

# ***Ethne to Ethne Member Care***

## **Member Care Working Group—Ethne06, March 2006**

Welcome to our Working Group and discussions on member care and UPGs. May the Lord guide us as we seek to glorify Him and share His salvation among all the peoples of the world. Our hearts are filled with praise to the Lord, and we join the believers throughout the centuries and proclaim:

*Laus tibi Jesu Christe! Laudate omnes gentes!*

### **Our Purpose:**

We want to discuss, envision, and discern ways to provide and develop (*provelop*) member care resources, on behalf of mission/aid workers who are serving among UPGs. What structures, approaches, and issues do we need to consider, to help these workers remain healthy and effective? We have included a number of core handouts for background and concepts to help us work together.

Many blessings to you and through you,

Kelly O'Donnell, Pramila Rajendran, Beram Kumar

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### **Some Guiding Perspectives:**

There is a purpose to human history, and that there will be a conclusion to this age. God is actively involved in history to redeem people from every nation, people, and language (Revelation 5:9,10). It is an “ethne to ethne” strategy, in which believers from different people groups reach out to other people groups, until “all of the earth is filled with the knowledge of the glory of the Lord.” The vision is thus for all ethnic groups to be involved in *cross-ethne* mission.

Member care is a service ministry which supports this historical and biblical vision. As an international movement of “reflective practitioners”, the member care community is committed to helping mission workers develop the personal qualities and life skills necessary to work effectively. And this includes mission workers from *all* ethne.

Now let's consider an amazing corollary to this commitment: I would like to suggest that this also means that we are committed to seeing quality member care workers (MCWS) from *all* ethne raised up and trained, including those within/from the A4 regions (Africa, Asia, Arabic-Turkic, and America-Latina). And these MCWs work both within their own cultures *and* cross-culturally. So the focus is both on supporting mission workers, and training others from various cultures to be quality care providers. **Member care, then, is also very much an “ethne to ethne” strategy.**

*Ethne to ethne member care* (E2MC) though is very challenging. What will help facilitate an E2MC movement? It will be important to set up opportunities for colleagues from different cultures to interact with each other (forums, conferences, writing, networks etc.). It will also be important for colleagues with member care training/experience in different cultures/countries, to help facilitate learning and practice as “multicultural bridges”. Multi-cultural Southerners/Easterners who have sojourned for extended periods to the North/West and vice versa, will definitely play key roles. Such multi-cultural learning is a core part of *proveloping* member care well. And it is a two-way street!

E2MC requires the best of our conceptual thinking and research skills, extensive practical experience; a commitment to use transcultural principles (concepts common across cultures, especially ethnic and organisational “cultures”); and lots of personal connections and ongoing relationships with colleagues. Said another way, we as a member care field are heading increasingly towards the reality of “boundaries without borders”—that is we are aware of our personal cultural/disciplinary identities and member care competencies (boundaries) as we intentionally work with those having different geographic/ethnic identities and member care concepts (borders). E2MC challenges us to grow *deeply as persons* as we go *broadly as practitioners* to all peoples.

## **Some Historical Perspectives on Member Care**

*Kelly O'Donnell*

Over the last 20 years, a special ministry, really a movement, has developed around the world which is called *member care*. At the core of member care is a commitment to provide ongoing, supportive resources to further develop mission/aid personnel. Sending organisations and churches, colleagues and friends, and specialist providers are key sources of such care. Several conferences and special training symposia, for example, have taken place over the last 10 years in countries like India, Singapore, Malaysia, Indonesia, Hong Kong, The Philippines, Korea, Ivory Coast, Cameroon, Nigeria, Cyprus, Germany, The Netherlands, Brasil, El Salvador, Canada, USA, New Zealand, and Australia. Member care has truly become international, plus a core part of mission/aid strategy!

The member care ministry and movement, as you may know, did not develop easily. It was often through crises, mistakes, and failure that we began to realise that Christian workers needed quality support in order to help them in their challenging tasks. At first many of us thought that we were being unspiritual or weak, and not trusting the Lord enough. But we were overlooking our own *humanness*, sometimes trying to be something that we were not created or called to be. We began to realise our Biblical need for one another—as seen in the dozens of “one another” verses in the New Testament (e.g., Hebrews 3:13; I John 4:7,8). We began to understand that the issue was not so much our having a lack of faith, but rather our need to clearly see God’s plan and His provision of care.

I remember how much I myself needed better training and support during my first cross-cultural ministry trip (30 years ago!). I was a young, enthusiastic believer of 19. What joy I felt when I heard that I could join a short-term team to work with a tribal group in the mountains of southern Mexico. It was a mixed experience for me, as can be many mission experiences for people. Not surprisingly I got sick with stomach problems (unclean water), confused by the language (a different dialect of Spanish was used), and was often cold (did not bring the right jacket), tired (from the high altitude and reduced oxygen), and hungry (little food available in this poor area). By the time I returned to my home country, I was not very excited about doing mission work again. God used me nonetheless, but some of my struggles, as I think about it now, could have been easily prevented.

Member care, I have learned, is not about creating a comfortable lifestyle. Nor is it about trusting people instead of trusting the Lord. Rather, it is about further developing the resiliency and godliness to do our work well. We want to *balance* the realistic demands of suffering and sacrifice with the realistic needs for support and nurture in our lives. We can pray for stronger backs to endure, yet at times we must also find ways to lighten the load of ourselves and our colleagues. The call to take up our cross daily is also understood in light of the fact that we are to support each other as we bear our crosses together. And in light of the reminder from the Lord to come to Him for refreshment, as His yoke is easy and His burden is light.

Finally, let me say that the same discipline that Paul said is needed to “run to win”(I Corinthians 9:24-27) is also needed so that we can “rest to win” (Matthew 11:25-30). Think of member care then as a type of discipline. It is a personal, community, and Biblical practice—an *intentional* practice—to help renew us and remain resilient. May the Lord help all of us as we both run to win and rest to win!

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### **Reflection and Discussion:**

- Define member care in one sentence, in your heart language
- Identify a couple ideas in this brief piece that are relevant for your life and work
- Recall a time when you needed member care and a time when you provided member care

## **Member Care Trends: Flows and Flaws**

*Kelly O'Donnell 11/05 update*

*The providence of God has led us all into a new world of opportunity, danger, and duty. Edinburgh, 1910*

*Human progress is not inevitable; it comes from the tireless efforts of people willing to be co-workers with God, and without this hard work, time becomes an ally of social stagnation. Martin Luther King, Jr., 1963*

Member care can be defined as the ongoing investment of resources by sending groups, service organisations, and workers themselves, for the nurture and development of personnel. It focuses on every member of the organisation, including children and home office staff. A core part of member care is the supportive, mutual care that workers provide each other. It is a “two-way” street: we receive and we give. Connecting with resources and people in the local/host community is also key.

Member care seeks to implement an adequate flow of care from recruitment through retirement. The goal is to develop resilience, skills, and virtue, which are key to helping personnel stay healthy and effective in their work. Member care thus involves both developing inner resources (e.g., perseverance, stress tolerance) and providing external resources (e.g., team building, logistical support, skill training).

