

23

*Richard Gardner
Laura Mae Gardner*

Training And Using Member Care Workers

The global missionary force is expanding, estimated to reach nearly 300,000 full-time, Protestant workers by the year 2000 (Pate, 1991). There is also a growing movement among churches and mission agencies around the world to prioritize and send workers into the approximately 12,000 people groups--representing some two billion people--that have been virtually untouched by the Gospel (Bush, 1992). These are encouraging indications that God is at work through His people to help us fulfill His command to make disciples of all nations (Matthew 28:18-20).

Nevertheless, as the number of missionaries increases--especially those entering into complex and demanding frontier settings--so also does the need for their support and care. Additional member care services must be developed and provided. This will necessitate raising up hundreds of new member care workers who are both professionally trained and familiar with the challenges of missionary life. Included would be human resource specialists, pastoral counselors, personnel directors, mental health professionals, field coaches, outside consultants, cross-cultural trainers, and others. Each of these types of workers plays an important role in the supportive care of missionary personnel. They are a necessary complement to the mutual care between colleagues that is foundational for missionary resiliency and effectiveness.

This chapter addresses the training needs of workers who are either currently preparing for or actually involved in member care ministry, with a primary emphasis on therapists or counselors. In addition to training considerations, the focus will also be on how best to utilize these workers. We consider two main questions: What types of training programs are needed to equip member care workers in

2 Future Directions

counseling and other related mental health skills? How can member care workers provide their services in an effective manner?

We will explore selection factors for member care counselors, identify different levels of training, discuss several guidelines for using in-house and outside member care professionals, and make suggestions for continued personal and professional growth. We approach these subjects from our perspectives as the International Coordinators for the counseling programs and personnel of Wycliffe Bible Translators (WBT) and the Summer Institute of Linguistics (SIL). The suggestions in this chapter are born out of our 20 years of field work as well as our responsibility to oversee the Wycliffe Counseling Department which consists of 23 full-time or part-time counselors.

Selection Factors

What characteristics are needed by individuals who want to work as member care counselors? Two factors that must be examined with potential counselors are their motivation to counsel and their level of self-awareness.

Motivation

Why does a person want to counsel and help others in this agency? Here are some appropriate motivations:

1. The person is responding to a keen sense of God's calling to this ministry which is in line with his/her gifts and abilities.
2. Past experience as a people-helper confirms his/her servant heart. Documentation is needed by impartial observers of one's spiritual giftedness; character qualities of genuineness, warmth, integrity, and empathy; as well as emotional health and stability.
3. The person is interested in people, respects their ability to grow and serve, and has an appropriate desire to facilitate that growth. People have already sought out him or her for emotional, practical, or spiritual guidance and help.

There are also some unhealthy motivations, and persons displaying these should not be encouraged toward a counseling career.

1. The need to be needed and to "parent" or nurture others (codependency). Such a person hopes to vicariously get his/her needs met through the counseling process.
2. Inordinate curiosity that revels in intimate knowledge of another without respecting personal boundaries.
3. Desire for control over people that accrues from being in a position of influence.

Member Care Workers 3

4. Wanting to help others as a way to avoid resolving one's own problems. One focuses on others' needs rather than his/her own.

5. Wanting to help others in the same way that one has also been helped through counseling. This is not necessarily inappropriate, yet must be a minor motivating factor for pursuing a counseling ministry.

Self-Awareness

Proverbs 14:8 says, "The wisdom of the prudent is to understand his way, but the folly of fools is deceit (NASB)." An awareness of the strengths and limitations of one's technical training, personal assets, and life experience and skills is essential. The healthy person maintains and displays attitudes of non-defensiveness, openness to input from trustworthy people, and insight when faced with new information about him/herself. He or she demonstrates a commitment to godly, continued growth, and willingness and energy to implement personal growth plans. Mission agencies should look for these characteristics in the people who counsel their staff.

Levels of Training for Member Care Counselors

Training is needed for all types of member care workers, from those who provide informal peer counseling to the mission psychologist or psychiatrist. We see four levels of counselor training that can equip missionary personnel and prepare professionals to work in mission settings.

