

**SUPPLEMENT:**

# The Church and People with Disabilities

**SHARON McCART**



# Contents

<b>Introduction: Biblical Foundation</b> .....	3
<b>Chapter 1: The United Nations Convention on the Rights of Persons with Disabilities</b> .....	5
<b>Chapter 2: Persons with Disabilities in Latin America</b> .....	7
<b>Chapter 3: Post-Traumatic Stress Disorder</b> .....	11
<b>Conclusion: Making Paths Straight, Removing Barriers</b> .....	17
<b>Endnotes</b> .....	18
<b>Appendix: Resources for Post-Traumatic Stress Disorder</b> .....	21
<b>About the Author</b> .....	22

# Introduction: Biblical Foundation

The prophet Isaiah spoke these words millennia ago and John the Baptist echoed him centuries later to announce the coming of Christ:

A voice is crying out:

“Clear the Lord’s way in the desert!

Make a level highway in the wilderness for our God!

Every valley will be raised up, and every mountain and hill will be flattened.

Uneven ground will become level, and rough terrain a valley plain.

The Lord’s glory will appear, and all humanity will see it together;

The Lord’s mouth has commanded it.” (Isaiah 40:3-5, Common English Bible)<sup>1</sup>

This powerfully clear description announces to us that God does not travel a narrow, rocky path but a smooth, level highway. The mountains will be flattened and the valleys will be raised so that the way will be even and smooth. But the way is not a one-way street, and God is not the only one traveling this highway. It brings God to us, but it also allows all people to find their way to God! The highway for our God allows everyone—including those of us using wheelchairs or walkers, as well as those of us encountering barriers and road-blocks in life—to be travelers on the way that leads us to God.

Jesus Christ lived this out. He never passed by people with disabilities. He spoke to them, asked what they wanted, and listened to what they had to say. He restored people to relationship with God and with each other. He treated people with disabilities as beloved children of God. Some of them followed him as a result. This happened because from his viewpoint the way to God was smooth and straight. It occurred because he came to “preach good news to the poor, proclaim release to the prisoners and recovery of sight to the blind, to liberate the oppressed, to proclaim the year of the Lord’s favor” (Luke 4:18-19, CEB).

Isaiah’s words are a call to action. The prophet is not saying that God will make the highway clear and level. God is telling us to make it that way. The work of preparing the way of the Lord—and the way to the Lord!—is our work. We are the ones who will make the way level and smooth, who will remove barriers not only for those of us who have mobility impairments, but also for people with neurological, psychological, intellectual, and sensory disabilities. We know that this is what we need to do because the words are “all humanity will see it together.” All humanity, regardless of impairment or difference, will travel that level highway together so that we can all see the glory of God.

We have made a start, but there is still much work to do. Churches are not as accessible or as welcoming to people with disabilities as they could be. There is still a need for ramps and lifts and elevators. Pews still need to be shortened to allow those of us using

wheelchairs to sit alongside our families and friends. Sunday school teachers still need help to successfully incorporate children with autism and other disabilities in their classrooms. Seminaries still need to teach future pastors how to help congregations become more disability-friendly. Chancels and pastors' offices need to be accessible so that clergy with mobility challenges can be appointed to the congregations that need their gifts and graces rather than being limited to the churches that they can get around in.

The Apostle Paul told us that the church is the body of Christ, and that “. . . the eye can't say to the hand, 'I don't need you,' or in turn, the head can't say to the feet, 'I don't need you.' Instead, the parts of the body that people think are the weakest are the most necessary” (1 Corinthians 12:21–22, CEB). If we are to be complete as the body of Christ, we need to make the way straight and level so that *all* of us can be part of the church! Without all of the parts of Christ's body, we cannot answer God's call effectively and completely. If anyone is missing from the Lord's table, the food just doesn't taste as good!

So let's work together as people with and without disabilities to make the way to God straight and level. Let's remove all barriers so that all people will know the love of Christ and see the glory of God together, in our own houses of worship, here and now and in the future. Then, in the harmony of our diversity, we will all sing God's praises for all of eternity!

### **Reflection/Discussion Questions**

- What barriers keep my congregation from being disability-friendly?
- How can we make the path level and straight?
- Do people with a particular type of disability tend to especially touch my heart?
- How can members with and without disabilities reach out to invite persons from the community into our churches?

# Chapter 1: The United Nations Convention on the Rights of Persons with Disabilities

In 2006, the United Nations (UN) issued a treaty titled “The Convention on the Rights of Persons with Disabilities” (CRPD). The purpose is to “promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.”<sup>1</sup> The treaty expands on the right to non-discrimination guaranteed by the Americans with Disabilities Act (ADA)<sup>2</sup> and called for in the UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities created in 1993.<sup>3</sup> As of December 2014, 151 countries had ratified it,<sup>4</sup> thereby committing to give their citizens with disabilities the same rights enjoyed by people who do not have disabilities.

The CRPD has been signed but not ratified by the United States. When ratification came up for a U.S. Senate vote in 2013, it failed to achieve the required two-thirds majority by only six votes.<sup>5</sup> As of this writing, it is not scheduled for another vote. Disability activists are outraged that the United States has not taken this step to support disability rights around the world. Not only is this a failure to advocate for people with disabilities no matter where they live, but it also fails to protect the freedom of U.S. citizens to travel and work in other countries. In addition, it is a missed opportunity for the United States to demonstrate leadership in the world and to share what we have learned through our implementation of the ADA.

