



Conference Care Newsletter

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“And went to him, and bound up his wounds . . . and took care of him” Luke 10:34
“But that the members should have the same care one for another” 1 Corinthians 12:25

Editorial

Five Loaves and Two Fish

The young lad wanted to go and listen to Jesus. His mother made him a lunch to take along, and, supposedly, he went with joy. A bagged lunch always has something special about it, although in our era, we usually depend on our wallets for some cash to buy something if we plan to not be home for the meal. Both create pleasure and are more important than we often think.

After listening to Jesus’s teachings, the crowd was hungry. His disciples didn’t have any food. In the course of asking around, they found the young lad with his lunch. We’d believe they didn’t confiscate it, but they did tell Jesus it was all they had found. We know the rest of the story.

There are a few lessons we learn from this story. The boy had a caring mother who looked after him. The boy was ready to share. Children can make a difference wherever they are, at home with their parents and away from home with or without their parents. But behind any of the contributions made are parents who have cared. The boy left home prepared.

Adults can be prepared as they begin their workday. They can carry resources with them so they are able to share with the people they meet through the day. It may be a simple matter of having cash on hand so they can pay for a coffee or meal, often for themselves, sometimes for someone else, too. More important are the heart matters they carry with them. Love, joy, peace, longsuffering, and we all know the rest. These are coveted attributes.

However, someone has said, The fruits of the spirit are

not a “to do” list. As the Christian prepares for the day, his prayer is that God would provide him with resources to face the public and the tasks of everyday living. When it comes from a prepared heart, it ceases to be just a list of good things to practice but becomes a part of the “walk.”

I think I learned something when I worked in a care home. Besides the daily duties in the office, there were always opportunities to get in touch with the people around me. I found that when I went out among the people and took time to touch base with them, co-workers and residents alike, I was at an advantage over sitting and waiting for someone to come to me. If someone stepped into the office, I was the servant and felt I needed to give them as much time as they needed. I am not saying this is bad; it’s part of the picture as well. What I am saying is that if I made the move, I could decide when it was time to break up the conversation and move on, possibly to someone else.

There are some interesting angles regarding visitations. Some years ago, my wife visited at the rest home, and a resident sadly let her know that her family did not care and seldom came to visit. This was troubling, and my wife checked it out with one of the employees, and the employee smiled and told her the family was very diligent; the resident simply was not remembering from day to day.

I called the administrator of the local rest home to ask how things were going during the virus crisis. His report was positive. I asked whether they were allowing visitors, and he said no, but with a few exceptions. One lady experiencing the onset of dementia was so used to having her daughter come in on a daily basis, and they decided to open that up again after some time of staying away. He checked with the resident because he wanted to know if it

was appreciated. She reported that her daughter always came every day. So it goes both ways.

Years ago, I remember my uncle saying he had been in the hospital healing up after breaking his leg. A person had stuck his head in the door, asking abruptly, "And what is the matter with you?" Feeling a bit intruded upon, he told the curiosity seeker he had broken his arm patting himself on the back. I am not insisting that this is 100 percent accurate.

We use the term "visitations." They are an important part of communication and service. There are several things to remember about visitations; the most important point may well be proper consideration for the situation.

My mother was always a gracious host. When family and friends came to see her after she fell and broke her hip, she always wanted to stay awake and be proper, when actually she was in distress. The visitor needs to understand what's taking place. Visitations can increase physical pain and mental stress. Getting an understanding from family and remembering to keep contacts short is very important, especially in intensive care situations.

Another side of the story goes like this. A son was visiting his aged father. His efforts to communicate seemed basically useless. Father just sat with a downward look, seemingly not caring and distant. The son, not knowing what to do, took a book and just sat with his dad and read to himself. He was there, and that was all, feeling inadequate on top of it. When it was time to go, he told his father good bye, and the father raised his head and said, "Thanks for being here." This would be more typical of the senior sector's response to visitations. But again, the visitor must be aware and considerate of the situation.

As we serve the sick, the aged, and the lonesome, let's make preparations. Let's allow the Lord to give us resources; let's be considerate and open-minded and give good thought to the circumstances. Think of who you are visiting and what kind of a service you're providing. The Lord will multiply the loaves and fishes.