Level One

This level is for those who have demanding people-related tasks and wish to increase their understanding of people and interpersonal skills. This might be a medical doctor, mission administrator, personnel officer--anyone whose job it is to accomplish mission goals through teams of people or to care for fellow staff. As an example, the Counseling Department of Wycliffe offers basic workshops annually to improve the interpersonal skills of mission administrators. Teaching, discussion, and opportunities to practice core skills are provided. Information can be obtained by directing queries to the International Counseling Department, 7500 W. Camp Wisdom Road, Dallas, Texas 75236.

Level Two

This level provides training for informal people-helpers--those who desire on a colleague or peer basis to minister more knowledgeably to others. Such training is offered by Stephen Ministries (8016 Dale Street, St. Louis, Missouri 63117), the video courses offered by

4 Future Directions

Liberty University (PO Box 11803, Lynchburg, Virginia 24506), Youth With A Missions's counseling courses offered through the University of the Nations (75-5851 Kuakini Highway, Kailua-Kona, Hawaii 96740), the "Skilled Helper" training offered at Burnaby Counseling Group (7325 MacPherson Avenue, Burnaby, British Columbia V5J 4N8), and the week-long Institutes in Biblical Counseling offered by Dr. Larry Crabb (16075 West Belleview Avenue, Morrison, Colorado 80465).

Level Three

Level three, "associate counselor" training, is for those who want to become more seriously involved in helping their colleagues, but do not have the time to take formal studies. This level ideally includes both levels one and two, plus an additional mini-practicum such as that developed by Tim Sieges, Wycliffe counselor in Papua New Guinea. This 30 hour program spread over ten weeks offers both classroom teaching and group process experience. Topics include foundational principles for helping, family of origin issues, emotional states, anger management, grief and bereavement, behavior management, addictions, counselee resistance, diagnosis, and referrals. One of the distinctives of this program is that it takes place in a field setting, is designed for field workers, and is taught and supervised by field counselors.

We suggest that spouses of mission counselors and all counseling department staff should have this level of training. Such training will increase their supportive understanding of their spouse and enable them to serve that spouse in a debriefing capacity allowing the spouse to "unload" personal feelings. Further, this training will assist the non-counselor spouse to meet counseling challenges that come his/her way by virtue of being married to a counselor.

Level Four

This level addresses people pursuing graduate degrees who desire to or actually provide therapeutic services to mission agencies. These individuals are trained to function as mental health professionals who can offer the full scope of therapeutic, preventive, consultative, and educative services, as well as crisis intervention and referrals. Services may range from growth and enrichment guidance, life management skills, and helping people get unstuck at transition points in their development, to analysis of dysfunctional family or organizational systems and intervention in cases of severe pathology.

Such training is almost always obtained through an accredited university program. A significant part of the training can include a three month practicum experience at a mission setting under the

Member Care Workers 5

supervision of an experienced member care provider (O'Donnell, 1988). Another possibility is doing a one to two year counseling internship in a mission setting which could count towards the hours needed to obtain professional licensure as a therapist. An example of such an internship will be discussed in the next section.

Preparation for Member Care Professionals

The remainder of this chapter will focus on the preparation and utilization of "Level Four" workers--professional member care workers who provide therapeutic services to the mission community.

Technical Training

The technical training for professional member care counselors and therapists must include at least masters-level training in a reputable school. Course-work should include actual participation in courses as opposed to merely taking correspondence courses that do not involve personal interaction, feedback, contact, and practice. Basic courses include human development, dysfunction and pathology, testing and measurement, learning, personal growth, counseling, and personality theory. In addition Biblical Studies courses and courses on the integration of Scripture and psychological concepts are foundational for the Christian member care professional.

If possible, a specialty program in mission psychology or mission counseling which includes a relevant practicum or supervised experience within a given mission organization would be beneficial. Any additional training that might be available (such as organizational and community psychology, cross-cultural counseling, and missions courses) will also be useful and can be part of preparation.

Missions Experience

A member care professional, both for personal credibility and a sense of adequacy, would greatly benefit from time overseas in a mission's apprenticeship or from working with an experienced missionary or missionary team. There is no substitute for going through the same experiences--the joys and the sorrows, the challenges and the victories--as those to whom one intends to minister. Such experiences expose a person's tendency to ethnocentrism, increase one's appreciation for diversity and the perceptions of others, and help a person become more aware of personal strengths and limitations. Prior to such field experience, we recommend participation in a mission's orientation program such as through QUEST (Wycliffe) or Missionary Internship.

