Mobile Member Care Team – West Africa
Our Journey, Vision and Strategies

by Darlene Jerome

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Let me begin with some excerpts from an email that we received a few years ago. It is from a veteran missionary couple that was traumatized on the field.

“Ask me how many times we have thought about you since the armed robbery! We sure wished that you had been in place here in West Africa. We could have been your first candidates. Without being ugly, we have had the worst field member care. We were shocked at the things that were said, not said, done and not done for us. We aren’t bitter about it at all, but it is something that we have a heart for and it upsets us to think that this could be repeated on someone else. West Africa needs you! We wish that we could see you for a good quality debriefing. We have been angry with our leadership but also praised God that something is coming together next year. It is such a need. The first thing I would recommend that you do is train the leadership of all these missions on what to say and do when one of their people have a trauma.”

What is the Mobile Member Care Team or MMCT?

Mobile Member Care Team (MMCT) is a cooperative, inter-mission ministry that provides training, consultation, and direct crisis response for missionaries on the field. It seems that traumatic events such as evacuation, civil war, kidnapping, car jacking, armed robbery, rape, theft, assault, and severe medical illness are increasingly a common experience for missionaries these days. MMCT exists because we believe that member care that is proactive and compassionate can help missionaries remain in effective service, even after going through crises.

The first regional MMCT team (MMCT-West Africa), launched in May 2000, serves West Africa (14 countries from Senegal to Nigeria) with a central location of Abidjan, Ivory Coast. The MMCT staff is a multidisciplinary group building care-giving competencies, developing community relationships and enhancing resilience and health among cross-cultural workers.
of counselors and trainers that responds to crises by providing coaching and consultation for peer responders and mission administrators, debriefings, assessment and referral. The team provides training in the areas of interpersonal skills and crisis response with the goal of equipping missionaries to provide the initial response to crisis as volunteer peer responders.

Our ultimate goal is to establish MMCT teams in several strategic locations of the world to provide training and crisis response for members of any mission group. We are developing a model in Ivory Coast that might be contextualized in other regions of the world.

“Standing on the shoulders of the giants before us”, is very much the case for the Mobile Member Care Team. Blessed by the vision, experience and wise counsel of several of the founders and developers of member care as a specialty in missions, we find ourselves launched into an exciting venture. We’d like to share a bit of our journey and vision as well as some specific strategies that we sense the Lord is blessing as we begin this ministry.

**Our Journey from Concept to Service**

In mid 1997, several leaders in the Member Care movement gathered as a “think tank” to consider how missions might work together to enhance the delivery of member care services. Primary concerns expressed were lack of accessibility and the increasing need to support missionaries who experience trauma. It seemed that a mobile member care team might be able to address these concerns. Dr. Karen Carr, a clinical psychologist with a specialty in crisis response who had served as a part-time consultant for several missions, was identified as a potential leader for this kind of team. Later that year, at the Mental Health and Missions conference in Indiana, USA, the “think tank” brainstormed with a larger group about what this team might look like and the kinds of services and strategies it might develop. In March 1998, a core group again met and worked towards a vision statement, values and more specific strategies. This group agreed to form itself into a Global Advisory Board to ensure that this vision would be fulfilled and asked Karen Carr to give full-time leadership to the mobile member care team concept. Karen then asked Darlene Jerome, a member of Wycliffe Bible Translators who served as Personnel Director with the SIL- Cameroon group for nine years and has a Master’s in Intercultural Training and Management, to join her in this leadership role. In 1999, Marion Dicke became part of the team. Marion served with the Christian and Missionary Alliance--Canada in Zaire for over 15 years in midwifery, leadership training, mission administration, and member care. Currently Karen serves as Clinical Director, Darlene as Personnel and Training Director, and Marion as a Trainer/Debriefer. This combination of key disciplines--mental health, mission
administration, and training, is foundational to the MMCT values and strategy.

Based on advice given by SIL leadership in Africa, we decided to focus on one region of the world so as to ensure our ability to respond. If we spread ourselves too thin, we would set up expectations for service that could not be met. It was suggested that we begin in West Africa for several reasons: lack of member care resources in that area, the increasing incidence of violence and crisis in the region, the missions infrastructure already in place that could help launch a new ministry, and the fact that Darlene was already familiar with life in Africa and had natural connections there.

