

National Consultation and Seminar:
MEMBER CARE

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PJRN



Jakarta, 8-11 February 2005

Doing Member Care Well—Handouts

Kelly O'Donnell, Grace Alag Jakarta, Indonesia 8-11 February 2005

1. Member Care: Overview and Updates

Defines member care, looks at different approaches to member care, and includes Biblical perspectives. Looks at global member care: current trends, cutting edge developments, and problems/gaps around the world. How can Indonesians contribute to and connect with the member care field? What do workers need to be resilient and effective?

Member Care Flows and Flaws—*page 6*

Code of Best Practice; Member Care and Best Practice; five questions—*page 7*

Juanita Bonita (case study)—*pages 8-9*

2. Staying Healthy in Difficult Places

Covers the main challenges facing workers, focusing on field contexts, and some practical ways to help oneself and others. Also presents guidelines to help deal with various crises. How can we better maintain a healthy work-life balance? How can leaders prepare for and manage crises?

Examples of Worker Stress; definitions—*pages 9-10*

Departing in Peace or in Pieces (attrition research)—*pages 11-12*

Research on Stress among Personnel—*pages 13-14*

Core Struggles for Personnel—*page 15*

CHOPS Stress Inventory; Questions About Stress—*page 16*

Spiritual Resources for Stress (checklist)—*page 17*

Family Scenarios (cases/exercises)—*page 18*

3. Team Building: Guidelines and Tools

Presents a practical approach to guide ongoing team development, and some fun practice of team building tools. How can teams be resilient and effective?

Doing Teams Well—A Checklist for Field Leaders—*pages 19-20*

Conflict Management Checklist—*page 21*

Relationship Verses from Scripture—*page 32*

Job Feedback Form—*page 23*

[See handouts on teambuilding and two tools at the end of this doc—not translated into Bahasa I.]

4. Member Care by the Sending Organization

Explores the contributions and responsibilities for care by the organization, from recruitment to end of service. A special focus will be on helping with trauma in light of the recent tsunami. What are some practical ways for organizations and workers to help? We will share important resources for helping with post-traumatic stress.

Selection Criteria—*page 24*

Personal Growth Plan—*page 25*

Reentry Preparation—*page 26*

Routine Debriefing—*page 27*

Crisis and Contingency Management—*pages 28-29*

Quotes and Perspectives on Crises—*page 30*

Crisis Scenarios for Discussion—*page 31*

50+ Books for Member Care—*pages 32-33*

Additional materials on crisis/trauma not translated into Bahasa Indonesia:

Health Briefing: After a Disaster—*pages 34-35*; Beliefs Associated with Resolving Crisis—*page 36*

Ways to Cope After Trauma—*page 37*; So You Would Like to Help—*page 38*

Helping Children in the Midst of Crisis—*page 39* ; Health Briefing: Advice for Organ.—*pages 40-41*

Effects of Disasters and Reactions to Disasters—*page 42*; Principles of Crisis Intervention—*page 43*

Overview of Member Care

Dr. Kelly O'Donnell

Goals:

- Define the nature and basic principles of member care
- Review the relevance of member care for living/working in cross-cultural settings
- Overview current trends and examples of member care globally
- Discuss several biblical foundations for member care
- Make practical applications to our lives and different settings

Readings:

Perspectives on Member Care—chapter 1 of *MC* book (**translate this article?**)

Support Through Pastoral Care—chapter 5 of *MC* book

Going Global: A Member Care Model for Best Practice—chapter 1 of *DMCW* book

Specific Topics:

SESSION ONE--Essential Principles for Good Practice

1. Member Care Definitions

Basic definition: investment, inclusive, development (see chapter one of *MC* book)

Member care as mutual responsibility in the context of belonging

Application: Summarise member care in one sentence for you, in your heart language

2. Biblical Perspectives

John 13:35: a mandate and model

I Corinthians 9:24: running to win

Proverbs: 27:23,24: know well and care well

Case study: I Cor. 16:15-18; the household of Stephanas

3. Some Basic Principles

Four dimensions: prevention, development, support, restoration

Examples of member care: admin, coordinators, small groups, prayer partners, etc (ch 5 of *MC* book)

Small groups: examples in Indonesia

SESSION THREE—Global Member Care Update

1. Current Trends

The Flows of MC: culture, concepts, caregivers, conferences, communication, cooperation, Christ

The Flaws of MC: examples of poor care

Discussion: flows and flaws for you or your organisation or in Indonesia

2. Member Care and Best Practice

Codes of Best Practice: People In Aid, Global Connections United Kingdom

Jesus Christ as “Best Practitioner”

Application: Small group personal sharing of Christ as comforter and confronter

3. Member Care Models

Brands: circle J, circle D; man, heliocentric, full immersion, flow/coop, triangle

Towards a Transcultural Model: see diagram

More Applications

Juanita Bonita Case Study (in chapter 8 of *MC* book)

Setting up personnel structures and departments

Staying Healthy in Difficult Places

Dr. Kelly O'Donnell

Goals:

- Review the main challenges facing workers and leaders, based on research and the literature
- Discuss stress, burnout and culture shock; share suggestions for prevention and treatment
- Develop skills in using the CHOPS Inventory for stress assessment
- Discuss reentry stress and transitions; and a reentry checklist/RAFT tool
- Overview a grid for crisis and contingency management

Readings:

Understanding and Managing Stress—chapter 8 of *MC* book (**translate this article?**)

Supporting Leaders—chapter 20 of *MC* book

Crisis Intervention—chapter 10 of *MC* book

Specific Topics:

SESSION ONE—Stress Management

1. Understanding Stress

Four examples of stress: chapter 8 in *MC* book

Defining stress, burnout, and culture shock

Small groups: Rm 8: 18-22 , 23-25; Jn 16:33, 21:18; Ph 1:29-30, 3:7-11; ICo 2:1-3, IICo 1:3-5

2. Research

WEA attrition study *Too Valuable to Lose* (1997) and retention study (2004)

Gish (1983), Carter (1999): seeing suffering, confrontation, culture/language, donors, work load etc

Parshall (1988) and O'Donnell, (1985): devotionals, “victory”, sexual lust; work, marriage, team life

Humanitarian aid workers

Applications for Indonesia

3. Tools

CHOPS Inventory: identify 10 areas of struggle, success, and strategy

Awareness Wheel: five movements of self awareness

Relaxation techniques and breathing

Mini-vacations and Psalm 23

Spiritual Resources: Ken Williams checklist

Reentry Checklist: see chapter 30 in *DMCW* book

RAFT: reconciliation, affirmation, farewells, think destination; vs resentment, anxiety, fear, trauma

Routine Debriefing: Luke 6—*Rendez vous*, rest, report, review, renewal; see chapter 30 in *DMCW*

SESSION THREE—Crisis Management

1. Crisis and Contingency Management (four steps)

Preparation: plans, stress training, field orientation

Staying Alive: using personal skills, running crisis management teams, doing human rights advocacy

Special Care: practical help, critical stress debriefing, brief services

Aftercare: counselling/medical care, organisational review, follow up

More Applications

Four questions about stress: recognition, recent experience, Jesus' strategies, your strategies

Four short case studies and various handouts, such as “Life at Age 65”

Team Development—Guidelines and Tools

Dr. Kelly O'Donnell

Goals:

- Identify the characteristics of cohesive and effective teams
- Discuss the roles and responsibilities of team leaders
- Explore some of the main strengths and weaknesses of multi-cultural teams
- Develop skills in team building and using team building tools
- Discuss interpersonal conflict and using conflict management tools

Readings:

Building Resilient Teams—chapter 38 of *DMCW* book (**translate this article?**)

Multicultural Teams—chapter 39 of *DMCW* book

Tools for Team Viability—chapter 14 in *MC* book

Handouts on conflict management

Specific topics:

SESSION ONE—Practicing Team Basics

1. Team Characteristics

High performance teams: small group, complimentary skills, committed to common purpose/working approach, mutual accountability/commitment, performance challenges, practice team basics

Four dimensions of team life: relational, task, spiritual, ethos

Team stages: beginning, adjustment, viability, ending

2. Team Leaders—Roles and Responsibilities

Leaders as shepherds and models—true teamwork is powerful and rare

Leadership styles: dominant, participative, *laissez faire*

Checklist for team leaders for staff member care

3. Multinational Teams

Negotiating/harmonising “ways of being”: leadership, decisions, conflict, work, spirituality, gender
Indonesian teams--Discussion

SESSION THREE—Developing Team Building Skills

1. The CACTUS Kit--Doing Team Building Well

Proverbs 24:3,4

CACTUS: coping, commitment, affirmation, communication, time, understanding, structure, spiritual

2 Team building skills and approaches

Several guidelines for doing team building

Four “P”s: point of focus, participation from heart, person with facilitation skills, presence of God

Warm ups, focus, and debriefing team building times

Process: spontaneity, control, time/focus, authenticity, contact

More Applications

Good team and bad team--exercise

Drawing where I lived--exercise

Conflict Resolution Checklist

Dealing with Conflict Worksheet

Relationship verses

Note: The two handouts below are included at the end but not translated into Bahasa I.

