

# MEMBER CARE NETWORK BRIEFING

A Communiqué of the Global Member Care Task Force (MemCa)

February 2003 No.6

**Greetings:** Welcome to the *Member Care Network Briefing*. We are sending this communiqué to over 1000 people who are actively involved in member care. Included are members of regional and national task forces, people who oversee member care related ministries, member care practitioners, and several mission/church leaders. The newsletter is a service of *Global Member Care Resources* (MemCa) which is a task force of the WEA Missions Commission. We send the Briefing three times a year, and include important updates and analyses regarding member care. It helps to further link us together as a growing, international member care community. We encourage you to save this communiqué for future reference, print it out, and to share it with your colleagues.

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## DEVELOPING MEMBER CARE

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In our first issue of the *Briefing* (October 2001) we looked at the crucial importance of developing working relationships and personal friendships with one another in member care ministry. In the February 2002 issue, we explored the nature of 21<sup>st</sup> century networks, observing that they have a unifying purpose, independent members, voluntary connections, multiple leaders, and multiple levels. Then in the July 2002 issue, we listed 10 core principles (taken from chapter 48 in *Doing Member Care Well*) to help form and maintain member care affiliations. In the last issue (October 2002), we addressed yet another essential resource for further supporting the church's mission efforts: setting up member care hubs/centers in strategic locations around the world. This current issue begins with Brent Lindquist's thoughts on the need for best practice standards. (Note that part two of Brent's short article for the *Briefing*, on member care centers/hubs, is still in process.)

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### **BEST PRACTICE STANDARDS OF MEMBER CARE: STILL THINKING...**

#### **Brent Lindquist, Link Care Center**

In the last issue of the *Briefing*, I introduced some areas to consider in forming/running member care centers and hubs. And also some of my biases and musings. I would like to thank the few of you who responded. Your comments were helpful, and when taken as a whole, they expressed widely divergent views of member care.

I keep coming back to my initial questions about what are the foundational best practices for our tasks. In western society, the medical establishment likes to believe that its foundational principal is based in the Hippocratic oath: "Do no harm." People interested in medical ethics in the USA know that that concept as originally defined by Hippocrates is

under attack and redefinition with the euthanasia controversy, and others. However, I think we can start with Hippocrates, and go beyond him, enlightening our standards with biblical guidelines. Before I start, let me clarify that I am presenting ideas, ideals, and perspectives for the purposes of stimulating discussion, and preparing the ground for our MemCa Consultation in Vancouver later this year.

For the sake of this article, and my outline, let's assume the following as a first precept: ***Member care in international Christian mission seeks to provide the best available resources, in the form of people and programs, in ways which do no harm, respect the multiple cultural and theological backgrounds, and give glory to our Lord through increasing the effectiveness of personnel.***

\*We should be doing a specific task (international member care), in specific ways (resources, people, and programs), to specific groups of people (people in cross-cultural mission, from different backgrounds and viewpoints), for a specific purpose (glorify God), with specific results understood (effectiveness in life, witness, and work).

\*We should be about preventive planning and giving people what they need, when they want it, and when they ask for it. We should not be about doing anything, anywhere, by anybody, to anybody, for no explicit purpose).

\*We should be about wholism and connection, as opposed to partialism and separateness. This means that we should not focus on the mental health at the expense of the spiritual, or the medical. Or vice versa. We should seek to provide people with the broadest based assessment possible when we are asked to help. We should understand that each member care specialty has important contributions to make, and it is in this multiplicity of dimensions of care, that the Lord is honored and is most effective.

\*We should be sensitive to the limits of care placed on the various Member care specialties, and not flaunt these rules merely for the sake of what we perceive ministry to be. Nor should we specialists act as elitist, insisting on primacy when the specific context may not require it.

Having said the above, I must discuss a thorny issue. I feel our biggest challenge to working together has to do with our understanding of the legal and professional parameters under which each of us must operate. If we look at this negatively, then we may be bound by the most restrictive standards of care defined by the country of citizenship of the particular provider. This is not some moot point, because many of us who are providers, come from countries which license, certify, or otherwise legally recognize us, and have in place specific guidelines, in the forms of laws and ethical standards.

In the USA, this has resulted in very clear (to some) separations between the disciplines. And very clear legal consequences for noncompliance. Medical and psychology boards around the country have disciplined providers, and revoked licenses for such activities as exorcism, sex with clients, and inappropriate dual relationships. Some of those "Christian" providers, who lost their licenses because of inappropriate contact with clients, open up a new office as a pastoral counselor the next day. (In the USA, pastoral counselors are not subject to licensure). Do we ask any of the legion of helpers/member caregivers trekking overseas if there is anything like these things in their background? Should it make a difference?

Legal issues can follow the practitioner working overseas back to his or her country of origin, just as personnel issues, and just as business practices can. Therefore, we need to be careful about what we do, wherever we do it. My problem with this is that because the USA psychology and medical establishment has the most restrictive requirements, it is easy to see that our work together becomes dictated by our USA standards. I want this to be a truly international effort, but don't see how to get around this issue. Here are some other areas of concern.

***\*What does the seeker-client-patient want/need?***

If we start with a continuum, we may see that "restriction" of helping ministry goes from a little to a lot. If the person seeking help (seekers) is a missionary at work wanting information about daily living issues, this would occur in an open marketplace (like offering helpful seminars sponsored by the Well in Chiang Mai, or Heartstreams in the USA, or a national member care affiliation like the German Member Care Partners). If the client seeks spiritual/behavioral help, then the help is pastoral. If the patient seeks psychological/medical help, then the help is provided in a specific context with trained professionals.