In August 1998, Darlene and Karen traveled to Abidjan, Ivory Coast to explore the possibility of basing there. Abidjan offers a well-developed communications system and is a transportation hub for West Africa. Several missions base regional personnel in Abidjan and the country has traditionally been politically stable. Twenty-four mission leaders from 14 mission organizations gathered one afternoon to discuss this possibility. We had done a needs survey before the meeting that confirmed our impressions: traumatic events were very common and that crisis response services were non-existent.

We were very encouraged when a group of 11 people, representing eight missions, emerged from this meeting as a Liaison Committee. We related and made plans with them over the next 20 months until we moved to Abidjan in May 2000. This group was the confirmation from the Holy Spirit that we needed. The Liaison Committee group eventually gave birth to a regional Governing Board of nine people from several missions that provides the MMCT-West Africa team leadership, advice, accountability, and networking within the mission community.

As the focus has shifted to more West Africa specific issues, the Global Advisory Board has passed its oversight role on to the local Governing Board. Currently, the Global Advisory Board is considering where the next regional MMCT team might be launched. During the 20 months of transition, the Global Advisory Board continued to give wise counsel, support and strategic input as we fine-tuned the MMCT vision statement, spelled out our values, and developed strategy documents.

**Vision Statement**

We envision communities of missionaries who are able to withstand life’s traumas and challenges, supported by a network of peers and administrators able to respond to crises, with a mobile team providing training, mentoring, consultation, on-site crisis response, and referral.
Our Values

Servanthood. We are servants of our Lord and our lives are devoted to loving others with humility.

Partnership. We serve in partnership with organizational leadership, churches and member care providers.

Integrity. We are committed to quality, truth and the fulfillment of promises. Proactive Care. We provide training and care to promote the strength and resilience of communities and to lessen the negative impact of crises.

Accessibility. We are committed to being available to respond to crises or requests for help in a timely manner.

Community Development. We are committed to facilitate peer support networks, resource sharing and local ownership of member care programs.

Diversity. We believe that a multicultural and multidisciplinary team will best meet the needs of the community we serve.

Mutual Support. We are committed to maintaining the health and stability of the team by caring for each other in practical ways so that we can serve with enduring joy.

MMCT Distinctives

The values expressed above naturally yielded some program distinctives that later led to specific strategies. I would like to briefly comment on some of the distinctive aspects of the MMCT approach to member care.

Proximity. We are committed to our services being accessible to the mission community in a defined service area. This means living in the region and being ready to travel as needed.

Focus on Crisis. While some of our strategies contribute to other aspects of member care, our primary focus is on crisis care. Although our specialty is narrow, our geographical service area of the 14 countries of West Africa is large, and travel in this area is challenging. We must stay focused on crisis response or our resources will be spread too thin. Keeping this focus is difficult since our team has the only missionary clinical psychologist that we are aware of in the region.

As missions become aware of Karen’s presence and ask her to help with their crises, our definition of crisis is being challenged. Having anticipated this, we had developed a grid to assess and prioritize what others might present to
us as crisis situations. But even with such a tool, it is very hard to limit our services when our saying “no” necessitates either a return to the home country, having a mental health professional travel to the field at great expense, or no help at all.

This dynamic means that we are ideally placed to collect data [and offer some consultation? ] about the need of a counseling or member care center for this region. Several missions are considering this possibility and we welcome that development.

**Multidisciplinary.** Foundational to the MMCT concept is a team of mental health professionals, mission administrators, and trainers serving together with mutual respect and appreciation for the others’ roles and contributions. We feel very blessed to have a team of three that reflects this combination now, but we are definitely asking the Lord to increase our numbers.

**Partnering with Mission Leadership.** Mission administrators ultimately hold much of the responsibility for member care, especially in crisis situations. They make the initial needs assessment, allocate resources, monitor the situation, and make decisions that significantly impact the effects of traumas. Our desire is to help mission leaders be more successful by intentionally building supportive relationships with them, equipping them, and being available for consultation.

The political unrest in Ivory Coast this past year (2000) gave us lots of opportunities to come alongside mission leaders and consult concerning what member care concerns needed to be addressed before, during, and after episodes of political unrest, violence in the streets, and the ongoing stress of uncertainty. We convened an Inter-mission Forum on Contingency Planning and Crisis Management at a very strategic point in the period of unrest that brought together 31 leaders from 19 different organizations. We shared concerns, resources, strategies, and strengthened the inter-mission network of support. It was thrilling to facilitate such a gathering and to pass on to them some fundamentals of member care in crisis situations.