Guidelines for Team Building—page 45

Sentence Completion (exercise) and Process Observation: Fly on the Wall (exercise)—page 46

Member Care by the Sending Organization

Dr. Kelly O'Donnell

Goals: [Note: These goals are an adjusted version of the Bahanas I. translation]

- Explores the contributions and responsibilities for care by the organization
- Review specific tools to support staff through the worker life cycle, recruitment to end of service
- Review the normal responses to trauma and signs of post traumatic stress and other disorders
- Discuss practical ways to help oneself and others following traumatic events
- Explore how participants have responded to trauma and action plans for helping in future traumas

Readings:

Developing a Flow of Care—chapter 2 of *DMCW* book

A Mindset and Department for Member Care—chapter 24 of *DMCW* book

Crisis Intervention—chapter 10 of *MC* book

The Perils of Pioneering—chapter 43 of *DMCW* book

Guidelines for Crisis and Routine Debriefing— chapter 44 of *DMCW* book

Handouts

Specific topics:

SESSION ONE—Organizational Care

1. Member Care Programs

2. Selection Criteria

3. Personal Growth Plans

4. Reentry

5. Routine Debriefing

SESSION TWO—Crisis and Trauma Care

1. Understanding Trauma and the Impact of Extreme Stressors

2 Helping Oneself an Others During and After traumatic Events

More Applications

See handouts including these additional handouts that were not translated in to Bahasa I.

Health Briefing: After a Disaster—*pages 34-35;*

Beliefs Associated with Resolving Crisis—*page 36*

Ways to Cope After Trauma—*page 37;*

So You Would Like to Help—*page 38*

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Effects of Disasters and Reactions to Disasters—*page 42;*

Principles of Crisis Intervention—*page 43*

Member Care Update: Flows and Flaws

Kelly O'Donnell

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. It 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 is thus as much about developing *inner resources* (e.g., perseverance, stress tolerance) as it is about providing *external resources* (e.g., team building, logistical support, skill training).

Anointed and Spirit-led *planning*, rather than chance, has characterised the development 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 *OSC/NSC* mission personnel around the world. (Introduction *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 (Marion@Knell.org); Society for HR Management (www.shrm.org)

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

- Email forums/updates. MemCa *Briefing*. Web sites. TWR Member Care Radio.
- Hoffmannht@compuserve.com; www.membercare.org; www.membercarebyradio.com

6. Flow of Cooperation (the *community/relationships* that enable synergy and effective joint work)

- Knitting the nets/networks. Bursting bubbles. Member care structures: RIMAs, NIMAs, SIMAs.
- *DMCW*: Developing Member Care Affiliations; chapter 48

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7. The Flow of Christ (the foundational presence/love of *Jesus Christ* in MCWs/mission personnel)

- Going to/from Jerusalem—sacrifice + support (Lk 9:51 and Lk 24:15). Jesus comforts/confronts.
- *DMCW*: Jesus Christ: The Heart of Member Care; chapter 21

Minus 8. The Flow of Flaws ☹ (problems in developing the flows of member care)

- Flow of Crumbs (disparities in resources). Flow of Crumbly Care (issues in quality control/ethics).
- *DMCW*: Care and Support of Local Staff; Human Rights Advocacy; chapters 27, 45

The People In Aid Code of Good Practice (2003)

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

Principle 2: Staff Policies and Practices

Our human resources policies aim to be effective, fair and transparent

Principle 3: Managing People

Good support, management and leadership of our staff is key to our effectiveness

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

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

Principle 6: Learning, Training and Development

Learning, training and staff development are promoted throughout the organisation

Principle 7: Health, Safety and Security

The security, good health and safety of our staff are a prime responsibility of our organisation.

Member Care and Best Practice (DMCW chapter one)

- **Sphere 1. Master Care:** *Best 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:** *Best 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:** *Best 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:** *Best 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:** *Best 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.

The Case of Juanita Bonita

Michèle and Kelly O'Donnell

The following fictitious account raises several issues regarding field care and stress. As you read through this case, note any possible "red flags"--that is, indications of current or future problem areas. The case concludes with several questions to guide your study. Like most families living cross-culturally, the Bonita family is complex. It will take more information and exploration to adequately understand its strengths and needs.

Carlos-Esther (parents)

Eduardo, Juanita, Lupita (children)

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

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

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

Carlos and Esther receive approximately \$1,500 per month in support. Typically they need \$1,700 to make ends meet each month. The additional money usually comes in "miraculously," although not always on time to pay the bills.

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

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

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

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

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

Questions

1. What stresses are going on for the Bonita family?
2. Where is the focus of the problem: individual, family, team, department, base, region, agency?
3. What recommendations would you make?
4. Further issues to probe:
 - a. Juanita--How do you view Juanita's tantrums, bruises, sibling relationships, and peer problems?
 - b. Eduardo--What do you think of Eduardo's shyness, invisible friend, and teasing Juanita?
 - c. Carlos--What about Carlos' travel schedule, family time, and relationship with his wife?
 - d. Esther--How do you see Esther's "dependency" concerns, use of wine, and work relations?
 - e. Agency--Which member care services should the agency be responsible to provide this family?

Examples of Worker Stress

The following accounts poignantly illustrate the realities of stress in overseas postings. These excerpts are from letters written to us by mature, committed personnel.

1. *A single medical worker in Asia working with refugees.* During times of stress this year I find myself struggling to maintain a balanced eating pattern. It seems we are always on call, and it is hard to turn away such needy people. There are days when I go to the refrigerator and look for things to eat and yet I am aware that I am not even hungry. This really bothers me because I hate to see myself falling into the trap of eating to cope with stress. I wish our base had a person with a pastor's heart who was willing to listen to our concerns and offer advice and encouragement.
2. *An organisational leader in India coaching first-term staff.* Culture shock is the biggest struggle as our new staff pursue learning a different language and culture. This usually is hard on their sense of identity and sifts through those who can stay on long-term from those who cannot. Loneliness and isolation are two words to describe the first year. Depression is frequently a part of the stress they feel as they try to cope with their new and demanding work.
3. *A couple teaching in the Middle East.* As Westerners, we must fight the fear of being unfairly labelled as politically subversive or as enemies of the established religion, and consequently be deported from the country. Paranoia is something that can keep one from sharing and helping. We often feel forced to lead divided and overly busy lives. Our "free time" is spent making visits, doing studies, and housing visitors. Faith compels us to be people-oriented and compassionate, willing to "waste time" on individuals. The problem is there just isn't enough time!
4. *A middle-aged administrator in Europe.* What are the issues that led my wife and me to resign? First, I had laboured here for over three years without having the slightest contact from other leaders from our organisation in this country. No one asked how I was doing, what I was doing, or why. The isolation from full-time workers, from fellowship, and from avenues of dealing with the problems here, were the primary factors. Oddly, in discussing these issues with another leader, he seemed perplexed that they would even be issues. Such mentality prompted a letter to our international director in which I expressed my concern for more in-depth and comprehensive pastoral oversight of staff and leaders. It seems that too little is understood and too much is presumed.

Kelly and Michèle O'Donnell, from *MC book (1992)*, "Understanding and Managing Stress"

Stress is the response of the entire person * spiritually, emotionally, physically, socially * to internal and external demands. Too much for too long results in: physical tension and emotional discomfort * relational strains and lower cognitive functioning * and sometimes addictive behaviours * spiritual and relational struggles.

Burnout is the incapacitating result of * emotional distress and behavioural dysfunction * due to chronic, unresolved stress. **Brownout** is a mild form of burnout and a precursor to it.

Compassion fatigue is a special type of burnout * resulting from dealing with people's problems. It is an occupational hazard for many helpers.

Culture shock is the incapacitating experience of: anxiety, confusion, value dissonance, discouragement, and identity challenges * that result from trying to get one's needs met in unfamiliar or unavailable ways in a new culture(s).

Departing in Peace or Pieces? Research on Attrition

Kelly O'Donnell

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

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

The 3Ps of Attrition

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

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

More Results

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

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

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

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

Transience

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

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

Some Suggestions

I appreciate the recent "codes of best practice" which have developed standards for the management and care of overseas workers (e.g., by the People in Aid, the UK Global Connections—see *DMCW* chapter 26). These documents offer agreed-upon criteria for evaluating our member care approaches, and we would do well to thoroughly review them. Dave Pollock's "Flow of Care" model, outlining member care needs from recruitment through retirement, is also helpful (see chapter 2 of *DMCW*).

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

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

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

Final Thoughts

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

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

Research on Mission/Aid Worker Stress

Part One--Mission Workers

Gish 1983 (in *Helping Missionaries Grow 1988*)

Stressors (reported by 40%+ to be moderate to great):

- Confronting one another when necessary
- Crossing language and cultural boundaries
- Time and effort maintaining donor contact
- Amount of work
- Work priorities

Parshall 1987 (in *Helping Missionaries Grow 1988*)

Spiritual stressors:

- Maintaining devotional life
- Maintaining a sense of “victory”
- Managing feelings of sexual lust

O'Donnell 1995 (in *International Journal of Frontier Missions*)

Struggles (reporting high or extreme stress):

- Type of work for married men—53%
- Marital issues for married women—45% (caution--small sample size)
- Relationships with colleagues for single women—40%
- Personal struggles for men—40%

Quality of team life:

(clarity of goals, quality of communication, time together as a group, team cohesion, sense of mutual support, time with leader, time spent on stated goals, team morale)

Rated on a five point scale with 3 = adequate; average rating for eight areas was **2.75**

Most helpful resources:

friends' encouragement, devotional life, prayer partnerships

Carter, 1999 (*Journal of Psychology and Theology*)

Added to Gish 1883 above (reported by 40%+ to be moderate to great):

- Seeing needs I am unable to meet
- Self expectations
- Time for personal study of the Word and prayer
- Freedom to take time for myself
- Family responsibility vs ministry
- City driving

Part Two--Humanitarian Aid Workers

Room For Improvement 1995 (adjustment and care issues for British aid workers)

