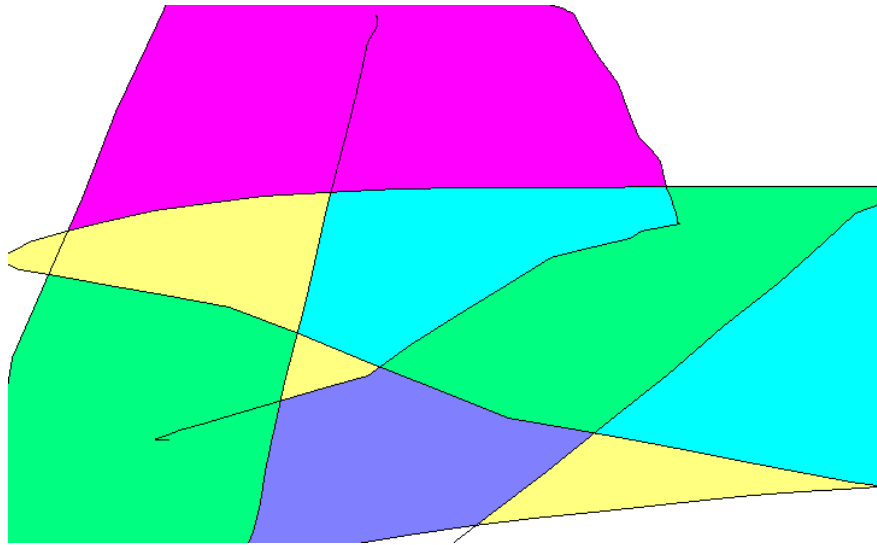


Doing Missions Well: Member Care within and from Africa

How encouraging it is to see the many efforts being made to share the Gospel among all people groups. Such efforts require sturdy folk--mission personnel who are willing to work together, make sacrifices, become vulnerable, and serve the Lord wholeheartedly in the midst of stressful situations. Member care, a handmaiden to the mission's task, is a key strategy to help our personnel stay resilient and effective.



Let's consider, in a metaphorical sense, a special type of 10-40 window: the 10-40 window of the heart. This window functions as a gate-keeper within the hearts of all of us, permitting the entrance and exit of life-giving experiences. We have developed a general rule of thumb for missionary adjustment based on this window. Simply put, for every 40 hours of work each week that flow out of the heart, we suggest there be about 10 hours of refueling flowing back into the life of the worker. Such refueling can involve anything that strengthens, relaxes, and encourages the worker, such as exercising, leisurely reading, and talking or praying with friends, including those who are members of the host culture.

Proverbs 4:23 instructs us to watch over the springs of life which flow out of the heart. This verse reinforces our conviction that all of us involved in missions must attend to the 10-40 window of the heart--for ourselves, colleagues, teams, and even sending agencies--as we go after the 10-40 window of the earth and beyond. Why not use the following materials as a stimulus to discuss how you and your team or agency/church are doing this?

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Member Care Task Force, WEF Missions Commission**

Doing Missions Well: Member Care within and from Africa

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Member Care Overview: Trends, Resources, and Future Directions

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Member care can be defined as the investment of resources by mission agencies, churches, and service organizations for the nurture and development of mission personnel. From our perspective, the goal is to develop inner strength, skills, and virtue, which will be key to helping personnel stay effective in their work. Member care is thus as much about developing inner resources within the person (e.g., perseverance, stress tolerance) as it is about providing external resources (e.g., team building, logistical support, skill training). It focuses on every member of the organization, including children and home office staff, and seeks to implement an adequate "flow of care" from recruitment through retirement.

At the personal level, each individual must find a balance between the realities of suffering/sacrifice with the normal desires for personal growth/fulfillment. At the agency level, we must harmonize the organizational emphasis on "achievement/task" with the staff needs for "support/member care". For some the greatest stress results from a poor fit between one's background and preferences with the type of agency *ethos*--the "established way of doing things". For others it is from the more common or anticipated stressors, such as cross-cultural adjustment. Different cultures/settings emphasize different aspects of member care too, such as the role of mutual support in a community context or the need for self-support/fortitude for those in demanding/isolated locations.

Trends

1. Member care is becoming increasingly accepted and *mainstreamed* in missions. It is a Biblical responsibility and evidence of the love that Christ's followers have for each other. Some argue though that the pendulum has swung too far, and that member care can be overemphasized. Don Larson and Brent Lindquist for example, remind us that member care must also occur via the mutually supportive relationships that mission personnel build with nationals/locals, and not just with fellow Christian/agency colleagues, which can actually hinder involvement with people in the host culture.
2. Member care can be viewed as a *social movement* within missions, being influenced by and mirroring a similar movement in the secular work world (e.g., Human Resource Development, Employee Assistance Programs). It is also becoming a *disciplinary field* within missions, having its own body of knowledge, ethical principles, research base, practitioners, and models.
3. A growing number of member care workers (e.g., pastors, personnel directors, counselors) are providing their services *across organizational and cultural boundaries*. Some of the main areas include MK ministries, stress management, crisis care, personnel development, tropical medicine, interpersonal skills, and team life. Multicultural team life is also a growing reality, where finding practical ways to understand each other and get along is essential.
4. Member care is *not just a "Western" phenomenon*. It is also being increasingly discussed and developed within mission agencies and churches from Asia, Africa, and Latin America. Although cultural perspectives and levels of development for member care vary within different regions, there is nonetheless a commitment to work and grow together in this important ministry. Some examples include the regional member task forces that have formed for Brazil, Germany, and Malaysia, as well as for Europe and Asia, and the establishment of Messiah College in Nigeria, an MK boarding school for African MKs. Steady progress is being made in many organizations and regions, although there is, frankly, still much work that needs to be done.

Resources

1. *Written Materials*--There are a growing number of articles, research projects, and books in member care areas. Most are from the West, but more are now being written by Asians and Latin Americans (e.g., Polly Chan's edited work in Chinese, "*Nurturing Missionary Children*"). One classic work is Marjory Foyle's *Honourably Wounded* (1987). For a compilation of 50 important articles from 1974-1988, see *Helping Missionaries Grow* (1988), as well as the 25 articles in *Missionary Care* (1992). The October 1995 issue of the *International Journal of Frontier Missions* explores several member care issues in frontier settings. Finally, we would commend the WEF book, *Too Valuable to Lose* (1997) for its excellent treatment of attrition/pastoral care, and the 1998 book edited by Joyce Bowers, *Raising Resilient MKs*.

2. *Conferences*--The grandfathers of them all have been the three International Conferences on MKs (held in Quito, Manila, and Nairobi in the 1980s). The gatherings of personnel directors/secretaries in the USA and in the UK are also noteworthy as are the Mental Health and Missions Conference and the Pastors to Missions Conference, held annually in the USA. Three landmark events were the WEF Attrition/Pastoral Care Conference in England in 1996 and the two European Member Care Consultations held in France (1997, 1999). Similar gatherings for regions or nations within Asia, Africa, and Latin America have occurred or are being considered (e.g., Brazil, India, Pakistan, and Malaysia in 1999). Finally, various mission associations and societies also regularly have member care workshops during their conferences, where topics such as reentry and debriefing are discussed.

3. *Service Organizations*--*Too Valuable to Lose* (1997) included an international resource directory listing over 100 groups that provide member care services. That such a guide can now be assembled is indicative of the unprecedented number of service groups forming during the last 10 years (providing team building, screening, counseling, seminars, devotional messages, retreats, etc.). This guide, and other resources, are on the web site of the WEF's Member Care Task Force (www.membercare.org). A related development and a potential resource for mission personnel is the emergence of national associations of Christian counselors.

4. *Training*--There are many workshops and courses being taught on member care and related subjects. Member care courses have been taught in the USA, and also in Europe, Asia, and Australia. Singapore has been the site of several workshops and day consultations where member care-related cases and topics have been addressed, and more recently a three-day consultation on screening/preparation (1998). Member care training workshops are being done in South Africa and Singapore.

Future Directions

The current momentum in member care is most heartening. Yet there must be a more coordinated direction to what is happening. Consider these possibilities.

1. Form *interagency partnerships in different regions* of the world to further develop member care. This would include forming member care teams, doing research and joint projects, and setting up member care centers/facilities. A member care task force under the auspices of the Association of Evangelicals in Africa would be timely!

2. It would be good to see *individuals within sending agencies/churches network together* and work on mutual projects to improve member care for their people, involving mission administrators, pastors, and member care specialists. Do not leave member care up to chance!

3. Seek out *innovative and timely cross-cultural applications* of member care. Help mission personnel develop member care skills. Empower those on the front lines to minister to nationals--both Christians and non-Christians--in difficult or war-torn areas. An example is the reconciliation ministry being done in Rwanda and Kosovo, as well as the training for pastors/teachers to work with traumatized children in Liberia. Let the member care blessings spill over onto the nations!

4. Continue to encourage the church to prioritize and direct its resources--including member care resources--towards those groups of people that have historically been the most neglected (e.g., *Hindus, Muslims, Buddhists, Chinese, Tribals*).

