This study describes a five day intervention counseling visit by co-therapists involving a missionary family struggling in the field. Aspects of the case illustrate a brief therapy model for field interventions previously presented by the authors (Cerny and Smith, 1994). Two counselors flew to the Middle East in order to work with this family, purposefully lodging with them in their home. Demographic and personal details of this case have been altered to maintain confidentiality.

Field interventions can be very beneficial in helping workers and their families resolve problems and develop effective coping skills within their cross-cultural context. Counseling care is indicated when there are such things as significant and ongoing marital conflict, unremitting team struggles, serious personal problems, or crisis events such as natural disasters or personal tragedies. The need to provide professional care on the field is discussed frequently in the member care literature (e.g., Dennett, 1990; Fitzel, 1992; Jones, 1993; Lindquist, 1995; Noll And Rohnert-Noll, 1995; Powell, 1992; White, 1989; White, 1992).

Therapy Model

Counseling models serve as means of summarizing, organizing, interpreting, and communicating one’s life experience and professional practice. In developing such a model for the mission context we have considered the following factors: 1) needs of the patient population, and factors of the treatment setting including cultural milieu, 2) therapeutic experience, professional training, educational background, personal preferences, and limitations which the developers of the model bring to the process, and 3) the background research and theoretical literature of the field which provide a professional foundation.

The main points of the model we are advocating (and still refining) are summarized in Missionary Care Field Intervention Model: Stages and Tasks. What follows are its main points:

Stage One: Pre-visit Preparation
1. Develop helping, supportive relationship with mission agency.
2. Receive request for help from missionary in the field.
3. Make preliminary needs assessment with missionary and agency.
4. Coordinate financial and travel arrangements with mission agency.

Stage Two: Field Intervention
1. Engagement—Establish rapport and cooperation quickly, clarify confidentiality issues, clarify felt needs.
2. Assessment—Rapidly assess spiritual and psychological needs accurately, discuss results and develop mutual understanding of needs and resources.
3. Intervention—Discuss and develop limited intervention goals with missionaries, discuss and agree to intervention strategy, accomplish limited goals together.
4. Termination—Evaluate progress and identify ongoing needs together, mutually develop and send treatment report to agency, process separation and make follow-up agreement.
5. Follow-Up—Encourage and monitor progress by fax or E-mail for six months minimum. Provide longer term reduced frequency follow-up as desired and needed. Provide long term availability for consultation or additional therapy.

The Case Study:
The story of this case begins with the counseling session an American psychologist, Dr. Luke Small, had with a missionary couple at a mission conference. The couple’s names were Jahib, age 48, from India, and Diane, age 40, from Canada. They were tentmakers in Turkey with their two adolescent sons, Stephen (16) and Thomas (15). They also had an older, adopted daughter, Naomi, who was attending a university in Europe. After doing an intense marital consultation with Jahib and Diane in which they expressed deeper needs, Dr. Small felt impressed by the Lord to offer to visit them in Turkey if at some point they desired further family counseling.

Six months later Luke received a fax from Diane and Jahib expressing great concern over their son, Stephen, who was failing in his Turkish-speaking high school. They asked if Luke could come and evaluate their son’s needs. Stephen was asking to leave home and transfer to an English-speaking high school in Montreal, Canada where Diane’s family lived. In the communication Diane seemed depressed and expressed concerns about marital conflicts with Jahib. Because Dr. Small did not frequently work with adolescents, he consulted about the family’s needs with a colleague and Christian friend, Dr. Matt Jenkins, a psychologist specializing in adolescent treatment who lived close by him in Seattle.