Stressors (mentioned by more than 40% of the group):

- Managers—workload, organisation, communication
- Non-managers—organisation, security, witnessing suffering
- Men—security, workload
- Women—organisation, expatriate colleagues, lack of privacy, security, communication
- Work hours—half worked more than 60 hours/week, over 25% more than 70 hours/week)
- Security concerns—armed military presence, driving in the dark, dangers in evacuation; about half said security guidelines were not adequate and enforced

Strategies to reduce stress:

- Talking about problems, socialising (86% had someone with who to talk about problems)
 - 26% admitted drinking more than usual
 - Almost half did not get a performance evaluation during or after their posting
 - About 90% received some type of debriefing at the end of their term
- (75% said they also had the opportunity to talk about the emotional aspects of their posting)

International Committee of the Red Cross 1996

(Bierens de Haan, debriefing ICRC field workers)

1300 returning from their mission via the ICRC Geneva headquarters:

About 39% (506) went through debriefing to detect psychological disturbance

132 (26%) diagnosed as suffering from stress: of which traumatic stress was 17% (7% of the 1300)

about 25% diagnosed as suffering from basic stress

- Interpersonal conflicts
- Lack of leadership in the field

Centers for Disease Control USA 2000

(Mental health outcomes among expatriate humanitarian aid workers in Kosovo)

Trauma and risk factors:

- sniper fire (24%), verbal/physical threats (36%), prolonged separation from family (12%)

Symptoms:

- About 1% reported post traumatic stress symptoms
- 17% reported depressive symptoms.
- Those completing five or more missions were more likely to report depressive symptoms than those on their first mission.
- Aid workers experiencing four or more trauma events were more likely to experience depressive symptoms than those who reported none.
- Likelihood for depressive symptoms higher for those reporting poor organisational support services; lower for those who had not experienced prolonged family separation.
-

Other Studies

Stressors:

- Separation from family
- Feeling helpless to change people/place problems
- Travel difficulties, threatening checkpoints, rough roads
- Team conflicts
- Environmental stress like excessive heat, cold, noise
- Struggles with organisation: little recognition for work, criticism, poor management

Consequences and Personal Vulnerability:

- Up to 25% in the “risk range” on measures for depression, PTSD, and burnout
- Up to 40% of local staff (one study) may be experiencing depression
- Vicarious trauma exposure and chronic stress related to burnout and depression
- Significant relationship found between past trauma (family of origin mostly) and field adjustment.
- Significant relationships between social support, positive health behaviours, organisational factors, and measures of adjustment.

Some Core Challenges for Mission 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 missionary 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. Some examples:

Club Mediterranean—“Yes God, I hear you calling me to work with the affluent in the Bahamas and Beverly Hills. 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.”

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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)

Crises (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

Questions About Stress

1. How do you know when you are experiencing stress? How does it affect you physically, spiritually, emotionally, relationally, mentally?
2. When was the last time that you went through a significant period of stress? What was it like?
3. How did Jesus deal with stress? There are at least 25 things He did to manage His levels of stress.
4. What things do you do to deal with stress? What helps? What does not help?

Spiritual Resources for Stress

Ken Williams

Consider how you are at applying spiritual resources when you are struggling with stress, and use this scale to indicate your responses.

1 = Hardly ever, 2 = Occasionally, 3 = Sometimes, 4 = Often, 5 = Nearly always

- _____ 1. I consciously choose to put my trust in God, and in His working in my life. Psa. 56:3; Prov. 3:5-6; Isa. 12:2; 26:3-4; Nahum 1:7.
- _____ 2. I am careful to confess sinful reactions, destructive attitudes, lack of faith, etc. Psa. 32:1-5; 1 John 1:9.
- _____ 3. I ask God for what I need from Him to be able to handle the stress. 2 Sam. 22:7; Phil. 4:6-7; James 5:13.
- _____ 4. I pour out my heart to God. Psa. 55:22; 62:8; 1 Peter 5:7.
- _____ 5. I choose to give thanks to God. 2 Cor. 2:14; Eph. 5:20; Phil. 4:6-7.
- _____ 6. I choose to worship Him in praise. Psa. 68:19; Heb. 13:15.
- _____ 7. I claim God's promises, especially those that bring comfort, strength, joy and encouragement. Psa. 119:50,52,148,162; Rom. 4:20-21; 15:4.
- _____ 8. I seek to apply the teachings of God's Word on how to cope with stress. Psa. 25:10; 119:100,105; 2 Tim. 3:16,17.
- _____ 9. I choose to rejoice in the Lord, even when the stress is difficult. Hab. 3:17-18; Phil. 4:4. (Paul spoke of joy fourteen times when he wrote to the Philippians from prison).
- _____ 10. I take time to rest-in whatever ways I rest best. Matt. 11:28-30; Mark 6:31.
- _____ 11. I sing and/or listen to music that helps lower my stress level. Psa. 32:7; 59:16-17; 77:6; Isa. 12:2; Acts 16:25.
- _____ 12. I share my burdens with others so they can help bear them. Num. 11:10-17; Gal. 6:2.
- _____ 13. I seek counsel and a biblical perspective from others. Col. 3:16; 1 Thess. 5:14.
- _____ 14. I allow others to comfort and encourage me. 2 Cor 1:3-4; 7:5-6; Heb 3:13;10:24-25.
- _____ 15. I ask others to pray for me. 2 Cor. 1:11; Eph. 6:18-20; James 5:16.

Family Scenarios: Field Adjustment

Dr. Kelly and Dr. Michèle O'Donnell

Scenario One

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

What could be done to help this family?

Scenario Two

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

How would you help this boy?

Scenario Three

A couple with no children that has been working in Indonesia for the past five years is having marital problems. The husband is Singaporean/Chinese and the wife is Korean. The business is doing well but the long hours needed to make the business viable has affected their relationship. Or so they say it has. Both acknowledge that they have come from "dysfunctional" families, in which there was alcoholism and poor parental modelling of conflict resolution. They have seen a counsellor on furlough and attended a marriage retreat on the field, but no lasting changes have occurred. The wife's relationships with Indonesia women are significant, and she is having a significant impact in their lives. The husband has few close relationships outside of his work and is wondering if he is going through a mid-life crisis. The sending church decides to let them continue on the field and to do the best they can until they can get some more help somewhere.

How would you try to help this couple?

Doing Teams Well

A Member Care Checklist for Team Leaders

Among their various duties, team leaders are responsible to make sure that pastoral care is being provided to team members. What should that look like, and how much is enough? The following checklist is offered as a guide. It is given from the point of view of the needs individual team members, following them through all stages of participation in team life.

Stage 1: Prefield Communication

Goal: Adequate preparation to smooth stress of transition.

- Is there a standard description sent out to all potential team members in which the field situation has been adequately and accurately described? Does the new member know what to expect in his/her first months on the ground?
- Is there a team Memo of Understanding which includes requirements of new members?

Stage 2: Welcoming the New Member: Reception and Orientation

Goal: Quickly integrate new team members, reduce isolation and promote bonding within the team.

- How will the new team member get to know the individuals on his/her team? We recommend that within the first 2 weeks, every team household invites the new member over to dinner, or for some similar social function.
- If in your location, there is more than one team working, how will the new team member be introduced to the wider group?
- Who has primary responsibility for helping that person with logistics? (Ex: housing, banking, transportation, language learning plan, etc.) Some teams have instituted a mentor/ link person program, with specified tasks assigned to the mentor to insure that the new member has the information s/he needs to function in the new environment. This person should be appointed by the team leader and be someone who has successfully bonded with the culture. The ideal would be that the new team member could also be assisted by a national, to promote bonding with the new culture.
- Does your team have a "welcome" ritual? A party? A gift basket? A trip to the *hamam*? Rituals that celebrate milestones in team life go a long way to improving team solidarity.
- Is the team member aware of culture shock issues, and particular language; cultural pitfalls which commonly occur in your setting?
- If your team has a crisis/contingency plan, has the team member been informed of it?

Stage 3: Maintenance and Growth

Goal: Facilitate an environment where team members can function at full capacity spiritually, emotionally and physically. Promote stability and ongoing growth.

- Does the team member have a clear understanding of his/her job, and related expectations?
- Is the team leader aware of the member's financial situation, and relationships with the sending organisation?
- Is there a regular schedule for team retreats, where members can get away and be refreshed? Recommended: annually.
- In team meetings, is there a regular time for personal ministry
- Are there regular times of worship which are refreshing for the team members?
- Is the atmosphere on the team an open environment, where both individual and group needs can be expressed? (ministry as well as personal)
- Does the team leader meet individually with each member at least 2x a year? At these times, does the team leader review with the individual his/her personal and ministry goals?

- Is there someone available should the team member have problems that go beyond the team and team leader's ability to help? Does the member know who this person is and how to go about getting help?
- Is cultural diversity among team members openly addressed?
- Are there conflict resolution guidelines which are understood and followed?
- Are in-service trainings available, and connections to the broader Y family encouraged? Is the team member taking regular breaks and holidays?
- Does the team have "fun" times together?
- Are debriefings provided at appropriate junctures, before and after furlough, after critical incidents?

Stage 4: Saying Goodbye

Goal: Promoting healthy closure for both the departing and remaining team members.

- Does the team have a ritual (both team-wide and city-wide) for members who are leaving? For example, in one location, at the going-away party, departing team members are given a book with pictures of all the team members and their families, with "good-bye" notes written beside the pictures. Gifts and mementos such as a video of the good-bye party can also be helpful.
- Is the departing team member prayed for and blessed (if possible) in a formal time together?
- Have all team members received adequate notification of the team member's departure?
- Are the remaining team members given opportunity to talk about how the leaving affects them?
- Are departing team members debriefed, and encouraged to debrief again after returning home?

