

Mending the Net:
A Care Team Approach to Healing
and Restoration for Missionaries

By Steven G. Edlin, M.A, and Pamela S. Davis, Ph.D.

© 2013 TEAM

www.team.org

Permission granted to copy for non-profit use.

Introduction

The purpose of this booklet is to outline a plan for care and restoration of hurting and wounded missionaries. It seeks to define restoration so that the goal is understandable and to explain the restoration process. It will help those who have the opportunity to serve others as part of a Care Team to better understand their role. It is also for those who are in need of care and restoration. It will help them to understand what it will take to be restored. Several examples of Care Plans are offered in the Appendix as samples.

The Care Team

Restoration is best done in a community. In fact, complete restoration may not be possible without a team. This pattern is consistent throughout Scripture (reference Elijah and the

school of prophets; Jesus and His disciples; Matthew 18; Galatians 6:1).

When we use the term restoration we are using it in a broader sense than Galatians 6:1. In the Galatians passage, restoration is needed because someone has been “caught in a sin.” However, there are other situations where a Care Team may be needed and for which restoration applies in the sense that we are all being restored from the marks and wounds of fallen creation (2 Corinthians 3:18). For example, a person whose spouse had an affair or someone who has been the victim of a trauma may not have committed a sin and may not be responsible for the pain or trouble they are experiencing. However, these individuals would benefit from care and restoration.

Another example may be a person who either as the result of his or her own awareness or the feedback of another person needs help addressing a personal area of weakness such as a problem with low self-esteem, or fear, or anger.

Such a person may well benefit from the kind of Care Team we advocate in this booklet.

Apart from God and His Word, the Care Team is key to the restoration process. A Care Team is a community of mature believers who come together for a season to help a brother or sister recover from being “caught in a sin,” or to heal from the effects of the sin of others and creation, or to find growth in a needed area. The team is usually made up of three to six mature, godly people in addition to the person or couple in need of restoration. The team is chosen jointly by the missionary’s sending church and the mission agency with input from the missionary. Members of the Care Team must be willing to commit themselves to guiding the restoration process to a successful conclusion. They are carefully selected and must meet important criteria (see Appendix One).

The Care Team may also include ex-officio members such as a church elder, mission pastor or mission chairman, as well as a

counselor and a representative of the mission. These members of the team would give and receive information from the team about progress but may not need to regularly attend meetings of the team.

The person in restoration agrees to submit to the guidance of the Care Team for the duration of the process regardless of how long it takes. This includes following through on activities required for the restoration such as regular counseling, meeting with a mentor, or being involved in a Bible study group. It also includes following the Care Team's guidance regarding work, living situation, and ministry (roles and opportunities). The person being cared for consents to make no major life decisions without the guidance of the Care Team. The team will decide when the process is complete; and the team recommends to the church and the mission agency when they believe the person or couple is ready to return to vocational ministry.

The Care Team, in consultation with the

sending church, will create a **Care Plan** for the person in need of restoration. When the restoration is being done at the recommendation of an agency or other ministry organization, the plan is created in consultation with the agency or organization. The plan will be detailed and specific (see Appendix Two). The plan may also be adapted as the restoration process unfolds. When children are involved, the Care Team needs to take into account the needs of the children as well as the spouse and ensure that the plan includes the family. The plan will be clearly laid out for the person or couple involved in the restoration process. It will be referred to each time the Care Team meets and modified as needed based on circumstances that arise.

A Care Team that operates with a clearly written Care Plan has two advantages. First, the importance of relationships as a means of growth and accountability can't be underestimated. "As iron sharpens iron so one man sharpens another" (Proverbs 27:17). Second, a person can benefit

from the insights of others regarding what he or she may need to work through. The clear detail of the Care Plan coupled with ongoing evaluation delineates a clear, achievable path of growth that is easier to follow than a vague, overly general admonition.

Defining Restoration and Care

The good news of the gospel is that restoration is possible. Sin or failure is not the final answer in life. Galatians 6:1 indicates that those who fall can be restored by "spiritual" people in a spirit of gentleness and humility. Restoration perhaps most often comes to mind when some "big" sin is revealed such as sexual sin. However, it is appropriate and needed for other situations, which could include burnout, eating disorders, substance abuse, or for that matter any area of our life in which we struggle to overcome harmful patterns or behavior. Sometimes restoration is appropriate and needed

when we have been affected by the sin of others such as in the case of a spouse's affair or a divorce, or if we have been the victim of a violent crime or natural disaster.

If we are to be successful in helping someone be restored and cared for, it is important to be clear about what "restoration" means. In cases of restoration after sinful behavior, restoration must have a broader focus than making sure a specific sin or failure does not happen again. Any sin, failure, or area of growth most often points to areas of weakness or immaturity that allow a person to be "overtaken" (Galatians 6:1 KJV) by sin. For restoration to be effective, it must go beyond a specific behavior to identify and address underlying weaknesses. These may include immature attitudes, pride, self-centeredness, or distorted thoughts about God, self, or others. Real progress in restoration after sin is indicated by growth in these areas.

Avoidance of a recurrence of the specific sin or failure that triggered the restoration is not

necessarily an indication of progress in restoration. Restoration does deal with specific sinful behavior. Certainly someone seeking restoration as a result of using pornography needs to stop that behavior. However, restoration primarily needs to produce genuine growth in a person that affects other areas of life. For example, a person who is anxious because he believes he needs to be perfect in order to be acceptable may have a problem overeating when he is anxious. There are many ways to stop overeating that may not address the underlying distorted beliefs. Stopping sinful or wrong behavior is important, but different behavior alone does not mean the person has been restored.

Restoration is not restoring the person to where she was before the problem came to light. It is restoring what was broken that allowed the sin or failure to occur in the first place. For example, when a fisherman discovers that he is losing fish because there is a hole in his net, he

needs to “restore” the net, meaning he needs to repair the hole. The fish escaping was evidence that the net had a hole. The fact that no fish had previously escaped may not mean that the hole did not exist before, but only that no fish had ever escaped through the hole. The fisherman wants to mend or restore the net to wholeness so that he can have confidence in the integrity of the net. This is the meaning of the word translated "restore" in Galatians 6:1. A sin or failure that occurs tells us that something is wrong that needs mending. In most cases, those who experience a restoration process should be stronger than they were before the failure occurred. If not, then the risk of failing again is high, if not assured.

Restoration is more than repentance and forgiveness, although both are needed for restoration to be effective. Restoration will not happen for a person who does not repent. However, when a person has repented he is only beginning the restoration process. You could argue that initial repentance, though sincere and

an important beginning, is often done without a full understanding of what kind of “change of mind” genuine repentance requires. Restoration both verifies that initial repentance is sincere and provides an ongoing opportunity for a person to complete the repentance as she understands more fully what needs to change for her to be whole.