Our United Methodist Social Principles state:

We urge the church and society to recognize and receive the gifts of persons with disabilities to enable them to be full participants in the community of faith. . . . We call on the church and society to protect the civil rights of persons with all types and kinds of disabilities. (“Rights of Persons with Disabilities,” *The Book of Discipline of The United Methodist Church 2012*, 162.III.I) <sup>6</sup>

If we, as the global United Methodist Church, are to uphold these Social Principles, we can do so in part by urging the ratification and implementation of this treaty.<sup>7</sup>

Many cultures have traditionally relegated people with disabilities to the margins, rendering them dependent on family or on begging to sustain themselves. By signing the treaty, countries agree to make changes that impact many aspects of the lives of people with disabilities: mobility, socioeconomic standing, health, education, political power, and

more. The inherent worth and dignity of the lives of people with disabilities will be officially recognized. Cultures will become more inclusive and egalitarian.

But this progress will not happen overnight. As with implementation of the ADA in the United States, such changes take time and money. Finding ways to overcome the barriers is the work of the UN oversight committee. It is also the work of the church around the world to see that the rights to full access and participation for people with disabilities are upheld and maintained. We can begin, with or without this treaty, by ensuring that our church buildings are accessible and our congregations are welcoming to those of us who have disabilities.

### **Reflection/Discussion Questions**

- Have you ever traveled to another country and encountered barriers to accessibility or had experiences with people with disabilities there? Share one or two of your experiences.
- How can we help to implement this treaty in the countries that have ratified it?
- How can we work toward ratification of CRPD in the United States and in other countries that have not yet completed this step?

## Chapter 2: Persons with Disabilities in Latin America

Of all the countries that have ratified the Convention on the Rights of Persons with Disabilities (CRPD), and therefore have indicated that there is governmental support for the rights of people with disabilities, more than twenty of them are in Latin America.<sup>1</sup> Unfortunately, due to deficient funding and lack of community awareness, people with disabilities in Latin America don't have access to elevators, smooth roads and sidewalks, or inclusive education. Historically, the cultures of Latin America have not placed a high value on including people with disabilities in everyday life.<sup>2</sup> Untreated health conditions and birth injuries cause disabilities that would be preventable in more developed countries.<sup>3</sup> Children with disabilities are often placed in institutions because of a shortage of community programs.<sup>4</sup> Only 20 to 30 percent of children with disabilities in Latin America and the Caribbean receive an education,<sup>5</sup> and those lucky enough to attend school are often sent to segregated schools.<sup>6</sup>

Conditions are beginning to change, but just as in other regions, there is a long way to go. A number of countries have implemented screening programs that identify children with disabilities and help families connect with early intervention services. Some countries provide free wheelchairs and other assistive devices.<sup>7</sup> Community-based rehabilitation (CBR)<sup>8</sup> is one strategy being used in a number of Latin American countries. Moving beyond the medical model, CBR now embraces and works toward the goal of full inclusion of children and adults with disabilities in their neighborhoods and communities.<sup>9</sup> Churches are coming together to learn about roles they can play in inclusion, as evidenced by a recent World Council of Churches conference in Columbia on "rights and social-ecclesial participation of persons with disability" attended by fifty individuals from seven Latin American countries.<sup>10</sup>

There are a number of programs supported by United Methodist Women and The United Methodist Church that work for increased accessibility and other rights of people with disabilities. Bolivia is one place where such work is being done. The country ratified CRPD but like so many other countries that are working to improve the lives of people with disabilities, Bolivia needs help. People with disabilities live nearly invisible lives. Their needs for education, employment, and socialization go unmet. Bolivia is among the five poorest countries in the western hemisphere,<sup>11</sup> and the scope of the work needed is financially out of reach in many instances. This is where United Methodists are making a difference!

The people of Christ United Methodist Church in Kettering, Ohio, began their work decades ago in Santa Cruz de la Sierra, Bolivia, by supporting missionaries Walter and Susie Henry, who were assigned to what is now named the Walter Henry Educational Center.

Several years ago, the congregation was invited to send mission teams to help with church and school construction projects. When the facilities were completed, the members of Christ United Methodist Church wanted to continue helping the center and other Methodist schools in the area to better accommodate children with disabilities.<sup>12</sup>

The mission team, under the project name Embracing Disabilities in Bolivia, organized and held educational conferences in 2013 and 2014. Specialists, teachers, teacher-educators, and interpreters made presentations at these conferences. Participation was even extended to church members who were unable to travel to Bolivia, thanks to two training videos produced by the church. The purpose of these conferences was to empower the Bolivians and to train them in effective techniques and methods of educating and caring for children who need accommodations and help due to their disabilities.<sup>13</sup> The members of Christ United Methodist Church are preparing to hand over this project entirely to the Bolivians. They are working to have the nearby Bolivian Evangelical University offer appropriate teacher training courses, which are not currently available in eastern Bolivia. They have trained local people to build ramps and make further improvements in accessibility. A core group of attendees of the 2014 conference was formed to take over key parts of planning the 2015 Embracing Disabilities in Bolivia conference. This group includes Bolivian teachers, administrators, social services agency workers, and parents of children with disabilities.

