

# **Caring for People in Missions: Just Surviving—or Thriving? Optimal Care for The Long Haul**

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Lois Dodds, Ph. D. and Larry Dodds, M. D  
Heartstream Resources  
101 Herman Lee Circle  
Liverpool, PA 17045  
Phone 717-444-2374; Fax 2574  
E-mail: [Heartstream@compuserve.com](mailto:Heartstream@compuserve.com)

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## Presenters

Larry and Lois Dodds have been involved in the care of missionaries and other cross-cultural workers for over 25 years. Formally this has included providing medical care, counseling, human resource and personnel work, teaching adults and MKs, and many leadership roles such as field branch director and devotional committee chairmen. Informally this caring has included hospitality to many hurting missionaries, a ministry of encouragement, providing resources such as books, outfitting homes for missionaries and MK's. Their home (actually, 52 of them!) has been a hospital to the hurting from many lands and many ministries.

# **Caring for People in Missions: Just Surviving—or Thriving? Optimal Care for The Long Haul**

## Introduction

Caring optimally for the hundreds of thousands of cross-cultural workers around the globe who comprise the work force of world mission involves a radical shift in perspective. Because times have always been difficult, filled with political and economic turmoil ever since the days of the Apostle Paul, the world mission movement has generally operated in a survivalist mode. When missionaries went out to India or Africa a hundred fifty years ago, taking a coffin as a trunk, agencies thought little of caring for their workers over the long haul; life expectancy was only a few short years.

This short-term perspective has cost us dearly, particularly because attrition rates throughout the history of world mission have been enormous. If one survived the overwhelming stresses initially, one might still be knocked out of the race through physical or mental illness. We know that countless missionaries have dropped out due to the combination of long term stress and insufficient support of all kinds. Most of these people are lost to ministry, and certainly to world mission. Many of them fade “into the woodwork,” shamed and discouraged by their choice to give up or their inability to meet the exceeding demands of cross-cultural ministry. High attrition results from inappropriate selection, inadequate training, and unwillingness of agencies to equip people appropriately, as well as from the more recognized factors.

Today, we believe we can do better. Knowledge about human stress factors and conditions such as PTSD has skyrocketed in the last twenty years. We have made great gains as a movement in learning how to train people to effectively meet the challenges of cross-cultural life (though this learning has not spread evenly through the movement).

Studies of international and cross-cultural life have increased. The high cost of care-giving among human services workers of all types adds greatly to our understanding of the needs of care givers—ministry and mission workers. Several books about missionary care, as well as depression and burnout, add significantly to our understanding of both prevention and treatment. In addition, we now have an almost instant network of communication and other resources to use in the care of missionaries. Most missionaries in the world are within 36 hours air travel of their home country. The world has shrunk so that resources for care are much more accessible.

We believe it is time to make the radical shift from survival thinking to “thrival” thinking. We need to replace the goal for missionaries to “make it through somehow” to making it optimally, to actually thriving in their places and roles of ministry. We see enough examples of this positive orientation to believe it can be practiced universally. We see enough examples of those dying of the survivalist approach to know that it does a great disservice to the cause of Christ, the church, and missions.

A few examples illustrate the insanity of the survivalist mode. We know a mission that believes it is not important for its workers to learn the national language. That would take too long and cost too much, so one person translates for a team of ten. Imagine the unnecessary stresses that adds to those workers! It seems analogous to asking a team to climb Mt. Everest without providing parkas, oxygen or conditioning.

We know of missions which give people a few days of “training” in a U.S. city to prepare them for ministry in rural Africa. We know of missions who do so little screening that people end up on the field without the emotional or spiritual resources to survive the assault of culture shock, let alone to become effective in ministering.

We met one woman who went directly to the airport from her mother’s funeral (death by suicide) to a rural assignment overseas, with no support in sight. We know many missions which never give training on team work, yet use teams as their model of ministry. No sports team in the U.S. would even consider competing in a game if the teammates had never met or practiced together, or defined their plays. Yet missions routinely assign people to “teams” with zero preparation about how they are to relate and work together. People are thrown together with little more in common than that they are assigned to the same country. The reasoning? It’s too costly of time and money to prepare people adequately. One missionary blithely told us, oblivious to the significance of his own statement, “Our mission policy is to only assign one couple per country, since two couples can never get along.” We have to ask, “What kind of gospel are these folks able to model?”