The above guidelines are based upon a three-tiered approach to member care.

Tier 1 Normal Growth and Development

Who is responsible for the care? Team members, ministering to one another

What is the level of care? Help with normal bumps and challenges of life.

Tier 2 Issues which Arise on the Field

Who is responsible for the care? Team Leader and,/or person designated by Team Leader. The ideal is that every team has a designated Team Member Care Coordinator, who receives specialised training.

What is the level of care? Help with problems which are serious enough to impede stability and growth. An example of this level of care would be a member care coordinator meeting weekly with someone who is having trouble with authority figures. This is not ongoing counselling, but is time-limited and focused directly upon a particular issue which is impairing the team member's functioning.

Tier 3 Crisis

Who is responsible for the care? Member Care Specialists, from within company, and from without.

What is the level of care? In the event of crisis which are beyond the ability of the Team Leader and designated assistants to address, consultation with the Regional Member Care Coordinator is recommended. When direct assistance cannot be given by the Regional MC Coordinator, every attempt will be made to give appropriate referrals.

Prepared by a colleague in Y. 20003. Name withheld.

CONFLICT MANAGEMENT CHECKLIST

Ken Williams

Pre-Conflict Check: When You Can Anticipate a Conflict Situation

1. Preparing My Heart

_____ Have I honestly considered why I'm doing this?

_____ Have I acknowledged my negative feelings and begun working on resolving them?

_____ Have I surrendered any wrong attitudes and motivations to God?

_____ Have I asked Him to prepare the other person's heart and help him to be willing to find a solution we can live with?

_____ Is there anything else I need to talk over with God first?

2. Preparing What to Say (How to Begin)

_____ Do I have the essential *issue* clearly in mind, and am I able to clearly state it?

_____ Am I prepared to honestly and lovingly share my feelings in this matter?

_____ Do I have a clear understanding of what I would like to see happen?

3. Preparing for the Context

_____ Have I decided on the best *tune* to bring up the issue?

_____ Have I decided on the best location?

Post Conflict Check and Comments

_____ Did I clearly and specifically present the issue, in dialogue?

_____ Were we able to keep the conversation to one present issue?

_____ Did I appropriately control and express my feelings?

_____ Did I avoid attacks, mind reading, prophesying and counter attacks?

_____ Did I effectively present ideas for possible solutions?

_____ Did I listen well without interrupting, giving feedback and adequate opportunity to express feelings, perceptions and solutions?

_____ Did we find a mutually acceptable solution, resulting in a minimum of unresolved feelings and misunderstanding?

_____ If we couldn't agree, did I do everything possible to preserve our relationship?

_____ Have we set up a time for ongoing dialogue, if needed?

RELATIONSHIP VERSES

Gordon and Rosemary Jones, Teamwork (rev. 2003)

Here is a list of scripture verses that refer to relationships.
These may be used at any point in the teambuilding process.

1. 'Be at peace with each other' Mark 9:50
2. 'Wash one another's feet' (a servant attitude) John 13:14
3. 'Love one another' John 13:34
4. 'Each member belongs to all the others' Romans 12:5
5. 'Be devoted to One another' Romans 12:10
6. 'Honour one another above yourselves' Romans 12:10
7. 'Rejoice with those who rejoice: mourn with those who mourn' Romans 12:15
8. 'Live in harmony with one another' Romans 12:16
9. 'Stop passing judgement on one another' Romans 14:13
10. 'Let us therefore make every effort to do what leads to peace and to mutual edification' Romans 14:19 .
11. 'Accept one another' Romans 15:7
12. 'Instruct one another' Romans 13:14
13. 'Greet one another' Romans 16:16
14. [Do not take] 'pride over against another' I Corinthians 4:6
15. 'Wait for each other' (be considerate) I Corinthians 11:33
16. 'Have equal concern for each other' 1 Corinthians 12:25
17. 'Serve one another' Galatians 5:13
18. 'If you keep on biting and devouring each other, watch out or you will be destroyed by each other' Galatians 5:15
19. 'Let us not become conceited, provoking and envying each other' Galatians 3:26.
20. 'Carry each other's burdens' Galatians 6:2
21. 'Let us do good to all people. especially to those who belong to the family of believers' Galatians 6:10
22. 'Consider others better than yourselves' Philippians 2:3
23. 'Be kind and compassionate "to one another' Ephesians 4:32
24. 'Be patient, bearing with one another' Ephesians 4:3
25. 'Submit to one another' Ephesians 5:21
26. 'Each of you should look not only to your own interests. but also to the interests of others' Philippians' 2:4.27.
27. 'Do not lie to each other' (be honest) Colossians 3:9
28. 'Forgive whatever grievances you may have against one another' Colossians 3:13
29. 'Teach and admonish one another with all wisdom' Colossians 3:16
30. 'Build each other up' I Thessalonians 5:11
31. 'Make sure that nobody pays back wrong for wrong, but always try to be kind to one another' I Thessalonians 5:13
32. 'Encourage one another daily' Hebrews 3:13
33. 'Spur one another on towards love and good deeds' Hebrews 10:24
34. 'Do not Slander one another' James 4:11
35. 'Do not grumble against each other' James 3:9
36. 'Confess your sins to each other' James 5:16
37. 'Pray for each other' James 5:16
38. "Offer hospitality to one another without grumbling' 1 Peter 4:9
39. 'Each should use whatever gift he has to serve others, faithfully administering God's grace' I Peter 4: 10
40. 'Clothe yourselves with humility toward one another' 1 Peter 5:5
41. 'Have fellowship one with another' I John 1:7

Job Feedback Form

- The purpose of this form is to help you look at how your overall team/department is doing. It is intended to stimulate mutual feedback between you and your supervisor/leader and between group members when done as a joint exercise. Your assessment will hopefully lead to constructive changes for you and your work
- Directions: Use the five point scale below to rate the following 15 areas. Feel free to make additional comments for any of the items.

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

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

Rating_____Comments:

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

Rating_____Comments:

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

Rating_____Comments:

4. We meet often enough as a group.

Rating_____Comments:

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

Rating_____Comments:

6. The communication process is adequate within our group.

Rating_____Comments:

7. I understand what is expected of me.

Rating_____Comments:

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

Rating_____Comments:

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

Rating_____Comments:

10. I feel encouraged and respected by my colleagues.

Rating_____Comments:

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

Rating_____Comments:

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

Rating_____Comments:

13. I have sufficient time to fulfil my responsibilities.

Rating_____Comments:

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

Rating_____Comments:

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

Rating_____Comments:

- Your overall rating (total divided by 15):
- Composite score for your group (total scores divided by 15 then divided by the number of people in group):
- Additional comments on the following areas: a. ways to improve the work we do; b. ways to work better as a team; c. personal areas/struggles for me that affect my work; d. any additional concerns or suggestions.

Selection Criteria

The Eleven C's For the Seven Seas

- *Calling to vocation*: to your job/profession, country, people, organisation, team; spiritual "call"

- *Character*: emotional stability, resiliency, strong and weak points

- *Competence*: gifts/skills, training, preparation and experience

- *Commitment*: to "calling", job, cross-cultural work, organisation, team, people

- *Christian experience*: spirituality, previous related work

- *Cross-cultural experience*: some background living and relating with people from different cultures

- *Compatibility*: team goals, agency ethos, doctrine; cultural, relational, spoken/unspoken expectations

- *Confirmation*: from family, friends, organisation, church, inner peace

- *Corporal health*: overall physical wellness

- *Cash*: financial assets and one's overall support network

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

Other Areas and Issues:

Personal Growth Plan

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

Part One--Personal Profile

1. List your current interests--things you do which give you personal satisfaction and pleasure (like reading, sports, music).
2. List your current dislikes--things you do which you do not enjoy or feel you are good at (teaching, poor habits, exercise).
3. Describe a few of your strengths.
4. Describe some of your limitations and growth areas.
5. List your current work responsibilities. Summarise your job as clearly in one sentence.
6. List any other responsibilities you have (personal, professional, social, family).
7. How do your current responsibilities compare with your stated interests/strengths and limitations/dislikes?
8. What would you like to be doing in the next five years? Write a brief statement about your future roles and responsibilities--both personal and work-related.
9. What are you doing to further your spiritual life? Be specific. In what areas do you struggle?
10. What helps you maintain emotional stability and keeps you emotionally healthy? What do you do and how often?
11. In what ways do you continue your learning and build upon your strengths and skills?
12. Describe your relationship with your family (here and back home). Any areas to improve?
13. Describe your relationship with your team/department/work community. Any areas to improve?
14. Describe your relationship with the local community and nationals. Any areas to improve?

Part Two--Personal and Professional Development Plan

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

Example

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

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

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

Reentry Preparation

Kelly and Michèle O'Donnell

Returning to your home country can be an exciting and enriching experience! Whether your return is for a brief period of time, such as for furlough, or possibly permanently, adequate preparation is needed to get the most out of your life back home. Preparation requires taking a close look at four areas: 1) who you are as a person, 2) how you and your home culture may have changed, 3) your plans and goals when you are at home, and 4) your strategies for adjustment.

