



Conference Care Newsletter

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

Editorial

The Testimony of the Aged

As we mingle with aged Christians who have walked with the Lord for many years, we see what transpires when people build on a good foundation. We see the results of building and expansion processes of many years. Even in the trials of old age and failing health, there is peace. And these folks are sometimes tested, but the graces shine all the brighter as they submit and pray for more grace. The foundation they built on was solid and remains solid. Do we ever hear anybody denying the Lord as the end approaches and physical struggles become stronger? No, but we see them reaching up time and again to the One who has never failed them—a wonderful testimony. Surely they have built on the rock.

As I mingled with fellow employees during my employment in a care home, I often felt the same about them. There were joy and peace. All these people were in the building process. Their courage and stamina were a constant encouragement to the people around them, because they were building on the rock and were becoming stronger day by day—a wonderful testimony. And as they performed their tasks, they experienced growth and expansion in the graces: kindness, patience, joy, and gentleness.

The operation of a care home develops in many ways through the years. Often the homes grow through expansion projects. The boards become larger. The number of employees increases. Sometimes homes are challenged by the “ways of the world”: liability issues, government involvement, compensation issues, more policies, contemporary systems, etc.

It is the committee’s hope that Christian graces may continue to flourish in our care homes. We don’t want to get lost in the business process of managing our homes. We also trust that we all may continue to grow in the graces as individuals. Someday when the building process is done, we want to be blessed with a crown of glory, just like those who have gone through this process ahead of us.

Parenting

(Enter At Your Own Peril)

When you go to church, you go to be comforted and encouraged and to worship. A sign on an old church read, “Enter this place at your own peril.” Another side of going to church is that you will meet the Father, God, whose judgments are righteous, and the Father’s Son, Jesus, who has a burning love for you. Truly, you “enter at your own peril.”

The heading of a Peter Marshall sermon reads, “Praying Is Dangerous Business.” Think about that when you pray, “Not my will, but Thine be done.” Are you ready for that? If it’s “my will be done,” you are trying to maintain some control. Are you prepared for the journey when you pray, “I commit myself to You, Lord?”

Parenting is not so different. “Take this step at your own peril,” or “Parenting is dangerous business.” It’s a life-altering experience. Are you prepared for the journey? You are thinking, “This sounds serious, overwhelming, and even frightening.”

You argue with yourself. Parenting is a blessing. Parenting is fun. It’s not perilous or life altering. But it is.

Never again are you an entity of your own. For the rest of your life, the children will always be there. They may be distant in miles, but not in mind. Many, many decisions you make will center on the children, the family. This is an awesome truth.

So wherein lies the peril? Let's probe a little. Are you independent by nature? Yes. Do you love to serve your fellowmen? Yes. Do you like to be well thought of? Yes. These things all have to go. That is, if you want to be a parent. The Father says, "Family first." It's not just you anymore.

Sure, allow yourself to dream about the family around the "fireside," quietly occupied and at peace with one another. A beautiful picture. But it won't happen without diligence and focus, and even after solid diligence, the experiences will, at best, be random. You live in a busy world. The dream will often be shattered by reality.

But don't despair. The bearers of the Gospel went through great peril. New worlds were discovered, but not on the thrones of kings. The door to financial success is through hard work. Great victories are only won in battle.

Parenting is not for the fainthearted. It is not for the feeble, but for the strong. And strength comes from the Father who is righteous and from the Son who loves us with a burning love.

Tim Penner

A Story

Our son was born more than forty years ago. Like any new parents, we were awed by this tiny baby we could hold in our arms. Before I left the hospital, I felt a need to commit his life to God. I didn't know that I would have to make this commitment over and over in the years to come. Life was good. We were happily married and were starting our family.

