

# **Behavioral Health Guidelines for Boards of Ministry**

In the process of selecting candidates for ministry District Committees on Ordained Ministry (dCOM) and Boards of Ordained Ministry (BOM) must discern each potential candidate's "gifts, evidence of God's grace, and usefulness" (Paras. 301.2 and 663.8, see also Para 605.6, 2004 Discipline). The constant pastoral concern for both the Church and candidates is to maximize effectiveness in ministry (on the positive end of the continuum) and minimize ineffectiveness and harm to all involved, both now and in the future.

These mental and behavior health guidelines seek to describe the boundaries of healthy functioning, beyond which distortions of health become serious problems for the church and its ministry as well as for the person involved. The central question is how experiences impact a person's inner being or spirit and how a person's inmost spirit transforms behavior patterns (I Cor. 13, Romans 12). Concern about a person's mental and emotional status and behavioral patterns, including mental processing, emotional states, identity, personal boundaries, and responses to stress, are part of our pastoral concern in selecting candidates.

Since our ministries are treasures of God in earthen vessels (2 Cor 4:7), we seek to discern how human vessels can be refined and strengthened in order to be more durable and useful in the ministry of Christ in the world. Where negatives exist, can they be sufficiently healed and transformed with the available resources to enable a candidate to incarnate love in ministry? Where positives exist, can they be used to strengthen trust, enable safety, and express grace and love in relationships without giving in to temptations and distortions?

To address these concerns, the Division of Ordained Ministry's Advisory Committee on Psychological Assessment offers the following *Behavioral Health Guidelines* as a resource in candidacy selection. **As the title suggests, these are general guidelines rather than hard-and-fast regulations.** They relate to behavioral health issues, broadly defined, that our Committee believes are critical to effectiveness in ministry and the avoidance of misconduct. Our primary purposes in this effort:

- to guide and advise dCOMs and BOMs
- to assist BOMs in establishing their own standards
- to provide a vehicle for BOMs to raise questions about standards
- to flag areas of concern

Our Committee proposes standards in the categories listed below, along with brief rationales explaining our sense of their importance. Most candidates will meet these standards immediately, but some may evidence critical behaviors or conditions that would require further exploration. Questions are provided to facilitate this exploration. If the results continue to raise concerns, the Board or Committee may need to take some action, such as postponement of the candidacy process (for further exploration or remediation) or, in serious cases, permanent disqualification. Each recommendation or guideline requires interpretation on a case-by-case basis.

The Advisory Committee on Psychological Assessment welcomes feedback regarding these guidelines. Address correspondence to: Candidacy Assessment Office, Division of Ordained Ministry, P. O. Box 340007, Nashville, TN 37203-0007.

## **Definitions:**

**Category:** A general area of concern.

**Standard:** A minimum requirement necessary to address the area of concern.

**Rationale:** An explanation of the standard.

**Critical Behavior:** A specific behavior or condition that indicates the standard has not been met.

**Exploratory Question:** A recommended question which may assist in assessing whether a critical behavior does indeed violate the standard.

**Recommendation:** A decision recommended when exploratory questions indicate that a standard is not met.

### **Category: Physical Health**

**Standard: The candidate demonstrates no obvious physical health concerns.**

#### **Rationale:**

Neglect of physical health is known to impair function in pervasive ways. Responsible preventive health care maximizes the functional abilities of the individual and minimizes the health care costs to the annual conference.

The physical health concerns listed below may have a strong psychological component, and may reflect psychological disorders.

#### **Critical behaviors: (considered in cultural context)**

- Morbid obesity (Body weight 100 lbs or more above maximum ideal weight)
- Markedly underweight (body weight at least 15% or more below the candidate's healthy minimum weight)
- An un-treated, chronic, medical condition such as hypertension, diabetes, etc.
- Non-compliance with prescribed medical treatment for any condition

#### **Exploratory Questions:**

How do you evaluate your overall physical health?

What steps do you take to care for your physical health?

When was your last medical checkup?

Do you have any current or chronic health problems?

