidentiality that deserve consideration. Single case studies do not appear to be "research" requiring informed consent, yet their publication exposes patients to some risk of harm. Obtaining the patient's/"case study subject's" permission to publish, disguising non-essential information, and allowing the patient to review the case study can mitigate the risks. Striking a balance between protecting patients and providing sufficient detail to make case studies useful is a central ethical challenge of case study publication.

Otis-Green, S Ferrell, B Borneman, T Puchalski, C Uman, A and Garcia, A (2012) *Integrating Spiritual Care within Palliative Care: An Overview of Nine Demonstration Projects* Journal of Palliative Medicine, 15(2): 154-162. doi:10.1089/jpm.2011.0211.

Pearce, M Coan, A Herndon, J Koenig, H and Abernethy, A (2012) *Unmet spiritual care needs impact emotional and spiritual well-being in advanced cancer patients*. Supportive Care in Cancer, 20(10):2269-2276.

ACPE Research Network article of the month for October 2012. For a summary and comment by Chaplain John Ehman, University of Pennsylvania Medical Center-Penn Presbyterian, Philadelphia PA, see: <http://www.acperesearch.net/oct12.html>

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Puchalski, C (2012) *Spirituality in the cancer trajectory*. Annals of Oncology 23, suppl. 3 (April 2012):49-55.

This was the ACPE Research Network article of the month for June 2012. For a summary and comment by Chaplain John Ehman, University of Pennsylvania Medical Center-Penn Presbyterian, Philadelphia PA, see: <http://www.acperesearch.net/jun12.html>

Salsman, J Garcia, S Lai, J and Cella, D (2012) *Have a little faith: measuring the impact of illness on positive and negative aspects of faith*. Psycho-Oncology 21(12):1357-1361.

ACPE Research Network article of the month for December 2012. For a summary and comment by Chaplain John Ehman, University of Pennsylvania Medical Center-Penn Presbyterian, Philadelphia PA, see: <http://www.acperesearch.net/dec12.html>

Schnall, E Kalkstein, S Fitchett, G Salmoirago-Blotcher, E Ockene, J Tindle, H, Thomas, A Hunt, J Wassertheil-Smoller, S (2012) *Psychological and social characteristics associated with religiosity in Women's Health Initiative participants*. Journal of Religion and Health, 51(1):20-31. DOI 10.1007/s10943-011-9549-6

ABSTRACT. Measures of religiosity are linked to health outcomes, possibly indicating mediating effects of associated psychological and social factors. We examined cross-sectional data from 92,539 postmenopausal participants of the Women's Health Initiative Observational Study who responded to questions on religious service attendance, psychological characteristics, and social support domains. We present odds ratios from multiple logistic regressions controlling for covariates. Women attending services weekly during the past month, compared with those not attending at all in the past month, were less likely to be depressed [OR = 0.78; CI = 0.74-0.83] or characterized by cynical hostility [OR = 0.94; CI = 0.90-0.98], and more likely to be optimistic [OR = 1.22; CI = 1.17-1.26]. They were also more likely to report overall positive social support [OR = 1.28; CI = 1.24-1.33], as well as social support of four subtypes (emotional/informational support, affection support, tangible support, and positive social interaction), and were less likely to report social strain [OR = 0.91; CI = 0.88-0.94]. However, those attending more or less than weekly were not less likely to be characterized by cynical hostility, nor were they less likely to report social strain, compared to those not attending during the past month.

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Schrader, S Brechtelsbauer, D Heins, J Holland, P Schroeder, P (2012) *Interdisciplinary Education in Palliative Care: Impact on Attitudes of Students in Medicine, Nursing, Pharmacy, Social Work, and Chaplaincy*. South Dakota Medicine (The Journal of the South Dakota Medical Association), October 2012:381-393.

Sharma, R Astrow, A Texeira, K and Sulmasy, D (2012) *The Spiritual Needs Assessment for Patients (SNAP): development and validation of a comprehensive instrument to assess unmet spiritual needs*. Journal of Pain & Symptom Management, 44(1):44-51.

ACPE Research Network article of the month for July 2012. For a summary and comment by Chaplain John Ehman, University of Pennsylvania Medical Center-Penn Presbyterian, Philadelphia PA, see: <http://www.acperesearch.net/jul12.html>

Smith, T Vota, S. Patel, S Ford, T Lyckholm, L. Bhushan, A., et al. (2012) *Organ donation after cardiac death from withdrawal of life support in patients with amyotrophic lateral sclerosis*. Journal of Palliative Medicine, 15(1), 16-19.

Tartaglia, A (2012) *Respondent to The Future is Now: Revisiting Lawrence Holst's 1985 Predictions for Hospital Chaplains*. Chaplaincy Today, 28(1).

Tartaglia, A Dodd-McCue, D Derrickson, P (2012) *Writing for Research: A Step by Step Approach to Content, Organization, and Presentation*. Chaplaincy Today, 28(2).