In member care we are committed to value staff as *humans with intrinsic worth*, and not just *resources with strategic worth*. We are also committed to the integrity of the organization and its purposes in addition to the well-being of staff and their needs. Further, we provide quality services to staff and we expect quality services from them.

Anointed and Spirit-led *planning*, rather than chance, has characterised the development of the international field of member care. Psalm 46:4 says “There is a river whose streams make glad the city of God, the dwelling place of the Most High.” Here is a list of several such streams—*anointed intentional flows*—that are shaping the member care field and encouraging mission/aid personnel around the world. (see Introduction to *DMCW*)

### **1. Flow of Culture** (organisational/community *ethos* which *embraces* member care)

- Member care is Biblical (Prv 27:23,24; Heb 3:13). Best practice codes to manage/support staff.
- *DMCW*: Best Practice Guidelines; A Mindset and Department for Member Care; chapters 26, 42

### **2. Flow of Concepts** (ideas, values, tools, and principles which *guide/shape* the member care field)

- Member care models. Member Care literature.
- *DMCW*: Transcultural Model; Member Care Books; chapters 1, 50

### **3. Flow of Caregivers** (member care workers who *provelop*—**provide/develop**—member care)

- Peers and professionals. Eight domains of member care workers (MCWs). Service organisations.
- *DMCW*: Developing a Flow of Care and Caregivers; Member Care Organisations; chapters 2, 49

### **4. Flow of Conferences** (special *gatherings* where MCWs meet, work, train, and share updates)

- National/regional member care consultations. Workshops at mission/aid/health/HR conferences.
- Mental Health/Missions (resources@MTI.org); Pastors to Missionaries (www.Barnabas.org); European MC Consultation; Society for HR Management (www.shrm.org)

### **5. Flow of Communication** (various *technologies* to exchange information efficiently/securely)

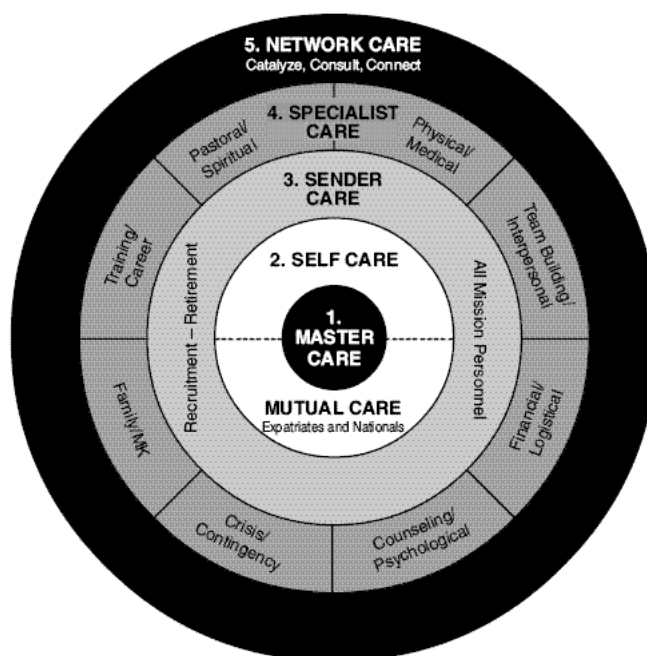
- Email forums/updates and MemCa *Briefing* (Hoffmannht@compuserve.com).
- MemCare Radio (www.mcbr.org); MemCa web site (www.membercare.org)

### **Bonus: The Flow of Flaws ☹ (problems in developing the flows of member care)**

- Flow of Crumbs (disparities in resources and access to resources).
- Flow of Crumby Care (issues in quality control, ethics/ethical mindset; breadth without depth).
- *DMCW*: Care/Support of Local Staff; Human Rights Advocacy; chapters 27, 45

# Trans-Cultural Model of Member Care

Kelly O'Donnell and Dave Pollock, 2000



- **Sphere 1. Master Care:** *Good Practice Principle 1—The Flow of Christ*  
Our relationship with Christ is fundamental to our well-being and work effectiveness. Member care resources strengthen our relationship to the Lord and help us to encourage others in the Lord.
- **Sphere 2. Self and Mutual Care:** *Good Practice Principle 2—The Flow of Community*  
Self care is basic to good health. Self-awareness, monitoring one's needs, a commitment to personal development, and seeking help when needed are signs of maturity. Likewise quality relationships with family and friends are necessary...with those in one's home and host cultures.
- **Sphere 3. Sender Care:** *Good Practice Principle 3—The Flow of Commitment*  
An organisation's staff is its most important resource. As such, sending groups—both churches and agencies—are committed to work together to support and develop their personnel throughout the worker life cycle. They demonstrate this commitment by the way they invest themselves...
- **Sphere 4. Specialist Care:** *Good Practice Principle 4—The Flow of Caregivers*  
Specialist care is to be done by properly qualified people, usually in conjunction with sending groups. The goal is not just care, but empowerment—to help personnel develop the resiliency and capacities needed to sacrifice and minister to others.
- **Sphere 5. Network Care:** *Good Practice Principle 5—The Flow of Connections*  
Member care providers are committed to relate and work together, stay updated on events and developments, and share consolidated learning from their member care practice. They are involved in not just providing their services, but in actively “knitting a net” to link resources with areas of need.

### Some Important Questions to Consider—Together

1. How is our sending group's approach to member care similar to and different from this model?
2. List a few of the greatest issues for mission personnel from your country.
3. Identify how you could work with others in order to improve member care in your setting.
4. In what ways do your skills/gifts and interests/preferences fit into the model presented?
5. Which parts of the model seem most relevant across national and organizational cultures?

## **People In Aid Code of Good Practice (2003)**

*People In Aid* is an international network of development and humanitarian assistance agencies. It helps organisations whose goal is the relief of poverty and suffering to enhance the impact they make through better people management and support. Their *Code of Good Practice* was born out of research into the stressful situations in which humanitarian aid workers find themselves. It is an assessment tool which organisations can use to monitor the quality of their human resources policies and practices. Here are their seven principles and some key indicators (abridged from the original).

[www.peoplainaid.org](http://www.peoplainaid.org)

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### **Guiding Principle: People are central to the achievement of our mission**

**Principle 1: Human Resources Strategy.** Human resources are an integral part of our strategic and operational plans.

- The organisational strategy allocates sufficient human and financial resources to achieve the objectives of the human resources strategy.

**Principle 2: Staff Policies and Practices.** Our human resources policies aim to be effective, fair and transparent.

- Policies and practices that relate to staff employment are in writing, monitored, and reviewed. Staff are familiarised with policies and practices that affect them.

**Principle 3: Managing People.** Good support, management and leadership of our staff is key to our effectiveness.

- Staff have clear work objectives and performance standards, know whom they report to and what management support they will receive. All staff are aware of grievance and disciplinary procedures.

**Principle 4: Consultation and Communication.** Dialogue with staff on matters likely to affect their employment enhances the quality and effectiveness of our policies and practices.

- Staff are informed and adequately consulted when we develop or review human resources policies or practices that affect them.