Denny was a very good baby. When he was five months old, he got sick, and we took him to see the family doctor. He examined him and took care of the problem. However, he started asking questions. It seemed as if he was seeing something we were not seeing. He ordered some chromosome tests. The date came up for the appointment. A group of five or six doctors were in the examining room watching. One of them said, "There isn't anything wrong with this cute little guy." The test was done, and the report came back normal. I held my baby tight, relieved that nothing was wrong. The future looked ever so bright.

When he was about two years old, we headed for the mission field. Denny was friendly and knew how to get

peoples' attention. Just normal, we thought. He didn't play with toys exactly like other children did, and he just didn't have a very good attention span. We noticed he was very keen on details and a great imitator. Many of the men in our area smoked. This fascinated him, and whenever he found a pencil or a stick, he would copy them, pretending to blow smoke in a very real way. We disciplined him, but he had a tremendously hard time giving in and learning. We never dreamt that he actually had a learning disability. Towards the end of our term, he had a seizure. At that point, we still didn't realize what it was.

When we were home only a few days, he started having grand mal seizures. We were sent to the city for an EEG, and he was put on seizure medications. Our doctor said if the seizures were controlled, he would likely grow out of them. He was five years old, and by now we had more children. We settled down to normal living, but it was soon evident that something was wrong, and we began to wonder what we could or should do.

When Denny started kindergarten, I had misgivings. After five days, we realized he was not ready. I did kindergarten with him at home. The next year, he went back to kindergarten and started first grade.

Because of the home schooling, he kept up the first part of the year. The summer between first and second grade, he caught on to reading. We did some evaluations through the health department. The results indicated mild retardation. How I hated that word and soon adapted to the term "learning disabilities." More things were showing up. He couldn't play with others. His ideas didn't merge with the rest, and his behaviour was inappropriate. Why couldn't he fit in? I ordered in reading material on dyslexia. I read and prayed. A book, *A Parent's Guide to Learning Disabilities*, was helpful. It stated that as a child begins to see himself as a failure, or as "dumb," he doesn't like himself, and social and emotional growth lags. They misbehave and show off. They want to copy their peers, but it just won't work. For example, when his art wouldn't look like others' art, he would scribble on it or cut it up. He couldn't tie his shoes and would come for help, but then he would jerk away and try again. I waited until he gave up. He was not a pleasant child and was very frustrated at himself and his parents.

We continued going for EEGs every six months. I had high hopes that the doctor would be able to help us. I would pour my heart out to her. I asked her if she could explain the reasons for the good days and the bad days. She said, "If I could answer all your questions, I would make many people happy." I remember leaving her office, walking through the hot parking lot to the car. As we reached the car, I realized it would be a hard road ahead. The thought hit me very forcibly, "There is no magic pill for our son." Hope for a normal child was gone. Then

began the whys. Why did our peers have one normal child after another? Why did God give Denny to us? Why can't he be normal like our other boys? Why, why, why? Somewhere along the way, God showed me that those everlasting whys were His and that asking them would only bring bitterness.

About in second grade, an educational psychologist from the state hospital re-evaluated him. He was helpful. He came to our school and visited with our teachers. He explained some things that made sense. Denny's brain was like a computer. The computer was normal, but something was wrong in the process of how the information was fed in and how it came out. He also said that Denny was getting more help than most children like him were getting. He said many similar children would end up in institutions; he encouraged us to keep on. It helped, but the day-to-day frustrations for both him and us continued. We felt guilty for not being better parents. We felt alone. It seemed no one understood; no one realized what we were experiencing. Self-pity was present.

There was one place I could go and pour out my heart, and that was to my mother. I could tell her how hard life was and that sometimes I felt like I couldn't cope anymore. I knew she cared.

At the end of third grade, Denny's EEGs showed no more brain activity that could turn into seizures. We slowly decreased his meds until he was off. He has never had another seizure.