ABSTRACT. Chaplains write for varied contexts. However, few are experienced in writing for peer reviewed research journals. This article outlines the sections contained in a standard research publication. It walks the novice research chaplain through each section addressing content and organization as well as common pitfalls to avoid. These sections are identified as introduction, literature review, methods, results, discussion, and conclusion. The article also offers insight into the use of references, development of an abstract, and the review process for manuscript submissions.

Tartaglia, A Faulkner, K Roberson, A (2012) *Ethics in PeriAnesthesia Nursing*. Drain's PeriAnesthesia Nursing: A Critical Care Approach; Odom-Forren, J.; Elsevier.

Tartaglia, A Fitchett, G Dodd-McCue, D Murphy, PE Derrickson, P (forthcoming) *Teaching Research in Clinical Pastoral Education: A Survey of Model Practices*. Journal of Pastoral Care and Counseling.

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ABSTRACT. The Association of Professional Chaplains (APC) developed Standards of Practice for Acute and Long-term settings. Standard 12 promotes research-literate chaplains as important for the profession. Since many chaplains receive training in clinical pastoral education (CPE) residency programs, the aim of this study was to identify model practices for the teaching of research in such programs. Using a purposeful sample, this study identified 11 programs that offered “consistent and substantive” education in research. Common features included the existence of a research champion, a culture supportive of research, and the availability of institutional resources. The study identified models and methodologies that CPE programs can adopt.

Tuck, I Carey, S Kuznetsova, M McCrocklin, C Baxter, M and Bennington, L (2012) *Sacred healing stories told at the end of life*. Journal of Holistic Nursing, 30(2):69-80.

ACPE Research Network article of the month for May 2012. For a summary and comment by Chaplain John Ehman, University of Pennsylvania Medical Center-Penn Presbyterian, Philadelphia PA, see: <http://www.acperesearch.net/may12.html>

Next are some additional articles of interest, published by the Pew Research Center. The Pew articles are not included in the survey tabulations and analysis.

Pew Survey of US Religious Affiliation

PewResearchCenter (2012) *“Nones” on the Rise: One-in-Five Adults Have No Religious Affiliation*. The Pew Forum on Religion and Public Life. Available online at <http://www.pewforum.org/Unaffiliated/nones-on-the-rise.aspx>

Summary and Comments from the ACPE Research Network Fall 2012 On-Line Newsletter Volume 11, Number 1. Published October 28, 2012 Edited by Chaplain John Ehman, Network Convener, [acperesearch.net/Fall12.html](http://www.acperesearch.net/Fall12.html) <http://www.acperesearch.net/Fall12.html>

On October 9, 2012, the Pew Research Center’s Forum on Religion and Public Life issued “‘Nones’ on the Rise: One-in-Five Adults Have No Religious Affiliation,” a report of findings from a telephone survey of 2,973 adults from across the US that was conducted between June 28 and July 9, 2012, along with other data sources. Pew offers both an executive summary and the full report (PDF) online freely for download. Among the findings:

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The number of Americans who do not identify with any religion continues to grow at a rapid pace. One-fifth of the U.S. public – and a third of adults under 30 – are religiously unaffiliated today, the highest percentages ever in Pew Research Center polling. In the last five years alone, the unaffiliated have increased from just over 15% to just under 20% of all U.S. adults. Their ranks now include more than 13 million self-described atheists and agnostics (nearly 6% of the U.S. public), as well as nearly 33 million people who say they have no particular religious affiliation (14%). [report p. 9]

However, ...many of the country's 46 million unaffiliated adults are religious or spiritual in some way. Two-thirds of them say they believe in God (68%). More than half say they often feel a deep connection with nature and the earth (58%), while more than a third classify themselves as "spiritual" but not "religious" (37%), and one-in-five (21%) say they pray every day. [report pp. 9-10]

[T]he way that Americans talk about their connection to religion seems to be changing. Increasingly, Americans describe their religious affiliation in terms that more closely match their level of involvement in churches and other religious organizations. ...[T]he ranks of the unaffiliated are swelling in surveys partly because Americans who rarely go to services are more willing than in the past to drop their religious attachments altogether. [report p. 11]

One important factor behind the growth of the religiously unaffiliated is generational replacement, the gradual supplanting of older generations by newer ones. ...But generational replacement is not the only factor at play. Generation Xers and Baby Boomers also have become more religiously unaffiliated in recent years. [report p. 16]

This survey should be of interest to chaplain researchers for a number of reasons, including the challenge of developing or employing survey questionnaires with language that connects with the way Americans talk about their religious affiliation. The data also hold some specific points of interest, for example: "[a]mong those saying that religion is very or somewhat important in their life and who attend worship services a few times a year, seldom or never...", 6% of the religiously affiliated reported that a reason they did not go to services more often was "health issues" [report p. 50]. Also, "...those with a religious affiliation are more likely to cite practical issues in getting to services (24% vs. 15% among the unaffiliated asked)" [report p. 51].