**Principle 5: Recruitment and Selection.** Our policies and practices aim to attract and select a diverse workforce with the skills and capabilities to fulfil our requirements.

- Written policies and procedures outline how staff are recruited and selected to positions in our organisation. Our selection process is fair, transparent, and consistent...

**Principle 6: Learning, Training and Development.** Learning, training and staff development are promoted throughout the organisation.

- Adequate induction, and briefing specific to each role, is given to all staff. Written policies outline the training, development, and learning opportunities staff can expect from the organisation.

**Principle 7: Health, Safety and Security.** The security, good health and safety of our staff are a prime responsibility of our organisation.

- Written policies are available to staff on security, individual health, care, and support, health and safety. Programme plans include written assessment of security, travel and health risks specific to the country or region, reviewed at appropriate intervals.
- Before an international assignment, all staff receive health clearance. In addition, they and accompanying dependents receive verbal and written briefing on all risks relevant to the role to be undertaken, and the measures in place to mitigate those risks, including insurance... Briefings are updated when new equipment, procedures, or risks are identified. All staff have a debriefing or exit interview at the end of any contract or assignment. Health checks, personal counselling, and careers advice are available. Managers are trained to ensure these services are provided.

## 15 Commitments for Member Care Workers

*Kelly O'Donnell*

Here are 15 core guidelines in the form of MCW *commitments*. These commitments focus on the personal qualities, skills, and training to do member care ethically. The underlying principle is that member care workers (MCWs) are committed to provide the best services possible in the best interests of the people whom they serve. They are intended to be referred to regularly, to be discussed with colleagues, and to be applied in light of the variations in our backgrounds.

### **15 Commitments for Member Care Workers**

- 1. Ongoing training, personal growth, and self-care.**
- 2. Ongoing accountability for personal areas and member care ministry.**
- 3. “Doing no harm” and having high standards in my services.**
- 4. Recognizing the strengths/limits in my self/skills/services.**
- 5. Understanding and respecting the felt needs of those with whom I work.**
- 6. Working with other colleagues, and making referrals when needed.**
- 7. Consulting and getting supervision as needed/regularly.**
- 8. Representing my skills and background accurately.**
- 9. Preventing problems as well as offering supportive and restorative services.**
- 10. Having cultural and organizational sensitivity and respecting diversity.**
- 11. Not imposing my disciplinary/regulatory norms on other MCWs.**
- 12. Serving as a link/mediator between staff and organizations when needed.**
- 13. Abiding by legal requirements for offering member care in a given country.**
- 14. Practicing member care ethically, based on specific ethical guidelines.**
- 15. Growing in my relationship to Christ, the “Good Practitioner”.**

### **Personal Qualities and Qualifications**

*Character*, *competence*, and *compassion* are necessary to practice member care well. These “three C’s” are embedded in the 15 commitments above.

**Character**: This refers to moral virtue, emotional stability, and overall maturity. Basically, the qualifications for leaders in Timothy and Titus reflect the types of character traits needed for MCWs. Those in member care ministry have positions of trust and responsibility, and work with people who are often in a vulnerable place. Therefore they need to model godly characteristics as they minister responsibly—to protect/provide for those who receive their services.

**Competence**: This refers to having the necessary skills to help well (via life experience and training). I have found that competence is not necessarily based on degrees or certification, although the systematic training that is required to get these “validations” is a very important consideration. Others without such institutional validation are also capable of doing member care well (usually via more supportive than specialized care), and indeed in many places they are the primary service providers (e.g., peers, team leaders). Note that MCWs, like others in the health care fields, can be “stretched” at times to work in ways that may go beyond their skill level. And many services can be in ambiguous, complex, and difficult settings, with the outcomes (positive or negative) not easy to predict. Caution and consultation with others are needed in such cases.

**Compassion**: This refers to our core motivation for member care work. It is the love of Christ that compels us. We value people for their inherent worth, and just for their “important” work.

## **Some Core Challenges for Mission/Aid Personnel**

*Kelly and Michèle O'Donnell excerpted from chapter 30 of DMCW*

This is a discussion tool to explore some of the main issues of mission/aid life. It can be used by individuals or groups. By “core” we mean those inner struggles that we wrestle with—the matters of the heart—which are often stimulated by external circumstances or problems. Try to identify how each of these issues is or has been part of your life, your family, and/or your team. What helps you work through these issues and maintain a good “*work-life balance*”? What are other core challenges?

•**Forgiveness**—holding on to perceived injustices which arise from conflict with colleagues, the host culture, frustration with oneself, etc.

•**Staying centred**—remaining connected with self and God in the midst of many responsibilities, the demands of living, and maintaining one’s “margin”

•**Focusing on others' interest**—self-preoccupation to the exclusion of others’ needs; not checking in to see how other people around us are doing

•**Drifting**—getting off the main tasks and the reason why we work in missions via distractions, interruptions, avoiding responsibility, etc.

•**Transitional grief**—the pain from saying many good-byes, multiple moves, missing loved ones, unresolved relationship issues, etc.

•**Contentment**—being satisfied in knowing that one is obeying God in spite of minimal work results, pressures to perform, and limited sense of fulfilment in one’s work

•**Pessimism**—loosing perspective on the good things in life subsequent to the chronic exposure to human problems and misery

•**The Midlife Club**—searching for “greener grass on the other side of the fence”, often characteristic of those in mid-life and in missions for 10 plus years (not applicable to all cultures). Some examples:

*Club Med*—“Yes God, I hear you calling me to work with the affluent in some affluent, safe, lovely place. Please?!”

*Club Mediocrity*—“I am out of touch with my field and the work world back home. What can I do? I am out of date. I guess I have no where else to go except to stay in missions.”

*Club Middle Manager*—“God is calling me now to supervise others, after having worked on the field for awhile. Great, I was getting tired of it anyway. Now I’ll be a consultant in a “safer” position. I can help from afar, help from a computer screen, and help support the missions ‘machine’. Hey, I can tell younger people what to do.”

*Club Midlife Bulge*—“I don’t want do nothing. I’ve earned the break and the fancy car. I’ve put in my time. I just want to relax and delight myself in fatness.”

*Club Miscellaneous*—list your favourite club(s) here. Some examples:

\**Club Martyr*—“I need to “club” myself and feel perpetually guilty for something I did or did not do in the past.

\**Club Martini*—“I probably won’t admit it but I am developing a compulsive habit to avoid dealing with inner areas of pain, like the reality of ageing, limited achievement, ongoing family tensions, etc., and covering up the pain by seeking out experiences that sedate or stimulate me.”

**Notes:** Other core challenges include **financial issues** (trusting God and continuing in Christian work in spite of ongoing, limited funds; **family issues** (concerns for the well-being of nuclear and extended family members), **fear issues** (living in unsafe, uncertain socio-political settings); etc.

