

NO MIDDLEMAN NECESSARY: EQUIPPING PASTORS TO SERVE PERSONS WITH
PHYSICAL, MENTAL, AND DEVELOPMENTAL DISABILITIES

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ABSTRACT

The pastor serving his congregation will quickly realize his members are not all the same. They each come with their own challenges and blessings, and this is especially true as he serves a member with disabilities. The purpose of this paper is to provide the pastor with information and resources he can use and apply to his methods in order to connect with and communicate with these members so that he can best serve their spiritual needs. Such information will also benefit the pastor as it will help him to overcome some of the challenges involved in serving these members of his congregation and genuinely view them as souls in need of the gospel.

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INTRODUCTION

Sunday morning has come, and the congregation is coming together to worship the LORD. The pastor greets his congregation members as they enter the church, then he makes his way to the front. Looking back at the congregation, he realizes that the pew five rows back from the pulpit is empty again. That makes four Sundays in a row that the James family has been gone.

For a while now, Becky has been bringing the two boys on her own. Come to think of it, Pastor Richards realizes that over the course of a few weeks, the James family started sitting in pews farther and farther back every Sunday, until they stopped coming altogether. So, he files away a mental note to contact Becky about scheduling a face-to-face visit.

Later that afternoon, Pastor Richards calls Becky, and she answers after a couple rings. He greets her, and after a moment, he expresses his concern for her family and asks to meet. She hesitates, unsure of what to expect, but she agrees. Wednesday morning comes, and she walks into the church and lightly knocks at the doorway to the pastor's office.

Pastor Richards invites her to sit, and she does, but only at the edge of her chair, slowly wringing her hands together in her lap. She keeps her eyes down, looking only at her hands. In a whisper she inquires about the purpose of the meeting, knowing the answer all the while. Becky notices that the pastor is calm when he talks to her. He does not seem to be accusing her of anything, but genuinely wants to help her.

She can feel her face flush when the pastor tells her what he has noticed over the past two months. Then he asks her if something has happened, if something has changed, and she breaks

down in tears, silently crying into her hands. After a moment, she regains her composure and tells Pastor Richards that something has changed. With tears still in her eyes, Becky tells her pastor that something is wrong with her younger son, Joey.

He is only two years old, but she could tell that something was not quite right. She took him to the doctor a little more than two months ago, and the doctor did a series of tests on Joey. When the results came back, the doctor told Becky that her son was on the autism spectrum. What did that even mean? What was she going to do?

At first, Becky tried to ignore it, but she kept thinking about it, and the more she did, the more she thought her son was acting differently than other children his age. He was barely walking. He was not trying to say words yet, and he kept throwing tantrums, more than she thought was usual. As a couple weeks passed, she started to wonder if others had picked up on this, too. She just knew that other people were looking at her, that they were looking at Joey, and wondering what was wrong with him. She knew they were judging her when her son acted up, throwing one of his tantrums time and again.

So, Becky and her boys moved to the back of the church, trying to avoid prying eyes. Brandon, her older son, did not understand what was happening, and she did not know how to explain it to him. It was not long before he was acting out, too. Becky was so embarrassed that she decided it was best to simply not go to church. At least then, no one could judge her or her son for what was happening to him.

When Becky finished, Pastor Richards was at a loss for words. This was new territory for him. Yes, he knew there were people with disabilities, such as autism. He even knew of a couple others in his congregation who were adults, but in his fourteen years in the ministry, he has never had to work with somebody like that one-on-one. Other than providing her some general comfort

from Scripture about God's love and enduring through this, he did not really know how to help her with her son. Clearly, he did not know what to do in this situation or even where to begin.

This scenario is not new, nor is it uncommon. Over time, the church is encountering an increase in adult members and children who have varying disabilities, and though these numbers are on the rise, there is still a lack of understanding of how to work with, alongside of, and for such individuals. This is true first for family members, especially if they are new to such circumstances. It is true for members of the community, whether they have a direct or an indirect connection to the persons involved.

When one person has a disability, many people are affected. The fact that people have disabilities is nothing new, but there has been an increase in education and information for the public, and it has been for the better. Such information will be shared throughout this paper. It has been gathered in a combination of research and personal experience on the part of the writer, having worked for persons with disabilities as a Direct Support Professional over the span of eight years.

That being said, this paper will by no means be an exhaustive essay detailing all the possible disabilities, all the possible individuals involved, nor all the possible plans of action which can be taken when working with such individuals. Rather, the focus will be to educate those serving in the public ministry, specifically pastors, so that they might better serve individuals with disabilities.

A congregation is filled with souls which hunger and thirst for God and for his message of salvation through Christ. The pastor has been called to serve these souls, guiding and instructing them with Scripture. Due to varying disabilities, there are some members who need to hear God's Word, but lack the opportunity because many pastors are unsure of how to work with

them, how to serve them. Many times, the pastor will look for help in this area from members of their congregations, trying to find someone to help individual students in Sunday School, leading a Sunday School class tailored to people with disabilities, or simply talking to the person with disabilities during church. Due to his own lack of understanding or his own feelings of inadequacy when it comes to working with persons with disabilities, the pastor may rely too heavily on these helpers in his congregation, and thus may have very little or no direct contact with the individuals with disabilities. Just as a pastor must be able to serve the spiritual needs of any member of his congregation, it is beneficial for him also to serve persons with disabilities directly, without the sole use of a third party to provide for the spiritual needs of such individuals. To this end, it is the goal of this paper to educate the pastor in what he might experience and direct him to resources which can help him serve the spiritual needs of this select group of members.

CHAPTER 1: COMMON CONCERNS AND MISCONCEPTIONS

When a pastor works with somebody new, his goals include helping that person be involved in worship. It is no different for people with disabilities. In worship they have the opportunity to hear God's Word and grow in faith alongside other congregants. There are numerous ways this can be done, some of which will be discussed later in this paper. However, before a person with disabilities is fully involved in worship, there are often some worries to be addressed, both for the members of the congregation and for the pastor. At times, these worries are based on misconceptions that are commonly believed by the public.

The interaction between Pastor Richards and Becky James in the scenario above brought out some of these worries, primarily on the part of the family members. That is where it begins, with the family, and it is especially true if the disability is newly developed because the family must learn to adjust from that moment forward.

The Family

The preceding scenario introduced Becky James and her two boys, Brandon and Joey. By all accounts, this is a family in transition. Three months in their past everything was normal. They seemed happy and enjoyed going to church. Becky was not even the kind of mom who felt she had to hide in the back pews because she had young children, but things changed for them. When Becky realized that something was not quite right with Joey, she worried that something might

be wrong and took him in for testing. She thought maybe he was sick. She never dreamed their lives were about to change forever.

After she heard the diagnosis, that her son had autism, she went through a bout of denial. She blamed the doctor, even blamed the lab, thinking they must have missed something, and then used autism as a type of “catch-all” diagnosis. It was becoming more and more common, after all. Later, as the truth slowly set in for Becky, new thoughts began to go through her mind. She began to ponder how their lives were going to change, and she only saw a bleak future ahead.

What will people think of Joey now? She could already see the looks of condemnation in people’s faces as she imagined how they would react to finding out he has autism. Is his behavior getting worse, or is that all in her head? How will she talk to Joey and Brandon about what is happening? When he does act up, will everyone blame her?

It appears she is going through all of this alone, with no one to guide her, to help her understand. As she bombards herself with these questions, Becky feels weighed down by a new pressure she has never felt before. She was used to being the caretaker for her children, but now there were special needs involved, and she did not know how to move forward.

This scenario with Becky is hypothetical. Even so, her feelings, her fears about the changes to come and what people will think, are more than common. In this case, the person diagnosed with the disability was a child, and it was something new to his family, neither of which is always the case. There are many adults who have disabilities, occasionally being newly developed or diagnosed in adulthood. When this is the case, that person’s entire community of family, friends and peers can be affected.

Often the caretaker is not the only person experiencing concerns similar to those expressed by Becky. The person directly affected, that is, the person with the disability, has

similar feelings. Such feelings, especially those fears which address what others will think of him¹ or how they will react, are not unfounded. Reverend Vicki Terrell, who lives with a significant speech impediment herself, explains how people with disabilities are often viewed in a community setting.

Having a disability is often portrayed as being alien to being human and something to be feared. The person who experiences disability is seen as an individual with an impairment that needs to be eliminated, or at least treated, so they can fit in with society. This often forces people living with disability to the edges of society, where cries for justice are poorly understood and ignored.²

Reverend Terrell expresses her concerns and shows that such exclusions do actually happen. However, they are not so common as to say that this behavior can be expected in every instance. That does not change the fact that those with disabilities and their caretakers still hold such a fear, especially if newly diagnosed.

The Congregation

It has been mentioned that the individual who has been diagnosed with a disability is not the only person affected by his diagnosis. Family members and caretakers make adjustments in their lives, as has been shown above, but such adjustments continue into other relationships the person has in the community. Though a person's community connections can be quite extensive, this portion of the paper will look to the community that a person experiences within the church, that of the congregation.

1 In cases when a third-person relative personal pronoun is used to refer to a single individual, the preference of the author is to use the singular masculine forms, that is, "he," "him," or "his," as has been used in this instance, rather than writing "his or her" at every instance. The singular masculine form will function as an inclusive relative personal pronoun, referring to the possibility of the individual in question being either male or female.

2 Reverend Vicki Terrell, "Celebrating Just Living with Disability in the Body of Christ," *The Ecumenical Review* 64, no. 4 (Geneva, Switzerland: World Council of Churches Publication, 2012), 568.

The preceding section focused on some of the fears an individual with a disability or his family members might feel when it comes to joining in worship, such as the fear of receiving harsh criticism from members of the congregation. The members of the congregation will often have concerns of their own to be addressed. Expressing such concerns can be an issue in-and-of-itself.

