Ministry to the Marginalized

Part 1 of 2: Ministering to Children with Special Needs
with Meghan Wall, Darrell L. Bock, and Michelle Attar
Release Date: March 2015
Welcome to the table where we discuss issues of God and culture. And our topic today is ministry kind of on the edges of the church involving ministries that touch people who sometimes are shunted to the side. We are calling it ministry of the marginalized. And my guests are Meghan Wall and Michelle Attar. And they participate in ministries.

And you all are doing something that we've never had happen before and that is we have two ladies on the panel by themselves. I am in the minority. That's never happened before.

Meghan Wall: All right.

Dr. Darrell Bock: So welcome. We're really, really pleased to have you and looking forward to our discussion of ministry in the church. Meghan, why don't you tell people kind of what you do and how you got into the ministry that you have at Stone Briar.

Meghan Wall: Okay, I am the pastoral leader of special needs at Stone Briar Community Church. So I oversee a special needs ministry from birth through adults. So we have about 100 families that fall into that category.

I started just because I took a job with Colorado Easter Seals when I was in college. And fell in love with working with children with disabilities. So then whenever this position came open it was kind of the perfect fit of working in a church and then getting to take that love and my degree is social work. So it all just kind of melded together. And kind of formed the perfect job for me.

Dr. Darrell Bock: So what does Stone Briar define as special needs. What kinds of people are we ministering to in that category?

Meghan Wall: We have children and adults with both developmental delays and physical disabilities. So anywhere from Spina Bifida to brain injury to autism, cerebral palsy, down syndrome, kind of the whole spectrum. Most start as children and come up through our program. We have had some adults who have had a traumatic brain injury who then become a part of our program after that major life event.
Dr. Darrell Bock: Wow, okay. And most people don't even think about this in relationship to church. That's why we're doing this. Michelle, why don't you talk about what your experience is in this area as well as talk about how you serve as Bent Tree Fellowship.

Michelle Attar: Well, at Bent Tree Bible Fellowship, my husband and I have been members for twenty years. When we first joined the church I wasn't on staff. So it's actually because of mental illness that I have even explored the idea of being in ministry. So I've been staff at Bent Tree for 15 years. Currently I'm Community Pastor. And at Bent Tree we minister to adults in geographic areas. So I have a geographic area that anyone who lives in that area, I'm their pastor. So I'm really enjoying this position. I've had several at the church.

As I mentioned, my husband and I have been married for 30 years now. It will be next year.

Dr. Darrell Bock: Congratulations.

Michelle Attar: Thank you. As you know if you've been married any length of time it's a commitment every day.

Dr. Darrell Bock: It's a journey, that's right.

Michelle Attar: So because of our journey with mental illness, Mike was diagnosed with bipolar when we were seven and a half years into the marriage. So it's been over twenty years now that he was diagnosed. We were already at Bent Tree. We were heading – we were at Bent Tree then. And that period of learning about mental illness was an adjustment for us both. And took us – during the time of exploring what is this that we've got going on and beginning the care process helping Mike be stable, it caused us to jump out of the careers we were in order to focus 100 percent on the illness.

And the end result of that was both of us now are in ministry. I'm in the church. Mike runs a nonprofit organization. So it was hard. But it's been good. We both will say, it was a hard process that was helpful for us both spiritually and also turned our direction from corporate America to ministry. Neither one of us would really have looked in this direction.
<table>
<thead>
<tr>
<th>The Table Podcast</th>
<th>Ministry to the Marginalized</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dr. Darrell Bock</strong></td>
<td>So how are special needs handled at Bent Tree, because not all churches handle this the same way?</td>
</tr>
<tr>
<td><strong>Michelle Attar</strong></td>
<td>Yeah, we actually have a special needs ministry as well for the same group of people that Meghan ministers with. And then as far as mental illness we get into that more, but the pastors tend to handle the folks that are on the fringes that are living with mental illness.</td>
</tr>
<tr>
<td><strong>Dr. Darrell Bock</strong></td>
<td>I see. So the community pastors do the relational part of that ministry?</td>
</tr>
<tr>
<td><strong>Michelle Attar</strong></td>
<td>Uh huh.</td>
</tr>
<tr>
<td><strong>Dr. Darrell Bock</strong></td>
<td>I see. Well, this is a challenging area. There's no doubt about it. I think this is an awkward area for the average person to walk in a church. I mean they probably have very little experience with this. I know I do. And so it's like when it comes up, it's like, &quot;Okay. Where does it fit and how does it work?&quot; So tell us a little bit about how to view special needs for the average person who is walking into the church and then what kind of needs does the church have from the average person in the church for special needs? Meghan?</td>
</tr>
<tr>
<td><strong>Meghan Wall</strong></td>
<td>You know it's very – it's a very unique situation. People come into our church every day who have special needs. People are around us every day who have special needs. With the autism rate now being 1 in 68 it's hard to walk anywhere and not encounter a child who has special needs. So they're there amongst us already. What we're trying to do at the church is to encourage our church members to treat them and to love on them as individuals who were created in Christ's image. So regardless of whatever else they see or whatever else they're doing if they can love them like Christ has asked us to love them, then a lot of that other stuff can just go by the wayside. So it's almost like trying to take away all of the things that you see, all the things you've heard about special needs and just really look at the individual for who they are. Now that's a big process. And it sounds very easy initially.</td>
</tr>
</tbody>
</table>
The Table Podcast  Ministry to the Marginalized