After being off his seizure meds, there was a slight behavioural change both at school and at home. However, life continued to be difficult. He was very set in his ways. His mind could not make changes easily. If plans changed from what we told him, he would have a fit—and sometimes a royal fit. It seemed like he could not control himself when changes came. He blamed us for all his problems. He was obsessed with things he couldn't do. He wanted to sing but couldn't carry a tune. He wanted to be a poem writer. So he would come and beg me to teach him how to write poetry. We went through things like that on a daily basis until I got tired and lost my patience.

In sixth grade, he was in special education and had a very special teacher. She helped him learn some poetry. She helped him write a letter to a person who did poetry. He got a nice letter back from her with a special poem written just for him.

When he got older, he demanded that we would make him normal. He would keep on demanding this until we told him we weren't God. But things like this continued. With all other demands of motherhood, I was often worn to a frazzle and would pour my heart out to God. One time I read the story of when the disciples couldn't cast the evil spirit out of a boy. Jesus told them to bring the boy to him. I brought Denny to Jesus over and over. Many times this

as foremost in our minds like when the revival ministers would come to our home. We did have a healing prayer once. I don't think we saw any difference, at least not at the time.

Then came the teen years; going to youth and trying to fit in was difficult. After the older youth boys who had more tolerance for him got married, he said he wasn't going anymore. Secretly, I didn't care. It took care of a lot of problems. Others in the family were now part of the youth. They had enough to bear as it was, even though they had a certain loyalty to him.

Denny was bored at home. He couldn't drive a tractor and do farm work. He would spend hours sweeping the shed, mowing the grass, or anything else he could think of. If we asked him to do a job, he would resist and more or less refuse, but if it was his idea, he would do it without complaining. He was very contrary during these years. If we gave him a choice, he couldn't make up his mind, and he would get in a tizzy. Often when we told him to do one thing, he would want to do the other. If we tried to trick him by telling him to do what we really didn't want him to do so he would do what we wanted him to do, he would make a fuss when he realized what was going on and get very upset.

Meals in the home were not peaceful. There was always some upheaval. My husband and I talked and decided to see if our pediatrician could give him some medication. Since he had always been interested in Denny, we went to him for help. He agreed to help us and started him on different anxiety and antidepressant meds. It helped somewhat.

Unfortunate things happened due to his handicapped mind. One day when he was alone at work, he decided to burn some sacks. As it was too windy outside, he took them inside and lit them. The loose straw and hay quickly ignited as well and the whole calf barn with the calves was destroyed.

One day on the way home from the dairy, the boys stopped at the end of the lane to visit with a friend. Denny jumped out of the vehicle and continued home. When they caught up with him, he started running, and, so, they decided to pass him. At that moment, he jumped in front of them to stop them. He got hit. He was badly injured with a compound leg fracture, jaw broken in three places, shoulder bone broken, and a month later it was discovered that his neck was broken, also.

When Denny was twenty-one, he applied for a job. The place he applied indicated they would try him, but they never called. One day someone who was concerned came and took him to the job. Boxes came to the factory flat folded and had to be assembled on site. He started four days a week and soon was working five. The job was perfect for him. There was a lot of repetition. He has worked

there for many years now. There were many things to work through the first years, but he is a valuable worker today. He is not afraid of hard work. The job has been a blessing to both him and us.

Through the years, he was still contrary at home. When he was in his mid-twenties, he decided he wanted the world. He thought that “out there” he would be able to do a lot of things. He became very hard. We caught him smoking. He bought inappropriate magazines, then a radio, but he couldn’t seem to get away with these things. He was always found out.

He hassled us to move. Whenever someone else moved or left his workplace for a better job, we were in for another round of discussion. During this time, he heard the men at work talking about dividing the congregation we were attending. He indicated that since we wouldn’t move, perhaps we would let him go to the new congregation. We didn’t reply to that, and he kept pressuring us. We finally told him to go to the staff. He did, and they told him maybe he could try it for a Sunday or two; we weren’t against it if it would work for him. He went and didn’t return for a long time. They welcomed him. They made him feel like a real person. We let him go with no strings attached. They gave him jobs that made him feel needed. He didn’t want to be worldly anymore. The independence was very good for him, and for us, too. He has been there fifteen years now. During this time, he has mellowed. Somewhere through all this, there was an acceptance of him just the way he was.