Will We Depart in Peace or Pieces? **Research on Missionary Attrition**

Me a missionary casualty? No way! Think again. Whether one becomes a drop-out or push-out, burned-out or rusted-out, the chances for early departure from the field may be higher than you think. Let's look at the recent 14 nation attrition study sponsored by the World Evangelical Fellowship for some updates.

This study is found in the 1997 book "Too Valuable to Lose", edited by Dr. Bill Taylor, which has contributions from mission and member care leaders from all around the world. It is frankly, one of the most significant books on missions that has been published to date!

The 3Ps of Attrition

Basically, the WEF study found the overall annual attrition rate to be 5.1% for the 453 mission societies that were surveyed. When items such as normal retirement and possible transfer to another agency were ferreted out, the bottom line figure becomes 3.1%--attrition that is "undesirable" because it is premature, preventable, and likely permanent. Think of this as the *3Ps of the 3%*, to help remember the findings.

In real person terms, this may mean that some 12,000 plus missionaries are lost each year out of the global missionary pool estimated to be over 400,000 (both Catholic and Protestant (Barrett, 1998; *International Bulletin of Missionary Research*). Hey, that's more missionaries than are in our entire organization! Such undesirable attrition also spills onto others, negatively impacting thousands of family members and friends in the home/host communities.

More Results

So why do missionaries leave the field? In the WEF study, the main reasons were, in order, normal retirement (9.4%), children's issues, change of job, health problems, lack of home support, problems with peers, personal concerns, disagreement with agency, lack of commitment, and lack of call (4.1%). Note that those surveyed in this study were mission administrators such as personnel directors, rather than the actual missionaries themselves.

Several important comparisons were also made between different groups of missionaries.

- Missionaries from the Newer Sending Countries (NSCs--e.g., Korea, Brazil, Nigeria) were a bit more at risk for "preventable" attrition than those from the older sending countries (OSCs--e.g., the UK, USA, Australia).
- Reasons for overall annual attrition between NSCs and OSCs were very different: for NSCs the top reasons were reported to be lack of home support (8.1%), lack of call (8.0%), inadequate commitment (7.3%), disagreement with agency (6.1%), problems with peers (5.7%), health problems (5.1%); for OSCs, the top reasons were normal retirement (13.2%), children (10.1%), change of job (8.9%), health problems (8.4%), problems with peers (6.0%), personal concerns (5.2%).
- In general the larger and older the mission society, the lower the preventable attrition rate.
- Those who worked in the same culture vs cross-culturally had almost the same preventable attrition rates.
- Workers in pioneer/church planting settings had lower preventable attrition rates than those in relief and development settings.

To continue, the most important factor in preventing attrition was reported to be the missionary having a clear call. This was then followed by having a supportive family, healthy spirituality, cultural adaptation, good relationships, pastoral care, and financial provision. Interestingly, a key component of pastoral care was the "regular communication" that occurred for field workers, which was rated even higher than pastoral visits or pre-field training (which are also very important).

Transience

Contact with so many cultures and people is so enriching. Yet transition, even planned transition, usually destabilizes. For some it creates a pervasive sense of loss while others experience a chronic low-grade sense of mourning. Others seem relatively unfazed, possibly because they have learned to form and sustain selective friendships, a practice encouraged in chapter six of Ecclesiasticus (JB).

We can also develop a "quick release button", to use the words of Dave Pollock of Interaction. We only get so close to colleagues, and when transition is imminent, we jettison the "relationship" to minimize the separation pain. Newcomers can likewise be jettisoned, since we are already quite involved with our current friendships and our usual workloads to make time for them. They in turn can inherit and pass on this technique, for better or worse!

Some Suggestions

I appreciate the recent "codes of best practice" which have developed standards for the management and care of overseas workers (e.g., by the People in Aid, the UK Evangelical Missions Association). These documents offer agreed-upon criteria for evaluating our member care approaches, and we would do well to thoroughly review them. Dave Pollock's "Flow of Care" chart, outlining member care needs from recruitment through retirement, is also helpful (*Interact*, October, 1997).

But how do we put these items into practice? And how do we reduce our attrition rates? There's no way around it: We in missions must commit ourselves to more comprehensive, culturally-sensitive approaches to sustain and nurture our personnel over the long-haul. Who will do all this? Caring leaders (church and mission) who make time for their people. Personnel development specialists who are available to support and further train our workers. And finally colleagues and friends--you and me--whose mutual encouragement provide the backbone for effective member care programs.

Let's also use the findings from the WEF study to help our people to:

- Clarify and grow in their sense of call
- Prepare realistically through good pre-field selection and training approaches
- Cultivate their walks with the Lord
- Stay connected with supportive friends and family
- Care for their children's educational and developmental needs
- Improve interpersonal, conflict resolution, and ministry-related skills
- Raise finances for long-term involvement
- Maintain good communication with leaders and peers
- Understand various service opportunities and career development possibilities
- Connect with leaders/mentors who can help them negotiate the missions world
- Receive helpful member care resources throughout the course of their missionary lives
- Go through exit interviews with follow-up for greater closure on their missions experience.

Final Thoughts

Attrition, historically, has been part of the cost the Church has paid for penetrating the Enemy's darkness. People in war are vulnerable, and inevitably get hurt. Our weakness as people and as sending agencies also make us vulnerable. So let's put attrition in perspective. Whether it be considered preventable or unpreventable, desirable or undesirable, *missionary* attrition happens as we work together to prevent the *eternal* attrition which hovers over the unreached peoples of the earth.

Too bad there is no attrition vaccination. However, discussing the above issues and suggestions with others will definitely help. Why not review the WEF study and a few chapters of the book *Too Valuable to Lose* with your colleagues? Find practical ways to apply the material. This will be one of your greatest aids for preventing undesirable attrition!

Kelly O'Donnell. Based on an article in the "International YWAMer", October, 1998

Twelve Questions About Member Care

Staff and agency leaders periodically express concerns about the philosophy and implementation of member care. Much of the concern seems to center not so much on the need for staff care, but on its balanced application within the organization. Too much member care, it is felt, can become a distraction and ultimately make workers less resilient and effective.

Here are several questions that frequently surface when we have discussed the role of member care. They raise important issues which an agency must resolve as it considers how it will provide member care for its people. How would you answer some of these questions?

- 1. Will member care turn our staff into weak, dependent people, making them overly introspective, minimizing their need to develop strong character qualities and living without risks, and/or stirring up issues that they really do not need to address?
- 2. Is member care an attempt to recreate a comfortable Western suburban lifestyle on the field with its attendant perks and benefits, and thus minimize the legitimate place of sacrifice and suffering that is part of cross-cultural work?
- 3. Will staff become demanding and expect the organization to do things that it either cannot do or is not responsible for doing?
- 4. Who determines which services are really necessary, the cross-cultural relevance and effectiveness of these services, and which people are qualified to provide member care?
- 5. Will member care set up a divisive dichotomy between task-oriented people and care-oriented people?
- 6. Do member care workers and advocates really understand the realities of adjustment and survival overseas, and do they have what it takes themselves for cross-cultural survival?
- 7. To what extent do staff project their unresolved, personal issues onto the organization, inappropriately viewing it as some type of parental figure that is not adequately caring for its "children?"
- 8. How realistic is it to assume that member care services will prevent the majority of staff casualties and attrition?
- 9. Is life overseas really more stressful than life back home, or that of cross-cultural workers of the past, requiring large doses of member care services to keep staff people going?
- 10. How appropriate is it to let our people serve in difficult and dangerous situations, especially when there are not sufficient member care resources to support them?

- 11. When is enough, enough? That is, when is it appropriate for a worker to leave his/her assignment due to lack of results, personal struggles, family problems, and so on?
- 12. How do agencies develop resources to improve and maintain their member care programs, plus deal with agency policies, structures, and personnel that may resist improvement in such services?

Adapted from "Missionary Care", 1992, pp. 13,14; Kelly and Michèle O'Donnell

The Seven "Cs" for the Seven Seas--Plus a Few

This exercise explores several important factors (selection criteria) which should be assessed prior to becoming part of an organization or a team. Each criterion begins with the letter "c", hence the name of the exercise. It can be used for screening potential workers or for newly formed teams as a point of departure to discuss who they are, their backgrounds, and their motivations and expectations for the team. It can also be useful for teams going through a major transition period, such as a change in goals or the addition of new members.

Directions for use as a team exercise: Have team members describe themselves to each other in terms of one or more of the selection criteria listed below. Questions for clarification are encouraged. Afterwards discuss this exercise as a group--what was it like and can you identify any additional areas to discuss?

1. Calling to vocation: to your job/profession, to a country, to a people, to the organization, to the team, spiritual "call"
2. Character: emotional stability, strong and weak points
3. Competence: your gifts and skills, training, preparation and experience
4. Commitment: to "calling", job, cross-cultural work, organization, team, people
5. Christian experience: spirituality, previous related work
6. Cross-cultural experience: some background living and relating with people from different cultures
7. Compatibility: with team goals, organizational ethos and doctrine, cultural, relational, spoken and unspoken expectations
8. Confirmation: from family, friends, organization, church, inner peace
9. Corporal health: overall physical wellness

10. Cash: financial assets and one's overall support network

11. Care network: friends and senders to encourage and support the worker

12. Other:

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Family Scenarios: **Issues for Pre-field Selection and Field Support**

Scenario One

A Nigerian family is having trouble dealing with stress while going through the orientation program of its agency. The program takes place in a North African country, and requires that the participants move to a new city every two to four weeks over a three-month period. The parents are concerned that they have been moving around too much, both pre-field and now during orientation, and that their two children are suffering as a consequence. The oldest is an eight-year old girl who has started wetting the bed three times a week at night, and the youngest is a boy, aged two, who is not eating very much food.