Speaking in generic and likely over-simplified and over-inclusive terms, when a congregation member has a concern about an individual with a disability, he might speak of that concern in a way that the individual with a disability or his caretaker finds offensive in some manner. This is often unintentional, as the congregation member may not realize that the way he has spoken could be taken in an offensive manner. It can also be the case that such offense is a by-product of the individual's own misperceptions, but do not read that in the sense of blaming the victim. Rather, in most instances, the problem arises from a simple miscommunication or lack of communication between the parties involved.

Thus far, this paper has addressed people with disabilities as though they are part of one group, while those without disabilities are another group. At a later point, distinctions will be made between different types and categories of disabilities, but for this portion of the paper, concerning the misperceptions held about such individuals, those with disabilities will continue to be referred to as a single group. This choice does not express the author's preference, which is to speak of each individual separately. Rather, the choice is made because these individuals are often viewed as a generic, singular group set apart from the norm, which only serves to accentuate some of the misperceptions which are to follow.

When members of a congregation learn that one among them has a disability, especially if it is a mental or behavior-related disability, they tend to shy away, unsure of what to do. The

family's concerns of being stared at or judged are not completely unfounded. As previously mentioned, a member of the congregation who harbors concerns for a person with a disability may not know how to react, nor how to ask. If the person with a disability should have a behavioral outburst, the surrounding parishioners may feel uncomfortable due to their close proximity. They may begin to show agitation due to the level of noise the person makes, especially if the noise is fairly constant throughout the service.

Again, this is an over-generalization. Not every person with disabilities, in fact, not even the majority, will cause such distractions. This does not, however, stop over-generalization, primarily because it stems from what people used to think they knew about people with disabilities one or two generations into the past. In the last century, a considerable amount of knowledge has been gained about treating and interacting with people with disabilities, but this is not as widely-known by the public as it is in the medical field.

Those still living from the previous generation may yet remember the practice of institutionalizing persons with disabilities, the act of placing them in hospitals with large numbers of residents, where the residents did not receive specific-to-their-needs medication or treatment. In the 1950s, there was a movement to deinstitutionalize those who were mentally ill, meaning that if someone was in a home or hospital, they would receive specific-to-their-needs treatment, proper medication, and appropriate personal care. This means that the large institutions and hospitals which used to house such individuals were closed, sending a flood of individuals with mental illness into the public at large. Donald Capps, professor at Princeton Theological Seminary, wrote about the pros and cons of deinstitutionalization when it comes to the people with a disability and their interactions with the public in his article, "The Minister and Mental Illness."

There is strong empirical evidence indicating that mental illness has been steadily increasing in the United States over the last century and that this increase is continuing. Also, we are continuing to experience the personal and social impact of the deinstitutionalization of mentally ill persons initiated in the late 1950s. The positive impact has been that many mentally ill persons who would otherwise have been permanently hospitalized are able to lead productive lives. The negative impact is that many mentally ill persons have been cast adrift and are homeless, living in substandard housing, and not receiving adequate treatment for their illness; also, family members may be carrying a heavy burden with regard to caring for their loved one.³

Primarily, the process of deinstitutionalization has been a monumental step in the treatment of those with disabilities. However, as Professor Capps wrote, adequate treatment has not always been provided. Inadequate treatment for certain disabilities can very well lead to some of the previously-mentioned over-generalizations and fears that members of the community and of a church congregation can feel. The treatment would not affect the knowledge these members have, but the lack of treatment may affect the behavior of the person with disabilities, and it is that behavior on which the congregation members base their knowledge and their concerns.

In 2016, the Ecumenical Disability Advocates Network, a subsidiary of the World Council of Churches, released “The Gift of Being: Called to Be a Church of All and for All,” a theological reflection on disability and the churches. The following statement from this article expresses a concern about how the public at large has viewed those with disabilities:

“Historically, ‘disability’ has often been regarded from a negative perspective. Persons with impairments were ridiculed and bullied, and even without such degrading responses they were treated as incapable of living a fully human life. Overall, they were excluded from interacting with other people on equal terms, even in their churches.”⁴ The main takeaway from this

3 Donald Capps, “The Minister and Mental Illness,” *Pastoral Psychology* 63, no. 1 (Princeton, NJ: SAGE Journals, 2014), 14–15.

4 “The Gift of Being: Called to Be a Church of All and for All,” *The Ecumenical Review* 68, no. 2–3 (Geneva Switzerland: World Council of Churches Publication, 2016), 316.

statement is that people with disabilities, or impairments as the article refers to them, have not been viewed in the best light, nor have they often been treated as fellow human beings. This lead to a continued segregation, and therefore, a lack of positive interaction between persons with disabilities and the public.

Even from a religious point of view, individuals living with disability have not been viewed in a good light. Mr. Abraham Berinyuu addresses this issue in his article, “Healing and Disability.” He writes of the theological pitfall that many have fallen into when relying on biblical narratives for information in working with those who have disabilities. He writes, “Many persons with disability are traumatized by Christians who use biblical narratives to produce theologies that both blame and victimize persons with disability. Victim theologies tend to blame persons for their lack of faith which accounts for why their disabilities are not healed.”⁵

Such a stance was developed primarily on biblical narratives in which Jesus or his apostles healed physical ailments, and told those they healed something along the lines of, “Your faith has healed you.” Following are some examples of such narratives. The first involved a woman who was healed of constant bleeding.

So Jesus went with him. A large crowd followed and pressed around him. And a woman was there who had been subject to bleeding for twelve years. She had suffered a great deal under the care of many doctors and had spent all she had, yet instead of getting better she grew worse. When she heard about Jesus, she came up behind him in the crowd and touched his cloak, because she thought, “If I just touch his clothes, I will be healed.” Immediately her bleeding stopped and she felt in her body that she was freed from her suffering. At once Jesus realized that power had gone out from him. He turned around in the crowd and asked, “Who touched me?” “You see the people crowding against you,” his disciples answered, “and yet you can ask, ‘Who touched me?’” But Jesus kept looking around to see who had done it. Then the woman, knowing what had happened to her, came and fell at his feet and, trembling with fear, told him the whole truth. He said to her, “Daughter, your faith has healed you. Go in peace and be freed from your suffering.”⁶

5 Abraham Berinyuu, “Healing and Disability,” *International Journal of Practical Theology* 8, no. 2 (Berlin, Germany: De Gruyter, 2004), 2008.

6 *Holy Bible, New International Version*, 1984, Mark 5:24–34.

This woman was one of many examples in the New Testament of seemingly being healed because of her faith. Another such account involved the healing of ten men with leprosy.

Now on his way to Jerusalem, Jesus traveled along the border between Samaria and Galilee. As he was going into a village, ten men who had leprosy met him. They stood at a distance and called out in a loud voice, “Jesus, Master, have pity on us!” When he saw them, he said, “Go, show yourselves to the priests.” And as they went, they were cleansed. One of them, when he saw he was healed, came back, praising God in a loud voice. He threw himself at Jesus’ feet and thanked him—and he was a Samaritan. Jesus asked, “Were not all ten cleansed? Where are the other nine? Was no one found to return and give praise to God except this foreigner?” Then he said to him, “rise and go; your faith has made you well.”⁷

In this biblical narrative, as was the case with the woman who was bleeding, it would appear at first glance that Jesus accredits the healing to the faith of the person who suffered, claiming that his faith made him well. Without diverting too much into Christian apologetics, it can be said that yes, each of these individuals had faith in Jesus and what he could do, but that their healing was not a direct by-product of their faith, but because of Jesus’ grace and the mercy he showed to them. It can also be noted that these healing miracles, connected to faith, were accomplished for both Jew and Gentile, as the man who previously had leprosy was a foreigner, a Samaritan. He, too, had faith in Jesus.

These preceding examples from Scripture, coupled with another statement from Jesus, “If you believe, you will receive whatever you ask for in prayer,”⁸ have led many to believe that if a person has proper faith in Jesus and asks to be healed of his ailments, then he will be healed. Thus, the contrapositive of the statement would imply that if a person is not healed, it is because he did not really have faith. This view is a form of blaming the victim, and it was once highly

⁷ Luke 17:11–19, NIV84.

⁸ Matthew 21:22.

accepted when it came to working with people with disabilities. The previously-mentioned article, “The Gift of Being: Called to Be a Church of All and for All,” addresses this point by saying,

In this respect, things are beginning to change also in the context of Christian communities. The notion that disability is a punishment for a person’s sins no longer finds support in theological texts and ecclesial document. This is not to say that such notions have lost their grip on people’s minds. The belief that disability marks a lack of faith that prevents God from performing a healing miracle is still alive.⁹

By-and-large, this idea has been rejected, though there are some who still hold to it as a reason for why some people have disabilities.

Connected with this misconception is that idea that the disability is caused because a person has sinned, and again, it is by no means a new idea. Following are excerpts from a lengthy biblical narrative about a man who was thought to have been disabled because he was a sinner, along with Scriptural support against such a belief:

As he [Jesus] went along, he saw a man blind from birth. His disciples asked him, “Rabbi, who sinned, this man or his parents, that he was born blind?” “Neither this man nor his parents sinned,” said Jesus, “but this happened so that the work of God might be displayed in his life.” . . . Having said this, he spit on the ground, made some mud with the saliva, and put it on the man’s eyes. “Go,” he told him, “wash in the Pool of Siloam” (this word means Sent). So the man went and washed, and came home seeing. . . . To this they replied, “You were steeped in sin at birth; how dare you lecture us!” And they threw him out. Jesus heard that they had thrown him out, and when he found him, he said, “Do you believe in the Son of Man?” “Who is he, sir?” the man asked. “Tell me so that I may believe in him.” Jesus said, “You have now seen him: in fact, he is the one speaking with you.” Then the man said, “Lord, I believe,” and he worshiped him. Jesus said, “for judgment I have come into this world, so that the blind will see and those who see will become blind.” Some Pharisees who were with him heard him say this and asked, “What? Are we blind too?” Jesus said, “If you were blind, you would not be guilty of sin, but now that you claim you can see, your guilt remains.”¹⁰

9 “The Gift of Being,” 316.