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Pew Survey of US Prison Chaplains

PewResearchCenter (2012) *Religion in Prisons: A 50-State Survey of Prison Chaplains*. Full-text available online at <http://www.pewforum.org/government/religion-in-prisons.aspx>

In late 2011, 730 Prison Chaplains (of 1474) responded to a survey about religion in prisons. About 75% of the chaplains said that efforts by inmates to convert or proselytize other inmates are very common and that either a lot of religious switching (26%) or some religions switching (51%) occurs among inmates in the prison in which they work. Increases in the numbers of Muslims and Protestant Christians are prominent.

Other issues discussed included use and quality of rehabilitation programs, prevalence of religious extremism and whether it poses a security threat or not. A description of kinds of religious extremism is included.

The report is available as an HTML [Executive Summary](#) or the [full 108-page PDF](#). The website also offers a [webcast](#) of the release of the study as well as a [transcript](#) of that event.

See also, Summary and Comments from the ACPE Research Network Fall 2012 On-Line Newsletter Volume 11, Number 1. Published July 2, 2012. Edited by Chaplain John Ehman, Network Convener, <http://www.acperesearch.net/Summer12.html>.

Pew Survey of Asian Americans and their Faiths

PewResearchCenter (2012) *Asian Americans: A Mosaic of Faiths*. The Pew Forum on Religion and Public Life. Full-text available online at <http://www.pewforum.org/Asian-Americans-A-Mosaic-of-Faiths.aspx>

The percentage of Asian Americans in the United States population has increased from 1% of the total in 1965 to 5.8% of the total in 2011. The Asian-American community is religiously diverse and includes those both highly religious and highly secular. The survey found that Asian Americans in the USA are 42% Christian, 14% Buddhist, 10% Hindu, 4% Muslim, 1% Sikh, 26% Unaffiliated, and 2% other.

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SURVEY RESULTS: FUNDED AND IRB APPROVED RESEARCH

Some survey respondents also included information on funded and IRB approved research.

From George Fitchett

VA Mental Health and Chaplaincy Project, Director K Meador 1/1/2012 – 12/31/2012. Developing Evidence-based Spiritual Assessment in VA Chaplains' Mental Health Care
Role: PI

From Daniel H. Grosseohme

CFF Grant 12/1/2012-11/30/2013 \$37,940
Cystic Fibrosis Foundation
Adherence and psychosocial factors related to spirituality: examining causality to inform an intervention
Role: PI

K23HD062642-02A1 8/13/10-5/31/15 \$590,000 (75% effort)
NIH/NICHHD
Parental adherence to CF homecare: research chaplaincy career commitment. Role: PI

Place Outcomes Award 7/1/12-6/30/14 \$120,000
James M. Anderson Center for Health Systems Excellence
Social networks and adherence in adolescents with CF. Role: PI

From Stephen King (IRB Approved Studies)

“Spiritual/Religious Struggle in Adolescents and Young Adults (AYA) with Cancer.” Approved by the Seattle Children’s Hospital IRB and with Cooperative Agreement by the Fred Hutchinson Cancer Research Center IRB. August 2012. Role: Co-Investigator.

“Spiritual/religious Struggle in Blood and Marrow Transplant Survivors.” Approved by the Fred Hutchinson Cancer Research Center IRB, July 2012. Role: PI.

“Medical Providers’ Attentiveness to Spiritual/Religious Issues of Their Patients/Families.” Approved by the Fred Hutchinson Cancer Research Center IRB, February 29, 2010, and by the Seattle Children’s Hospital IRB. Role: Co-PI.

“SPIRIT.” Approved by the Fred Hutchinson Cancer Research Center IRB, March 25, 2009. Role: PI.

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**HealthCare Chaplaincy Awards \$1.5 Million in
Six Project Grants to Advance the Field of Chaplaincy Research in Palliative Care⁸**

New York, July 23, 2012 – HealthCare Chaplaincy, a national leader in advancing the role of chaplaincy care within palliative care, today announces the six recipients of research grants to identify and explore hypotheses about chaplains' contributions to palliative care. The John Templeton Foundation has funded these grants, which are the largest in size and scope for professional chaplaincy. 72 proposals were submitted from institutions throughout North America, demonstrating significant interest in furthering professional health care chaplaincy as an evidence-based clinical field. The six grant recipients are:

1. Dana Farber Cancer Institute (Boston) for "Hospital Chaplaincy and Medical Outcomes at the End of Life." Project director is Tracy Balboni, M.D. Project chaplain is Angelika Zollfrank, BCC.
2. University of California, San Francisco for "Spiritual Assessment and Intervention Model (AIM) in Outpatient Palliative Care for Patients with Advanced Cancer." Project director is Laura Dunn, M.D. Project chaplain is Allison Kestenbaum, BCC.
3. Children's Mercy Hospital (Kansas City) for "Understanding Pediatric Chaplaincy in Crisis Situations." Project director is John Lantos, M.D. Project chaplain is Dane Sommer, BCC.
4. Advocate Charitable Foundation & Advocate Health Care (Chicago) for "'What do I do' – Developing a Taxonomy of Chaplaincy Activities and Interventions for Spiritual Care in ICU Palliative Care." Project director is Kevin Massey, BCC. Co-principal investigator is William Summerfelt, Ph.D.
5. Emory University (Atlanta) for "Impact of Hospital-Based Chaplain Support on Decision-Making During Serious Illness in a Diverse Urban Palliative Care Population." Project director is Tammie Quest, M.D. Project chaplain is George Grant, ACPE Supervisor.
6. Duke University Medical Center (Durham, NC) for "Caregiver Outlook: An Evidence-Based Intervention for the Chaplain Toolkit." Project director is Karen Steinhauser, Ph.D. Project chaplain is Annette Olsen, BCC.

⁸ <http://www.healthcarechaplaincy.org/templeton-research-project.html>

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ADDITIONAL RESOURCES ON RESEARCH WITHIN THE COMISS COMMUNITY

ACPE Research Network

The ACPE Research Network seeks to foster connections among members of the Association for Clinical Pastoral Education interested in research, encourage original research, and raise awareness about published research (e.g., in the health care literature and the education literature) related to spirituality, pastoral care, and Clinical Pastoral Education. Webmaster is Chaplain John Ehman of Presbyterian Medical Center in Philadelphia.

- Research Newsletter <http://www.acperesearch.net/Newsletters.html>
- Research article of the month http://www.acperesearch.net/AOM_index.html
- Incorporating Research into CPE
http://www.acperesearch.net/Incorporating_Research.html
- Spiritual Care Initiative for Professional Excellence <http://www.acperesearch.net/IIP.html>
- Internet Links <http://www.acperesearch.net/linksum2.html>

APC Research Support. APC has a Webinar Journal Club II series. This series as well as Webinar Journal Club I is/will be available as recordings. For information, please visit:

Webinar Recordings: http://www.professionalchaplains.org/store_category.asp?id=8

Upcoming Webinars: http://www.professionalchaplains.org/calendar_list.asp

Annual Spirituality and Health Bibliography -- Penn Med Department of Pastoral Care
<http://www.uphs.upenn.edu/pastoral/resed/bibindex.html>

CITI (Collaborative Institutional Training Initiative) <<http://www.citiprogram.org>> is research ethics training required by most institutions prior to participation in human subjects research. Training certification is conducted through online modules; results and certification is CITI maintained and is transferable across research institutions. --*Diane Dodd-McCue, VCU*

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SUGGESTIONS FOR FUTURE SURVEYS

Based on the experience gained from the current survey, I asked myself what I would do differently in future surveys. Here are some thoughts.

- Send survey request to membership in November rather than December, with a cut-off date at least 2 weeks before the COMISS Network Forum (in order to allow more time for compiling a report).
- Ask respondents to identify, for each citation, which of the contributors was a chaplain or clergy person in order to gain a better idea of the number of chaplains involved in research and publication.
- Seek wider distribution of the survey among the extended COMISS community.
- Ask for abstracts for every publication.
- Develop classification of article topics

--Russell H. Davis, PhD
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APPENDIX A

***Lists of Publications and Research Received From
Fitchett, Grossoehme, King, and Virginia Commonwealth University***

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APPENDIX A - 1

List Received from George Fitchett, DMin, PhD, BCC

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George Fitchett, DMin, PhD, BCC
Professor and Director of Research
Department of Religion, Health & Human Values
Rush University Medical Center
Chicago, Illinois

Selected Publications (2011-2012) *indicates peer reviewd

***Fitchett, G.**, Benjamins, M.R., Skarupski, K.A., Mendes de Leon, C.F. (in press). Worship Attendance and the Disability Process in Community-dwelling Older Adults. *Journals of Gerontology: Social Sciences*.

*Tartaglia, A., **Fitchett, G.**, Dodd-McCue, D.M., Murphy, P.E., & Derrickson, P. (in press). Teaching research in Clinical Pastoral Education: a survey of model practices. *Journal of Pastoral Care and Counseling*.

*Grossoehme, D.H. & **Fitchett, G.** (in press). Testing the validity of a protocol to screen for spiritual risk among parents of children with cystic fibrosis. *Research in the Social Scientific Study of Religion*.