Report and Updates

Ida Klassen (Resource Team)

In January, most of the Resource Team and all the Conference Care Committee members gathered in Phoenix, Arizona, for a joint meeting. Most of the time was spent in joint discussions, but each team had some time on their own, also. We had a beneficial and enjoyable time. We all had a chance to report on our workload over the last months. It seems to be steadily increasing, which is a good thing as it means that the word is getting out that we are here to help.

Some of our work on the Resource Team comes under the umbrella of the Conference School Committee, and so we have been having more contact with them as we try to communicate and work together.

There are many contacts who are reaching out for help in various areas of emotional and mental health, addictions, physical and developmental disabilities, etc. It is a broad scope, and we often call on the Lord for wisdom as we try to help our dear people find resources to assist them in their challenges. It is a challenging work and rewarding!

In the last year or so, we have established term lengths for the Resource Team, which has meant, sadly, that we have had to say goodbye to some of the "originals." The bright side of that is that we have been happy to welcome new members who are willingly joining us and fitting themselves into the work. Following is a list of the current Resource Team members and their areas of experience and knowledge.

Ben and Rose Friesen, Goshen, Indiana:
brsc70@gmail.com

Ben and Rose have both been schoolteachers and have adopted three children. Rose teaches special education, which includes experience in Barton, PACE, neurophysiology, and general tutoring. Ben has a master's degree in nursing science and is a board-certified nurse practitioner. Ben and Rose have an interest in counseling and work with issues surrounding abuse, addictions, and adoptions. They consult and work with the needs and issues surrounding the school system.

Doeteke Jager, West Valley, California:
doeteke@hotmail.com

Doeteke has a bachelor's degree in teaching and special education. She has worked at a day care for people with severe handicaps and was a substitute teacher for children with special needs. She has worked in our church schools since 2007 as both a teacher in a regular classroom and in special education. Adjusting curriculum to meet the needs of the students and utilizing local resources are highlights of her responsibilities. Doeteke is familiar with reading and using documents such as IEPs.

Russell and Regina Spence, Winton, California:
russell@alliedweed.com

Russell is a minister who, together with his wife, Regina, has a personal interest in dealing with OCD. He is interested in helping people deal with and find help in challenges surrounding mental and emotional health and has a heart for those dealing with dysfunctional families.

Lawrence and Bonny Penner, Pine River, Manitoba:
mtfawlbp@gmail.com

Lawrence and Bonny have been foster and adoptive parents since 1980. They have had many children of varying ages come through their home. The last number of years, they

have taken in teenagers who need a break from family, congregation, and/or environment. Individuals have stayed from six months to one and a half years. Lawrence and Bonny have a true concern for helping couples succeed in marriage.

Rick and Alicia Wiebe, Sunnyslope, Alberta:
rkwiebe@gmail.com

Rick is a paramedic and a certified addictions counselor. He and his wife, Alicia, have four children. Rick has a special interest in mental health and counseling and works with issues relating to anxiety, depression, and addictions. He is personally acquainted with anxiety and situational depression and has a caring heart for hurting people.

Vanessa Koehn, Dalhart, Texas: vkoehn02@gmail.com

Vanessa is an occupational therapist assistant who spent nineteen years working with physically disabled children in the public school system. She spent four years as director of the Christian Child Care Home in Gallup, New Mexico. Vanessa has a special interest in and is trained to assist children with physical and developmental disabilities. This includes being able to find various types of services and resources that families and schools can utilize to help children succeed at home and in school. She is familiar with IEPs and other similar documents.

Brian and Charlotte Decker, Walnut Hill, Florida:
brian.resourceteam@gmail.com

Brian is a minister who takes an interest in and cares about a wide variety of emotional and mental disorders as well as cases of abuse. He and his wife, Charlotte, have been involved in marriage counseling. Brian is adopted and acquainted with the challenges involved in that journey.

Ida Klassen, Sunnyslope, Alberta: idajayne@gmail.com

Since 2002, Ida has done individualized in-home therapy for children who have autism. Through this experience, she has learned from many different professionals. She has taught Triple P Parenting and takes an interest in children from hard places. She enjoys reaching out and assisting parents with the challenges of children with various exceptionalities. Ida is currently employed as an educational assistant in the local public school.

As new people have joined our team, there are always the questions, “What is my job? What should I be doing?” There are no easy answers for that; the work has a mind of its own and often goes to unexpected places. However, we now have put together a bit of an orientation package to help with some of this learning process.