Most such mission malpractice is rationalized on the basis of:

1. It costs too much in dollars or energy (to give the right tools and training).
2. The need over there is so urgent you must go at once.
3. We don’t have enough time to train you.
4. Anyone can do the job who has a subjective sense of God’s call.
5. You can “do all things through Christ”–without teaching how to distinguish what Christ asks and what everyone else expects.

Insufficient knowledge of human needs, the complexities of cross-cultural adaptation and the demands of language learning, as well as over-simplification of the “task” of missions also contributes to inadequate selection and training. Retaining a mechanistic orientation to which is task oriented relegates people to “slot filling” and to being discarded once used up minimizes the need of the organization to care for people as persons. Such an orientation causes great harm. The body of Christ is always to be an organism, whose functioning is growth oriented, person centered, and interdependent. Isn’t it contradictory to attempt to honor Christ and build His body of believers around the world and at the same time to treat its members as objects rather than persons?

#### Types of appropriate care

In another paper we have described the process of how missionaries become sick and get knocked out of ministry. This discusses the kinds of care needed and types of interventions

appropriate at various levels of care. (See the Mental Health and Missions paper listed in the reading list.) A chart from that paper is included at the end of this section.

SPARE is a handy acronym for identifying five dimensions of care and the interrelationship of these to one another. SPARE can be personalized (SPARE Yourself!) or applied to others (SPARE Your Missionary!). If we add a sixth dimension we can use SPARE-O as a handy reminder. That seems appropriate given that our Father in heaven cares for even the sparrow who finds a home on His altar or falls from its nest.

The five dimensions of development, and thus of the kinds of care are:

- a. **spiritual**
- b. **physical**
- c. **actualization (achievement, learning, professional development)**
- d. **relational**
- e. **emotional**

The sixth dimension is **organizational**—the relationship of the person to the organization.

1. **Spiritual care:** In general and historically, missions have placed most emphasis on what are perceived to be the spiritual qualifications of a person, emphasizing the call to mission, training in Biblical studies, evangelization, and practical Christian service. There has been some on-going care of missionaries, most often in the form of visiting pastors or occasional speakers. In our experience, both as missionaries and care-givers, it seems the general assumption is that people will be able to feed themselves from the Scriptures, continue to develop their relationship to God, and grow in other spiritual ways with little or no help or stimulation from others. We have seen very little actual training in how to grow spiritually, how to feed oneself from the Word, and how to sustain oneself when far from a supportive community of faith. Few missions provide for pastoral care, regular teaching, and encouragement of growth. Spiritual growth happens co-incidentally for most missionaries, as they are pressed to God by the extreme stresses. But the lack of care also pushes some out of mission work and leads to disillusionment, discouragement and even estrangement from God.

**What's needed?** Pastoral care in the form of a designated pastor for mission personnel. This can be provided for groups on the field, or in an itinerant way for those more isolated. Regular and frequent pastoral care is essential! Even “the best” and “the strongest” will benefit from such care. Missions need to value this care highly enough to assign personnel to pastoral, spiritual care, including teaching, hearing of confession, serving the sacraments.

Provide teaching in basic missions training in how to study the Scriptures, how to create support systems such as prayer/care groups and prayer partners. Teach people how to support and care for each other, and **to see that as a priority of mission service**. Caring for each other is implicit in the meaning and practice of the gospel, yet many missions treat it as a luxury to be tacked on if people have enough time. Jesus said, “...by this (how you love one another) will all men know that you are my disciples.” We need to elevate His view, to see that loving each other is the primary means of “doing missions.”

**2. Physical care:** For generations, the only “honorable” way to escape mission service, once begun, was to become physically ill. Withdrawing from service due to other causes was not honorable. This attitude seems to have developed because of the recognized role of disease agents, which one could not help contracting. This made a clear case for the person not having “failed;” disease was beyond one’s control, therefore one was not held accountable for becoming ill.

It is appropriate to view physical illness somewhat differently now, however. It is also highly appropriate to think of it in terms of PREVENTION and not solely from a curative perspective. The interplay of physical and emotional is much better known now than in previous decades. We know much more about the role of stress of all kinds upon the immune system. Psychosomatic disease is real disease, resulting in real dysfunction. Physical illness, due to whatever origin, effects all the other dimensions of functioning in quite a predictable fashion. It must be taken seriously. People must be cared for consistently and regularly, beginning with prevention methods (such as health and food education and immunizations) and progressing to regular interventions for preventing or minimizing budding illnesses. (See the Mental Health and Missions paper.)