If so, what steps are you taking to care for yourself?

How does your physical health impact your ability to be an effective minister?

#### **Recommendations:**

Candidates should be able to articulate their plans for physical health care. Candidates with medical problems should demonstrate medical consultation and cooperation with treatment plans.

### **Category: Management of personal finances**

**Standard: The candidate is not in debt so as to embarrass the Church.**

#### **Rationale:**

While this may not, on the surface, seem to be a behavioral health issue, personal financial management has to do with general maturity, including the ability to set priorities, maintain discipline and delay gratification. Difficulties in this area raise concerns about judgment and impulse control.

#### **Critical behaviors:**

- The candidate has been reported to a credit bureau for nonpayment.

- The candidate has a history of a personal bankruptcy.
- The candidate has had money judgments filed against him/her.

**Exploratory Questions:**

- Describe the history (sequence) of your difficulties.
- Are there extenuating circumstances? (Possible mitigating circumstances: major medical expenses, divorce. NOTE: Business failures and unemployment are not necessarily mitigating conditions, but require further exploration.)

**Recommendation:**

If the candidate has a history of having been reported to the credit bureau, then three years of a good credit history is recommended. If the candidate has a history of a personal bankruptcy, then five years of good credit is recommended. If the candidate has a history of money judgments, then it is recommended that the judgments be satisfied prior to continuance.

**Category: Mental Illness**

**Standard: The candidate has no current or recurring disqualifying psychological impairment.**

**Critical behaviors:**

- The candidate has received a diagnosis of bipolar disorder, schizophrenia or any other psychotic disorder.
- The candidate has received a diagnosis of a personality disorder.
- The candidate has been hospitalized for psychiatric treatment.
- The candidate has been prescribed psychiatric medications (including antidepressants and anxiolytics)
- The candidate has attempted suicide.

**Exploratory Questions:**

- Describe the history (sequence) of your treatment for your difficulties.
- What specific potential vulnerabilities do these difficulties create for your ministry, and how do you see yourself protecting both yourself and the people you would serve?
- Would you be willing to authorize communication between those who have treated you and this committee?

**Recommendation:**

The more severe the psychiatric impairment, the more important the need for direct consultation with the treating mental health practitioners. The Board may wish to bring in its own mental health consultants in order to evaluate the candidate's situation.

The candidate has a history of remission from any moderately-to-severely impairing conditions for not less than five years without necessity for psychiatric hospitalization, though treatment may continue.

The candidate has a history of responsible management of any mildly-to-moderately impairing conditions for not less than five years, and has an effective treatment program in place.

### **Category: Alcohol abuse/dependence**

**Standard: The candidate demonstrates no present abuse or dependence upon alcohol.**

**Rationale:**

*Alcohol abuse* (short-term intoxication) and/or *alcohol dependence* (chronic overinvolvement) are mental disorders known to impair functioning in pervasive ways. Candidates who suffer from these disorders will have greatly limited effectiveness and are at much greater risk for professional misconduct.

**Critical behaviors:**

- a history of drinking to the point of intoxication
- a history of arrest for driving while intoxicated
- a history of an arrest for public intoxication
- complaints by family or others regarding the candidates use of alcohol

**Exploratory Questions:**

The “CAGE” questions below may be helpful: two or more “yes” answers predicts alcoholism with about 75% accuracy.

1. Have you ever felt you should **C**ut down on your drinking?
2. Have people **A**nnoyed you by criticizing your drinking?
3. Have you ever felt bad or **G**uilty about your drinking?
4. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? (**E**ye-opener)

Where there is a history of alcohol use, the following questions may be helpful:

- Are you currently abstinent, and if so for how long?
- If you are abstinent, how and why were you able to become abstinent?
- What are you currently doing to maintain abstinence? (Possible answers: Alcoholics Anonymous, outpatient chemical dependency counseling, other counseling)

**Recommendation:**

Consider requiring a minimum of one year’s sobriety prior to certification for candidacy.

If *any* of the critical behaviors are recent (within five years), then consider requiring a formal “substance abuse evaluation” by a certified chemical dependency treatment specialist.