The first thing that we tell our members who ask questions is to befriend the family, to really go out of your way to talk to mom if you notice a child is there with special needs. And just encourage and love on mom. And to ask questions. Our parents loved to be asked questions. They would rather you ask than to assume or to give stares. And so they are more than willing to have conversations and just talk about their child and their diagnosis or behaviors that might be happening to really clear the air of any preconceived notions about what a child with special needs might be doing or not doing. And so we encourage our members to ask questions, to really to develop a relationship and to try to walk along that family in whatever way they can to support and encourage and just to befriend.

Our families feel like they're walking alone a lot of times in the world and even in the church. And so just having other families say, "Hey, would you all like to go to dinner? Would you like to do lunch? Can I bring dinner over one day? Or can our children play?" Just to normalize that as much as possible is probably the one thing that our families would say to a family who is asking what can we do or how do we respond?

*Dr. Darrell Bock*  Yeah, so support is obviously a very big, big concept. Getting to know the family and getting involved with them and being there to help.

*Meghan Wall*  Absolutely.

*Dr. Darrell Bock*  Yeah, Michelle, what do you –

*Michelle Attar*  I would say the same thing. At the very start is we need to love each other well. And people with mental illnesses, who are living with mental illness tend to act different than the rest of us. Differently. Their responses in conversations sometimes are awkward. They don't interact in the same way. It feels different to everyone. So when it's different we tend to shy away from it. Or be afraid of it. But the challenge with folks with mental illness is trying to incorporate them. And that happens with the rest of the church not with that person.
So it's really an exercise in learning how to love well. I keep thinking about how Jesus said, "The world will know that we're disciples by our love." And as it applies to special needs and those living with mental illness, I'm not sure that we've done a good job. I know we haven't. And we have – there's a high learning curve and as far as learning what loving looks like.

You mentioned something about joining with the family and doing those typical family activities. I would say the same thing. If you can befriend a family that has someone living with mental illness, it might be a spouse of a person you know. Or it might be more often it'll be a child, maybe even an adult child. And think of that family, like you would a family that has someone that's sick taking a meal to them. Or asking the caregiver out for coffee. Doing the typical friend things that you would do with someone who is really struggling, because they are. And it's a marathon struggle. It's not going to end in a few weeks. It's going to be a lifetime.

So that's what I would say is number one is learn how to love.

Dr. Darrell Bock

Okay, so now how do your communities deal with these families in terms of small groups, because both of you are involved in large churches where you're encouraging small group involvement as well. How does that happen for this particular area of special needs, Michelle?

Michelle Attar

Yeah, it's so important for us to have relationships with one another. And that's important for the entire population even though those that are living with physical challenges as well as mental challenges. The challenge with folks living with mental illness is because they relate differently. Sometimes they can't concentrate as well. They may not be as alert. They may not be appropriate. And then sometimes we even wonder if they're even understanding.

So this is a huge area of challenge for our church, because we focus on small groups, people with mental illnesses are difficult to connect. Sometimes it's not appropriate for the group for them to be part of the group, because they could pull the group off task. Or so much care is needed for one person that it takes the rest of the group away. As I've explored those options, because it is a challenge at our church, typically we've had 12-step programs. Or we've had – we always have one on one. As I mentioned we connect everybody with a pastor.
So typically we try to connect someone. First of all they're in the church. So we want to connect someone with Jesus. So we want to make sure we have find places in the worship service for people on Sundays. We want to connect them to our groups. And we want to connect them to a pastor.

In our church too, we also have caregivers that are lay people that have been trained. That's very appropriate to connect with someone one on one. People with mental illnesses often have a high need for relationship. They need someone to relate to them. And having someone assigned to them who has a passion for loving on people well is a great way to incorporate or to give that person who is living with mental illness a relationship that really can work with them.