**What’s needed?** Agencies need to provide for careful initial health screening, giving watchful attention to the underlying basic health status of a candidate. This includes both physical and mental health. It is a major indicator of how resilient a person will be under the high stress of mission training and field life. One’s history, both physically and emotionally, are the best predictors of future resilience. Certain problems predispose persons to illnesses which may make functioning in field situations difficult.

Once accepted for service, agencies need to provide appropriate insurance for both physical and mental health care. It is predictable that people will develop more health problems under all the stress they undergo, especially in the first five years. Providing good insurance is a means of caring for people. Yet, few missions include mental health coverage in their benefits, even though depression is more likely than a heart attack on the field. Ideally coverage should be available within the country of work, not just within the homeland. Placing medical personnel on the field to serve its membership is most desirable. (For example, AIM and SIL have a cooperative mental health clinic in Nairobi, staffed by two psychiatrists and other personnel.)

Agencies should also recognize that when they place people in locations where local medical is unavailable or not up to standard they will need to leave more frequently to secure good medical care. This may mean higher travel benefits and more frequent leaves. When possible, visiting medical personnel can consult with workers about their health concerns, especially helping them sort out when they need to leave in order to get appropriate care. Missions could do more to recruit consultants.

Another medical benefit, easily accessible now, is to have a designated health worker in the home office to correspond by e-mail with field members, and to connect them with professional resources for advice.

**3. Actualization:** Cross-cultural workers have the same needs as their constituency at home for ongoing learning, both personal and professional. A wise agency looks out for the achievement needs and growth needs of its personnel. A long-haul perspective lends validity to a person’s need for stimulation, changes of pace, and exposure to others in his or her field. A short term perspective values getting more current work done over the benefit of keeping persons

growing and thus developing more potential to contribute. SIL and WBT provide a good example of development among linguistic and Bible translations personnel. They are encouraged to update, do advanced degrees, write professional papers, and in other ways enhance their ability to contribute to their own growth as well as to the goals of the organization.

**What's needed?** Agencies can introduce the concept of life-long learning and growth in the initial training of candidates. Trainers can demonstrate the benefits to the person, as well as to the organization. People can be encouraged to develop growth plans for themselves, and to talk regularly with supervisors and supporters about how to implement their plans. Missions can direct people into courses, degree programs, and other forms of training which enable them to stay current in their fields as well as to continue enjoying learning. Allowing “assignment time” for study programs is one way to encourage people to grow, so they are not forced to give up vacation time for development.

Another crucial aspect of continued learning is having regular—at least annual—job reviews, in which each person receives feedback about job performance, mission roles, and perceived needs for growth. Workers can give feedback about their role contentment, needs for further training, etc. It seems few missions have such a regular review process. One major benefit is that it provides a natural avenue for feedback, so that confrontation is not so feared. It also spares the worker the traumatic experience of being told, on the eve of furlough, or while on furlough, that they are not wanted back. Issues and concerns are dealt with all along during field life (or home assignment), instead of being “stored up” and dumped after there is no opportunity for improvement.

Along with regular performance review, missions should have in place and clearly communicated “due process” for handling grievances, allegations of wrong doing, breaches of contract, and so on.

**4. Relational care:** We believe the church in general, and mission as an extension of it, needs to re-affirm that our call to Christ is call to relationship. We were not meant to live independent lives, but to be interdependent as the body of Christ. Yet, missions often give only lip service to the importance of living in community and in intimate relationship with one another. Some have policies and practices which pit relationship against “getting the job done”—as though the call of loving people on God’s behalf, so that they come to know and trust Him is a task to be ticked off a list. Some groups even have the audacity to measure “spirituality” by the amount of work done, the hours spent in busyness, the miles driven, while neglecting to build relationship within mission families and team members. This communicates a false gospel, an empty spirituality.

We have a good friend active in the Korean missionary movement. He is a third generation Christian. He tells us that to this day “spirituality” in a Korean pastor or missionary is measured by the degree of neglect of the family, because the early missionaries to the Koreans modeled their “spirituality” by being so dedicated to the church that they neglected time with their families. This neglect became a (false) indicator of dedication. We know of other situations where mission team members are too busy to relate, and do not truly even care for each other. Do what extent is the gospel hindered when Jesus’ mandate for our loving one another is ignored, and even de-valued?