- What could be done to help this family?

Scenario Two

A five-year old boy from Ghana does not want to go to his Portuguese-speaking primary school in Luanda, Angola, which he has been attending for two months. He is in pre-school and complains that some of the kids make fun of him by sticking out their tongues at him and saying that his drawings are ugly. During the last month the boy often whines and complains as he rises to get ready for school. When he returns from school he is often hard to make contact with and acts mean towards other family members.

- How would you help this boy?

Scenario Three

A couple with no children is having marital problems. They have been working on a team as agricultural tentmakers among a Taureg group for the past five years. The husband is Kenyan and the wife is from the Ivory Coast. The work is doing well but the long hours needed to travel and provide assistance has affected their relationship. Or so they say it has. Both acknowledge that they have come from difficult family backgrounds, in which there was alcoholism, some spiritistic practices, and poor parental modeling of conflict resolution. They have seen a counselor when back in Kenya on furlough and attended a marriage retreat on the field, but no lasting changes have occurred. The wife's relationships with Taureg women are significant, and she is having a significant impact in their lives. The husband has few close

relationships outside of his work and is wondering if he is going through a mid-life crisis. The agency decides to let them continue on the field and to do the best they can until they can get some more help somewhere.

- How would you try to help this couple?

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Screening for Workers: Ten Areas for Assessing Suitability

Kelly and Michèle O'Donnell © 2000

These two pages are based on a modified clinical interview to help identify significant personal problems in potential staff. We developed this sheet in response to the requests of several field leaders who were in "isolated" settings and who could not easily consult with a mental health specialist. Many of these leaders were dealing with team members who had never been adequately screened and whose personal problems were disrupting team life.

Some Suggestions. During the interview process, try to make the experience as supportive as possible. Remember, in some ways you may be interviewing each other, as they are also assessing the work setting! Be friendly and establish rapport. Remember to ask questions in a non-threatening way, highlighting their strengths though not being afraid to ask hard questions. Be sensitive to the person's cultural background and possible need for a translator. Clearly state the conditions for confidentiality, the purpose and procedure for the interview, and how the shared information will be used.

Avoid making quick judgments concerning suitability based only on first impressions. Remember that the best predictor of future behavior is past behavior, so be sure to explore previous experiences. Ask for specific examples, and do not be content with vague or general answers. Be sure to use this sheet in conjunction with references, past performance appraisals, an interview with the spouse, and a thorough application form that also includes questions about children (behavioral problems, anxiety or emotional struggles, peer relationships, developmental delays, learning difficulties). Whenever possible, seek out the advice of a mental health professional, even if it be through e-mail. Finally, the main concern is not that a person may have struggles, but what they are doing to grow and help resolve such struggles.

1. Current interests and concerns: How do you spend your time? What things do you like most to do? Favorite reading materials and books? How are you feeling these days? Do you have any problems sleeping or eating or any medical problems? Are you using medication? How is your diet and nutrition? Would you like to share about any personal struggles or unwanted habits? (establish rapport and ease into the interview; maybe save the last question until later--point four below--although if they are going through a current crisis, talking about this right away may be helpful)

2. Relationships: Please describe the quality of relationships with others now--friends, leaders, colleagues, spouse and children. Any marital problems? What are some marital strengths? Describe some positive and negative past team experiences. Is it easy/difficult for you to forgive someone (examples)? Discuss your relationship with leadership/authorities. (these items relate to how they will do in a team setting and under stressful circumstances)

3. Family history: Have family members suffered from a serious mental disorder? Marital instability? Child abuse, alcoholism, or general family dysfunction? What do people in your family think about your work? (what family issues/dysfunctions--current family and family of origin-might they be bringing with them?)

4. Clinical problems: Is there any past or current history of: depression (significant times of feeling worthless, helpless, discouraged), anxiety (excessive concern about a person, event, situation), phobias (unusual fears of people, objects, experiences), bulimia/anorexia (problems with eating and purging or simply not eating, accompanied by weight changes), suicidal ideas (have they tried to hurt themselves or others), sexual addictions (pornography, compulsive masturbation, etc.), violence/poor anger management, substance abuse/addiction (including large doses of coffee/tea), gambling addictions/poor money management, delusions and hallucinations (significant problems in the way they think or perceive the world--e.g., preoccupation with being persecuted or followed, exaggerated sense of importance/grandiosity) learning disabilities (e.g., significant problems with reading, writing), previous traumas, burnout (being incapacitated physically and emotionally due to chronic levels of stress), unwanted habits, grief and bereavement (loss due to death, multiple moves, job change, etc.), hormonal imbalance, legal problems/arrests, occult involvement? Have you tried to get help in these areas and if so how? (you may have to define these in terms of specific symptoms but it is very important to explore these areas in concrete ways; some areas to probe which could uncover problems include sleep activity, interest in things one usually enjoys, guilt, energy, time with friends, fears, concentration, appetite, sexuality)

5. Previous help/treatment: Any psychiatric hospitalizations or outpatient therapy? Medical problems/surgery or head traumas? (have they been under the care of medical or mental health professionals, for how long and for what reasons? do not gloss over this!)

6. Work performance: What setting will you be working in and what types of stressors will you face? How have you done in past work positions? Discuss reasons for leaving previous jobs. Identify the type of leadership you work best with? What types of leadership experiences and positions have you had? Refer to any testing results if known. (how might they fit in the new work setting given their past work experiences and preferences?)

7. Spiritual issues: How is their relationship with God? How much time is spent in prayer and Bible reading each day/week, fellowship with Christians, involvement in a church, and any areas where they feel stuck. (look for honest appraisal of spirituality, not getting too spiritual or overemphasizing either their importance or what God is doing through them)

8. Personal characteristics: Have the person identify a few personal qualities that are positive and some that are negative. How might his/her positive characteristics help/hinder a team or the setting where he/she might work? (explore their capacity for openness and insight)

9. Observations during interview: Note the appearance, clothing, hygiene, facial expressions, behavior, unusual mannerisms, emotions displayed, speech/unusual words, thought content, eye contact, posture. (how do they relate to you, can connect with them interpersonally, what is your "gut-level" feeling?; beware of your own possible distortions/biases!)

10. Additional: Comments, other areas to assess further, and questions he/she has for you.

Personal Growth Plan

This exercise is based on a self-assessment tool put together by the Personnel Department of the US Center for World Missions in the United States. We suggest you complete this worksheet (or something like it) once a year and talk about it with a friend or leader. The purpose is to plan for, stimulate, and monitor your own growth--growth in your character, skills, and spirituality.

Part One--Personal Profile

1. List your current interests--things you do which give you personal satisfaction and pleasure (like reading, sports, music).

2. List your current dislikes--things you do which you do not enjoy or feel you are good at (teaching, poor habits, exercise).

3. Describe a few of your strengths.

4. Describe some of your limitations and growth areas.

5. List your current work responsibilities. Summarize your job as clearly in one sentence.

6. List any other responsibilities you have (personal, professional, social, family).

7. How do your current responsibilities compare with your stated interests/strengths and limitations/dislikes?

8. What would you like to be doing in the next five years? Write a brief statement about your future roles and responsibilities--both personal and work-related.

9. What are you doing to further your spiritual life? Be specific. In what areas do you struggle?

10. What helps you maintain emotional stability and keeps you emotionally healthy? What do you do and how often?

11. In what ways do you continue your learning and build upon your strengths and skills?

12. Describe your relationship with your family (here and back home). Any areas to improve?

13. Describe your relationship with your team/department/work community. Any areas to improve?

14. Describe your relationship with the local community and nationals. Any areas to improve?

Part Two--Personal and Professional Development Plan

Based on your previous answers, identify at least five specific objectives that you want to accomplish this year. Choose objectives that are reasonably obtainable and that can be measured. Set dates for when you want to have them completed. For example, lose five kilograms by September 1, read two books on cross-cultural relief work within the next three months, or raise my support level by 50% by the end of the year. Outline the steps you will take to accomplish each objective. Be specific. Describe how you will evaluate your progress.

Example

Objective 1: Send newsletters to 50 friends three times a year. Date: Mail newsletters in late April, August, and December.

Strategy: Address envelopes in advance, keep newsletter to two pages, revise it twice, include a one-page insert of interest.

Assessment: Show team leader each newsletter, ask for feedback from a few supporters on the content and style of the newsletter.

CHOPS--Stress Management Inventory

In Matthew 10:16 Jesus sent His disciples out as "sheep in the midst of wolves." This exercise explores ten "wolves"--which we refer to as stressors--that cross-cultural workers frequently encounter. We use the acronym "CHOPS" as a way to help identify and deal with these stress-producing "wolves". Each stressor can be a source of stress and/or a symptom of stress.