Somewhere, slowly, things began to change with Denny. Today he is pleasant to be with. We get along with him very well. We appreciate each other and have good times together. He knows his limitations and comes for help when he needs it instead of resisting like he did for many years. His life consists of his job. He has become an accomplished gardener. He keeps his garden weed free. In the evenings, he harvests what is ripe. He reads and goes to bed early.

He loves people and knows many around town. Once he has met someone, he doesn’t forget him. He has many friends and enjoys his family, nieces, and nephews. He loves buying us gifts. If someone had told us that Denny would someday be easier to live with, we wouldn’t have believed it. We never dreamed life could be so pleasant. We still say the extra prayers for him. We have put our trust in God that He will care for him.

What changed? We don’t know. We give God credit, first of all, for helping him to accept himself just the way he is. We give much credit to the people in the congregation for accepting him. Many years ago, I read these verses, in Isaiah 30, “For the people shall dwell in Zion at Jerusalem: thou shalt weep no more: he will be very gracious unto thee at the voice of thy cry; when he shall hear

it, he will answer thee . . . And thine ears shall hear a word behind thee saying, this is the way, walk ye in it, when ye turn to the right hand, and when ye turn to the left.” Looking back through all the adversity, from time to time there was a voice giving us direction. And now it looks as if Denny will be there to help us in our sunset years.

Care Conference Notes

In October, the Conference Care Committee held the annual fall workshop in the Greenland and Rosewood congregations in Manitoba. We again thank the hosting folks for their gracious hospitality. We also thank all the care home personnel for coming and participating. The committee felt blessed, and we trust all the participants did as well. I will briefly summarize the activities and some of the content of the sessions.

The committee met Tuesday after supper for the first session and continued Wednesday through the whole day. Dinner was provided by Maplewood Manor in the fireside room. After dinner, the committee spent time walking through the facility. We recognize that all the activity through the week caused some disruption to the normal round of duties at Maplewood. But we were impressed with the facility and the hospitality. God bless you all.

General assembly began Thursday morning with Mr. Peter Wiebe doing a seminar on dementia and the care of dementia patients. A separate article on the seminar appears elsewhere in this newsletter. The afternoon was set aside for the care home departments to get together in their own meetings. They included the board members, administrators, directors of nursing, activity directors, and dietary managers. Some of the groups took the opportunity to visit Maplewood at some point during the afternoon. The evening was an extension of the seminar by Peter Wiebe on the same topic. The meeting was open to the general public and was well attended.

Friday morning and afternoon were used to go through the agenda that had been compiled through the weeks prior to the meeting. Friday evening was used to report on the committee’s work. The main part, though, was an inspirational message brought by Melvin Penner. John Enz brought interesting experiences that complimented the message.

Following are some highlights that hopefully convey at least in part some of the workshops’ content.

- “I have longed after thy precepts” (Ps. 119:40). Our work with elders is a precept of compassion.
- Our care community suffered a loss with the passing of Brett Nichols.
- Our theme for the workshop is Leadership with Vision.