The reentry process can be a bit like culture shock, in that you are called to meet basic needs in different and sometimes unfamiliar ways. Much of the stress experienced is brought on by returning to a setting--which includes family, friends, and work--that is presumed to be familiar to the individual. Often it is the unexpected nature and the subtlety of these changes that creates the greatest amount of stress. In short, your way of thinking and doing things has changed. Sometimes it takes readjusting to your home culture to shed light on the nature of these changes.

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

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

Reentry Assessment

Several factors typically influence the adjustment process of workers returning to their home country. These factors involve your relationship with both the host culture and your original home culture, as well as some of your individual characteristics. Respond to each of the 15 items on this worksheet to help you explore what reentry might be like for you. You might also want to do this exercise with/for other family members.

Host Country

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

Worker Characteristics

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

Home Culture

11. How long will you be staying in your country of origin? List a few things that you think have changed for your family, friends, and home country. How might these impact you?
12. Describe the primary purposes/expectations for your return.
13. What have previous reentry experiences been like? How can they help your upcoming reentry?
14. How have you stayed updated on events/changes back home? (reading, news, post, phone, email).
15. Describe the type of support groups you have back home for you (family, friends, work). How could they help you? With whom could you comfortably discuss your reentry experience?

Routine Debriefing Interview

Name _____ Date of interview _____
 Area of work _____ Team/Work leader _____
 Dates and location of work _____
 No. years on staff _____ Interviewer _____

The purpose of a debriefing session is to help a worker(s) review his/her experience on the job. This debriefing is more of a routine nature, and is not intended to be used with crisis workers or those who go through a traumatic event. During routine debriefing, the worker is given the opportunity to express feelings, explore the high and low points of work, express concerns, put more closure on unresolved areas, and get a better perspective on the overall experience. The interviewer's role is to listen and help clarify, being careful to make sure the worker addresses all the relevant aspects of his/her work. Debriefing does not usually involve counselling or performance evaluation. Keep these separate.

I. General

- A. What were a few rewarding aspects of your time there? Why?
- B. What were a few disappointing aspects? What could have prevented these/encouraged you more?

II. Work

- A. Summarise your job responsibilities while there.
- B. Was your job challenging and rewarding to you? Explain.
- C. How were you able to exercise your gifts and abilities?
- D. Are you satisfied with your contribution to your work/team?
- E. How was your health? How did it affect your work?
- F. How was your financial support level?

III. Language/Culture

- A. What aspects of the culture did you enjoy the most? Why?
- B. What aspects of the culture were the hardest for you to accept (practices, beliefs, values)?
- C. What was language learning like for you? Any suggestions for improvement?
- D. Describe the relationships you were able to develop with nationals in the country.
- E. How did the cultural and language adjustment affect your:
 - 1)self concept
 - 2)marriage/person with whom you live/work partner
 - 3)parenting
 - 4)relationship with your team mates
 - 5)relationship with your team/work leader

IV. Personal

- A. What have you learned the most about yourself during your time there?
- B. Have you seen or developed any new strengths?
- C. Are you aware of any weaknesses that surfaced?

V. Spiritual

In what ways have you grown spiritually--what have you learned, how was your relationship with God?

VI. Closing

- A. What are your plans for furlough/returning to your home?
- B. How could your sponsoring agency encourage or support you during this time?
- C. Is there anything about your next placement/assignment that you would like to discuss?
- D. Is there anything else that you want to share about your time?
- E. Do you have any other comments or recommendations for the sponsoring organisation? (Close by expressing gratitude for serving. Affirm them and their contributions.)

VII. Interviewers Comments and Recommendations

from chapter 30 of DMCW

Crisis and Contingency Management

Dr. Michèle Lewis O'Donnell and Dr. Kelly O'Donnell update 3/03

*A ship in a harbour is safe--but that is not what ships were made for. * Aslan may not be tame, but he is good.*

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.”

Here is a grid to help organisations prepare for and manage crisis situations. It has four steps, each with three key sub-points. Note that each step involves individuals, the organisation, 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 organisational/team culture of safety and security (see second page).

.....

Step 1—Preparation

- *Contingency plans*—written procedures to protect individuals, families, teams, agencies, regions
 - Estate plan: writing a will, organising and safeguarding important documents, etc.
 - Risk assessment/management: monitoring at-risk zones, minimising 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 issues for personal growth: competence, character, and compassion development

Step 2--Survival

- *Using skills to stay healthy/sane*—to manage oneself, resources, and relationships; defusing
 - CHOPS for stress issues: cultural/crises, historical/human, organisational/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, psyc detention, torture, anti-religion laws

Step 3—Special Care

- *Practical help to stabilise/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 destination
- *Brief services*—additional care for those affected by the critical incident(s)
 - Types of specialised services: **p**astoral/spiritual, **p**hysical/medical; **t**raining/career, **t**eam building/interpersonal; **f**amily/MK, **f**inancial/logistical, **c**risis/contingency, **c**ounselling/psychology (**PP**actical **TT**ools **FF**or **CC**are)

Step 4—Aftercare

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

How To Use This Grid

- Discuss this grid within your setting--team, organisation, 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) International Society for Trauma Management (www.istm.org), and the Mobile Member Care Team (www.mmct.org).

Some Perspectives and Quotes

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 it’s 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.

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

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

Special Care

Specialist care is to be done by properly qualified people, usually in conjunction with sending groups...Specialist services...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

Aftercare

Determine if additional care is needed, especially if severe disorders seem to be developing. The most frequent diagnoses in such populations would probably be post-traumatic stress disorder, brief reactive psychosis, phobic disorder, generalized anxiety disorder, and major depressive disorder.... A crisis worker must also ask, “Who else is at risk?”

Laura Mae Gardner, Crisis Intervention in the Mission Community, *Missionary Care*, (1992), p. 145

Crisis Scenarios for Discussion

Steve Goode, IJFM October 1995

Scenario One. You are living in South Asia, and an Indian couple with whom you work has a three-year old child who dies of a sudden illness. Though grieved, they believe it must be God's will. How could you help them with the grieving process and with the logistical tasks following their child's death?

Scenario Two. You are flying with a six-person, crisis intervention team to an area in Southeast Asia devastated by a recent typhoon. It is your job as a part of this multi-disciplinary team to evaluate the emotional needs of the victims and organise resources to meet these needs. How would you go about fulfilling your responsibilities?

Scenario Three. You are living in a country where being arrested because of your type of work is a possibility. You are married with three children and are part of a team consisting of two other couples. What precautions should you take and what preparation should you make?

Scenario Four. Two expatriate women on your team are very upset after having been inappropriately touched by men in the market place. This is the fifth time in one month that this has happened. They are ready to either leave the country or start using mace. As their team leader, how would you handle this situation?

Scenario Five. You have just been taken hostage by a group that insists that your presence is undermining the national culture and religion. Their plan is to keep you as a hostage until your sponsoring organisation withdraws all of its members from the country. What will help you to maintain your health and sanity during this process? How should your organisation proceed?

50+ Suggestions for a Member Care Library

Kelly O'Donnell

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, and a category of general member care.” I also list materials and web sites listed primarily related to humanitarian aid and psychosocial support. Note that there are many other excellent materials that are not included here due to the lack of space. For more information on many of these materials and additional references, see the original article in chapter 50 of *Doing Member Care Well* (2002) and the materials indexed at: www.crossculturalworkers.com

Pastoral/Spiritual (the list is almost endless!)

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. Culture/Clinical Encounter: Intercultural Sensitizer for Health Professions (1996)—R. Gropper
6. Principles and Practices of Travel Medicine (2001)—J. Zuckerman and A. Zuckerman
7. Travelers Guide to Good Health (revised 2007)—Ted Lankester

Training/Career (and reentry)

8. Naturally Gifted: A Christian Perspective on Personality, Gifts, and Abilities (1991)—G/R Jones
9. Reentry: Making the Transition from Missions to Life at Home (1992)—Peter Jordan
10. The Reentry Team (2005)—Neal Pirolo
11. On Being a Missionary (1995)—Thomas Hale

Team Building/Interpersonal

12. Cross-Cultural Conflict: Building Relationships for Effective Ministry (1993)—D. Elmer
13. Building Credible Multicultural Teams (2000)—Lianne Roembke
14. Peacemaking: Resolving Conflict and Building Harmony in Relationships (2001)—Rick Love
15. The Five Dysfunctions of a Team (2002)—Patrick Lencioni
16. Teamwork (1995; revised 2003)—Gordon and Rosemary Jones
17. Snakes in Suits: When Psychopaths Go to Work (2006)—Paul Babiak and Robert Hare
18. Materials from Ken William’s “Sharpening Your Interpersonal Skills” www.ITPartners.org

Family/MK

19. And Bees Make Honey: An Anthology...by Third Culture Kids (1994)—Jill Dyer, Roger Dyer
20. Raising Resilient MKs: Resources for Parents, Caregivers, and Teachers (1998)—Joyce Bowers
21. The Third Culture Kid Experience: Growing Up Among Worlds (1999)—Pollock and Van Reken
22. Kids Without Borders: Journals of Chinese MKs (2000)—Polly Chan
23. Fitted Pieces: Parents Educating Children Overseas (2001)—Janet Blomberg, David Brooks
24. Families on the Move: Growing Up Overseas and Loving It (2001)—Marion Knell
25. The Family in Mission: Understanding and Caring for Those Who Serve (2004)—Andrews