6 Future Directions

General Cross-Cultural Experience

A variety of background experiences in different cultural settings is very useful (e.g., involvement with people in multi-ethnic neighborhoods, studying abroad, living overseas). These experiences increase one's observation skills, respect for difference, tolerance for ambiguity, and ability to relate to others from different cultures. These are skills needed for any cross-cultural worker, but have special implications for care-givers preparing to serve an international mission.

Organizational Compatibility

We strongly encourage a member care worker to familiarize himself/herself with the organization which he or she wants to serve. Mission agencies vary greatly in their policies and practices, their views of the limitations and/or privileges of power, roles of males and females, opportunities for women in ministry and leadership, control of funds, decisions with regard to the welfare and education of children, freedom of action and self-directed activities, member care needs, work expectations, and ministry foci. In order to work compatibly within a mission organization, one needs to know the organization and subscribe to its policies and practices (Reapsome, 1988).

Internship and Supervised Experience

An internship carried out in a missions atmosphere with supervision provided by experienced practitioner-missionaries, offers the new care-giver the opportunity to gain experience, make mistakes, ask questions, and shape theories and conceptual data into practical services. One example is the internship offered by Wycliffe located in Dallas, Texas.

The Wycliffe Counseling Internship generally involves two years of hands-on experience under supervision. Dr. Phil and Mrs. Barbara Grossman, founders and pioneers of Wycliffe's counseling services, realized the need for a mechanism such as the internship to permit screening and evaluation of potential mission counselors. Additionally, it allows the intern to experience the intricacies of missionary counseling and thus build a body of memories, techniques, and materials that will serve him/her in an eventual field assignment. Much counseling is done by modeling--so the internship provides an opportunity to work with and observe the intern and his/her spouse and see if their lifestyle, interpersonal skills, and marital and family relationships will support their counseling contribution--or negate it.

The internship has six goals:

Member Care Workers 7

1. Developing relationships with other counselors within the Counseling Department for professional and collegial support; awareness of and ease with department policies and uniquenesses.
2. Interacting with the mission agency to familiarize interns with the people and policies of the organization; knowing what is unique about our organization and able to live non-critically and compatibly with those factors.
3. Interfacing with the organization's administration so the therapist knows how to work in tandem with administrators while at the same time retaining his professional separateness.
4. Working with cross-cultural problems to complement any previous professional training and experience.
5. Providing external evaluations by experienced counselors and supervisors to assess compatible and sturdy personality traits, professional skill and competence, biblical awareness and integration, and a balanced and godly lifestyle. The intern can receive corrective input and non-defensively integrate that input.
6. Encouraging self-awareness and self-evaluation as both a person and a professional counselor in the light of this organization and the missions task.

The actual components of the two-year internship program fall into four parts: prerequisites, technical expectations and experience, evaluations, and concluding procedures.

Prerequisites that the intern comes with include a master's degree (or equivalent) with a broad technical base, and validations from within and outside the organization. *Technical expectations* include using skills in a mission setting that have been obtained during the internship and from prior training. *Evaluations* are carried out in the beginning, at midpoint, and at the end of the internship. *Concluding procedures* of the internship involve presentation of one's counseling model, a time of oral examination by all counselors present, and submission of a personal program for ongoing growth.

The internship program is quite thorough, as such preparation is essential for the protection and preparation of the intern, and for the confidence of the mission membership. Ten interns have completed this program in the last five years and most are in field locations, serving competently in difficult and often isolated settings.

Guidelines for Involvement

The following guidelines are presented to help member care professionals (both in-house workers and outside consultants) work

8 Future Directions

with credibility and more effectively within a mission agency. Professional training and experience provide sufficient credibility in some organizations and in some tasks--but they are usually not enough in the member care field. Credibility must be earned. It is a necessary complement to the areas of competence that a member care professional has.

Personal Relationships

Know and be known. Johnston (1987) suggests that mental health specialists need good interpersonal relationships, especially with mission leaders, in order to increase the acceptability of their services. The same applies to member care professionals in general, who must know the leaders and in turn must be willing to be known by the leaders. This means time must be spent together; missions meetings, field conferences, and inter-agency conferences are attended; and professionals stay updated by reading relevant mission publications.