***\*What role does confidentiality play?***

A seminar will usually have little confidentiality. A pastoral consult will respect privacy, but not necessarily require confidentiality and informed consent. A medical/psychological intervention will require both confidentiality and informed consent. My viewpoint is that our respect for the seeker requires privacy, and that in all that we do, we protect confidentiality and informed consent, no matter who of us is doing what.

***\*What role does the mission organization play in all of this? How much are they involved?***

Unfortunately many of us have an ambivalent view of the organization. We providers are very vulnerable to nurture ambivalent feelings in the clients about the organization as well. This was apparent as late as last fall in a number of the presentations, side comments and discussions at the Mental Health and Missions conference in Indiana (the overall theme was on organizational issues). As a missions CEO, I realized that if many of my CEO friends came to this event, they would have seen their “biases about our biases” mostly confirmed.

I think it would be good to confess our bias/negativity about organizations (sin?) to the Lord, and see our role as also being liaisons and encouragers, and corporate therapists where necessary and where we have the skill. I think it is our ethical responsibility to promote organizational health as well as individual health, in this community of missions. I have been granted such an opportunity as a staff member of the Evangelical Fellowship of Mission Agencies. I go into an agency as a CEO, and consult with the top leadership about wholism, health, and making member care an organic part of the institution. I see my role as a liaison between the mission organizations larger member care community.

I have worked very hard over the last 25 years in my organization—Link Care, a member care center—to build feelings of trust between provider, client, and organization. This has produced tremendous results. We all need to see the missionary in the ministry, cultural and organizational context, or we could be at risk of doing more harm than help.

I want to close this short article with two composite, yet not-unlikely case studies, and some additional questions for us to consider. These will stimulate our thinking about our member care practices. I will use myself as the example, in order not to implicate anyone else.

***Case One***

I am visiting Chiang Mai as a psychologist. I am speaking to a mission group who is doing a retreat there. During a coffee break a woman comes up to me and introduces herself. “Dr. Lindquist, my name is Susan. My husband and I serve in eastern China. We have two little boys. Your talk on depression really touched me. I think I am depressed. My mission has told me that you are available for counseling. Can we talk?”

I told I could see her at 21:00 that night. Because the hotel was full, I used my room as my office. She came to my door and we talked for 90 minutes. Her husband stayed in a hotel across town with the children. Because the room was small, she sat on one of the beds. We had a great time talking. I really felt we made headway in looking at her depression. She became animated and laughed in the session. When the session ended, she gave me a big hug. In the moment, I reciprocated as well.

Susan really was depressed. She felt ignored, unloved, and unlovely by her husband. She really responded well to my affirmations. I saw her three more times during the conference, and she would come up at every break, not always asking questions, but listening and smiling. I really enjoyed the attention she, as well as others were giving me. I was exhausted, but continued to work as if I had incredible stamina and strength. I really sensed the Lord calling me to this kind of ministry. By now I was really wondering why were these fine people were so oppressed by spouses and leaders. Why didn’t anyone see this before?

By the end of the conference, everyone was asking me to come back. Susan had been positively transformed by my counseling. I tried to set up some time to chat with her husband. He rebuffed me, and so I got his field leader to intervene, and make him see me. He asked that the field leader meet with us both. When we sat down, he accused me of stealing his wife’s affections. He was very angry and upset. What did I do wrong?

***Case Two***

A mission director asked me to travel into the villages to see John. John was a 26 year old single man who had been with the mission for four years, and had been in this tribal area for two years. The closest other team members were three hours away by jeep. There were only 20 houses in the village, and no church. John had a cement house, with a bedroom, and since the only other houses were thatch, and it was malaria season, I had to stay with John. He gave me his bedroom. The complaints about John revolved around the sullen anger that he expressed whenever he was with the other missionaries. He had withdrawn from them, and was even refusing to keep up with email. No one had any real idea what he was doing.

John was upset that he had to entertain me, live with me, and talk with me. This lasted for about a day. Then we began to see a breakthrough. He began to confess feelings of loneliness, and struggles with lust and sexual tension. He had found himself flirting with some of the village girls, and relationships were very confused. He even showed me that he had been visiting pornographic sites on the internet. As he confessed, his feelings flooded out, and we spent a couple of days staying up very late talking through things and crying. I hugged him a few times as he confessed his sins in heartbreaking tears to the Lord. The last night, we both fell asleep on the couch. I woke up at 3:00 and went to my bedroom.

I left the next day, after working out a plan for him to get more help, mentoring, and accountability. Three weeks later I got a call at home from the mission attorney saying that John had alleged to them that inappropriate behavior went on between John and me when I stayed with him. What did I do wrong?

In the above two cases, you could find many things I did which are problematic. These cases are imaginary, but they are composed of various issues or behaviors I have seen of, heard of, or did. Most of us have allowed ourselves to do things overseas we never would do at home in our churches or practices. This is why we need to keep looking at and clarifying these best practice issues.

[Editors' note: See the article on ethical guidelines in *Helping Missionaries Grow* (1988), the article on best practice codes in *Doing Member Care Well* (2002), and the ethics articles in *Enhancing Missionary Vitality* (2002).]

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## **MEMBER CARE CONSULTATION**

**Redcliffe College Consultation, UK, January 2003**

**Mental Strain as a Cause of Attrition**

**Sue Ingleby**

In May 2002, I circulated a paper entitled "Counselling Before Going into Mission" based on my findings as a counselor at Redcliffe College over a seven year period. The statistics reveal the range of counseling issues among those training for mission. I suggested that professional Christian counseling before going abroad will help to heal the past, and build resilience for future service.