- Five points on leadership.
- Attributes of leadership.
- What is your position now?
- Where do you want to be in the future?
- How do you get there?
- Full appreciation for those you lead.
- Goals can remain intact when dreams are shattered.
- Allow your team to innovate.
- The board of directors represents elders, ratepayers, and employees.
- Retirement of older employees.
- It is important to understand that there is life beyond our jobs.
- CNAs are the backbone of our operations.
- What is best for our elders?
- School classes coming to visit provide personal interaction and can form lasting friendships.
- Worker relationships are always an issue.
- How can we help long-term, aging employees retire with dignity?
- Is the Workers Incentive Plan doing what it's supposed to be doing?
- Accountability to God ends at the onset of dementia.
- Attempts to control the behaviour of a dementia patient with appeal to that person's relationship with God could be equated with child evangelism.
- The challenge of giving end-of-life care while staying within assisted living regulations.
- Helping residents get along with each other can be challenging.
- There needs to be purpose in change.
- Responsibility of congregations to care homes.
- Good performers are valuable.
- Workers Incentive Plan doesn't always cover top performers, and long-term employees like it.
- Different areas in the conference are in the process of establishing care facilities.
- The gift of helps is a very valuable gift.
- The special needs work of the committee has many unknowns.
- The aged need our time.
- We help ourselves when we help our elders.
- The way we operate our care homes is God's will.
- Worship services at the care home are wonderful.
- The respect and honour we give our elders will return to us.
- Special number: "Give Them a Lift" (A sunny little smile any day Is better than a frown).
- We don't have to go to Africa or India to do mission work. We have opportunity right on our doorstep.
- Pet peeve: Some residents get very few visitors. When they die, four hundred people turn up at the funeral.
- I have been touched. I can feel the care and concern.

Care Conference Seminar Summary

Thursday morning and Thursday evening, at the 2016 Fall Care Workshop, Peter Wiebe, RN, GNC (C), from Winkler, Manitoba, spoke to us regarding "The Brain and Behaviour—Understanding the Behavioural Impact of Brain Damage in Dementia."

It was a power point presentation, and folders with the content of the sessions were available at the seminar. The secretary did not keep minutes or summarize the presentation. Listed are only a few points gleaned from the presentation.

- Loving and caring is tremendously important in dealing with dementia patients.
- Patients need to feel trust.
- Care giver's body language sends out signals to Alzheimer patients.
- Dementia patients need to see a face they trust.
- The biggest role needed in Alzheimer care is *you*, not medications.
- The terms, "They should know better," or, "They are doing it on purpose," do not apply.
- "Dementia" is a term that applies to many kinds of brain disorders. The term is similar to us using "Car." Under "car," there are Fords, Dodges, Hondas, etc. Alzheimer is one kind of dementia.
- Care of dementia patients should be relationship centered.
- Compassion and understanding is vital in dementia care even when negative behaviour occurs.
- Care givers need to take care of their own emotions. Negative attitudes tend to intensify situations.
- Work at decreasing stress levels for dementia patients.

We listen to many presentations in our lifetime. No one is expected to remember everything they hear, at least not in normal life experiences like in church when our ministers speak to us or any type of instructional event. If we are fortunate to remember a point here and there, we have already made progress. With the lecture delivered by Mr. Wiebe, it may well be the same. Listening a few hours gives a person the feeling of overload. But if I remember a point or two, and you remember a point or two, and others remember other points, the truth of the matter is that we have a list of points that can be pooled in some way or from time to time to make the lives of the ones who hurt and suffer easier. And a great blessing is that we learn from each other.

The Care Home—Mission or Business?

A big thank you to everyone who has a part in making our care homes a reality. Perhaps the biggest involvement each of you has is monetary. Directly or indirectly, dona-

tions and quota monies come from you. Many of you have family, friends, and loved ones living in a care home. Someone has said that it is obvious that residents were not just dumped into a facility but are nurtured by employees, families, and friends. Could our care programs somehow include families and friends more? What could be done for you when you go and visit? What could be done to make you feel more welcome and help you understand that the residents appreciate it when you come and the employees appreciate it as well? The work needs to get done, and sometimes you may have to excuse the staff for being business like and preoccupied with some project or another. But please keep going to visit.

An agenda point that comes up at Care Meetings is whether the care provided in our facilities is business or mission orientated. An agenda point from some years ago reads, "How can we bring about more awareness within the conference relating to the mission and responsibility of caring for our elders? Can we bring this work into the mission circle of the Church?" In this year's meeting, the guest speaker's message was on the same topic.