It is easy to think of repentance as simply saying we are sorry and that at least our intent is to not do it again. However, how do we know when repentance is sincere, when it has actually taken place? Repentance is evidence-based, meaning that we can only know it is genuine when we see evidence that there has been change. The evidence for true repentance involves a consistent pattern of behaviors and attitudes that points to the fact that a lasting change has occurred. A restoration process allows the opportunity for repentance to be lived out not only by refraining from a certain behavior but more so by demonstrating new attitudes and other behaviors that show that the repentance is

genuine. For example, a spouse who has had an affair who consistently takes responsibility for what she did, who works hard at her Care Plan, and who works to build trust with her spouse is demonstrating her repentance. In addition, it is not uncommon that as a person follows a Care Plan he discovers in a deeper way how he has hurt God and others, deepening his repentance. Repentance and restoration are parallel tracks. To change, one must “repent,” and moving through the process will inevitably point a person toward more for which he or she needs to repent.

Similarly, when a person is forgiven, she is still only at the beginning stages of restoration. God’s forgiveness is unconditional (Rom. 5:8, 8:1) and given immediately (1John 1:9) and as Christians we forgive as God has forgiven us (Col. 3:12-14). Forgiveness provides the grace environment in which the "mending" or restoration can thrive, but a forgiven person is not a restored person. The two are separate though related.

Requiring a person to go through a restoration process does not mean that he has not been forgiven. Sometimes, the person in need of restoration feels a deep sense of shame. This shame is very painful. It may also be uncomfortable for those helping with the restoration to watch a fellow Christian go through such pain. A fallen person who has confessed usually has a strong desire to move quickly beyond this painful experience in order to decrease or ease the pain. Confession is often followed by a renewed dedication to follow God and be faithful in ministry, coupled with an urge to quickly get back involved in serving God and to put this all in the past. This is understandable, but it is the opposite of what the person needs.

Asking a person to go through a restoration period can feel to her, and sometimes to those requiring the restoration, like a type of punishment. It may appear as if she is being asked to go through an extended period of humiliation to pay for her sins. This is not the

reason for a restoration process. There is no denying there will be pain as a part of the process or that the person would prefer to avoid the pain. However, asking a person to submit to a restoration process despite the pain involved is done with the loving belief that it will “produce the peaceful fruit of righteousness” (Hebrews 12) and is what the person most needs at the moment.

It also must be said that much of the pain of restoration may be a consequence of sin. Grace and forgiveness do not eliminate the natural consequences of sinful behavior. A person may have to leave a ministry that he loves because his choices or circumstances disqualify him from ministry. Though this may create pain, it is pain of his own making.

The Scriptures are also clear that pain can lead to a deeper level of relationship with God (Rom 5:1-5, James 1:3). God often uses pain to expose areas of our lives that need healing. We are all sinners in need of grace, and the restoration process is one of the avenues through

which we come to understand God's grace and the grace of his people in a deep and lasting way. The restoration process does not question a person's renewed desire to serve and be faithful to God. However, without restoration it will be difficult, if not impossible, for the person to live out her renewed commitment to serving God. Without adequate time for restoration, she may be set up to fail again with more severe consequences.

It takes mature, humble, godly people who are conscious of their own weaknesses as a result of the fall to bring about restoration in another person. Galatians 6:1 calls these people "spiritual" ones. They are persons who agree to be part of a Care Team. They need to know that being involved in the restoration process will also change them. Galatians 6 says, "But watch yourself, or you also may be tempted." It is virtually impossible to be involved closely with another person in carefully looking at the weaknesses that lead him into sin and failure

without examining your own life as well. Being involved in this kind of ministry to a fellow believer is both a blessing and a challenge.

Persons going through restoration need help seeing their areas of weakness. They also need guidance in taking steps to heal those weaknesses. They will need regular input from the Word of God and the encouragement and stimulation of involvement with a growing body of believers. They also need loving but firm accountability to help them follow through with the process, especially during the times when it is most painful or difficult. Clearly, this will challenge all involved.

Sometimes, restoration and care are needed when a person has been a victim of another's sin or when there has been a traumatic incident such as a terror attack or a natural disaster or a death. In these cases, a person's individual sin may not need to be addressed. However, many of the same principles apply. The person will still need guidance in taking

steps to heal from whatever has occurred. She can still benefit from regular input from God's Word and from the encouragement and accountability of a loving community. In these situations, the emphasis is more strongly on care than on restoration after sin.

The Goals of the Restoration and Care Process

In defining a restoration process it may be helpful to ask, "Restoration of what?" Sin or failure harm or highlight weakness in three primary areas: our relationship with God, our relationship with others, and our relationship with ourselves. Restoration includes restoring these three areas of a person's life.

In instances where a person has not been in sin but needs care following a trying or traumatic situation, these three areas are often affected as well. The most important is the relationship with God, but the other two areas

must not be ignored. Restoration will not be considered complete until all three have been addressed. In a normal restoration process as outlined below, these three areas should form a framework for the restoration plan.

The goals of a restoration process are to enable a person to heal and grow in the areas that need care, or to heal and grow in the areas of weakness or immaturity that led to a failure, and to demonstrate lasting change. Three major phases are necessary as this process unfolds.

The **first phase** is identifying the areas of weakness that led to the sin or identifying the weaknesses that have come about as a result of another's sin against the person. This is not a quick process. Often our weaknesses have been well hidden from others and from ourselves by layers of performance. It takes time and the help of the Holy Spirit and other people to identify these areas of immaturity.

The **second phase** is working to restore the areas of weakness through growth and

healing. This will include learning, practice, and evaluation. Care Team members will be involved with the person being restored in designing, assigning, or following up on growth plans to strengthen weak areas. Growth plans will include many options for growth, but the core resources for growth will be the Word of God, a supportive Christian community, and a vital personal relationship with God.

The **third phase** is testing the gains made in order to demonstrate that the restoration has been successful and that growth will continue. This does not mean that growth stops during this phase but that time is given to see that the gains made to date are lasting and that growth is continuing. Time is important in all three phases, but it is the most important element in the third phase because it allows opportunities for ups and downs, easy as well as difficult times. A fisherman who tests his restored net by dipping a minnow out of a fish tank has not really demonstrated that the restoration is adequate.

Only when the net is used in more rigorous situations over time is it proved strong.

The goals and these phases need to be clearly defined at the beginning of a restoration process by a **Care Plan**. This will ensure that all involved know how the process is progressing. It also helps the Care Team know when the process is complete and the person is ready for a return to ministry. In the case of sin, a person may be required to step out of ministry leadership for the period of the restoration. In the case of a person receiving care or working on an area of growth, this may not be necessary. However, a person may voluntarily step out of ministry for a while for the sake of the healing and the growth that he or she needs. In this case, the Care Team would be the ones to decide when return to ministry would be appropriate.

Counseling, mentoring, and accountability relationships will be an important part of each of the three phases. However, they are most significant in the first two phases of

identifying the weak areas and designing a growth plan.

What follows is an outline of the basic elements of a restoration process that follows these principles.