**What's needed:** Missions need to teach the importance of relationship, within the family, the partnership, the team, the organization. To attempt to make converts without having the basics of relationship building in place is misguided and likely ineffective. Communication and intimacy skills, friendship building skills, support group formation and maintenance, and a host of other skills should be taught as essentials in training. Conflict styles and attitudes, assumptions need to be examined. We have seen made teams grind to a halt, or explode, because team members lack basic skills in communication and conflict management. Considering that Jesus said we will be known as His disciples by our love for one another, it makes sense that Satan loves to use conflict as a means to destroy missionaries. How many candidates are taught about the enemy's strategy for attempting to destroy them and their ministries?

Self-study is an essential aspect of teaching about relationship, for without understanding who we are, and what made us as we are, we can not relate freely to others. A program such as Wycliffe's Quest (a 30 day orientation program) shows how such self-study is a productive beginning in teaching relational skills.

People can only remain healthy and optimal in their relationships through good communication and intimacy. Intimacy is the life blood of relationship, as essential as the flow of blood is to the health of the body. Without it, people wither up, lose their resiliency, and lose heart for reaching out to others. Without close relationships in a field setting people become isolated, alienated, and ineffective. Missions should foster the building of a wide network of friendships, across mission lines, denominational lines, and cultural lines. We know one situation where a young family in a muslim country were never told by their burned out colleagues that any other missionaries or Christians existed in a particular city. It took them two years of isolation to discover some other missionaries, eager to include them, and that they did not have to live such lonely lives.

Another practical ways agencies can care for members is by allowing for "time out" when people are in trouble relationally. Without being punitive, emphasizing caring, leaders can allow couple, partners, and teams time off from regular work to mend their relationships. Keeping healthy relationships also protects missionaries from being drawn into unhealthy and addictive habits, which are maladaptive ways to cope with their pain and discouragement.

**Emotional care:** Emotional care, is of course, tied directly to relational care. Missions do have every reason for fostering the healthy emotions of their members, even through some leaders idealize missionaries as "pioneer types" who need no one but God. None of us was designed to be independent; some of us just have illusions that we are. We all have emotional needs, and to the extent that they are met in healthy ways we live and minister effectively.

Every person needs to feel that he or she is wanted, included, valued, appreciated. We all need to know that people around us love us, respect us, value our gifts and contributions. To the extent that a community, whether mission or church, communicates this love and care, its members are filled up emotionally in order to minister to others. Emotional emptiness is like an empty gas tank, stalling attempts to minister because the person has used up what they once had to give. Much of burnout is created by emotional expenditures exceeding emotional intake over a long period.

In missions we especially need to be alert to and sensitive to the needs of singles. Without close relationships, singles can not function any better than a person in a bad marriage. We all must be emotionally nurtured by someone, hopefully by at least a small group of people. Singles



needs families. Families need singles. We need to be careful to not over-use terms like “dependency” or “co-dependency” in mission. This does an injustice to singles who have a legitimate need for interdependency, just as do married people. I notice that those who most often accuse singles of “dependency” are themselves very dependent in a marriage—but they fail to recognize that their marriage is providing the support which they seem to think singles do not need.

As organizations, as leaders, we must provide healthy channels for people to build close relationships so that their intimacy needs and nurture needs are met. This will undoubtedly require a commitment of time, dollars for getting people together, and energy on the part of leaders. But, as with all prevention strategies, a dollar spent now is ten saved in the future. To not attend to emotional needs is to increase the rate of illness, depression, and attrition.

**6. Organizational care:** Other than giving a general orientation to a mission’s structure and hierarchy, some history and introduction to policies, most missions give little thought to the relationship of its members to the larger body. Thus, most members are not prepared to deal with the rather amorphous “they” who begin to structure and oversee their lives in myriad ways. Because ministries in general, and missions in particular, exercise widespread authority and influence in the lives of their members, this lack of information is a crucial area of neglect. The lack of teaching about what is appropriate involvement of an organization in a person’s life, and unclear expectations about resolving differences, makes for often difficult situations. This is especially hard in a democratic type organization, when the “they” is really “we.” Which “they” do I protest to when “we” is hurting “me?” In a more top-down authority structure, members are more likely damaged by decision making about their lives and ministry which excludes them or appears unresponsive to their needs.