After some ongoing communication
Day One

Matt and Luke embarked to the Middle East’s needs and cross-cultural issues, with helpful information about the family. Jahib and Diane had experienced stressful experiences in the past two years, been through a series of severely chronic problems. Also, their family had some cross-cultural marriage had some ineffective workers in their field, their personnel director informed them that Diane’s mission agency was located. Provide further background information, the personnel director indicated that Diane was reported to be having suicidal thoughts according to another missionary, Frank, who had recently visited with the family. Luke and Matt also had an opportunity to interview Frank. Providing further background information, the personnel director indicated that, while Jahib and Diane were very effective workers in their field, their cross-cultural marriage had some chronic problems. Also, their family had been through a series of severely stressful experiences in the past two years which he described in detail. Armed with helpful information about the family’s needs and cross-cultural issues, Matt and Luke embarked to the Middle East.

The night arrival at the Turkish airport was very cold and unfamiliar with officials, inspections, and guns. After clearing customs, Luke and Matt were met by their host, Jahib. There was initial awkwardness and formality. Luke introduced Matt to Jahib and afterwards loaded baggage into the car. During the drive from the airport with unfamiliar sights, going down darkened streets, Luke acknowledged that as North Americans there was much they did not know about Turkish culture and about Jahib’s Indian culture. They expressed a desire to learn from Jahib. They also asked Jahib to let them know right away if there was anything they said or did that would create offense or that was hurtful instead of helpful.

After a few minutes of silence Jahib, with tears in his eyes, turned and said, “You are like two angels God has sent to help us with our son. I don’t know how to thank you for leaving your families and coming all this way to help my family at your own expense.” Jahib expressed his grateful words with so much feeling that neither psychologist knew how to respond at first. After a few moments Luke thanked him for his words and said that it was an honor to come and work together to help his family.

Upon arrival at the home they were greeted by Diane who showed them to their room and oriented them to the house. After freshening up, Luke and Matt joined Jahib and Diane for coffee and a light dinner. Stephen and Thomas were spending the night with friends and would return home the next day. Being away at university, their adopted daughter, Naomi, did not participate in the counseling intervention.

Although Jahib was very gracious to his guests, Matt and Luke were taken back by the gruff way he treated Diane as she served dinner. After giving them the mail, food items, and gifts they had brought from North America, Matt and Luke each received the gift of a Turkish coffee set from their hosts. Then they were able to sit and briefly discuss together their hosts’ concerns, expectations, and proposed agenda for the visit. Before saying good night, Jahib invited Matt and Luke to join him for his early morning walk which they accepted.

After retiring to their room, Matt and Luke discussed the events of the day including the feelings of being in such a different culture and their initial impressions of Jahib and Diane. They developed a tentative schedule for Monday, prayed, and slept. The late night summarizing of the day’s progress, developing the treatment plan for the next day, and praying together became a positive daily experience for Matt and Luke. Over breakfast each day the proposed treatment plan was discussed with Jahib and Diane and revised to fit their perceived needs.

Day Two

Monday Morning. The following morning as Luke and Matt went walking with Jahib, he told them of the history of Turkey and spoke with great pride about the heritage of his adopted country. He was very confrontive about some of the weaknesses and excesses of Western Christianity. After returning to the house and having morning coffee together, Jahib became so anxious he literally seemed unable to sit and talk. Suddenly, he jumped up and announced that everyone was going to the seaside where they could all walk and talk. Later as they walked on the beach away from the crowds, the conflict and pain in the relationship between Jahib and Diane boiled to the surface. They became very angry with each other. Jahib seemed very controlling and dominating while Diane seemed very depressed and angry. At this point the goals of the counseling visit began to come into question. Jahib was offended that Diane had asked for marital help in the pre-visit fax communication. He
felt humiliated, betrayed, and initially refused to allow it. They were able to agree, however, on getting help to evaluate Stephen’s school failure, and both agreed that Diane was depressed.

After listening for awhile longer, Luke suggested that they stop together and sit for a moment on a nearby log. Alone on the beach by the sea, Matt and Luke prayed aloud for Jahib and Diane. Then each spouse was able to utter a few words asking for help without blaming each other. The couple then agreed to talk later that day with Luke about their painful conflict.