At our meeting in Phoenix, we had discussions on various topics, including the need for homes for troubled teens, the possibility of a boys camp, the need for solid marriages, a presentation on Transformational Prayer Ministry and another one on Christian masculinity.

There was a report on Empowered to Connect now offering a course on Trauma Informed Classrooms. This is

an excellent school-related course that is available for purchase.

We heard about some helpful resources for OCD and dreams of a couples retreat. Another discussion involved the development of a website and what should be included. This is a work in progress and will be up and running soon, hopefully.

We had general discussions on active listening and the importance of looking after our own mental and emotional health. Various ideas were presented on how this could be done, with each of us having different ways we find helpful.

A decision made by the Care Committee saw them divide into two subgroups with three focusing on the elder care part of the work and the other four on the special needs area. Along with this, each of us as a Resource Team member was assigned to one of the Care Committee members as a sort of personal contact person. Hopefully, this will increase our communication and give some accountability.

Because of the nature of our work and the need for confidentiality, we tend to work rather independently from each other. Because of this, it is always very refreshing to get together to share ideas, victories, and struggles and to pray, laugh, and cry together.

COMPASSION

Ben Friesen, MSN, FNP-BC

Cause and Effect: The Human Condition and the Power of Compassion

Com-pas-sion (/kəm'pɑSHən/) noun: A feeling of deep sympathy and sorrow for another who is stricken by misfortune accompanied by a strong desire to alleviate the suffering.

A hurricane hundreds of miles over the ocean produces certain effects. An earthquake miles under the surface of the earth moves houses and shatters glass. A towering cloud of ash rising from a tall mountain tells of extreme heat way down under. We see the effects and do not question that something happened at a deeper level to cause the effect.

Doth not nature teach us? Humans are cause-and-effect beings. The surfaces we see, the exteriors, the facades are products of something going on under the surface.

We are given to quick judgment regarding appearance and actions of people. We see an obese person and may easily judge them to be ignorant of healthy food choices and perhaps “given to appetite.” We meet someone who has depression or anxiety and conclude that they must be

an individual who may be harboring guilt or unforgiveness, or lacking in faith and needing a closer walk with God. We hear the words *homosexual* or *gay* and immediately experience inward revulsion and abhorrence. We see an alcoholic staggering down the street and equate his addiction with weakness and a lack of self-control. The list of our judgments and stereotypes is almost as long as the list of maladies that affect the human race.

We default to snap judgments, critical appraisals, and petty prejudices based on our environment, upbringing, and biological predisposition. We can easily slip into righteous indignation, quoting scripture or religious dogma to justify our conclusions. We withhold monetary funds from the needy if we suspect they may spend it on anything other than the items scripted by our worldview.

How many times do we speak on the phone to someone we've never seen and get a picture in our minds of what that person looks or acts like? How many times do we meet someone for the first time and unconsciously judge them, become intimidated by them, or envy them based on appearance or first impression only? By seeing someone only one time, we can create stories about them, stories that affect how we see them, how we interact with them, and what we tell others regarding them.

The examples used above of obesity, depression, homosexuality, and addictions are conditions we often react to in a visceral way. These are only a few of the many often misunderstood human conditions, but they will serve the purpose to explore very briefly what happens beneath the surface and how compassion makes the courageous journey beneath the surface to understand our fellow man.

Obesity

A couple of years ago, I cared for a patient who was morbidly obese. In the process of my assessment, I asked her if she was diabetic. She became upset and said, "You think that just because I'm overweight, I'm a diabetic. Well, I'm not!" Stereotypes are difficult to overcome.

To be sure, obesity can be caused by a lack of self-control. It can be caused by bad habits and food choices. But there are a myriad of issues surrounding obesity that go beyond the simple diagnosis of "lack of self-control." The truth is that two people can eat the exact same thing, and one will gain weight and the other will not. Each human has a unique biological metabolism. Some diets work for some, some work for others; often any three people on the same diet respond differently.

Obesity may have come about through what is known as "comfort eating," or eating to drown out other problems, such as depression or feelings of inadequacy or rejection. Heredity plays a role in metabolism, also. Medications can cause obesity, and, unfortunately, there are conditions where obesity is a side effect that must be

endured. However, we often don't ask ourselves the question of why; rather, we default to a negative perspective.