What actually are our care homes? Are they missions or businesses? Someone reported regarding a study done on elderly peoples' places in society. This person included countries outside of the United States and looked at how the elderly, parents and grandparents, were treated. His conclusion was that in no country were these people neglected and disrespected more than in America. I think our facilities were not included in that study.

Let's briefly consider the mission outreach of the Church. General Mission Board works in many countries. Almost every year, new countries open up, and workers are sent in to evangelize. CSI and Gospel Tract sometimes follow and often move in ahead of Missions. Workers are recruited and placed. GM still recruits more workers than the other boards, but all three are busy, and the work is dependent on the people recruited. I don't think there is an activity in the conference that creates more interest in its activities than Missions. We take a look closer to home and see USA Missions and Canada Missions at work in North America. CPS is busy doing a beautiful work. And then we have CDR standing by, ready to help in emergencies. Someone said, not a board member, "We're good at mission work."

Our care homes have a great bunch of employees. Are they only employees, or are they, also, mission workers? We may have had the idea in the past that care home work should be considered a mission. I don't think it's that way anymore. The employees feel good about their jobs and are thankful they have them. However, I do notice an attitude or spirit in employees that makes me sense that the old fashioned spirit of "serving my fellowmen" is still alive. It is seen as they work with the residents, and it is

heard from time to time in their testimonies. So what is working in a care home, mission or business?

Think about the accounting; look at the budgets and listen to the boards deliberating on the present and future operations of a facility. I see more and more the need for business orientated brethren to serve as board members. In many care homes, budgets run in the millions and costs seem to be rising at a steady pace. Boards project income and costs, and then on a month-to-month basis, trust it will balance out. There is no big slush fund to tap into should things go contrary. Is it a mission or a business?

What about expansion? What about buying property in preparation for the future? Should boards look at opportunities aggressively or passively? Whose money are they responsible for, and whom do they represent? Sometimes we use the term, "The Lord will provide." How will He provide? Will He provide if the boards sit in idleness waiting for things to happen? What is their responsibility? What are we involved in, a business or a mission?

We pick up positive remarks about our facilities. People stop in from the community. They want someone to care for their parents. They've heard things about our care homes, and what they hear makes them come ask. We don't offer a lot of frills, but our care is quality care. They seem to know this. Where are they picking it up? People are coming in to apply for jobs. Why? They say it's because their friends talked to them about the working conditions and the atmosphere. Also, they want to communicate a caring spirit. They have the spirit we talked about earlier. Yes, they also need jobs because they have obligations to meet. Do we have something to offer the community? Mission or business?

Staffing our facilities with trained nurses is always a challenge. From which angle should this situation be addressed, mission or business? Jesus said, "The harvest is plentiful, but the labourers are few. Pray the Lord of the harvest that he may find labourers for the harvest." We understand that He was referring to harvesting the souls of humanity. Jesus talks, also, about the cup of cold water given in His name. And He talks about doing things for one of the least of these. Mission or business?

Let's consider family and responsibilities related to family life. Parents have children, raise them, and introduce them to the big world. They watch them develop and become independent. They rejoice and sorrow with them as they develop further and begin to establish their homes. These parents find joy in seeing grandchildren being raised and, in their turn, sent out into the world to be useful citizens. Time passes, and the grandparents regress and become dependent on someone to do things for them.

