

## Field Counseling: Sifting the Wheat From the Chaff

This chapter deals specifically with the role of mental health professionals providing evaluation and counseling resources for missionary personnel in the field. Other types of member care workers will find the material helpful as well. Counseling for missionaries is frequently referred to as “coaching” in this article because it is a more user-friendly term in many mission circles and avoids some of the professional mental health stigma. The chapter builds upon a previous article we did on short-term field counseling (Cerny & Smith, 1995).

The authors’ perspectives derive from our experiences as clinical psychologists providing short-term coaching services for international missionary teams primarily composed of Westerners working in emerging nations. Our services commonly include crisis intervention, critical incident debriefing, team building, educational workshops, and short-term individual, marital, and family coaching. Of the many problem areas that we have seen, the main ones would be depression, anxiety, destructive anger, unwanted habits, addictions (most frequently sexual), attention problems, relational conflict, and various types of abuse.

### Ethical and Professional Practice Guidelines

Most Christian mental health professionals approach working with missionaries from the perspective of professional education and training oriented towards hospital, clinic, agency, or private practice work. The ethical and professional practice guidelines that they use are oriented towards those professional practice settings (e.g., Austin, 1990). These guidelines, when combined with experience



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Providing good member care can be a tricky enterprise, even for seasoned mental health professionals. This chapter describes eight member care errors, followed by specific suggestions for improving practice. The disguised examples are based on true field experiences encountered by the authors during their eight years of work with mission personnel.

and good clinical judgment, provide a helpful professional foundation for working with missionary groups. However, to provide appropriate care for missionaries in the field, we must also consider some additional practical principles. Here are five principles that help to guide our work with mission personnel:

### 1. Reaching Out

Typically, clients seek out or are referred to mental health professionals for help. They enter into the helping relationship with an anticipation of trust and benefit due to the provider's professional skills and reputation. Clients normally make an investment in treatment by paying for professional services. They come to the therapist's professional setting to receive the treatment.

In contrast, in order to help missionaries and mission organizations, mental health professionals must usually first seek out and develop relationships with them. This often involves overcoming issues of distrust regarding psychology or psychiatry and questions about the compatibility of professional mental health services with spirituality. Often the mental health professional provides services at either no cost or minimal cost and sometimes at his/her own expense.

### 2. Multiple Cross-Cultural Issues

At least three levels of challenging cross-cultural issues exist in providing member care support for missionaries and mission organizations. The first such issue is the *organizational ethos* of the mission agency. Each agency has its own unique style of theological, missiological, organizational, personal, and relational values and practices. Usually these values have developed from the educational tradition, experience, and preferences of the founder or founding organization. Especially in a team-led organization, each team is also likely to have a memorandum

of understanding (MOU), which reflects the ethos of the team. Desire and openness to learn and respect organizational culture are essential to providing mental health services within that culture.

The second level involves developing awareness and respect for the *cultural backgrounds of the individual members and families*. It is becoming increasingly common to see North American, European, Latin American, African, and Asian team members laboring side by side on international teams. Member care workers can provide valuable support in helping build effective team relationships in which individual differences and preferences are understood, appreciated, and utilized, with the goals of building unity and maximizing ministry effectiveness. Additionally, understanding and respecting cross-cultural issues are essential to effective individual and family coaching. Many missionary teams also have workers who are the children of missionaries themselves. These MKs have their own cultural uniqueness, as many researchers point out (e.g., Pollock & van Reken, 1999).

While humility is an essential element in the first two levels, it is especially necessary in the third level, the cross-cultural bridging with *the host culture* in which the team and/or individuals are working. Frequently this is the most foreign culture for the member care worker, and the professional is highly reliant on the missionaries for assistance in understanding, appreciating, and functioning minimally within the host culture. Treatment of individual missionaries and families should always be oriented towards encouraging and supporting their adaptive functioning within the host culture. Sometimes member care workers are asked to stretch their capacities in providing consultation for friends and new believers within the host culture, but most frequently language barriers preclude significant involvement.

### **3. Managing “Dual Relationships”**

In the mental health professional's traditional work, “dual relationships,” such as forming a friendship or business relationship with a patient outside the counseling office, are ethically and often legally forbidden. This ethical and professional practice principle is relaxed somewhat for mental health professionals who function in small communities, where practical and social necessities require patient contact in contexts beyond the counseling office. Flexibility with external boundaries always requires good awareness of one's internal boundaries and personal needs, as well as what is in the client's best interest.