Forming the Care Team

The **Care Team** is the most critical element in a restoration process. These are the people to whom the person submits to guide him through the process of restoration. These are the “you who are spiritual” referred to in Galatians 6:1 who are charged by God with the responsibility to restore a fallen person. This would ideally be a group of three to six people (it could be more, but not less than three) who are committed to walking with the person through the restoration process. They agree to take on this responsibility for the whole time period. They should be wise, godly people who are mature enough to understand all the details of the

problem that led to the need for restoration. They also need to be people who can be trusted to act in restorative rather than punitive ways and who will be able to maintain confidence. (See Appendix One for qualifications.)

The members of the team are selected jointly by the missionary's sending church and the mission agency with input from the person being restored. The person being restored does not choose the team, but her input is important since she will need to trust the members of the team in order to agree to submit the major decisions of her life (speed and progress of the restoration, any changes to the restoration plan, job changes, where to live, when and whether to take on any ministry opportunities, etc.) to this team during the restoration period.

The person or couple being restored must agree to be accountable to this group for direction throughout the Care Plan and restoration process. If she is not willing to submit to the group and sustain this commitment throughout the length of

the Care Plan, the process will not succeed and the goals will not be met.

Each situation will be different; however, it will be important when selecting members of the Care Team to consider their time availability and calling for such a task in addition to other qualifications. Some people who might be considered to serve on a Care Team may include a member of the pastoral staff from the home or sending church, a member of the missions committee, a mentor, a Bible study group leader, a counselor, and mature members of the sending church. The team may also include persons who are not members of the same church but who fit the qualifications. They can be men or women depending on what seems most appropriate. If the person being restored is married, the Care Team should include couples. The spouse of the person being restored may at times be included in this group.

One person will be asked to coordinate the team by being a contact person, calling the

group together for meetings, and leading the agenda of the meetings. The Care Team will need to meet regularly with the person being restored or cared for. Initially they may need to meet weekly until they decide what frequency is needed for the Care Plan to be effective (no less than monthly). The purpose of the meetings will be to encourage the person or couple, hear reports on progress, discuss any changes to the Care Plan, help with decisions as needed, discuss practical issues of well-being, and pray together. Members of the team may also want to meet with the person outside of the meeting times for encouragement.

Creating a Care Plan

The initial responsibility of the Care Team is to agree on a clear plan for the restoration process (See Appendix Two for sample plans). This is called the Care Plan. The Care Team may adapt the plan as the restoration progresses but it should include the following:

Key Areas to Include in a Care Plan

- 1. Affirmation of the person** – Whether a person has been “caught in a sin” or simply needs care for some reason, this process is not the whole truth about her. She may have been involved in many years of ministry and have many qualities which God has developed in her. Affirmation of the person is a way of putting the restoration and care in context. It is important to express our commitment to the person and to express that she is valued as a person. It is the reason we are willing to invest in this restoration and care process with her.
- 2. What led to the Care Plan** – This gives a brief history of what has occurred. For example, if the need for restoration involves a sin, then that will be stated. If it is a result of some sort of trauma or event over which the person had no control, then a statement of what happened is included. If the person sought out help for an area of growth, then a

statement of what brought him to seek help and what the specific issue is with which he wants help is included.

3. **Specific goals or outcomes of the Care Plan** – It is important be as specific as possible as to what it will look like when the desired change has occurred. Identify what will be different and how we will know that change has happened (see examples of goals in the Care Plans in Appendix Two). This will involve seeking to identify areas of weakness, immaturity, and distorted beliefs that made the person or couple vulnerable to failure and in need of restoration. These areas most likely will be a potential focus of counseling, but they can also be discerned from the wisdom of the group. Examples might be distorted views of God, tendency to overwork, poor boundaries in relationships, performance-based self esteem, or unhealthy ways of dealing with anger or other emotions. Some of these may be identified over time

and added to the Care Plan, such as pride or family of origin issues.

4. **Specific steps of action to meet the goals.**

- a. **Address the areas of weakness and the changes to be made.** What specifically will be done to address each area of weakness identified? This will include meeting with a counselor or mentor. It also will include spiritual disciplines such as study and memorization of specific passages of Scripture, reading a prescribed list of books on spiritual transformation or the areas of weakness, participating in a small group, meeting with a mentor or prayer partner, etc. It could also include attending workshops, seminars, and perhaps residential counseling programs like Link Care, Alongside, or Heartstream or other specialist programs with a specific focus such as Bethesda Workshops. Some

questions and things to consider include:

- b. **What opportunities will the person or couple have to apply the changes** that she is making in different situations? What will indicate that the changes are lasting?
- c. **How will healing from the effects of the failure be addressed?** This may include restoring, renewing, or altering his relationship with God. It includes issues of guilt and shame, receiving grace, and accepting himself as a fallen but valuable person for whom God has a good plan. It will mean discovering God in a whole new way and developing a solid relationship built on love and trust.
- d. **What will help strengthen her spiritual life?** The person may need to develop or rebuild the spiritual disciplines of quiet time, study of the Word, prayer, and worship. Failure that requires restoration always damages a person's relationship

with God. It is also true that trauma or loss or an area of life that has not changed despite prayer and effort can also affect a person's relationship with God. This relationship needs to be rebuilt or strengthened and is a key to the success of the restoration process.

- e. **What can be done to restore close relationships** that have been affected? In some cases this may be the main focus of the restoration such as when restoration is needed in the marriage or family. This could include family members, missionary team members, work colleagues, sending churches, and prayer and financial partners. In some cases, depending upon the role a person held, it could include a church or organization. Restoration must include the difficult work of addressing these relationship issues. This is true because often it will take significant growth and humility to

face and work through the hurt and mistrust created in relationships, particularly as a result of a failure. If these relationships are ignored, it may set a person up for failure as he tries to live out his restoration.

f. **What kind of counseling or professional mentoring will be needed?**

Counseling should be required in cases of restoration for sin. Counseling and professional mentoring will usually be an important part of restoration for care or growth as well. Counseling whenever possible should be by a Biblically sound, licensed professional counselor. Professional mentoring could include pastors, elders, spiritual directors, or certified pastoral counselors. Counseling may include both individual and group counseling. The Care Team will define expectations for counseling, which will initially be to meet a minimum of once a

week. They will work in concert with the counselor to determine the frequency and ongoing need for counseling. If the person attends a program such as Link Care before returning to their home area, the Care Team should receive a report from the program and take into account the recommendations from the report regarding ongoing counseling. The counselor needs to be a godly Christian and in most cases should be trained to work with the specific issues that are being addressed. For example, a person dealing with an eating disorder needs someone skilled in working with eating disorders. A person dealing with pornography needs a counselor skilled in treating compulsive sexual behaviors addictions.

- g. **Peer-accountability relationship (Prayer and Growth Partner)**. The Prayer and Growth Partner should be

chosen by the person being restored, in consultation with the Care Team. This person needs to know the details of what happened so that the restoration process and the progress that is being made can be talked about openly. The Growth Partner is also the one to hold the person in the restoration process accountable to develop deeper spiritual disciplines. The Growth Partner should meet at least once a week with the person being restored. If the Care Plan is written for a couple rather than an individual, both should meet individually with a separate Prayer and Growth Partner.