Directions: Using a separate piece of paper, write down some of the stressors that you have experienced over the past several months. Refer to the 10 stressors and some of the examples mentioned below. Put these under a column labeled "Struggles." In a second column, "Successes," list some of the helpful ways you have dealt with stress during the last several months. Next, under a "Strategies" column, jot down some of your ideas for better managing stress in the future. You may also want to do the same for family members, department, team, and the overall organization. Discuss your responses with a close friend or as a family/group.

Struggles **Successes** **Strategies**

Cultural (getting your needs met in unfamiliar ways: language learning, culture shock, reentry)

Crisis (potentially traumatic events, often unexpected: natural disasters, wars, accidents, political instability)

Historical (unresolved past areas of personal struggle: family of origin issues, personal weaknesses)

Human (relationships with family members, colleagues, nationals: raising children, couple conflict, struggles with team members, social opposition)

Occupational (job-specific challenges and pressures: work load, travel schedule, exposure to people with problems, job satisfaction, more training, government "red tape")

Organizational (incongruence between one's background and the organizational ethos: differing with company policies, work style, expectations)

Physical (overall health and factors that affect it: nutrition, climate, illness, aging, environment)

Psychological (overall emotional stability and self-esteem: loneliness, frustration, depression, unwanted habits, developmental issues/stage of life issues)

Support (resources to sustain one's work: finances/donors, housing, clerical/technical help)

Spiritual (relationship with the Lord: devotional life, subtle temptations, time with other believers, spiritual warfare)

Adapted from "Foxes, Giants, and Wolves", IJFM 10/95, p.188, Kelly and Michèle O'Donnell

Thirteen Survival Premises/Promises

Have you ever had a look at your assumptions regarding what it takes to do well in missions? We all have certain assumptions, whether we are aware of them or not. Let's explore some of them. Read through the 13 statements below. Think about each one and apply it to your life. Which ones make sense to you? What other assumptions would you list? Try doing this together as a group exercise with your team or department.

- Life is difficult, regardless of where you are located and what you are doing. Only people trying to sell you something might say something different.
- 2. We are created human and called to be mission workers, not the other way around. A human doing is not a human being.
- 3. Failure and casualties are inevitable in mission work.
- 4. The grass might be greener on the other side, but the manure is just as deep. It's probably the manure that makes it greener.
- 5. You can try to do anything in life you want; you only have to face the consequences.
- 6. With enough time and effort we still can not accomplish everything that we want.
- 7. The ideal team member never joins a team.
- 8. The "healthy" are usually too healthy to become frontier workers.
- 9. You are really someone special but you are really not so special.

- 10. More people would be involved in missions if there were more unreached people groups living in Switzerland.
- 11. You may never know why.
- 12. You probably have several other assumptions, many of which you may not be aware.
- 13. These 13 premises are actually promises.

Other:

Kelly O'Donnell, adapted from International Journal of Frontier Missions, October 1995

The Case of Juanita Bonita

The following fictitious account raises several issues regarding the stress experiences and care needs of cross-cultural workers. As you read through this case, try to think in terms of the CHOPS model (discussed in Section Two). Note any possible "red flags"--that is, indications of current or future problem areas. The case concludes with several questions to guide your study.

Like most families, the Bonita family is complex. It will take more information and exploration to adequately understand its strengths and needs.

Carlos-Esther (parents) Eduardo, Juanita, Lupita (children)

Juanita is the five-year-old daughter of a middle-aged couple from Latin America. She is of average height, weight, and is in good physical health. Eduardo, her older brother (aged 7), sometimes teases her, but basically they get along well. She also has a younger sister named Lupita (18 months old).

Juanita is quite a sight to behold--and to touch--when she walks through the open market with Esther, her mother. The well-meaning nationals approach her and grasp her long braided hair, smile, and say "how cute". This happens time and time again. Juanita liked the novel attention at first, but now generally ignores the touches and smiles.

The Bonita Family is in its second term of service with an international organization in Asia. Carlos, the father, functions as the assistant field director for the region. He frequently travels to other offices of the company throughout Asia, averaging two trips per month from three to ten days' duration each. Carlos tends to be introverted and emotionally reserved.

Carlos and Esther get approximately \$1,200 per month from their sponsoring NGO. Typically they need \$1,500 to make ends meet each month. The additional money usually comes in "miraculously," although not always on time to pay the bills.

Family life is characterized by lots of time together on the weekends that Carlos is home. Most Sundays are spent at a local English-speaking church, attending the service and then staying after for a potluck meal. It is a priority. They also have a live-in maid who spends time with the children and cleans the house, freeing Esther to do part-time work for the organization.

Carlos believes it is important for his family to live among the poor in the city. Towards this end they are renting a three-bedroom apartment in a low-income housing estate. Although the area is not too attractive, it is relatively safe for the family.

The two older children (Eduardo and Juanita) play outside in the street with the other children. Juanita is noticeably more active than Eduardo and sometimes becomes aggressive with her peers. She usually has some bruises on her arms and legs. Eduardo, though, is typically "shy" and prone to allergies. He says he sometimes plays with an "invisible friend."

Over the last twelve months since their return from furlough, Juanita has been impudent and begun to throw tantrums. She even refused to go to school during the first week of kindergarten at a national school (local language-speaking), and would cry and intermittently scream until she was taken home. Her parents are concerned about her "unusual behavior". One option they are considering is to send her to an international boarding school in a few years. Although the separation would be hard, the training would be excellent and Juanita would quickly learn to like the new school and make friends. In the meantime, Esther is home-schooling Juanita.

Two weeks ago Esther approached a male friend of the family to discuss some of the pressures she was experiencing. She has put on weight, feels ineffective as a mother, and is especially concerned that Juanita is overdependent on her. Esther has started to drink a small glass of wine when her husband is not home to help relax before she goes to bed.

Questions for Discussion

1. What stresses are going on for the Bonita family? Consider this in terms of some of the ten CHOPS stressors.

2. Where is the focus of the problem? Keep in mind the various levels of the mission system--individual, family, team, department, office center, region, and organization.

3. What recommendations would you make? Try to answer this in terms of the member care approaches of prevention, development, support, and restoration.

4. Further issues to probe:

*a. Juanita--How do you understand Juanita's school tantrums, bruises, her relationship with her siblings, and aggressiveness with peers? Are these her main struggles or do they reflect more basic, underlying needs?

- *b. Eduardo--What do you think of Eduardo's shyness, invisible friend, and teasing Juanita? Are these signs of problems or normal developmental experiences?
- *c. Carlos--What about Carlos' travel schedule, family time, and relationship with his wife? Try to identify some of his feelings.
- *d. Esther--How do you see Esther's "dependency" concerns, use of wine, and work involvements? Is she experiencing normal levels of stress?
- *e. Organization--Which member care services should the sponsoring NGO be responsible to provide this family? How might the overall organizational ethos affect the family's life and adjustment?
- *f. What other information do you need to better understand this family?

5. How could you use the CHOPS model to identify stressors and resources for you and your organization?

Michèle and Kelly O'Donnell, Missionary Care (1992), pp. 120-122

Wounded People Wound People: Helping Ourselves and Colleagues

How can we help those who struggle with problems which significantly interfere with their work and lives, plus the work and lives of their colleagues? Let's begin with a collection of perspectives which I have gleaned over the years from folks such as Larry Crabb, Scott Peck, Sandra Wilson, Arch Hart, James Beck, Greg Livingstone, and Bruce Narramore.

Some Perspectives

We often pretend to experience in this life what we can only experience in heaven. But the happy experience just doesn't last. We still ache. Yet the aching soul is not evidence of emotional problems, but a sign of our facing reality. We long to be clothed in the immortal, to be fully adopted as children of God, as St. Paul says. Yet unable or unwilling to bear the pain of our inner fragmentation, we can try to stimulate or sedate ourselves in order to avoid feeling the dreadful reality. We may become "addicted" (from the Latin *addicene* which means to surrender to something) as a means of coping. Our will becomes "nailed" to a desire, experience, person, substance, etc. which we use to help us feel better about ourselves.

Behind many of our inner struggles is the attempt to deny who we really are, and the attempt to be something that we are not. Personal problems usually stem from our attempts to escape from legitimate suffering. Counseling, even Christian counseling, can only go so far. Its many positive effects may be overstated/oversold. Even after good counseling we are still left with a deep longing for wholeness and a desire to be clothed with that which will never fade.

For some folks though, struggles began so early in their development and/or have become so deep that one will be sidelined/unsuitable from the frontlines of cross-cultural work. It is hard

to play God and decide who can or cannot do such work. And it is hard to discern at times what a person's motivations--or psychological agendas--might really be. We all have such agendas, which get intertwined with the more Biblical one in which the "love of Christ" is the constraining motivation.

For some it is like having emotional polio. They may be painfully aware of it and its limitations. For others, though, they may live in denial--denial of their weakness and wrongness (either one usually involves sin--defined as "missing the mark"). And it is usually this latter group of folks whose distress and disability really interfere with the lives of others. We should not be surprised when we encounter such problems, and certainly not surprised when even "healthy(ier)" colleagues become ugly, sinful, or judgmental. Expect it. Wounded people will wound people. Even if one does not have a significant life-controlling addiction or a severe character disorder. So in a real sense we are all "problem" people.