An example can perhaps illumine the complexity of life within the organization. A young couple raised what they were told would be 100 percent of their support, only to discover when reaching the field that the support figures were old, and that they in fact had only 70 percent of what was needed. Lack of funds left them feeling trapped, as even getting together with colleagues in the same city required money for transportation. The wife could seldom go out with little children. Pregnancy, loss of a baby, and isolation led to depression. No one in the organization took responsibility for the errors; little care for their predicament was communicated. Both husband and wife became disillusioned with an organization they had expected to care for them abroad as it had overseen them in the homeland. Who was to blame? Who had the power to correct the errors?

We have seen enormous traumas and devastation caused through organizational errors or misjudgments. Usually these come about because of diffusion of responsibility or a particular leader taking on power which he or she does not actually have. A field leader, for example, may compel the resignation of members or send them home, even though it took dozens of people to get them into the organization and to the field. Lack of due process and unclear lines of authority, plus abuses of power can lead to devastating results. We know of cases of Post Traumatic Stress Disorder precipitated by organizational “malpractice”, equivalent to assault in the outcomes in people’s lives.

We believe missions, the world-wide outreach of the body of Christ, ought to live by a **higher standard** than do organizations in the world in general. Our experience points to quite the opposite, however. We often see missions operating below the standard, most often out of

ignorance of appropriate and fair ways to relate to personnel. Most abuses of power are tolerated and excused on the basis that “Christians should not sue Christians” and therefore organizations are not accountable to the law. Leaders forget that, as Paul said, God gave them authority to BUILD UP, not to tear down. (See Acts.....) Over-emphasis on the values of servanthood, obedience, humility, and compliance (in followers) as being synonymous with spirituality pave the way for the tolerance of abusive misuse of power. Those who are wronged are encouraged to forgive and forget; they are to put it behind them and not seek resolution or correction in the system; that’s the nice Christian thing to do. Those who abuse power are often neither reprimanded nor removed from a position which allows abuse to continue. The “whistle blower” is often cast as the wrong- doer, rather than the abuser of power being viewed as acting wrongly.

Missionary psychiatrist Dr. Marjory Foyle recently did a retrospective study of 300 of her cases of depression in field personnel. She found that organizational decisions or handling were a major factor in precipitating depression. (Her study is not yet published.) Our experience with missionaries is consistent with her findings.

In another paper, presented at this IFMA/EFMA conference, we list several specific kinds of mission malpractice. See paper for workshop on Selection and Professional Ethics

**What’s needed?** Mission agencies need to have clearly written **codes of ethical conduct for themselves** as agencies, not just for their members. They should have in place clearly defined “due process” for handling grievances, allegations, and so on. Lines of power should be clearly defined, both in reference to assignments and decisions about changes. No one person should have the power to put others out of ministry, field assignment, etc. If it has taken a candidate committee to accept people, it should take committee action to expel them or in some other way force their departure. It should be prohibited to make any personnel decisions based on third-party allegations. Members “in question” should always have a right to their own defense, with evidence presented in person by witnesses.

Amazingly, even these basic rights, protected in courts of law, are overlooked in many mission situations. Leaders sometimes assume that “spiritual authority” gives them the right to ignore fairness and justice. We have observed first hand the devastation created when these basic rights are swept aside and people are thrown out with out regard to the process. Mission leaders do with seeming impunity what secular leaders would not dare to do because a court of law would find them liable for breach of fair process. It seems to us such careless handling of members is as reprehensible as the “sins” or failings for which people are cast out. It is a violation of trust, as we are to seek to restore one another when overtaken by faults.

Regular performance reviews (including informal mission roles and contributions) should be used to encourage members and guide their growth, preventing “last minute” or absentee expulsion from the field.

Agencies should accept responsibility to support, encourage, and aid members, both on the field and at home. A positive way to do this is by having a designated member care person, an advocate for those in any kind or state of need. Wycliffe and some other large missions have been moving in this direction. Mission leaders should be trained in the care of members, learning how to identify their needs and make appropriate interventions.

Caring for missionaries means moving away from punitive and stigmatizing requirements and

mandates to providing restoration and teaching. It means assessing policies and practices and changing those which inhibit growth. It means keeping a very careful eye on the functioning of the organization, as well as the effectiveness of the member. Following are some specific ways to foster optimal development and prevent burnout. These cut across the six areas of missionary needs and care.