## CHOPS Stress Inventory

Kelly and Michèle O'Donnell

*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".*

***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 labelled "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 some of the important people in your life, such as individuals and groups found at the bottom of this page (use additional paper). Discuss your responses with a close friend or a counsellor. Note that each stressor can be both a source of stress and/or a symptom of stress.*

**Struggles** \_\_\_\_\_ **Successes** \_\_\_\_\_ **Strategies**

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

**Crisis** (potentially traumatic events, 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")

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

**Physical** (overall health and factors that affect it: nutrition, climate, illness, ageing, 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, housing, clerical/technical help, donor contact)

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

*Answers apply to (circle): self, spouse, child, friend, department, team, company, other*

Note: for a detailed assessment of personal adjustment in cross-cultural settings, consider taking the Cerny-Smith Adjustment Inventory (CSAI); [www.crossculturaladjustment.com](http://www.crossculturaladjustment.com)

## **Crisis and Contingency Management**

**Dr Kelly O'Donnell and Dr. Michèle Lewis O'Donnell**

*A ship in a harbor is safe. But that is not what ships were made for...*

Workers who serve in cross-cultural settings are often subject to a variety of extreme stressors. Natural disasters, wars, sudden relocation, imprisonment, sickness, and protracted relationship conflicts 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. This thinking is in line with Principle 7 from the *People in Aid Code of Best Practice* which states, "We take all reasonable steps to ensure staff security and well-being."

A crisis can be defined as "a current or impending situation which is, or has the immediate potential of, creating an unacceptable degree of danger to personnel, the functioning of the mission and its related overseas entities, and/or its essential purpose of being. Anticipating and preparing for crisis situations is an essential first step in dealing with them. (G. Stephen Goode, Guidelines for Crisis and Contingency Management, *International Journal of Frontier Missions*, 10/95, p. 211). A disaster on the other hand, is a destructive event that adversely affects a whole group or groups of people, requiring outside intervention to meet basic needs. A disaster usually sets off many crises.

Here is a grid to help organizations prepare for and manage crisis situations. It has four steps, each with three key sub-points. Note that each step involves individuals, the organization, and outside consultants, and that the steps often overlap. Use this grid to review your readiness to handle adverse situations as well as your overall organizational/team culture of safety and security (see second page).

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### **Step 1—Preparation**

Effective pre-mission training must begin with instilling awareness of the need for security and psychosocial support in the culture of organizations. Patched together, ad hoc, or solely programmatic efforts will have only minimal impact. Security and support must be integrated, both structurally and functionally, into the mainstream of pre-field mission operations: mission planning, staffing, and budgeting.

Yael Danieli, *Sharing the Front Line and the Back Hills* (2002), p. 383

- *Contingency plans*—written procedures to protect individuals, families, teams, agencies, regions
  - Estate plan: writing a will, organizing and safeguarding important documents, etc.
  - Risk assessment/management: monitoring at-risk zones, minimizing risks, updates, etc.
  - Protocols: forming policies/best practice for natural/man-made disasters, other difficulties
- *Stress training*—coping skills to deal with serious stressors, including RTAs and relationships
  - Training issues: *in vivo* experiences, simulation exercises, case studies, personal examples
- *Prefield/field orientation*—review of security guidelines, do's/don'ts, adjustment helps; ongoing CE
  - CCC contextual issues: competence, character, and compassion development

### **Step 2--Survival**

We have had to ensure that our philosophy of member care, along with our crisis and contingency management approach, respect what God asks of our workers, even though they sometimes go against the prevailing attitude of "safety, security, and reduction of stress levels at all costs," that is characteristic of many Western cultures. Although no...worker morbidly...desires others to go through pain...or suffering, we have come to realize that such experiences, according to Scripture and history, normally accompany the spread of God's kingdom.

Steve and Kitty Holloway, Responsible Logistics for Hostile Places, *Doing Member Care Well* (2002), p. 447

- *Using skills to stay healthy/sane*—to manage oneself, resources, and relationships; defusing
  - CHOPS for stress issues*: cultural/crises, historical/human, organizational/occupational, psychological/physical, support/spiritual
- *Crisis management teams*—to monitor, contain, and make decisions during the crisis:
  - SLIME for contextual issues: security, legal, intelligence, media, ethics/external consultants
- *Human rights advocacy*—to use moral, legal, and political pressure to deal with human injustice
  - Injustice, sectarian violence, harassment, execution, psych detention, torture, anti-religion laws

### **Step 3—Special Care**

Specialist care is to be done by properly qualified people, usually in conjunction with sending groups...Specialist services collectively include four dimensions: prevention, development, support, and restoration. They are essential parts of a member care program and complement the empowering care that staff provide each other.... Perhaps the biggest potential disparity between member care approaches lies in the use of and emphasis on a variety of specialized resources. These can be viewed as being too Western, an excessive luxury, or just not possible to develop in one's situation.... The main challenge continues to be providing the appropriate, ongoing care necessary to sustain personnel for the long haul.

Kelly O'Donnell, A Member Care Model for Best Practice, *Doing Member Care Well* (2002), pp. 18, 20

- *Practical help to stabilize/protect*—ensure safety, and provide food, shelter, money  
PIE issues for care: proximity, immediacy, expectancy of return to work
- *Debriefing*—CID to tell stories, ventilate, be assessed; also operational and personal debriefings  
RAFT issues for transition: reconciliation, affirmation, farewells, think destiny
- *Brief services*—additional care for those affected by the critical incident(s)  
Types of specialized services: **PP**actical **TT**ools **FF**or **CC**are

### **Step 4—Aftercare**

There is...a perception, prevalent also among field staff, that giving too much priority to staff safety and security will create constraints on the fundamental mission of the organisation, which is to provide assistance to people in need. There is indeed an incomprehensible element of risk in humanitarian aid work, but good security management is also a tool to help agencies enter, and remain in danger zones, while the loss of assets and especially staff, through accident or incident, impairs the ability of the agency to provide assistance. At higher organisational levels, such laudable emphasis on being operational can also hide an institutional self-interest in market share, visibility, and cash flow, at the expense of staff safety and security.

K. Van Brabant, Mainstreaming Safety and Security Management in Aid Agencies, *HPG Briefing* (3/01), p. 1-2.

- *Therapy/medical*—provide professional help for psychological and other health problems  
Application issues: PTSD, anxieties/depressions, CFS, disease, family/marital dysfunction
- *Organizational review*—evaluate the causes, interventions, results/lessons of the crisis  
Application issues: using crises to build organizational capacity
- *Follow-up*—contact with those affected; implement/evaluate suggested changes  
Application issues: checking in/support at regular intervals; accountability; locals/nationals

### **How To Use This Grid**

- Discuss this grid within your setting--team, organization, etc.
- 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
- 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; and identify available resources to help.
- Read through and discuss some key materials on crisis and contingency management within your respective agencies and settings. See: "Guidelines for Crisis and Contingency Management" (1995, *IJFM*); "Crisis Care in the Mission Community" (1992, *Missionary Care*); chapters 43-45 in *Doing Member Care Well* (2002); chapters 3, 4 in *Complex Humanitarian Emergencies* (2000, World Vision); *Operational Security Management in Violent Environments* (2000, Overseas Development Institute); *Safety First* (1998, Save the Children); and selected parts of *Sharing the Front Line and the Back Hills* (2002). See also the annotated bibliography in chapter 50 of *Doing Member Care Well* along with the web sites of Mental Health Workers Without Borders ([www.mhwwb.org](http://www.mhwwb.org)) International Society for Trauma Management ([www.istm.org](http://www.istm.org)), and the Mobile Member Care Team ([www.mmct.org](http://www.mmct.org)).