Helping Those with Problems

But how do we help those who struggle with the more serious types of problems like character disorders (ongoing, pervasive, maladaptive patterns) and addictions (e.g., sexual, work, eating, exercise, TV, and substances like alcohol and coffee--yes, coffee!). Here is a grid to help sending organizations as they discuss the issues and develop plans to help.

- 1. Identify the types of problems that significantly affect us and our staff. Let's begin by briefly describing/listing a few representative cases. Like: financial mismanagement with lying (embezzlement), child fondling, pornography addiction, abusive leadership from not just someone who lacks interpersonal skills but someone who is grandiose and highly narcissistic, and the person whose sense of self is so fragile that he/she frequently becomes emotionally volatile and under stress usually sees others as being either all good or all bad.

So what is really happening out there? And how is it affecting you? Are these just infrequent annoying situations, or are they happening often?

- 2. Develop a protocol for dealing with people who have "significant" problems. Any models to study? Be aware of scape-goating those who are simply "different" or of inappropriately blaming others. Consider these three "S's"--screening, support, separation.

a. Screening--How to recognize people with significant struggles (refer to my "Screening for Workers" and "Seven "C's" for the Seven Seas" handouts). Candidates these days have some very different characteristics from their predecessors--boosters/boomers/busters/Generation X qualities--as well as characteristics resulting from "bruised" backgrounds (family dysfunction, abuse/neglect). These characteristics vary by culture/nation, of course. How can we screen for these problems, and refer people for more help? What types of places are available for "more help" in the nations where we work/live?

b. Support--How to help those who are part of the organization and who want to keep working. Accountability, a support group, and counseling are usually needed. When do we mandate counseling? Should we try to run a support group in a field location? Most professionals would say that people with significant struggles do not belong on the frontlines as they deplete others' energy and time and thus distract them from their primary objectives. Is this always true? Is it better to redeploy them in the home office? What is the place of agape love and Christian community in light of such problems? Or is our cross-cultural work so specialized that such community/agape is best handled in another setting? Or could we develop some type

of help center/setting on the field where people can get help plus actively participate in the work?

c. Separation--How to identify the conditions in which we ask a person to leave the work/organization for the purposes of restoration--to get help and/or discipline. Do you know of cases where this has worked? What can we learn from such cases? How can we prevent just "kicking" people out, or their simply just moving on?

Final Thoughts

I believe each sending organization, field base, and even team has a responsibility to develop guidelines for each of the areas mentioned above. And I think it would be good to also put into place an organizational review process in order to monitor how a group is doing in these areas. How are we helping people in our organizations, our colleagues on the field, and ourselves, when personal problems such as addictive behavior or character problems significantly disrupt our lives? 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.

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Job Feedback Form

The purpose of this form is to help you look at how your overall team/department is doing. It is intended to stimulate mutual feedback between you and your supervisor/leader and between group members when done as a joint exercise. Your assessment will hopefully lead to constructive changes for you and your work

Directions: Use the five point scale below to rate the following 15 areas. Feel free to make additional comments for any of the items.

1-----2-----3-----4-----5
Strongly Disagree Basically Agree Strongly Agree

1. The objectives of my team/department are clear to me.

Rating _____ Comments:

2. The objectives were formed with ample discussion (and prayer, if in a religious setting).

Rating _____ Comments:

3. I am involved in the decision making process in my work area.

Rating _____ Comments:

4. We meet often enough as a group.

Rating_____Comments:

5. There is a good sense of team spirit in our work.

Rating_____Comments:

6. The communication process is adequate within our group.

Rating_____Comments:

7. I understand what is expected of me.

Rating_____Comments:

8. I receive timely and sufficient feedback on my work.

Rating_____Comments:

9. I feel respected and encouraged by my leader/supervisor.

Rating_____Comments:

10. I feel encouraged and respected by my colleagues.

Rating_____Comments:

11. I regularly try to encourage and support my colleagues.

Rating_____Comments:

12. My communication with my leader/supervisor is adequate.

Rating_____Comments:

13. I have sufficient time to fulfil my responsibilities.

Rating_____Comments:

14. I am growing as a person as a result of my work involvement.

Rating_____Comments:

15. Overall I am satisfied with and enjoy my work.

Rating_____Comments:

- Your overall rating (total divided by 15):
- The composite score for your group (total scores divided by 15 then divided by the number of people in the group):

- Please make any additional comments on the following areas:

a. ways to improve the work we do

b. ways to work better as a team

c. personal areas/struggles for me that affect my work

d. any additional concerns or suggestions

Thank you for completing this feedback form!

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Crisis Intervention and Contingency Management

Workers who serve in cross-cultural settings are subject to a variety of stressors, many of which can be extreme. Natural disasters, wars, sudden relocation, imprisonment, and sickness are but a few of the examples. Agencies that send their people into potentially adverse situations have an ethical responsibility to do all they can to prepare and support them. Here are four steps to help organizations better prepare for and manage crisis situations. Note that each step involves three levels of responsibility--individual, organizational, and outside consultants--and that the steps overlap.

Crisis and Contingency Management--A Grid

Step 1--Preparation

- *Contingency plans*--for individuals, families, teams, agencies, regions

Risk management--monitoring at-risk zones

Forming plans--hostage situations, natural disasters, evacuation, assault, moral failure

Estate planning--writing a will, organizing and safeguarding important documents, etc.

- *Stress training*--to develop coping skills via *in vivo* experiences (e.g., firearms, emergency rooms at hospitals) and simulation exercises, case studies, teaching, personal examples/reflections
- *Prefield and field orientation*--security guidelines, do's and don'ts, adjustment helps

Step 2--Staying Alive

- *Using survival skills to stay alive, healthy, and sane*--to manage oneself, resources, and relationships
- *Crisis management teams*--to monitor and make decisions during the crisis
- *Human rights advocacy*--to use moral, legal, and political pressure

Step 3--Crisis Intervention

- *Practical help to stabilize/protect*--ensure safety, and provide food, shelter, money
- *Critical incident stress debriefing*--express thoughts and feelings related to the crisis

- *Brief supportive counseling*--as needed for those affected by the critical incident(s)

Step 4--Aftercare

- *Therapy/counseling*--help with anxiety/PTSD and other adjustment problems
- *Organizational review*--evaluate the causes, interventions, results/lessons of the crisis
- *Follow-up*--contact those affected, implement suggested changes

Some Suggested Articles

- Crisis Intervention in the Community, by Laura Mae Gardner--*Missionary Care*, chapt. 10
- Trauma and Post-Traumatic Stress Disorder, by Karen Carr--*EMQ*, 7/94
- Guidelines for Crisis and Contingency Management, by Stephen Goode--*IJFM*, 10/95
- When and How Should We Evacuate Our People? by Robert Klamser--*EMQ*, 1/92

How To Use These Materials

- Read through and discuss these materials within your respective agencies and settings. Do not just scan them and file them!
- Take time to identify the types of crises your people are likely to face; identify some acceptable approaches to handling crises, providing care, and follow-up; identify available resources to help.
- Review one or two crisis situations you have already had, discussing what was done well, what could have been done better, and the implications of this past experience for future situations.
- As a group exercise, discuss the "crisis intervention" scenarios at the end of Stephen Goode's article.
- For more information, consult the reference sections at the end of the articles listed above.

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Principles of Crisis Intervention

A crisis is a time-limited event that demands a response or some sort of intervention. It is usually temporary, accompanied by mental or cognitive uncertainty, disequilibrium, perhaps even immobilizing some of the participants, causing paralysis of thought and will (Laura Mae Gardner, "Crisis Intervention in the Community", p. 137 in Missionary Care).

Some Do's and Dont's for Helpers

- 1. Stay as calm as possible. Distinguish (in your own mind) between minor problems vs. actual crises, and the severity and duration of these. Make sure the person is out of physical danger. Are drugs and any medication involved? Should you receive information or help from any one else to help assess and provide immediate care? Who else could be affected in this situation?
- 2. Be realistically supportive through active listening, reflecting back what you hear, and letting the person freely express both positive and negative feelings, without evaluation or criticism.
- 3. Normalize the person's reactions if possible--in as much as you sense it is a normal reaction to an abnormal situation. Reassure them that their feelings are manageable and they are not going crazy.
- 4. Help the person define the problem as they see it. Redefine it for them in manageable bits (if relevant--may need to just listen and offer support if someone has been traumatized significantly). Start with those aspects that can be worked on most directly or immediately. Is it possible to help the person see the problem in a new light? Explore with the person what they have done to get help and what has helped work through similar problems in the past. Define some alternative coping mechanisms. Pay attention to personal strengths. Reinforce with verbal feedback any appropriate coping mechanisms and helpful decisions he/she made in the current crisis.
- 5. Help the person make connections between other stressful events in their life and the present crisis/symptoms. What precipitated the problem? Are there any eating, sleeping, health, or weight changes/difficulties? Any previous psychiatric treatment? Describe to the person how you understand

the problem and any connections between the current situation and patterns or previous events in his/her life. Any symbolic links with things in the past?