The members of Christ UMC's mission team have built strong relationships in Santa Cruz that make it possible for the local people to serve the needs of their communities. The congregation has donated money, physical labor, and education. Their final gift will be to enable the Bolivians to continue the work that has been started. The Walter Henry Education Center is supported in part by the United Methodist Committee on Relief (UMCOR) Advance Special #12320A, Urban Santa Cruz Children's Ministry.

This is just one example of the work being done in Latin America to improve the lives of people with disabilities. United Methodist Women supports disability ministries by partnering with other organizations in Latin America. For instance, the Methodist Church of Uruguay has a three-year partnership with United Methodist Women to provide skills training and employment opportunities for youth and young adults with disabilities. Based in Montevideo, Uruguay, the project, Manufacture of Clothing & Accessories, runs from 2013 to 2015. This eighty-five-year-old program has been changing to keep up with societal needs. One hundred young people who have disabilities are currently being served. These are teenagers living in poverty without access to formal education who have been marginalized by both society and their families. This program assesses a person's strengths and potential and gives each student dignity as he or she is trained in job skills. The people who run this program hope to expand it to another location that has similar needs. The project is also supported by Advance #3021601.



Fundación Cuidado Infantil Dominicano (FCID) is the Dominican branch of International Child Care and serves in the Santiago, Dominican Republic area. In 2014, they requested a one-time grant from United Methodist Women to implement a community-based rehabilitation program designed to improve the lives of children with disabilities. The children's mothers (or other caretakers) and families receive education on their rights and ways to better care for the children. The program includes advocacy to teach community members about disabilities in order to decrease stigmas and improve awareness. In addition, four hundred fifty children with disabilities are learning to become more independent in daily living skills, and their families are learning rehabilitation techniques and activities to support the children's progress. This project receives funding from Advance #410215.

Two programs in Santiago, Chile offer services for persons with disabilities. Fundación Crescendo provides residential and community services for adults with disabilities. A day program and sheltered workshop provide meaningful activities for adults with intellectual disabilities, while a group home for seven adults offers safe housing. Advance #14056A supports this program.

Also in Santiago, the John Wesley School for Persons with Disabilities project provides necessary non-academic support for the students who have multiple disabilities. The staff includes a social worker, a psychologist, an occupational therapist, and a physical therapist. The government funds the basic needs of the school but does not cover salaries for these professionals or the money needed for beneficial programs such as psychotherapy, animal therapies, and family interventions. Advance #12035A covers these expenses.

United Methodist Women members support these and many other partners and programs in disability ministries worldwide through their Mission Giving. To give specifically to programs in Latin America indicate Project #3019230 Disability Programs in the memo line or go to [www.unitedmethodistwomen.org/donate/umwprojects/disability-programs](http://www.unitedmethodistwomen.org/donate/umwprojects/disability-programs) to donate. Please pray for the success of these opportunities to support people with disabilities so that they can live the best lives possible.

Progress in Latin America is of particular interest to those of us with Latin American roots. The Hispanic population in the United States numbers over fifty-four million, or around 17 percent of the U.S. population,<sup>14</sup> and there is a significant number of persons with disabilities within the cultural groups represented by these statistics. Women attending the Spanish-language disability classes at Mission u indicated a need for culturally appropriate disability awareness training and resource information. The churches, a strong source of community support, could reach out to help families learn to advocate for appropriate services for family members with disabilities.<sup>15</sup>

## **Reflection/Discussion Questions**

- Is there a country or a project listed above that you feel drawn to? Why?
- Have you been to any Latin American countries? What did you experience and learn while there?
- If given the opportunity, how would you like to help? Dream big! Ask someone to join you in supporting one of these projects. Don't stop with financial contributions if your heart wants you to do more.

## Chapter 3: Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder (PTSD) is usually in the news as something that happens to our troops as a result of being in combat. This disabling condition is not new. In previous eras, it was called shell shock or battle fatigue.<sup>1</sup> Vietnam-era veterans often had (and some still have) flashbacks which occasionally resulted in violence or other dangerous behaviors. The name has changed but the symptoms have not. According to the National Center for PTSD, 7 to 8 percent of people in the United States develop PTSD at some point during their lifetime, and the percentage of veterans is somewhere between 11 to 20 percent, depending on the conflict in which they were engaged.<sup>2</sup>

Looking beyond U.S. troops, between thirty-six<sup>3</sup> and forty-one<sup>4</sup> active conflicts took place around the world during 2014. Whatever the number, it is reasonable to believe that all of these conflicts will result in cases of PTSD—not only among those who are fighting, but among civilians as they face attacks and other war-related violence. In addition to the adults involved, children growing up in combat zones often exhibit PTSD.

What is less publicized is that PTSD can be caused not just by combat, but by any traumatic event. Being in danger for any reason—violence, accidents, natural disasters, epidemics such as Ebola in western Africa, rape, abuse, or witnessing loved ones in those situations—can result in PTSD. A sudden, unexpected death or departure of a loved one, or the rejection of a young child by a parent can cause PTSD. Whenever a person is in a situation where survival becomes the only focus, and when there is no time or opportunity to deal with the resultant emotions, PTSD can occur. Grief can play into it, as can shock and even “survivor’s guilt.” Anyone can develop PTSD at any age.