While professionals are working with missionaries in the field, dual relationships are very common (Hall & Barber, 1996). In fact, they are frequently necessary in order to develop trusting relationships. There is a less formal nature to the coaching/counseling relationships. One can give professional input while walking or driving together or while sipping tea at a cafe. The coach may also be lodged at the client's house, with plenty of opportunity to get to know each other during and after the meeting times. Coach-counselors need to be attentive to the nuances of maintaining healthy boundaries, to the need to adjust therapeutic techniques, and to possible feelings and memories that get stirred up during their different types of involvement with the missionary clients (transference and counter-transference).

### **4. Responsibilities to Both Counselee and Organization**

For mental health professionals, the question, “Who is the client?” is an important one, especially in the area of maintaining confidentiality. Confidentiality is an issue for the counselee, as he/she considers what to reveal and how much privacy is guaranteed in the counseling relationship. The concern for the organization usually is that it be made aware of significant problems that go beyond the

counseling relationship and may require organizational intervention, support, or accountability. “Confidentiality procedures must be clarified for in-house consultants and counselors who are responsible to protect the interests of the organization in addition to the individual” (O'Donnell & O'Donnell, 1992, p. 264).

Two principles from professional ethical and legal guidelines commonly found in the United States help address this issue. The first is that responsibility and confidentiality issues should always be spelled out in advance, so that people and organizations can make informed choices. The second principle is that confidentiality for the counselee is mandated, with as few exceptions as possible. Exceptions commonly include suicidal risk to self, homicidal risk to others, and abuse (sexual, physical, or emotional) of someone weaker, such as a child, spouse, or elder.

The Sample Member Care Confidentiality Policy shown in Table 1 on the next page was developed from collaboration between member care professionals and a mission agency. It presents a balanced approach to addressing both individual and organizational concerns and has been field tested for about five years. In contrast to this guideline, however, it should be noted that some organizations encourage but do not require their staff and consultants to report significant struggles when such reporting is not legally mandated. It is important that there is a common understanding of the member care worker's role and responsibilities, in order to give proper service to both field teams and mission agency leadership.

### **5. Therapeutic Use of Email**

For most missionaries and agencies, email has become the primary means of communication. It is fast, informal, and inexpensive. However, it has questionable confidentiality and is vulnerable to miscommunication. Our experience is that mental health professionals should never try to conduct counseling by email. Yet,

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**Table 1**  
**Sample Member Care Confidentiality Policy**

All information shared with members of the member care team by email or during counseling is kept confidential with two exceptions. The first is where disclosure is mandated by law (e.g., in the USA for child/elder abuse, suicidal/homicidal threat). The second is when personal struggles significantly interfere with one's work role (e.g., major depression, abusive leadership, moral failure, or serious marital conflict).

We see these struggles as being larger than the counseling relationship and thus necessitating the help of others within the organization. So, in such cases, the mission organization requires that organizational leadership be informed by both the person (counselee) and the counselor. For field workers, this leadership would include the team leader, appropriate team leader overseer, or the field director. For support staff, this leadership would include the supervisor or the sending base director.

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email can be very helpful for providing limited evaluation and/or consultation. It is also very helpful for providing follow-up accountability after face-to-face work. Sometimes email provides the only immediate means for responding to urgent needs, when direct contact is not possible and professional on-site resources are not available. Long-distance phone calls, while more expensive, are usually more effective. Many current issues concerning email consultation and counseling are summarized in the excellent article by Rosik and Brown (2000).

### **Vignettes and Commentary**

The following vignettes highlight some of the mistakes that we have observed in providing member care. Our goal is that others can learn from these mistakes and improve the quality of their services. We begin by presenting two of our own errors.

#### **Case 1: Cross-Cultural Insensitivity**

Responding to a family's request for help, Len and David were excited about finally landing at Iskurt, the capital of a country with a culture very unfamiliar to them. The flight was difficult. Not only was the plane's toilet out of order, but the en-

gines were unusually loud, and sleep was not possible. As soon as the plane had landed and taxied to the gate, loud, discordant music suddenly burst out over the plane's speakers. Very tired, the typically sensitive David yelled to Len over the music, "I hope I don't have to listen to this the whole time I'm here!" Len became embarrassed and quickly informed him that the music was the national anthem of the country in which they were arriving as guests.