- 6. Let the person know the limits of confidentiality (usually danger to self, others, elder or child abuse, and in some settings any problem that significantly incapacitates the person or compromises the integrity of the organization, such as moral failure, severe marital conflict, and major depression). Assess suicide or homicide potentiality by asking "SALSH" questions concerning: (specificity of any plan, availability of method chosen, lethality, significant others present to support the person, and history of such behavior).
- 7. Remember that being directive at times (in addition to and following active listening) can be very supportive when someone is feeling out of control.
- 8. Help the person identify sources of support within his/her social world, and discuss how to use these.
- 9. Encourage the person to choose among the alternatives and to set manageable goals. Refocus on the person's responsibility for decisions and behavior.
- 10. Direct the person to act on his/her choices. Set up a contract, role-play future situations, and advise them of the consequences of not doing anything, if necessary.
- 11. Follow up by phone or visit within a few hours to a few days, depending on the severity of the crisis. Exchange names, phone numbers, and addresses.
- 12. Do not hesitate to consult with someone else or refer if necessary (respecting confidentiality).
- 13. Document what you do, and reasons for your decisions.
- 14. Debrief and reflect on what has just transpired, your own reactions, and how you handled the situation. Perhaps do this with a friend or on your own.
- 15. Include prayer, Scripture, and add the ingredients of your compassion and personal stability.

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Reentry Preparation

Returning to your home country can be an exciting and enriching experience! Whether your return is for a brief period of time, such as for furlough, or possibly permanently, adequate preparation is needed to get the most out of your life back home.

Preparation requires taking a close look at four areas: 1) who you are as a person, 2) how you and your home culture may have changed, 3) your plans and goals when you are at home, and 4) your strategies for adjustment.

The reentry process can be a bit like culture shock, in that you are called to meet basic needs in different and sometimes unfamiliar ways. Much of the stress experienced is brought on by returning to a setting--which includes family, friends, and work--that is presumed to be familiar to the individual. Often it is the unexpected nature and the subtlety of these changes that creates the greatest amount of stress.

In short, your way of thinking and doing things has changed. Sometimes it takes readjusting to your home culture to shed light on the nature of these changes.

Some common struggles during reentry include feeling disoriented and out of place, disillusionment, irritation with others and certain aspects of the culture, feelings of loneliness or isolation, and depression. On the other hand, reentry can be a very positive experience, with minimal adjustment struggles. So do not let this list of struggles overwhelm you. Just be aware of them and prepare!

As you make preparations to return to your home country, we encourage you to reflect on a promise: " I will not in any way fail you nor give you up nor leave you without support. I will not, I will not, I will not in any degree leave you helpless, nor forsake nor let you down. Assuredly not!" (Heb.13:15, Amplified).

Reentry Assessment

Several factors typically influence the adjustment process of workers returning to their home country. These factors involve your relationship with both the host culture and your original home culture, as well as some of your individual characteristics.

Respond to each of the 15 items on this worksheet to help you explore what reentry might be like for you. You might also want to do this exercise with/for other family members.

Host Country

1. How long have you been away from your home country? Where have you lived since then?
2. In what ways have you identified with the host culture? (Language, customs, values, beliefs, dress, etc.)
3. In what ways are the host culture and your home country similar and dissimilar? (climate, geography, language, religion, standard of living, politics, customs, etc.)
4. How fulfilled do you feel in your work and overall experience? What has it been like for you?
5. What do you think it will be like to be away from the host culture? (saying goodbye to friends and places, stopping work)

Worker Characteristics

6. Describe your physical health, including stamina, nutrition, eating habits, medical problems, stress levels, and exercise.
7. Identify a few personal qualities that may help or hinder your adjustment back home. Discuss these with a trusted friend.
8. Have you or a friend noticed any important changes in how you think or behave since living in the host culture? List them.
9. Describe any other important transitions that you or a family member are going through (recent marriage, child birth, children leaving home, entering mid-life or retirement, deaths)
10. In what ways have you practically prepared for your return to your country of origin?

Home Culture

11. How long will you be staying in your country of origin? List a few things that you think have changed for your family, friends, and home country. How might these impact you?

12. Describe the primary purposes/expectations for your return.

13. What have any previous reentry experiences been like? How can these past experiences help your upcoming reentry time?

14. To what extent have you stayed updated on events and changes back home? (via reading, news, letters, phone calls, email, etc.).

15. Describe the type of support groups you have back home for you (family, friends, work). How could they help you? With whom could you comfortably discuss your reentry experience?

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Going Global:

A Member Care Model for Best Practice

Kelly O'Donnell (Evangelical Missions Quarterly, 1/2001)

Building Resilient Teams--The CACTUS Kit

Kelly O'Donnell (Evangelical Missions Quarterly 1/99)

There are three sure ways to undermine a team--or a family. In a phrase--don't talk, don't share feelings, and don't trust.

Every struggling team that I have worked with has had the above three "don'ts" in common. In each case there was the clear absence of a regular, acceptable forum for dealing with concerns about team relationships and tasks. This observation fits well with the research on missionary adjustment too--where one of the greatest stressors is confronting one another when necessary (Gish 1983). It just seems so challenging to work through our differences!

Dealing With Differences

Everyone wins when we practice Biblical reconciliation (Matthew 5: 22-26; 18:15-22). For me the essence of sorting out our differences involves "care-fronting": "We care about our

relationship and about the issues, so we honestly confront each other to work it out" (Augsburger, 1981; Palmer, 1991). In certain cross-cultural situations, however, more indirect approaches to conflict resolution are appropriate, such as using a mediator to talk on your behalf (Augsburger, 1992; Elmer, 1993).

Working through differences can stir up an uncomfortable feeling of being "all bad", or "all wrong"--sometimes a reminder of similar feelings from our childhood. Differences can also evoke an underlying struggle for control and power within the relationship. When coupled with our basic human insecurity, the result can be a steady regression of distancing ourselves from each other--labeling "differentness" as deviance, relational discord, destructive comments and behaviors, personal and group despair, and eventually team dissolution. Hearts break, groups split, and a multitude of sins covers love (Livingstone, 1993, p.115). No doubt this process has influenced the emergence of the over 20,000 separate Christian denominations/churches over the last two millennia (Barrett, 1982, p. 34)!

What else can undermine a team? Katzenbach and Smith (1993) say: a reluctance to think precisely about the nature of a "true" team. Just like teams in the business world, not every mission "team" is actually a team. For these researchers, true teams involve certain basics: "a small number of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they hold themselves mutually accountable (p. 45)". The most successful teams are committed to developing these team basics, plus have a high commitment to one another's success and embrace a "demanding performance challenge" that inspires team members. In what way is your team life characterized by the above?

Help from the Cactus

During my youth I used to roam the hills around our home in Southern California. One of my favorite imaginary games was to fight the masses of entrenched cacti, using a stick as my saber. Yet no matter how many jabs I made, or pieces I cut off, I could just not defeat this plant. It was just too well-suited for the dry, desert-like environment: with its protective waxy coating to keep precious fluids within, and its annoying sharp prickles to keep predators without. It was, in fact, very resilient.

Missionary teams can learn from the cactus. This is especially true for those that live in harsh environments--e.g., with limited supportive resources, political instability, poverty, social opposition. Like the cactus, they must find ways to become resilient--to maintain the life of the team within (relationships) while maintaining its focus in the midst of challenges from without (tasks). Resiliency though is neither automatic nor quickly obtained. Rather we "grow into" resiliency, through the various stages of team life (Love, 1996).

The Core and Care of Cactus

I routinely advise teams to have a special team building time, in addition to their usual meetings, about once every two months. The focus is on strengthening one or more of four basic team dimensions: relationships (connecting with and seeing each other in new ways), task (discussing and planning work-related strategies), spiritual (worshipping and praying together), and ethos (looking at *how* the team relates and works together--e.g., expectations for intimacy and work styles). Team building works best when four "P's" in place: a point of focus that is clear and concisely derived, participation by all from the heart, a person with good facilitating skills, and a sense of the Lord's presence.

I like to supplement the more familiar "SET" tools (standard Evangelical team tools--like discussions and prayer times), with some more novel ones. Several examples are described in this article, such as creative drawing, trust walks, and role playing (see also Jones and Jones, 1995; O'Donnell, 1992). Self-disclosure, active listening, and cooperation are required. Most team members appreciate the opportunity to learn more from each other and grow together.

Let's look now at eight core characteristics of resilient teams (summarized by the acronym CCACTUSS), along with some tools for team care. These characteristics/tools are derived from research on strong families and healthy teams, along with my consultation experience. Hence the material can apply as much to family life as it does to team life. Shelby Harrison's article, "Healthy Families and Missions" (1990), was especially helpful in my initial development of the "CACTUS Kit".

Core Characteristics of Resilient Teams

Coping Ability

Commitment

Appreciation

Communication

Time Together

Understanding

Structure

Spiritual Wellness

Coping Ability--Perseverance and inner strength mark the resilient team. Challenges are seen as opportunities to grow. Members believe the best in each other in spite of weaknesses, and recall the many examples of endurance and success in the past. They work through communication impasses and try alternative approaches to work when necessary. They also minimize distractions to stay focused on their work, and regularly use resources outside of the team for ongoing training and coaching (Lewis and Lewis, 1992; Harrison, 1997).