Long-Term Service

Sustained contribution is key. There is value in short-term contributions in the areas of training, crisis intervention, and consultation. However, significant changes in people's lives (and agency health) by means of therapy, coaching, organizational development, or preventive ministries normally takes place over longer periods of time. The opportunities for service are vast. A member care professional could choose a particular area of the world, or a particular organization, and devote his/her efforts to this focused audience. Such efforts might include living on a field, making regular visits to the field, being available to furloughing members as a referral source, and/or serving as an ongoing consultant to field leaders.

Building a Network

Identify a comprehensive referral base. Member care workers do well to establish a network of services in both sending and host countries, as they cannot meet all the needs of their organizations by themselves. The network ideally consists of specialists in individual, marriage, and family counseling; physicians and medical clinics; psychiatrists and psychiatric facilities; pastoral counselors and school psychologists; legal advisors and support groups. A referral network will help direct missionaries to specific services which the in-house member care professional cannot offer due to limited training, time constraints, or lack of availability within the mission agency.

Member Care Workers 9

Building a Team

Work with like-minded colleagues. The formation and building of teams for service to missions personnel is an idea whose time has come. Some of these teams could provide services from an overseas office as well as make trips to different fields. For example, a small team of three or four care-providers could make regular trips to offer counseling, career guidance, team development resources, and educational aids to parents and teachers. A pastor who could bring spiritual refreshment to field people would enhance such a team.

The team could also be available for crisis intervention. Team members need to understand normal and abnormal responses to stress, know how to do short-term therapy and guide those with longer-term needs to additional resources, be able to serve as consultants to a highly stressed mission leadership, and minister peace and encouragement through teaching from Scripture. Such a team should be skilled in working with both adults and children, in communicating spontaneously and appropriately with groups, and in organizing activities promoting group cohesion and stability.

Suggestions for In-House Member Care Workers

It is not always easy to find a comfortable niche in the mission agency and settings where one provides services. This is especially true for member care workers who are new to the mission. Here are several practical guidelines (adapted from O'Donnell & O'Donnell, 1990) to help in-house member care workers tailor their services and professional style to fit into the organizational ethos. Many of these suggestions are also relevant for outside consultants. Member care workers would do well to discuss these suggestions together, and to seek out accountable relationships and confidants who can give them feedback as to how they are coming across to mission personnel.

1. Let yourself be known as a real person and as a true servant of Christ. Show your love for Scripture, people, and the ways of the Lord.

2. Use the same terms as the groups with which you work. This includes theological or Scriptural terminology, as well as special terms for colleagues and ministries (e.g., language helpers, personnel officers, mission stations). Avoid technical, psychological jargon and "buzz" words.

3. Contribute in ways beyond your professional services. For instance, one of our Wycliffe counselors is skilled at remodeling; every apartment he lived in for any length of time was vastly improved

10 Future Directions

by his presence. Take your turn proof-reading a publication, collating papers, or cleaning up after tea.

4. Avoid dichotomizing spiritual and psychological approaches to care. Emotional health and spiritual living are not mutually exclusive. For example, psychological problems, interpersonal relationships, or authority issues can be addressed from Romans chapters 12-15.

5. Providing effective treatment to staff, especially leaders, can increase credibility (Proverbs 22:29). Try offering educative or preventive seminars on stress, burnout, and team relationships; serving as a consultant in personnel matters; developing written materials for specific issues such as reentry or family adjustment packets; and having a voice in leadership discussions which deal with personnel issues, when invited to do so.

6. Develop relationships with influential people who can help increase the acceptability and availability of your services. Examples include evaluators, trainers, ministry and department heads, and others who are respected in the agency.

7. Do not attack the organization or be critical toward its practices. If there are concerns, seek out the appropriate leaders and discuss the situation or practice privately. Every organization has strengths and weaknesses--do not be overly alarmed when you uncover unhealthy practices. Every organization also has its own ethos--know what it is, understand it, and work with it.

8. Move slowly. It takes time to develop credibility, respect, and a reputation of trustworthiness (Zechariah 4:10). It also takes time to develop relationships with busy leaders.

9. Anticipate a "learning by doing" experience. Much of your training has to be adapted to a cross-cultural or in-house agency setting and may need revision. Be prepared to encounter issues and problems no one ever anticipated during your training program.

10. Expect to make some mistakes (the organization will too). You will probably make some errors as you set up your services, apply ethical principles, and handle the myriad of logistical matters (agency policies, budget, phone calls, reporting system, record keeping, and so on).