- h. **Involvement and accountability in a local church.** Over the time of the healing and restoration, it is expected that the person will be involved in her home or sending church. In some cases where the home or sending church does not feel it has the resources for such a restoration

process, another church may be asked to take on this ministry. Involvement does not include active ministry (see number 6 below). It means being a part of a growing group of believers where she can receive spiritual input and encouragement and have opportunities for worship.

- i. **Involvement and accountability in a small group Bible study.** This should be a group where he is growing together with other believers and can find fellowship and support as a Christian. He should not be in a leadership role but rather an ordinary member of the group. Ideally this would be a group where he can share that he is participating in a restoration process.
- j. **Discontinuation of ministry involvement.** In the case of a person receiving care or working on an area of growth, she may not be asked to step out of ministry. However, a person may

voluntarily step out of ministry for a while for the sake of the healing and the growth that she needs. In this case the Care Team would be the ones to decide when return to ministry would be appropriate.

In the case of a sin issue, a person will be asked to step out of ministry leadership for the period of the restoration. In most cases this would preclude any ministry involvement with the exception of practical or service-oriented ministry such as mowing the grass, serving meals, helping with clerical tasks, etc. This is important because ministry can too easily detract from the main task of restoration. Ministry involvement may also be used as a false measure of restoration and spiritual growth. A person can be good at personal or group ministry such as preaching, counseling, discipleship, or

evangelism or at least appear so despite having significant hidden “holes” in his net. It is the holes in the net that led to his failure, not his lack of competence in ministry.

In some cases depending on the nature of the sin or failure, a person may not be able to return to the ministry she previously had. It is possible that someone may be fully restored in God’s eyes in terms of her healing and renewal and yet the community may not be willing to take the risk to restore her to ministry in the same area again. This, of course, will be something the Care Team will work out with her during the restoration process.

- k. **Minimum time frame.** The Greek word for restoration carries the idea of setting a bone that has been broken or mending a net. It takes time to mend and heal what was broken or to repair what was lacking.

It takes time to understand what led to the failure, to heal from the damage of the failure, to grow in areas of immaturity, and to demonstrate endurance of the changes. In most cases, one year is a minimum amount of time needed. Depending on the issue involved, the time period could be as long as three to five years. The length of time will depend upon the severity of the brokenness and the nature of the failure. Time, however, should never be the determining factor as to when restoration is complete. Time frames are guidelines that acknowledge that time is needed to accomplish the goal of restoration. Restoration should never end simply because a prescribed amount of time has elapsed. Restoration is not a semester course to be completed but a heart change that needs to take place.

Time estimates can be helpful for

all involved so as to help with expectations and planning; however, in the end, it will be the Care Team that decides when the process is complete regardless of the time that has elapsed. The process should not be unduly prolonged, but there should be a clear consensus as to when the person has been fully restored. Restoration does not end until that goal has been reached. It will almost always seem too long to the person being restored.

As mentioned above, there will be tremendous pressure to shorten the process. However, just as there can be serious consequences to walking on an injury too soon, there are often negative consequences when the restoration process is ended too early. Therefore, those who are on the Care Team are the ones who make the decision about when restoration has been completed, not the

individual who is being restored. In fact, someone who is regularly pushing for the Care Team to end the restoration process early is demonstrating by pushing that he is not as engaged in the restoration as he needs to be to achieve the needed changes.

1. **Criteria for assessing progress and deciding when restoration is complete.**

The Care Team will decide when the restoration has been completed based on the evidence of change they see. This evidence will come in a variety of ways. It will include their observations through interactions with the person being restored. It will also come from the feedback they solicit from those who are working closely with the person such as the pastor, counselor, Bible study leader, mentor, others the person is in relationship with (family, spouse, and colleagues), etc. This may include

inviting these people to join the Care Team at one of their meetings or getting feedback in writing or by phone.

The Care Team will be looking for specific examples of growth and change and for a general picture of how the person is doing in each phase or part of the process, as well as how diligent the person is in seeking change, the quality of the changes that are made, and evidence that demonstrates the consistent application of those changes over time. The ultimate goal is that everyone, including the person in restoration, will see a picture of health emerging much like how the pieces fill in the picture of a puzzle. (See Appendix Three for questions to evaluate progress.)

- m. **Marriage issues.** When the person being restored is married and the focus of the restoration is not the marriage itself, three issues much be addressed in the

restoration process. The first is restoration for the person who has fallen. The second is providing care and healing for the spouse. The person who has fallen has made choices that have profoundly affected his spouse. The spouse often feels betrayed and disillusioned by the behavior of her spouse, and she may feel angry because of the effect her spouse's behavior is having on her and the family. In short, their world is being turned upside down because of something she did not do. Hence, the spouse is hurting and must not be forgotten. She will need her own care plan. Third, the marriage and family issues must be addressed. The revelation of the sinful behaviors and the restoration process will put tremendous strain on the marriage. Once both spouses have been able to get some healing and restoration in their lives, they can then turn their attention to restoring the

marriage and family relationships. Trust that has been broken must be rebuilt. This takes time and effort on the part of both parties.

Help With Practical Needs

When a person in ministry needs restoration, there are often if not always practical needs to be addressed. This is especially true for missionaries who may need to pack up and move back to their passport country. It may mean a loss of salary and benefits. If they have to move, there may be other consequences such as having to choose other options for educating children and a spouse having to obtain employment. The individual or couple may not have the benefits or financial resources for key parts of the restoration plan such as professional counseling.

On the one hand it is not the role of the Care Team to ameliorate the consequences of the

person's behavior. However, the person or family in restoration quite likely will face sacrifices and the need to alter their lifestyle as a consequence of the need for restoration. These practical needs may easily be overlooked with significant consequences for restoration. If the practical needs of a person become too overwhelming, he may not be able to focus the kind of time and energy needed on the restoration process. Here are some areas to consider:

1. Employment – If the person has to step out of ministry for a period of time during the restoration he will need a job to support himself and his family. Since he may not be able to work in his area of training, he may need help finding a job. He may need coaching on how to prepare a resume and find job leads. He may also need accountability during the search.

2. Affordable housing and help with furnishings – For example, a missionary returning from overseas or a pastor who

has to move out a parsonage will have little or no resources to set up a home.

3. A car – A missionary will not have a car in most cases and may not have needed one in her overseas assignment. The North American culture in most cases requires a car for work and in some cases two cars if both spouses work.

4. When applicable, the practical, emotional and spiritual needs of the spouse and children need to be addressed. Depending on what has happened and whether they have had to move, such as in the case of missionaries, the family members may be hurting and feeling the losses and shame at a deep level with few places to process their feelings. While one member of the family may have been responsible for the failure, all will suffer. Therefore, restoration needs to include the whole family. The spouse and children may need counseling

as well. The children may need schooling options. They may also need help dealing with their friends in church or school who learn about what happened. Decisions about completing the restoration will need to take into account the progress of the family members as well as the individual responsible for the failure. For example, children may not be ready for another change due to their age and grade in school. These are not easy decisions to make, so the support of a Care Team can be very helpful.