It is normal to react strongly to trauma, but if the symptoms (listed on pages 12-13) persist more than one month and interfere with daily functioning, the condition is called PTSD.<sup>5</sup> PTSD is an anxiety-related disorder that is more likely to occur in the presence of certain risk factors such as prior trauma or abuse, mental illness, having a limited support system, alcohol abuse, or recent stress or losses. If a person sustains serious injuries, experiences prolonged danger and trauma, and reacts strongly to the event they witnessed or were harmed by, the risks of developing PTSD are also greater.<sup>6</sup>

Like depression, PTSD has a biochemical component. To put it simply, the “fight or flight” portion of the brain is overactive and continues to react to the perceived danger well after the actual danger has ceased. The stress causes a breakdown in communication between the logical part of the brain that would normally control this reaction and the parts that are responsible for emotional and memory processing.<sup>7</sup> Both genetic factors and the brain’s reaction to prior experiences appear to play a role.<sup>8</sup> Researchers have found an imbalance of brain neurotransmitters and a lower-than-normal level of stress hormones in persons diagnosed with PTSD.<sup>9</sup>

A young soldier is the only survivor when the vehicle he is riding in travels over an improvised explosive device (IED), leaving him not only wounded but with PTSD. Now back in the United States, he has nightmares and guilt. As he drives along the street, he panics when someone darts toward the street or runs out of sight. He becomes angry easily and often sits alone in the dark. He has PTSD.

A victim of a motorcycle accident is left partially paralyzed. Recurring nightmares, extreme anxiety when a car inches out into an intersection, and avoidance of the place where the accident occurred are some of his symptoms. Years later, he is finally able to ride his motorcycle through that same intersection again, having made significant progress in overcoming his PTSD.

A young girl is told by her father, "I am not the slightest bit interested in what you are interested in. Don't tell me about it. I don't care." Rejection from other children adds to the hurt, and the overall message is "No one cares about what you are interested in. No one cares about you!" Twenty-five years later, the girl (now a woman) is diagnosed with autism. Her interests have always been focused and in-depth, and the autism diagnosis explains why some people have considered them obsessive and annoying. The rejection left scars and resulted in PTSD, manifested by nightmares, anxiety, and suicidal thoughts.

The symptoms of PTSD can be frightening and confusing for the person experiencing them and for those around him or her. Knowing the symptoms can help others to be compassionate and understanding. They fall into four categories:<sup>10</sup>

### **1. Reliving the event(s) either while awake (flashbacks) or asleep (nightmares).**

Living through the traumatic event again and again brings back the same fear and the same physical symptoms, such as a rapid heart rate and breathing. The person reacts to what happened that day and says things that make no logical sense to others or screams and shouts while asleep. Both flashbacks and nightmares can be very frightening to those witnessing them.

### **2. Avoiding reminders of the trauma.**

Staying away from certain places, events, or people is a way of avoiding reminders of the trauma that caused the PTSD. Many people also work hard to avoid any thoughts or discussion of the traumatic event.

### **3. Feeling emotionally numb.**

A person with PTSD may not be able to express feelings and may push loved ones away. Isolation may be part of this as the person struggles to return to normal life. Marriages may falter and children may struggle. Additional symptoms are a loss of interest in activities that the person used to enjoy or having trouble remembering the traumatic event.

#### **4. Feeling on edge or “keyed up” (hyperarousal).**

A person with PTSD may be easily startled, constantly tense, and/or have angry outbursts. He or she is on guard and worried about safety. These symptoms are often constant and not triggered by anything identifiable. Being constantly stressed interferes with daily living tasks such as sleeping, eating, or concentrating. It can be impossible to find or keep a job and may result in failed marriages and other broken relationships.

Older children and teens may experience symptoms similar to those of adults. They may also exhibit destructive or disrespectful behaviors and feel very guilty that they did not prevent an injury or death. They may focus on getting revenge. Very young children may revert to bedwetting, lose the ability to speak, relive the trauma during play, and/or become more dependent and cling to their parents or caregivers.<sup>11</sup>

If you recognize these symptoms in someone who attends your church, you may be uncertain about what you can do to help. People who have PTSD need support from family and friends and from their faith community, as well as from professionals. A person with PTSD may seek help from his or her pastor, who can assist with finding a psychotherapist experienced in helping people with PTSD or make a referral to the Veterans Administration for help. Non-veterans who have PTSD will benefit from the services of a behavioral health specialist or other health care provider. But the pastor also needs to continue to offer spiritual help, as the person may well have faith-related questions and needs along with the clinical symptoms.

Persons experiencing PTSD and their families need to know that treatment can be very effective in decreasing symptoms and returning to a better quality of life. Treatment measures may include medications, cognitive behavioral therapy, or traditional psychotherapy. Some therapists offer eye movement desensitization and reprocessing (EMDR) and others use prolonged exposure therapy (PE). Family therapy may also be recommended.<sup>12</sup>

In addition to professional help, it is crucial to have the backing and encouragement of a support system. Congregations can help provide the “resilience factors” that may reduce the risk or severity of PTSD. These factors include the availability of group and individual support after a traumatic event, the use of an effective coping strategy, and the ability to respond in a manner consistent with one’s values when in a dangerous situation.<sup>13</sup>

In fact, congregations can offer many kinds of assistance. Becoming educated about PTSD is the first step. This will help church members know what to expect. As with any mental illness, educating ourselves about the symptoms and about appropriate responses is critical. One idea is to have a professional in the field make a presentation about PTSD to a specific group or the whole congregation. At Mesquite United Methodist Church in Mesquite, Nevada, the Stephen Ministries program invited a veteran who helps other veterans to teach their group about symptoms of PTSD and available community resources.<sup>14</sup>

Congregational members can offer friendship to the person experiencing PTSD, using the companionship model taught by Pathways to Promise, an interfaith mental health collaborative supported in part by The United Methodist Church. Offering accompaniment to doctor's appointments can be helpful, as can spending time together, especially in physical activities such as walking or bike riding that are mutually enjoyed and help restore a feeling of normalcy without denying the PTSD.