Care Tools

wSuccesses. Successful team performance breeds team cohesion. Review two work challenges the team faced and overcame over the last few months. Try using the CHOPS inventory--a brief stress assessment tool--to identify struggles, and coping strategies (see O'Donnell and O'Donnell, 1995). In addition, define ongoing/upcoming challenges in manageable ways so as to see your progress (e.g., learning 20 new phrases this week vs becoming fluent).

wStrengths/Weaknesses. Draw a picture of your perception of the team's greatest coping strength, and also a picture of its greatest weakness. Write a title and a caption, and then discuss these as a group.

Commitment--Aim at everything and you'll hit nothing. Resilient teams have specific goals, clear ministry strategies, and defined relationships into which they invest themselves. Members are resolutely dedicated to each others' well-being and to accomplishing the team's purpose. Members feel like they belong to and can influence their group. The goals of the team are highly valued and prioritized, yet with due regard for members' responsibilities to family, friends, the local community, and other groups.

Care Tools

wGood Team Bad Team. Identify a team you were on that was successful, and one that was not successful. Describe each team in terms of the four team dimensions mentioned above--relationships, task, spiritual, ethos. How does your previous experience influence the type of team that you are part of now?

wMutual Accountability. Do you have a team agreement/guidelines that are in writing? Planned feedback/performance appraisals? Review these as a group and have people give some input about their content. This can help to build mutual accountability, which is so important for encouragement and better performance.

Appreciation--Team members have planned and spontaneous times when they express their appreciation for each other. Thanking one-another and acknowledging each other's contributions add much to group cohesion. Like each of these eight team characteristics, appreciation is both an attitude and a behavior. So cultivate both! Children are part of teams too, so be sure to include them when handing out encouragement.

Care Tools

wSurprises. Surprise people by sending a "get-well" card to someone sick, or invite someone over for a beverage or meal. Celebrate the anniversary of someone's arrival to the field, joining the organization, or a recent accomplishment. Appreciation is also expressed by offering comfort and a listening ear during hard times.

wService. Following Richard Foster's suggestion (1978, p. 122) chose a simple way that you can help someone each day, and encourage him/her with your service. Maybe even do it anonymously. This can be more challenging than you think!

Communication--Members of strong teams have good communication skills, including conflict resolution. They listen well and can empathize by reflecting back what they hear and validate others' feelings. They value self-awareness--taking time to step back and reflect in order to step forward and connect with others. Genuine efforts are made to explore and relate together in culturally-sensitive ways. There are also clear written and verbal channels for exchanging information and updates about life and work.

Care Tools

wListening Skills. Divide into pairs, and spend five minutes listening to your partner describe something important to him/her. Briefly summarize what you heard. Then change roles. Conclude by asking each other a few questions about what was shared.

wCommunication Check. Identify the main sources of communication within your group. Who are the information brokers? Who communicates the most/least? What languages are used? What content areas of communication are needed? Identify a situation when communication did not flow well. How could you improve the communication links? Try drawing a communication flow chart.

Time Together---Teams need quality time together--a great quantity of it. This is especially true during significant transitions: when teams regroup with new members, during crisis situations, or during the early stages of team life. Two complimentary adages are: know God and make Him known, and know and be known by others. Intimacy with a few members but congeniality with all, is a reasonable goal. Resiliency also results from periodically having "fun" times together--simply enjoying one another's company--plus from building mutually supportive friendships with nationals.

Care Tools

wBuilding Trust. Trust is deepened by shared experiences over time. It is earned, not assumed. Identify those whom you spend the most/least time with on your team. Try doing a "trust walk" with someone you do not know too well--one person is blindfolded and is led around for five minutes, roles are reversed, and then the experience is discussed.

wTeam Relationships. Becky Lewis with Frontiers describes four types of relationships on teams: kindred spirits (like Ruth/Naomi, David/Jonathan), colleagues (friendly/compatible yet not so intimate), enigmas (mysterious people you do not understand), and irritants (people you frankly do not like). Discuss these four categories in light of some stimulating comments on friendship, such as from Ecclesiasticus chapter 6 (apocryphal Jewish wisdom literature). Try doing something mutually enjoyable with the enigma and irritant. We can change relationship categories--hopefully for the better--easier than we think!

Understanding--Henri Nouwen observed that one of life's hardest realities is that "love and wounds are never separated". Healthy teams will experience tensions and hurts. There are times when our darker sides will emerge. And there are times when our just being different will create friction. To lessen the impact, team members look at their different "styles" and preferences: personality, leadership, decision making, learning, work, communication, and spirituality. Focus is more on "fitting together" than on identifying someone's weaknesses. Team members thus try to genuinely understand and accept one other's "way of being", while also being free to speak into each other's lives. Rounding things off is the practice of receiving and offering forgiveness--for me the *sine qua non* of team relational health.

Care Tools

wRelationship Principles. Look at the book of Proverbs as a group, and identify 10-20 proverbs to guide your team interactions and conflict resolution. Write these down. Are they trans-cultural principles? How might they be applied by team members from different cultures? Also helpful is identifying several of the "one another" verses in the New Testament (such as encouraging one another each day, Heb. 3:13).

wCross-Cultural Preferences. Discuss Sandra Mackin's article (1992) "Multinational Teams", relating it to the types of leadership, structures, decision making, relationships, etc. that you have/want on the team. Make sure everyone has a chance to talk and explain how one's background influences his/her practices/preferences. Relate these to norms in the host culture.

Structure--Resiliency requires regimen: clear roles for leaders and other members, well-defined decision making methods, agreed-upon accountability and conflict resolution guidelines, and in many cases a written agreement or "memo of understanding". Everyone has designated and chosen responsibilities, so people know how they fit and where they belong. Structure thus brings a sense of security. Structural issues are especially important for multinational teams where different expectations--spoken and unspoken--must be clarified and harmonized over time (see Cho and Greenlee, 1995; Roembke, 1998).

Care Tools

wTeam Trees. Draw a picture of a tree which represents your team. It may be abstract, realistic, or impressionistic. Place the team members in and around the tree. Afterwards, discuss your drawings. What do the drawings say about perceptions of the team structure and function--who are the closest, most influential, what roles are represented, etc? Ask each other a few questions, then hang your trees on the wall for a few days to create a "team orchard". This is also a good way at exploring the team "ethos".

w Conflict Protocols. What guidelines are in place for resolving differences and conflict? Review or possibly even role play how the team handled a recent conflict. List a few things you did right and a few things you could have improved. Were the conflict guidelines followed? Do they need to be adjusted?

Spiritual Wellness--Human beings are not human beings. God calls us for relationship with Himself (I Cor. 1:9) as well as creates us for specific tasks (Eph. 2:10). Spiritual health is the foundation for team resiliency. It develops during the ups and downs of team life, as members "clothe themselves in humility" (I Peter 5:5) and seek God together through "PACTS"--proclamation of His character, adoration, confession of our faults, thanksgiving, and supplication for needs.

Care Tools

wReading Together. Read a devotional book together, such as one on developing character through difficult circumstances. A good example is Joyce Huggett's (1997) *Formed by the Desert*.

wBearing Burdens. There is an Uzbek proverb which says "A bitter truth is better than a sweet lie." And Proverbs 14:8 states that "The way of the prudent is to understand one's way, but the folly of fools is deceit." On a scale of 1-10, how open can you be with each other? Talk about how you want to share and pray about your individual and team burdens (Gal. 6:1).

Final Thoughts

Developing resilient teams is much like developing resilient families. It takes lots of wisdom, attention, perseverance, and often "seasons of sacrifice" to make them work (Prv. 24:3,4). Every team gets stuck at times, and requires care to get back on track. This CACTUS kit can help. Review it periodically, using some of the suggested tools, to strengthen your team. Elton Trueblood is right: 'What is most rewarding is doing something that really matters with congenial colleagues who share with us the firm conviction that it needs to be done.'

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Developing Member Care Affiliations

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(based on an article in the *Journal of Psychology and Theology*, Summer 1999)

How can mission organizations, sending churches, and member care groups work together to help provide the necessary "flow of care" (Pollock, 1997) for the increasing numbers of mission personnel? One important way is to form affiliations of experienced member care practitioners who are familiar with missions, who band together to intentionally develop important member care resources within a specific geographic region (e.g., North Africa), people group (e.g., tribal groups in North India), or type of ministry (e.g., trauma management). These affiliations, when set up and maintained properly, help complement the supportive resources that sending agencies are already providing (e.g., team building, crisis care, and pastoral field visits), and in many cases fill in significant member care gaps.

This article takes a closer look at a specific type of affiliation referred to by the acronym *RIMA*--Regional Interagency Member-Care Affiliations. *Rima* is a Spanish word for a "rhyme". You know you have a good rhyme when you hear it. It takes time to get the right meter and words to flow together. And you know you have a good member care affiliation when you see it function well--time also is needed to get the right mix of people and projects to flow together.

CHARACTERISTICS OF RIMAS

RIMA Personnel

What then are some of the essential ingredients of RIMAs? To begin, lots of things that begin with the letter "C". At the heart is a core group of men and women from different organizations, usually between five to 15 people. They are committed, compatible, competent colleagues with complementary skills, who sense the call of God to work together on concensually-derived, cutting-edge projects. Members of RIMAs are there because they want to be there--and yearn to be there. They need not be coaxed, but recognize the privilege, value, and often sacrificial nature of their joint work.