10 John 9:1–41.

At the beginning of this narrative, Jesus' closest followers thought that the man was blind because he was a sinner. Jesus denounced that thought instantly, claiming that the man was to be an example of God's grace at work. This is not to say that this man was not a sinner; he was. Every single person, aside from Jesus, is a sinner. That includes this man born blind. However, his sin was not the cause of his disability. His sin showed his need for a Savior, a Savior he found in Jesus Christ.

There is another so-called "bible-based" reason some struggle to trust people with disabilities. The article, "The Gift of Being," speaks of this idea as well: "The same is true [that this belief has passed, but is still around] of the belief that disability is a sign of being possessed by demons that calls for exorcism."¹¹ The claim that disability is caused by demon-possession, though now a rare claim, is held primarily in reference to those individuals who exhibit extreme negative behaviors. This idea, too, stems from a misuse of biblical narratives, such as the following:

When they came to the other disciples, they saw a large crowd around them and the teachers of the law arguing with them. As soon as all the people saw Jesus, they were overwhelmed with wonder and ran to greet him. "What are you arguing with them about?" he asked. A man in the crowd answered, "Teacher, I brought you my son, who is possessed by a spirit that has robbed him of speech. Whenever it seizes him, it throws him to the ground. He foams at the mouth, gnashes his teeth and becomes rigid. I asked your disciples to drive out the spirit, but they could not." "O unbelieving generation," Jesus replied, "how long shall I stay with you? How long shall I put up with you? Bring the boy to me." So they brought him. When the spirit saw Jesus, it immediately threw the boy into a convulsion. He fell to the ground and rolled around, foaming at the mouth. Jesus asked the boy's father, "How long has he been like this?" "From childhood," he answered. "It has often thrown him into fire or water to kill him. But if you can do anything, take pity on us and help us." "If you can?" said Jesus. "Everything is possible for him who believes." Immediately the boy's father exclaimed, "I do believe; help me overcome my unbelief!" When Jesus saw that a crowd was running to the scene, he rebuked the evil spirit. "You deaf and mute spirit," he said, "I command you, come out of him and never enter him again." The spirit shrieked, convulsed him violently and came

11 "The Gift of Being," 316.

out. The boy looked so much like a corpse that many said, “he’s dead.” But Jesus took him by the hand and lifted him to his feet, and he stood up.¹²

Narratives such as this have given some the idea that demons can be blamed for the existence of disabilities. It is clear that this is not without some biblical support. The boy in this narrative had multiple disabilities that were clearly caused directly by the demon that possessed him. However, to say that all disabilities are caused by demon-possession is an overstatement. The previously-given examples of the woman who suffered from bleeding and the man with leprosy are proof that not all disabilities are caused by demon-possession.

Knowing these two possible reasons for misconceptions held by members of the community at large in the past, one can understand how such misconceptions have permeated and influenced current community members, including the church. It is important to note that the majority of parishioners no longer hold to such views, that their own concerns, though they may be rooted in such misbeliefs, do not necessarily condemn the person with a disability to a life without help. In fact, members of the church, and of society at large, have come to see that people with disabilities can live as fellow human beings within their communities. This idea is brought out further in “The Gift of Being.” “These developments change the perception of persons with impairments from being the objects of pity to being respected as citizens in their capacity as bearers of human rights. . . . Churches are learning to see that persons with impairments have much to give to their communities, and are to be recognized as part of the life and the witness of the church.”¹³ This idea, that persons with disabilities can be functional, even beneficial members of the congregation, will be expounded on at a later point in this paper.

12 Mark 9:14–27.

13 “The Gift of Being,” 317.

The Pastor

The introductory scenario above presented the reader with a look at Pastor Richard's reaction to learning that his parishioners, the James family, were affected by a newly-diagnosed disability. Again, the scenario is hypothetical, but it does shed light on something quite common: some pastors do not know how to react to or work directly with parishioners who have disabilities. This section of the paper will discuss concerns and misconceptions held by the pastor.

In large part, some of the concerns a pastor may have mirror those of the congregation members. Will the person with disabilities become a distraction? Is there a chance that he is dangerous to himself or those around him? The pastor may wonder about such things, and his concerns may go deeper. If he is new to working with people with disabilities, like Pastor Richards, he may not know where to start.

Child or adult, a person with a disability is still a soul in his congregation, a sinner among his flock who needs to hear the message of salvation through Jesus Christ. The pastor likely realizes this, yet does not know how to bring it about. Even so, he has been charged with providing spiritual education to this individual. His call to serve extends to every member of the community, specifically to every member of the congregation which has called him to provide for their spiritual needs.

With his lack of experience in working with people with disabilities, the pastor may try to claim that his personal gifts do not lie in the area of working with such individuals. Though there is truth in such a statement for many pastors, it is not an excuse to withhold spiritual care from a soul in need. How would a pastor react to serving the elderly when his gifts lie in serving children? Or the other end of the spectrum: How could he serve children if he cannot even figure out how to talk to them? These are examples in ministry when a pastor finds a way to serve his

flock, even if he is uncomfortable doing so. It is possible that he will never truly feel comfortable sharing God's Word in these situations, but he can learn to adjust. He can also learn to rely on others in such circumstances, asking for help, mentorship, resources, and more. In this same way, the pastor who has little to no experience working with people with disabilities will need to rely on the work and help of others who are more suited to fulfill that person's needs.

Another misconception a pastor may have is thinking he cannot work with "people like that" because they are so different. How is he supposed to figure out how to communicate God's Word to "someone like that?" This kind of misconception often ties back to the thinking that a person with a disability cannot be an active member of the community, of the church, that this person is somehow less than other parishioners. Again, to overcome such thoughts, it helps to remember that this is a person with a soul who needs to hear the gospel message of Christ.

As a spiritual leader and teacher to people with disabilities, the pastor may also run into misconceptions that are specific to different types of disabilities. In the following section, an array of disabilities will be presented with short descriptions of what the disabilities are, along with some misconceptions that often arise in the mind of one who sets out to teach such individuals. Though this list is extensive, it is not by any means be an exhaustive list. It is meant only to provide an idea of what the pastor, and the congregation, may encounter in an individual with disabilities.

Encountering and Understanding Disabilities

This section will contain a series of chart excerpts from Shannon Dingle's paper, "Equipping the Generations: Maintaining the Message, Modifying the Method with Special Needs Families." Shannon Dingle is an educator who specializes in special education. The chart from which the

excerpts are taken is entitled, “What are some common special needs?”¹⁴ The charts each include a description of what can commonly be expected with each disability provided, and following the chart, some possible misconceptions which arise when working with individuals with said disability will be presented. There will be overlap with some of the disabilities. Suggested methods and helpful information will be provided as to how the pastor can overcome some of the misconceptions presented. More extensive suggestions will be provided in a later portion of the paper, as well.

Autism Spectrum Disorder

- Includes several disorders, including autism, Asperger syndrome, and pervasive developmental disorders
- May have deficits in (a) social interaction and (b) communication (could be nonverbal), and (c) may have a repetitive behavior (called a “stim”) or unusual fixation on a specific topic
- May have difficulty with overstimulating environments
- More common in boys than girls¹⁵

Autism is one of the most common disabilities spoken of in today’s society. There are many levels of autism, and the different levels are fluid and have similarities, thus a person with autism is usually described as being on the autism spectrum. In 2011, Reverend Thomas Gumm,

14 Shannon Dingle, “Equipping the Generations: Maintaining the Message, Modifying the Method with Special Needs Families,” *The Journal of Discipleship and Family Ministry* 3, no. 1 (Louisville, KY: Southern Equip, 2012), 85.

15 Dingle, “Equipping the Generations,” 85.

director of Intellectual and Developmental Disability Ministry for the Wisconsin Evangelical Lutheran Synod, presented his paper, “Autism Spectrum Disorder: Please Accept Me, for God Made Me Different,” which addresses specific misconceptions about those with autism and suggests numerous tactics to working with such individuals. Reverend Gumm wrote, “I always thought that persons with ASD [Autism Spectrum Disorder] had limited feelings. I was told that on the contrary, they have super-strong feelings that cannot be expressed in words.”¹⁶ This often leads to deficits in social interaction, as persons with autism are unable to sort out their own feelings, let alone express them in a communicable way.

A person with autism often displays behavior that can be considered distracting or destructive. Such behaviors are likely the outcome and the coping mechanism for overstimulation. Reverend Gumm provides an example of what this might look like when a person with autism first visits a church.

If this is his first time at your church, he is so overwhelmed with the new. He is taking in so much sensory information that he is unable to feel comfortable, react, or hold a discussion. The florescent lights are causing him to have a migraine headache because his sensitive eyes can see each pulse of light go through the tube. Any sound over 85 decibels causes him pain, for he can feel the hairs in his ear getting damaged from the volume of the sound. He hates to be touched because it may be painful. When you talk with him he can't look at you. His eyes and mind are taking in so many cues from your face, your voice inflection, and the way you stand that he feels overwhelmed---so much incoming information for his brain to process that he can't think about your words much less a response. He feels that a fire hose worth of information is coming into his senses and that he is drowning. As he becomes overwhelmed he feels lost and confused and begins to lock up. He is frustrated, panicked, and embarrassed. His is thinking, “RUN!!!”¹⁷

¹⁶ Reverend Thomas Gumm, “Autism Spectrum Disorder: Please Accept Me, for God Made Me Different,” *Pastors: Your Piece of the Autism Puzzle*, Edited by Jane Mose, Presented 14 November 2011 (Waukesha, WI: Intellectual and Developmental Disability Ministry, 2013), 2.