In the past, my work in inner city hospitals brought me into contact with people who live in ghetto precincts with very limited means. The majority of these patients are classified as obese. Even though these unfortunates live inside a large city, they actually dwell within something called a "food desert." This means that they have no access to healthy food. They are unable to drive and unable to access supermarkets other than low-cost dollar and convenience stores. The food available to them is of the fast food or convenience store type. Think what you wish regarding this situation, the fact is that their obesity is rooted in a much deeper problem that moves rapidly into the realm of a political and socioeconomic morass.

Compassion makes no difference between excess adipose tissue or lean muscle mass. Compassion says I care about you and want to know your story. Compassion asks what has brought you to this point. Compassion says I love you no matter what. Only then do doors open, and if help is needed, it becomes accepted and effective.

Depression

The emergency room techs wheel her into my intensive care bay, the soft wheeze and swoosh of the mechanical ventilator matching the rise and fall of her chest. Her black hair is matted, her arms flopping as they move her onto the bed, her face blank, unmoving, eyes closed. She had been found on the bathroom floor, an empty bottle of pills close by, suicide an apparent last attempt at control. As the family files in, the dynamics of poverty, domestic violence, and estrangement flash across their faces like neon advertisements for dysfunction and despair. Her medical history reveals a litany of problems, major depressive disorder topping the list.

Depression has many causes but is often an effect of something happening much deeper beneath the surface. It can be an effect of loss, grief, trauma, guilt, abuse, or a lack of empowerment. Genetics, temperament, and personality can predispose a person to depression.

To realize that the brain is a physical organ like the heart or the liver is important. This can both simplify our understanding of depression and, at the same time, make it more confusing and complex. The brain as an organ has neurotransmitters, arteries, and complex networks of cells that require thousands of metabolic interactions in order to function. Why would we think that all these components would never suffer a malfunction? Some types of depression are simply a "dysregulation" of neurotransmitters, too much or too little. In these cases, medications can regulate the flow, and emotional equilibrium is regained.

In the case where a background of loss, grief, trauma, guilt, or lack of empowerment provides the source of the

malady, the equation is much more complex. Abuse and trauma during formative years, for example, can cause actual physical changes to the brain that can affect every area of life. Until we have walked in a depressed individual's shoes, we must understand that it is very unlikely we understand the depth of their suffering.

Compassion does not judge; compassion seeks to understand and get to "where" a depressed person is. A compassionate person is an active and attentive listener. This is where the journey to understanding begins. Only when a person feels heard and understood can he or she become open to instruction and advice. Perhaps the depression is caused by a spiritual "malattunement" or guilt. We won't get anywhere, even from a spiritual standpoint, until we have gained the trust of that person and he feels safe to share the inner secrets and moving of his heart. Compassion is the father of trust, and once trust is gained, bridges are built to healing and hope.

Addictions

The alcoholic in my care that night was a nice guy. I had cared for him before, a "frequent flyer," as nurses say. But as he began to go through withdrawals, he became more and more violent, cursing and threatening to kill whoever came close. As he thrashed in his bed, it got to the point where it took five or six nurses to hold him down, some almost on top of him, dodging his strong-armed fists. As two tied down his arms and legs, another gave him a sedative. These battles are not uncommon for health care workers. It is not uncommon to become jaded by this type of patient, to become weary of their behaviors and "refusal" to change. We see and deal with the behaviors but often do not think beyond this. It turns out that this man I cared for was a veteran and suffered from post-traumatic-stress disorder.

Stroll Vancouver's Eastside, Chicago's Southside, or LA's skid row. On one street corner, stretched out beside a garbage can, is a young lady, tattoos running up and down her arms, black ink substitutes for identity, a needle still in her arm. On the other corner is an old man, stringy gray hair matted and wet, smoking and taking another drag from a long-necked flask as he stumbles towards the dark, ratty club. We see the tattoos; we see the stumbling, the needles, and the wretchedness of it all. Inwardly, we shudder; outwardly, we avert our eyes.

Healthcare workers or not, do we ever ask what sort of current causes the waves we see on the surface? What could bring a man or woman to this level of abject misery? According to the National Center for Post-Traumatic Stress Disorder and the Department of Veterans Affairs, 75 percent of people who survive abuse and/or violent trauma develop substance abuse problems. Up to 33 percent of survivors from accidents, illnesses, and natural

disasters report alcohol abuse. According to the Adverse Childhood Experience study, which was based on seventeen thousand patients, there is direct correlation between severe childhood stress and situations such as abuse, domestic violence, neglect, having a mentally ill or substance-abusing parent, and various types of addictions. Addiction is the desire to feel better, and trauma is often the root cause.

