

Aspirant Health Questionnaire

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An Introduction

The Canons of The Episcopal Church state that The Church Pension Fund (CPF) will prepare forms for the medical, psychological and psychiatric examination of applicants for Holy Orders.¹ The attached materials are an updated response to this mandate and include the forms “prepared by The Church Pension Fund” as called for in the Canons. These canonical and supporting documents supersede any previous forms and are available for immediate use. They take into account Title III revisions made at the 74th General Convention in 2003.

In addition to promulgating the forms, The Church Pension Fund seeks to clarify the scope, standards and procedures for the clinical screening of those presenting themselves for Holy Orders. In addition to the canonical documents, please find several supporting documents that guide the clinical interview and clarify issues of informed consent. These documents combine the best of national standardization with local practice in discerning potential impediments to ordained ministry.

Included among the attachments please find the following forms:

- Life History Questionnaire (LHQ);
- Behavioral Screening Questionnaire (BSQ);
- Authorization and Release model forms;
- Psychologist/Psychiatrist Evaluation canonical form; and
- Medical Examination canonical form.

These electronic documents enable the applicant to download the forms and key in information. They can be emailed to the examiner, or they can be printed, signed and sent by standard mail.

A Brief History

According to White and Dykman, the Canons of the Episcopal Church first required the medical screening of applicants for Holy Orders in 1919.² The Canons stated that the Applicant must be examined by a physician “before his admission as a postulant; this examination to cover his mental, nervous, and physical condition.” Later, in 1937, the Canons first articulated a role for The Church Pension Fund: the Postulant’s “examination shall cover the man’s mental and nervous as well as his physical condition. The form of medical report prepared by The Church Pension Fund shall be used for this purpose.” Although the language has been changed from time to time, the Canons continue to address CPF’s role in promulgating forms for postulants, deacons, clergy ordained from other denominations and bishops-elect.

¹ See, respectively, Canon III.6.1, Canon III.8.2, Canon III.12.1 and Canon III.16.3.

² See White and Dykman, *Annotated Constitutions and Canons*, 1981 revision, p. 506ff.

Why The Church Pension Fund? For many years, our defined benefit pension program has allowed disabled clergy to retire from active ministry with projected credited service. As a practical matter, the Fund has used a Medical Board, composed of physicians and senior management, to certify ongoing, continuing disability. A number of clergy have applied for disability within the first years of their professional ministry, raising questions about original fitness for ordination. In preparing the medical and mental health screening forms, therefore, CPF has used insights from its disability management experience to prepare the documents included in this package.

More recently, CPF's subsidiary, The Church Insurance Company, has been called upon to defend casualty claims alleging negligent selection, retention, and supervision of Church leaders. From a risk management perspective, thorough and standard clinical evaluations documenting competent selection reduce liability concerns for Church institutions.

Purpose of Medical, Psychiatric, and Psychological Examination

Clinical screening for the four categories named in the Canons is part of *ordination* ('*acceptance*,' in the case of Canon III.12.1) discernment, not an employment process. As such, the clinical evaluations compliment the endorsing work of the bishop and Commission on Ministry. While respecting personal idiosyncrasy, cross-cultural and personal adaptation, clinical screening addresses relevant issues of overall health, personal insight and adaptation. The mental health evaluation also addresses the absence or presence of long-standing character and conduct disorders. Serious impediments, whether or not they are corroborated by other Commission on Ministry information, should delay or rule out further participation in an ordination process. Less serious impediments, such as low-grade depression, should be monitored closely during subsequent training and deployment.

Although ordained ministry is a privilege and not an entitlement, clinical screening aims to balance personal rights to privacy with diocesan needs for disclosure. Psychiatric and psychological screening addresses this boundary when clinicians convey to the diocese only that which might affect professional functioning. For example, a history of early psychological trauma would be relevant to the Church only if a clinician regards it as an unresolved conflict causing the applicant current impairment or dysfunction.

Psychiatric Assessment or Psychological Assessment?

The Church Pension Fund forms presume professional parity for M.D. psychiatrists and Ph.D. clinical psychologists³ to conduct mental health evaluations. Recognizing that clinical resources vary widely in different parts of the country, the Fund hopes this clarification will enable dioceses to recruit a panel of the best clinicians from either discipline. These guidelines also presume that a psychiatrist will evaluate any applicant with a prior history of major psychiatric illness or the use of psychotropic medication.

Other mental health professionals may play a complementary role in the evaluation. For example, a diocese may request that a marriage and family therapist meet with all couples or single parents in the ordination process. Such examination, however, should be considered secondary to the primary examination by a qualified psychiatrist or clinical psychologist.

³ Psychologists are herein defined as graduates of doctoral training programs in clinical psychology accredited by the American Psychological Association.

The CPF forms do not address the precise timing of the clinical exams within the ordination discernment process.⁴ Some dioceses choose to conduct this examination early in the process with the practical result of additional expense. Other dioceses wait until other ecclesiastical reviews have run their course. Earlier clinical examination minimizes the risk of ignoring problematic reports in favor of non-clinical intuitions about a 'known' aspirant.

Finally, some dioceses instruct the clinicians to send reports directly to the applicant, who conveys them the diocese only if he or she chooses to proceed. Most dioceses instruct clinicians to send reports directly to the bishop without a copy to the aspirant. The former option gives the aspirant a sense of control or privacy regarding a problematic report, but it may decrease the evaluator's candor. The latter option may increase clinical candor at the risk of the aspirant's feeling exposed and out of the communication loop.