If there is clear evidence of alcohol dependence *at any time*, then consider requiring participation in Alcoholics Anonymous (AA) or equivalent program and continued involvement in such a program for not less than five years prior to certification for candidacy.

### **Category: Chemical abuse/dependency**

**Standard: The candidate demonstrates no present abuse or dependence upon either nonprescribed pharmacologic agents or prescribed medications.**

**Rationale:**

Chemical abuse and/or dependence are mental disorders known to impair functioning in pervasive ways. Candidates who suffer from these disorders will have greatly limited effectiveness and are at much greater risk for professional misconduct.

**Critical behaviors:**

- any use of illegal or non-prescribed substances, including but not limited to marijuana, cocaine, hashish, hallucinogens, sedatives, amphetamines or other stimulants.
- misuse of prescribed pharmacological agents of any type

**Exploratory Questions:**

- What is your history of chemical abuse or dependency?
- Are you currently abstinent, and if so for how long?
- If you are abstinent, how and why were you able to become abstinent?
- What are you currently doing to maintain abstinence? (Possible answers: Narcotics Anonymous, outpatient chemical dependency counseling, other counseling)

**Recommendation:**

If the history reveals occasional and/or experimental use limited to an *adolescent* period, then consider requiring not less than five years of sobriety prior to certification for candidacy.

If the history reveals any *adult* use of illegal substances, or any misuse of prescribed pharmacological agent, then consider requiring a formal chemical dependency assessment from a credentialed chemical dependency treatment specialist. A period of not less than five years of sobriety prior to certification for candidacy would also be appropriate.

**Category: Legal (general)**

**Standard: The candidate shall be respectful of the law and evidence legal responsibility in personal habits.**

**Rationale:**

This may not, on the surface, appear to be a behavioral health issue, but similar issues around maturity, discipline, and judgment come into play. In addition, one's approach toward the law often is a barometer of one's respect for authority generally, and unresolved authority issues may significantly hamper clergy effectiveness.

**Critical behaviors:**

- More than three moving violations (traffic) within the preceding three years
- An arrest or conviction for any misdemeanor
- An arrest or conviction for any felony

Note: "Conviction" includes a "no contest" plea without admission of guilt, deferred adjudication and/or probation.

**Recommendation:**

Candidates may have no more than three moving violations (traffic) within the preceding three years.

A history of arrest for any misdemeanor or felony requires investigation of the circumstances of the arrest including review of the offense (police) report. Results of the investigation may require an appropriate period without history of difficulty or further arrest prior to certification for candidacy or continuance.

A history of conviction for any felony is, under most circumstances, permanently disqualifying.

### **Category: Family Violence**

**Standard: The candidate has a history of resolving family conflict in a nonviolent manner.**

**Critical behaviors:**

- Any report or complaint (against the candidate) of family violence.
- Any history that a law enforcement unit has been called to the candidate's residence because of his/her behavior.
- Any report or complaint (against the candidate) to protective services for inappropriate treatment of children or adults.
- Any history of protective orders against the candidate.

**Recommendation:**

The candidate shall ordinarily have not less than three years without reports as described.

The presence of any critical behaviors requires an investigation into the facts and circumstances and an appropriate period may be required prior to certification for candidacy or continuance. The candidate shall acknowledge his/her behaviors and may have entered into family counseling or other appropriate treatment.

### **Category: Divorce or Infidelity**

**Standard: If the candidate has been divorced, or if there is evidence of infidelity, the candidate must have done sufficient exploratory and reparative work to demonstrate and/or articulate the impact of the health of married life on quality of ministry.**

**Critical behaviors:**

- A divorce in the past three years
- A history of having been married more than twice
- A history of infidelity

**Exploratory Questions:**

*If a recent divorce:*

- What steps have you taken to understand the nature of your own contribution to the dissolution of the marriage?
- What steps have you taken to move yourself through a healthy grief process?

*If multiple marriages:*

- What steps have you taken to identify and deal with any dysfunctional patterns in intimate relationships?