#### **Discussion**

We are guests in the cultures in which we work or visit. What may be experienced as funny or inert in one's own culture may likely be perceived as insensitive in a foreign setting. It is always important to err on the side of humility and respect. This vignette also demonstrates the importance of being aware of the increase in stress that occurs while traveling to new countries. Being tired, irritable, and stressed can lead to a lower threshold of tolerance. Member care workers have to exercise good self-care and manage their stress appropriately. Another lesson from this vignette is the importance of traveling in pairs. Frances White (1992) mentions this strategy in her guidelines for short-term service. With the help of an observing partner, tension can be lessened with humor, and insensitivity can quickly be con-

fronted, before one makes major cross-cultural blunders.

Foreign visitors are often under observation by the locals. So get coached on what it means to be courteous and on how to show respect. Step outside familiar cultural tastes. Be curious, flexible, and willing to develop new tastes. Immediately begin looking for aspects of value and meaning within the host culture. Adopt the position of a learner, and explore/inquire about the culture of the host country whenever possible.

## **Case 2: Coaching Reports**

Len, a clinical psychologist, made a coaching visit to a large mission team in Africa and found that the team was experiencing major conflict between the team leader and the elders of the church that the team helped start. It was an extremely busy week of mediation. Then the team leader delayed the final meeting to the day of Len's departure. This meant that Len was not able to finish his coaching report and recommendations. Usually he would process his report with the local leadership, to make certain there was mutual agreement about the accuracy and wisdom of conclusions and recommendations, before leaving the field and submitting the report to the overseeing agency.

During the following week of email interaction, Len allowed the team leader to cause further delay in the submission of the report, because the team leader alleged that certain contents were inaccurate and offensive. A mutually agreed-upon report was submitted but at the cost of three weeks' delay. The field director, previously unaware of the seriousness of the conflict, was rightfully upset at not being informed sooner about the team situation. Later, additional facts came out which revealed serious character issues on the part of the team leader.

## **Discussion**

There are three main issues in this vignette. The first is the value of writing a

coaching report before leaving the field. It is generally a good policy to write, discuss, and adjust the report as the final stage of a field visit. Processing the summary report with field leadership to produce wording that all agree upon builds trust with both field and agency leaders. A report is also important because a mutually agreed-upon record of the visit, including treatment goals and follow-up accountability, is established. Over time, people forget details of past events, and the things agreed upon can become fuzzy. The risk of misunderstandings or misinterpretations is greater when the report is not written and discussed on the field.

The second issue in this vignette is that, in his desire to build trust by working in a mutually agreeable way, Len allowed himself to be manipulated by the team leader. First, the team leader changed the meeting schedule at the last minute, eliminating the final evening and day needed for processing the report and relaxing together after having completed the work. Second, Len allowed himself to be delayed three weeks in submitting the report, trying to process differences with the team leader by email. If problems can't be resolved in person, they will not likely be resolved by email. The team leader was avoiding his role in the problems and projecting blame onto others. It is not surprising that later developments revealed major character issues. When there are significant impasses in agreeing to the content of a report, it would be wiser for the member care worker to suggest that separate reports be written giving different perspectives of the problem.

The third lesson learned from this vignette is that organizational leaders need to be informed of problems in a timely manner. The authority structure must be honored and leaders informed of progress and impasses. Trust develops when communication is clear and timely reports are made to the leaders of the organization. If the coaching report was going to be delayed, Len should have called the field

director to alert him regarding the team situation.

### **Case 3: Confidentiality Issues**

John, a licensed counselor, received permission from a team leader to provide a week of family therapy to a family from the Balkans that requested help. Eager to help the family feel safe, John informed the family that everything they discussed would be held in total confidence. Within a short time, what were initially straightforward family issues became complex and confused. As more information was revealed by the parents, issues of suitability for the job and personal safety on the field were raised. Because of John's commitment to total confidentiality, the family said they would feel betrayed if John talked with their team leader about information they had revealed. They also expressed their distrust in the team leader.

Honoring his commitment, John did not discuss the family's needs with the team leader. Nor did he write a coaching report, because the family would not give him permission to release information. Because the family was desperate for more help, John agreed to return six months later to provide more family therapy. In the meantime, the family reported to the team leader that the visit had been helpful and that all was well. John was unable to return in six months because of an unforeseen illness. Within the next year, the family had to leave the field permanently on an emergency basis, because of a family crisis that could have been dangerous to their children.