#### TEN WAYS TO FOSTER OPTIMAL\* HUMAN DEVELOPMENT IN THE ORGANIZATIONAL SETTING

1. **CREATE A CLIMATE OF TRUST.** This involves warmth, acceptance, genuineness, respect, honesty, integrity, consistency and fairness.
2. **MODEL EQUALITY OF PERSONS.** Differentiate the hierarchy of roles and tasks from the value of each individual person and his or her contribution to the team.
3. **MATCH PERSONS AND JOB ROLES/TASKS.** Based on temperament, motivations and job readiness/preparedness, persons should be placed in those roles which best allow for the expression of their gifts, motivations and experience. Persons not appropriately matched are more susceptible to burnout, as well as possibly being less effective and less motivated.
4. **CREATE CHALLENGE AND OPPORTUNITY** which foster the development of persons intellectually, spiritually, morally, and which allow for acquiring new knowledge and skills.
5. **INVITE PARTICIPATION.** Participatory leadership and decision making allow a degree of involvement and “owning” of outcomes which contributes to the sense of worth of each person.
6. **REWARD DIVERGENT THINKING.** Allow for and encourage innovation, creativity and difference. In the long run these are the seeds for and source of organizational renewal and transformation.
7. **BE HONEST, OPEN AND TRANSPARENT.** Clearly communicate one’s self (especially as leader), vision, purpose, goals, plans, etc. (Hidden agendas on the part of leadership creates suspicion and mistrust.) Make expectations clear and give feedback regularly.
8. **RECOGNIZE, ACKNOWLEDGE AND REWARD** the contribution of each person, especially those who by temperament or task are likely to be overlooked.
9. **PROVIDE SUPPORT and RESOURCES** which enable persons to meet the expectations and goals established, both personal support (such as for family and educational needs) and organizational support, such as funding, space, etc.
10. **AFFIRM! CELEBRATE! APPRECIATE!** - each person, each achievement, every effort.

\*”OPTIMAL” implies the “best possible” growth and development of the individual which maximizes his or her potential. This is promoted through an enriching, nurturing, supportive and

challenging environment. In comparison, “ADEQUATE,” implies providing only what is needed for survival.

### Ten Ways to Prevent Burnout in Your Organization

1. **RESPECT INDIVIDUAL DIFFERENCES.** Recognize that individuals vary in the amount and kinds of stress which they can carry (i.e., having different thresholds of over-stress). This is due to motivational, temperamental, physical and other factors, as well as to their differing levels of coping ability, skills and resources.
2. **PROVIDE FOR AND INSURE REGULAR “TIME OUT”**, and allow for unscheduled time out when the person needs it. In mission situations which present perpetual demands, four weeks vacation a year is reasonable, but more time off or out may be needed at times. Time out on a daily and weekly basis needs to be insured as well.
3. **ENCOURAGE APPROPRIATE ASSERTIVENESS** which gives a person freedom to state or describe his or her needs, limits, desires, etc.
4. **LISTEN CAREFULLY AND WITH DISCERNMENT** to a person’s presentation of his or her limits, motivations, skills, etc., and to what the person says about his or her needs. Be alert to unspoken, non-verbal clues to over stress, such as “nervousness”, cognitive difficulty, or emotional exhaustion.
5. **RESPOND WITH EMPATHY AND WITHOUT JUDGEMENT OR CONDEMNATION** whenever a person indicates he or she is becoming over stressed, exhausted, burned out, etc. Trust that the individual knows better than anyone else when he or she is reaching his or her limits.
6. **OBSERVE CAREFULLY** for signs and symptoms (interpersonal, cognitive, emotional, physical) which indicate a person may be having difficulty in the job/role/situation. Assess these with professional help if possible. (Identifying ahead of time a backup team of professional resources for such consultation is very helpful.)
7. **ENCOURAGE AND PROVIDE FOR PHYSICAL FITNESS**, both nutritionally and in terms of exercise. Exercise keeps one fit, which allows one to endure greater stress. It also reduces stress on a day-to-day basis by providing diversion and a break from the usual demands or interactions.
8. **IF INTERVENTION IS NEEDED** to protect either the individual or the organization from harm, it should be carried out with the utmost caring, loving concern, focusing on the person’s need for renewal rather than on the loss of competency, effectiveness, etc. **INAPPROPRIATE CONFRONTATION WHICH MAKES THE PERSON FEEL REJECTED OR JUDGED AS INADEQUATE ONLY CONTRIBUTES TO THE DOWNWARD SPIRAL AND CAUSES FURTHER LOSS OF SELF-ESTEEM, ETC.** For this reason is it always best to discuss the person’s needs, etc., face-to-face with him or her rather than to make any pronouncements or unilateral decisions without consulting the person.