As a result of interest in this paper, a 24 hour consultation was recently held at Redcliffe College in Gloucester, UK to look at mental strain as a cause of attrition. Forty-four people attended by invitation from all over the UK, including personnel managers, candidate directors, psychiatrists, psychologists, counselors, college lecturers, and pastoral workers. Speakers Marjory Foyle, Evelyn Sharpe, Kelly O'Donnell, and Ruth Millson looked at various aspects of psychological assessments, selection procedures, and counseling support on the field, and the rest of the time was given to lively discussion in professional groups.

Some important issues emerged which will need further discussion: the importance of psychological assessments for all candidates; offering necessary time for counseling if required; the need to develop ethical working practice in assessment and selection procedures; better communication between mission agency departments; training needed in debriefing and psychological assessments; tackling the Protestant work ethic in churches and agencies; holistic training and life style; training for multi-cultural teams, conflict resolution, and many others. [Editor's note: there is a small group of UK member care practitioners that met/formed at this consultation, under the auspices of Global Connections UK and being coordinated by Marion Knell, in order to further develop member care in this country.]

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## **MEMBER CARE CONSULTATION**

**MK Conference in Penang, Malaysia, November 2002**

**Dave Wilcox and Polly Chan**

Sponsored by the Association of Christian Schools International (ACSI) this triennial conference was designed for educators of expatriate children in Asia. It was attended by close to 400 educators from 48 schools and 18 organizations. The conference was hosted by Dalat International School in Penang, Malaysia. Teachers and administrators came from as far north as Mongolia and China, as far south and east as Australia and Papua New Guinea, and as far west as the nations of Bangladesh, Nepal, and India. The speakers brought a range of perspectives and insights on the foundational issues of Christian schooling in the international context. Main speakers came from the United States (Dr. Glen Schultz), Canada (Dr. Darrell Furgason), Australia (Dr. Ted Boyce), and Korea (Dr. Joseph Kim and Dr. Jon Borden). One of the general speakers at the conference, Dr. Joseph Kim shared about the development of the TCK education in Korea in recent years. It was encouraging to know that more Korean Christian teachers were aware of the need of TCK education and were challenged to respond.

Topics included ESL strategies, understanding current TCK issues, teaching a multi-national student body including the ever-growing Korean TCK population, and strategizing on how our teaching can best foster a Christian worldview in our students. The conference was more international than ever, reflecting the multi-national composition of both the faculty and student body of the schools. The next conference for MK educators is scheduled for Vienna, Austria, April 3-6 2004 and Nairobi, Kenya April 8-11, 2004.

*Announcing: ACSI also held the International Boarding Conference, Dec. 30, 2003 - January 2, 2004 at Faith Academy in the Philippines.* This conference has been rescheduled from an earlier date. There will be round table discussions of current issues in boarding, balancing personal and ministry time, the biblical basis for boarding, strategies for better

protecting children, Dorm accreditation through ACSI, developing an advocate system apart from mission/school authority structures, parenting one's own children in a dorm setting, helping kids who don't want to be there, and a training track for those interested in beginning their dorm parent ministry —especially for Asian couples. Contact [icec@acsi.org](mailto:icec@acsi.org) for information.

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## PROVIDING MEMBER CARE

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### ORGANIZATIONAL PROFILE ONE

#### People In Aid

People In Aid is an international network of development and humanitarian assistance agencies. People In Aid helps organizations whose goal is the relief of poverty and suffering to enhance the impact they make through better people management and support.

People are at the heart of humanitarian endeavor. They are the beneficiaries, the donors and, critically, the providers of assistance. Our sector is driven by the experience and knowledge of people rather than the functionality of goods or efficiency of services.

The *People In Aid Code of Best Practice in the Support and Management of Aid Personnel* was born out of research into the stressful situations in which humanitarian aid workers find themselves. It is a quality assessment tool which International Non-Governmental Organizations (INGOs), and other organizations, can use to assure themselves that their human resources policies and practices, along with the organization's budgets and plans, lead to effective fulfillment of their mission.

People In Aid itself is a registered not-for-profit organization which provides support to INGOs wishing to improve their human resources management. We provide support for INGOs wishing to 'implement' the Code. As an organization founded as a central resource for the sector we also undertake research, produce publications, offer training and other services tailored specifically to the human resources needs of INGOs.

You can find out more from <[www.peopleinaid.org](http://www.peopleinaid.org)> or by e-mailing:  
Executive Director, Jonathan Potter, on <[jonathan@peopleinaid.org](mailto:jonathan@peopleinaid.org)>  
People In Aid: Regent's Wharf, 8 All Saints Street  
London N1 9RL – UK  
T/F 44 (0) 20 7520 2548, Direct line 7520 2513, <[www.peopleinaid.org](http://www.peopleinaid.org)>

[Editor's note: I want to highly recommend this organization and its publications to you. It's work to support personnel in humanitarian aid organizations is exemplary, and we in the Christian missions community can learn much from them. I am a member of People In Aid and I read everything they send me. In fact, their newsletter is in some ways similar to our MemCa Briefing, and is filled with updates, issues, and resources. In fact, it is my main source of information about what is happening in the area of human resource management/member care in the humanitarian aid sector. Kelly]

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### ORGANIZATIONAL PROFILE TWO

#### Tumaini Counselling Centre

[Note: Excerpted from Roger and Shirley Brown's chapter in *Doing Member Care Well*]

Where can missionaries in Africa go for support when they are victims of an armed robbery, facing struggles with a teen, or enduring prolonged discouragement? Tumaini Counseling Centre in Nairobi, Kenya is a place of healing and hope for hurting missionaries.