## **Developing Member Care Affiliations**

*Kelly O'Donnell*

Member care affiliations (RIMAs) need four things to be relevant—to flow together well. 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). Third, they must pursue the right *projects* on behalf of different groups or "levels" of mission personnel: agencies, nations, regions, and also globally. And finally they need some basic *protocols*—guidelines for things like managing conflicts, roles/responsibilities etc. Developing such protocols is a normal and essential process for healthy affiliations, and parallels the processes outlined in Table 1 below. To quote Charles Handy in *Understanding Voluntary Organisations* (1988, p. 9): "Virtue does not have to be so painful, if it is sensibly organised." And simple recognized protocols are sensible ways to avoid unnecessary pain as well as to help guide and protect RIMAs. (See also point 10 in Table 2).

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**Table 1**  
***RIMA Relevance Grid for Developing Member Care***

	<b>LEVEL OF FOCUS</b>			
	Agency	National	Regional	Global
<b>PROJECTS (the right tasks)</b>				
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.)				

^^^

**PERSONNEL (the right relationships, respect, resources)**

^^^

**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.

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***Guidelines For Effective Member Care Affiliations***

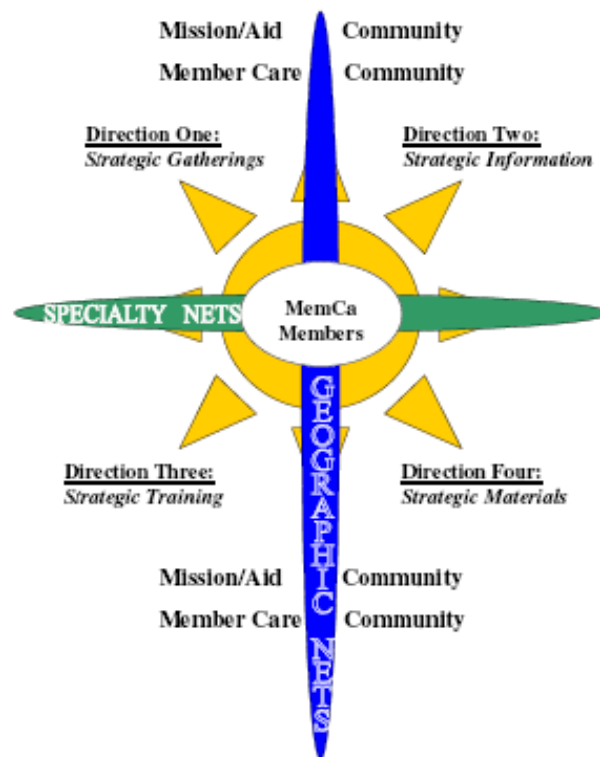
1. Affiliations are built on friendship, trust, and mutual concerns. Function (tasks) usually bring people together but friendship keeps them together. Affiliations are spiritual entities as well as working groups, so both dimensions require attention. Prayer, worship, and sharing from Scripture are 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. Note: these two pages excerpted from *DMCW*, chapter 48.)

## Global Member Care Resources (MemCa) 2.06 update



MemCa is a partnership of member care networks which develops resources to help support mission/aid workers. Our special focus is on workers/sending groups from the A4 regions (Africa, Asia, Arabic-Turkic, America-Latina) and those working among UPGs (unreached people groups). Currently we are a group of about 20 people. The different networks (geographic and speciality) connect to MemCa via their “links” who are part of MemCa. Many examples of what we do can be found in the *Global Briefings* archives on our web site ([www.membercare.org](http://www.membercare.org)).



### Quality People and Quality Projects

In MemCa we build ongoing relationships in order to *support quality people with strategic influence who are doing quality projects with strategic impact*. We prioritise four "clusters of projects" which we call our "Four Directions":

- **Direction One: Strategic Gatherings (Connections)**

**Global Faces.** Connect influential member care workers (MCWs) from the A4 regions with international MCWs at specific consultations around the world, including UPG partnerships.

**Field Faces.** Send small member care teams to service A4 field workers among UPGs .

- **Direction Two: Strategic Information (Communication)**

**MemCa Web Site.** Resource the global mission/aid community with quality member care materials and help member care workers to stay current and connected as a field.

**Member Care Video.** Produce a DVD to overview the essential components of member care, with translation in five languages and available by the end of 2006.

- **Direction Three: Strategic Training (Development)**

**Trauma Training Course.** Provide trauma training courses for pastors/Christian workers (two locations/year); and member care overview courses (two locations/year).

**On-line Member Care Course.** Offer an overview course with 10 topic areas and a three person "virtual faculty", offered twice/year, and on going via independent study.

- **Direction Four: Strategic Materials (Publications)**

**Translation and Distribution.** Translate/write and distribute member care materials (written and audio) in two international languages used by many UPGs.

**Books and Articles.** Compile a multi-edited book of international case studies and new articles in member care (*Global Voices: Case Studies from the A4 Regions*).

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**Core Distinctives for MemCa**

Here are 10 distinctives which guide our work as MemCa. These distinctives also represent our core values and our "MemCa mentality". They are not just abstract aspirations, but rather practical premises for our work. You will likely find many of these distinctives to be relevant for your work too.

- Identifying member care gaps and new directions  
(commitment to help *shape/support* member care)
- Considering international issues/needs in addition to our own ministry areas  
(commitment to a *globe-all* focus)
- Developing resources intentionally in addition to providing resources  
(commitment to *provelop* resources)
- Contextualizing knowledge/practices in light of the diversity of the mission/aid community  
(commitment to *multicultural diversity*: national, linguistic, disciplinary, generational)
- Working together and building relationships in Christian mission/aid  
(commitment to *proactive/ongoing connections*)
- Connecting with sectors/resources outside of mainstream Evangelical missions  
(commitment to *multi-sectoral connections*)
- Establishing good communication links/updates globally and regionally  
(commitment to *knitting the net* of practitioners)
- Focusing on mission/aid workers from A4 regions and UPGs.  
(commitment to the *underserved/at-risk groups*)
- Maintaining a passionate and visionary voice on behalf of mission/aid personnel  
(commitment to *member care advocacy*)
- Seeking the Lord together in prayer and humility in all that we do  
(commitment to Jesus Christ, the *Best Practitioner*).

## **Future Directions for Member Care—PACTS and IFRC**

### **Part One: PACTS (excerpts from *Doing Member Care Well-DMCW, pp. 8,9*)**

Developing member care well is a process. We cannot expect, for example, younger sending groups to develop in just a few years what has taken other sending groups several years to achieve. It will take time and toil to “knit the net”: the net of *caregivers*, the net of *concepts*, the net of organizational *culture*, the net of *communication*, the net of *centers*, the net of *consultations*, and above all, the net of *cooperation*. But it is happening!