That afternoon Jahib retired for a nap. With his permission, Luke did psychological testing with Diane to evaluate her depression. He administered some commonly used clinical tests.

Later in the afternoon Luke had the first formal session with Jahib and Diane which was very stormy, but more contained than the beach walk. Jahib yelled in anger and Diane cried in pain. Jahib spoke of his pain of feeling rejected too by Diane. Diane expressed her anger due to major disappointments with Jahib. Luke listened, tried to understand, and felt their helplessness. This was not going to be an easy case. No one felt the session had gone that well or was very helpful, but both acknowledged they had a problem as a couple and agreed it was a factor in Diane’s stress level.

Stephen, the 16 year old son, and Matt spent the afternoon getting to know each other through talking in his room, walking, and playing soccer. Matt did some assessment of the adolescent via activities and games they enjoyed together, alternating activity and playfulness with serious talking.

Monday Evening. Luke was very tired, but when Jahib invited him to go to the coffee house, he was honored and accepted. Luke found it interesting to listen as Jahib talked with his friends in Turkish even though only a little could be understood. Meanwhile back home, Matt observed Stephen manipulating his mother in the kitchen after dinner and used the opportunity to interact with each of them about his observations and their relationship.

Counseling care is indicated when there are such things as significant and ongoing marital conflict, unremitting team struggles, serious personal problems, or crisis events such as natural disasters or personal tragedies.

Day Three

Tuesday Morning. Luke awakened before sunrise and felt very discouraged. He sensed the hopelessness and pain within the family and sadly felt some of his own cross-cultural stress, being so far from home and family. Tears came to his eyes as he expressed to Matt his deep appreciation for the small prayer team back home that was praying regularly for them, the host family, and the success of the counseling intervention.

Luke and Matt took a morning walk with Jahib. He talked freely about his disdain for the political hypocrisy and excesses of Western Christians. He also expressed a deep compassion for the poor and those less fortunate. Luke and Matt mostly just listened and reflected back some of Jahib’s concerns. After the walk, and while drinking morning coffee in the kitchen, Luke spoke with the hosts about completing Diane’s formal evaluation in the morning and formally evaluating the boys in the afternoon. Jahib refused to participate in any psychological evaluation of himself and that decision was honored.

With Jahib’s permission, Luke interviewed Diane that morning while Jahib was out of the home doing business. He first conducted a detailed mental status examination and obtained a thorough history. As they discussed the past ministry and counseling she had received for early childhood sexual abuse, Diane had wondered whether she needed to work through aspects of her childhood abuse that still troubled her. They prayed together about this, and then determined to focus only on her depression and marital concerns during this visit.

Luke met with Jahib when he returned and discussed the session he had with Diane. It was agreed that Luke would meet with both Diane and Jahib that evening and give them the results of his evaluation of her depression and specific recommendations for treatment. During the morning Matt was away from the house with Stephen, playing tennis and swimming while building rapport and informally evaluating him.

Tuesday Afternoon. A small family crisis erupted around noon when 15 year-old Thomas arrived late, having refused to come in from the street when Jahib ordered him to do so. Thomas and his father started yelling at each other. Jahib then struck him and Thomas ran down the street with Jahib in close pursuit and Stephen anxiously following. Diane anxiously asked Matt and Luke to intervene. They declined, saying to her that Jahib was handling the situation in his own way and they would all talk about it together in retrospect. After returning home about 30 minutes later at the hand of his father, an angry Thomas quickly recovered and was able to greet Matt and Luke. He was willing to
discuss the experience with his parents and the two curious therapists.

Matt and Luke spent most of the afternoon testing both sons, continuing to build rapport with them. Although the main focus of the psychological testing was to evaluate Stephen for possible placement in an English-speaking school in Montreal, both youngsters were administered the same testing procedures and provided full results. Limits on testing validity and cautions in interpretation of results due to cross-cultural considerations were discussed thoroughly with the adolescents and their parents.