Financial/Logistical

26. Understanding Voluntary Organizations (1990)—Charles Handy
27. Friend Raising: Building a M Support Team that Lasts (1991)—Betty Barnett
28. Stop, Check, Go; A Short-Term Overseas Projects Checklist (1996)—Ditch Townsend
29. Code of Good Practice for the Management and Support of Aid Personnel (2003)—People in Aid
30. Human Resource Management (2002 rev.)—Robert Mathis and John Jackson
31. Member Care for Ms: Practical Guide for Senders (2002)—Marina Prins, B. Willemse
32. Governance Matters: Faith-based not-for-Profit Organization (2004)—Stahlke, Louglin

Crisis/Contingency

33. Safety First: Protecting NGO Employees in Areas of Conflict (1998 rev.)—Save the Children
34. Operational Security Manual in Violent Environments (2000)—Konrad Van Brabant
35. Stress/Trauma Handbook: Strategies for Flourishing in Demanding Environ. (2003)—J. Fawcett
36. Psychosocial Support: Best Practices from Red Cross/Red Crescent Programs (2001)—IFRC
37. Materials from Mobile Member Care Team’s web site on crisis/debriefing www.mmct.org

Counseling/Psychology

38. Christian Counseling: A Comprehensive Guide (1990; updated version 2006)—Gary Collins
39. Healing the Wounds of Trauma: How the Church Can Help (2006)—Hill, Hill, Baggé, Miersma
40. Ad-Mission: The Briefing/Debriefing of Teams of Ms/Aid Workers (1999)—Graham Fawcett
41. Honourably Wounded: Stress Among Christian Workers (2001 rev.)—Marjory Foyle
42. Enhancing Missionary Vitality: Mental Health Serving Global Missions (2002)—Powell, Bowers
43. Where There Is No Psychiatrist: A Mental Health Care Manual (2003)—Vikram Patel

General Member Care

44. Helping Missionaries Grow: Readings in Mental Health/Missions (1988)—K. and M. O’Donnell
45. Serving as Senders: How to Care for Your Missionaries (1991)—Neal Pirolo
46. Missionary Care: Counting the Cost (1992)—Kelly O’Donnell
47. Too Valuable to Lose: Exploring the Causes/Cures of Attrition (1997) —W. Taylor
48. Thriving in Another Culture: A Handbook for Cross-Cultural Missions—Jo Anne Dennett
49. Sharing the Front Line and the Back Kills: Peacekeepers/Aid Workers... (2002)—Yael Danieli
50. Doing Member Care Well: Perspectives/Practices from Around the World (2002)—K. O’Donnell
51. Understanding HR in the Humanitarian Sector: Handbook 1 (2004)—James Henry, People In Aid
52. Enhancing Quality in HR Management: Handbook 2 (2004)—James Henry, People In Aid
53. Body Matters: A Guide to Partnership (2005)—Ernie Addicott
54. Well Connected: Releasing Power, Restoring Hope... Kingdom Partnerships (2006)—Phill Butler
55. Worth Keeping: Perspectives on Good Practice in Retention (2007)—Rob Hay et al

Additional Materials and Web Sites:

- 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) on trauma care, debriefing, health care, etc.
- Special Issue on member care (Feb 2003) and retention (June 2004): *Connections*; www.wearesources.org
- Two web sites with several updates and resources: www.membercare.org; <http://ethne.net/membercare>
- Society for Human Resources Management offers materials, conferences and updates related to the international field of human resources www.shrm.org
- Mental Health Workers Without Border offers a free handbook to download on how relief workers can provide community-based trauma care www.mhwwb.org
- International Federation of the Red Cross offers free helpful publications, available at: 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
- World Health Organization has regular updates on many health issues/programs 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
- 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.ochaonline.un.org
- Reuters Alertnet service provides updated information on crisis areas in the world www.alertnet.org

Health Briefing: After A Disaster
Ruth Fowke, Interhealth, London (www.interhealth.org.uk)

You have been through a very distressing time and your experience is very personal to you. We want you to know that you are not alone in your anguish, and that help is available. It may help you to know what has been gleaned from survivors of other traumatic situations.

HEALING comes through expressing your thoughts, feelings and reactions over time. **IT IS NOT ACHIEVED** by allowing them out **ONCE** and then locking them away again. **Allowing your feelings expression will not lead to loss of control.** Bottling up your feelings may lead to problems later on. It is **NORMAL** to experience some or all of the following which will vary in intensity and intrusiveness, and slowly fade over time.

- *Numbness. The events may seem unreal, like a very bad dream which you cannot shake off.
- *Weariness, lack of energy, restless activity, disturbed sleep, nightmares.
- *Irritability, poor memory and concentration, lack of interest.
- *Palpitations, nausea, shakes and muscle tension.
- *Change in appetite, sexual interest, menstruation.
- *Disturbed relationships, unaccustomed conflict.
- *Fear: a) of breaking down or losing control; b) of being left alone, or leaving loved ones; c) of almost anything.
- *Grief: a) for deaths. Feelings about losses earlier in your life may reawaken; b) for other losses, sometimes trivial by comparison.
- *Shame: a) for your reactions; at the time, and now; b) for needing others.
- Guilt: a) for things not done, for 'wrong' decisions made; b) for relationships left strained; good-byes not said; c) for leaving, especially leaving others who are still suffering; d) for having so much; e) for surviving.
- *Anger: a) at the atrocities, injustice and senselessness of it all; b) at the trivia preoccupying people at home; c) at the materialism, plenty and indifference of friends; d) at God for not stopping the disaster.
- *Feeling in limbo, not knowing what is happening, who's alive or dead, whether or not you'll ever return. Just not knowing. Memories and feelings return at unexpected and inconvenient times, and can be overwhelming.

CHILDREN

Children experience similar feelings which they may express through changed behaviour rather than words. They may become unusually destructive or aggressive in their normal play and relationships, and may need to invent new games to act out their fears and experiences. Some become withdrawn, quiet and uncommunicative. Some blame themselves (however irrational this may seem) and behave in a way likely to bring the punishment they feel they 'deserve.'

*Children may become disinterested in normal pursuits, lacking in energy and concentration, or become hyperactive.

*Tummy aches and headaches are common, as is a return to an earlier pattern of behaviour such as clinging, crying, bedwetting. They are likely to be extra sensitive to correction or criticism.

*Bad dreams are common. Hear them out if they are able to talk about the dream, and/or encourage them to draw the scary dream in order to help defuse it.

*Let them talk about their experiences, memories and feelings. Encourage expression through drawing and games.

*Let them hear you discuss your feelings, thoughts, reactions and plans but do be sensitive and guard them against over-exposure. Even though they may seem to be absorbed in play they will pick up your feelings as you talk on the phone or in person.

*They will need more hugs, cuddles, reassurance and comfort than is normal for them for a long time to come. These should be given within the security of clear boundaries and accustomed firmness. Indulgence and ‘spoiling’ because they are upset will not help.

*Encourage their return to school, play with peers and other normal activities as soon as possible.

*Be encouraged yourself that, given the understanding and help described above, children are enormously resilient.

PROFESSIONAL HELP

Professional help should be sought if after one month you are:

1. Persistently re-experiencing the traumas in any of these ways:
 - a) Distressing, recurrent and intrusive recollections of events.
 - b) Suddenly acting or feeling as though the event is now happening again.
 - c) Recurrent distressing dreams of the events.
 - d) Intense distress at anything that resembles some aspect of the events.

2. Persistently avoiding reminders of the trauma, or numbing your general responsiveness in more than one of these ways:
 - a) Avoiding associated thoughts, feelings, activities and people.
 - b) Inability to recall important aspects of events.
 - c) Consistently feeling distant, detached or estranged from people.
 - d) Consistently lacking interest in usual activities.

3. Persistently aroused, indicated by two or more **NEW** symptoms such as:
 - a) Difficulty falling, or staying asleep.
 - b) Difficulty in concentration.
 - c) Irritability, or outbursts of anger.
 - d) Persistently heightened watchfulness.
 - e) Exaggerated startle response.
 - f) Sweating whenever there’s symbolic or actual reminder of the trauma.

NB: Post Traumatic Stress Disorder as described above can develop at a much later date, sometimes years, after the trauma, and even following a totally symptom free period of successful life and relationships. If this does happen to you don’t hesitate to arrange to talk it through with one of the InterHealth staff [or mental health/medical professionals] who are there to help you. **EFFECTIVE HELP IS AVAILABLE** : do not suffer on your own.

Finally a word of warning. **AVOID** increasing your intake of alcohol, and resorting to non-prescribed or ‘recreational’ drugs. They prevent your readjustment. Far better to talk your experience through with friends, and with those professionally qualified to help.

BELIEFS ASSOCIATED WITH RESOLUTION OF CRISIS

Mobile Member Care Team (MMCT www.mmct.org)

Beliefs Controlled By Fear

The world is dangerous, hostile, and/or rejecting

People intend harm for me

God is a harsh and unmerciful God who will punish me and will not protect me

I am weak and vulnerable

In order to cope I must hide, run, and stay constantly alert

Scriptural example Numbers 13.27-33

Beliefs Controlled By Anger

The world is bad and ugly

People are dishonest, cruel, evil, untrustworthy

What has been done to me is unforgivable

God has betrayed me and abandoned me and I hate Him or do not believe He exists

I am a victim

I have been treated unfairly

In order to cope I must fight., attack and be strong and defensive. I must not show any weakness or vulnerability.

Scriptural example. Jonah 4

Beliefs Controlled By Sadness

The world is an unkind place that has nothing to offer me

There's no point in being involved with others because I will lose them too

I can never be happy again

God is distant and does not care for me

I am despicable and unlovable

I don't really need anybody else

In order to cope I must depend only on myself and keep distant from others

Scriptural example: I Kings 19:1-10

A PERSON'S INNER AND OUTER WORLDS HAVE CHANGED:

Am I am safe?