Tumaini is a Swahili word for 'hope'. The counseling center is a joint ministry of Africa Inland Mission International (AIM) and Summer Institute of Linguistics (SIL) begun in 1990. The Nairobi location makes the counseling ministry strategically available in this regional hub for regional mission offices, missionary kid schools, and medical and transportation services. Tumaini is staffed by missionary caregivers who are well-trained and experienced professionals who integrate their Christian faith with their counseling. The staff members prioritize their own mission agencies, AIM and SIL. However, they also see missionaries from other mission agencies serving across Africa. Approximately 100 Protestant mission organizations based out of approximately 20 sending nations have made use of the Tumaini services. The missionaries serve in about 25 African countries, primarily in East and Central Africa, although some countries

because of distance from Kenya are practically supported mainly through communications with the mission administrators.

A variety of counseling and support services are provided at the Nairobi location, as well as on various fields. Primary services are: counseling—individual, group, family, child, and marital; critical incident debriefings; consultation with mission administrators and faculty/administration of missionary kid schools; team-building workshops and conflict management; seminars on topics such as marriage enrichment, parenting, stress management, and interpersonal skills; speaking at schools or churches; writing articles; and a loaning library of books relating to individual, group, couple, or family growth and spiritual life. Field emergencies may require the counselors to travel internationally. In many cases, the missionaries affected come to Nairobi for evaluation and possible ongoing treatment, since lasting interventions often requires more time and resources than the counselor is able to provide during a brief interaction.

For the most part, the counseling issues seen at Tumaini have been remarkably similar to those experienced in the West. Additionally, political instability, spiritual warfare, and cross-cultural transitions can create or amplify problems. Individuals who have experienced traumatic incidents are an all-too-frequent presenting complaint. Relationship struggles, adjustment issues, depression, parenting concerns, etc. are common reasons that missionaries utilize the center. Additionally, missionaries often need evaluation of their children with attention or learning difficulties.

A new direction for ministry is the planned addition of pastoral care couples who will work under this ministry with a focus of pastoral visits to outlying fields. Tumaini staff desire to expand the preventative care and seminar ministries as staffing is available to address the needs. Additional professional counselors are needed not only at Tumaini but also at an AIM missionary kid boarding school.

For further information contact:

Roger Brown, M.D., the AIM Care Supervisor at [Dr.Brown.ac@aimint.net](mailto:Dr.Brown.ac@aimint.net)

Richard Bagge', M.D., the SIL Africa Area Counseling Coordinator at [Dick\\_Bagge@sil.org](mailto:Dick_Bagge@sil.org)

Tumaini Counseling Centre, P.O. Box 21141, Nairobi, Kenya

Phone: 254-2-890039 or 890328

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## ESSENTIAL RESOURCES

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### HUMAN RESOURCE MANAGEMENT

**By Robert Mathis and John Jackson**

Human Resource Management by Robert Mathis and John Jackson (2003, Thompson/Southwestern; ISBN 0-324-07152-3).

This is probably the most widely used text/handbook in the human resource field (HR) in the USA. Now in its 10<sup>th</sup> edition, this book covers a comprehensive range of subjects. It includes helpful web sites (and web-based support as one reads the chapters), case studies, and current issues in this field. The five sections cover the Nature of Human Resource Management, Staffing the Organization, Training and Developing Human Resources, Compensating Human Resources, and Employee Relations and Global Human Resources. Of special interest to member care personnel would be the chapters on managing diversity, selection, training and careers in HR, performance appraisal, health/safety/security issues, employee rights/discipline, and the globalization of HR. I bought the book from Amazon.com and paid around \$75 US. It is an excellent overview of this broad and very important field—the closest field I believe to the general field of member care. Personnel directors will especially find it helpful as will HR managers themselves. I plan to refer to it regularly. Reviewed by Kelly O'Donnell.

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### EUROPEAN MEMBER CARE CONSULTATION IV

**Growing Deeper, Going Broader**

This is the main member care consultation held in Europe. The first one took place in 1997 at Le Rucher by Geneva, and brought together 60 member care workers and mission leaders. This next one will be May 14-18, 2003 in the Netherlands, and 150+ participants are expected. Member care workers and mission/church leaders with member care responsibility, and who are either from or based in Europe, are strongly encouraged to come. The emphasis is on more in-depth training in several areas: addiction/process groups (8 hours) and multicultural teams (8 hours); and various four hour workshops on MK issues, stress/adjustment, medical safeguards, intercultural marriage, eating disorders etc. This is a prime opportunity to further develop your skills and to get further connected to colleagues. Please note that there are several slots being reserved for member care people from Latin America, Africa, Asia, and the Middle East, as we want

to make sure that we can mingle with and learn from people from these regions. Spaces will be filling up fast though! Note too that the cost for registration and lodging has been greatly reduced to make sure that everyone can come. The next EMCC will be in 2005. Speakers include Dr Marjory Foyle, Dr Darv Smith, Dr Ron Noll, Dr Kelly O'Donnell, Dr Liane Roembke, and many others. For more information contact Margreet Korstanje <Margreet@diwiko.nl>

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## HUMANITARIAN PRACTICE NETWORK