A person desiring to befriend someone with PTSD must have good communication skills. Being willing to listen is important, but just as important is discerning when someone does not want to talk. The National Center for PTSD suggests the following pointers:

- Be clear and to the point.
- Be positive. Blame and negative talk won't help the situation.
- Be a good listener. Don't argue or interrupt. Repeat what you hear to make sure you understand, and ask questions if you need to know more.
- Help the person put feelings into words. Ask "Are you feeling angry? Sad? Worried?"
- Ask how you can help.
- Don't give advice unless you are asked.<sup>15</sup>

Individual support can be bolstered by a support group that is a place for mutual understanding and care. Peer-to-peer support is often best, as others who have not faced similar situations will have difficulty relating. Several churches host combat trauma support groups, using names that don't require participants to claim the PTSD diagnosis in order to seek out and benefit from these groups. In 2013, Pastor John Beckling, a veteran of the Vietnam conflict, started such a support group at Harker Heights United Methodist Church in Harker Heights, Texas. Dinner is provided before the group meeting, and co-pastor Tae Beckling facilitates a concurrent support group for spouses.<sup>16</sup>

A common symptom of PTSD is anger. That anger can be about many things, and be triggered without warning. An angry outburst may be frightening and difficult to deal with. It is important to keep everyone safe at church, so group leaders, ushers, and other church leaders should learn how to help and have a plan of response if for any reason a situation becomes threatening. Pathways to Promise, a national interfaith mental health resource organization—of which several United Methodist agencies are key partners—has a series of guidelines for crisis response that could form the basis of congregational policies and procedures.<sup>17</sup> If the anger leads to violent or abusive behavior, call 911 for help. Get others, especially children, to a safe place.

Although not all of them care for a family member with PTSD, a significant percentage of the 5.5 million U.S. family members and friends who serve as caregivers of veterans will deal

with post-service stress and the effects of trauma.<sup>18</sup> Having a family member with PTSD can make life difficult for everyone. Family therapy can be crucial in helping everyone understand and deal with this tough situation. There are family therapists who specialize in PTSD. Your doctor, faith community nurse, or a social services organization can help you locate a therapist with skills assisting families living with PTSD.

Self-care is crucial when one has a family member with PTSD. A caregiver may become exhausted and ill, as it takes a lot of strength to deal with the symptoms of PTSD. Churches can help by teaching self-care skills as part of their congregational health ministry. Faith-based exercise and healthy eating programs can be effective and a place to make new friends.<sup>19</sup> Quilting groups or Bible study classes can offer a safe place to get away, resume treasured hobbies, be heard, and find hope to carry on.

The pastor or faith community nurse<sup>20</sup> may spend time with the spouse and help the person remember that there still are good things about life, even life with PTSD. Tools such as keeping a blessings and joys journal may help the caregiver maintain perspective by writing down the good things that happen each day. Outside support can help the family member to understand that improvement may come slowly because this is an injury that takes time to heal. The counselor may encourage taking some quiet time for prayer and reflection, for reading, writing, or whatever helps collect one's thoughts and renew one's energy.<sup>21</sup>

Children, too, are affected when parents experience PTSD. Churches can and do provide fun Parents' Night Out childcare to enable couples to have time alone to strengthen their relationship. Sending a child to a specialized camp where all campers have parents in the military can be life-changing. Lazy F Camp and Retreat Center in Washington state has partnered with the National Military Family Association's Operation Purple Camp to offer such camp experiences for a number of years.<sup>22</sup>

As a church family, we can make a difference in the lives of those who have acquired this injury, whether through trauma experienced in military service, an accident, traumatic loss, or other life circumstances. As members of a faith community, we can share God's love with those of us who have PTSD if we understand that it is an injury that can heal, given time, proper treatment, and support. Only those of us who are doctors or therapists can provide treatment, but the rest of us can be the supportive community that is needed.

In addition to helping those with PTSD in our own congregations and communities, we can support international efforts such as the Center for Victims of Torture at the Dadaab refugee camp in Kenya, where more than 365,000 refugees (mostly from Somalia) live. This project is supported by a grant from United Methodist Women's Mission Giving. The center addresses the needs of those who have mental health and trauma conditions by providing assessment and counseling through a peer-to-peer approach.<sup>23</sup>

## **Reflection/Discussion Questions**

- Have you, or has someone you love, experienced PTSD? Do you have veterans or others in your congregation who may have PTSD? How have you tried to be supportive? If you haven't, what keeps you from acting?
- How can you address that barrier and knock it down?
- Are there others in your congregation who might be willing to help you take steps to address this need? How can you begin? Name some ways you can start.



## **Conclusion: Making Paths Straight, Removing Barriers**

The prophet's voice still cries out in the wilderness: "Prepare the way of the Lord!" How can we make the path straight and remove barriers so that all people, with or without disabilities, with PTSD or not, no matter where they live, can come into God's presence, to see the glory of God together?