I believe that there must be an intentional and Spirit-led direction as to how this global member care net is developed. Here are five such directions-PACTS-which will help us to work together and further “provelop” (provide and develop) member care. PACTS involve forming close relationships with colleagues as we pursue cooperative tasks with each other.

**Pioneering**-Is it time to break out of some member care and sector bubbles? Yes indeed! We must go to places with relatively few member care resources. Prioritize those working among the least evangelized peoples. Innovate! Stretch! Help set up interagency member care teams for instance, in Central Asia, India, or Africa. Sure it would be challenging, but why not? Or how about helping to connect culturally sensitive member care workers with the many interagency partnerships ministering within the 10-40 Window? For some examples see chapters 12, 14, and 41 in *DMCW*.

**Affiliations**-Bring together member care workers for mutual projects, mutual support, and mutual consultation. Purposefully affiliate! Set up regional or organizational networks of care givers. Specialists can likewise band together for personal and professional support-physicians in travel/tropical medicine, personnel directors in human resource management, crisis caregivers etc. Form short-term teams with members from different agencies or service groups. Encourage their members to track with personnel over time. In addition, convene and attend strategic consultations of personnel and/or member care workers to discuss ways to further coordinate services. These can be small and informal or larger and more formal. Prioritize these for regions of the world where coordination is still really needed. Finally, consider forming a national or regional member care task force within your organization or interagency, similar to the various ones that are described in chapters 13 and 48 of *DMCW*.

**Continuing Growth/Care**-Member care is an interdisciplinary field, requiring considerable effort to keep on top of new developments and to maintain one's skills. Prioritize time to read, attend seminars, and upgrade (see the materials listed in chapter 50 of *DMCW*). Grow! It would be helpful for some to link with a few of the secular umbrella agencies like the World Health Organization and United Nations High Commissioner for Refugees, and also smaller agencies like People in Aid or the Humanitarian Practice Network in the United Kingdom. Such linking will help us keep abreast of current trends too. I believe it is so important at this time to build connections and bridge gaps between the “faith-based” and “non-faith-based” organizations involved in international health, exchanging information on the management and support of personnel. Some examples would be attending conferences, reading journals, and reviewing the peer support network and psychosocial support program for staff offered by humanitarian aid organizations (see chapters 27 and 35 of *DMCW*). Do not isolate ourselves by interacting solely with the evangelical community. Also, member care can be a burnout profession. So we must maintain accountability with others, pace ourselves, find ways to emotionally “refuel”, seek God, and practice what we preach!

**Training**-Resource staff and member care workers alike via workshops at conferences. Impart both your skills and your life (I Thes. 2:8)! Include member care tracks at major conferences. Teach member care courses, seminars and modules at key graduate schools/seminaries, including the Bible Colleges in Africa and India, and the ministry training centers in Asia and Latin America. Training in peer counseling, marriage enrichment, family life, team building, spiritual warfare, and crisis intervention are especially important (see chapters 15, 16, 37 in *DMCW* for examples). Further, help mission personnel from both the New and Old Sending Countries develop member care skills (e.g.,

attending the “Sharpening Your Interpersonal Skills” courses that are taught in many places now) and member care programs which are culturally relevant. There could be opportunities to join with groups in various places who offer counseling courses in different locations to train their personnel in helping skills, or the Operation Impact program at Azusa Pacific University which provides various field-based courses in the area of leadership development. On-line courses are also especially relevant.

**Special Projects-**Based on strategic needs and common interests, pursue some short-term and longer-term projects together. Fill in member care gaps! Some current projects that are being done include maintaining and updating a global referral base of member care organizations (chapter 49 in *DMCW*) along with a global member care web site ([www.membercare.org](http://www.membercare.org)); supporting the efforts of groups like Trans World Radio’s “Member Care Radio” which broadcasts encouraging programs for field workers; doing joint research/articles; and setting up member care hubs/groups in needed areas (e.g., Chiang Mai, Cyprus, India, Africa). Let us be sure to pursue some projects together where we get a bit “dirty”-and take some risks. A cutting edge example would be to provide supportive services-critical incident debriefing, counseling, reconciliation seminars-to people who have been traumatized by war and natural disasters (see chapters 20, 25, 43, 47 in *DMCW*). In short: be proactive; do not reinvent the wheel; pursue God’s heart for the unreached peoples; and prioritize time to work on strategic, doable, field-related projects.

### **Part Two: Psychological Support Programme (PSP) for Delegates**

#### **Psychological Support: Best Practices from Red Cross/Red Crescent Programmes 2001, pp. 20,21**

This programme is based at the headquarters in Geneva, Switzerland and came into being in the early 1990’s. A main reason for starting the programme was the greater awareness of the negative psychological consequences on staff who were working in crisis/conflict areas.

#### **Objectives**

- \*\*To prevent the stress and psychological problems related to humanitarian work. Although crises, suffering, and stressful life situations are inherent in this type of profession, it is important to prevent possible cumulative stress both during and after a mission so that delegates can carry out their functions and avoid burnout.
- \*\*To raise awareness within the International Federation of the harmful effects of stress on humanitarian workers.
- \*\*To develop the coping skills of both individuals and teams.
- \*\*To set up a well-functioning support system before, during, and after missions.

#### **In the future, the Psychological Support Programme (PSP) will focus on the following:**

- \*\*Promoting training on stress management, critical incident debriefing, conflict resolution and cross-cultural management.
- \*\*Developing a global network to support traumatised delegates and those suffering from burn out, both during their mission and on their return home. Developing PSP in National Societies for the follow-up of these delegates in their home countries is a priority of the programme.
- \*\*Ensuring that delegates working on an International Federation contract benefit from adequate support and psychological follow-up after their mission. This is especially the case for locally recruited delegates or those recruited by the International Federation through a National Society, who come from countries where there is as yet inadequate psychological support.
- \*\*Supporting locally employed staff in the case of security incidents, trauma, etc. Promoting training for Geneva staff members who are dealing with stressful situations either in their work or in their contact with delegations.
- \*\*Promoting research on psychological health and the impact of humanitarian work on current and former delegates.
- \*\*Encouraging managers to propose psychological support missions to the field in emergency operations, difficult countries facing security problems, in conflict situations, etc.
- \*\*Developing, with the International Federation, better tools to support teams, and delegates who face difficulties in the field. The priority is on prevention and early diagnosis so that conflicts in teams, which can be painful and destructive, are avoided.

## **Addendum to PACTS and IFRC Religious Liberties and Mass Disasters: Opportunities for Member Care**

*Kelly O'Donnell February 2006*

### **Part One: Religious Liberty and Member Care**

Is religious liberty a core part of member care, and vice versa? Absolutely, and one of the most compelling reasons is explained in John Amstutz's article in *Doing Member Care Well* called "Humanitarianism with a Point". His enlightening and provocative interpretation of the parable of the sheep and goats in Matthew 25, underscores the need to intentionally provide member care to church/mission personnel from all the nations who are persecuted for their faith, especially in the end-time scenario. For additional reasons see the article in the same book by Wilfred Wong on human rights advocacy in missions.