After Restoration

When a person is restored it does not mean that he is perfectly whole. He is still fallen like us all, and he needs to continue growing and walking with the Lord. While it is true that a person who has been restored should be stronger and more mature than before the failure, it is also

true that the failure may have increased his vulnerability in certain areas. Once a person has crossed a line it may be easier for him to cross it again. Innocence has its advantages. Consequently, when a restoration process is complete there is still a need for ongoing care. The care and accountability may not be as intense, but it will still be needed.

When the restoration process is complete, one of the last items for the Care Team to accomplish is to work with the person to develop a plan for continued growth, healing, and accountability. This plan should be concrete and specific. It should include a growth plan. Regular accountability and a calendar to periodically check back in with one or more of the members of the Care Team also should be included. In many cases this will come naturally since the person who was restored will have developed close relationships during the restoration process.

In conclusion, it may be helpful to review

some of the original thoughts about restoration and talk about a significant perspective that will help us approach the challenging but rewarding ministry of restoration of a fellow believer.

Bruce Narramore, in his book *No Condemnation*, suggests that the church has generally misunderstood the role of guilt (by which he means guilt “feelings” as opposed to legal guilt) as a motivator for right behavior. When a person says, “I am sorry. Forgive me. I will never do it again,” what she may be saying is, “I feel so bad, I will do anything to get rid of these feelings and not feel this way again.” The motive for right behavior is simply a self-centered need to not feel bad. Self-centered behavior is what led to failure in the first place. Consequently, there may be little difference between what she did to act out and what she is doing now in apparent “repentance.” Narramore suggests that living a moral life to avoid being punished or feeling bad is as self-centered as living an immoral life. It may look better, but the

net still has a hole in it. If the hole is still there, then the chance of a person acting out again is much higher and highly likely.

Narramore contrasts this kind of response to guilt feelings with “godly sorrow” (2 Cor. 7:10). Godly sorrow comes from a genuine understanding of how we have hurt God, ourselves, and others by our thoughts and actions. The desire to change or the desire for repentance is born out of a love for God and for others whom we have hurt. It emanates from a desire to do what is right in relation to others regardless of how the consequences may make us feel.

This is a subtle point but a critical one. It is why a restoration process is needed and why the Care Team is expressing love and caring when they cautiously approach the person’s early attempts to quickly “get past this” and “move on.” It expresses love because to join the person in need of restoration in hurrying past this is to join them in their self-centered motivation to

“save themselves” from pain and perpetuate the selfish motivation that led to the failure.

Restoration is about challenging these motivations and helping people restore (or in some cases develop) a relationship with God that will draw them, from a heart of love and gratitude, to walk in a manner “worthy of the Lord.” To truly repent a person needs to understand both what he did as well as the self-centered motivation that led him to act in this way. It is this self-centered motivation that is the deeper issue behind the failure. It operates in other areas of his life that may not have shown up in acting out behavior as yet.

This is a fundamental reason why the restoration process is set up in community. It is difficult if not impossible to grow in this way without time, spiritual input, a serious relationship with God, and accountability with loving, spiritually mature friends. The goal of the restoration process is not just to help the person “keep the Law” or to look good on the outside

and never embarrass us or himself this way again, but to lead him to the Lord for the kind of soul transforming relationship that will mean that he lives well from an internal motivation of love and gratitude. With this kind of restoration, the net will have been mended or at least be well on the way to being mended.

LESSONS LEARNED – AN AFTERWORD

A number of people have contributed to the lessons learned and ideas presented in this booklet. They have included those who have gone through the restoration process, those who have been on Care Teams, and colleagues with whom we work. Many lessons have been learned along the way with more lessons learned each time we set up a Care Team. For example, our Care Plans used to be a simple list of “to do” activities with little meat on the bones. We

learned the value of making our Care Plans very specific so that all understood what was expected and what it would take to complete the process. Our current model for Care Plans was stimulated by a Care Plan written by Larrie Gardner. In the beginning Care Teams were little more than a loose group of persons handling different aspects of the care. We learned the value of having a committed group of godly persons guide the process. We learned that the Care Team needed to be more than a committee who met to encourage but one that was actively engaged in the healing and growth process, willing to challenge as well as support. We have also learned the value of the local church in the process of care, growth, and healing. We have been encouraged to see how churches have stepped up and engaged the process regardless of the size of their congregation. We have also learned that churches often have far more resources to contribute to such a process than an organization or an individual counselor or

counseling program. We have learned that the church has the major role, but we each are important to the process. “As each part does its own special work, it helps the other parts grow, so that the whole body is healthy and growing and full of love” (Ephesians 4:16 NLT).

If we were asked what the fundamental, non-negotiable or most necessary aspects of this approach are, we would probably say godly community, spiritual disciplines, an integrated approach (accountability, counseling, mentors, spiritual friends), and the Holy Spirit. There is nothing magical about these ideas. They make sense from a Biblical point of view and fit how most people helpers understand growth. Though not magical or mystical, this approach can create an environment for supernatural things to happen in the lives of those seeking God’s amazing grace for their lives.

Please let us know what you learn as you put together Care Teams to enable restoration, care, and growth. We can all learn from each

other and keep improving this booklet.

Note: In revising this article we came across the excellent book, *Restoring the Fallen: A Team Approach to Caring, Confronting, and Reconciling* by Earl and Sandy Wilson, Paul and Virginia Friesen, and Larry and Nancy Paulson, (IV Press, 1997), which was helpful in confirming, refining, and clarifying these ideas. It is recommended as a resource for the members of a Care Team to read as they prepare for their role.

Appendices

Appendix One – Member Qualifications & Purposes for the Care Team

*(Based on Chapter 3, Restoring the Fallen, by Wilson,
Friesen & Paulson)*

The key to an effective restoration is choosing the right team. Not everyone is qualified or gifted to serve on such a team. Others may not have the time available needed to be part of a team. For several reasons (especially time), the pastor of the church where the restoration is done as a rule would not serve on the Care Team.

Qualifications

The basic qualifications are 1) A vital, authentic, growing relationship with the Lord; 2) wisdom and maturity from walking with the Lord for a number of years; and 3) people in whom the restoree(s) have trust and confidence. They also

need to have the following qualifications:

- a. Part of a Biblically sound church.
- b. Emotionally and spiritually mature.
- c. Compassionate care giver.
- d. Able to keep confidences.
- e. Humble.
- f. Trustworthy.
- g. Cooperative.
- h. Not easily intimidated; willing to confront hard issues.
- i. Strongly committed to truth.
- j. Willing to engage in self-examination.
- k. Willing and able to commit time.
- l. Willing to commit finances, if able, when necessary.
- m. Able to enter into a process of suffering.
- n. Willing to endure guilt by association if necessary.
- o. Willing to face personal and family issues that may arise by being a part of the team.