9. RESTORATION AND RENEWAL OF THE PERSON is the foremost goal in intervention. Be sure to communicate that clearly, lovingly, repeatedly.

10. FOLLOW UP regularly on those taking time out for periodic renewal or longer-term recovery to encourage and affirm them and their progress.

### Some Practical Ways to Meet Needs of Returning Missionaries

Re-entry programs sponsored by a mission or an organization such as Missionary Training International or Heartstream offer several benefits to help missionaries make the transition back to the homeland.

Such programs usually devote 7-10 days to one or more of these elements:

1. Buffer zone: A neutral zone of time between the stresses and work of leaving the field and the stresses and work of arriving home. This zone is both physical and psychological in nature, allowing persons to move towards some state of equilibrium before the next round of demands.

2. Rest: Time for the body to readjust to a new “clock” or time zone, new climate, and new physical demands.

3. “De-briefing” the field experience: This includes telling about one’s field time, including both negative and positive elements, with those who understand and have had similar experiences. This is important before encountering the reality that most of one’s home constituency do not seem to care to know in detail what one has experienced or accomplished.

4. Re-assessing the field experience: This includes working on unresolved issues or conflicts, and working towards the healing of the wounds of service **before** entering the new round of stressors which furlough presents.

5. Update on the home culture: This provides both practical tips and insights into the changes in one’s own culture during the time away. Examples: how to use an ATM machine in banks and stores, how to use a microwave oven, new hair and clothing styles, the value changes in both secular and church society.

6. Update on mission organization: Returning missionaries are faced with changes in the organization they have served, including policy changes, new leadership, new requirements, new methods.

In addition, some missionaries need additional care, particularly if they suffer from burnout, depression, chronic fatigue, painful field experiences or traumatic departures. In Heartstream Resources programs we focus on the 5-10 percent who return in crisis or with serious or severe problems. These include:

- ! physical illness (especially chronic or undiagnosed), exhaustion, depletion
- ! depression, emotional depletion
- ! family problems, with marriage or children
- ! relational conflicts on the field
- ! “battle fatigue” of spiritual depression, oppression, crises of faith, burnout, etc.

These elements are almost always intertwined, as problems in one dimension invade all spheres of life when not attended immediately. Our focus is on restoration in the physical, emotional and spiritual areas of life through **in depth time**, assessment and care by **a team of professionals** via these modes of therapy:

- ! time out for rest, reflection  
    **with no demands for giving**
- ! medical assessment, treatment
- ! counseling of various types
- ! education, new skills, etc.
- ! spiritual nurture and care
- ! other related therapies

At Heartstream we offer more than can usually be included in a traditional re-entry program, including broader and deeper support **in community** by **a team with overseas experience**. Healing is best promoted in the loving, caring, body of Christ in **intentional community**.

## Levels of Prevention and Intervention in Care

Level	What we see	Goal of P/I*	What we do
1. Primary:  “Isn’t she/he beautiful?!”	health; normalcy; strengthen life satisfaction	protect; prevent; strengthen coping skills; enhance normalcy & optimal growth	teach, model; nurture; nourish; communicate, inoculate, group skills, healthy groups and organizations.
2. Secondary:  “Catch it quick!”	microscopic changes; minute disturbances which are beginning of the disease	detect incipient changes/problems; reverse the process; restore to normal; urge life-style changes (to reduce risks)	screening tests inventories questionnaires train, teach organizational: job satisfaction interviews
3. Tertiary:  “I hurt!”	symptoms appear; trouble comes to consciousness; pain or distress	diagnose problem discover root treat symptoms to reverse process restore to normal function	testing, questions, interview, examine counsel, treat prescribe & proscribe make life style changes to minimize risk behavior
4. Crisis:  “Call 911!”	life-threatening: physical illness or psychosocial crisis spiritual crisis	crisis management emergency or urgent care reverse process of disease; seek to restore function	life-saving measures long-term treatments and therapies change life-style radically

\* P/I indicates prevention and/or intervention