Most RIMAs are inclusive in their membership. They have a good representation of people from different organizations and nations, who have diverse mission and member care experience. Shifting from "C's" to "R's", members have relationships with networks of colleagues and with mission leaders; are respected for their godly character, competence, and contributions; and have

resources to help accomplish the groups goals, such as time, skills, organizational backing, and sometimes access to funding sources.

RIMAs work best when a number of their members have had a prior, trusting relationship. Going with a few "F's" now, function (working on strategic joint tasks) usually brings friends and colleagues together, but friendship and Christian fellowship will keep them together. From this foundation of friendship and function will eventually emerge a more definite form (structure) to help support the affiliation's efforts.

Finally, RIMA members need to cultivate at least four different dimensions, or roles, within their group. I call these the "meta-fours" for member care developers.

1. *Scouts*--to monitor what is happening (trends, events, needs) and report back to others in the affiliation and the mission/member care community.
2. *Scribes*--to make accurate notes and write and disseminate material about what is happening.
3. *Bards*--to inspire others, point out future directions, and eloquently retell what is happening via discussions, presentations, and training.
4. *Brokers*--to connect the right information about needs with the right people (resources) to help.

RIMA Projects

Member care affiliations, whether they focus on regions (e.g., South Asia), people groups (e.g., unreached groups in Indonesia, China), or specific ministries (e.g., trauma care), identify a number of projects in keeping with the group's goals. Each joint project usually has a coordinator, a written plan with an estimate of costs and funding sources, and an evaluation at the end. None of the RIMAs I have worked on have offered remuneration for our work, as we work as volunteers. However funds have been periodically available to cover many expenses, made possible through individual contributions, help from one's organization, and funds from outside sources.

At the heart of RIMA projects is the goal to really make a difference on behalf of mission personnel--to develop relevant resources to fill in significant regional member care gaps. The intent is to go after needs/projects that are not being fully addressed, which individuals and groups are not able to handle on their own. For Collins and Porras (1994), who write about the successful practices of visionary companies, going after large and at times audacious goals is a necessary means to stay on the cutting edge in the marketplace, provided that such goals stem from the company's core vision--its *raison d'etre*. In terms of RIMAs, this means that members must not just be content with discussing issues, sharing updates, providing mutual support, or helping each other with their organizational-related work. Rather, it means that members want to deliberately and ambitiously go after larger-scale projects that will strategically impact the mission community.

Pulling It Together

In summary, RIMAs need three things to be relevant--to flow together well, like a good rhyme. First, they need the right platform upon which to solidly base themselves. For many this means being part of (and often birthed from) an existing mission structure, such as the Association of Evangelicals in Africa, the World Evangelical Fellowship, or COMIBAM (Iberoamerican Missions Cooperation). Such associations provide credibility and resources. Second, as mentioned earlier, they require the right personnel: members with important relationships (health care networks and connections with mission leaders), respect (godly character, competence, contributions), and resources (time, skills, funding). And third, they must pursue the right projects on behalf of different groups or "levels" of mission personnel: agencies, nations, regions, and also globally. Table 1 summarizes these factors in the form of a member care "relevance grid".

Table 1
RIMA Relevance Grid for Developing Member Care

	LEVEL OF FOCUS			
	Agency	National	Regional	Global
PROJECTS (the right tasks)				
Coordinating group				
Consultations				
Centers (facilities, groups)				
Compilation of resources				
Courses/workshops				
Comprehensive study (research)				
Coalitions/networks (health care, counseling care, crisis care, children's ministries, etc.)				

^ ^ ^
^ ^ ^

PERSO

PLATFORM (the right organizational backing)

RIMAS--PRACTICALITIES AND PITFALLS

It takes a lot of work for RIMAs to reach a point of viability. In my experience, it is a three to five year process to "knit the net"--to help organize a network of basic resources within a region. It is similar to the process of building a house, described in Proverbs 24:3-4, in which wisdom, knowledge and skill are needed to establish it and fill it with precious goods.

Some people and projects start off with much enthusiasm, but then eventually fade largely due to time constraints. At times there can be relational differences and cultural misunderstandings which drain energy from projects. Different agendas and personalities can clash. There can also be different commitments to look at or go after "the bigger regional picture". A coordinator may not keep the communication flowing over time and over large geographic distances, both of which are so necessary when people live in different countries and their work is done in cyber space via electronic mail (Koster, 1994). Sometimes the coordinator gets stuck with most of the work, or there is no true accountability for the timely completion of projects, or funds are not available to do projects. The possible hindrances to RIMA viability, frankly, are legion.

But the potential gains are worth the trouble. What has helped me persevere is the support and involvement of close friends, plus a basic road map to help guide my involvement in affiliations. With regards to the latter, I am indebted to the work of Phill Butler of Interdev for his suggestions on forming strategic alliances between Christian groups in missions. I have mingled several of his ideas on forming ministry partnerships with my own thoughts for member care affiliations, and have summarized these in Table 2.

FOR EVERYTHING THERE IS A SEASON--AND A SUMMONS

The reality of living in a global society calls each of us to seriously look beyond our own national, organizational, and disciplinary borders. As Ray Fowler, the CEO of the American Psychological Association puts it, "To limit our information to developments in the United States now makes no more sense for psychologists than it does for economists, chemists, or political scientists. More than ever we are citizens of the world (1998, p. 3)". The same charge holds true for mental health professionals from other countries.

Member care likewise continues to mature and internationalize. We in this field have the dual responsibility of providing for those in our own cultures/organizations, as well as promoting cross-cultural understanding and cross-cultural cooperation to help fill in important member care gaps. This is no small task. People from other countries can see things very differently, whether it be how best to

conceptualize and resolve human problems (e.g., Zaman, 1998), or how best to form and maintain member care affiliations.

Member care workers, be they mission pastors, psychologists, or personnel directors, are encouraged "to capitalize on those aspects of their current professional life which are their greatest strengths, and to find some ways to translate those strengths into an effective contribution to the missionary endeavor (Richardson, 1988, p.6)." For some, these contributions will take the form of working as part of RIMAs and other strategic member care groups, building upon and adjusting the suggestions made in this article.

Will RIMAs become a passing trend, slated to go the way of many well-intentioned aspirations? I do not think so. The season for member care affiliations is just beginning. If the way forward to reach the unreached is to work cooperatively across organizational, cultural, and disciplinary lines, pulling our strengths, skills, and prayers together, then RIMAs are right on target. RIMAs, when carefully formed and maintained--when they are *rhymed* well--have already played, and will continue to play an important role in world evangelization.

Table 2
Guidelines For Effective Member Care Affiliations

1. Affiliations are built on friendship, trust, and mutual concerns. Function (tasks) usually bring people together but friendship keeps them together. Affiliations are spiritual entities as well as working groups, so both dimensions require attention. Prayer, worship, and sharing from Scripture are encouraged.
2. Affiliations need at least one coordinator who functions by consensus to bring the affiliation together and keep the fires burning. Coordinators are like roving ambassadors that can articulate the purposes of the affiliation, while helping to bring people and resources together. They champion the group's cause.
3. Affiliations exist in order to accomplish a specific vision and tasks. Partnership for partnership sake is a sure recipe for failure. Consensus is always involved in identifying tasks. Working together successfully on "demanding performance challenges" also helps to rally and hold the group together.
4. Affiliations have limited, achievable objectives in the beginning, and become more expansive with time. They start by identifying the most important needs and member care gaps among the people/region being served. Members endeavor to get behind not in front of the mission community in a given region (emphasizing felt needs rather than one's own agenda).
5. Affiliations are a process, not an event. They may be birthed via a conference/special event, but they take time to form and reach viability. Lots of behind the scenes relationship-building, exploratory meetings, and trust development occur before the groups are launched. They are even more challenging to maintain than to start. Making sure the vision stays alive, the focus clear, communications good, and outcomes relevant takes effort and long-term commitment--and not just from the coordinator!
6. Affiliations are made up of members with different backgrounds and skills. They have relationships with mission leaders and networks, are respected, and have access to important resources. Inclusion, interdependency, and cooperation are core values, hence other groups and individuals are invited to participate on projects.
7. Affiliations acknowledge, even celebrate, the differences in their members' backgrounds. They focus on a common vision and values to help fulfill the group's objectives. Members feel that they truly belong and can influence the group. People and

groups participate because they want to be there and want to work together--there is a high level of ownership and participation.

8. Affiliations remain focused on their ultimate goals or vision and are not overly distracted by day to day operational demands. Practical jobs are needed to be done, and members often function in clerical roles. But nonetheless, the end product is kept in mind to guide and inspire. Mutual accountability is essential to make sure that plans are carried out in a timely fashion.

9. Affiliations do not come free. Personal finances at first may be needed as well as funds from one's mission organization/church. Ultimately, outside funding, especially for larger projects, is needed.

10. Affiliations expect problems and plan ahead for them. They have an agreed-upon protocol for handling differing expectations, disappointments, and friction.

(Adapted from "16 Key Partnership Principles", by Phill Butler, *Evangelical Missions Quarterly*, 31, 409, 410.)