Purposes

The basic purpose of the team is restoration of a fallen brother or sister in Christ. Restoration includes stopping sinful behavior as a first step but is not finished until there is transformation of heart attitudes, the development of godly behavior patterns, and changed character. This includes spiritual growth in areas directly related to the area of sin as well as other areas where attitudes and behavior reflect the same patterns of sin. For example, a husband may have hidden his internet pornography from his wife but he may also have a pattern of hiding the truth with other people in other areas such as use of money or time. The following six purposes encompass the scope of these basic purposes:

1. **Spiritual health** – The team is committed to helping the individual or couple come to a place of spiritual health and vitality. They focus on caring for their spiritual growth while ferreting out

the spiritual roots of the problem. They want to help the person or couple become grounded in a new way with their relationship with the living, gracious God.

2. **Body life** – The team is a demonstration of the coming together of different spiritual gifts that, when combined, release God’s love and power to restore (Gal. 6:1). The gifts include intercession, discernment, admonishment, encouragement, mercy, and serving, to name a few.
3. **Accountability and sensitivity** – The team helps the person or couple stay engaged in the Care Plan. They act as an advocate for the spouse or family members who may have been injured by the sinful behavior. They free the spouse and family members to speak truthfully about what happened and give honest feedback in the process. They hold the

fallen sinner accountable to correct harmful patterns toward family members and others in order to rebuild relationships.

4. **Penetrating denial and clarifying reality** – Sin is deceitful and so is its practice (Eph. 4:20). Those who have engaged in patterns of sin have done so by deceiving themselves and those around them. With a team it is much more difficult to distort the facts, intimidate the group, or live in denial. A spouse or family member who might otherwise be too wounded, confused, or insecure to stand alone will benefit from the strength and support of the group. A team releases a spouse from a feeling of responsibility for the change of the husband or wife.
5. **Synergy** – The team benefits from the collective wisdom of the group. It is an awesome responsibility for a person to

put him or herself under the care of the group for a period of time. The combined wisdom and consensus of the group, led by the Spirit of God, is very important in guiding the restoration process.

6. **Intercession** – Restoration, care, and growth are spiritual works and spiritual warfare. They will only happen if God works with power and grace in the life of the person who is the subject of the Care Plan as well through all involved. This is a supernatural work and must be driven by fervent and consistent prayer.

Appendix Two – Sample Care Plan Templates

Sample Care Plan 1

***Issues Addressed: Marital Infidelity;
Pornography Addiction***

***Place of Restoration: Out of Ministry
Area (in home country)***

Suggested Care Plan for Bill & Betty Smith

The elders of the church and the leaders and colleagues in TEAM who know you appreciate the significant effort you have given to the goal of living and working overseas. Thank you your courage in sharing with us the difficulties you are facing in your marriage. We have been shocked and saddened to hear your story. What you have shared is serious and the ramifications significant. We believe that it has disqualified you for ministry. Therefore we are

asking you to return to the U.S. as soon as is reasonable to enter a restoration process for healing before you would be ready to continue in ministry. We want you to know that the leaders of your church and of TEAM believe in mercy and grace. This Care Plan for restoration is written to provide you the opportunity and provision for healing. Our hope is that you will find restoration and renewed hope for your future through this process.

Concerns: Recently Betty disclosed to Bill that she had an affair with another man, which lasted six months. Bill also admitted he had become addicted to Internet pornography over the last few months. An assessment indicates that there have been serious problems in their marriage for some time.

Actions: TEAM, in partnership with your church, will set up a care team in Wyoming to oversee and walk with you through completion of

this plan. The team will be made up of godly men and women who will lovingly and firmly walk you through the restoration process.

Given the issues in your lives, it is expected the restoration process will take a minimum of three years. This plan, however, is not about time but about healing. The restoration process will be completed when there is a consensus among members of the Care Team and you that you are restored and the Care Team is no longer needed. The evidence of restoration will include the observation of the members of the Care Team, feedback from counselors, mentors, and others in close contact with you over the period of the restoration. The evidence will be in behavior, attitude, and heart change that will be evident to all including those in closest relationship with you such as your spouse and children.

Goals: There are five areas to be addressed by this Care Plan.

1. Betty

- Betty will be able to understand and clearly articulate what weaknesses and areas of immaturity in her led her to seek emotional and physical intimacy outside of her marriage.
- She will be able to identify her needs for intimacy and take steps to meet those needs in healthy ways.
- She will be able to give evidence of growth in her understanding of God by expressing distorted beliefs she held and her new ways of thinking.

2. Bill

- Bill will be able to understand and clearly articulate what weaknesses and areas of immaturity make him vulnerable to pornography.
- He will be able to report no “slips” for two years.
- When he is feeling strong temptation, he will be able to identify what

emotions or needs are driving the temptation and take action to address those needs in a healthy way.

3. The Marriage

- Bill and Betty will be able to forgive each other for the harm their sexual behavior did to their relationship.
- They will demonstrate the ability to connect emotionally and enjoy each other's company.
- They will demonstrate genuine dedication commitment to their marriage.

4. Spiritually

- They will give evidence of a deep relationship with God motivated out of love rather than performance.
- They will be regularly practicing spiritual disciplines without external encouragement.

5. Their relationships

- They will both be able to articulate how their behavior has hurt others including friends, church, children, ministry partners, etc.
- They will have sought reconciliation and forgiveness with those they have hurt and sought to make amends where possible.

Suggested Plan for three years, beginning immediately.

1. Make arrangements to leave your assignment shortly after Easter, with the understanding that you will not be returning there to live within the foreseeable future.
2. Briefly meet (a day or two) with your Care Team, church elders, and [mission agency lead counselor] to understand the restoration and other details. Make any

logistical arrangements such as getting a car.

3. Immediately go to Link Care Center in Fresno, CA (www.linkcare.org) as a family for at least two months to participate in their restoration counseling program.
4. Return to Wyoming when you finish at Link Care to settle in, begin meeting regularly with your Care Team, and secure employment. During your time at Link Care, [mission agency logistical coordinator] will work with you on the procedures and timing for going inactive with TEAM.
5. Regular ongoing individual and marital counseling will continue in Wyoming and follow the recommendations from the counselors at Link Care.
6. You are both being asked to step out of active spiritual ministry in your church until the Care Team believes you are at a

place where you can do this again. This includes speaking, teaching, leading, singing solos, etc. Practical ministry is encouraged such as serving, helping, etc.

7. You will both need to find a prayer/ growth/ accountability person to meet with weekly. This should be someone you can share safely with about the things you are working on.
8. You will be asked to participate in at least one Bible study group. You can discuss with the Care Team what kind of group would be best for you. It should be one where you can study the Word and grow with other believers.
9. The Care Team will also ask you to do various assignments which may include (1) Reading books from a prescribed list and discussing the content with your prayer partner. (2) Doing a topical Bible study and memorizing Scripture on specific topics related to issues you are

working on. For example, adultery in the Bible, moral purity in the Bible. (3) Reading the book *Renovation of the Heart* by Dallas Willard and working through the companion book [*Renovation of the Heart in Daily Practice: Experiments in Spiritual Transformation*](#) by [Dallas Willard](#) and [Jan Johnson](#). (4) Taking at least two one- or two-day spiritual retreats a year where you get away to spend time seeking the Lord.