¹⁷ Gumm, 1.

Due to overstimulation and his inability to express his emotions, a person with autism may simply be enduring church. In his case, having faith can be difficult because he does not know how to process the information. He may even think that God hates him because God made him wrong.¹⁸ These are the kinds of things a pastor will need to consider when working with individuals with autism.

The next chart excerpt addresses developmental and cognitive disabilities, which include a range of multiple, yet similar, disabilities.

Developmental and Cognitive Disabilities

- Both are broad categories that include multiple disabilities
- Developmental disabilities begin before age 22, are lifelong, and impact self-care, learning, language, and mobility
- Cognitive disabilities include individuals with traumatic brain injuries, intellectual disabilities, organic brain syndromes caused by infection, and Alzheimer disease and other forms of dementia¹⁹

As can be seen in this chart, some disabilities are age-specific. In the case of autism, diagnosis usually comes during childhood, even as early as six months of age. For developmental disabilities, they are often diagnosed in adolescence, a time when the brain is still being developed. However, for cognitive disabilities age restrictions are less finite. For example, traumatic brain injuries can be caused at any age, and dementia is not usually diagnosed until

18 Gumm, 3–4.

19 Dingle, “Equipping the Generations,” 85.

later stages of life. With any developmental and cognitive disability, the perceived or cognitive age of the individual, that is, the age that the individual displays, may not be anywhere near his actual age. Rather, it is often the age of a child. This impacts the person's speech, reasoning, and behavior.

These disabilities are often caused or diagnosed at a point in the individual's adult life, which means he usually will have already established his identity, his life, even his family. This significantly affects the plan of treatment after diagnosis of the cognitive disability because his life is not going to be the same. He may not be able to do the things he once did. He may feel like the freedoms he once had have been taken from him, and this can lead to anger developing over the life he once knew. This is not true in every case, but it is something the pastor should be aware of if working with an individual who once knew a life without his disability at all, not just a life undiagnosed.

A disability related to that of the last category is an intellectual disability.

Intellectual Disability

- Used to be called "mental retardation" (a phrase no longer used because of the negative connotation)
- Defined by an IQ that is at least two standard deviations below the norm (70 or below)
- May have difficulties with conceptual, social, and practical life skills²⁰

20 Dingle, "Equipping the Generations," 85.

Diagnosis for this disability is based strictly on the individual's intelligence quotient, or IQ. Similar to developmental and cognitive disabilities, an individual in this category likely displays a lower perceived or cognitive age than his actual age. Similar to autism spectrum disorders, he may express difficulty in communicating his feelings or interacting in social settings. Many of the misconceptions are going to mirror those for autism. However, in this category of disability, the individual may also be perceived as not trying as hard as he could, that is, being lazy, when in reality, he may be unable to grasp a concept that the pastor thinks to be easily understood.

The next category of disability includes another broad range of disabilities. It is that of mental illness.

Mental Illness

- A disease classified by mild to severe disturbances in thought and/or behavior, causing an inability to cope with life's ordinary demands
- More than 200 types exist, but the most common are depression, bipolar disorder, dementia, schizophrenia, and anxiety disorders²¹

Of all the disability categories in this list, this may be the most commonly-diagnosed group, simply because of the extreme range of disabilities included. It is likely not a stretch to assume the reader knows one or more people who exhibit a mental illness, even if it is technically

21 Dingle, "Equipping the Generations," 85.

undiagnosed. This statement is based on the fact that mental illness can be displayed even in a mild form and the fact that there are numerous people with depression and dementia.

Something to note in this category is that even if a person is diagnosed with the same mental illness as another person, their behavior may be completely different from one another. Really, this can be the case for any disability, as each person is unique. To give an example of differences among those with the same diagnosis, an excerpt from Reverend Palmer Temple's "A Bible Class with Disturbed Adolescents" is provided. The excerpt is written about three young men in a closed psychiatric treatment unit and Reverend Temple's work with them in a developing Bible class.

A general sketch of these three boys might be helpful at this point. Let me mention briefly their earliest drawings and their characteristic uses of the Bible, for these indicate something about their personalities. Patient No. 1 was a very intelligent lad but prone to live in a rather bizarre fantasy world filled with themes of destruction. The drawings he initially presented to the group were filled with this same kind of unchained force, and the Scripture lessons he selected were consistently those concerned with the wrath and vengeance of God. Patient No. 2 was a boy whom everyone described as "blending into the wall." He was quiet and withdrawn and tended to avoid any interaction with people. At first he could neither comment on the lesson nor suggest a passage for our discussion. He dealt with the group by almost complete withdrawal except in his drawings, and they were typically smattered with red crayon and aggressive action. This indicated that there was more to this quiet lad than we outwardly observed. Patient No. 3 was another bright youngster. His apparent lack of feeling and his severe anger toward almost everyone were vividly apparent. All of life was constricted for this boy. His drawings were precise lines without elaboration and his Bible selections were always terse, penetrating verses flavored with an element of condemnation. *Diagnostic procedures indicated that all three of these early teenage boys were in some stage of a schizophrenic reaction.*²² The consistent pertinence of their comments indicates that their reality orientation was often quite good, but the severity of their illnesses should not be forgotten.²³

22 Emphasis added.

23 Reverend Palmer C. Temple, "A Bible Class with Disturbed Adolescents," *The Journal of Pastoral Care* 21, no. 1 (Atlanta GA: The Journal of Pastoral Care Publications, Inc., 1967), 36.

Again, Reverend Temple's experience with these boys provides a look into the differences that can be found, even among those diagnosed with the same category of mental illness. Such differences can be seen across the full range of disabilities.

The preceding types of disabilities have, for the most part, overlapped in many areas. Another similarity is that an individual with any of those disabilities may also be diagnosed with a learning disability. That is not to say that the previously-listed disabilities cause learning disabilities, but they are often co-diagnosed.

Learning Disability

- May have difficulty with one or more of the following: listening, speaking, reading, writing, reasoning, math
- May have difficulty with executive action (that is, the ability to connect past experience with present action, learn from mistakes, and apply prior knowledge to new learning experiences)
- May act out or shut down if learning activities become too frustrating²⁴

A learning disability can often be noticed in early childhood, though is usually developed and diagnosed when a child reaches an age when he can be entered into the educational system, and then continues into adulthood. As he provides spiritual care and education to individuals with learning disabilities, the pastor may struggle for the simple fact that he may not realize his teaching method is often not going to work as he hoped. As with most disabilities, adjustments

24 Dingle, "Equipping the Generations," 85.

on the part of the pastor will need to be made in order to best suit the needs of the individual. One of the reasons this may be difficult when working with individuals in this category is that the disability is not always obvious. A key word here is “flexible.” Be willing to make changes, rephrase, mix up your methods.

The preceding examples are disabilities that are often seen in a negative light, or at least can be connected to a negative connotation, due to misunderstanding or ignorance on behalf of the public, or the behaviors and potential disruptiveness of the individuals with disabilities. These are often not the views held concerning individuals with Down Syndrome.

Down Syndrome

- This genetic condition occurs when a person has three copies – instead of just two – of the 21st chromosome
- Often causes delays in physical and intellectual development, including intellectual disabilities
- May have a heart condition, may have difficulty using tongue in eating²⁵

Though not always true, individuals with Down Syndrome are often quite high-functioning in terms of cognitive ability. There is a good chance that a person with Down Syndrome may be a functioning member of society, able to hold a job, to take part in community activities, and to have romantic relationships (characteristics that are also possible with many other disabilities). They are viewed as calm and sweet and are often people that others want to work with because

25 Dingle, “Equipping the Generations,” 85.

they are not perceived to be as potentially dangerous as people with other mental and developmental disabilities.

As an example of how well-perceived people with this specific disability are, take a look at webpages that promote working with people with disabilities. The vast majority of pictures on such web-pages include a person with Down Syndrome because this is a person with whom others want to work. That being said, the pastor still must bear in mind that these individuals have certain needs related to their disability that may require previously-mentioned adjustments when it comes to providing for their spiritual cares.

The next category of disabilities will be the last discussed in this section, but again, this list is by no means exhaustive. It is meant only to provide pastors with examples of the vast array of disabilities they may encounter in their ministries. This last category is that of physical impairment.

Physical Impairment

- A broad category encompassing disabilities that affect movement
- Common physical disabilities include spina bifida (a neural tube defect occurring in early pregnancy), cerebral palsy (a group of conditions affecting body movement and muscle coordination due to damage to the brain in the womb, during birth, or as a baby), and muscular dystrophy²⁶

26 Dingle, "Equipping the Generations," 85.

As the chart indicates, this category is extremely broad and is discussed as a “catch-all” for disabilities related to the physical condition of the individual. Those mentioned in the chart are primarily developed early in life, including development in the womb. However, the category of physical impairments includes such others as visual and hearing impairments, total or partial paralysis, and even something more temporary, such as broken bones.

People with physical impairments may also be diagnosed with mental or developmental disabilities, however, they just as well may only be living with the physical impairment. This means that spiritual education may be no different for this individual than what the pastor provides for the congregation as a whole. However, special circumstances will likely need to be considered in relation to physical location during the church service, access to materials, and access to different areas of the building.

This concludes this section of the paper, as well as the first chapter. The goal of this information is to provide the pastor with potential concerns or misconceptions that have often been expressed in relation to people with disabilities in general, and then specifically how they have been addressed in the areas of the disabilities explained above.