What I've been exploring is looking for groups that have formed around the country that have included people with mental illnesses. How do we – how can we do that better? And one I found, which we haven't tried at our church is the Mental Health Grace Alliance. I'm very excited to explore that organization more. They're based out of Waco. And they have included the Bible with the small group experience and made it normal for a group of folks who are living with mental illness of all different kinds to be together and to explore their faith together and support one another.

And then another kind of a group for family members. Family members need support, because as I mentioned before it's a marathon. And it's so draining. So emotionally draining. Lots of times it's parents and you never leave your kids. You're always – as they enter into adulthood, you've got years ahead of you and those poor parents they can't look at the years ahead. They need to look at the moment. So providing support groups for the moment for the parents is so helpful.

**Dr. Darrell Bock**  
Meghan?

**Meghan Wall**  
Yeah, I would agree. We do – we kind of do a dual ministry at Stone Briar. We have an inclusion ministry as well as a specialized ministry. And so we will have some kids who can include in typical environments. You know the typical youth group or the typical club environment or small group environment pretty well with or without a buddy. But then we have some of our kids who really can't integrate into a typical environment without being a harm to themselves or others. And so we really try to balance those two ministries.
However even with this specialized classroom model we still integrate them into a church body during some portion of every activity. And so on Sunday mornings they'll integrate into our large groups. So they're still a part of the church body. They're not segregated in their own classroom and never seen. We really try to make it a point that even though they can't do very well in a large group setting for a full hour, to take them in four five minutes or ten minutes, so they can get that experience.

But more importantly so that all of those other children can experience the love that these kids have. I have a typical five year old and eight year old and to see them growing up being surrounded by special needs, not only because they're with me at church and in ministry a lot, but in the schools that's how it is now. There are not specialized classrooms much anymore. They are completely integrated. And so their view on life and on children and on what makes us different is totally different than my view was when I was growing up at an elementary school, because they're seeing these kids integrate with them and they just know that, "My buddy over there just likes to jump up and down every once in a while." To us we're categorizing that as autism. But to them they're seeing that as, "Oh, that's just what he likes to – I like to play with ninja turtles. He likes to jump up and down."

So it's really interesting to see how our kids are the ones who are really integrated and taking these kids and making them feel like a part of the team without even having to discuss it. It's just what's naturally happening. So we're seeing that kind of as those kids grow now in our youth group that's happening and we're seeing that now happen with our young adults and hopefully down on the road we'll see that the church just comes alongside and it isn't them and us, and that group and this group. It's just we're a body of believers. And we're going to incorporate and yes, our group is going to look different from time to time. And yes, sometimes we're going to have to have a conversation about a cat for about five minutes longer than we would like. But that's just who we are. And that's how we're all made different. But we're all made to still worship the same God. And that's the common thread that's going to hold those groups together.
Michelle Attar: I would love to add to that too. The incorporation into the current groups is also I think the ideal. One thing that we're exploring right now is because of our learning to love, I'm really impressed that's my role as a pastor is to equip people to recognize that. That people living with mental, physical illnesses are not problems to correct, but they are people to include. And how can we think better about including someone who is awkward into our groups and then have regular conversation with the group leader about whatever instances come up how do we integrate that better rather than exclude that person from our other types of groups.

So I would agree with Meghan we want to have a couple types of groups; one which might be people that are in their own group with like minded people. People struggling to –

Meghan Wall: Right, because that's definitely needed. Definitely needed.

Michelle Attar: They understand each other. That serves a purpose, but then for the entire church body integrating those groups also serves a huge purpose. So I would totally agree with you.

Dr. Darrell Bock: So when special needs ministries form, obviously you guys can't do everything that's involved in that. The church has got to come alongside. So I take it do you recruit volunteers. How does that process work? Because it seems to me that some people are inclined to say, "Hey, I have a special sensitivity or special gift in this area. I'd like to serve." How does that happen?

Michelle Attar: I think Meghan should start.

Meghan Wall: We do recruit. We always need volunteers, but it's amazing the Lord always brings them to us. There is always someone sitting in the worship service thinking, "You know I really just – I don't know why, but I want to work with people who might need a little bit more help than my kids or than my loved ones." And so we're always having people come up asking to help serve. And I think it's also because of the joy they get back. When you're working with a child with autism and all of a sudden they say the word "Jesus" you can't help but tear up and think that what a moment that was and that you got to be a part of that.
We've also tried to make it a bigger picture in our church. So a few years ago we have Special Needs Sunday every year. Every April we have a big Sunday that highlights the special needs ministry. A few years ago we finally made the proclamation that we are no longer a church with a special needs ministry. We are a special needs church. Meaning that a family with a special needs child or adult could walk into our church and any number of contacts would know that they are loved and that they are appreciated and would help them find their way.