10. The Care Team will report progress regularly to the elders. After six months, the Care Team may invite someone from TEAM to meet with them to assess progress on the Care Plan and adapt it if needed. This may also happen at six-month intervals until the restoration is complete.
11. Evidence of change will be based on the goals of the Care Plan as evaluated by the

Care Team. (See “Questions on Progress”.)

We believe Bill and Betty have great potential and believe that with God’s help and their active commitment this time of restoration can be a defining time in their lives and set the course for a strong marriage and a life blessed with the joy of serving God.

Sample Care Plan 2

Issues Addressed: Generic / for Multiple Situations

Place of Restoration: Out of Ministry Area (in home country)

This plan is suggested as a way to set up a basic plan for use when a situation first comes to light. It includes the basic elements of a beginning plan. The Care Plan will change from this one, as it is updated and altered while the Care Team moves through the process. This is an example of a couple with no children in the home.

Care Plan for Tom and Elaine

Introduction: TEAM recognizes the tremendous and prosperous ministry that you have had in [Country X]. We are grateful that God has led you to missionary ministry with us, and we are sure that everything that happens to each of us happens through the sovereignty of

God. Recently, we have come to a fuller understanding of the difficulties you have faced in [Country X]. We acknowledge that these circumstances have led you to a place that requires immediate attention. With that in mind, the following Care Plan is offered to you at this time:

1. Tom and Elaine will work out a date with their leaders in [Country X] when they will return to the United States. This should be as quickly as logistically possible.
2. Tom and Elaine will be sent a copy of the book *Restoring the Fallen* and asked to begin to read it before they return.
3. Tom and Elaine will return to New Jersey to meet face to face with the Care Team, their mission committee, and church leaders, where they will have an opportunity to tell their story.
4. Tom and Elaine will be given a six-month paid health care leave during which time they

will find a non-ministry job for the remainder of their restoration period.

5. During the first two months of their health care leave they will go to Link Care in Fresno, CA (www.linkcare.org) for counseling.
6. The chairman of the Care Team will be in regular contact with the case manager at Link Care during their stay.
7. Tom and Elaine will, at the end of their time at Link Care, return to New Jersey and settle into a home. The church and members of the Care Team will do their best to find suitable, affordable housing for them.
8. The Care Team, in consultation with the church staff and Link Care, will locate a qualified counselor for Tom who specializes in [Issue A]. Elaine also needs a counselor to address her reaction to Tom's behavior and the impact on the family.
9. The Care Team will meet with Tom and Elaine during the duration of their restoration

period on a monthly or more frequent basis to assess progress, make decisions to update the Care Plan, and help them make major life decisions.

10. At the first meeting after Link Care, the couple will be given an opportunity to tell their whole story including the things they learned at Link Care. Emphasis will be on total honesty with the Care Team.
11. During the first month, Tom will make contact with the counselor and begin going once a week.
12. Tom and Elaine will also be asked to begin their job search. Likely both will have to work.
13. Tom and Elaine will begin to look for a mentor for each of them. This will be someone they tell their whole story to and with whom they can meet weekly.
14. They will also begin looking for a small group they can meet with for Bible study as a couple. This group needs to be a place where

they study the Word regularly, can be honest about the fact that they are in restoration and why, and pray with and be prayed for as a part of the group. This group should as a rule be one that meets weekly.

15. Tom and Elaine will agree to not be involved in public ministry for the duration of the restoration period. They can be involved in ministry in the church that is practical and non public such as helping with maintenance, meals, clerical duties, etc. They will not teach a Sunday school class, speak in churches, sing solos, or any other kind of public ministry until the Care Team believes they are ready.
16. They will participate in the life of the church through regular attendance at worship and other church activities.
17. The initial period of the restoration will be one year. This is not to be considered a firm date but is a reasonable estimate of the time it

will take. The Care Team will determine if this time is sufficient as the time approaches.

18. The end of the restoration period will be determined by the Care Team, the church leadership, and Tom and Elaine. This will be when they are fully restored.

Sample Care Plan 3

Issue Addressed: Arrogance; hurtful leadership style

Place of Restoration: On Field (Within Ministry Area)

This Care Plan is offered as a sample for how a Care Plan may be carried out within a Ministry Area without the missionary needing to leave the field. This may be done in some situations when restoration to the entire missionary team is needed. Some modification to the missionary's ministry will need to occur in order to give time for the restoration plan.

Care Plan for Susan

As TEAM in [Country Z], we have appreciated the years of service that Susan and her husband have given within our area. However, problems have arisen from the beginning of your service

and have continued to the present. This prompted a meeting between you and others on your team. The outcome of this meeting, after considerable discussion with TEAM Member Care, was the Care Plan detailed below.

Problem: TEAM in [Country Z] experiences Susan as arrogant, dismissive of others' opinions, saying hurtful things, and one who doesn't listen. She frequently rationalizes feedback rather than owning personal shortcomings. She puts people down and acts in ways that belittle others while enhancing herself. She is perceived to be unteachable and unwilling to take direction from others. The behaviors and attitudes described have to do with core, essential attitudes that are unacceptable in a leader. This situation cannot be allowed to continue.

Response: TEAM in [Country Z] acknowledges that they have not been faithful to Susan and have not honestly talked these matters over with

her. The team has asked for forgiveness and each person on the team has committed him/herself to giving sturdy and prompt feedback to Susan in the future whenever they see personally or hear of unacceptable behavior. Susan has also asked for feedback from others.

Suggested Plan. This plan has several parts to it.

1. We perceive that Susan's problem is both spiritual and psychological, and therefore steps will be required in both realms. We believe that growth is most likely to take place in the context of a loving community of relationships, so TEAM in [Country Z] commits itself to a strong relationship with Susan characterized by truth and affirmation.
2. The field leadership has recommended counseling, and Susan has agreed. Susan will attend six individual counseling sessions with a counselor of her choice.

Once the counseling is arranged, the Care Team should be informed of the name of the counselor as well as the intended first meeting time. At the end of the six required sessions, this counselor will write a brief summary of treatment including the number of sessions attended and the issues covered.

3. Susan will be expected to begin a Bible study, for the first six months focusing on the Biblical perspective on humility and pride, or arrogance. This study is to begin immediately, and Susan should meet weekly to discuss her findings with a Growth Partner of her choice. Susan will inform the Care Team of the following details: the name of the person she is meeting with, the day of the week she intends to meet, and how much time is spent together each week.
4. For the second six months, the Bible study focus will be on Biblical examples

of ways God deals with people, focusing on loving kindness, compassion, longsuffering, patience. Again, Susan will meet with her Growth Partner, reporting to the Care Team in the manner detailed above.

5. Susan should take a personal retreat twice within the year for a minimum of two days, alone, and with only her Bible. She will let the Care Team know when this will happen and where she intends to be for the retreat. After the fact, Susan will write a one-page summary to be given her Growth Partner, expressing how God spoke to her during those days.
6. Book titles will be suggested to Susan, which she will read for personal growth, one book per month. Each month, Susan will report to her Growth Partner with the name of the book she read and either a brief written summary or a brief conversation regarding the book.