*Cotton, S., Pargament, K. I., Weekes, J. C., Grossoehme, D., McGrady, M.E., Luberto, C. M., Leonard, A. C., & **Fitchett, G.** (in press). Spiritual struggles, health-related quality of life, and mental health outcomes in urban adolescents with asthma. *Research in the Social Scientific Study of Religion*.

*Blanchard, J.H., Dunlap, D.A., & **Fitchett, G.** (2012). Screening for spiritual distress in the oncology inpatient: a quality improvement pilot project between nurses and chaplains. *Journal of Nursing Management*, 20(8):1076-84.

Fitchett, G. (2012). Next steps for spiritual assessment in health care. In M. Cobb, C. Puchalski, & B. Rumbold (Eds.), *Oxford textbook of spirituality in healthcare* (pp. 299-305). Oxford: Oxford University Press.

*King SD, **Fitchett G**, Berry DL. Screening for religious/spiritual struggle in blood and marrow transplant patients. *Support Care Cancer*. 2012 Oct 11. [Epub ahead of print]

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*Canada AL, **Fitchett G**, Murphy PE, Stein K, Portier K, Crammer C, & Peterman AH (2012). Racial/ethnic differences in spiritual well-being among cancer survivors. *Journal of Behavioral Medicine*, 2012 Jul 3. [Epub ahead of print].

*Lyndes, K. A., **Fitchett, G.**, Berlinger, N., Cadge, W., Misasi, J., & Flanagan, E. (2012). A survey of chaplains' roles in pediatric palliative care: integral members of the team. *Journal of Health Care Chaplaincy*. 18(1-2):74-93. DOI:10.1080/08854726.2012.667332

***Fitchett, G.**, Tartaglia, A., Dodd-McCue, D., & Murphy, P. (2012). Educating chaplains for research literacy: results of a national survey of Clinical Pastoral Education residency programs. *Journal of Pastoral Care and Counseling*. [Online] 66 (1), 3, 1-12. (**ACPE Research Network, Article-of-the-Month, April, 2012**).

*Schnall E, Kalkstein S, **Fitchett G**, Salmoirago-Blotcher E, Ockene J, Tindle HA, Thomas A, Hunt JR, Wassertheil-Smoller S. (2012). Psychological and social characteristics associated with religiosity in Women's Health Initiative participants. *Journal of Religion and Health*, 51(1):20-31. DOI 10.1007/s10943-011-9549-6

*Feinstein, M., Liu, K., Ning, H., **Fitchett, G.**, Lloyd-Jones, DM (2012). Incidence of cardiovascular risk factors and subclinical cardiovascular disease between young adulthood and middle age across levels of religious involvement: The Coronary Artery Risk Development in Young Adults (CARDIA) Study. *Preventive Medicine*, 54(2):117-21.

*Lewis, T.T., Yang, F.M., Jacobs, E.A., **Fitchett, G.** (2012). Racial/ethnic differences in responses to the everyday discrimination scale: a differential item functioning analysis. *American Journal of Epidemiology*, 175(5):391-401. DOI: 10.1093/aje/kwr287

Fitchett, G., Grossoehme, D. (2012). Health care chaplaincy as a research-informed profession. In S Roberts (Ed.), *Professional spiritual and pastoral care: a practical clergy and chaplain's handbook* (pp. 387-406). Woodstock, VY: SkyLight Paths Publishing.

***Fitchett, G.**, Lyndes, K. A., Cadge, W., Berlinger, N., Flanagan, E., & Misasi, J. (2011). The role of professional chaplains on pediatric palliative care teams: perspectives from physicians and chaplains. *Journal of Palliative Medicine*, 14(6):704-707. DOI: 10.1089/jpm.2010.0523

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*McCurdy, D.B., & **Fitchett, G.** (2011). Ethical issues in case study publication: “Making our case(s)” ethically. *Journal of Health Care Chaplaincy*, 17(1-2): 55-74.
DOI:10.1080/08854726.2011.559855.

***Fitchett, G.** (2011). Making our case(s). *Journal of Health Care Chaplaincy*, 17(1-2): 3-18.
DOI: 10.1080/08854726.2011.559829

Current Research Support

VA Mental Health and Chaplaincy Project, Director K Meador 1/1/2012 – 12/31/2012
Developing Evidence-based Spiritual Assessment in VA Chaplains’ Mental Health Care
Role: PI

John Templeton Foundation, ID# 36441 7/1/2012 - 6/30/15
The Role of Deferring to God's Control in Racial Disparities in Colorectal Cancer
PI: Blase N. Polite, MD MPP, University of Chicago
The aim of this project is to examine the association between religious beliefs and religious coping and adherence to recommended treatment for patients with colon cancer.
Role: Co-Investigator

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APPENDIX A – 2

List Received from Daniel H. Grosseohme, DMin, BCC

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Recent Research Publications and Current Research**