I can't walk with every family through our building. You know waving the special needs flag, saying, "This child has special needs. If they're going to melt down don't look. It's okay." I can't do that. But our families know that they're going to be loved and accepted not only in our ministry, but also in every other ministry from the church. If their child is running through the parking lot, there's someone in the parking lot that's going to help. If their child is having a melt down because they don't want to walk into the worship center there's an usher there that's going to help.

So we've tried to create the idea that every single person in our church is what drives the special needs ministry. They're the hands and feet of that ministry. And if they're not doing their part in loving and welcoming and being encouraging to these families than our families aren't going to come back no matter what kind of minister we have. But it also goes beyond our church into the community. If they're in line at Kroger and some child is having a melt down and Kroger, are they going to look at the mom with the eyes of "You know you should really parent better. I can give you some good books for that." Or are they going to look at them with love and with acceptance and maybe do something to help like they would in the church. So we're really trying to expand the vision from just being a ministry and just being volunteer minister in that ministry to it's a whole church thing. And everyone who comes to our church is going to have a hand in that.
Now what I want to do with kind of the remaining time that we have is kind of split it into two parts, because we really are dealing with a wide variety of scenarios and situations, but we're also dealing with two I would say very distinct age groups. We're dealing with kids on the one hand who have special needs. And then the other category which you've alluded to Michelle is an adult. Particularly an adult who didn't perceive themselves as having special needs and discovers that they have special needs. And actually both groups in some cases go through a similar process in that system people are born and you know they have special needs from the moment they're born. Spina Bifida is an obvious case. But in other cases it's the process of discovery and I would probably suggest disappointment frustration whatever comes with that that realizes my kid is not like everybody else's kid. And the process that that goes through.

So explain that a little bit Meghan, this is your area. How does that work and how do you – how can churches help people through that particularly difficult journey of making the adjustment from seeing yourself as a normal family to realizing I've got a special need situation and I need to accept that I have a special needs situation. Which may actually be in some ways the hardest step.

Yeah, and I think it's a continual step. I think that the thing is to really talk and walk with the parent and find out where they are, because they're going to be at different stages at different times. Some families once they finally get the diagnosis it's a relief because they've been thinking that they've been doing something wrong for three years. But then the doctor says, "Actually your child is in the autism spectrum." And mom just relieves. There's something. So there's a plan. There's groups. There's a track.

Some parents are around the other end of that spectrum. And they get that diagnosis and all of a sudden all the dreams that they had put in line through that 18 years have now just crashed. So it's a grieving process. And with any grieving process it's going to be different for every person. It's going to move differently. It's going to speed up at times and come way back at other times.
So it's all about developing that relationship and allowing the parents to grieve when they need to grieve and to not hold them to a strict timeline of saying, "Well, your child was diagnosed 18 years ago. You've had 18 years to deal with this. You should be passed this. Or this should be okay. This is your new normal," is what they call it. Well, when you're watching other parents give their daughters away at weddings and their daughter is the same age as yours, and you drive home with your daughter sitting in the back seat, thinking that you're never going to be able to give your daughter away at a wedding, that's hard. And that takes you back it that day of diagnosis.

And so we really – we try to develop relationships with our families to pair them up with couples who walked along that road before. And might be a stage or two ahead. But then also just with people who love and are willing to walk through the journey with them. And willing to let them cry. Let them get mad. Let them ask those tough questions, like why? Why did God do this? Why would he create this? Why would this even be a possibility? But to not ever put any boundaries on that other than to love and to keep them moving forward. However that might look. It's going to look different for everyone, but we try to just love and move and move and if we move back a little bit we try to move forward the next time.

But there's no exact plan in how it goes. Just if you just remember as a parent what it's like to find out that you're pregnant and to find out you're having a boy and to think about all the things that are going on. And then think about what that would be like to find out that that's not going to happen. So if you can put yourself in their shoes even for just a split second, that helps walk alongside them whenever they get that diagnosis.

Dr. Darrell Bock: Yeah, I think developing the sensitivity to – and developing a church that has a sensitivity to people in this situation, because Christians seem to be fix it people. I mean –

Meghan Wall: That's what you want to do.