Recall that the freedom of religion is guaranteed and protected by Article 18 of the Universal Declaration of Human Rights. Article 18 states; "Everyone has the right to freedom of thought, conscience, and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others or in public or private, to manifest his religion or belief in teaching, practice, worship, and observance." Member caregivers need to know that the cry for solace and safety, as well as the hunger for justice, are often core issues when such rights are flagrantly violated, as in the case of outright persecution.

In the words of Derek Summerfield in the "Social Experience of War" (*Rethinking the Trauma of War*, 1998, p. 34): "A key challenge is whether agencies are prepared to stake their reputation on an analysis which puts at centre stage survivors' concerns about rights and justice, which may crucially shape outcomes." Is this concern for rights and justice not also a key challenge for many of us in the member care field, who live in regions and work with colleagues subject to human rights violations, ranging from subtle discrimination all the way to physical hostilities? What does intentional and prudent member care look like in these situations?

### **Religious Liberty Report 2005—2006 (excerpts)**

*Elizabeth Kendal, WEA Religious Liberty Commission*

#### **The Centrality of Liberty**

Just as the industrial revolution brought changes that made the world a smaller place, the changes being brought by the revolution in communications and information technology are making the world a more open place. But change rarely comes easily. Change can generate tension and conflict between new competitors, as well between those who benefit from and endorse it, and those who are threatened by and reject it. As the world opens up, people find they have choices. But choices cannot be appreciated without liberty. While multitudes of people do or could benefit from liberty and therefore endorse it, dictators and false ideologies are threatened by it and therefore reject it. These days it is liberty, not territory or even resources, that is central to most conflicts.

#### **The Power of Openness**

In the past, isolation has been a powerful weapon with which to control and basically imprison and subjugate entire populations. But for isolation to be an effective controller of the people it must be absolute. In the past isolation was achieved (with various degrees of success) through sealing off the outside world – thus imprisoning the nation –and then frequently purging the population. In this age of globalisation and information technology, isolation is increasingly difficult, if not impossible, to achieve or maintain.

[Note: Go to this web site for more information on religious liberties and human rights issues, and for the full article by Elizabeth Kendal: [www.worldevangelical.org](http://www.worldevangelical.org)]

**Part Two: Mass Disasters and Member Care**

We know the recent tsunami story well, with its disturbing images of destructive mounds of ocean, bloated bodies, and human misery. A massive earthquake of magnitude 9.0 occurred off the west coast of Northern Sumatra on 26 December 2004 at 00:58 hours GMT. Another earthquake of magnitude 7.3 occurred 81 kilometres west of Rulo Kunji in the Nicobar Islands. These two earthquakes triggered tsunamis. Aftershocks were reported frequently in this region. Well over 150,000 people were killed. Many are missing. Those countries most affected were Indonesia and Sri Lanka, as well as Thailand, India and eight other nations.

Mass disaster situations create massive wounds, and many are less visible, emotional wounds. Empowering communities to help themselves is key to seeing people become active survivors rather than passive victims. Consider these core community-based principles, in the aftermath of mass disasters: Stay busy and help others, to help stay sane; establish routine and a schedule for a greater sense of control; attend to physical needs and medical care to prevent disease and epidemics; control looting and human trafficking; listen and just be there for others; use local capacity and re-establish social structures for giving and receiving help.

Many of us in the mission and member care communities have been involved in helping and consulting, providing different types of what the humanitarian sector calls “psychosocial care” to both relief workers and survivors. And very importantly, our prayers have gone out as the world joins together, for the long-haul, to help rebuild families and communities.

In the midst of the initial responses, several core resources were circulated by MemCa to the mission and member care community. Here is a summary of some of the main ones. [see the list at end of the handout “50+ Books for a Member Care Library”.] We encourage you to explore these resources, with a view towards how you can be further equipped to help survivors and relief workers involved in the current and future critical events—including natural, technological, and human-made disasters.

**Radio Programmes in Disastre Response: *Growth Through Hardship***

*Brent Lindquist, Link Care Center*

In September 2005, Hurricane Katrina came ashore causing tremendous devastation throughout the gulf region of the United States. At that time, some Christian radio Stations inquired of Trans World Radio if they had any Crisis or Disaster response programs for broadcast. For the last two years Link Care Center and Trans World Radio have strategically partnered with providing mental health-oriented programming throughout the eastern hemisphere, as well as crisis response and recovery resources via the internet to local production teams in the areas damaged by the December 2004 Tsunami. [I] teamed up to write, record, and produce 60 scripts that could be used as 60 or 90 second radio spots for the radio stations in their US TWR network....Listeners were also given website or phone information to get one of two free books. The underlying philosophy of the scripts:

1. To present a clear Christian context, indicating God’s love will under gird all recovery efforts.
  2. The tone is light, and focusing on recovery and renewal, as opposed to trauma and pain.
  3. The focus is on survivors (as opposed to victims) and on caregivers who help survivors
  4. The direction is to find and give care in the community, to build each other up, as opposed to seeking the care of professionals. The desired outcome for the listener is to say “I could do that!”
- While certainly some people may need professional care, our concern here is for the majority of people who are needing the support and care of each other. Here is the first script. To read the entire document and all 60 scripts, go online at [www.seasonsofcaring.org](http://www.seasonsofcaring.org).

*Script One: The Big Idea--Introduction.* The recovery from Katrina is going on throughout the gulf region. Our hearts and prayers are with everyone involved. I hope you can join me for a series of thoughts about “Growth Through Hardship.” Today I want to leave you with two pictures, if you will, of the story of Katrina, so far. This first picture is of the people yelling at the camera, rightly demanding for someone to do something for them right now. In the midst of our pain and crisis, we all can be like that, can’t we – overcome, overwrought, overwhelmed. Then, another picture – that of countless people standing quietly in front of the camera, and saying “I have lost everything, but I am grateful that I am alive. God is with me. I will survive.” God is with all of them, and all of us. Walk with me down the survivor’s path as we grow through hardship.

**50+ Suggestions for a Member Care Library (3/05 update)**

Published in *Connections: The Journal of the WEA Mission Commission* (Feb. 2003).