*In either case:*

- Have you maintained fidelity in marriage? If not, what steps have you taken to understand your actions and decisions so as to safeguard current or future marriage covenants?

**Recommendation:**

If there is a recent divorce (within 2-3 years), then the candidate should be able to articulate any dysfunctional patterns in intimate relationship and have taken steps to safeguard current or future marriage covenants..

If there is insufficient evidence that sufficient exploratory or reparative work has been done, the Board may wish to recommend or require a course of psychotherapy and/or other conditions, such as a delay of one year.

### **Category: Sexual Misconduct**

**Standard: The candidate has no history, or complaints, of sexual misconduct or charges of sexual harassment having been brought against him/her. See addendum for definitions.**

#### **Rationale:**

Candidates must model in their personal life and behavior a healthy and sacred view of sexuality so as not to misuse the clerical office.

#### **Critical Behaviors**

- A history of complaints or charges (either formal or informal) of sexual harassment
- A history of improper sexual conduct

#### **Exploratory Questions**

- Have you ever had a complaint or charge (either formal or informal) of sexual harassment or misconduct brought against you? (If so, describe the circumstances.)
- What steps have you taken to insure that the behavior does not occur in the future?

#### **Recommendations**

Consider further assessment.

The Board of Ministry should explore in an interview with the committee the steps the candidate has taken to identify and understand and deal with the psychological vulnerabilities that contributed to the behavior, and what safeguards the candidate has put into place to guard against the possibility of similar behavior in the future.

The candidate should have no evidence of sexual misconduct for a minimum of three years.

A candidate must articulate a plan to insure that such behavior is unlikely to recur. This plan may include intensive psychotherapy and/or ongoing supervision, or other conditions required by the Board.

### **Category: Legal - Sex related crimes**

**Standard: The candidate shall have no history that poses risk of sexual harassment, sexual assault to adults or children, nor history of any sex-related offense.**

#### **Critical behaviors:**

- Treatment for any sex-related crime.
- Arrest, conviction, or written accusation for any sex-related crime.
- Written allegations of any sex-related crime

#### **Recommendation:**

If the candidate has committed a sex-related crime, he or she should be permanently disqualified.

Certainly the candidate is entitled to be considered innocent until proven guilty, so a written accusation or arrest alone is not sufficient for disqualification, but either one would raise significant questions which the Board would need to explore in depth.

The recommendation for permanent disqualification reflects the massive legal exposure an Annual Conference would take on were it to place in ministry a known sex offender. Behind that reality, however, is the awareness that currently available treatments for such offenses are of limited utility, with high rates of recidivism.

**ADDENDUM**  
**Definitions of Improper Sexual Conduct**

1. **Sexual harassment**  
Includes solicitation, physical advances, or verbal or nonverbal conduct consisting of a single intense or severe act, or of multiple persistent or pervasive acts, by a candidate toward another individual, that are sexual in nature and occur whether in connection with the candidate's clerical activities or personal life, and that are unwelcome, offensive, or create a hostile environment for the affected individual.
  
2. **Sexual impropriety**  
Sexual impropriety is deliberate or repeated comments, gestures, or physical acts of a sexual nature that include but are not limited to:
  - a) behavior, gestures or expressions which may reasonably be interpreted as inappropriately seductive or sexually demeaning,
  - b) making inappropriate comments about an individual's body,
  - c) making sexually demeaning comments to an individual,
  - d) making comments about an individual's potential sexual performance,
  - e) in a counseling relationship, requesting details of a person's sexual history when not clinically indicated for the type of consultation,
  - f) requesting a date,
  - g) initiating conversation regarding the sexual problems, preferences, or fantasies of either party,
  - h) kissing of a sexual nature,
  - i) sharing or displaying pornographic material with another person.
  
3. **Deviant sexual behaviors**  
Deviant sexual behaviors include, but are not limited to, behaviors such as pedophilia, exhibitionism, or other paraphilias, and preoccupation with pornographic materials for sexual stimulation and gratification.