The Rev. Russell H. Davis, PhD, Member-at-Large COMISS Network Leadership (CNL)
CPE Supervisor (ACPE), Professor and Rev. Robert B. Lantz Chair, Patient Counseling
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Publications, presentations and research efforts 2012
Daniel H. Grossoehme, DMin, BCC
Assistant Professor, Division of Pulmonary Medicine
Staff Chaplain III, Department of Pastoral Care
Cincinnati Children's Hospital Medical Center
Cincinnati, OH
513.636.0848 daniel.grossoehme@cchmc.org

GROSSOEHME RESEARCH LAB WEBSITE:

<http://www.cincinnatichildrens.org/research/divisions/p/pulmonary/labs/grossoehme/default/>

AWARDS

2012 Outstanding Clinical Research Professional, Cincinnati Children's Hospital Medical Center

PEER REVIEWED ARTICLES

Grossoehme, D.H. & Fitchett, G. (in press). Testing the validity of a protocol to screen for spiritual risk among parents of children with cystic fibrosis. *Research in the Social Scientific Study of Religion*.

Cotton, S., Pargament, K. I., Weekes, J. C., **Grossoehme, D.**, McGrady, M.E., Luberto, C. M., Leonard, A. C., & Fitchett, G. (in press). Spiritual struggles, health-related quality of life, and mental health outcomes in urban adolescents with asthma. *Research in the Social Scientific Study of Religion*.

Grossoehme, D.H., Cotton, S. & McPhail, G. (in press). Use and sanctification of complementary/alternative medicine by parents of children with cystic fibrosis. *Journal of Health Care Chaplaincy*.

Lemons, J. & **Grossoehme, D.H.** (2012). "I Didn't Know It Existed Before You Called": Protestant Clergy Experience, Education and Perceptions Regarding Genetics. *Journal of Genetic Counseling*, published online 10 October 2012, DOI 10.1007/s10897-012-9538-2.

Grossoehme, D.H., Ragsdale, J.R., Cotton, S., Meyers, M.A., Clancy, J.P., Seid, M. & Joseph, P.M. (2012). Using spirituality after an adult CF diagnosis: cognitive reframing and adherence motivation. *Journal of Healthcare Chaplaincy*, 18, 110-120.

Grossoehme, D.H., Opiari-Arrigan, L., VanDyke, R., Thurmond, S. & Seid, M. (2012). Relationship of adherence determinants and parental spirituality in cystic fibrosis. *Pediatr Pulmonol.* 47(6): 558-566. PMID: 22170872

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School of Allied Health Professions, Virginia Commonwealth University, Richmond, Virginia

APPENDIX A – 3

List Received from Stephen King, PhD, BCC

**Survey of COMISS Network Organizations:
Recent Research Publications and Current Research**

The Rev. Russell H. Davis, PhD, Member-at-Large COMISS Network Leadership (CNL)
CPE Supervisor (ACPE), Professor and Rev. Robert B. Lantz Chair, Patient Counseling
School of Allied Health Professions, Virginia Commonwealth University, Richmond, Virginia

Publications, Presentations, Active IRB Approved Studies—2012

Stephen King, PhD, BCC

Manager, Chaplaincy

Seattle Cancer Care Alliance

Affiliate Investigator: Fred Hutchinson Cancer Research Center

Affiliate Professor: University of Washington School of Medicine

Seattle, WA

206-288-1099

sking@seattlecca.org

PEER REVIEWED ARTICLES

King, S.D., Dimmers, M.A., & Langer, S. (Submitted) Doctors' attentiveness to the spirituality/religion of their patients in pediatric and oncology settings in the Northwest USA.

King, S.D.W., Fitchett, G., & Berry, D.L. (2012) Screening for religious/spiritual struggle in blood and marrow transplant patients. *Journal of Supportive Care in Cancer*. DOI: 10.1007/s00520-012-1618-1.

Clark, S.M., **King, S.**, & Harrison, D. (2012) How to talk to patients about religion and spirituality. *Current Psychiatry*, 51(10), 51.

King, S. D. W. (2012) Facing fears and counting blessings: a case study of a chaplain's faithful companionship of a cancer patient. *Journal of Health Care Chaplaincy*, 8(1-2), 3-22. DOI: 10.1080/08854726.2012.667315.

IRB Approved Studies

“Spiritual/Religious Struggle in Adolescents and Young Adults (AYA) with Cancer.” Approved by the Seattle Children's Hospital IRB and with Cooperative Agreement by the Fred Hutchinson Cancer Research Center IRB. August 2012. Role: Co-Investigator.

“Spiritual/religious Struggle in Blood and Marrow Transplant Survivors.” Approved by the Fred Hutchinson Cancer Research Center IRB, July 2012. Role: PI.

“Medical Providers' Attentiveness to Spiritual/Religious Issues of Their Patients/Families.” Approved by the Fred Hutchinson Cancer Research Center IRB, February 29, 2010, and by the Seattle Children's Hospital IRB. Role: Co-PI.