This organization is affiliated with the Overseas Development Institute in the United Kingdom. It offers excellent analyses and brief articles on current situations that affect the provision of humanitarian aid. Although primarily of interest to those working in the fields of relief and community development (many missions work in these areas), it also has published excellent materials related to member care such as the *People in Aid Code of Best Practice* (on the support and management of aid personnel) and *Room for Improvement* (research on the well-being/experiences of aid workers). I refer to their materials often and find them extremely helpful to keep me updated in this field. Recently they put together a free CD of all of their publications from 1996 to mid-2002, in both English and French. To request a copy, as well as to subscribe to receive their materials (it is very reasonable) contact them at: [hpn@odi.org.uk](mailto:hpn@odi.org.uk)

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## SPECIAL MEMBER CARE ISSUE

### Connections: The Journal of the WEA Missions Commission, January 2003

This new journal is a tool to encourage, instruct, and support the Missions Commission's 60 national missions movements that are linked to the training, sending, and supporting of approximately 150,000 missionaries. *Connections* also provides a link to other like-minded networks and colleagues committed to cross-cultural mission. This special issue focuses on member care, and includes a number of shortened articles from *Doing Member Care Well*. There are articles on: Latin American, African, and Asian member care issues/approaches; a listing of 40 core books for a member care library; future directions; and the best practice model and the flow of care grids. It is ideal for supporters and colleagues that want to take 90 minutes or so to get a quick overview of some of the main issues and thinking in the international member care field. For more information contact [connections@globalmission.org](mailto:connections@globalmission.org)

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## OVERSEAS SCHOOLS PROFILES 2003

Available in April, 2003 from ACSI, this CD-ROM is the most complete description of Christian international schools (including MK schools). It provides contact information, student composition (MKs, nationalities, grades covered), curriculum orientation, fees, services, facilities, nationalities of faculty, organizational affiliation, schedules, accreditation standing, and more. Cost: \$17 (US). For more information contact <order@acsi.org>.

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## SOME MEMBER CARE-RELATED WEB SITES/RESOURCES

### Brenda Bosch, YWAM Member Care Training

**Note:** The compiler of and contributors to this list do not accept liability for erroneous or potentially damaging information.

### MEMBER CARE WEBSITES

- **Member Care:** [www.membercare.org](http://www.membercare.org) - MemCa of the world Evangelical Alliance; [www.membcaremutin.org](http://www.membcaremutin.org) ; Swiss Member Care Group: [www.mission.ch](http://www.mission.ch) ; Pastor to Missionaries (Annual Conferences, USA): [www.barnabas.org](http://www.barnabas.org) ; Member Care Network Chiang Mai, Thailand: Contact Harry Hoffman at [HoffmannHT@compuserve.com](mailto:HoffmannHT@compuserve.com) ; Member Care South Africa: Marina Prins at [mprins@proteahoogte.co.za](mailto:mprins@proteahoogte.co.za) ; Philippines Member Care Group: Meg Alag at [jomegalag@edsamail.com.ph](mailto:jomegalag@edsamail.com.ph) ; England: Member Care Associates, Marion Knel: [marion@knell.net](mailto:marion@knell.net) ; Eastern Europe: Mission Encouragement Trust, Jan Rowland: [officeMET@cs.com](mailto:officeMET@cs.com) ;
- **Member Care E-Forum for YWAM:** "[HoffmannHT@Compuserve.com](mailto:HoffmannHT@Compuserve.com)" - write to Harry Hoffman and ask to be included, but include who referred you to this forum.
- **Member Care E-Forums:** [www.globalconnections.co.uk](http://www.globalconnections.co.uk) - COMET MK forum in UK ; MemCa Briefing, email newsletter 3 x p.a., global trends in M.Care, email Harry Hoffmann at [HoffmannHT@compuserve.com](mailto:HoffmannHT@compuserve.com) ; Brazil M.Care Email Forum, Portuguese: [carriker@uol.com.br](mailto:carriker@uol.com.br) ; Link Care monthly email newsletter on M.Care at [KenRoyer@aol.com](mailto:KenRoyer@aol.com) ; M.Care Europe and Africa - bi-weekly info service: [member-care-europe-subscribe@yahoogroups.com](mailto:member-care-europe-subscribe@yahoogroups.com) ; M.Care Asia - bi-weekly info service: [member-care-asia-subscribe@yahoogroups.com](mailto:member-care-asia-subscribe@yahoogroups.com) ; German E-Forum: [smf@aem.de](mailto:smf@aem.de) ; Latin America COMIBAM Email Forum: [iepla@internet.ve](mailto:iepla@internet.ve)
- **Regional Member Care Groups:** Inter-agency M.Care affiliations developing M.Care resources within their regions. Africa: Namoi Famounure at [naomi\\_messiah@hotmail.com](mailto:naomi_messiah@hotmail.com); Asia: Polly Chan (now resigned)

[ChanPolly@omf.net](mailto:ChanPolly@omf.net) ; Central asia: Annemie Grosshauser: [agrosshauser@yahoo.com](mailto:agrosshauser@yahoo.com); Europe: Marion Knell at [marion@knell.net](mailto:marion@knell.net); South America: Marcia Tostes at [mrast10@uol.com.br](mailto:mrast10@uol.com.br)