**Facilitation Role.** Rather than developing a separate ministry that offers a specialized service parallel to the mission community, we desire to strengthen and equip mission communities to fulfill their mutual care responsibilities as the body of Christ, cutting across organizational boundaries. Larger missions may have personnel available to respond to crises but many smaller missions do not. Surely the Lord intends for us to serve one another on the frontlines. MMCT is committed to help facilitate inter-mission cooperation toward that end. Seeing these relationships start and grow in the context of inter-mission forums and workshops is very satisfying.
Training Emphasis. One-on-one crisis response service by professionals is a luxury in this setting. Our research tells us that there are 5000 missionaries (and their children) in this region from missions based in North American alone. We know there are many more missionaries from organizations based in other parts of the world: Europe, Asia, Latin America and other African countries as well. Considering these numbers and the increasingly unstable and violent environment here, it is mandatory that we train administrators and peers to respond to crisis situations and make a commitment to mentor and coach them in the future.

Proactive Care. Traumatic events require immediate and appropriate loving care from the surrounding mission community. We are finding, however, that there is some resistance to seeking or accepting help before someone is visibly struggling, which is not always the case immediately following a trauma. We expect it will take some time and increased awareness through education before proactive care is considered to be normal protocol by leaders and the mission community at large.

MMCT Strategies

Our vision statement, values, and distinctives have contributed to the development of several strategy statements.

1. Personnel Strategy

So as to adequately meet our personnel needs, we have developed several ways to serve as staff of the Mobile Member Care Team.

Resident Personnel. A multidisciplinary staff resides in Abidjan. Their function is to provide administrative leadership to MMCT, training and consultation for mission administrators and peer responders, debriefing, psychological assessments, and brief therapy after crisis events.

Associate Personnel. Part-time associate staff may reside in the region or elsewhere in the world (currently, we have a group of about 20, primarily in North American and Europe). Available for short periods of service, from two weeks to a couple months, they serve as workshop staff, give direct post-trauma care, assist with research, serve as consultants, or offer a technical service. We especially appreciate these folks because of what they bring to fill in the staff picture: professional expertise in areas such as with children or in psychiatry, access to research, language abilities in French, German, and Dutch as well as a variety of cultural backgrounds. And, since the resident staff is presently all single females, it is good to have several men and married couples in the larger staff group.

Peer Responders. Because of the sheer size of the task (geographical as well as numbers of mission personnel), trained peer responders are essential to
meet the need. Often individuals in formal or informal member care roles already serve as peer debriefers in crisis situations. Our strategy is to train missionaries identified as peer responders within their own missions to better handle the “ordinary” crisis events.

*Inter-Mission Peer Responders.* From the peer responder group, we select and further train some who are made available by their organization to the wider mission community. Their training further prepares and qualifies them to respond to more difficult crisis situations and for other missions at the request of MMCT staff. These teams have an ongoing mentoring, coaching, and training relationship with MMCT staff.

*Consultants.* Professional consultant input, especially from psychiatrists, is a necessary part of our personnel strategy. Even when from a distance via phone or email, this support enhances our effectiveness.

2. **Crisis Response Strategy**

According to each situation, MMCT offers several levels of response as described below.

*Training.* The first response is to prepare mission leaders and peer responders before crises happen so as to enable their good response when needed. Recognizing that for many years mission leaders and colleagues have responded to members’ needs in crisis situations, we desire to enhance the quality of response and care that is already in place.

*Indirect Response.* When a crisis occurs, but its effects are not severe enough that MMCT staff are needed to respond directly, a predetermined indirect response plan is implemented. This includes long distance consultation with the mission leadership and local peer responders in their specified roles via email or phone. Peer responders are responsible to assess those affected by the trauma, defuse (meet briefly to support) the victims, debrief the group involved, and report back to the mission leadership and the MMCT staff. Protocols are in place for these procedures and the MMCT staff supervises and mentors the peer responders from a distance via email and phone.

*Direct Response.* When a crisis and its effects are severe enough that mission leaders along with the peer responders do not have the resources to provide the care needed, MMCT staff do their best to respond directly. Circumstances may prevent arrival until several days later, but all efforts are made to expedite the response. In the meantime, local peer responders are responsible for emotional first aid care. Upon arrival of MMCT staff, an assessment of the victims and the effected community is made, direct care
given to those effected, consultation and mentoring given to mission leadership, and the peer responders and a long-term care plan determined.