7. In addition to Susan's individual counseling, we suggest that Susan and her husband pursue counseling as a couple the next time they are in the U.S. to explore the way that these issues have impacted their marriage and family life. One possibility is Marble Retreat.
8. After one year, this plan will be evaluated. If substantial change has taken place, it will be modified. If no change has taken place, Susan will be asked to step out of her leadership role in [Country Z].
9. During the year that this plan is in place, Susan's role and function in leadership will remain in place; however, she should refrain from her other responsibilities including [list specific responsibilities]. This reduction in responsibility is given so that there is enough time for Susan to focus on the issues in this Care Plan.

10. Evidence of change will come from unsolicited community feedback. If Susan's behavior has changed substantially, it will be noticed in the local mission community, particularly among the TEAM community. This change will be increased approachability and a willingness to take direction from others. Susan's teammates will also observe this change by the way Susan relates to them.
11. Qualities to be desired are: humility, gentleness, patience, kindness, an absence of belittling or speaking down to someone, a willingness to take direction from leadership, a willingness to own mistakes and work on them, accurate impact awareness and a willingness to ask forgiveness and make amends, empathy, and the ability to make friendships that are relaxed and strong.

We believe Susan has made a good start in being receptive to the feedback from her teammates. We have heard her yearning for friendship. We commit ourselves to being a strong, truth-telling community that loves Susan enough to help her make necessary changes.

Appendix Three – Questions to Evaluate Restoration Progress

In a restoration process it is important to evaluate progress. The challenge is that it is difficult to evaluate character change. However, there are indicators that can give an indication of progress. The Care Team will benefit from reviewing these questions regularly:

1. Is the individual completing assignments or tasks the Care Team has given? Is he active between meetings doing things agreed upon with the Care Team?
2. Is he submitting to all parts of process or is he regularly resisting certain aspects of the process? Is he trying to control the process or letting the Care Team lead the process?
3. Is he staying in the process even when the going gets tough and/or when things are going great? He may complain that the process is too hard or sometimes, after a few

weeks or months of things going well, may announce that he is “done” and ready to go. Does he trust the Care Team even when he feels he is done and the team doesn’t?

4. Does he continue to take responsibility for his attitudes and behavior as evidenced by remorse, repentance, restitution, and godly sorrow (2 Cor. 7:10)? Does he seek to understand how his attitudes and behavior have hurt others? Or does he minimize the impact of his behavior and attitudes?
5. Has he worked through his anger or resistance to the process, including the length of time and expense involved? Does he recognize that God is more interested in his character than what he can contribute in ministry?
6. Is there specific evidence of change in the following areas?
 - a. **Positive character change.** Is there a growing humility? Is the person more

open, vulnerable, and transparent? Is she increasingly able to discover areas of weakness in her life that she did not recognize before? Is she motivated to see change in those areas as well as in the area that precipitated the Care Plan?

- b. **Positive lifestyle changes.** How has her life changed? Do others closest to her notice the changes?
- c. **Positive relational changes.** Is she able to develop and maintain healthy relationship with spouse, family, and peers?
- d. **Renewing of the relationship with God.** Is there a growing intimacy with God? Is there evidence that intimacy with God is based on relationship rather than performance? Is there evidence that Bible reading is touching her personally rather than giving her ideas for teaching others or defending herself?
- e. **Enhancing family and close**

relationships. What is happening in the marriage relationship? How does her spouse (or children) see their relationship? What is different in the relationship? Are the changes for the public or genuine change?

Appendix Four - FAQ

1. What situations are Care Plans designed to address?

- Moral failures such as affairs, pornography use, and other sexual sins.
- Distressed marriages or families – This could include marital conflict, verbal or physical abuse of a spouse, problems with children, communication breakdown, etc.
- Team conflicts either between two individuals or families or with a whole team.
- Issues which the country leaders believe require a restoration. This could include things like not being able to work on a team, disrespect for leaders, areas of immaturity identified by leaders,

health issues, burnout, exposure to a traumatic incident or natural disaster, etc.

- Issues a missionary or couple feel they need help dealing with. This could include issues from their family of origin, marriage issues, anger issues, fear issues, burnout, etc.

2. What is the Care Team's role with the people in the country where the missionary worked before the restoration? When the missionary returns? Sometimes the issues involved in a Care Plan relate to people or situations on the field. This could include the person who is the subject of the Care Plan feeling hurt by how he or she was confronted about an issue. It could include the impact a sin has had on co-workers and nationals in the country

where the person was serving. It may include either the Care Team or the person who is the subject of the restoration being unsure about what the issues were that the leaders felt needed to be addressed.

- The first thing to consider is how this affects the potential for the Care Plan to be successful. For example, if the issues are not clear, the Care Team will need to facilitate communication with country leaders to clarify and make sure they are on the same page.
- Sometimes the missionary who is the subject of the restoration may tell the Care Team a side of the story which sound very much like the people who are suggesting restoration have gotten it wrong. This can be especially true for

persons who are not terribly self-aware. The Care Team will want to communicate with the country leaders to hear their “side of the story” with an open mind. It has happened that a missionary has felt that the leaders got it all wrong only to have the same behavior show up with the Care Team. Care Teams are often discerning about seeing the issues as they become more involved with the missionary.

- The Care Team will need to determine what the priorities are for the person they are shepherding through the restoration process. It may be that at some point a person whose sin has affected co-workers will need to speak with those offended and work out the relationships.

However, often at the beginning the person is not ready or able to address these relational issues. The Care Team may have to graciously but firmly resist cries both from the missionary or the country leaders for the missionary to address these issues. The church and the mission agency should back the Care Team in any decision they make in this regard.

3. **What are examples of good outcomes of a care team restoration?** The best outcome would be for the missionary to be restored and return to overseas ministry. Three examples come to mind, all having to do with moral failure. All three are ministering out of a new level of maturity and freedom. In all three cases, they have continued to grow and mature as people. The next best outcome is when

the person is restored and able to live a productive life even though he or she does not return to overseas ministry. We can think of four situations like this. All four appear to have benefitted greatly from the restoration process and would say so. It has taken some time to make the adjustment to life outside of ministry; however the goals of the Care Plan were met.

4. **What are some examples of Care Team restorations that did not go well?** A poor outcome occurs when the process breaks down and is not completed or when the goals are only partially met but not to the degree hoped. We can think of a few examples like this. Several factors can lead to a poor outcome. One is when the person who is the subject of the restoration never fully engages in the process. He or she may not fully trust the Care Team (or trusts them only until the

going gets tough) and then becomes resistant to the process. Another factor is when the person is not good at admitting he or she has a problem that could need attention. Some people are very invested in needing to be right and find it very difficult to admit weakness, failure, or sin. We have yet to see a poor outcome when the Care Team is effective. This has been a good lesson, because our biggest fear when we first began to set up Care Teams was whether we could find the kind of people who would take this role on and do an effective job. We have been overwhelmingly encouraged by the quality and dedication of those who have taken on this role.