The old person you see stumbling down that Southside street in a drunken stupor could very likely be a veteran who saw action in some military conflict. The young lady with the needle in her arm is most likely, according to research, the victim of sexual or physical abuse. The prostitute on the corner seeks the acceptance, affirmation, and love she did not receive as a child. It is unusual to see a person raised in a healthy environment, with positive influences and Godly nurture, given to addiction.

Showing compassion in these cases can be challenging. Compassion does not condone the action, but it does understand that there is more to the story than the flying fists, the threats, the angry words. Compassion sees beyond these things. And beyond compassion lies kindness and patience.

*A kind gesture can reach a wound that only
compassion can heal.*

Steve Maraboli

Homosexuality and Same-sex Attraction

This is one issue that we, especially as men, react to in a more visceral way than any other, and we are quick to respond with disgust, abhorrence, and anger. How could men or women choose to be that way? How could they do such things? Our inherent homophobia causes us to recoil and shudder, and then, because we don't understand it, we can easily resort to snap judgments, unkind statements, avoidance, and mockery. We tend to avoid such persons if we can. Homophobia is our default setting.

Homosexuality, same-sex attraction, gay: these terms have differences, but for the purpose of this article, where space is limited, we will keep it very general. Whatever the case, this segment of the population is probably the most misunderstood in society. In the age we live in, this has been made more confusing by the outspoken gay rights movement, the flagrant excesses of celebrities and all that lifestyle entails. Leave that where it is. Rather, look closer, into our own circles: the young brother leading songs, the middle-aged brother who just brought an inspiring introduction, the brother with the large family and a successful business. Any one of these brethren could be dealing with same-sex attraction and homosexual temptation, and you would never realize it. You may even think this is not a part of our Christian community. Please think again.

We believe, and recent research backs this up, that God

did not create a man or woman with homosexual orientation; that is, they were not born with it. The next question, naturally, should be, where does it come from? It should be very clear in our minds that same-sex attraction, in almost all cases, is not a choice of that individual. It is almost always a product of a combination of influences that include biologic predispositions (nature), upbringing (nurture), and adverse childhood environments (abuse and rejection, for example). A typical example of the history of a same-sex individual is as follows: a smothering, over-protective, or narcissist mother; a withdrawing, absent, abusive, or “nonaffirming” father; and a boy who is emotionally and temperamentally sensitive. It is common to find (especially in the presence of healthy parenting that does not fit the above criteria) cases where the boy has been sexually abused by men outside the immediate family. It is generally understood that a boy’s yearning for fatherly affection, affirmation, and attention—in the presence of certain predispositions—turn sexual during puberty and may result in homosexual urges and attractions.

The anguish and pain an individual with same-sex attraction goes through is difficult to fathom from a heterosexual standpoint. Their default emotion is shame. A profound sense of rejection and the overwhelming fear of discovery hound their every step. They develop facades and self-protective adaptations. They feel they are living a lie, and if anyone would ever find out, they would be ostracized and rejected outright. Furthermore, they have heard the anti-gay comments, they have internalized the default homophobia, and they have felt the abhorrence.

It is true that the Bible places a special judgment on homosexuality. To act out on homosexual impulses is clearly a sin and must be treated as such. It must be understood, however, that homosexuality is a maladaptive behavior and an unhealthy yearning springing from a much deeper need. To those who do not act on their homosexual impulse and stay faithful to God, same-sex attraction and lust remain a temptation, not a sin. Compassion understands that these men, should they open their hearts and reveal their struggles, crave confidence, affirmation, and trust.

Compassion moves toward this problem, not away from it. To move away only alienates these individuals more and proves the lie they have told themselves most of their life: I really am worthless, shameful, and unlovable. Compassion is willing to walk the road with them, listen to their struggles, and seek the underlying causes. Healing for these men is possible but requires trusted and dedicated mentors who are secure in their masculinity and able to see much deeper than the surface.