CHAPTER 2: WHAT HAS ALREADY BEEN DONE

Now that the reader has had the opportunity to view possible concerns and misconceptions that have in the past hindered the involvement of people with disabilities in worship and spiritual instruction, this next chapter will focus on what has already been done throughout the Wisconsin Evangelical Lutheran Synod, henceforth referred to as the WELS, to facilitate such involvement. This will also provide the pastor with resources and ideas to which he can turn as he works with individuals with disabilities.

New Friends and Jesus Cares Ministries

Within the Wisconsin Evangelical Lutheran Synod, there is a group called the Lutheran Home Association, henceforth referred to as TLHA, who works with WELS Special Ministries to provide spiritual education helps to churches and pastors. TLHA, encourages churches in neighborhoods near people with disabilities or which have members with disabilities to form groups such as New Friends and Jesus Cares.

New Friends is a Christian Friendship Network which “connects teens and young adults in high school and college with special needs children and their families. The purpose of New Friends is to build relationships by focus on our abilities, not our disabilities, while creating a fun-filled atmosphere where the entire family feels safe, relaxed and happy!”²⁷ This ministry is

²⁷ The Lutheran Home Association, <http://www.tlha.org/jesus-cares-ministries/new-friends>, 4 December 2017.

often led by groups of students, and they plan events in which people with disabilities can come and take part in a fun activity. Each event includes a devotion, which is then followed by the activity. Activities can be movies, sports, games, shows, crafts, or more.²⁸

New Friends is a sub-ministry of Jesus Cares Ministries, which “assists congregations in reaching out to people with intellectual and developmental disabilities, their families and communities. Nationwide, [Jesus Cares Ministries] programs encourage Bible studies, worship and fellowship opportunities.”²⁹ It is the goal of Jesus Cares Ministries to help individual churches actively reach out to members of their church and community who have disabilities, to enable them to grow in God’s Word. Jesus Cares Ministries provides many resources and helps so that congregations can start a Jesus Cares Program. This involves letting members with disabilities know that there is a ministry for them. It means reaching out to the community-based programs which provide cares for people with disabilities and encourage the people they support to attend these services designed specifically for them.

Throughout the process of forming a new group and attempting to bring in attendees, Jesus Cares Ministries suggests gathering information about the individuals that will be helpful in assisting them in the best possible manner. This can also be done for new attendees who are joining an on-going program. Jesus Cares Ministries provides a possible method for gathering such information, entitled “Participant Support Plan” (See Appendix 1).³⁰ Should the congregation start a Jesus Cares program, this information will be vital in helping all volunteers

28 The Lutheran Home Association, <http://www.tlha.org/jesus-cares-ministries/new-friends>, 4 December 2017.

29 The Lutheran Home Association, <http://www.tlha.org/jesus-cares-ministries>, 4 December 2017.

30 Jesus Cares Ministries, <http://www.tlha.org/jesus-cares-ministries/resources>, 13 September 2017.

involved connect to the participants and have a plan of action if needed for providing helps or interventions.

Jesus Cares programs usually occur once or twice a month and can be led by the pastor of the congregation or by various volunteers. The whole program has multiple parts, and Jesus Cares Ministries provides a possible lesson plan form which can be helpful in timing out different sections of the lesson (see Appendix 2).³¹ Those different sections can either be led by the same volunteer or with a different volunteer leader for each section. See Appendix 3 for suggested volunteer positions.³² Further information and materials can be found at the Jesus Cares Ministries website.³³ Such programs can be adjusted to fit the great variety of needs for the participants. Thus, it is helpful to be flexible when planning the lessons.

Serving Members with Physical Impairments

For decades churches within the Wisconsin Evangelical Lutheran Synod have been undergoing changes, both to the church building and to the service, to better enable members with physical impairments to participate in worship. The statements in this section will not apply to all WELS churches. However, many churches have undergone some of the following changes.

One of the more common changes taking place is that of adding ramps and/or elevators to better facilitate entry to the building, as well as movement throughout the building. This enables those using wheelchairs or crutches and those who may have difficulties walking to more easily join in worship.

31 Jesus Cares Ministries, <http://www.tlha.org/jesus-cares-ministries/resources>, 13 September 2017.

32 Jesus Cares Ministries, <http://www.tlha.org/jesus-cares-ministries/resources>, 13 September 2017.

33 <http://www.tlha.org/jesus-cares-ministries>

More recently, there has been a move to include more and more technology in a service, technology such as projection systems or large-screen televisions. This provides those who may have difficulty reading the print of service folders, Bibles, and hymnals the opportunity to read the service information more easily. The same is true of providing large-print versions of the aforementioned materials. For members who have an extreme visual impairment, or who may be legally blind, the WELS has developed a ministry which provides certain spiritual education materials written in braille.

For those who live with hearing impairments, technology is constantly on the rise. Microphones have long been used in services, but even with this added feature, it can be difficult for some to fully understand what the pastor is saying. This is due in part to reverberation of the sound throughout the church, as well as surrounding sounds in the congregation. Individual earpieces have been on the rise in many WELS churches. These are similar to headphones and are connected wirelessly to the speaker system, and the member simply wears the earpiece over his ear to better hear the pastor. More recently, a new technology has been developed which enables members to hear the pastor speaking directly in their ears, but through the use of their own hearing aids, rather than the use of headphones. This technology is called an induction loop and relays the feed from the microphone over a specific frequency which can be picked up on a hearing aid set to the proper setting. More information about induction loops and how they can be used can be found in Appendix 4.³⁴

³⁴ WELS Special Ministries, <https://csm.welsrc.net/download-csm/mission-for-the-deaf-and-hard-of-hearing/>, 13 September 2017.

Inclusion

The idea of inclusion is nothing new. It involves including people with disabilities in regular activities as the other members. Such ideas exploded into popularity with the passing of former President George Bush's No Child Left Behind Act in 2001. The Act required moving students with disabilities into the general education classroom with the rest of the students in their classes. The idea behind this was to get them involved by simply giving them space in the classroom. The thought of providing a place for individuals with disabilities carried over into church life, that is, including them in worship services, Bible Study, Sunday School, in-reach events, or whatever group activities the church provides.

A major problem with inclusion is that it often *ends* with simply finding space for people, when really inclusion goes much farther than that. According to David W. Anderson, this is due in part to the possibility that teachers and leaders may not have adequate training or understanding when it comes to changes that will need to be made. In his essay, "Hospitable Classrooms: Biblical Hospitality and Inclusive Education," Anderson writes the following:

This presents a dilemma for those who are truly concerned about the development and welfare of students with disabilities. They recognize the value of these students being included with nondisabled children to the greatest extent appropriate, but they also fear that the students might not receive an appropriate education in that setting because of a teacher's unwillingness or inability to provide the necessary accommodations or modifications.³⁵

Anderson indicates that the teacher, or pastor, will have to work to make learning accessible to people with disabilities. This does not mean changing the individual, trying to normalize him. That is a strategy that has caused people with disabilities to feel even more that they are not part of the so-called "normal" group, and it is unfortunately something they are often accustomed to.

³⁵ David W. Anderson, "Hospitable Classrooms: Biblical Hospitality and Inclusive Education," *Journal of Education and Christian Belief*, 15, no. 1:13-27 (Grand Rapids, MI: Calvin College Press, 2011), 14.

In order to overcome this, the pastor or leader has to make a pointed effort to include persons with disabilities. Anderson writes:

Some students [and adults] with disabilities may be more accustomed to being marginalized or invisible, necessitating the teacher's intentional communication of welcome through words and thoughtful acts of hospitality. This may be especially needed when the student, either because of the type and degree of exceptionality or because of prior experience in inhospitable settings, becomes a difficult "guest."³⁶

The pastor's intentional communication and acts of hospitality extend beyond his interaction with the individual with disabilities. They will include educating the congregation about the possible needs of the individual. Anderson stresses that the whole community will have to be educated so as to avoid negative thinking and actions toward the individual. In this way, the community will also be working toward the common goal of inclusion.³⁷ Thinking of the individual as part of the church community and treating him as such comes with the need to overcome thinking that he is somehow less valuable than other members of the community. This means realizing that he can potentially contribute to the community, that he can be seen as a peer amongst the members, and that other members can form a relationship with him which will only serve to help him adjust to the group.³⁸ This can serve to be a difficult task, but is well worth the effort.

Another necessary facet of inclusion is making accommodations for the individual as needed. This can be done in a number of ways, such as changing up teaching styles until one is found that best meets the needs of the individual. It occasionally requires physical changes, such as ramps or railing, moving desks around, adjusting the lights, or lowering the volume of the

36 Anderson, 17.

37 Anderson, 18.

38 Anderson, 19–21.

speaker system in enclosed spaces. These accommodations can also include the need for visual aids or physical aids, something with which the individual can interact to increase his chances of grasping what is being taught.³⁹ A reminder as this section concludes: full inclusion is going to require the entire community to make adjustments that make the community more accepting of the individual with disabilities. This will greatly increase his chances of benefiting from the education he will receive and the relationships he can form with other members.

39 Anderson, 20–21.

CHAPTER 3: WHAT THE PASTOR CAN DO

Up to this point, the reader has encountered a plethora of information about what disabilities are, what concerns he may encounter when it comes to working with people with disabilities and suggestions to overcome or work through these concerns, and some action already being taken within the Wisconsin Evangelical Lutheran Synod in working with people with disabilities. This chapter will focus in more detail on what the pastor can do to more easily serve the spiritual needs of people with disabilities.

Understanding and Training

One of the first steps the pastor must take is working to understand the needs of the individual he hopes to serve. This can be difficult, and it can be a long process. The needs of each person with a disability will vary from person-to-person, even among those with the same category of disability. The final section in chapter 1 presented the reader with an array of types of disabilities. This non-exhaustive list will give the pastor an idea of the vast range of disabilities he may encounter in members of his congregation. The disabilities vary in that many are physical, while others are mental or physiological. Some are developmental. The disability can be long-term, even life-long, or short-term, such as a physical impairment that needs time to heal.