Are others safe?

Is the world safe?

Is the future is safe?

Is God safe?

WAYS TO COPE AFTER A TRAUMA

MMCT (www.mmct.org)

There is no one right way to cope. Each person has unique strengths and vulnerabilities. The key is to come up with a plan that will give God room to bring healing to your wound.

DO:

Relax and rest
Eat nutritiously (Avoid sugar)
Exercise
Get more than enough sleep
Talk about what happened (to God and others)
Write about what happened (journaling, letters, e-mails)
Laugh when you can
Set small goals
Keep some sort of routine
If safe, stay in familiar environment
Spend time with those who are supportive and helpful
Cry if you can
Pray and reflect in the Word
Sing or listen to music
Educate yourself about traumatic reactions
Anticipate difficult times to come
Search and find perspective and meaning in the event
Ask for help

DON'T:

Make major decisions
Set up an active travel or speaking schedule
Drink alcohol
Drink caffeinated drinks
Take sedating drugs (i.e., valium, sleeping pills)
Talk publicly about sensitive details soon after trauma
Make broad generalizations about yourself, future, others

Coping Suggestions

Los Angeles County Department of Mental Health

- * Give yourself permission and TIME to grieve.
- * Focus on your strengths and coping skills.
- * Ask for support and help from your family, friends, church or other community resources. Join or develop support groups.
- * Redefine your priorities and focus your energy and resources on those priorities.
- * Set small realistic goals to help tackle obstacles. For example, re-establish daily routines for yourself and your family.
- * Clarify feelings and assumptions about your partner. Remember that men and women react differently. Women tend to be caretakers and put others first. Men have difficulty acknowledging and expressing feelings of helplessness and sadness and believe in 'toughing it out'.
- * Eat healthy meals and exercise.
- * Get enough rest to increase your reserve strength.
- * Continue to educate yourself and family about normal reactions to disaster.
- * Talk to your children. Be supportive. Set an example by expressing your feelings and showing problem solving skills in dealing with family problems.
- Remember that you are not alone.

SO, YOU'D LIKE TO HELP
MMCT (mmctintl@aol.com), 1999

Traumas are life changing events. The person you know and want to help will experience normal trauma responses that can be confusing and distressing (See the handout entitled Common Post-Trauma Reactions and Symptoms). Below you will find some guidelines for ways to support and help someone who has been through a trauma.

Be present and available

Invite them to share what happened without pressuring

Listen well without offering solutions, advice, or “quick fix”

Help them to establish routine, set small goals, and engage with others

Allow them to express fear and anger without judgement

Allow them to ask searching spiritual questions without feeling the need to provide an answer (you don't have it)

Educate yourself about traumatic reactions

Provide loving feedback when they are unrealistic, engaging in risky behaviours, making unwise decisions, or not taking care of themselves

Be a buffer between them and those who are merely curious or who cannot offer legitimate help (though it may be sincere)

Say things like “I went through something similar and I felt _____ How is it effecting you?” rather than “I know how you feel.”

Instil hope, but don't give false promises

Avoid minimising or making light of what has happened

Finally, get support for yourself It is very stressful and difficult to see someone you care about hurting. You may hear about traumatic details that “stick” with you. Make sure that you have a good support and care plan for yourself.

HELPING CHILDREN IN THE MIDST OF CRISIS

These suggestions are taken from pp. 165-176 in *Sojourners: The Family on the Edge* by Ruth J. Rowen & Samuel F. Rowen (1990). Farmington, Michigan: Associates of Urbanus.

DON'T...

1. laugh and tell him it is silly to feel that way.
2. ignore it and just hope that it will go away.
3. fuss over the fear and give it lots of attention.
4. compare him with the younger brothers or sisters who may not be afraid.
5. instill fears in your child by telling them about all the tragedies which are happening in the world every day.
6. allow him to see your fears uncontrolled. Fears are mimicked.
7. display a great measure of apprehension in ways which would substantiate his or her fears.

DO...

1. listen intently to him when he casually mentions his fear or wants to talk about it.
2. accept the fact that the fears are real to him, even the imaginary ones. Allow him to have those feelings. The real and the imaginary need to be given the same consideration.
3. educate him regarding the situation. He may just be lacking complete information. Inform him of the situation if it has to do with schooling, friends, food, wild animals, etc. The unknown causes fear. Get books, slides, or films from the public library to help him understand.
4. comfort him and give him the support he needs during the period of these fears. Many of them will be overcome in a few weeks to several months; however, during this period, be extra sensitive to his feelings and give extra support.
5. teach him that God promises to be with us. Isaiah 43:5 says, "Have no fear, for I am with you." The promise is that God will be with us at all times--even in difficult situations.
6. pray with your child regarding his fears.
7. give an extra measure of love and security during this time--even extra family time together would be beneficial.
8. look for positive experiences in relationship to that fear which will help it to dissipate. If his fear is of dogs, spend some time with a friend's dog that is gentle and friendly. Allow the child to begin playing with the dog at his own pace.
9. be sure both parents are agreed on how to handle the situation.
10. talk with other parents whose children may have experienced similar fears and find out how they handled it.
11. consult your paediatrician if necessary. He can help determine the best way to overcome certain fears which cause sleeping or eating disorders. Often bedwetting and nightmares are a result of fears deep-seated in children.
12. remember that all children develop fears while growing up and whether they develop into more serious problems or not, depends largely on how parents handle the situation.
13. debrief children after a crisis to let them tell their story and reveal any wrong assumptions, fears, personal blaming, etc. Parents can reframe the crisis for their children.

HEALTH BRIEFINGS

Advice for Societies Dealing with DISASTERS & TRAUMATIC INCIDENTS

Dr Ruth Fowke Consultant Psychiatrist (June 1994)

Disasters are sudden calamities outside normal experience involving groups of people, or whole communities.

Traumatic incidents are those which cause mental, emotional or physical injury to the individuals subjected to them. While outside daily experience they are not necessarily rare in the culture. Some examples are burglary, armed hold-up, road traffic accident, rape, mugging.

There are **FIVE PHASES to consider.**

1. **DEFUSING.** Immediate response to the crisis, first 24 hrs - hand holding
KEEP THE GROUP TOGETHER. Let people just be; shock and numbness are common, though some need to talk a lot or react with over activity.

Ensure:

- a) Physical safety. In shock some may be unaware of common dangers such as moving traffic.
- b) Basic needs. Maintain fluid intake, temperature and food.
- c) Information re. incident needs to be accurate and adequate.
Include whereabouts/welfare of significant others separated from the group.
Keep individuals informed of what is being done, who has been informed and by whom, what the next steps in handling the situation are likely to be and who will take them.
Rumour and conjecture increase distress.
- d) The vulnerable are considered. Children need to talk, question, move around, play, rest with familiar people. They should not be excluded from all discussion and sharing but may need to be protected from over exposure to parental talking through experiences.
The sick, convalescent, exhausted, recently bereaved, those who have been through previous traumas, have had past emotional distress or are separated by the disaster from their immediate family are more at risk than average.

NB: Crises are best handled by someone with whom people have already built up a relationship, using prearranged channels of communication with designated individuals.

2. **CONTINUING EMERGENCY.** Special care needed for workers welfare.

- a) Regular group debriefing to share emotional and intellectual impact eg 15 mins daily after the first 36 hrs.
- b) Organised pairing--the 'buddy' system. So each can monitor the other for signs of continuing stress. Each must be able to insist the other leave the operational area for regular food, fluid, rest exercise and relaxation, setting the time limit before return is allowed.
- c) On return to UK allow sufficient **RECOVERY TIME.** Placement in a less stressful role or zone maybe beneficial for a period before further exposure to trauma.

3 **CRISIS DE-BRIEFING.** 36-72 hrs after event, or on return to UK.

Emphasis throughout is on normalisation of normal people after an abnormal experience, not on illness, weakness or abnormality.

A structured approach by an experienced, trained worker or workers is recommended. They do not need to have a pre-existing or on-going relationship with survivors.

Experience gathered by those dealing with survivors from such disasters as Lockerbie, Zeebrugge, Kegworth and the Gulf War suggest that an un-timed, unhurried, unrecorded and totally confidential group debriefing for ALL survivors as a matter of course is desirable. They can have the option to opt out, but must not be left to opt in. This debriefing needs to be arranged by the responsible employer or organisation and made available to all survivors together.

InterHealth are prepared to offer this service to client organisations.

4 ASSESSMENT not less than 6 weeks post event.

The purpose of this is to see how people are doing and to pick up **IN ORDER TO REFER ON** any who have progressed from the entirely normal post traumatic stress reaction and have developed post traumatic stress disorder.

This disorder may present after many months, even years, or well-being and coping. It does not *occur* at neatly timed intervals. Survivors need to know this, and that they are welcome to seek help at any stage that they need it. They must be informed who to contact, and how.

Routine assessment will probably be done by the line manager or personnel officer who will be looking for any evidence that the worker is stressed, irritable, edgy, humourless, dispirited, abusing alcohol or drugs, unduly tired, has lost interest or whose memory and concentration are impaired. These are signals that the worker needs to be encouraged to seek professional medical advice.

Such help is a normal part of the work of InerHealth.

5. CONTINUING CARE. 3-18 months post event.

Follow-up should be pro-active and planned for survivors who remain in your organisation. It should not be left for an individual to seek help, many will not ask for it but may accept an opportunity to talk through the stages of readjustment if it is offered by phone or letter. One such offer at three months and two or three at six monthly intervals might be considered.