### **Discussion**

John made an unprofessional promise when he guaranteed total confidentiality. In most countries, the confidential relationship between a licensed professional and his/her client has ethical and legal limitations. These relationship guidelines are spelled out by the overseeing professional organization (e.g., the American Psychological Association in the USA) and

local laws. Professional counselors are also required to inform clients in advance that confidentiality is protected except for endangerment to themselves or to someone else. Also, reporting is mandatory for child abuse, elder abuse, and, in some cases, spousal abuse.

If John had used the approach previously outlined in the Member Care Confidentiality Policy, he would have protected himself, the family, and the team leader from unrealistic expectations. The family would have known what the realistic consequences were regarding what they chose to reveal. The team leader would have been notified when issues needed organizational awareness and support. John could have worked with the family in notifying the team leader about the concerns of safety and suitability. He could also have helped them develop better communication, trust, and mutual support.

### **Case 4: Treating Minors**

Jan, a licensed marriage and family counselor, was part of a pastoral care team providing a week of teaching and renewal for a church planting team in India. During her visit, she observed a team meeting and was alarmed by the social behavior of a female adolescent named Diane. Jan was so troubled that she mentioned these concerns during dinner to her expatriate host family with whom she was staying. Her hosts were supportive and offered their own observations regarding Diane. In the rush of saying good-byes while leaving the country the next morning, Jan never discussed her concerns with Diane's parents, nor did she initiate any future email contact with the family. After returning to her busy private practice in New York City, Jan quickly became occupied with current pressing events and forgot about her concerns regarding Diane.

A month later, when Diane's parents were informed of Jan's expressed concerns by Jan's host family, Diane's family felt confused and betrayed by Jan. In an email, they informed Jan that they felt betrayed for two reasons: first, that she had

been alarmed by something she had observed about their daughter and had not contacted them, and second, that she had discussed her concerns with another family rather than speaking to them directly.

### ***Discussion***

The intensity of field visits and the apparent casualness of the setting and relationships can lead member care workers to lower their professional sensitivity. Informal relationships, added with constantly changing circumstances and/or unfamiliar settings, require that professionals maintain especially good boundaries. In this case, an important principle is that any child concern should always be discussed with the parents first. To discuss these concerns with a host is gossip and leaves the host in a difficult position. Traveling with a colleague is a real asset. In this situation, Jan might have consulted with another professional on the member care team regarding her concerns and benefited from a more objective opinion on the best way to address her concerns.

### **Case 5: Child Abuse**

During a field visit to a church planting team in Estonia, Jeff, a licensed clinical social worker from Canada, was staying with the Jones family, who were the newest members of the team. During a counseling session on the last day of Jeff's visit, both Mr. and Mrs. Jones revealed that they had been abused as children. Mr. Jones also reported that about six months earlier he had observed their team leader's son Fred, age 13, having inappropriate sexual contact with the Jones' daughter Amy, age 8. Mr. Jones said he immediately confronted and talked with the children. Because Fred appeared so repentant, Mr. Jones said he promised not to say anything to Fred's parents if Fred would promise never to do anything like that again. Since then, Mr. and Mrs. Jones have protected Amy from being alone with Fred.

When Jeff encouraged the Jones to speak with their team leader about the incident, Mr. Jones refused, because of his

promise to Fred. Mrs. Jones said she could not, because of fear of how the team leader might respond, since they were new on the team and did not know the team leader and his wife very well. Jeff did not know what to do, especially because he was leaving the next day. He decided to wait until he could consult with a mentor upon his return to Canada. Jeff's mentor encouraged him to attend an upcoming conference attended by both families the next month and there inform the team leader that an anonymous family had reported observing inappropriate sexual behavior on Fred's part with a younger child. Jeff followed the mentor's advice.

### ***Discussion***

The decision for Jeff to consult with a mentor was a good one. In this case, however, both Jeff and his mentor made poor decisions. If Jeff had previously informed the Jones of the Member Care Confidentiality Policy, it would have been of no surprise for him to encourage them to speak with their team leader and for him to support them in the process. If they refused this advice, it would then be Jeff's responsibility to inform the team leader. The second error was in waiting further for a more convenient time and circumstance in order to inform Fred's parents and confront the issue. When suspected child abuse is the issue, immediate response is required.