Tuesday Evening. While Matt worked on scoring and interpreting the testing data for the adolescents, Luke briefed Jahib and Diane on the results of her evaluation and the resulting diagnosis of “major depression”. He further discussed with them the potential benefit of a medical consultation for hormone therapy and/or anti-depressant medication. Both spouses felt very negative about medication but agreed to a consult with Diane’s OBGYN physician, Dr. Dubois, in Montreal, Canada who was familiar with her medical history and whom the family trusted. The two psychologists sent a fax to him that night whom the family trusted. The two psychologists sent a fax to him that night.

Day Four

Wednesday Morning. During breakfast the hosts informed Luke and Matt that Jahib had business that morning, but Diane and the boys would like to tour two of the local historical sites with them for a few hours of relaxation. Matt and Luke offered to brief Jahib and Diane on their sons’ evaluation results after lunch and it was also agreed to work in family therapy that afternoon. The morning out was enjoyable and everyone seemed to benefit from the short time of relaxation.

Wednesday Afternoon. After lunch, Matt with Luke briefed the parents of their sons’ testing results. Matt drew a parallel about how the oldest son, Stephen, had a more sensitive and warm personality like his mother and how Thomas was more verbally expressive and socially adept like his father. The evaluation of each adolescent showed considerable evidence of depth, character, and spiritual awareness within the context of normal adolescent developmental issues.

Both sons demonstrated above average intelligence despite the cross-cultural limitations of the testing instruments available. Matt drew reasons why Thomas was succeeding in the Turkish school system while Stephen was not. Matt had determined that English was Stephen’s primary language, not Turkish. Although Stephen spoke Turkish fluently in conversation, he had not adapted to the culture enough to succeed academically. After some considerable discussion, the co-therapists told the parents that they thought the prognosis was favorable for Stephen to do his schooling in Montreal. They also freely discussed the implications of his separation from the rest of the family.

Later, with the entire family present, the discussion moved on to look at the family’s relational style and needs. Both sons expressed significant concern about their mother’s depression and their parents’ fighting. The parents also expressed their concerns openly about the boys arguing with each other, about Stephen’s failing in school, and about Thomas’ disobedience and fighting. In this initial family session the therapists taught problem solving skills and then provided an opportunity for each family member to practice those skills.

Wednesday Evening. Jahib had an early business appointment that evening outside the home for which he invited Luke to join him. During the travel to and from the appointment Jahib shared meaningful information about his own family history in response to Luke’s expressed interest.

Because of that appointment, the evening family session started quite late. Jahib started by angrily accusing Diane of keeping him from his children. One therapist coached Diane in using empathic responses rather than arguing. The other therapist supported Jahib in exploring his feelings more fully. Diane was able to affirm her desire for Jahib to have a close relationship with his sons while honoring and exploring his perceptions.

The key part of the session came when Stephen told his father that he did not feel loved or accepted by him. Jahib repeatedly said that he checked up on Stephen’s homework daily because that is what a loving father does. They went back and forth in their discussion, which though painful for both, did not result in either one withdrawing from the other. It became apparent that Jahib and Stephen were really stuck in their relationship. Jahib asked the therapists for help. After much misunderstanding and struggle to persevere in their talking, father and son were able to understand each other better. Jahib briefly held his son and affirmed him, which Stephen was able to receive. They talked of how they would miss each other if Stephen went to Canada. It was after midnight when everyone cried together and celebrated a victory of love.

Day Five

Thursday Morning. This was the final day of therapy. Luke and Matt’s flight was scheduled to leave early Friday afternoon. At the beginning of their visit they had prepared the family by agreeing that they would finish the work together on Thursday evening so that their time together Friday morning could be unrushed and restful, packing and enjoying each other while saying good bye.

After the traditional early morning walk with Jahib the family ate breakfast together. Matt and Luke shared a
devotional with the family out of Ephesians, relating a number of points from the Scripture to the family’s work on the previous day. That morning the family had its third and final family session, discussing and summarizing what had been accomplished and the challenges that it would face in the future.