We can work to have the United Nations Convention on the Rights of Persons with Disabilities ratified and implemented in more countries, including the United States. That would focus the political will to provide access and services to people with disabilities. We can donate to projects already supported by United Methodist Women and The Advance in Latin America and elsewhere in the world that are providing help and training to people with disabilities. And we can find ways to come alongside persons with PTSD in our congregations and communities. There are many ways to help each other break down the barriers of awareness and attitude that hinder access, accommodation, and advocacy. There are many ways to make the path to God straight for people in all of our diversity. Let us get to work together!

# Endnotes

## Introduction: Biblical Foundation

1. Scripture taken from the Common English Bible®, CEB®. Copyright © 2010, 2011 by Common English Bible™. Used by permission. All rights reserved worldwide. The “CEB” and “Common English Bible” trademarks are registered in the United States Patent and Trademark Office by Common English Bible. Use of either trademark requires the permission of the Common English Bible.

## Chapter 1: The United Nation Convention on the Rights of Persons with Disabilities

1. “Convention on the Rights of Persons with Disabilities,” *United Nations*, accessed December 18, 2014, [www.un.org/disabilities/convention/conventionfull.shtml](http://www.un.org/disabilities/convention/conventionfull.shtml).
2. “The Convention on the Rights of Persons with Disabilities,” *U.S. International Council of Disabilities*, accessed January 13, 2015, [usidc.org/template/page.cfm?id=221](http://usidc.org/template/page.cfm?id=221).
3. “Standard Rules on the Equalization of Opportunities for Persons with Disabilities,” *United Nations*, accessed January 15, 2014, [www.un.org/disabilities/default.asp?id=26](http://www.un.org/disabilities/default.asp?id=26).
4. “Latest Developments,” *United Nations*, accessed January 13, 2015, [www.un.org/disabilities/](http://www.un.org/disabilities/).
5. Hayes Brown, “The Senate Can Pass a Treaty to Protect Fish But Not One to Protect Disability Rights,” *Think Progress*, last modified April 11, 2014, [thinkprogress.org/world/2014/04/11/3424367/senate-fish-crpd/](http://thinkprogress.org/world/2014/04/11/3424367/senate-fish-crpd/).
6. From *The Book of Discipline of The United Methodist Church 2012*. Copyright © 2012 by The United Methodist Publishing House. Used by permission.
7. Jackson Day, “Ratify ‘Disability Treaty,’” *General Board of Church & Society of The United Methodist Church*, last updated January 8, 2012, [umc-gbcs.org/faith-in-action/ratify-disability-treaty](http://umc-gbcs.org/faith-in-action/ratify-disability-treaty).

## Chapter 2: Persons with Disabilities in Latin America

1. “CRPD and Optional Protocol Signatures and Ratifications,” *United Nations*, accessed January 5, 2015, [www.un.org/disabilities/documents/maps/enablemap.jpg](http://www.un.org/disabilities/documents/maps/enablemap.jpg).
2. Rich Schultze, telephone interview with author, November 26, 2014.
3. Paul Jeffrey, “The Fight for Full Inclusion in Mexico: Activists Push for Equal Opportunities for Those with Disabilities,” **response**, issue 46 (2014): 22–28.
4. “Abandoned and Disappeared: Mexico’s Segregation and Abuse of Children and Adults with Disabilities,” *Disability Rights International*, last modified November 30, 2010, [www.disabilityrightsintl.org/work/country-projects/mexico/](http://www.disabilityrightsintl.org/work/country-projects/mexico/).
5. “Disability and Inclusive Development in Latin America & the Caribbean,” *World Bank*, last modified August 31, 2009, [web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY/0,,contentMDK:20286220~menuPK:3554754~pagePK:210058~piPK:210062~theSitePK:Methodist Publishing H282699,00.html](http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY/0,,contentMDK:20286220~menuPK:3554754~pagePK:210058~piPK:210062~theSitePK:Methodist Publishing H282699,00.html).
6. Paul Jeffrey, “People with Disabilities and Their Families Struggle for Greater Citizenship,” **response**, issue 47 (2015): 22–27.
7. “Rights of Children and Adolescents with Disabilities,” UNICEF Regional Office for Latin America and the Caribbean, *challenges*, No. 15, April 2013, [www.unicef.org/lac/Challenges-15-web.pdf](http://www.unicef.org/lac/Challenges-15-web.pdf).

8. "Community Based Rehabilitation (CBR)," *World Bank*, last modified April 15, 2010, [web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY/0,,contentMDK:20192706~menuPK:418196~pagePK:148956~piPK:216618~theSitePK:282699,00.html](http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY/0,,contentMDK:20192706~menuPK:418196~pagePK:148956~piPK:216618~theSitePK:282699,00.html).
9. Paul Jeffrey, "The Fight for Full Inclusion in Mexico: Activists Push for Equal Opportunities for Those with Disabilities," **response**, issue 46 (2014): 22–28.
10. "Towards Accessible and Inclusive Societies and Churches in Latin America," *World Council of Churches*, last modified September 15, 2014, [www.oikoumene.org/en/press-centre/news/towards-accessible-and-inclusive-societies-and-churches-in-latin-america](http://www.oikoumene.org/en/press-centre/news/towards-accessible-and-inclusive-societies-and-churches-in-latin-america).
11. Valentina Pasquali, "The Poorest Countries in the World," *Global Finance*, accessed January 3, 2015, [www.gfmag.com/global-data/economic-data/the-poorest-countries-in-the-world](http://www.gfmag.com/global-data/economic-data/the-poorest-countries-in-the-world).
12. Rich Schultze, telephone interview with author, November 26, 2014.
13. "Embracing Disability in Bolivia," accessed January 5, 2015, [www.disabilitybolivia.org/](http://www.disabilitybolivia.org/).
14. "Minority Health: Hispanic or Latino Populations," *Centers for Disease Control and Prevention*, last modified February 3, 2015, [www.cdc.gov/minorityhealth/populations/REMP/hispanic.html](http://www.cdc.gov/minorityhealth/populations/REMP/hispanic.html).
15. Lupita Alonso-Redondo, telephone interview with Lynn Swedberg, January 6, 2015.