Referral. At times the best response is a referral to outside services. This could be for various reasons: anticipation of long-term care being required, psychological needs of a specialized nature for which we haven’t adequate expertise or resources, and inadequate MMCT staffing or staff already responding to another crisis situation. Although we hope that we can be of help in most situations, there are some for which referral is the best and most responsible contribution we can make.

Rather than rely entirely on a list of member care organizations or individual providers, which may become outdated, we also rely on the referral services of regionally based Christian organizations and individuals familiar with the needs of missionaries.

3. Training Strategy

MMCT-WA desires to strengthen the mission community and train and equip peer responders and mission leaders to care well for members in crisis. To meet this goal, we offer five workshops, as outlined below, with possibilities for a sixth and seventh as well. Our workshop designs are based on adult learning principles and seek to build on the knowledge, skills, and attitudes each participant brings to the training context.

Sharpening Your Interpersonal Skills (SYIS): Developed by Dr. Ken Williams of Wycliffe Bible Translators/SIL, this workshop is used worldwide by missions desiring to equip and encourage their members in biblical relational skills such as listening, managing conflicts, and living in community. In a supportive training environment, with an emphasis on Scripture and prayer throughout, participants are guided through four and a half days of skills-building practice in a group of up to 28 missionaries from several different agencies. We offer this workshop as a means of strengthening the mission community life, believing that this will result in better mutual member care throughout the community.

Understanding Crisis (UC). This one-day workshop introduces missionaries to the basics of crisis care so that they can be better friends and colleagues when crises happen. Participants learn what is a normal response to a crisis and how to help someone through the necessary stages of grief after loss or trauma.

Member Care while Managing Crises (MC/MC). This two-day workshop, following the UC, gathers together interested leaders of missions in a particular region to share and learn about the strategic role they play in member care while managing crisis situations. Building on the UC material,
topics include: the impact of crisis on groups; helpful policies, procedures and protocols; confidentiality and communication; assessment of vulnerable members; leadership style in crisis; the when, why, and how’s of debriefings; crisis committees and how MMCT and local Peer Response Teams can be of service to missions in West Africa. We also offer parts of the MC/MC when we convene a half or one-day Inter-Mission Forum on Contingency Preparation and Crisis Response.

**Peer Response Training (PRT) Level One.** This is a six-day workshop that prepares missionaries to serve as peer responders within their own organization. Participants review and go into more depth with the UC material. In addition, they learn how to debrief someone in crisis one-on-one, and how to assess the impact of a traumatic event. The workshop includes opportunities to practice these skills in a supportive context with personal coaching. Participants are also encouraged to further develop their own theology of suffering through Bible studies and times of reflection. People are invited to this workshop based on an application, completion of the SYIS, evaluations by SYIS facilitators, and referrals from mission leadership and peers.

**Peer Response Training (PRT) Level Two.** This five-day workshop further prepares peer responders and qualifies them to respond to situations for other missions at the request of MMCT staff. They have an ongoing mentoring, coaching and training relationship with MMCT staff. Emphasis in the workshop is placed on further developing screening and assessment skills, skills in working with children, advanced one-on-one debriefing skills, and group debriefings. Prerequisites for PRT 2 include: successful completion of PRT Level 1, demonstration of competence with the PRT Level 1 skills on the field, an invitation from the MMCT staff for advanced training, and agreement from their mission administration re: suitability and availability to serve other missions.

**MK’s and Crisis.** This topic is currently being discussed by MMCT and other interested parties. There is potential for two workshops: one for MK’s themselves and the other for parents and MK school staff.

4. **Partnership Strategy**

A primary value of MMCT-WA is our desire to facilitate and work in partnerships. We are in several strategic partnerships, both formal and informal, with other organizations involved in member care. Some of our partners include: Mercy Ministries International and Le Rucher near Geneva in France; Missionary Health Institute in Toronto, Canada; and Headington Research Center of Fuller Seminary and Narramore Christian Foundation, both in California, USA.
We are talking with some Christian educational institutions with graduate programs in clinical psychology about the possibility of MMCT becoming an internship site for graduate students seeking to develop skills of crisis response for the mission community. We also anticipate providing data for students and others conducting research in trauma and missions. Team members can be loaned to MMCT from another sponsoring organization, whether it be an established mission or a sending home church. We receive these personnel based on a Memorandum of Understanding drawn up between the sponsoring agency and the MMCT Governing Board.

5. Finance Strategy

Besides our commitments to the principles of accountability, integrity, and internal responsibility, we have certain financial strategies to facilitate our ministry and make our services accessible to those who need them.