Compassion and Sin

The obese, the depressed, the addicted, the homosexual. Any one of these maladies can produce actions

that are sinful. Sin is sin. This is not an attempt to explain away sin or use psychology to excuse sinful behavior. But is it wrong to ask the deeper question of what makes a person do what he does? We are all carried away at times with our own lusts. We are all fallen creatures. We are all tempted, and in weak moments, we fall. However, it is good to be aware that sometimes a recurring problem or negative behavior reveals a much deeper need, a need that may be physical, emotional, or psychological. That need can have a spiritual cause or basis. But that need may spring from a maladaptive past.

People who have been raised by fathers and/or mothers who did not appreciate or affirm them will often suffer profound effects on their emotional well-being. Children who have suffered trauma in its many forms may experience lifelong difficulties. Trauma becomes branded on their child hearts, burning a wound that profoundly affects physical brain development. If these effects are not recognized and if healing is not sought, this emotional suffering leads to unhealthy behaviors which can often result in sin. We then see the surface effects. We can choose to react to the surface and the symptoms, or we can go deep and reflect on the cause, the current that controls.

Another Chance for Our Children

Reuben Oberholtzer

Children are a blessing, but who can understand why things sometimes go wrong?

“Lo, children are a heritage of the Lord; and the fruit of the womb is his reward. As arrows in the hand of a mighty man; so are the children of the youth. Happy is the man that hath his quiver full of them: they shall not be ashamed, but they shall speak with the enemies at the gate... Thy wife shall be as a fruitful vine by the sides of thine house: thy children like olive plants round about thy table. Behold, that thus shall the man be blessed that feareth the Lord. The Lord shall bless thee out of Zion: and thou shalt see the good of Jerusalem all the days of thy life. Yea, thou shalt see thy children’s children, and peace upon Israel” (Ps. 127:3–128:6).

Indeed, there is no greater treasure than to see our children grow up like “plants round about thy table.” They become converted and give their hearts to the Lord. As they mature, they take on more responsibilities and deepen their level of dedication. We rejoice to see them becoming more active in the work of the kingdom. We rejoice when they seek the Lord’s direction and find a consecrated partner. Life progresses, and soon children are born into their homes. They take up the responsibility of training their

children in the ways of the Lord. Indeed, “children’s children are the crown of old men” (Prov. 17:6). “The lines are fallen unto [us] in pleasant places” (Ps. 16:6). We know the Lord is pleased, and the angels must smile on this pleasant scene. Can we praise the Lord enough for these blessings?

Let’s turn the page to another scene. How can we find words to describe the pain and disappointment parents experience when it seems all their efforts and prayers are in vain and their child training fruitless—the failure, the fears and guilt in self-blaming, wondering what they are doing wrong. The dark, sleepless nights, seeking answers when it seems there are none. How can the heartaches be measured?

Often we, the ninety and nine, look on and wonder. We certainly have no evil intentions, but we wonder, secretly, what the problem is. Do the parents need help? Maybe we see quite clearly what the child needs. The parents of the needy child are usually sensitive to this, which only adds to their burden. As we give ourselves to this need and begin to immerse ourselves in trying to help, we begin to see there are no quick solutions or easy answers.

While it is good for all parents to humbly open themselves for help and guidance, let those of us who desire to help be keenly aware that we likely don’t see the picture clearly. This is especially true when a child has experienced neglect or trauma in the first three years of his life. In utero and the first two years of his life, the relationship the child had with his caregiver has a powerful impact on how he interprets the senses in future relationships.

It is very helpful when caregivers begin to understand why a child behaves like he does. It is important that adoptive parents be educated to the possible needs of the child. The younger the intervention, the more successful the outcome will be. Without the proper intervention, the bad behavior will likely get more entrenched as the child matures. If the child’s behavior is not corrected by early adolescence, it is very likely the family will need help. It is very difficult to provide the structure needed in a family environment with other children present. Together with earlier experiences of failure between parents and child, it becomes extremely difficult to correct these situations properly. A change of environment can be very helpful at this time.

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This brings us to the subject of a camp for our youth who are in these difficult situations. What is camp like? The child steps out of his familiar family circle with all his undesirable history. Cell phones, wallets, and car keys are left at home. He finds himself out in the woods in natural surroundings with other fellow youth with similar problems. One camp rule: “Everything is done together with a good attitude.” If one boy “dysregulates” and refuses to cooperate, the whole camp stops what they’re doing until the offender apologizes and tells what he should have done and that he is willing to cooperate. There is ample space to make mistakes; the goal is to correct without the child being censored and feeling like a failure.