11. Adjust your expectations from having worked in private practice and non-mission settings. Adequate pay, professional respect and courtesy, adequate facilities--none of these may be true for your field experience. Expect to reach out to people, rather than waiting for them to come knocking on your office door.

12. Get personal support from confidants--develop an emotional and relationship network for personal health and balance. Involve yourself with the mission community and friends, and maintain healthy, wholesome relationships.

Member Care Workers 11

13. Understand and anticipate some of the ethical ambiguities of practice in mission settings. Holding the line on ethical and professional standards while at the same time maintaining and building trust and confidence between yourself and administrators is not easy, but it is essential. One area of ambiguity is the matter of dual relationships--the people you see in counseling are those with whom you socialize, worship, and discuss organizational business. Another is the matter of making referrals when you are beyond your skill level when there is no one to whom to refer.

Suggestions for Outside Member Care Providers

We realize that many times a deeply committed Christian member care professional wants to give a portion of his/her time and skill to the missions effort. Here are several ways that these professionals could serve the missions community and some cautions to observe.

1. Serve as a referral source in your own location. Make your availability known to mission agencies and your willingness to see furloughing members. Clarify guidelines for the nature of your involvement, especially confidentiality issues.

2. Serve as consultants to mission leaders and mission counselors in your areas of expertise. This can be done at your home location as well as through short-term visits to different fields.

3. Serve as supervisors, if trained and certified to do so, for mission counselors and therapists with whom you have established a relationship. We have found that adequate supervision can also be provided by telephone for therapists in remote areas with no access to such input in their location.

4. Give workshops or seminars in your areas of expertise to groups of missionaries. For instance, develop seminars on family life, marriage enrichment, and stress management. Make this known to mission leaders and counselors, and volunteer your services.

5. Offer short-term counseling services on the field. Make sure that appropriate follow-up services can be provided as necessary, whether it be through phone calls and letters on your part or additional services by other member care workers.

6. Become part of a mission effort yourself. The hardships and rewards of field work will not only add to your credibility, but also be a source of blessing to the people with whom you work.

Cautions for Outside Professionals

There are a few basic cautions to keep in mind when providing services to missionary personnel. Here are some of them.

12 Future Directions

1. "Normal" functioning means something vastly different for a cross-cultural Christian worker than for someone working and living in North America, Britain, or Europe. It demands a much higher ability to cope with stress, to live compatibly and closely with people very different from oneself, and to have resolved old issues and patterns of behavior which can impair one's effectiveness.

Therapists, for example, can err by recommending a potential worker or furloughing worker for continuing service, deeming him/her ready for mission activity when in fact the person needs more time for restoration and care. The failure to understand the isolation, stringencies, and demands of missionary life is one of the reasons mission leaders are reluctant to utilize the services of consultants and therapists who are not experienced in missions.

It takes time to solidify and test new growth. New coping skills and patterns of communication must be tested and solidified in an environment that is familiar and supportive. A minimum of three months is desirable between termination of therapy and reentry into the field task.

2. Long-term therapy is usually not an option. Missionary personnel are not free agents; they are on the field or in the home office as part of an organization, having made a commitment to contribute to that organization's goals. Normally they are supported by churches and individuals in their sending country. They do not have the luxury of long-term therapy at others' expense.

On the other hand, there can be problems with short-term therapy. Most missionaries are eager to resolve problems and get back to their task quickly. This may push them to premature resolution of problems; and it may push a therapist to premature solutions and closure of therapy. At the same time, there will be little patience with therapy (by either the member, supporting constituents, or the organization) that extends over a lengthy period of time.

3. Aim for independent, practical self-care. Many mission workers must take care of themselves because there are few if any support services around them. It may not be possible for them to get involved in a support group, or weekly meetings with their pastor, or set up an accountability relationship with a local friend, as these resources may not be available. Avoid making suggestions, then, that are not feasible. Workers need practical tools and ideas for maintaining their own emotional health.

Do not overlook the major role of spiritual resources. Missionaries all have access to the Scriptures. Most derive a significant part of their strength through reading and meditating on the Bible. Encourage this, and incorporate Scripture explicitly into any services you render. Member care consultants and therapists need to be able to practically

Member Care Workers 13

apply Scripture and help others do the same. A therapist should not assume that this resource is obvious for the member.