**Strategies related to staff finances.**

MMCT staff members come with their own personal support needs fully covered. (living expenses, furlough travel, professional training, personal and professional insurance, retirement savings etc.)

Each staff member contributes a monthly “administrative contribution” to support the MMCT office as it facilitates their personal ministry.

Associate staff are encouraged to raise funds to cover the costs of their short-term service (in particular, air fares).

Honorariums received by staff while representing MMCT are allocated to the group account.

**Strategies related to services.**

Participant fees cover workshop costs.

The missions served cover crisis response costs, including a suggested per diem honorarium, as they are able.

MMCT counsels mission leadership to budget for crisis response.

There is a subsidy fund for crisis response; those unable to reimburse full costs may apply to this fund and financial help is provided as available.

There is a subsidy fund for workshop scholarships; those unable to pay full workshop registration feeds may apply to this fund and financial help is provided as available.
Strategy for capital purchases.

Large capital purchase needs are presented to the regional and home country MMCT-WA constituencies by the staff, regional Governing Board, and Global Advisory Board. The Lord has blessed us with several grants and large donations towards capital purchases.

Blessing others.

The first tenth of MMCT-WA non-designated income is given to other ministries with whom MMCT shares common vision, with special consideration to national mission member care development.

Thanks be to God

In closing I would like to share a story with you that illustrates some of the key values, distinctives, and strategies we’ve presented. While we (Karen and Darlene) were still in French study in early 2000, we received news of a car jacking involving a young family in their first term of service in West Africa. We were unavailable for direct response at that time, but the Lord had already provided a way for this family to receive care quickly and without having to return to their home country.

Their field leader and his wife quickly drove to where they had been stranded and supported them in practical ways. They also ministered to them using member care skills they had recently enhanced through a Sharpening Your Interpersonal Skills workshop that we had led a few months before on a visit to Ivory Coast. In addition, one of our Associate Staff, who is a mental health professional and works in another West African country as a school counselor, was able to go to them and spend five days debriefing the car jacking as well as working through some other traumatic events and issues that had developed during their first term. It was very clear that this sort of intervention made the difference in how this family was able to process this crisis: rather than it having a devastating impact on this family, it actually created the opportunity for them to move forward with more insight and resilience than they had going into it. What was meant for evil turned out for good.

As we look back over the past three years at how the Lord has led, nurtured and provided for the development of the Mobile Member Care Team, we are very thankful. He has blessed us beyond what we could have imagined or dreamed. The Global Advisory Board and local Governing Board are two very tangible examples of His abundant provision for us. In His sovereignty, He has led us, in consultation with our advisors, to make decisions based on what we understood at the time, only to find out later that He had other reasons in mind.
A good example of this is our choosing to base in Abidjan, Ivory Coast because of its reputation for being economically healthy and politically stable which would mean less stress for us as a team in our living situation. While that was true when we visited here in August 1998, over the next two years things quickly deteriorated with a successful coup, other attempted coups, a very rocky election process, inter-ethnic conflicts surfacing into violence in the streets, and a general atmosphere of uncertainty. That is our current situation at the time of this writing and we are finding it stressful. But the Lord is bringing good out of all this, as we have been able to minister to our immediate community, as well as grow in our personal understanding of what it means to go through these crises and live with these stresses. We are finding Him trustworthy and a very present comfort in the midst of it all.

**Future Directions for MMCT**

As we develop MMCT in one region of the world, we wonder how the Lord is going to move next. What region of the world is on His heart for the next Mobile Member Care Team? What might that team look like? Who will be on it? What needs to happen to get it going?

At the same time we can see the need for MMCT here in West Africa to expand to include national church leaders. Our current vision includes national African missionaries from and in this region, but the church leadership is also in need of this kind of care. Might we be able to encourage the development of a ministry with their needs in focus?

The need for a more comprehensive Member Care Center for this region also comes up frequently. Our research tells us that there are 5000 missionaries (and their children) in this region from missions based in North American alone. We know there are many more from missions based in other parts of the world. Could we help facilitate the development of a multi-service center that supports missions in their efforts to develop member care services for this large group of God’s servants? With an emphasis on training, especially of mission leaders and member caregivers, a Member Care Center would be able to make a significant impact in this region, helping God’s servants to stay spiritually strong and continue in His service with joy.

Please pray with us as we seek the Lord and join Him in what He is doing here in West Africa in member care, as well as in crisis response across the world of missions.

Questions or looking for more information? Click here to contact MMCT by email.