Natural consequences are a great teacher! If you don’t cut wood, you will be cold. If you don’t fix the tent, it will rain on you. A stiff north wind will drive a lesson home fast. Another huge thing for the failing child is that with team effort, he learns he can do things. He begins to feel accomplished and self-confident instead of experiencing constant failure.

These children are often misfits and failures at school and in their social circles. Their rebellious behavior is a cover-up for the insecurity and failure buried deep inside. By removing them from those social pressures and bringing them into a group of peers, they can start building things together. This brings about a great sense of accomplishment and a new look on life. This setting works best for school-age children; ideally between the ages of nine and fourteen years.

Because of the eminent need in our church conference, the pilot project will begin with young men past school age. There will probably not be an age limit for accepting young men past school age. Rather, they would be taken in according to their ability to profit from the program.

However, we have observed that it is the school-age boys that benefit most from a wilderness camp setting. If you have a child who is developing serious behavior problems, we recommend contacting someone on the Care Committee. As soon as the legal papers are through, we plan to begin with a wilderness camp setting for school-age boys.

Respite

Colleen Penner

I’ve been privileged to spend some hours of my life providing respite to families who have some of God’s special children. Here is a compilation of some special memories, followed by a prayer.

—watching my little friend becoming more and more

comfortable in the water during his week of swimming lessons.

—hearing my charge’s loud belly laugh while he and my son play with walkie-talkies as we drive around.

—watching my charge, who was completely nonverbal, smile and laugh in response to being with me!

—being outside on the trampoline with my charge. I thought I was being entertaining with my long nonstop chattering conversation until he, a nonverbal guy, flipped to a certain page in his communication book and pointed to the “shhh” picture!

—listening to the brain chatter of my charge: “What if we’d bring a sheep to the swimming pool with us? When I get home, I’m gonna hug my bikes. I love them! They cry with me. I’m gonna hug my dad’s bike first!”

—watching my charge’s class 1 peers learn to relate to her when I first started bringing her to school. They got to push her around in her wheelchair. Some were brave enough to wipe her mouth after a deep cough. They all took turns staying in at recess to play with her, becoming her very own special circle of friends. Watching the class 3 boys carefully carry her in her wheelchair up or down the flights of stairs at school.

—seeing a mother’s relaxed and happy face as, with shining eyes, she thanks me for the few hours’ break I was able to give her.

—watching God work in the lives of my charges’ families. There are so many questions, burdens. As God’s people pray, we might spend time waiting, but we watch miracles happen, small miracles, huge miracles. God is always loving, always working, always in control.

Dear Lord, Thank You for Your love and all the love that surrounds us. Thank You for our friends; please be with each one. Bless them and lead them. Be with those who are caring for your special children. Show us what You would have us do to help them, whether it’s in big or small ways. Help us to be obedient to your prompts, to know when to share our time and energy before they break beneath their load, to lend a listening ear, to give a hug, share some food. May we know that as we are obedient to Your leading, we will give freely and without judging. Or,

Lord, if You impress on us that all we can do right now is wait, then help us all to do so prayerfully, to trust, to wait patiently, knowing that You have a greater, better plan in mind than what we can see right now. Lead and guide us that someday we can all be together in Heaven. In Jesus’s name, Amen.

Help Me Look to Christ

Tim Penner

Some time ago, I read a book that addressed the Christian’s fight with discouragement and depression. The writer made the following statement, “Stop looking at your faith, and rivet your attention on Christ. Faith is sustained by looking at Christ, crucified and risen, not by turning from Christ to analyze your faith.” I share that with you and add the following:

Dear Father in Heaven,

I am at the beginning of the rest of my life;

I want to do better than I have till now.

I am determined.

I look inside myself

And see a lack of strength and am reminded of the words of Jesus,

“I am the way—the life.”

Dear Father,

From here on when my faith will waver,

Help me look to Christ, not at my lack of faith.

When I am tempted,

Help me look to Christ, not at my weakness.

When I am burdened with the cares of life,

Help me look to Christ, not at those who seemingly have none.

When I am overwhelmed,

Help me look to Christ, not at the difficulties I am facing.

When my heart is bleeding, breaking,

When I feel forsaken,

Help me look to Christ, remembering He was forsaken by all.

Help me understand that strength

Does not come from within myself.

It comes from You, through Jesus Christ.

Father in Heaven, help me look to Christ.