- **Member Care Radio:** [www.twr.org/specialprojects](http://www.twr.org/specialprojects) ; To get the current information, including frequencies go to: [www.twr.org](http://www.twr.org) & [www.eutelsat.com](http://www.eutelsat.com) Siny Widmer, Project Manager, MemCare by Radio, [siny\\_widmer@compuserve.com](mailto:siny_widmer@compuserve.com)
- **Member Care Training:** [www.membercare.org/member\\_care\\_training.htm](http://www.membercare.org/member_care_training.htm); Brenda Bosch (4-week Seminar) at [brenda\\_bosch@yahoo.co.uk](mailto:brenda_bosch@yahoo.co.uk) ; Sharpening Your Interpersonal Skills (5-day workshops), Dr Ken Williams at [www.relationshipskills.com](http://www.relationshipskills.com) or [ken@relationshipskills.com](mailto:ken@relationshipskills.com) ; Conflict Resolution Lessons: <http://iasec.fwsd.wednet.edu/tqs/private/unit05/les5300.htm> ; <http://www.careertrack.com/seminars/index2.html> ; <http://www.careertrack.com/seminars/desc/cfclt.html> ; Cross-Cultural Games for Missionaries: <http://mti.org/games.htm> ; Interpersonal Communication Skills: <http://www.careertrack.com/seminars/desc/incom.html> ; Interpersonal Skills Resource: <http://www.corporate-vitality.co.uk/support/pod/pod-end.htm> ; [www.mti.sc.org/ips.htm](http://www.mti.sc.org/ips.htm) ; Kiersey Bates Temperament Sorter : <http://www.keirsev.com/cgi-bin/keirsev/newkts.cgi> ;

## RELATED ISSUES

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- **Trauma:** Trauma Central Website has great articles and resources related to trauma care, but also other psychological aspects. Secular resource. <http://home.earthlink.net/~hopefull/index.html> ; [www.membercare.org/J-trauma.htm](http://www.membercare.org/J-trauma.htm)
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## SPECIAL ISSUES

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### SOME THOUGHTS ON VETTING MEMBER CARE WORKERS

**Kelly O'Donnell**

To what extent should we ensure that individuals, groups, and centers provide quality services with appropriate accountability? Are there too many people holding themselves out as being member caregivers without proper qualifications and supervision? No one doubts people's good intentions or sincere heart to help. Yet we all know that "meaning well" does not necessarily guarantee "healing well" (many of us know this first hand from our own work!). Or to paraphrase Dr. John Powell in his article on short-term counseling for mission personnel, even well-intentioned incompetency is still incompetency!

So what are some of the safeguards? Are there basic guidelines for such areas as: minimum qualifications (training, experience), continued education, professional relationships, areas of competence, ethics, etc? Member care is a broad field with a broad range of practitioners, and it must be equally matched I believe, with depth in skill level and ethical understanding. This is not to minimize the importance the "non-professional"—especially of the mutual care that is needed as a core part of member care. Rather it highlights the need for greater clarification as to how member care is practiced by specialists and by what has become known generically as "member care workers" (MCWs).

Should there be an accrediting body that vets MCWs? Should there be specific ethical principles for MCWs? Should there be a roster of "approved" (by whom?) MCWs? I believe it is time to really look at these and other important questions.

Some preliminary responses from me to these questions, with regards to specialists, would be: a) specialists working in member care should get certified in their respective disciplines in their passport country (e.g., psychologists, human resource managers get certified in their country of origin) and abide by their respective disciplinary/professional association's code of ethics; b) cross-cultural experience is needed; c) letters of reference/endorsement be written by one's primary organization, to assure service receivers of their competence and accountability; d) organizations that receive and/or solicit services from outside consultants/specialists need to develop their own referral lists of appropriate individuals; e) there should be more use of "informed consent" procedures/forms prior to offering services, so that service receivers are aware of the background qualifications of specialists, the types of services and likely consequences of such services (including any risks, complaints procedure, etc.).

What about MCWs (and there are many) that enter into this ministry area through less academic or systematic training routes (e.g., taking workshops at different times/places, lots of life experience)? Many of the suggestions above could also apply to them. I also believe that there should be a) some specific guidelines to help them provide services within their areas of competence; and b) they should have letters of reference and appropriate connections with colleagues for support/input as needed; a general set of guidelines/ethical principles will help them as they provide their services (to be developed?).

The MemCa Task Force will be addressing this topic of vetting when it meets in Vancouver in June 2003. If you have any ideas, please email them to me (Kelly O'Donnell—[102172.170@compuserve.com](mailto:102172.170@compuserve.com)). Finally, let me encourage you to review a few helpful articles in: *Helping Missionaries Grow* (1988)—Some Suggested Ethical Guidelines for the

Delivery of Mental Health Services in Mission Settings; *Missionary Care* (1992)—Ethical Concerns in Providing Member Care Services, and Training and Using Member Care Workers; and *Enhancing Missionary Vitality* (2002)—chapters 51-54 on ethics. I'll close with a few quotes to underscore some current thinking on ethical practice for counselors, psychologists, and mental health professionals.

Counsellors should monitor actively the limitations of their own competence, of their counselees and other counsellors. Counsellors should work within their own known limits. Counsellors should not counsel when their functioning is impaired due to personal or emotional difficulties, illness, disability, alcohol, drugs or for any other reason. It is an indication of the competence of counsellors when they recognise their inability to counsel particular persons and to make appropriate referrals. Counsellors have a responsibility to themselves and their counselees to maintain their own effectiveness, resilience, and ability to help counselees....Counsellors should have received adequate basic training before commencing counselling, and should maintain ongoing professional development.

*Code of Ethics and Practice for Counsellors*, Association of Christian Counsellors, United Kingdom (principles 2.3.2—2.3.6)

....In those areas in which recognized professional standards do not yet exist, psychologists exercise careful judgment and take appropriate precautions to protect the welfare of those with whom they work.

