

Korean Member Care

Wycliffe: A Case Study

What did Wycliffe do? When?

- Why?
- Let's answer the 'who' first.

- The International Board had established member care as a priority of the decade. This responsibility then fell on the shoulders of Bob Creson, who was the International Vice President for Personnel. And Bob asked Dick and Laura Mae Gardner to take responsibility for developing member care.

Why Gardners?

- We had a lot of field experience, having done a language project and completed the translation of a New Testament for a language group of southern Mexico. We had also served in various administrative roles on the field.

- We had served 15 summers at SIL in a candidate selection and screening role. And we had done a lot of training.
- Following our field work at the request of the organization we went to graduate school and earned three graduate degrees.

- For 12 years we led the International Counseling Department, bringing the number of full time and part-time therapists to 22. We pioneered the establishing of field centers (such as Tumaini in Nairobi) and placed a number of counselors on various fields.

- But we were troubled. Why?
- 1. We were convinced that much of the help needed by missionaries had nothing to do with counseling.
- 2. We felt that much practical help could be given by people who were not trained counselors.

- 3. We felt that counselors could do much more than simply provide therapy—they could be involved in debriefing, consulting, and training.
- 4. We realized that member care must be compatible with counseling.

What prompted all this?

- 1. Suicide of a member, and other tragedies such as sudden death by accident or illness, or violence.
- 2. Increased moral failure among the members (homosexuality, pornography, adultery, substance abuse, child molestation, violence within the family).

- 3. Declining recruitment; prospective recruits expected to find member care in the organization they would join.

- 4. Increased conflict at all levels (disagreement with policies, insubordination, refusal to resolve interpersonal conflict, multigenerational and multicultural conflict, etc.

- 5. An increasing lack of life management skills—how to develop good marriage relationships, how to parent well, how to manage money, how to plan a work schedule and manage oneself when no supervisor is present, how to communicate with donors, etc.

- 6. Increased civil unrest, war, and multiple evacuations, causing major distress, loss of work focus, and decreasing motivation.
- 7. Waning spirituality due to isolation and lack of pastoral oversight, unable to nourish oneself and one's family from the Scriptures.

- 8. Kidnappings and other kinds of crisis—economic instability, inflation.
- 9. A growing awareness that prevention is better and wiser than reactive care.

- 10. A conviction that skilled help could be found within the membership and trained to meet many of these needs, working separately from or together with trained counselors.

- So, we, the Gardners, were asked by the International Vice President For Personnel, Bob Creson, to develop this new role of member care.
- What did we do?

- First, we clarified that this effort had organizational backing from the highest level, the International Board.

Second,

- We focused on the Biblical foundation of care as it is commanded and demonstrated in many places in Scripture.
- (this was to demonstrate that care is not new; that it is Biblical; that it isn't necessarily psychological).

- The Scriptures are our guide in all interpersonal interactions (John 13:34, 35).
- Leadership is to be done with servant-heartedness, caring for the flock with sacrificial tenderness, and modeling godliness in all aspects of life (Jn. 13:14-16; I Peter 5:2, 3).

- We reminded people that a Biblical view of life includes suffering, pain, need, forgiveness, chaos, and crisis—and that these elements can contribute to personal godliness and personal and group maturity. We also clarified that establishing member care does not imply that all needs can be met.

Third:

- We reminded our colleagues that good member care had five aspects to it (much the same as Kelly O'Donnell's model):

- 1. God is ultimately responsible for care of His children, and we should encourage one another to look to God to supply our needs.

- 2. Members have a responsibility to care for, encourage, and build up one another.
- 3. The sending church shares the responsibility of care, and must be involved at all points in the life of the member from that church.

- 4. The individual member must also take responsibility for his personal, spiritual, and physical well-being, and that of his family.

- 5. And the organization should be active in fostering a climate where members are helped to develop and maintain spiritual, intellectual, and emotional vitality and optimal physical health.

Fourth:

- We clarified that the concept of member care does not mean that satisfying physical comfort or personal preferences should be goals in themselves, nor should these take primacy over our mission of reaching the world for Christ.

Our strategy:

- At the International level there would be a team of coordinators who would monitor and resource all member care efforts.
- At the regional level there would be a consultant, who would serve member care people at the entity level.
- Each field entity of any size would have a member care facilitator.

Summary:

- 1. We worked under the authority of the IVPP, and reported to him. This meant that this role was a very public one.
- 2. We acknowledged the mandate of the International Board.
- 3. We worked through the current personnel system.

- 4. We valued existing services and began to coordinate them.
- 5. We carried out simple research projects to determine major needs.
- 6. We communicated lavishly throughout the organization through written materials, personal visits, workshops, seminars, conferences, etc.

- 7. And obviously, we built a staff, and established a budget.

- As you heard this story, you may have identified some of the same needs.
- Whatever you decide to do, it must fit the Korean mission structure, and be compatible with Korean Christian thinking.
- It must be do-able (practical and possible).

- It must be sustainable.
- It must be duplicatable. Korea is rapidly taking the lead in world missions, and other countries will look to Korea for member care, and for a model that they might copy to develop their own member care plans and programs.

So...

- Step One: Does the idea of member care have support and approval from the highest level within your organization? If not, what can you do to make this happen?

- Step Two: Can you think of a credible and trained person or team to lead this effort? This need not be a counselor, but it would be helpful if the person had some counseling skills. A wise and experienced pastoral couple, or a retired missionary couple would be a good possibility.

- Step Three: Will you help this couple or person to identify the member care needs within your organization? Basic research and good listening skills are necessary.

- Step Four: What is already going on in your organization in the way of member care and how can that be honored and enhanced, and coordinated?

Now...

- You have a comprehensive plan;
- You have a job description;
- You have a model of member care, and
- You have an example of member care implemented within an organization.

Discuss together

- What you and your organization might do now to develop member care within your agency.