No matter the disability, the pastor must be aware of possible behaviors he may encounter. Behaviors can be positive or negative, and both are important as they often give

insight into what the individual is feeling or experiencing. This can greatly impact the level of communication that develops between the pastor and the person with a disability. In a later section of this chapter, entitled “Personal Experience,” the reader can find examples of the author working with people with disabilities, the author’s reactions to both positive and negative behaviors, and how the author was able to communicate with the different individuals in varying circumstances.

It is important to realize that negative behaviors can often include acts of physical or verbal aggression directed at the pastor or teacher. The severity of the aggression will depend on the specific disability and/or the person with the disability. It is impossible to give a comprehensive list of indicators one can use to predict the frequency or intensity of such negative behaviors for all individuals, but personal experience will provide the pastor with the insight he needs to see such indicators in the people whom he is serving. Again, see the examples in the subsequent section, “Personal Experience.” When it comes to planning a course of action, such as how one can either avoid encouraging a negative behavior unintentionally or how one can respond to a negative behavior, the best place to start is by asking those who work directly with the individual on a daily basis. This will usually be either an immediate family member or a staff member of an assisted living facility.

Though the above strategy for gathering information about an individual is extremely useful method, it is not the best way to get to know an individual. Unfortunately, should the pastor speak with the primary care-takers of a person with disabilities, he will often hear negative information, such as, “Joey always hits. So, you’ve got to watch out,” or, “He swears all the time and starts screaming when he doesn’t get his way.” It may be true that these behaviors occur, but their frequency is all-too-often exaggerated. The same can be said about the intensity of such

behaviors. The benefit of gathering this information is that the primary care-takers will have a plan of action already in place, especially if the caretaker is hired staff, as having such plans is usually required.

Aside from asking the caretakers, actually spending time with the individuals is the best method for getting to know them. It is through personal interaction that the pastor can best learn the person's personality, get clear and first-hand experience with the behaviors of the individual, learn his likes and dislikes, and develop the best possible method for accomplishing the goal of spiritual education. Forming a personal relationship with and getting to know a person with a disability nearly always take longer than doing so with a person without a disability, but the pastor must remember people with disabilities are going to have changes in moods, preferences, and personalities just like those who do not have disabilities.

“I'm Not Ready!”

The first chapter of this paper addressed misconceptions concerning disabilities, but this section will focus more directly on the pastor's own preparedness. For a pastor who may never have worked with an individual with disabilities, or even know someone with a significant disability, the first step may be overcoming his own fears or worries. As previously discussed, the pastor may hear about the person's behaviors, which can often lead to a negative conception of who that individual is. In fact, it is so common for such thoughts to pervade the mind that one begins to fear working with certain individuals long before he has even met them. A helpful way to overcome such fears and keep an open mind about people with disabilities is to remember that they are people, too. They will have good days and bad. Their moods will change. Their personalities may change based on their likes and dislikes. Yes, it was recommended to ask

caregivers and family members about the individual to get to know him, but it is important to remember that one person's perceptions of the person with disabilities may not give a true picture of who that individual really is. This is not to say that such perceptions are false or should be ignored. To do so would not be wise because they do help when preparing to work with that individual. Do not use the perceptions of others to form the basis for a relationship with people with disabilities. Rather, use them to help understand *one* facet of who they are.

Whether overcoming his own possible fear of working with a specific individual or coming to terms with it, the pastor may then question his own inadequacy, wondering if he is capable of doing so. He may claim that this area of ministry lies outside his comfort zone or ability. It is true that God has gifted members of the church with differing abilities and gifts and that this area of ministry may lie outside the range of the pastor's giftset and skillset. The pastor can take comfort in knowing that there are often others who can help him to achieve the goal of serving the spiritual needs of people with disabilities. This means he can enlist the help of members of his congregation or the special ministries groups, such as Jesus Cares, in order to reach this specific group of parishioners with the Gospel message. However, such a reliance comes with two cautions: 1) The pastor may not have a local person to serve as that *middleman*, someone gifted in working with individuals with disabilities upon whom he can call to assist with their spiritual care. If this is the case, the pastor will have to realize that he holds a divine call to serve even the members he is not overly comfortable serving. 2) The pastor can become overly-reliant on helpers, or *middlemen*, from his congregation, so much so that he becomes disconnected from the process altogether. In this case, the pastor may inadvertently give complete control to the middleman. To avoid this, it would be beneficial for the pastor to meet with the helper or teacher to discuss the materials or processes used in providing a spiritual

education to people with disabilities, especially pertaining to the doctrinal teaching or Scripture being addressed. Doing so will help keep the teacher on track with Scripture and will keep the pastor involved, even with the use of a middleman. Thus, finding a helper is not a bad idea; in fact, it is encouraged, but the pastor should not become so reliant on that helper as to completely step back from the process.

Another reason pastors within the Wisconsin Evangelical Lutheran Synod feel inadequate may be due to fact that there is no formal or informal training at Wisconsin Lutheran Seminary or Martin Luther College, the school at which seminarians receive pre-Seminary instruction, which would prepare them for working specifically with individuals with disabilities. This is not unique to the WELS training system. In fact, according to Naomi Annandale and Erik Carter of Vanderbilt University, it is quite common. Annandale and Carter conducted numerous surveys in 2014 pertaining to training programs in multiple theological training schools and how frequently they offer courses training students to work with people with disabilities. Their results⁴⁰ indicate that for many seminary training programs, nothing at all or very little is offered in this area.⁴¹ Another portion of their research shows some of the challenges institutions face which may hinder offering the indicated training options. They include such things as faculty interest, a lack of time, more important topics to cover, or a lack of resources. The results they received indicate that there is a desire to offer the needed training programs and that those surveyed see a need in ministry.⁴² As a result of their research, Annandale and Carter compiled a list of topics pertaining

40 They surveyed 118 academic deans, deans of student life, faculty, and other administrators from theological institutions in North America.

41 Naomi H. Annandale and Erik W. Carter, "Disability and Theological Education: A North American Study," *Theological Education* 48, no. 2: 83–102 (Nashville, Tennessee: Vanderbilt University, 2014), 86, 97.

42 Annandale and Carter, "Disability," 98.

to the perceived preparedness of ministers to address specific ministerial needs for those with disabilities. The overwhelming response was that they felt “a little prepared” to serve those with disabilities within their congregations. This was due primarily to the fact that they had received their basic training for serving all members, though little-to-no specific training for serving members with disabilities.⁴³

It is not the purpose of this paper to convince anyone to create a training program to specifically address this issue at Martin Luther College or Wisconsin Lutheran Seminary.⁴⁴ This information was given to stress that there is a need for providing training which pastors, as a whole, are not receiving. However, WELS Special Ministries, mentioned earlier in this paper, provide numerous helps and training sessions to address this very issue. It is highly recommended that pastors make use of these resources and utilize suggestions from others, such as will be given in the next section.

Suggested Methods and Ideas

Before proceeding in this section, remember relationships and services between pastors and members with disabilities will vary on such a scale that no suggested methodology can be given to ensure the pastor will know exactly what to do and when to do it. It is the same with any personal relationship. That being said, this section will provide the pastor with methods to try and will give him ideas which can help develop a functional methodology he can adjust to fit his needs and purpose. Prayerfully, these suggestions will help the pastor form a functional

43 Annandale and Carter, “Disability,” 92–94, 100.

44 Please note that Martin Luther College has recently added courses training their students to work with people with disabilities. However, these courses are directed to the students training in the field of education, and the pastoral candidates are not at this time required to take such courses.

relationship with a person with disabilities, while being able to best serve his spiritual needs.

Also, bear in mind that some of the lists provided below were developed with one specific type of disability in mind, but nearly all of the suggestions can easily be applied to others. One final point before continuing: many of the lists to follow speak about serving children with disabilities, but they also can be helpful with adults, depending on the situation.

The first list of suggestions comes from Pastor Thomas Gumm, working with the Intellectual and Developmental Disability Ministry, provided services for people with Autism, or those on the Autism Spectrum Disorder (ASD). Pastor Gumm makes the following suggestions:

- | | |
|--|---|
| 1) Get to know them. Beware of overgeneralizing. Seek specifics on strengths and challenges. | 2) Tell them why you do things. Do not let them assume your motives; tell them your motives clearly. |
| 3) Remember that it is imperative for them to accept you and you to accept them. They want to hope, but they are terrified to be open. They need you to model the love of Christ. They need your people to model the love of Christ. | 4) Provide ways to reduce stimuli. If persons with ASD [and other disabilities] are overwhelmed by their surroundings—that is, sound, lights, people too close to them, no routine, etc.—they may need a place to decompress. |
| 5) Be cautious when doing cooperative group work. | 6) Allow for students with advanced abilities to work at their level. Allow them to use their God-given gifts rather than holding them back. |
| 7) Accommodate special test-taking needs. | 8) Help keep stress levels low. Deadlines are very hard on them. If you set up a game to make learning less stressful, make sure the rules are clear. |
| 9) Encourage individuals with ASD [and other disabilities] to believe that they are needed for their talents and gifts, both in society and in the church. | 10) Don't over-emphasize the [disability]. Don't ignore it, but don't keep bringing it up. As much as possible, treat the student with [a disability] like all the others or the [disability] will be the only identifier that student will have with other children. |

11) Recognize that handwriting and note-taking may be struggles for the students.

12) Consider using social stories when teaching a person with ASD. Social stories are special stories used to teach social skills.

13) Be accepting of service dogs.

14) Be patient. Persons with ASD will challenge you not because of malice, but because they want a greater understanding of the topic.⁴⁵

The next list comes from blogger Jennifer Laszlo Mizrahi, who often addresses issues with serving those with disabilities. Some of her points will overlap with the last list, but all of them are valuable for pastors.