*Ethical Principles of Psychologists and Code of Conduct*, American Psychological Association, 1992, Principle A: Competence

MHPs [mental health professionals] are dedicated to high standards of competence in the interest of the individuals and agencies that they serve. They recognize the limits of their training, experience, and skills, and endeavor to develop and maintain professional competencies. MHPs keep abreast with current professional information and scientific research related to their work in mission settings. [editor's note: this is followed by six sub-points to further clarify this principle] Some Suggested Ethical Guidelines...in *Helping Missionaries Grow*, p. 469

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## FUTURE DIRECTIONS

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Where are you heading in member care? And where is the member care field heading? There are so many ways to contribute, to get involved, and to find a good fit between ones call/gifts and the many needs/opportunities. Here are two brief examples of the topics and projects that several member care practitioners are doing/discussing—both inside and outside of MemCa.

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### MEASURING CROSS-CULTURAL ADJUSTMENT

**Len Cerny and Dave Smith**

If you are a cross-cultural worker or family member, we would like to invite you to participate in our worldwide study to develop normative data for the new Cerny/Smith Adjustment Index. (CSAI). Under development since 1995, earlier versions of the CSAI have been used widely to coach hundreds of international workers in over 20 countries. The instrument provides a snapshot of well-being by evaluating 10 domains of cross-cultural stress, which are related to adjustment. The experience of the authors and their colleagues gained from 10 years of experience coaching cross-cultural work teams is that enhancing worker well-being results in enhanced long-term effectiveness and productivity. Periodic evaluation of current cross-cultural adjustment can be a powerful preventive tool for identifying and addressing adjustment and stress issues before they become major issues.

To express our appreciation for your participation in our research, we are offering this CSAI administration free of charge. After completing the test, which takes about 15-30 minutes, you can print out or download a helpful, confidential report of your results with brief suggestions for improving your cross-cultural adjustment. When research and development are completed, the CSAI will be available for a modest fee. Then an expanded report will provide extensive, personal feedback with normative comparisons to other cross-cultural workers as well as stress-reducing strategies and suggestions to enhance cross-cultural adjustment. To participate and for more information, log onto <<http://www.crossculturaladjustment.com/>> (available February 7, 2003). [Editor's note—see also the fine article by these two psychologists on “field counseling” in *Doing Member Care Well*.]

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### TRAINING FOR MEMBER CARE WORKERS AND MISSION PERSONNEL

What types of additional training are needed by both mission personnel and member care workers alike? We (Kelly and Michele O'Donnell) would like to suggest that a few more specific and intensive member care courses be developed

and taught internationally. These courses could be set up in a similar way to the *Sharpening Your Interpersonal Skills* courses (SYIS), developed by Dr. Ken Williams with Wycliffe. Ken has put together an excellent week-long course, accompanied by an equally excellent workbook. A number of trained facilitators have taught this course in dozens and dozens of places over the last several years. We think most of us are keenly aware of the need to upgrade our interpersonal skills, especially in light of the common experience of relational conflicts among mission personnel. (We recently took this course and really benefited!) Other courses (some of which are longer than a week) that are currently being taught in many places for mission personnel focus on debriefing skills and crisis/contingency management; leadership development; and training for MK-related personnel.

Our thought is that in addition to SYIS, something like a Sharpening Your Team-Building Skills course (SYOTS) and a Sharpening your Organizational Skills course (SYOS) should also be developed and taught widely. The former would involve helping team facilitators/leaders and member care workers to better understand group dynamics, team management, and team building approaches. The latter would help to better understand organizational ethos, management and structures, and change processes. We share these ideas in light of a number of comments we have heard from colleagues and at conferences, referring to the need to understand/change “toxic” aspects of organizations, dysfunctional systems, and people/organizations that wound members.

We began our work in member care some 15 years ago, focusing on individuals and families. Gradually, and out of necessity, we began to also work with teams and organizational systems, which are also key influences in the overall adjustment of staff. Courses such as SYOTS and SYOS, in our estimation, could help us to fill key gaps as we endeavor to do missions well. We close with a few illustrative quotes.

Every missionary (including MKs, home office staff, and leaders) needs an acceptable and safe outlet to openly share personal and group concerns. Some ways of doing this include spending time with friends and confidants, getting staff feedback from anonymous questionnaires, planning meetings where ideas and perspectives can be exchanged, and providing opportunities for confidential counseling. These outlets are real safeguards to prevent poor morale, bitterness, and needless frustration.

Understanding and Managing Stress, *Missionary Care* (1992), p. 115

Sometimes there is a lack of carefully considered, written policies and procedures. When these don’t exist, individual leaders are left to themselves to decide what they are and how to apply them, leading to potentially destructive practices that undermine trust.

Ken Williams, *Sharpening Your Interpersonal Skills* (2002), p. 77

Compatibility with an agency’s ethos is one of the key factors affecting staff adjustment. Personal satisfaction is more likely when there is a good match between the staff member, his/her job, and the organization. Fitting into an organization can be challenging, when you consider the diversity of personalities and backgrounds among staff. For some the greatest stressor in missionary life may be trying to blend their career, denominational, social, and family backgrounds into the ethos of the organization. In such instances, it takes a good measure of inner security and integrity to weather the process of blending together.... Mission organizations, like individuals, have many weaknesses. Remember, that when you are examining your agency you may very well be looking into a mirror. Mercy triumphs over judgment (James 2:13).