Dr. Darrell Bock: That's exactly right. Let's go in and fix this. Let's remove the problem. Let's remove the pain, but this is something that is not going away.
It's not going away.

Yeah and so the new normal is that you're in a situation that's not like most of the situations around you. And you've got to be able to cope with that.

You know in the U.S. we have an interesting perspective that everything needs to be whatever normal is. And we are a fix it type of church. So we want to keep moving toward that. If you visit third world countries there's a whole different way of living with the abnormalities of life. Those are much more easily included in other countries.

You were talking about expectations when you have a baby and the dreams that you have for your child. I have so many conversations with people that are having to deal with the disappointment of my husband or my child has this – is now diagnosed with this mental illness. How do you proceed? How do you keep going? And there's this constant depression really of the loss, the grieving of what I expected. So my conversations with them often go to where do those expectations come from? In the American church we tend to assign these are the things that ought to happen that should happen and hook it with scripture. And nothing in scripture tells us this is the way your child will grow up. This is the way your marriage will look. This is the type of career you're going to have.

So oftentimes in my office we're going to be talking about the expectations that we still hang onto which keep us really in prison.

And people live in the illusion that they control more of life than they actually do. And so we're taught if you think hard enough or work hard enough or persist hard enough you can fix whatever is in front of you. Well that's not always the case particularly in these kinds of areas.
Michelle Attar
And it's not necessarily what God wants for you to live in the middle this problem as the church would describe it is probably – it is where God assigned that to you. My husband says mental illness for him is a gift. This is what God gave him. And he's not looking to be cured. Of course we always know that God could cure it, but he's living in the diagnosis. He's being the best patient he can every day. And we're living in that reality. Our lives look very different than a lot of people than the typical Dallas type of people. And we're good with that. This is what God has called us to. We wouldn't have looked in this direction unless this type of trial and suffering came in. It makes 2 Corinthians 1 Come to life for me. And that's an encouragement I give to other families. These things that God is comforting you in now he is preparing you for the future for how he is going to use you to comfort other people.

Meghan Wall
I think that's – sorry.

Dr. Darrell Bock
No go ahead.

Meghan Wall
I think that's a huge thing, because so many of our families look at what did I do to deserve this? What did I do? What could I have done differently? Do I not have enough faith? Was I not – we even have people say, was I not in the church enough? Was I doing something wrong? And it just goes back to this is God's design. This is what he blessed you with. As hard as that might sound at times but there was no fault in his plan here. There was nothing that happened differently.

Dr. Darrell Bock
There's an assumption in all of that Michelle was alluding to. And that is that somehow if I barter with God or live right with God than he's going to take all the pain and problems out of my life. Well, that's not happening. That's not happening. We live in a fallen world. It is a world of pain. It is a world of suffering. We're actually built to have the capability to come alongside and minister and be supportive. That's part of actually showing what love is. Love really shows itself in the tough moments. And so that's what you're seeing unfold. And we have such a – therapeutic is not the right word. But it's the only word that's in my head right now. Almost as if well, we put someone over on the side or in a hospital or away so that we're not reminded that that's the world that we live in. And to try and cover over that pain exists. And almost to try and anesthetize it or deny it or whatever. And all those things ultimately under cut a person's spiritual development. A church community's spiritual development, etc.
So if I can do a turn here. Special needs are special for a church. They're special for a church, because they keep the church's feet on the ground in terms of where life is and what people are going through. And it reminds us that we do live in a sometimes painful and broken world in which we need to rally around one another. That God has made us to rally around one another.

Michelle Attar

And we really hurt each other when we try to hide those things. The more open we are, something that can be helpful in a church is for the pastor to be talking about the trials of life. And to talk about it in such a way that it's not a problem to be fixed. These are intentional. This is God's purpose for our lives.

Dr. Darrell Bock

This is the world we live in.

Michelle Attar

And for small group leaders to not shy away from, "Okay, we've got someone who is living with mental illness in our group. How can we come around that person the best and learn from each other and support each other?" You know people who are dealing with it to be willing to talk to their friends and to not hide.

When Mike got sick twenty years ago, that wasn't a time that we were talking about mental illness much in the church. But we both began to talk about it. And it was quickly became a normal conversation for us. That this is an illness. Like you would talk about cancer or you would talk about some other disease that you have. It's an illness in your brain. Or it's a physical. And to talk about it in those terms. Okay, so now we go to the doctor. We have treatment plans. We be good patients. And to make it a normal conversation to talk about the illness rather than making a normal conversation to try to control it and make it eradicate it.

Meghan Wall

Right.