1) Communicate that all people are of equal value and are to be respected and openly welcomed.

2) Work with people with disabilities, not for them. If there are no people with disabilities participating in your decision-making process, invite them in. They want to contribute to making this world a better place.

3) Take the time to learn “people-first language,” which respects human beings and their rights to be appreciated for the strengths they have, rather than to be defined by their disabilities. People-first language puts the focus back on the people by speaking of “people with disabilities.”

4) Ensure all program registration and sign-up forms include questions about accommodations people may need to fully participate. Not all programs can meet every need, but often all we need to do is ask.

5) Trust is vital – and must be established before even meeting face-to-face with a person with a disability. Respect their privacy by treating it just as you would healthcare information. Parents [and other caregivers] can be your best assets.

6) Spread the word in your marketing and social media that all people – with and without disabilities – are welcomed and appreciated.

⁴⁵ Gumm, “Autism,” 5–7.

7) Inclusion is a lot less expensive than most people think, but it still takes the right team and training to do it effectively.

8) Proved an inclusion director/coordinator to ensure your organization is ready to meet the needs of community members with disabilities.

9) Make a commitment to enable people with and without disabilities to develop peer relationships, build social skills and respect and accept each other. Once an immediate need is met, it is important that people are given the space to be as independent as possible.

10) Put diverse and qualified people with and without disabilities on your staff, board and committees. Make use of their great talents.⁴⁶

Again, the lists given are meant only to provide useful suggestions. Depending on the individual with whom the pastor is working, some of these suggestions can have great effect or very little effect. The pastor must exercise discretion in his planning. It is a learning process, and it will often need to be adjusted, even on a daily basis at times. For this reason, the pastor will need to exercise patience daily. Along with this patience comes the willingness to be flexible in his planning and teaching.

The same holds true when it comes to how the pastor will respond to potential behavior incidents. As expressed above, many people spend time thinking about the negative behaviors they may experience while working with people with disabilities. One can never be completely ready, but he can still be prepared. Please remember that though this information is important, it does not mean individuals with disabilities will always show aggression. Some suggestions to help with this include the following: 1) Remain calm. Do not escalate the situation. 2) Make sure your actions, body language, and voice inflection match your words. Be as genuine as possible.

⁴⁶ Jennifer Laszlo Mizrahi, "10 Tips for Creating Inclusive Religious Organizations," *The Huffington Post* (http://www.huffingtonpost.com/jennifer-laszlo-mizrahi/10-tips-for-creating-inclusive-religious-organizations_b_6943718.html, 26 March 2015).

3) Know the signs to look for in an individual's behavior that might indicate possible tension. This becomes easier as the relationship progresses. 4) Never let yourself get backed into a corner, literally. Always have a possible route to physically exit the immediate area. 5) Stand in a protective, yet unimposing stance. This can best be done by standing at a slight angle to the individual. This will minimize potential target zones and cause most forms of physical aggression to glance off to the side. This also allows for the person receiving the aggression to step aside easier to remove himself from immediate reach. There are more, but above all, experience is key. Again, remember that this information was not intended to cause the reader to tremble at the prospect of working with people with disabilities, but to help prepare him for the *possibility* of experiencing aggression. Also, there is very little chance that an individual who frequently participates in worship will show serious aggression on a regular basis. Therefore, the caution continues: do not think of the person as an aggressor, but keep in mind that he has many other qualities.

Examples from Personal Experience

In the introduction, it was mentioned that the author of this paper has more than eight years of experience working directly with people with disabilities. There will be a shift in this section from third-person to first-person as I share some of my own experiences with select individuals with disabilities. The purpose for doing so is not to show my expertise because there were and are many adjustments to be made on my part. Rather, it is my goal that pastors reading this paper can view these experiences as examples of what one may encounter while working with individuals with disabilities, as well as examples of what one can do or should avoid doing in similar circumstances.

It is also important to note that most of the experiences I will share are not in a spiritual education setting, but in the everyday lives of these individuals. For their confidentiality, all names have been changed. I will also describe disabilities, characteristics, and actions, without giving the diagnoses of these individuals, bearing in mind that nearly every person with a disability has multiple diagnoses. The majority of the people for whom I have provided cares have been adults, but I have worked with children, and I will give examples of both.

Ray

Ray is an adult in his mid-thirties, but as an aspect of his disability, Ray has the mentality of a six-year-old. Some might say that he does not communicate well because he does not communicate verbally. Ray can speak, in fact, he can speak quite well, but his verbal communication is almost always in the form of mimicry. In this way, his ability to communicate verbally is less than that of a six-year-old. Ray cannot express thoughts verbally or hold a conversation. That does not, however, mean that he cannot communicate.

For the most part, Ray was able to express what he wanted or did not want. He would get excited in anticipation of doing some of his favorite activities, such as going for a walk or going swimming. He would hum or sing when he was happy, and he sang quite well. He had many visible cues when he was agitated. He would start walking faster. He would start jabbing his forefinger into his hand slowly, increasing the speed the more agitated he got. If this progressed for more than a few seconds, that was when we knew to be cautious because he would show physical aggression.

His aggression, though forceful, rarely cause much pain, though it occasionally lasted for periods longer than ten minutes. This caused many staff members at other houses within the

company to fear working at the house with Ray because all they could see was this aggressor. They did not see the man who LOVED going for walks outdoors, the man who loved to sing with staff or work on fine motor skills with toys and simple puzzles. Our relationship with Ray was only possible because we were able to look beyond the moments of aggression to see the man who, like us, often had good days and bad days, who didn't always feel well but didn't know how to express it, who liked some foods better than others. These are the kinds of things we could learn through one-on-one experience with Ray.

Jennifer

Jennifer lived in a group home with five other individuals, but she was separated from the rest of the house. The others lived on the first floor, while Jennifer had a separate apartment in the basement with access to the back patio through her kitchen. She also had separate staff than the rest of the house. This was due to a number of things; she could be aggressive to others or herself; she often removed her clothing without warning; she would run away when outdoors, often into the street; she did not always behave well in the presence of others.

These were some of the things I learned about Jennifer before I ever set foot in the house. As you can see, it wasn't positive, but it was useful. The goal in learning this information was not to create a negative picture of Jennifer for me, but to prepare me to work with her in a way that would best serve her needs by making me aware of some very serious issues affecting her safety and mine. However, because of these characteristics, many of Jennifer's staff, myself included, were hesitant to do certain activities with her, especially in the community, because we did not know how she would react. So, we did not branch out much in our activities. In the end, that led to a fairly restricted life.

One day, working with Jennifer, I asked if she wanted to go for a walk. She was very excited, and when we stepped outside onto the patio she immediately started running around the side of the house. I walked around the side and asked her if she would hold my hand, and to my surprise she did! She was excited to do so, and she did not try to pull her hand out of mine the entire walk, which turned into a three-hour walk because we went to the park about a mile away. From that point on, we (her staff) were able to adjust our methods in the community by simply asking if Jennifer would hold our hands. This did not always work, but it was a positive moment for growth in working with Jennifer.

Caleb and James

At my church, I served two boys, both preteens, who had just started Catechism lessons. The pastor asked me to help them as a personal tutor to prepare them for Confirmation. He admitted immediately that he had no experience working with people with disabilities and had no idea even where to start. It was then that I became the middleman discussed earlier in this paper, the person on whom the pastor relied to work with people with disabilities. In this case, he gave me complete control when it came to content and method. He simply awaited my report, but had little to do with the process.

I spoke with the parents of both boys to get a handle on how I could communicate with them. With Caleb, I learned very quickly that he is extremely high-functioning. I had to do very little to help him in Catechism class, but we met once a week to dig deeper into the content so that he might better understand it. We followed the regular schedule of the class.

With James, I had to do things differently. I still had him sit in class, but he got next-to-nothing from class. He was fairly non-verbal, but not completely. If I had attempted to follow the

class schedule for content, it would have been detrimental to James, not helpful. Instead, we slowed things down significantly and started using materials from Jesus Cares' Simplified Catechism. Even using the Simplified Catechism, I still had to simplify the content quite a bit so that James could understand it, and we spent large amounts of time reviewing and repeating material to help him grasp the concepts, not just the words.

CONCLUSION

As you can see, there is a lot to think about when serving those with disabilities. Your work as the pastor begins with forming a relationship with the individual, so that through this relationship you can learn his needs. As you consider his needs, you will also take into account that his family, his peers, and the other members of the congregation are going to play a vital role in his spiritual life because they greatly affect his day-to-day life. As you work with someone with a disability, you will likely encounter misconceptions that either you or others believe about his disability. I hope that you now have an understanding for how the viewpoints of others can be potentially detrimental to this individual's spiritual life. But I also hope you realize how valuable their input can be. Those who care for or live with these members can be an asset when developing a plan of action for serving your member with disabilities, whether he is a child or an adult. However, if you should find yourself in the situation where you cannot find anybody within your congregation to help bridge the gap between you and a person with disabilities, remember that there are groups which specialize in this very area, groups like The Lutheran Home Association, Jesus Cares Ministries, WELS Special Ministries, and more. Reach out to these groups for resources, for advice, for volunteers. You do not have to struggle alone or fear that you are unable to help this thirsty soul.

As this paper comes to a close, I'd like you to return to the scenario at the beginning. Becky's son, Joey, was newly diagnosed with Autism, and she does not know where to begin. She doesn't know how to explain to her older son what's happening, how to feel about the prying

eyes she *knows* are watching, how to accept that her son has special needs. Now I want you to put yourself into Pastor Richard's shoes. What might you say as Becky sits in your office and all this information and emotion comes flowing out? How can you help her or little Joey?