Suggestions for Mission Administrators

Both in-house and outside member care professionals must be prepared to adjust their lifestyles and work styles so as to fit into the organization. In most cases, the burden of change is on the member care professional, not the organization. Nonetheless, it behooves mission leaders to be aware of the special needs and backgrounds of these professionals, so as to help them fit more readily into the organization and utilize them more effectively. Here are some guidelines (based on O'Donnell & O'Donnell, 1990) for mission leaders to consider.

1. Dialogue on mutual expectations, practices, and apprehensions. How will services be rendered? What are the fees, if any? Do members really want to utilize these services? To whom is the member care professional accountable? These and other questions must be openly addressed, making it necessary to interact with each other on a regular basis.

2. Be merciful if confronted with the member care professional's "disciplinary culture." A consulting psychologist, for example, has been trained in a discipline as stringent as that of a medical practitioner; he/she will have to observe the discipline's ethical guidelines, may use technical terms specific to the profession, and perhaps not think of problems from an administrative perspective. The health and welfare of an individual member or a family may have a higher priority than organizational goals. They may also push to obtain office space which is private, peaceful, and nicely furnished to see missionary clients, even though such space is at a premium. Try to see things from their perspective.

3. Clarify any plans to use the member care professional as "an arm of the administration." While the member care worker does indeed serve the mission leadership, he or she cannot and should not be viewed as part of the administrative structure, nor used as a disciplinary measure--"If you don't shape up, I'll send you to the counselor and he'll fix you." Most professionals function best when they can retain a neutral posture that supports both administrator and member. Allow them to stay out of the administrative structure, and off certain decision-making committees.

4. Find ways to increase the acceptability of the services offered by member care professionals, especially for these types of people: (a) Rugged individualists--"We toughed it out; why can't others do the same? Who needs a counselor to tell us what to do?--we never had

14 Future Directions

one in the old days." (b) Overly spiritual people--"We have Christ, the Holy Spirit and God's Word--why do we need any psychological help?" and (c) Those who are out of touch with their own needs--"I am too busy to get distracted with introspection; we must decrease and Christ must increase."

A field leader could help these and others utilize member care services by announcing these services well beforehand, preparing an introductory meeting to discuss what the member care professional(s) will do, and publicly endorsing (when possible) the member care professional. Having member care professionals give a testimony or share a devotional message can also lower resistances and relax apprehensions.

5. Involve mental care workers in the planning and revision of member care policies and services. They are not only service providers, but service developers. Many have training and experience in setting-up services, so tap into all of their skills.

6. Encourage interaction with other member care workers and mental health professionals. The job of "caring for people's souls" is extremely stressful and draining of emotional energy. One of the ways to renew member care workers is to encourage them to attend conferences, make time to read professional materials, and meet with professional colleagues.

7. Provide an "organizational/administrative bridge" to the member care worker. Workers need to feel connected, understood and appreciated, especially by those over them. Find someone with whom they can easily relate who can help them fit into the organization's ethos and connect with leadership.

8. Distribute member care responsibility. One member care professional or department cannot take on the sole or even primary responsibility for member care. It is a corporate responsibility. Professionals may provide specialized services, but the backbone of any effective member care program involves an organizational ethos which encourages the ongoing, informal, mutual support between mission personnel.

Opportunities for Continuing Growth

Egan (1986) states that effective people-helpers "are first of all committed to their own growth--physical, intellectual, social-emotional, and spiritual--for they realize that helping often involves modeling the patterns of behavior their clients hope to achieve" (p. 28). A commitment to ongoing personal and professional growth is requisite for maintaining effectiveness as a member care worker. Personal growth comes through such things as healthy relationships,

Member Care Workers 15

fellowship, prayer, and recreational activities. Professional growth is obtained through interaction with colleagues, ongoing formal and nonformal education, reading, and so on.

Certain types of professional growth, though, can be hard to find. This is certainly true for the member care workers who serve in field assignments. For example, where is a field therapist to find quality supervision? Within Wycliffe, our answer has been supervision by telephone, provided by experienced missions counselors who can quickly grasp the issues without having to have organizational ethos, administrative field practices, or environmental stressors explained. When the phone call is originated in the United States, for example, the cost is considerably less than when placed from an overseas number. Monthly or biweekly calls of one hour have been sufficient, and not unduly expensive.

Another possibility is to utilize mental health professionals who are located in large cities around the world--Hong Kong, Singapore, Manila, Guatemala City, Nairobi, for example. These could certainly be approached in order to develop some type of supervisory or consultative relationship.