Understanding and Managing Stress, *Missionary Care* (1992), p. 114.

Finally, as leaders we must be willing to look beyond the individual level of problems, and assess the whole area of organizational dysfunction. What are our strengths and weaknesses as a sending structure and institution? Wounded people form wounded organizations, and wounded organizations wound people too.

Wounded People Wound People, *Doing Missions Well* (2000, MC compendium for AEA Africa conference)

## UPCOMING MEMBER CARE EVENTS

February 14, 2003. INDIA CORNERSTONE HOUSE FAMILY SEMINARS, "Celebrating Marriage" Email: <a href="mailto:jacobandrani@hotmail.com">jacobandrani@hotmail.com</a> or <a href="mailto:kumarjoel@rediffmail.com">kumarjoel@rediffmail.com</a>	February 17-March 7, 2003, UK MEMBER CARE COURSES E-mail: <a href="mailto:gill.trainor@c.ict.om.org">gill.trainor@c.ict.om.org</a>	March 3-16, 2003. USA. AN INTENSIVE RETREAT FOR RESTORATION OF CROSS- CULTURAL WORKERS E-mail : <a href="mailto:heartstream@compuserve.com">heartstream@compuserve.com</a>
March 7-9, 2003. INDIA	March 21-April 11, 2003, UK	April 11-12, 2003. HONG KONG

CORNERSTONE HOUSE FAMILY SEMINARS, "Growing in Love" Email: <a href="mailto:jacobandrani@hotmail.com">jacobandrani@hotmail.com</a> or <a href="mailto:kumarjoel@rediffmail.com">kumarjoel@rediffmail.com</a>	LEADER AS A PERSON E-mail: <a href="mailto:gill.trainor@c.ict.om.org">gill.trainor@c.ict.om.org</a>	FAMILY EDUCATION CONFERENCE, E-mail: <a href="mailto:janetblomberg@compuserve.com">janetblomberg@compuserve.com</a>
April 18-20, 2003. INDIA " CORNERSTONE HOUSE FAMILY SEMINARS, "Becoming One" Email: <a href="mailto:jacobandrani@hotmail.com">jacobandrani@hotmail.com</a> or <a href="mailto:kumarjoel@rediffmail.com">kumarjoel@rediffmail.com</a>	April 22-26, 2003. USA. FOUNDATIONS OF MISSIONARY MEMBER CARE E-mail : <a href="mailto:heartstream@compuserve.com">heartstream@compuserve.com</a>	April 28-May 2, 2003. USA. IMPLEMENTING MISSIONARY MEMBER CARE E-mail : <a href="mailto:heartstream@compuserve.com">heartstream@compuserve.com</a>
May, 2003 in Taejon. KOREA FAMILY EDUCATION CONFERENCE E-mail: <a href="mailto:janetblomberg@compuserve.com">janetblomberg@compuserve.com</a>	May 1, 2003. INDIA CORNERSTONE HOUSE FAMILY SEMINARS, "Marriage Masala" Email : <a href="mailto:jacobandrani@hotmail.com">jacobandrani@hotmail.com</a> or <a href="mailto:kumarjoel@rediffmail.com">kumarjoel@rediffmail.com</a>	May 14-18, 2003 ,Holland THE FOURTH EUROPEAN MEMBER CARE CONSULTATION E-mail: <a href="mailto:mariondk@uk.net">mariondk@uk.net</a>
May 22-25, 2003. INDIA CORNERSTONE HOUSE FAMILY SEMINARS, "Empowering Marriage Builders" Email: <a href="mailto:jacobandrani@hotmail.com">jacobandrani@hotmail.com</a> or <a href="mailto:kumarjoel@rediffmail.com">kumarjoel@rediffmail.com</a>	June 14-27, 2003. France REFRESH 2003 E-mail : <a href="mailto:heartstream@compuserve.com">heartstream@compuserve.com</a>	July 20-August 8, 2003. UK. PREPARING FOR CHANGE E-mail : <a href="mailto:info@equiptraining.org.uk">info@equiptraining.org.uk</a> Web Page : <a href="http://www.equiptraining.org.uk">www.equiptraining.org.uk</a>
September 22-26, 2003. Mexico MICAH CONSULTATION E-mail : <a href="mailto:sec@micahnetwork.org">sec@micahnetwork.org</a>	October 6-November 2, 2003, UK LEADER AS A PERSON E-mail: <a href="mailto:gill.trainor@c.ict.om.org">gill.trainor@c.ict.om.org</a>	December 1-15, 2003, UK LEADER AS A PERSON E-mail: <a href="mailto:gill.trainor@c.ict.om.org">gill.trainor@c.ict.om.org</a>

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## WEA MEMBER CARE NETWORK *BRIEFING*

This *Briefing* was prepared and sent by Kelly O'Donnell, Dave Pollock and Harry Hoffmann.  
Global Member Care Resources (MemCa), WEA Missions Commission

MemCa is an affiliation of 30 international colleagues committed to help develop member care resources within missions. The Task Force (now called Global Member Care Resources) is comprised of member care specialists who come from different mission organizations/sending churches. It is one of the seven task forces of the WEA Missions Commission. Task Force members work together and with other colleagues on projects which benefit the global mission community along with specific regions. A special emphasis is on supporting mission personnel from Asia, Africa, and Latin America, and on those working among unreached people groups. Members are also committed to provide personal/professional support for each other as needed. Our friendship and Christian fellowship provide the foundation for our joint work.

MemCa Website: <http://www.membercare.org> (*Briefings* will be posted on this web site)

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