There are two key principles here. The first is that the member care worker should always encourage direct communication between families regarding the needs of their children. It is easy to get caught up in the passivity of others, especially when confronting leaders. Talking directly with team leaders allows for difficult yet critical concerns to be aired. Then Jeff could also support the team leader's family, help evaluate their child's needs, and obtain further assistance and professional help.

The second principle is that immediate priority should always be given to the protection of children from harm. Just because the Jones family protected their

**Table 2**  
**Suspected Child Abuse: Response Priorities for Member Care Workers**

- Consider the safety and welfare of children who are vulnerable to injury. Protect as needed.
- Notify the team leader and parents of vulnerable children.
- Educate all parties regarding child abuse issues.
- Support the team leader in providing for team welfare.
- Identify the perpetrator, if possible.
- Establish safe boundaries, and provide for ongoing therapeutic support as needed.
- Be aware of and consult concerning abuse laws and regulations in both the home country and the host county. For example, citizens of the USA should be aware that child abuse outside the United States is generally not reportable in the United States.

daughter does not mean other children on the team were safe. When inappropriate sexual behavior between children is alleged, the parents of both children should be immediately informed, and all parents of children at potential risk should also be informed in a timely manner. Table 2 presents a list of suspected child abuse response priorities that can be helpful in responding to similar situations.

### **Case 6: Trauma Caused by Treatment**

Monica, a social worker with many years of experience working for a public child protection agency, was leading the member care team that was providing services at a large regional conference in Thailand for church planting teams from Southeast Asia. Circumstantial evidence from a team member led Monica to believe that Jennifer, age 8, might have been sexually abused on the field, possibly by her father, Robert. Robert was the leader of a large and successful church planting team, and Jennifer was his youngest daughter. Attending the conference was his last responsibility before visiting supporters in Europe for a month and then returning to his native Scotland for a year of furlough.

Monica confronted Robert and his wife, Ann, with her concerns about Jennifer and intimated that Robert might be an abuser. Monica instructed them not to discuss the

matter with their team, because she feared that this would influence any possible evidence that could come from the team. Monica also informed Robert's assistant team leader of her suspicions and the actions she had taken. She asked the assistant not to discuss the matter with the team, until the team had returned to the field from the Thailand conference and a member care professional could be present. Finally, she wrote a report to agency leaders of her concerns, her process of evaluation, and the actions she had taken.

Robert and Ann, extremely concerned for their daughter, asked if Monica could evaluate Jennifer professionally during the conference to determine if she had actually been abused. Monica said she was unable to do so, because of limited time and the lack of her professional equipment for interviewing, such as her tape recorder. She was concerned that the interview would not be useful as court evidence if Jennifer had been abused. Monica rather recommended that a professional in Scotland evaluate Jennifer, when they arrived after a month of traveling and visiting supporters in European countries.

Robert and Ann were very disturbed by Monica's unwillingness to evaluate Jennifer at the conference and about not being allowed to process this issue with their team before leaving on furlough. At the same time, they were afraid of appearing defensive or uncooperative with the mem-

ber care professional's recommendations, because they had been questioned and felt that they were under suspicion of child abuse. At significant expense, they consulted with an expert in Scotland, who evaluated their daughter and family. The expert reported to agency leaders that there was no evidence that Jennifer had ever been sexually abused and that their family system appeared to be quite healthy.

### *Discussion*

Possibly because of her background in a public child protective agency, Monica was overly concerned about gathering legal evidence and overly pessimistic that if Jennifer had been abused, it was likely by her parents. Her professional background in dealing with hardened sex offenders may have affected her lack of sensitivity to the trauma created for Robert and Ann in this situation. Monica cut them off from their normal avenue of understanding and support, which was to process important issues with their team.

It was an error for her not to evaluate Jennifer immediately. She was an expert trained in doing child abuse evaluations. Even if she had not been an expert, she should have done the best professional evaluation she could do under the circumstances, to gather more concrete information and to support Jennifer and her family. Her concern for strict procedures sacrificed practicality. When she refused to evaluate Jennifer after expressing her concerns, it was confusing to the family. Sending them out for a month of unsupervised family traveling before getting a professional evaluation was not protecting Jennifer or her parents.

If a leader is suspected of having committed child abuse, it is best to support him/her in fulfilling family and organizational responsibilities for the good of the others, while maintaining child safety. Support the family and organization in practical ways that encourage direct communication about concerns. Investigate potential culpability as soon as possible in a professional manner. If the person in

leadership is found to be guilty, then support his/her superior and the individual in providing for an orderly transfer of responsibilities within the organization. In working with Western teams, direct, open communication of problems should be encouraged, while secrets and indirect communication should be avoided.