Decades ago, the Church made a move to provide care for the grandparent generation. Did the Church go against tradition or accept a tradition that existed around her by

making this move? I'm not sure. But what transpired resulted in a change that became a way of life for us, generally. Senior homes became a reality. Now my questions are: (No. 1) Has something happened to the long-standing tradition that children have the responsibility to care for their parents? Or has that never been part of a tradition? With this question, I am not saying that children are not doing anything today. Rather, I am saying that we committed ourselves to something. (No. 2) Who did we expect to fill the posts that were established in senior homes years ago? Who do we expect to fill the posts today? Granted, we are in a new century, and perhaps we need to look at the situation differently today. Things do change. (No. 3) For the last few decades, we have depended on a group of people to fill the posts who attained nursing status in an era when it was acceptable. Or maybe enough individuals made a choice independently so these posts could be filled. (No. 4) A statement: Today, mostly, we are not seeing the "children generation" looking after the elderly in our facilities. If we target anyone to prepare for this job, it would be the grandchildren generation, and the greater part of the grandchildren generation is not too excited about the opportunity. There are easier and faster ways to earn money, and sometimes there is enough backing from parents to take away the blessing of personal responsibility. We don't have nearly enough nurses to go around. Are we waiting for something to happen, or are we addressing the issue pro-actively?

One care home has a running log on the computer at the nurses' desk where daily care communications are posted for the nurses and nurse aides: "Try this for that resident. Let's all do our best to make our new resident feel at home. Let's welcome our new employee onto our team." Instructions and suggestions are sometimes detailed. Once in a while something is posted in red. This indicates an alert. Much on this running log would be confidential. But, rest assured, there are people at work for whom the job goes beyond being a business. They care. They, also, earn their wages. Is it a business or a mission?

Tim Penner

Make It True

Written by Diana Rose Frances

Unconditional compassion is the root of humanizing the traumatized child.

I worked in a small, community-based group home for boys ages 12-17 in Denver, Colorado. This community-based group home had a small, long-term staff that acted as guardians and caretakers for the boys and as a caring extended family.

Each child had a primary mentor who acted as guardian and stand-in-parent. My assignment as a primary for a new child was not an easy one. His attitude and behavior made it difficult to connect with him. At the time, I honestly did not enjoy being around this child. As a person who prided myself on being authentic, honest, and transparent with my words and emotions, I struggled with how to speak to and about him.

In my mid-twenties at the time, I was new to care giving. I felt at a loss as to how to deal with this seemingly dead-end situation. I eventually built up the courage to address my concerns with another staff member who had been there much longer than I had. She smiled at me calmly and reassuringly. She told me, "Just tell him you like him a lot, and you care about him, and so you want to spend some one-on-one time getting to know him better." In my outspoken fashion, I replied, "But none of that's true!" Quickly, and in a more serious tone, she replied, "Then make it true."

I was blown away in that moment. I had narrowed down my options to either remain honest and distant or to lie and say "nice" things to a child. She challenged me to change the truth in my heart and stretch myself to see the good in a child who had experienced so much bad. Before that experience, I did not think it was possible to authentically change your feelings from the inside so quickly. I took her advice. I was happy to find out that I was wrong and she was right. I found that through shifting my lens from an irritated caregiver to an unconditionally loving support system and cheering squad, I had a fondness for this child.

The remainder of our time together at the group home, I am happy to say, was positive and fun. I took my colleague's firm but compassionate advice, and I changed the way I viewed and expected "results" from our boy. He, in turn, felt safe and genuinely important and was able to show some parts of himself that were warm and funny. I found out he was a comedian, and he had a side that was sweet and vulnerable. I only found out, however, after I changed the way I approached him.

I changed for the better due to the advice I received that day. Without it, I doubt my work with severely traumatized children could have amounted to much. Unconditional compassion is the root of humanizing the traumatized child. I found a way to "make it true."

Selected by Ida Klassen

Conference Care Newsletter is published when possible by the Conference Care Committee to share concerns, inspirations, and ideas among the care facilities of the Church of God in Christ, Mennonite. Articles and suggestions should be sent to Tim Penner, editor, 64 First Street, Steinbach, MB R5G 2B6; Ph./Fax 204-346-9646; Cell 204-346-4048; e-mail: timbrenda@live.ca.

Send change of address or quantity to Lowell Koehn, Burns, KS; leerprint@eaglecom.net; Fax 620-726-5222.