“SPIRIT.” Approved by the Fred Hutchinson Cancer Research Center IRB, March 25, 2009. Role: PI.

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APPENDIX A – 4

List Received from the Department of Patient Counseling

School of Allied Health Professions

Virginia Commonwealth University

Richmond, Virginia

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Recent Research Publications and Current Research**

The Rev. Russell H. Davis, PhD, Member-at-Large COMISS Network Leadership (CNL)
CPE Supervisor (ACPE), Professor and Rev. Robert B. Lantz Chair, Patient Counseling
School of Allied Health Professions, Virginia Commonwealth University, Richmond, Virginia

**Publications (2012)
Departments of Patient Counseling and Pastoral Care
Virginia Commonwealth University/VCU Health System**

Dodd-McCue, D Tartaglia, A Myer, K Mullins, *A Increasing Donation by the 50+ Age Demographic: An Age Tailored Intervention (in process).*

Fitchett, G Tartaglia, A Dodd-McCue, D Murphy PE *Educating Chaplains for Research Literacy: Results of a National Survey of Clinical Pastoral Education Residency Programs* Journal of Pastoral Care and Counseling, v. 66, no. 1, 2012.

Geisz-Everson, M., Bennett, M., Dodd-McCue, D., Biddle, C. *Disrupted by Disaster: Shared Experiences of Student Registered Nurse Anesthetists Affected by Hurricane Katrina*, Journal of Psychosocial Nursing and Mental Health Services, 2012, 50(1): 32-38.

Geisz-Everson, M., Dodd-McCue, D., Bennett, M. *Shared Experiences of CRNAs Who Were on Duty in New Orleans During Hurricane Katrina*, AANA Journal, 2012, 80(3):205-212.

Hardy-Duncan, A. *An Examination of Spiritual and Religious Coping and Well-Being and Their Impact on the Health-Related Quality of Life for Patients with Mechanical Circulatory Support (Doctoral Dissertation)*. Virginia Commonwealth University, Richmond, Virginia, 2011.

Johnson, E Dodd-McCue, D Tartaglia, A McDaniel, J *Mapping the Literature of Health Care Chaplaincy* Journal of the Medical Library Association, (publication pending)

Sicat B, Willett R, Breden E, Rybarczyk B, Flack A. *Interprofessional Team-Based Learning Module: Depression* . MedEdPORTAL; 2012. Available from: www.mededportal.org/publication/9059.

Smith, T. J., Vota, S., Patel, S., Ford, T., Lyckholm, L., Bhushan, A., et al. (2012). *Organ donation after cardiac death from withdrawal of life support in patients with amyotrophic lateral sclerosis*. Journal of Palliative Medicine, 15(1), 16-19.

**Survey of COMISS Network Organizations:
Recent Research Publications and Current Research**

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School of Allied Health Professions, Virginia Commonwealth University, Richmond, Virginia

Tartaglia, A. Respondent to *The Future is Now: Revisiting Lawrence Holst's 1985 Predictions for Hospital Chaplains* Chaplaincy Today , v.28, no. 1 Spring/Summer, 2012.

Tartaglia, A Faulkner, K Roberson, A *Ethics in PeriAnesthesia Nursing; Drain's PeriAnesthesia Nursing: A Critical Care Approach*; Odom-Forren, J.; Elsevier 2012.

Tartaglia, A Fitchett, G Dodd-McCue, D Murphy, P Derrickson, P *Teaching Research in Clinical Pastoral Education: A Survey of Model Practices* Journal of Pastoral Care and Counseling, (publication pending)

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APPENDIX B

AUTHOR-CONTRIBUTOR TABULATION

**Survey of COMISS Network Organizations:
Recent Research Publications and Current Research**

The Rev. Russell H. Davis, PhD, Member-at-Large COMISS Network Leadership (CNL)
CPE Supervisor (ACPE), Professor and Rev. Robert B. Lantz Chair, Patient Counseling
School of Allied Health Professions, Virginia Commonwealth University, Richmond, Virginia

Author - Contributor Tabulation

Research Survey COMISS 2013

Russell H. Davis, PhD

	A	B	C	D	E
1	Last_Name	First_Initial	Primary	Contributing	Comments
2	Abernethy	A		1	
3	Ai	A	1		
4	Aist	C	1		
5	Astrow	A		1	
6	Baxter	M		1	
7	Benjamins	M		1	
8	Bennington	L		1	
9	Berg	G	1		
10	Berlinger	N		2	
11	Berry	D		1	
12	Blanchard	J	1		
13	Borchert	S		1	
14	Borneman	T		1	
15	Brechtelsbauer	D		1	
16	Cadge	W		2	
17	Canada	A	1		
18	Carey	S		1	
19	Carlson	M		1	
20	Cella	D		1	
21	Clancy	J		1	
22	Clark	S	1		
23	Coan	A		1	
24	Cotton	S	1	2	
25	Crammer	C		1	
26	Crowe	R		1	
27	Derrickson	P		2	
28	Dimmers	M		1	
29	Dodd-McCue	D		4	2012 + In-Press
30	Dunlap	D		1	
31	Emanuel	L		1	
32	Feinstein	M	1		
33	Ferrell	B		1	
34	Fitchett	G	6	11	2011-2012 + In-Press
35	Flanagan	E		2	
36	Flannelly	K	1	2	
37	Galek	K	1	1	
38	Garcia	A		2	
39	Gleason	J	1		
40	Grossoehme	D	4	3	2012 + In-Press
41	Handzo	G		3	