Thursday Afternoon. After lunch Luke met with Jahib and Diane for a marital session while Matt played soccer with Stephen and tennis with Thomas. In the session with Jahib and Diane, the anti-depressant medication issue was confronted. Because they had not heard back from the Canadian physician, Matt and Diane had contacted Diane’s local physician, with Jahib’s permission, to determine what medication therapy for depression was available. Matt communicated his clinical impressions to the physician by phone, with Diane translating, and Diane set up a tentative appointment to consult with the physician for the following week. Jahib though was still strongly opposed to her using medication, saying, “Everybody I know who has tried them has gotten worse.” Rather than reacting angrily, however, Diane was able to communicate her own ambivalence and her fear of the loss of his support. This helped. And instead of becoming more rigid or withdrawing, Jahib affirmed his love for her and held her while at the same time his negativity softened.

Diane expressed her sense of hopelessness about the many problems still between them and verbalized her sadness about the co-therapists leaving tomorrow. Luke reminded her of the sadness about the co-therapists leaving still between them and verbalized her hopelessness about the many problems time his negativity softened.

Field interventions can be very beneficial in helping workers and their families resolve problems and develop effective coping skills within their cross-cultural context.

The first communication from Jahib and Diane reported that the day the therapy team left, they had the privilege of seeing a person come to the Lord in an area of their ministry which had previously seen no fruit. Jahib mentioned that God seemed to be affirming their willingness to take a special time for focusing on their family needs.

Diane and Jahib were very faithful to the agreement to do at least six months of follow-up work together. Shortly after the therapists left, the couple agreed to a trial of anti-depressant medication. Within three weeks Diane reported a significant change in her mood.

In the follow-up process Diane’s mood chart clearly showed a lowered emotional state around the time of her menses. This information was communicated to her physician and helped in their finding the best means of medication adjustment for her. After six months Diane tried discontinuing the medication but with negative results. After ten months she did discontinue successfully. Despite periodic rough spots Diane and Jahib reported finding their written agreement to be quite helpful and expressed increasing satisfaction in their marriage.

Monthly exchanges of a fax or letter continued for the first year and then tapered off. During that time both Luke and Matt participated in the follow-up, helping with a number of prob-
lems that were identified and largely resolved. Luke and Matt responded within the week to communications while allowing Jahib and Diane to set the pace of communication according to their needs.

The therapists supported the Kataria family in the transition of Stephen’s leaving to attend school in Montreal. Matt communicated the testing data to Stephen’s new school. Generally, Stephen’s adjustment to his new school was positive. About a year later, the family very much appreciated Luke and Matt’s visiting Stephen in his new school while attending a professional conference in that part of Canada.

A few years later Jahib and Diane gave permission to share this case study in a disguised form. They reported still doing well and expressed deep appreciation for Luke and Matt’s initiative in reaching out to their family. They also expressed a hope that in sharing their story they might encourage other Christian mental health professionals to make their services available to missionaries in the field.

Questions for Discussion

1. Trace and discuss the flow of the identified treatment stages and tasks of the intervention. Do you see any additional steps that were not identified in the model?

2. This model encourages the use of co-therapists. What are some of the possible advantages and disadvantages of using co-therapists in short-term field interventions?

3. “Dual roles” are considered to be unhealthy and unethical in professional counseling—e.g., a counselor relating to a client in both professional and social roles simultaneously. Are such dual roles inevitable and perhaps even necessary outside the controlled environment of the counseling office when doing field work with missionaries?

4. What were the key points of change in the therapy process for the Katarias? In what ways were the therapists cross-culturally sensitive?

5. How might this model and the use of field counseling in general be useful in your own mission setting?

References and Suggested Readings


Len Cerny and David Smith are clinical psychologists with a private practice in Orange, California. They have helped develop Missionary Care International, a missions support organization devoted to providing spiritual and psychological care to missionary families in the field as well as mobilizing and training Christian mental health professionals for missions.