### **Case 7: The Too-Busy Expert Lacking Common Sense**

After a major escalation in danger, the decision was made to evacuate a team in Western Africa from its war-torn host country to a neighboring stable country. The team was filled with both situational stress and relational conflict. Bert, a Dutch psychiatrist who had written a book on crisis intervention and debriefing, was asked to debrief the team, but his heavy speaking schedule did not allow him to break free for two weeks. The agency was concerned about the time delay, but they did not have another member care volunteer to call upon. They considered sending a mature pastoral care couple with no professional training but good relational skills and some field experience. Bert objected because of the strong empirical evidence supporting his debriefing technique and his concern that nonprofessional involvement might escalate the relationship conflict. He also instructed the team just to rest and not talk about any critical incidents until he arrived to help them.

### *Discussion*

Bert provides an example of how a member care worker can be too narrow in his/her view and too untrusting of others. It would have been much more helpful for Bert to support the pastoral care couple through consultation and encouragement as they supported and ministered to the team. Their coming immediately would have been a needed expression of care by the organization. Bert could have consulted with them in stabilizing the team and could have been available by phone or email during the two-week period before his arrival. It is wise for mem-

ber care professionals to support and develop existing organizational resources rather than try to work outside of the organization. Also, if Bert could have modeled his skills with this couple, then they could have multiplied his efforts in their daily pastoral care work.

It was also unhelpful and unrealistic for Bert to ask the team not to discuss their trauma. Teams need to struggle and learn to process issues constructively. A member care worker or leader with just some basic training could have helped by letting each person share, one at a time, and by allowing for uninterrupted communication. In critical incidents, it is important to help the individuals communicate as soon as possible after they are safe and have had a day or two of rest.

### **Case 8: Follow-Up and Homework**

Jason, a counseling psychologist, traveled from his native Australia to Southern Africa to participate in a five-day member care coaching visit with an international team. Although initially resistant, Kevin, a South African missionary on the team, showed significant progress in working on his anger management issues with his family and the team. Before leaving, Jason taught Kevin how to chart his anger by rating it every day, and he encouraged him to have his team leader be an accountability partner. Kevin agreed to read and complete a workbook on anger provided by Jason. Jason recommended that Kevin also discuss the workbook with his team leader in order to follow up on their work. Jason then left the field feeling good about the changes he saw taking place in Kevin's life. For the next two days, Kevin charted his anger and then lost his chart. He did not meet with his team leader to discuss his anger or accountability.

### **Discussion**

Homework can be an excellent tool to further one's growth, but it needs to be structured. And accountability needs to be put in place for it to work. This was not

done very thoroughly in the vignette. As the saying goes, it is not the expected but the inspected that gets done! A monthly brief email contact for the next six months will often suffice. Commitments to follow up are easy to de-prioritize, especially when one returns to a busy schedule back home.

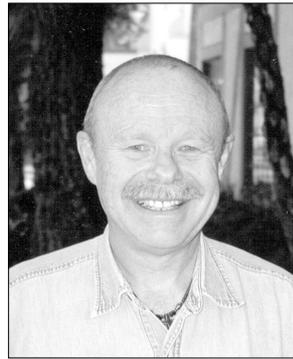
A small goal completed is much more powerful than a large unfinished goal. Well-organized assignments that are specific and that make sense to everyone are the most helpful. As in this vignette, merely suggesting that someone read a book is too general and almost a guarantee for failure. There are many good workbooks, and helping clients obtain them may be necessary. Workbooks offer structured exercises that can be completed and then discussed with another person, such as the member care worker via email or a trusted colleague on location. The debriefing time with a team leader at the end of a coaching visit and the coaching report should include all follow-up and homework arrangements.

### **Reflection and Discussion**

1. How may "dual relationship" issues need to be managed differently when counseling with a missionary family in the field, compared to the way they are managed in a professional counseling office or agency setting?
2. If invited to provide a workshop and counseling services at a missions conference, what factors might you consider in preparing to address confidentiality issues?
3. What cross-cultural factors might you consider when asked by a mission agency to travel to Nigeria and help a missionary team that is in distress?
4. Why are coaching reports important?
5. You have just received a phone call from a team leader in Central Asia who says he doesn't know what to do regarding a situation of alleged child abuse on his team. How would you approach advising him?

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