The Life History Questionnaire (LHQ)

The Life History Questionnaire is a clinical self-assessment document that forms the basis for a structured clinical interview by the diocese's designated psychiatrist or psychologist. It should be completed by the applicant and mailed to the designated clinician with sufficient time for the clinician to review it before any face-to-face meeting. The LHQ remains part of the clinician's medical record, but is **not** conveyed to the diocese. Only information pointing to potential impediments, along with information gleaned from the formal interview, is transmitted as part of the clinician's formal evaluation.

The LHQ condenses family history, current interpersonal relationships, prior psychiatric history, alcohol/substance abuse concerns and current mental status to focus the content of the clinical interview. It allows the clinician and applicant to focus efficiently on areas of potential concern. It helps the examiner to focus his/her inquiry on areas of greatest clinical concern to the Church.

Again, detailed information is forwarded by the clinician to the diocese only when it supports a concern about impediments to current or future professional functioning.

Behavioral Screening Questionnaire (BSQ)

The Behavioral Screening Questionnaire is both a clinical and a risk management document. As such, a completed BSQ should be submitted both to the clinician (with the LHQ) and to the diocese as a formal part of the applicant's record.

The BSQ focuses on a history of the applicant's behavior and conduct in areas such as professional discipline, ethics violations, sexual misconduct and breaches of fiduciary duty. The BSQ serves as a standard document in which all applicants are required to disclose relevant information. The clinician uses this information to assess potential underlying disorders. The diocese uses the document, among other things, to reduce negligent selection concerns.

Subsequent Mental Health Examination

The revisions to Title III made at the 74th General Convention in 2003 reduced the number of mental health examinations required prior to ordination for Deacon and Priests from two to one, except when the original evaluation is more than 36 months prior to ordination or when the bishop requests additional examination. The Pension Fund strongly recommends that careful

⁴ The revised Canons (2003), however, require additional clinical examination when the original exam is more than 36 months before ordination.

evaluation (using the LHQ and BSQ) take place early in the formal discernment process. It also recommends that a brief examination precede ordination itself, ideally with the original examiner. The pre-ordination exam should include updated versions of the LHQ and BSQ and should focus on subsequent transition and themes arising during professional formation.

Authorization and Release Forms

The Authorization and Release forms provide a model consent process that gives formal permission to conduct sensitive examinations. The forms allow clinicians and diocesan officials to communicate among themselves, with one another and, perhaps, future dioceses that might screen the individual. Also, the forms release all parties from liability for good-faith actions relating to the medical, psychological and psychiatric screening of applicants for ordained ministry.

There are two different model forms. They differ only in their recognition that some dioceses request that clinicians send material directly to the applicant before possible conveyance to the diocese, while other dioceses allow communication only between clinicians and the bishop's office.

The Authorization and Release forms address the balance between individual privacy and disclosure to the diocese. They attempt to standardize and simplify the consent process. Dioceses should feel free to adapt this model document to local circumstance.

Medical Examination Forms

This binder also includes a form for the medical examination of those presenting themselves for Holy Orders. This form, last revised in 1995, addresses the applicant's physical state of health and the areas that may affect professional functioning in the Church. The enclosed medical form includes a Release of Medical Information clause and should be used, therefore, instead of the 1995 form. Mental health screeners may wish to review the completed medical forms to provide additional perspective to their own findings. At the diocese's direction, the forms may be completed either by the applicant's own physician or by a doctor appointed by the Church.

Conclusion

As with any review, the ultimate quality of clinical screening relies heavily upon the local clinician(s). While CPF forms attempt to standardize the areas of investigation and the Church's expectations of the clinicians, the actual results of clinical screening are determined by the competence, experience and mandate conveyed to the diocese's local clinicians.

The Church Pension Fund intends the enclosed documents to clarify the role and increase the quality of clinical screening in the Episcopal Church. It views these documents as evolutionary in nature and subject to continuing refinement. Hence, it welcomes your questions and ongoing perspective. Please address your responses to the Rev. David M. Rider at The Pension Fund, at:

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New York, NY 10016
(800) 223-6602 X 413
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DOCUMENT WORK FLOW

PREPARATORY DOCUMENTS

TAB 3	Life History Questionnaire (LHQ) Status: Strongly recommended Completed by: Applicant Sent to: Psychiatrist (M.D.) or Clinical Psychologist (Ph.D.)
TAB 4	Behavioral Screening Questionnaire (BSQ) Status: Strongly recommended Completed by: Applicant Sent to: Psychiatrist (M.D.) or Clinical Psychologist (Ph.D.)
TAB 5	Authorization and Release to Diocese Status: Strongly recommended Completed by: Applicant Sent to: Diocese and examining clinician(s)
	OR
TAB 6	Authorization and Release to Applicant Only Status: Strongly recommended Completed by: Applicant Sent to: Diocese and examining clinician(s)

DOCUMENT WORK FLOW

CANONICAL DOCUMENTS

TAB 7

Required Mental Health Evaluation from Psychiatrist or Clinical Psychologist

Status: Required
Completed by: Psychiatrist (M.D.) or Clinical Psychologist (Ph.D.)
Sent to: Diocese

TAB 8

Required Medical Examination

Status: Required
Completed by: Medical Doctor
Sent to: Diocese