### **Chapter 3: Post-Traumatic Stress Disorder**

1. Matthew J. Friedman, MD, PhD, "History of PTSD in Veterans: Civil War to DSM-5," *U.S. Department of Veterans Affairs, PTSD: National Center for PTSD*, last modified November 10, 2014, [www.ptsd.va.gov/public/PTSD-overview/basics/history-of-ptsd-vets.asp](http://www.ptsd.va.gov/public/PTSD-overview/basics/history-of-ptsd-vets.asp).
2. Jaime L. Gradus, "Epidemiology of PTSD," *U.S. Department of Veterans Affairs, PTSD: National Center for PTSD*, last modified January 30, 2014, [www.ptsd.va.gov/professional/PTSD-overview/epidemiological-facts-ptsd.asp](http://www.ptsd.va.gov/professional/PTSD-overview/epidemiological-facts-ptsd.asp).
3. Joshua S. Goldstein, "Wars in Progress," *InternationalRelations.com*, last modified July 30, 2014, [www.internationalrelations.com/wars-in-progress/](http://www.internationalrelations.com/wars-in-progress/).
4. "Armed Conflict Database," *International Institute for Strategic Studies*, [acd.iiss.org/](http://acd.iiss.org/).
5. "DSM-5 Criteria for PTSD," *U.S. Department of Veterans Affairs, PTSD: National Center for PTSD*, last modified January 3, 2014, [www.ptsd.va.gov/professional/PTSD-overview/dsm5\\_criteria\\_ptsd.asp](http://www.ptsd.va.gov/professional/PTSD-overview/dsm5_criteria_ptsd.asp).
6. Gradus, "Epidemiology of PTSD," [www.ptsd.va.gov/professional/PTSD-overview/epidemiological-facts-ptsd.asp](http://www.ptsd.va.gov/professional/PTSD-overview/epidemiological-facts-ptsd.asp).
7. John Lynch and Laurin Mack, *PTSD Recovery Program: Therapist Manual*, first edition, (Richmond: Hunter Holmes McGuire VAMC), 13–14, [www.mirecc.va.gov/docs/vsn6/PTSD\\_Recovery\\_Group\\_Therapist\\_Manual.pdf](http://www.mirecc.va.gov/docs/vsn6/PTSD_Recovery_Group_Therapist_Manual.pdf).
8. "Post Traumatic Stress Disorder Research Fact Sheet," *National Institute of Mental Health*, accessed January 7, 2015, [www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-research-fact-sheet/index.shtml](http://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-research-fact-sheet/index.shtml).
9. "Post-Traumatic Stress Disorder," *The New York Times*, last modified March 11, 2013, [www.nytimes.com/health/guides/disease/post-traumatic-stress-disorder/causes.html#](http://www.nytimes.com/health/guides/disease/post-traumatic-stress-disorder/causes.html#).
10. Lynch and Mack, *PTSD Recovery Program: Therapist Manual*, first edition.
11. "What is Post-Traumatic Stress Disorder, or PTSD?" *National Institute of Mental Health*, accessed January 7, 2015, [www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd/index.shtml](http://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd/index.shtml).