Again the line manager or personnel officer may be the designated person to undertake this care. They will be looking for any of the signs and symptoms outlined in 4 above, and will be on the lookout for undue anxiety, phobic behaviour, depression, personality change, preoccupation with or avoidance of the subject of the disaster.

It is important to remember that delayed post traumatic stress disorder may present for the first time after a lapse of many years since the disaster.

Effects of Disasters and Reactions to Disasters

The **effect of a disaster** is likely to be worse if it involves:

1. Personal loss or injury (including property; loss of function)
2. Traumatic sights e.g. mutilated bodies (especially children)
3. Human error was perceived to have caused the disaster
4. Threats to basic beliefs about the meaning of life; justice; God's existence etc
5. Having to make major decisions e.g. to deny medical care to those who are nearly dead in favour of those with a better prognosis; to save one person's life and leave another to die

NB: Contacts with traumatised survivors may lead to vicarious traumatisation., especially if you identify the survivor with a loved one ('it could have been my son'). High expectations (e.g. of helping many others survive) can lead to a sense of failure if not fulfilled., or guilt.

How someone **reacts to a traumatic event** is influenced by many factors, including:

1. Nature of the event
2. Degree of warning (and therefore preparation)
1. Coping style (active problem solving vs passive etc)
2. Prior mastery of a particular experience
3. Proximity to event
4. Concurrent stressors
5. Social support
6. Interpretation of the event, or your response to it (e.g. 'It was my fault'; 'I should have done more'; 'The world is random and meaningless'; 'The world is not safe'; 'God does not care'; 'I'm over-reacting', 'I'm going crazy'. See handouts 16 & 17 on beliefs and assumptions associated with trauma)
7. Whether it reminds them of something experienced previously
8. Training and preparation
9. A history of PTSD (increases vulnerability)
10. Media coverage (can increase anger and stress)

Principles of Crisis Intervention

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

Some Do's and Dont's for Helpers

- 1. Stay as calm as possible. Distinguish (in your own mind) between minor problems vs. actual crises, and the severity and duration of these. Make sure the person is out of physical danger. Are drugs and any medication involved? Should you receive information or help from any one else to help assess and provide immediate care? Who else could be affected in this situation?
- 2. Be realistically supportive through active listening, reflecting back what you hear, and letting the person freely express both positive and negative feelings, without evaluation or criticism.
- 3. Normalise the person's reactions if possible--in as much as you sense it is a normal reaction to an abnormal situation. Reassure them that their feelings are manageable and they are not going crazy.
- 4. Help the person define the problem as they see it. Redefine it for them in manageable bits (if relevant--may need to just listen and offer support if someone has been traumatised significantly). Start with those aspects that can be worked on most directly or immediately. Is it possible to help the person see the problem in a new light? Explore with the person what they have done to get help and what has helped work through similar problems in the past. Define some alternative coping mechanisms. Pay attention to personal strengths. Reinforce with verbal feedback any appropriate coping mechanisms and helpful decisions he/she made in the current crisis.
- 5. Help the person make connections between other stressful events in their life and the present crisis/symptoms. What precipitated the problem? Are there any eating, sleeping, health, or weight changes/difficulties? Any previous psychiatric treatment? Describe to the person how you understand the problem and any connections between the current situation and patterns or previous events in his/her life. Any symbolic links with things in the past?
- 6. Let the person know the limits of confidentiality (usually danger to self, others, elder or child abuse, and in some settings any problem that significantly incapacitates the person or compromises the integrity of the organisation, such as moral failure, severe marital conflict, and major depression). Assess suicide or homicide potentiality by asking "SALSH" questions concerning: (specificity of any plan, availability of method chosen, lethality, significant others present to support the person, and history of such behaviour).
- 7. Remember that being directive at times (in addition to and following active listening) can be very supportive when someone is feeling out of control.
- 8. Help the person identify sources of support within his/her social world, and discuss how to use these.
- 9. Encourage the person to choose among the alternatives and to set manageable goals. Refocus on the person's responsibility for decisions and behaviour.
- 10. Direct the person to act on his/her choices. Set up a contract, role play future situations, and advise them of the consequences of not doing anything, if necessary.
- 11. Follow up by phone or visit within a few hours to a few days, depending on the severity of the crisis. Exchange names, phone numbers, and addresses.
- 12. Do not hesitate to consult with someone else or refer if necessary (respecting confidentiality).
- 13. Document what you do, and reasons for your decisions.
- 14. Debrief and reflect on what has just transpired, your own reactions, and how you handled the situation. Perhaps do this with a friend or on your own.
- 15. Include prayer, Scripture, and add the ingredients of your compassion and personal stability.

Guidelines for Doing Team Building Kelly O'Donnell, ch 14 of *M. Care (1992)*

- To begin, team development is something to regularly plan into your schedules. It is an ongoing process, involving much more than the initial orientation period or annual performance appraisals. A team development event every one to three months should be standard for most teams.
- Team development helps prevent major problems erupting within the team by dealing with issues that may otherwise not be discussed. They are a necessary complement to regular times of prayer together, fellowship, annual retreats, and conferences. Some teams benefit from special team sessions that are extended over two to three days, even when there is not some kind of crisis.
- Team exercises work best when the team ethos encourages openness and speaking into each other's lives. Team members, especially leaders, must be willing to take some risks with each other and be willing to show weaknesses.
- Choose one or more "growth facilitators" on the team who can coordinate team exercises. These should be individuals who are sensitive to the needs of others and to group process. Facilitators usually serve as moderators for these times, drawing people out and keeping things on track. They need not be the team leader nor a pastoral counsellor to be effective.
- Be aware of the team's *current focal point*--that is, the area which is the immediate concern of the group at any given time. This is the point of interest that a team would usually move towards if there were minimal resistance or reluctance to do so. It also represents the next step towards growth as a team seeks to become more viable. Sometimes the real focal point only becomes apparent during the middle of a team session or series of sessions.
- The focus of the sessions will change as the needs of the team change. Make sure that you are really dealing with felt needs of the team members, not just someone's good ideas. Frequently an issue or particular theme needs to be addressed over a period of time.
- One important goal in almost any session is to help people speak and listen to one another in new ways. Another goal is to encourage people to make contact with each other at fairly deep levels. People usually want to put aside their work roles and be themselves. Effective team exercises allow the real person to emerge from the role.
- Keep team development and team building times as practical and enjoyable as possible. Experiential approaches can produce more insights and change than simply sitting around and talking about "things." Use some novelty to keep people motivated and engaged. Make sure everyone on the team is included and contributes without feeling forced.
- Find ways to elicit group competencies and call on the collective wisdom of the team. No one should dominate. Important resources lie within the group, not just in some outside specialist.
- Encourage people to try new behaviours. Respect any hesitations to do an exercise. Sometimes people may need to be gently challenged; other times it is better to modify or change the exercise.
- Children are members of teams too. Do not overlook their need for growth and involvement in team exercises. They can also contribute a lot to the overall group.
- When giving feedback, be an encourager. People need to know their contribution. Avoid using generalities, so be specific and direct. Avoid making statements about intentions. Try using statements prefaced by "I think" or "I feel" rather than "You are."
- Always debrief at the end of the session. Discuss what it was like, what was helpful, not helpful. Let people express their thoughts and feelings and put closure on any unfinished matters.
- Consider using a coach/consultant at times, someone with an ongoing relationship to the team. Helps to: clarify issues, look at hard questions, mediate, bring fresh perspectives, encourage, equip.

Process Observation
see chapter 30 of DMCW book

It is important to look at both the content and the process of communication on a team. The content deals with what is said, while the process deals with how the content is expressed. Process also involves the invisible interactions which go on in a group setting, and sheds light on the team ethos.

Directions: This technique looks at 15 process areas that influence a group or team experience. One member of the group is selected to act as a "fly on the wall" during a team meeting. This person remains silent, observes the group, and listens carefully to how things are said and what is not said. He or she takes notes, and then reports back to the group at the end. This can be done every few meetings, using a new observer each time. Here are some of the main areas to observe and examples.

1. Physical set up--temperature, noises, seating arrangement.
2. Type of communication--languages used, questions, clarity.
3. Frequency of communication--those who speak much or little.
4. Transitions--changing topics, opening and closing process.
5. Decision-making--by consensus/leader, influential members.
6. Alliances--sub-groupings, coalitions, mediators.
7. Roles--those who confront, harmonise, question, distract.
8. Tension points--differences and how they were handled.
9. Emotions expressed--laughter, frustration, body language.
10. What did not get expressed--anger, preferences, opinions.
11. Values reflected in the experience--loyalty, openness.
12. Team dimensions--focus on relationships, task, and/or ethos.
13. Unresolved areas--concerns that were avoided or not resolved.
14. Themes--the topics, their order, and any patterns.
15. Additional observations--any other areas that seem important.

Sentence Completion
see chapter 30 of DMCW book

This exercise can be used at almost any point in the team's life cycle. It is especially helpful when a team is stuck in an area and when a moderator or consultant is available to help.

Directions: Team members are to complete the following sentences by writing down some of their spontaneous thoughts and feelings. Responses are confidential although members are encouraged to share some of them with the group. After everyone has written down their answers, volunteers share their responses to the first item, discuss it, and then do the same with the remaining items.

1. Life for me right now
2. Our team is good at
3. It is hard to
4. I am most fulfilled when
5. Our team needs
6. My best coping strategy
7. Our biggest team problem right now
8. I am anxious about
9. Three years from now
10. Team communication
11. If only they knew
12. If I were in charge
13. Etc.