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Author - Contributor Tabulation

Research Survey COMISS 2013

Russell H. Davis, PhD

	A	B	C	D	E
1	Last_Name	First_Initial	Primary	Contributing	Comments
42	Hardy-Duncan	A	1		Dec-11
43	Harrison	D		1	
44	Heins	J		1	
45	Herndon	J		1	
46	Holland	P		1	
47	Hunt	J		1	
48	Jacobs	E		1	
49	Jankowski	K	1	1	
50	Johnson	E	1		
51	Joseph	P		1	
52	Kalkstein	S		1	
53	King	S	3	1	2012 + In-Press
54	Koenig	H	1	1	
55	Kuznetsova	M		1	
56	Lai	J		1	
57	Langer	S		1	
58	Lee	F		1	
59	Lemons	J	1		
60	Leonard	A		1	
61	Lewis	T	1		
62	Liu	K		1	
63	Lloyd-Jones	D		1	
64	Luberto	C		1	
65	Lyndes	K	1	1	
66	McCrocklin	C		1	
67	McCurdy	D	2		
68	McDaniel	J		1	
69	McGrady	M		2	
70	McPhail	G		1	
71	Mendes de Leon	C		1	
72	Misasi	J		2	
73	Meyers	M		1	
74	Murphy	P		3	
75	Ning	H		1	
76	Ockene	J		1	
77	Opipari-Arrigan	L		1	
78	Otis-Green	S	1		
79	Pargamet	K		1	
80	Pearce	M	1		
81	Peterman	A		1	

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Author - Contributor Tabulation

Research Survey COMISS 2013

Russell H. Davis, PhD

	A	B	C	D	E
1	Last_Name	First_Initial	Primary	Contributing	Comments
82	Portier	K		1	
83	Pulchaski	C	1	1	
84	Ragsdale	J		1	
85	Salmoirago-Blotcher	E	1		
86	Salsman	G	1		
87	Schnall	E	1		
88	Schrader	S	1		
89	Schroeder	P		1	
90	Seid	M		2	
91	Sharma	R	1		
92	Shearer	M		1	
93	Siebert	J		1	
94	Silton	N		1	
95	Skarupski	K		1	
96	Stein	K		1	
97	Sulmasy	D		1	
98	Tartaglia	A	3	2	2012 + In-Press
99	Texeira	K		1	
100	Thomas	A		1	
101	Thurmond	S		1	
102	Tindle	H		1	
103	Tuck	I	1		
104	Uman	A		1	
105	VanDyke	R		1	
106	Wassertheil-Smoller	S		1	
107	Weekes	J		1	
108	Wink	P		1	
109	Yang	E		1	
110	TOTALS		45	117	

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APPENDIX C

PUBLICATION MAPPING

**Survey of COMISS Network Organizations:
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Publication Mapping

Research Survey COMISS 2013

Russell H. Davis, PhD

	A	B
1	Journal Name	# Articles
2	American J of Epidemiology	1
3	Annals of Oncology	1
4	BioMed Central Palliative Care	1
5	Chaplaincy Today	4
6	Current Psychiatry	1
7	J Behavioral Medicine	2
8	J Genetic Counseling	1
9	J Health Care Chaplaincy	8
10	J Holistic Nursing	1
11	J Medical Library Association	1
12	J Nursing Management	1
13	J Pain & Symptom Management	1
14	J Palliative Care Medicine	1
15	J Palliative Medicine	2
16	J Pastoral Care and Counseling	3
17	J Religion and Health	3
18	J Supportive Care in Cancer	2
19	Journals of Gerontology: Social Series	1
20	Kansas J Medicine	1
21	Oxford Textbook of Spirituality in Healthcare, chapter, ed. Cobb et al	1
22	Pediatric Blood and Cancer	1
23	Pediatric Pulmonology	1
24	PhD Dissertation - Virginia Commonwealth U	1
25	Preventive Medicine	1
26	Professional & Spiritual Pastoral Care, chapter, ed. Roberts, S	1
27	Psycho-Oncology	1
28	Research in the Social Scientific Study of Religion	2
29	South Dakota Medicine	1
30	TOTAL	45