If you find yourself struggling to meet the spiritual needs of those with disabilities, I hope you remember that they need your guidance as much as the rest of your flock, and you have been called to feed them. But remember that God has blessed you with others who can help you, either within your congregation, or through the larger group of the Wisconsin Evangelical Lutheran Synod. As you look ahead to serving those with special needs and wonder if you are able to do so, consider the words of this hymn:

There is a balm in Gilead
to make the wounded whole;
There is a balm in Gilead
To heal the sin-sick soul.

Sometimes I feel discouraged
And think my work's in vain,
But then the Holy Spirit
Revives my soul again.

There is a balm in Gilead
to make the wounded whole;
There is a balm in Gilead
To heal the sin-sick soul.

If you cannot preach like Peter,
If you cannot pray like Paul,
You can tell the love of Jesus
And say he died for all.

There is a balm in Gilead
to make the wounded whole;
There is a balm in Gilead
To heal the sin-sick soul.⁴⁷

47 "There is a Balm in Gilead," *Christian Worship: A Lutheran Hymnal*, hymn 564.

You will not always feel adequate in your ability to serve those whom God has called you to serve. Still, God has indeed called you to bring his gospel to the nations. At times, this means reaching out to serve those with disabilities, an area fraught with challenges. Therefore, I'd like to close with this prayer: LORD, as we serve the flock to whom you have called us, guide us in the paths we take and lead us to reach out for assistance when needed. Help us to serve these sin-sick souls. If we should cry out like Moses that we are the wrong people for the job, reassure us with the promise of salvation which is for us and for them, and strengthen us with the promise that we are not doing this alone, but that you are shepherding us in the task ahead. In Jesus' name. Amen

APPENDIX 1
PARTICIPANT SUPPORT PLAN

PARTICIPANT SUPPORT PLAN

JESUS CARES MINISTRIES
A MINISTRY OF THE LUTHERAN
HOME ASSOCIATION

Tell us a little more about yourself! We want to get to know you better.

What are some things you enjoy doing?

In what ways do you learn best?

Are there any teaching strategies that work well for you?

How do you communicate with others?

What type of assistance (if any) do you need with eating, getting around or using the restroom?

(over)

JOM.MZ.12.10.13



(continued)

What are some behavioral challenges we might encounter when interacting?

For each challenge, what are some strategies for responding that seem to work well?


How would you describe your current faith journey?



APPENDIX 2

JESUS CARES MINISTRIES LESSON PLANNER

Zoom in (Ctrl+Plus)



JESUS CARES MINISTRIES
 A MINISTRY OF THE LUTHERAN
 HOME ASSOCIATION

LESSON PLANNER

*Use this form as a guide to help you plan your Bible study.
 Understand that you may not include each of these elements each time you teach.*

TASKS	SUGGESTED TIME (minutes)	WHO
Dear Christian Friend Bible Lesson		
Hellos and welcomes	5	
Opening devotion	5	
1. Beginning the lesson/Intro and letter	5	
2. Sharing God's Word/Lesson and felt board	10	
3. Checking for understanding	5	
4. Applying God's Word	10	
5. Closing the lesson/Song and prayer	10	
Bible words to remember/Sign language	5	
ACTIVITIES	SUGGESTED TIME (minutes)	WHO
1. Letter writing	5	
2. Activity Sheet from copy master	5	
3. Craft project	10	
4. Song with familiar melody	5	
5. Application activity	5	
Desk Bell music if applicable	5	
Special prayer requests and the Lord's Prayer	5	
Goodbyes and God bless	5	

JCM.M2.12.10.13

APPENDIX 3

JESUS CARES MINISTRIES VOLUNTEER DESCRIPTIONS

VOLUNTEER DESCRIPTIONS

JESUS CARES MINISTRIES
A MINISTRY OF THE LUTHERAN
HOME ASSOCIATION



Below are descriptions of roles that typically help a Jesus Cares Ministries program function smoothly.

GREETER

Welcome participants into the building and assist if needed with holding the door and hanging up coats.

DEVOTION LEADER

The devotion leader can be the pastor, but need not be. There are short devotions located in the teacher's manual of "Dear Christian Friend." For these, you will often need to find the prop suggested. The props are always simple items like a large heart drawn on poster board, a glass of water, a large nail, etc.

BIBLE STORY TEACHER

It is nice to take turns teaching the lesson. This gives plenty of variety and keeps everyone interested. Lessons and suggestions on teaching are available in the teacher's manual of "Dear Christian Friend."

MUSIC LEADER

Someone with musical ability is great, but not always available. If you do not have a pianist or someone to lead with his/her voice, many sing-along CDs are available with accompanying song books. You may already have some in your Sunday school.

CRAFT LEADER

Prepare the crafts ahead of time, purchase supplies and make a sample. Some JCM programs gather once or twice a year to prep the crafts for several months at once. Note that group home staff who bring students often enjoy helping with crafts. Craft suggestions and copy masters are available in the teacher's manual of "Dear Christian Friend."

FOOD/TREATS COORDINATOR

Depending on what the program looks like, there will be times some form of fellowship will take place. Light food and drinks need to be organized by one person or a small group of people.

EVENT LEADER

Lead special events outside of Bible class or worship.

PUBLICITY COORDINATOR

Ensure all who can be served know when and where your JCM program happens. This could include posting information in church announcements, local papers, local radio, online, etc.

FRIEND/HELPER

A ratio of 1:3 staff to students is preferred. A helper can be anyone of any age who can sit with and be a friend to your participants.

DIRECTOR

Serve as the primary contact for emails and phone calls from volunteers and/or group homes and make final decisions such as cancellations for bad weather. This can be done by a team of two, which may include someone who also holds a position listed above.

*"For we are God's workmanship, created in Christ Jesus to do good works,
which God prepared in advance for us to do." -Ephesians 2:10*

APPENDIX 4

HEARING INDUCTION LOOPS

"IN THAT DAY THE DEAF WILL HEAR THE WORDS OF THE SCROLL." ISAIAH 29:18

 **WELS**
Over 100 Years of Faith

UNDERSTANDING HEARING LOOPS



 **HEARING LOOP INSTALLED**
switch hearing aid to loop

A hearing loop logo notifies individuals to switch their hearing aids to the T-switch once in the looping area.

For more information, please contact
WELS Special Ministries at 414-256-3240.

 **WELS**
Over 100 Years of Faith

Wisconsin Evangelical Lutheran Synod
118W 23377 Stone Ridge Drive
Waukegan, WI 53188-1108
414-256-3888 • 800-827-5482
www.wels.net

What do I need to use a hearing loop? Switch your hearing aid/cochlear implant to its T-switch teccoil. No headset or special receiver is necessary.

How is a hearing loop better than a regular PA system? Background sounds are eliminated. You hear the speaker as though the person is next to your hearing aid.

How many people can use a hearing loop at one time? All people inside the hearing loop can use it.

Do all hearing aids have a T-switch? Most hearing aids have a T-switch, but not all. Some hearing aids don't have the T-switch activated. Check with your audiologist.

Where might I find a hearing loop installed? Churches, auditoriums, theaters, conference rooms, classrooms, museum exhibits, waiting rooms, bank counters, ticket counters, library check outs, buses, home TV rooms, cars, etc.

How do I know if a location has a hearing loop? You will see the hearing loop logo, telling you to switch your hearing aids to the T-switch.

WELS MISSION FOR THE DEAF AND HARD OF HEARING

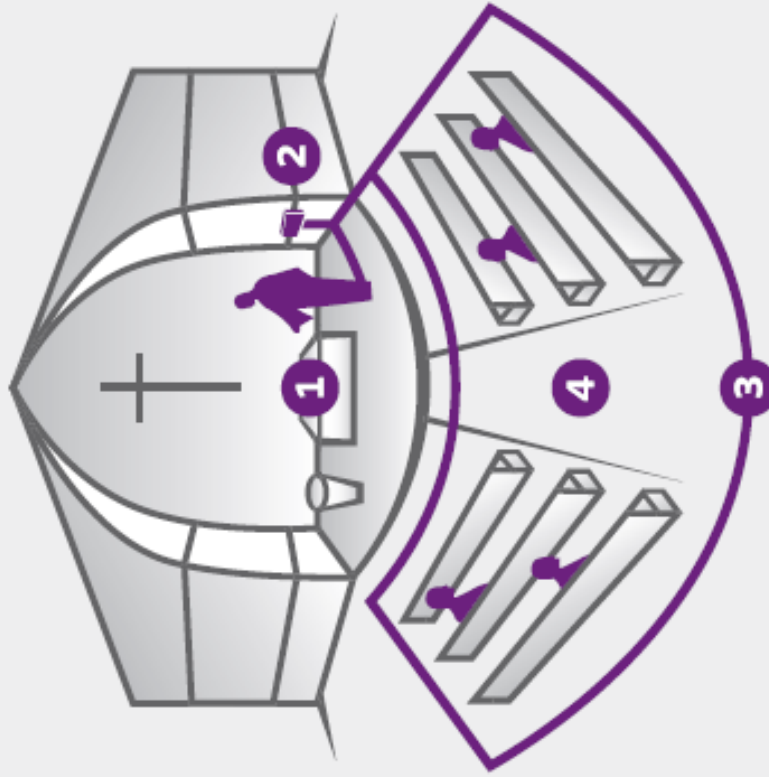
WELS MISSION FOR THE DEAF AND HARD OF HEARING

HOW DOES LOOPING WORK?

A hearing loop makes a speaker's voice clearer for people with hearing aids.

- 1 Person speaks into a microphone.
- 2 The hearing loop amplifier receives the audio.
- 3 The amplifier then sends a current through the hearing loop, producing a magnetic field inside the looped area.
- 4 Telecoils (t-coils) in hearing aids and cochlear implants pick up the magnetic field signal.

The clear, amplified sound is delivered directly to the ear, according to the wearer's needs, without background noise.



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