12. "Treatment of PTSD," *U.S. Department of Veterans Affairs, PTSD: National Center for PTSD*, last modified February 27, 2014, [www.ptsd.va.gov/public/treatment/therapy-med/treatment-ptsd.asp](http://www.ptsd.va.gov/public/treatment/therapy-med/treatment-ptsd.asp).
13. "Post-Traumatic Stress Disorder," *National Institute of Mental Health*, accessed January 7, 2015, [www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd/index.shtml](http://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd/index.shtml).
14. "Stephen Ministers Hear Veteran Speak About PTSD," *Mesquite Local News*, last modified November 7, 2014, [mesquitelocalnews.com/2014/11/stephen-ministers-hear-veteran-speak-ptsd/](http://mesquitelocalnews.com/2014/11/stephen-ministers-hear-veteran-speak-ptsd/).
15. "Helping a Family Member Who Has PTSD," *U.S. Department of Veterans Affairs, PTSD: National Center for PTSD*, last modified January 3, 2014, [www.ptsd.va.gov/public/family/helping-family-member.asp](http://www.ptsd.va.gov/public/family/helping-family-member.asp).
16. Marily Considine, "Church Offers PTSD Support Group," *Harker Heights Herald*, last modified May 30, 2014, [kdhnews.com/harker\\_heights\\_herald/community/church-offers-ptsd-support-group/article\\_bdfb6002-e7a3-11e3-91a1-001a4bcf6878.html](http://kdhnews.com/harker_heights_herald/community/church-offers-ptsd-support-group/article_bdfb6002-e7a3-11e3-91a1-001a4bcf6878.html).
17. "Crisis Information," *Pathways to Promise*, accessed January 7, 2015, [www.pathways2promise.org/resources/download/crisis-information](http://www.pathways2promise.org/resources/download/crisis-information).
18. "1.1 Million Americans Providing Care to Military Members Who Served Since 9/11, Rand Study Finds," *General Board of Higher Education and Ministry*, accessed January 7, 2015, [www.gbhem.org/article/11-million-americans-providing-care-military-members-who-served-9/11-rand-study-finds](http://www.gbhem.org/article/11-million-americans-providing-care-military-members-who-served-9/11-rand-study-finds).
19. Susan Passi-Klaus, "Can Church Friends Be a Diet Secret?" *The United Methodist Church*, last modified November 20, 2014, [www.umc.org/what-we-believe/can-church-friends-be-a-diet-secret](http://www.umc.org/what-we-believe/can-church-friends-be-a-diet-secret).
20. Tita Parham, "Faith Community Nurses Help Heal Body, Mind and Soul," *The United Methodist Church*, accessed January 7, 2015, [www.umc.org/news-and-media/faith-community-nurses-help-heal-body-mind-and-soul](http://www.umc.org/news-and-media/faith-community-nurses-help-heal-body-mind-and-soul).
21. "Helping a Family Member Who Has PTSD," *U.S. Department of Veteran Affairs, PTSD: National Center for PTSD*, last modified January 3, 2014, [www.ptsd.va.gov/public/family/helping-family-member.asp](http://www.ptsd.va.gov/public/family/helping-family-member.asp).
22. "UMTV: Seminarian Supports Military Kids," *The United Methodist Church*, last modified May 20, 2013, [www.umc.org/news-and-media/umtv-seminarian-supports-military-kids](http://www.umc.org/news-and-media/umtv-seminarian-supports-military-kids).
23. Amy-Jo C. Versolato, "The Healing Project of the Center for Victims of Torture, in the Dadaaab Refugee Camp, Kenya," *United Methodist Women*, last modified September 9, 2013, [www.unitedmethodistwomen.org/donate/stories/restoring-hope,-building-local-capacity](http://www.unitedmethodistwomen.org/donate/stories/restoring-hope,-building-local-capacity).

# Appendix: Resources for Post-Traumatic Stress Disorder

## **BASIC INFORMATION ABOUT PTSD**

### **National Alliance on Mental Illness (NAMI) brochure on PTSD**

[www.nami.org/Template.cfm?Section=PTSD&template=/ContentManagement/ContentDisplay.cfm&ContentID=122945](http://www.nami.org/Template.cfm?Section=PTSD&template=/ContentManagement/ContentDisplay.cfm&ContentID=122945)

### **National Institute of Mental Health**

[www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml](http://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml)

### **U.S. Department of Veterans Affairs**

- Information for the public: [www.ptsd.va.gov/index.asp](http://www.ptsd.va.gov/index.asp)
- On encouraging a veteran to get professional help: [www.mirecc.va.gov/coaching/services.asp](http://www.mirecc.va.gov/coaching/services.asp)
- Video: What is PTSD? [www.youtube.com/watch?v=YMC2jt\\_QVEE](http://www.youtube.com/watch?v=YMC2jt_QVEE)

## **FAITH-BASED INFORMATION**

### **Mental Health Ministries**

- One-page brochure that gives a good overview: [www.mentalhealthministries.net/resources/brochures/ptsd/trauma\\_ptsd.pdf](http://www.mentalhealthministries.net/resources/brochures/ptsd/trauma_ptsd.pdf)
- DVD or Youtube video that can be shown at informational meetings and trainings: [www.mentalhealthministries.net/resources/dvds/healing\\_and\\_hope.html](http://www.mentalhealthministries.net/resources/dvds/healing_and_hope.html) or [www.youtube.com/watch?v=yP08jh6LK48](http://www.youtube.com/watch?v=yP08jh6LK48)
- Guide to how to start a support system at your church: [www.mentalhealthministries.net/resources/brochures/creating\\_caring\\_congregations/ccc\\_brochure.pdf](http://www.mentalhealthministries.net/resources/brochures/creating_caring_congregations/ccc_brochure.pdf)

### **Pathways to Promise**

[www.pathways2promise.org/](http://www.pathways2promise.org/)

### **Twelve-Step Program Toward Recovery from Moral Injury for Veterans and Their Families and Friends**

[brite.edu/wp-content/uploads/2013/07/12Step-Moral-Injury-Meeting-Book.pdf](http://brite.edu/wp-content/uploads/2013/07/12Step-Moral-Injury-Meeting-Book.pdf)

## About the Author

**Sharon McCart** is a lifelong United Methodist with a passion for ministry with people with disabilities. A former special education teacher, she has known and been friends with people with disabilities all her life. She serves as the facilitator of the DisAbility Ministries Task Force in the California-Pacific Annual Conference ([www.calpacumc.org/disability/](http://www.calpacumc.org/disability/)) and as the chair of the DisAbility Ministries Committee of The United Methodist Church. She also administers the Cal-Pac Resources for DisAbility Ministries Facebook page ([www.facebook.com/calpacministryforall](http://www.facebook.com/calpacministryforall)).