*There is a growing body of materials being written in the member care field. This material is helping us to improve our member care programs, policies, and practices. Here is a compilation of 50+ materials, primarily books in English, that are a core part of my member care library. These publications are categorized into the eight specialty domains of member (based on sphere four of the best practice model). I have also included the extra category of “general member care” plus some key web sites. Note that there are several other excellent materials that are not included here due to the lack of space. For more information on most of these materials as well as additional references, see chapter 50 of Doing Member Care Well (2002).*

**Pastoral/Spiritual**

1. Devotional Classics: Selected Readings for Individuals and Groups (1990)—Foster and Smith
2. Too Soon to Quit: Reflections on Encouragement (1994)—Lareau Lindquist
3. Formed by the Desert: A Personal Encounter with God (1997)—Joyce Huggett

**Physical/Medical**

4. Where There Is No Doctor: A Village Health Care Handbook (1992)—David Werner
5. Travelers Guide to Good Health: A Guide for Backpackers, Travelers, Volunteers, and Overseas Workers (1999)—Ted Lankester (revised 2001)
6. Principles and Practices of Travel Medicine (2001)—J. Zuckerman and A. Zuckerman

**Training/Career**

7. Naturally Gifted: A Christian Perspective on Personality, Gifts, and Abilities (1991)—G and R Jones
8. Reentry: Making the Transition from Missions to Life at Home (1992)—Peter Jordan
9. On Being a Missionary (1995)—Thomas Hale

**Team Building/Interpersonal**

10. Cross-Cultural Conflict: Building Relationships for Effective Ministry (1993)—D. Elmer
11. Teamwork (1995; revised 2003)—Gordon and Rosemary Jones
12. Building Credible Multicultural Teams (2000)—Lianne Roembke
13. Peacemaking: Resolving Conflict and Building Harmony in Relationships (2001)—Rick Love
14. Materials from Ken William’s workshop/website on “Sharpening Your Interpersonal Skills” <[www.RelationshipSkills.org](http://www.RelationshipSkills.org)>

**Family/MK**

15. And Bees Make Honey: An Anthology of Anecdotes, Reflections, and Poems by Third Culture Kids (1994)—Jill Dyer and Roger Dyer
16. Raising Resilient MKs: Resources for Parents, Caregivers, and Teachers (1998)—Joyce Bowers
17. The Third Culture Kid Experience: Growing Up Among Worlds (1999)—Pollock and Van Reken
18. Kids Without Borders: Journals of Chinese MKs (2000)—Polly Chan
19. Fitted Pieces: Parents Educating Children Overseas (2001)—Janet Blomberg, David Brooks
20. Families on the Move: Growing Up Overseas and Loving It (2001)—Marion Knell

**Financial/Logistical**

21. Understanding Voluntary Organizations (1990)—Charles Handy
22. Friend Raising: Building a Missionary Support Team that Lasts (1991)—Betty Barnett
23. Serving as Senders: Six Ways to Care for Your Missionaries (1991)—Neal Pirolo
24. Stop, Check, Go; A Short-Term Overseas Projects Checklist (1996)—Ditch Townsend
25. Code of Good Practice for the Management and Support of Aid Personnel (2003)—People in Aid
26. Human Resource Management (2002 rev.)—Robert Mathis and John Jackson
27. Member Care for Missionaries: Practical Guide for Senders (2002)—Marina Prins, B. Willemse

**Crisis/Contingency**

28. Safety First: Protecting NGO Employees in Areas of Conflict (1998 rev.)—Save the Children
29. Operational Security Manual in Violent Environments (2000)—Konrad Van Brabant
30. Materials from Mobile Member Care Team’s web site on crisis/debriefing <[www.mmct.org](http://www.mmct.org)>

**Counseling/Psychological**

31. Christian Counseling: A Comprehensive Guide (1992)—Gary Collins
32. Culture/Clinical Encounter: Intercultural Sensitizer for Health Professions (1996)—R. Gropper
33. Ad-Mission: The Briefing/Debriefing of Teams of Missionaries/Aid Workers (1999)—G. Fawcett
34. Honourably Wounded: Stress Among Christian Workers (2001 rev.)—Marjory Foyle
35. Enhancing Missionary Vitality: Mental Health Serving Global Missions (2002)— Powell and Bowers

**General Member Care**

36. Helping Missionaries Grow: Readings in Mental Health/Missions (1988)—K. and M. O’Donnell
37. Missionary Care: Counting the Cost for World Evangelization (1992)—Kelly O’Donnell
38. Too Valuable to Lose: Exploring the Causes/Cures of Missionary Attrition (1997) —W. Taylor
39. Sharing the Front Line and the Back Kills: Peacekeepers, Humanitarian Aid Workers, and the Media in the Midst of Crisis (2002)--Yael Danieli
40. Doing Member Care Well: Perspectives/Practices from Around the World (2002)—K. O’Donnell

**Additional Books/Materials and Web Sites:**

- ◆ Where There Is No Psychiatrist: A Mental Health Care Manual (2003)—Vikram Patel
- ◆ Psychosocial Support: Best Practices from Red Cross/Red Crescent Programs (2001)—IFRC
- ◆ Stress/Trauma Handbook: Strategies for Flourishing in Demanding Environments (2003)—John Fawcett
- ◆ Refugees magazine, special issue on staff and recipient safety/security called Too High A Price?; United Nations High Commissioner for Refugees, (volume 4, Number 121, 2000).
- ◆ Red Cross Red Crescent magazine, How Safe Are We? (Issue one, 2004)
- ◆ Additional Materials from People in Aid ([www.peopleinaid.org](http://www.peopleinaid.org)) on trauma care, debriefing for staff (Debbie Lovell); accident prevention, health care (Ted Lankester); and human resource management
- ◆ Special Issue on member care in *Connections* Feb 2003
- ◆ Special Issue on member care in *Mission Frontiers* from USCWM Sept 2002.
- ◆ REMAP 2 Project on worker retention, book, in 2005. Some reports available on <[wearesources.org](http://wearesources.org)>
- ◆ MemCa web site has several updates and resources [www.membercare.org](http://www.membercare.org); see also [www.missionarycare.org](http://www.missionarycare.org)

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- Mental Health Workers Without Border offers a free handbook to download on how relief workers can provide community-based trauma care [www.mhwwb.org](http://www.mhwwb.org)
- International Federation of the Red Cross offers three free helpful publications, available at: [www.ifrc.org](http://www.ifrc.org)
  - a. A short booklet for workers called “*Managing Stress in the Field*” (English Spanish, French)
  - b. *Best Practices for Psychosocial Support* includes brief case summaries in several humanitarian disasters
  - c. *Community-Based Psychological Support* is a training manual that overviews six topics
- World Health Organisation has regular updates on many health issues/programmes [www.who.org](http://www.who.org)
- Centers for Disease Control has good information on public health issues and materials related to disasters. e.g., “Health Information for Humanitarian Workers” and “Traumatic Incident Stress” [www.cdc.gov](http://www.cdc.gov)
- Office for the Coordination of Humanitarian Assistance (OCHA) is the United Nations body to help joint efforts in times of human and natural disasters. [www.opchaonline.un.org](http://www.opchaonline.un.org)
- Reuters Alertnet service provides updated information on crisis areas in the world [www.alertnet.org](http://www.alertnet.org)
- Aid Workers Network links international relief/development staff to share support, ideas; [www.aidworkers.net](http://www.aidworkers.net)
- Humanitarian Practice Group provides various materials for free, and a series of links to relevant papers, websites and other sources, including research by UK’s Overseas Development Institute. [www.odi.org.uk](http://www.odi.org.uk)
- National Center for PTSD is a gold mine of material and helps on crisis care and PTSD. Articles, research summaries, handouts, and information for both the public and health care professionals. [www.ncptsd.org](http://www.ncptsd.org)
- International Society for Trauma and Stress Studies has four short pieces linked to its home page on mass trauma, helping children, the indirect effects of trauma etc.; also conference and training info [www.istss.org](http://www.istss.org)