What are some other ideas for personal and professional growth? Books, videos and audio tapes, book reviews, a quarterly letter to all the counselors in the department, and subscriptions to professional journals and magazines are some of the ways the Wycliffe Counseling Department seeks to encourage and stimulate field counselors. As another means of stimulation, consider holding a biennial retreat where all counselors and spouses gather for extended debriefing, reports, and encouragement. Annual visits by an international coordinator or counselor are also useful.

For member care workers located closer to growth options (such as those who reside in the United States), we encourage a minimum of 25 contact hours of professional seminars per year, as well as a planned program of reading and professional interaction. A requirement for field counselors, or those planning to serve on the field as counselors, should be an articulated, written, and demonstrated commitment to continuing professional, personal and spiritual growth (and follow-through on this). We believe this is essential to maintain stability, perspective, and freshness.

Conclusion

Member care is neither a discrete entity nor a task that can be relegated solely to the professional. It must permeate the organization as an articulated value and be practically demonstrated in the ethos. An important part of this ethos involves the skillful utilization of

16 Future Directions

competent professionals who are dedicated to the evangelization task and to the goals of the mission organization. Respect for the mission membership and for the task of reaching the world for Christ should prompt us all to be as thoroughly prepared as possible if we are providers of member care--and to utilize professionals as wisely as possible if we are in the role of administration.

If mission organizations want to attract and keep high quality missionaries, they/we will have to consider new directions, techniques and contributions to meet member needs. According to Barrett (1991), there are 4050 foreign mission sending agencies contributing to world evangelism. Those considering missionary service have many options of organizations to join. We believe the kind of member care provided by a given organization is something these prospective missionary personnel will consider.

We would like to propose four member care components that can help mission organizations support their staff more effectively:

1. An adequate member care ethos permeating the mission organization with leaders subscribing to and participating in member care. This ethos must consider care of whole families as well as individual adult members and encourage members to care for one another.

2. A sound corps of member care givers within the organization who are equipped to provide such care through educative, preventive, therapeutic, and consultative means.

3. A trauma team that is trained, funded, and able to respond immediately to calls for help. This trauma team need not come from a specific organization, but can be jointly utilized by many organizations. However, it is comprised of missions-experienced care-givers.

4. A network of counseling centers on the fields located in large cities or centers, staffed by a variety of specialists, serving the total mission community in that area.

We believe responsible care of our members reflects a conscientious use of resources, honors God, lowers attrition rates, and demonstrates the gospel in relational and God-glorifying ways. Providing such care--through member care professionals and through fellow missionaries--is essential for the long-term effectiveness of our staff.

Questions for Discussion

1. What are the pros and cons of using care-givers who are not members of the organization versus those who are serving within that organization?

Member Care Workers 17

2. What types of member care workers does your organization utilize?
3. How might an organization raise money to pay for additional member care services and professionals?
4. Which of the four levels of counselor training described in this article are most relevant for your mission organization?
5. What changes could your organization make now in order to begin to establish a more caring environment?

References

- Barrett, D. (1991). The status of the christian world mission in the 1990s. *Mission in the 1990s*. New Haven, CT: Overseas Ministries Study Center.
- Bush, L. (1992). (Ed.). *AD 2000 and beyond*. San Jose, CA: AD 2000 and Beyond.
- Egan, G. (1986). *The skilled helper: Model, skills, and methods for effective helping (3rd ed.)*. Monterey, CA: Brooks/Cole.
- Johnston, L. (1988). Building relationships between mental health specialists and mission agencies. In O'Donnell, K., & O'Donnell, M. (Eds.). *Helping missionaries grow: Readings in mental health and missions* (pp. 449-457). Pasadena, CA: William Carey Library.
- O'Donnell, K. (1988). A preliminary study of psychologists in missions. In O'Donnell, K., & O'Donnell, M. (Eds.). *Helping missionaries grow: Readings in mental health and missions* (pp. 118-125). Pasadena, CA: William Carey Library.
- O'Donnell, K., & O'Donnell, M. (1990). *Suggestions for involvement in missions as psychologists*. Unpublished manuscript. Amsterdam: Youth With A Mission.
- Pate, L. (1991). The changing balance in global mission. *International Bulletin of Missionary Research*, 15, 56-61.
- Reapsome, J. (1988). Choosing a mission board. *Evangelical Missions Quarterly*, 24, 6-13.